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CostPlusWellness

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Baylor Scott & White Health

Institutional - Rate Sheet (Eff. 12/01/2025)

Note: (1) If a claim hits $500,000 in total billed charges, the reimbursement reverts to 45% of billed charges for the entire claim. (2) Drugs are billed at the rate of ASP + 10%

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH…	case rate	n/a
facility	inpatient	MS-DRG	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH…	case rate	n/a
facility	inpatient	MS-DRG	003	ECMO OR TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DI…	case rate	n/a
facility	inpatient	MS-DRG	004	TRACHEOSTOMY WITH MV >96 HOURS OR PRINCIPAL DIAGNOSIS E…	case rate	n/a
facility	inpatient	MS-DRG	005	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT	case rate	n/a
facility	inpatient	MS-DRG	006	LIVER TRANSPLANT WITHOUT MCC	case rate	n/a
facility	inpatient	MS-DRG	007	LUNG TRANSPLANT	case rate	n/a
facility	inpatient	MS-DRG	008	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT	case rate	n/a
facility	inpatient	MS-DRG	010	PANCREAS TRANSPLANT	case rate	n/a
facility	inpatient	MS-DRG	011	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LA…	case rate	n/a
facility	inpatient	MS-DRG	012	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LA…	case rate	n/a
facility	inpatient	MS-DRG	013	TRACHEOSTOMY FOR FACE, MOUTH AND NECK DIAGNOSES OR LA…	case rate	n/a
facility	inpatient	MS-DRG	014	ALLOGENEIC BONE MARROW TRANSPLANT	case rate	n/a
facility	inpatient	MS-DRG	016	AUTOLOGOUS BONE MARROW TRANSPLANT WITH CC/MCC	case rate	n/a
facility	inpatient	MS-DRG	017	AUTOLOGOUS BONE MARROW TRANSPLANT WITHOUT CC/MCC	case rate	n/a
facility	inpatient	MS-DRG	018	CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL AND OTHER IMMUNO…	case rate	n/a
facility	inpatient	MS-DRG	019	SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMO…	case rate	n/a
facility	inpatient	MS-DRG	020	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNO…	case rate	146,511.4
facility	inpatient	MS-DRG	021	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNO…	case rate	100,466.8
facility	inpatient	MS-DRG	022	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNO…	case rate	64,170.2
facility	inpatient	MS-DRG	023	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX …	case rate	103,691.3
facility	inpatient	MS-DRG	024	CRANIOTOMY WITH MAJOR DEVICE IMPLANT OR ACUTE COMPLEX …	case rate	69,096.0
facility	inpatient	MS-DRG	025	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES …	case rate	81,285.2
facility	inpatient	MS-DRG	026	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES …	case rate	55,590.9
facility	inpatient	MS-DRG	027	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES …	case rate	44,852.2
facility	inpatient	MS-DRG	028	SPINAL PROCEDURES WITH MCC	case rate	110,496.6
facility	inpatient	MS-DRG	029	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATORS	case rate	61,009.3
facility	inpatient	MS-DRG	030	SPINAL PROCEDURES WITHOUT CC/MCC	case rate	40,446.3
facility	inpatient	MS-DRG	031	VENTRICULAR SHUNT PROCEDURES WITH MCC	case rate	76,164.8
facility	inpatient	MS-DRG	032	VENTRICULAR SHUNT PROCEDURES WITH CC	case rate	38,815.8
facility	inpatient	MS-DRG	033	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC	case rate	28,998.7
facility	inpatient	MS-DRG	034	CAROTID ARTERY STENT PROCEDURES WITH MCC	case rate	70,679.2
facility	inpatient	MS-DRG	035	CAROTID ARTERY STENT PROCEDURES WITH CC	case rate	41,344.2
facility	inpatient	MS-DRG	036	CAROTID ARTERY STENT PROCEDURES WITHOUT CC/MCC	case rate	33,317.5
facility	inpatient	MS-DRG	037	EXTRACRANIAL PROCEDURES WITH MCC	case rate	60,358.6
facility	inpatient	MS-DRG	038	EXTRACRANIAL PROCEDURES WITH CC	case rate	29,284.1
facility	inpatient	MS-DRG	039	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC	case rate	20,688.5
facility	inpatient	MS-DRG	040	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PR…	case rate	68,558.0
facility	inpatient	MS-DRG	041	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PR…	case rate	41,053.4
facility	inpatient	MS-DRG	042	PERIPHERAL, CRANIAL NERVE AND OTHER NERVOUS SYSTEM PR…	case rate	31,945.1
facility	inpatient	MS-DRG	052	SPINAL DISORDERS AND INJURIES WITH CC/MCC	case rate	36,578.3
facility	inpatient	MS-DRG	053	SPINAL DISORDERS AND INJURIES WITHOUT CC/MCC	case rate	16,746.0
facility	inpatient	MS-DRG	054	NERVOUS SYSTEM NEOPLASMS WITH MCC	case rate	27,248.3
facility	inpatient	MS-DRG	055	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC	case rate	19,828.7
facility	inpatient	MS-DRG	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	case rate	45,513.9
facility	inpatient	MS-DRG	057	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	case rate	24,260.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	058	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH MCC	case rate	33,548.3
facility	inpatient	MS-DRG	059	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH CC	case rate	22,238.9
facility	inpatient	MS-DRG	060	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITHOUT CC/MCC	case rate	16,220.7
facility	inpatient	MS-DRG	061	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT IS…	case rate	49,134.6
facility	inpatient	MS-DRG	062	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT IS…	case rate	32,368.7
facility	inpatient	MS-DRG	063	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT IS…	case rate	25,532.5
facility	inpatient	MS-DRG	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH M…	case rate	36,154.8
facility	inpatient	MS-DRG	065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH C…	case rate	18,485.5
facility	inpatient	MS-DRG	066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHO…	case rate	12,510.9
facility	inpatient	MS-DRG	067	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFA…	case rate	26,461.3
facility	inpatient	MS-DRG	068	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFA…	case rate	16,024.4
facility	inpatient	MS-DRG	069	TRANSIENT ISCHEMIA WITHOUT THROMBOLYTIC	case rate	14,544.8
facility	inpatient	MS-DRG	070	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC	case rate	31,603.4
facility	inpatient	MS-DRG	071	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC	case rate	19,154.4
facility	inpatient	MS-DRG	072	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC	case rate	13,634.2
facility	inpatient	MS-DRG	073	CRANIAL AND PERIPHERAL NERVE DISORDERS WITH MCC	case rate	28,091.7
facility	inpatient	MS-DRG	074	CRANIAL AND PERIPHERAL NERVE DISORDERS WITHOUT MCC	case rate	18,947.1
facility	inpatient	MS-DRG	075	VIRAL MENINGITIS WITH CC/MCC	case rate	31,307.1
facility	inpatient	MS-DRG	076	VIRAL MENINGITIS WITHOUT CC/MCC	case rate	16,666.0
facility	inpatient	MS-DRG	080	NONTRAUMATIC STUPOR AND COMA WITH MCC	case rate	36,131.2
facility	inpatient	MS-DRG	081	NONTRAUMATIC STUPOR AND COMA WITHOUT MCC	case rate	16,446.1
facility	inpatient	MS-DRG	082	TRAUMATIC STUPOR AND COMA >1 HOUR WITH MCC	case rate	42,171.2
facility	inpatient	MS-DRG	083	TRAUMATIC STUPOR AND COMA >1 HOUR WITH CC	case rate	25,270.7
facility	inpatient	MS-DRG	084	TRAUMATIC STUPOR AND COMA >1 HOUR WITHOUT CC/MCC	case rate	17,376.7
facility	inpatient	MS-DRG	085	TRAUMATIC STUPOR AND COMA <1 HOUR WITH MCC	case rate	41,186.1
facility	inpatient	MS-DRG	086	TRAUMATIC STUPOR AND COMA <1 HOUR WITH CC	case rate	23,840.3
facility	inpatient	MS-DRG	087	TRAUMATIC STUPOR AND COMA <1 HOUR WITHOUT CC/MCC	case rate	16,068.0
facility	inpatient	MS-DRG	088	CONCUSSION WITH MCC	case rate	25,639.7
facility	inpatient	MS-DRG	089	CONCUSSION WITH CC	case rate	19,487.0
facility	inpatient	MS-DRG	090	CONCUSSION WITHOUT CC/MCC	case rate	15,580.9
facility	inpatient	MS-DRG	091	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC	case rate	33,132.1
facility	inpatient	MS-DRG	092	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC	case rate	19,245.2
facility	inpatient	MS-DRG	093	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC	case rate	14,346.7
facility	inpatient	MS-DRG	094	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTE…	case rate	66,315.0
facility	inpatient	MS-DRG	095	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTE…	case rate	43,569.0
facility	inpatient	MS-DRG	096	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTE…	case rate	43,569.0
facility	inpatient	MS-DRG	097	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL …	case rate	65,159.0
facility	inpatient	MS-DRG	098	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL …	case rate	39,426.6
facility	inpatient	MS-DRG	099	NON-BACTERIAL INFECTION OF NERVOUS SYSTEM EXCEPT VIRAL …	case rate	25,323.5
facility	inpatient	MS-DRG	100	SEIZURES WITH MCC	case rate	36,083.9
facility	inpatient	MS-DRG	101	SEIZURES WITHOUT MCC	case rate	16,751.4
facility	inpatient	MS-DRG	102	HEADACHES WITH MCC	case rate	21,073.8
facility	inpatient	MS-DRG	103	HEADACHES WITHOUT MCC	case rate	15,453.6
facility	inpatient	MS-DRG	113	ORBITAL PROCEDURES WITH CC/MCC	case rate	41,017.0
facility	inpatient	MS-DRG	114	ORBITAL PROCEDURES WITHOUT CC/MCC	case rate	21,486.4
facility	inpatient	MS-DRG	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	case rate	27,826.4
facility	inpatient	MS-DRG	116	INTRAOCULAR PROCEDURES WITH CC/MCC	case rate	30,327.4
facility	inpatient	MS-DRG	117	INTRAOCULAR PROCEDURES WITHOUT CC/MCC	case rate	19,605.1
facility	inpatient	MS-DRG	121	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC	case rate	21,141.0
facility	inpatient	MS-DRG	122	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC	case rate	12,329.1
facility	inpatient	MS-DRG	123	NEUROLOGICAL EYE DISORDERS	case rate	14,599.3
facility	inpatient	MS-DRG	124	OTHER DISORDERS OF THE EYE WITH MCC OR THROMBOLYTIC A…	case rate	23,698.5
facility	inpatient	MS-DRG	125	OTHER DISORDERS OF THE EYE WITHOUT MCC	case rate	15,008.3
facility	inpatient	MS-DRG	135	SINUS AND MASTOID PROCEDURES WITH CC/MCC	case rate	43,821.6
facility	inpatient	MS-DRG	136	SINUS AND MASTOID PROCEDURES WITHOUT CC/MCC	case rate	17,780.2
facility	inpatient	MS-DRG	137	MOUTH PROCEDURES WITH CC/MCC	case rate	25,419.8
facility	inpatient	MS-DRG	138	MOUTH PROCEDURES WITHOUT CC/MCC	case rate	14,786.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	139	SALIVARY GLAND PROCEDURES	case rate	24,954.5
facility	inpatient	MS-DRG	140	MAJOR HEAD AND NECK PROCEDURES WITH MCC	case rate	76,868.3
facility	inpatient	MS-DRG	141	MAJOR HEAD AND NECK PROCEDURES WITH CC	case rate	39,048.5
facility	inpatient	MS-DRG	142	MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	case rate	28,578.9
facility	inpatient	MS-DRG	143	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH …	case rate	60,013.2
facility	inpatient	MS-DRG	144	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH …	case rate	31,928.8
facility	inpatient	MS-DRG	145	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH…	case rate	21,533.7
facility	inpatient	MS-DRG	146	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH MCC	case rate	41,695.0
facility	inpatient	MS-DRG	147	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH CC	case rate	22,624.2
facility	inpatient	MS-DRG	148	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITHOUT CC/MCC	case rate	14,553.9
facility	inpatient	MS-DRG	149	DYSEQUILIBRIUM	case rate	13,586.9
facility	inpatient	MS-DRG	150	EPISTAXIS WITH MCC	case rate	25,121.7
facility	inpatient	MS-DRG	151	EPISTAXIS WITHOUT MCC	case rate	13,777.8
facility	inpatient	MS-DRG	152	OTITIS MEDIA AND URI WITH MCC	case rate	20,624.8
facility	inpatient	MS-DRG	153	OTITIS MEDIA AND URI WITHOUT MCC	case rate	12,936.2
facility	inpatient	MS-DRG	154	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH MCC	case rate	29,558.6
facility	inpatient	MS-DRG	155	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH CC	case rate	16,969.5
facility	inpatient	MS-DRG	156	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITHOUT C…	case rate	12,221.9
facility	inpatient	MS-DRG	157	DENTAL AND ORAL DISEASES WITH MCC	case rate	29,762.1
facility	inpatient	MS-DRG	158	DENTAL AND ORAL DISEASES WITH CC	case rate	17,095.0
facility	inpatient	MS-DRG	159	DENTAL AND ORAL DISEASES WITHOUT CC/MCC	case rate	11,989.2
facility	inpatient	MS-DRG	163	MAJOR CHEST PROCEDURES WITH MCC	case rate	83,773.5
facility	inpatient	MS-DRG	164	MAJOR CHEST PROCEDURES WITH CC	case rate	45,746.5
facility	inpatient	MS-DRG	165	MAJOR CHEST PROCEDURES WITHOUT CC/MCC	case rate	33,879.1
facility	inpatient	MS-DRG	166	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH MCC	case rate	69,997.6
facility	inpatient	MS-DRG	167	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH CC	case rate	33,210.2
facility	inpatient	MS-DRG	168	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITHOUT CC/M…	case rate	24,607.3
facility	inpatient	MS-DRG	173	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH P…	case rate	55,772.7
facility	inpatient	MS-DRG	175	PULMONARY EMBOLISM WITH MCC OR ACUTE COR PULMONALE	case rate	25,612.5
facility	inpatient	MS-DRG	176	PULMONARY EMBOLISM WITHOUT MCC	case rate	14,804.7
facility	inpatient	MS-DRG	177	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	case rate	29,382.3
facility	inpatient	MS-DRG	178	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	case rate	18,032.9
facility	inpatient	MS-DRG	179	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	case rate	13,990.4
facility	inpatient	MS-DRG	180	RESPIRATORY NEOPLASMS WITH MCC	case rate	31,767.0
facility	inpatient	MS-DRG	181	RESPIRATORY NEOPLASMS WITH CC	case rate	20,179.5
facility	inpatient	MS-DRG	182	RESPIRATORY NEOPLASMS WITHOUT CC/MCC	case rate	15,222.8
facility	inpatient	MS-DRG	183	MAJOR CHEST TRAUMA WITH MCC	case rate	28,849.7
facility	inpatient	MS-DRG	184	MAJOR CHEST TRAUMA WITH CC	case rate	19,412.5
facility	inpatient	MS-DRG	185	MAJOR CHEST TRAUMA WITHOUT CC/MCC	case rate	14,134.0
facility	inpatient	MS-DRG	186	PLEURAL EFFUSION WITH MCC	case rate	28,718.8
facility	inpatient	MS-DRG	187	PLEURAL EFFUSION WITH CC	case rate	18,247.4
facility	inpatient	MS-DRG	188	PLEURAL EFFUSION WITHOUT CC/MCC	case rate	13,343.3
facility	inpatient	MS-DRG	189	PULMONARY EDEMA AND RESPIRATORY FAILURE	case rate	22,493.4
facility	inpatient	MS-DRG	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	case rate	20,417.6
facility	inpatient	MS-DRG	191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC	case rate	15,615.4
facility	inpatient	MS-DRG	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC	case rate	11,763.8
facility	inpatient	MS-DRG	193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	case rate	23,952.9
facility	inpatient	MS-DRG	194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	case rate	14,904.7
facility	inpatient	MS-DRG	195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	case rate	11,320.3
facility	inpatient	MS-DRG	196	INTERSTITIAL LUNG DISEASE WITH MCC	case rate	34,248.1
facility	inpatient	MS-DRG	197	INTERSTITIAL LUNG DISEASE WITH CC	case rate	17,992.9
facility	inpatient	MS-DRG	198	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC	case rate	12,730.8
facility	inpatient	MS-DRG	199	PNEUMOTHORAX WITH MCC	case rate	32,085.1
facility	inpatient	MS-DRG	200	PNEUMOTHORAX WITH CC	case rate	20,128.6
facility	inpatient	MS-DRG	201	PNEUMOTHORAX WITHOUT CC/MCC	case rate	12,303.7
facility	inpatient	MS-DRG	202	BRONCHITIS AND ASTHMA WITH CC/MCC	case rate	17,571.2
facility	inpatient	MS-DRG	203	BRONCHITIS AND ASTHMA WITHOUT CC/MCC	case rate	12,656.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	204	RESPIRATORY SIGNS AND SYMPTOMS	case rate	14,739.3
facility	inpatient	MS-DRG	205	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC	case rate	34,311.7
facility	inpatient	MS-DRG	206	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC	case rate	16,464.2
facility	inpatient	MS-DRG	207	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT >…	case rate	117,559.9
facility	inpatient	MS-DRG	208	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <…	case rate	48,787.5
facility	inpatient	MS-DRG	209	COMPLEX AORTIC ARCH PROCEDURES	case rate	TBD
facility	inpatient	MS-DRG	212	CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	case rate	197,998.1
facility	inpatient	MS-DRG	213	ENDOVASCULAR ABDOMINAL AORTA WITH ILIAC BRANCH PROCED…	case rate	TBD
facility	inpatient	MS-DRG	215	OTHER HEART ASSIST SYSTEM IMPLANT	case rate	262,594.4
facility	inpatient	MS-DRG	216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	239,200.8
facility	inpatient	MS-DRG	217	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	160,057.1
facility	inpatient	MS-DRG	218	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	108,133.6
facility	inpatient	MS-DRG	219	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	191,774.1
facility	inpatient	MS-DRG	220	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	131,277.4
facility	inpatient	MS-DRG	221	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDU…	case rate	83,471.8
facility	inpatient	MS-DRG	228	OTHER CARDIOTHORACIC PROCEDURES WITH MCC	case rate	123,509.2
facility	inpatient	MS-DRG	229	OTHER CARDIOTHORACIC PROCEDURES WITHOUT MCC	case rate	76,989.7
facility	inpatient	MS-DRG	231	CORONARY BYPASS WITH PTCA WITH MCC	case rate	154,016.5
facility	inpatient	MS-DRG	232	CORONARY BYPASS WITH PTCA WITHOUT MCC	case rate	111,027.3
facility	inpatient	MS-DRG	233	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN A…	case rate	193,727.2
facility	inpatient	MS-DRG	234	CORONARY BYPASS WITH CARDIAC CATHETERIZATION OR OPEN A…	case rate	131,862.3
facility	inpatient	MS-DRG	235	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH …	case rate	145,839.5
facility	inpatient	MS-DRG	236	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHO…	case rate	101,917.6
facility	inpatient	MS-DRG	239	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UP…	case rate	124,837.8
facility	inpatient	MS-DRG	240	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UP…	case rate	52,929.9
facility	inpatient	MS-DRG	241	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UP…	case rate	27,442.8
facility	inpatient	MS-DRG	242	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	case rate	61,654.6
facility	inpatient	MS-DRG	243	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	case rate	55,836.8
facility	inpatient	MS-DRG	244	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	case rate	44,732.4
facility	inpatient	MS-DRG	245	AICD GENERATOR PROCEDURES	case rate	121,119.8
facility	inpatient	MS-DRG	250	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTR…	case rate	57,324.0
facility	inpatient	MS-DRG	251	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITHOUT INTR…	case rate	38,729.1
facility	inpatient	MS-DRG	252	OTHER VASCULAR PROCEDURES WITH MCC	case rate	85,023.1
facility	inpatient	MS-DRG	253	OTHER VASCULAR PROCEDURES WITH CC	case rate	63,277.8
facility	inpatient	MS-DRG	254	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC	case rate	31,796.1
facility	inpatient	MS-DRG	255	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DI…	case rate	47,555.1
facility	inpatient	MS-DRG	256	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DI…	case rate	30,783.7
facility	inpatient	MS-DRG	257	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DI…	case rate	16,211.6
facility	inpatient	MS-DRG	258	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC	case rate	50,992.3
facility	inpatient	MS-DRG	259	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC	case rate	31,947.0
facility	inpatient	MS-DRG	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT …	case rate	61,923.6
facility	inpatient	MS-DRG	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT …	case rate	34,488.0
facility	inpatient	MS-DRG	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT …	case rate	27,586.4
facility	inpatient	MS-DRG	263	VEIN LIGATION AND STRIPPING	case rate	48,747.5
facility	inpatient	MS-DRG	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	case rate	86,626.7
facility	inpatient	MS-DRG	265	AICD LEAD PROCEDURES	case rate	64,833.6
facility	inpatient	MS-DRG	266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMEN…	case rate	148,481.7
facility	inpatient	MS-DRG	267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT AND SUPPLEMEN…	case rate	116,606.2
facility	inpatient	MS-DRG	268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BA…	case rate	165,257.3
facility	inpatient	MS-DRG	269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BA…	case rate	103,122.2
facility	inpatient	MS-DRG	270	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH MCC	case rate	127,224.7
facility	inpatient	MS-DRG	271	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITH CC	case rate	85,375.0
facility	inpatient	MS-DRG	272	OTHER MAJOR CARDIOVASCULAR PROCEDURES WITHOUT CC/MCC	case rate	62,016.1
facility	inpatient	MS-DRG	273	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITH …	case rate	71,070.0
facility	inpatient	MS-DRG	274	PERCUTANEOUS AND OTHER INTRACARDIAC PROCEDURES WITH…	case rate	77,354.1
facility	inpatient	MS-DRG	275	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATI…	case rate	128,444.0
facility	inpatient	MS-DRG	276	CARDIAC DEFIBRILLATOR IMPLANT WITH MCC OR CAROTID SINUS …	case rate	112,585.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	277	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	case rate	84,560.6
facility	inpatient	MS-DRG	278	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERI…	case rate	90,935.0
facility	inpatient	MS-DRG	279	ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERI…	case rate	58,241.0
facility	inpatient	MS-DRG	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	case rate	40,687.2
facility	inpatient	MS-DRG	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC	case rate	22,848.3
facility	inpatient	MS-DRG	282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT C…	case rate	17,972.8
facility	inpatient	MS-DRG	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC	case rate	35,542.3
facility	inpatient	MS-DRG	284	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC	case rate	13,466.9
facility	inpatient	MS-DRG	285	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC	case rate	10,202.5
facility	inpatient	MS-DRG	286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETE…	case rate	54,860.2
facility	inpatient	MS-DRG	287	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETE…	case rate	27,007.5
facility	inpatient	MS-DRG	288	ACUTE AND SUBACUTE ENDOCARDITIS WITH MCC	case rate	49,645.4
facility	inpatient	MS-DRG	289	ACUTE AND SUBACUTE ENDOCARDITIS WITH CC	case rate	39,078.6
facility	inpatient	MS-DRG	290	ACUTE AND SUBACUTE ENDOCARDITIS WITHOUT CC/MCC	case rate	17,794.8
facility	inpatient	MS-DRG	291	HEART FAILURE AND SHOCK WITH MCC	case rate	32,344.1
facility	inpatient	MS-DRG	292	HEART FAILURE AND SHOCK WITH CC	case rate	21,348.7
facility	inpatient	MS-DRG	293	HEART FAILURE AND SHOCK WITHOUT CC/MCC	case rate	9,978.9
facility	inpatient	MS-DRG	296	CARDIAC ARREST, UNEXPLAINED WITH MCC	case rate	29,778.5
facility	inpatient	MS-DRG	297	CARDIAC ARREST, UNEXPLAINED WITH CC	case rate	12,803.5
facility	inpatient	MS-DRG	298	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC	case rate	8,026.7
facility	inpatient	MS-DRG	299	PERIPHERAL VASCULAR DISORDERS WITH MCC	case rate	29,404.1
facility	inpatient	MS-DRG	300	PERIPHERAL VASCULAR DISORDERS WITH CC	case rate	26,534.1
facility	inpatient	MS-DRG	301	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC	case rate	17,680.3
facility	inpatient	MS-DRG	302	ATHEROSCLEROSIS WITH MCC	case rate	21,142.9
facility	inpatient	MS-DRG	303	ATHEROSCLEROSIS WITHOUT MCC	case rate	12,221.9
facility	inpatient	MS-DRG	304	HYPERTENSION WITH MCC	case rate	29,119.3
facility	inpatient	MS-DRG	305	HYPERTENSION WITHOUT MCC	case rate	13,645.1
facility	inpatient	MS-DRG	306	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITH MCC	case rate	37,115.5
facility	inpatient	MS-DRG	307	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITHOUT MCC	case rate	16,836.9
facility	inpatient	MS-DRG	308	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	case rate	29,892.7
facility	inpatient	MS-DRG	309	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC	case rate	18,324.7
facility	inpatient	MS-DRG	310	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT C…	case rate	13,868.1
facility	inpatient	MS-DRG	311	ANGINA PECTORIS	case rate	12,696.3
facility	inpatient	MS-DRG	312	SYNCOPE AND COLLAPSE	case rate	15,837.2
facility	inpatient	MS-DRG	313	CHEST PAIN	case rate	12,965.3
facility	inpatient	MS-DRG	314	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC	case rate	53,375.5
facility	inpatient	MS-DRG	315	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC	case rate	23,852.2
facility	inpatient	MS-DRG	316	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC/MCC	case rate	16,919.3
facility	inpatient	MS-DRG	317	CONCOMITANT LEFT ATRIAL APPENDAGE CLOSURE AND CARDIAC …	case rate	112,439.6
facility	inpatient	MS-DRG	318	PERCUTANEOUS CORONARY ATHERECTOMY WITHOUT INTRALUMI…	case rate	TBD
facility	inpatient	MS-DRG	319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITH MCC	case rate	79,840.1
facility	inpatient	MS-DRG	320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES WITHOUT …	case rate	42,071.3
facility	inpatient	MS-DRG	321	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALU…	case rate	51,742.9
facility	inpatient	MS-DRG	322	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALU…	case rate	32,883.0
facility	inpatient	MS-DRG	323	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL D…	case rate	77,417.2
facility	inpatient	MS-DRG	324	CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL D…	case rate	58,073.8
facility	inpatient	MS-DRG	325	CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMIN…	case rate	52,021.0
facility	inpatient	MS-DRG	326	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH MCC	case rate	92,312.8
facility	inpatient	MS-DRG	327	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH CC	case rate	44,134.3
facility	inpatient	MS-DRG	328	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITHOUT…	case rate	28,962.4
facility	inpatient	MS-DRG	329	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	case rate	83,460.9
facility	inpatient	MS-DRG	330	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	case rate	42,963.7
facility	inpatient	MS-DRG	331	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	case rate	30,009.3
facility	inpatient	MS-DRG	332	RECTAL RESECTION WITH MCC	case rate	63,045.1
facility	inpatient	MS-DRG	333	RECTAL RESECTION WITH CC	case rate	38,626.8
facility	inpatient	MS-DRG	334	RECTAL RESECTION WITHOUT CC/MCC	case rate	30,143.9
facility	inpatient	MS-DRG	335	PERITONEAL ADHESIOLYSIS WITH MCC	case rate	65,869.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	336	PERITONEAL ADHESIOLYSIS WITH CC	case rate	38,396.0
facility	inpatient	MS-DRG	337	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC	case rate	27,900.9
facility	inpatient	MS-DRG	344	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	case rate	48,974.7
facility	inpatient	MS-DRG	345	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	case rate	27,068.4
facility	inpatient	MS-DRG	346	MINOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	case rate	22,633.3
facility	inpatient	MS-DRG	347	ANAL AND STOMAL PROCEDURES WITH MCC	case rate	43,016.4
facility	inpatient	MS-DRG	348	ANAL AND STOMAL PROCEDURES WITH CC	case rate	22,880.5
facility	inpatient	MS-DRG	349	ANAL AND STOMAL PROCEDURES WITHOUT CC/MCC	case rate	16,011.6
facility	inpatient	MS-DRG	350	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH MCC	case rate	43,983.4
facility	inpatient	MS-DRG	351	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH CC	case rate	27,350.1
facility	inpatient	MS-DRG	352	INGUINAL AND FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC	case rate	20,039.6
facility	inpatient	MS-DRG	353	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH MCC	case rate	53,307.9
facility	inpatient	MS-DRG	354	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH CC	case rate	30,920.0
facility	inpatient	MS-DRG	355	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITHOUT…	case rate	24,231.0
facility	inpatient	MS-DRG	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC	case rate	77,529.9
facility	inpatient	MS-DRG	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC	case rate	40,931.6
facility	inpatient	MS-DRG	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	case rate	24,629.1
facility	inpatient	MS-DRG	359	PERCUTANEOUS CORONARY ATHERECTOMY WITH INTRALUMINAL …	case rate	TBD
facility	inpatient	MS-DRG	360	PERCUTANEOUS CORONARY ATHERECTOMY WITH INTRALUMINAL …	case rate	TBD
facility	inpatient	MS-DRG	368	MAJOR ESOPHAGEAL DISORDERS WITH MCC	case rate	30,352.9
facility	inpatient	MS-DRG	369	MAJOR ESOPHAGEAL DISORDERS WITH CC	case rate	18,496.4
facility	inpatient	MS-DRG	370	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC	case rate	12,685.4
facility	inpatient	MS-DRG	371	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECT…	case rate	31,777.9
facility	inpatient	MS-DRG	372	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECT…	case rate	18,709.0
facility	inpatient	MS-DRG	373	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECT…	case rate	13,183.4
facility	inpatient	MS-DRG	374	DIGESTIVE MALIGNANCY WITH MCC	case rate	38,379.6
facility	inpatient	MS-DRG	375	DIGESTIVE MALIGNANCY WITH CC	case rate	22,333.4
facility	inpatient	MS-DRG	376	DIGESTIVE MALIGNANCY WITHOUT CC/MCC	case rate	16,048.0
facility	inpatient	MS-DRG	377	GASTROINTESTINAL HEMORRHAGE WITH MCC	case rate	33,046.6
facility	inpatient	MS-DRG	378	GASTROINTESTINAL HEMORRHAGE WITH CC	case rate	17,920.2
facility	inpatient	MS-DRG	379	GASTROINTESTINAL HEMORRHAGE WITHOUT CC/MCC	case rate	11,571.1
facility	inpatient	MS-DRG	380	COMPLICATED PEPTIC ULCER WITH MCC	case rate	34,977.0
facility	inpatient	MS-DRG	381	COMPLICATED PEPTIC ULCER WITH CC	case rate	19,796.0
facility	inpatient	MS-DRG	382	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC	case rate	13,619.6
facility	inpatient	MS-DRG	383	UNCOMPLICATED PEPTIC ULCER WITH MCC	case rate	22,978.7
facility	inpatient	MS-DRG	384	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC	case rate	15,806.3
facility	inpatient	MS-DRG	385	INFLAMMATORY BOWEL DISEASE WITH MCC	case rate	29,531.3
facility	inpatient	MS-DRG	386	INFLAMMATORY BOWEL DISEASE WITH CC	case rate	18,038.3
facility	inpatient	MS-DRG	387	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC	case rate	12,183.7
facility	inpatient	MS-DRG	388	GASTROINTESTINAL OBSTRUCTION WITH MCC	case rate	26,719.4
facility	inpatient	MS-DRG	389	GASTROINTESTINAL OBSTRUCTION WITH CC	case rate	14,572.1
facility	inpatient	MS-DRG	390	GASTROINTESTINAL OBSTRUCTION WITHOUT CC/MCC	case rate	9,944.3
facility	inpatient	MS-DRG	391	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIV…	case rate	23,354.9
facility	inpatient	MS-DRG	392	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIV…	case rate	14,183.1
facility	inpatient	MS-DRG	393	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH MCC	case rate	30,098.4
facility	inpatient	MS-DRG	394	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC	case rate	17,109.5
facility	inpatient	MS-DRG	395	OTHER DIGESTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	case rate	11,567.5
facility	inpatient	MS-DRG	397	APPENDIX PROCEDURES WITH MCC	case rate	45,034.0
facility	inpatient	MS-DRG	398	APPENDIX PROCEDURES WITH CC	case rate	27,506.4
facility	inpatient	MS-DRG	399	APPENDIX PROCEDURES WITHOUT CC/MCC	case rate	20,432.2
facility	inpatient	MS-DRG	402	SINGLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL FUS…	case rate	71,419.0
facility	inpatient	MS-DRG	405	PANCREAS, LIVER AND SHUNT PROCEDURES WITH MCC	case rate	98,669.1
facility	inpatient	MS-DRG	406	PANCREAS, LIVER AND SHUNT PROCEDURES WITH CC	case rate	51,043.2
facility	inpatient	MS-DRG	407	PANCREAS, LIVER AND SHUNT PROCEDURES WITHOUT CC/MCC	case rate	38,817.7
facility	inpatient	MS-DRG	408	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY …	case rate	63,637.6
facility	inpatient	MS-DRG	409	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY …	case rate	38,103.3
facility	inpatient	MS-DRG	410	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY …	case rate	28,191.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	411	CHOLECYSTECTOMY WITH C.D.E. WITH MCC	case rate	49,738.1
facility	inpatient	MS-DRG	412	CHOLECYSTECTOMY WITH C.D.E. WITH CC	case rate	38,743.1
facility	inpatient	MS-DRG	413	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC/MCC	case rate	30,216.6
facility	inpatient	MS-DRG	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. …	case rate	63,683.1
facility	inpatient	MS-DRG	415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. …	case rate	35,953.1
facility	inpatient	MS-DRG	416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. …	case rate	24,905.4
facility	inpatient	MS-DRG	417	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH MCC	case rate	43,196.4
facility	inpatient	MS-DRG	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	case rate	30,145.7
facility	inpatient	MS-DRG	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT C…	case rate	23,949.3
facility	inpatient	MS-DRG	420	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITH MCC	case rate	64,148.4
facility	inpatient	MS-DRG	421	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITH CC	case rate	29,764.0
facility	inpatient	MS-DRG	422	HEPATOBILIARY DIAGNOSTIC PROCEDURES WITHOUT CC/MCC	case rate	26,706.7
facility	inpatient	MS-DRG	423	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITH M…	case rate	73,925.5
facility	inpatient	MS-DRG	424	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITH CC	case rate	41,498.7
facility	inpatient	MS-DRG	425	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES WITHO…	case rate	28,095.4
facility	inpatient	MS-DRG	426	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL F…	case rate	190,518.5
facility	inpatient	MS-DRG	427	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL F…	case rate	129,029.3
facility	inpatient	MS-DRG	428	MULTIPLE LEVEL COMBINED ANTERIOR AND POSTERIOR SPINAL F…	case rate	100,065.1
facility	inpatient	MS-DRG	429	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION …	case rate	151,591.7
facility	inpatient	MS-DRG	430	COMBINED ANTERIOR AND POSTERIOR CERVICAL SPINAL FUSION …	case rate	99,427.1
facility	inpatient	MS-DRG	432	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH MCC	case rate	35,609.5
facility	inpatient	MS-DRG	433	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH CC	case rate	19,443.4
facility	inpatient	MS-DRG	434	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITHOUT CC/MCC	case rate	12,658.1
facility	inpatient	MS-DRG	435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH MCC	case rate	33,163.0
facility	inpatient	MS-DRG	436	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITH CC	case rate	20,495.8
facility	inpatient	MS-DRG	437	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS WITHOU…	case rate	14,270.3
facility	inpatient	MS-DRG	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC	case rate	30,242.0
facility	inpatient	MS-DRG	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	case rate	15,635.4
facility	inpatient	MS-DRG	440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC	case rate	11,180.3
facility	inpatient	MS-DRG	441	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCO…	case rate	34,359.0
facility	inpatient	MS-DRG	442	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCO…	case rate	17,562.1
facility	inpatient	MS-DRG	443	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS OR ALCO…	case rate	12,770.8
facility	inpatient	MS-DRG	444	DISORDERS OF THE BILIARY TRACT WITH MCC	case rate	30,618.3
facility	inpatient	MS-DRG	445	DISORDERS OF THE BILIARY TRACT WITH CC	case rate	19,710.6
facility	inpatient	MS-DRG	446	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC	case rate	14,490.3
facility	inpatient	MS-DRG	447	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITH MCC OR…	case rate	121,858.7
facility	inpatient	MS-DRG	448	MULTIPLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	case rate	74,218.2
facility	inpatient	MS-DRG	450	SINGLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITH MCC OR C…	case rate	93,603.4
facility	inpatient	MS-DRG	451	SINGLE LEVEL SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	case rate	56,088.9
facility	inpatient	MS-DRG	456	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MAL…	case rate	153,929.2
facility	inpatient	MS-DRG	457	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MAL…	case rate	104,314.7
facility	inpatient	MS-DRG	458	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE, MAL…	case rate	78,480.5
facility	inpatient	MS-DRG	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER …	case rate	111,543.5
facility	inpatient	MS-DRG	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER …	case rate	52,050.1
facility	inpatient	MS-DRG	463	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUS…	case rate	98,165.6
facility	inpatient	MS-DRG	464	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUS…	case rate	53,595.1
facility	inpatient	MS-DRG	465	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND FOR MUS…	case rate	31,552.5
facility	inpatient	MS-DRG	466	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	case rate	92,596.4
facility	inpatient	MS-DRG	467	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	case rate	62,252.6
facility	inpatient	MS-DRG	468	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC	case rate	47,680.5
facility	inpatient	MS-DRG	469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT O…	case rate	59,409.8
facility	inpatient	MS-DRG	470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT O…	case rate	28,082.5
facility	inpatient	MS-DRG	471	CERVICAL SPINAL FUSION WITH MCC	case rate	88,283.1
facility	inpatient	MS-DRG	472	CERVICAL SPINAL FUSION WITH CC	case rate	52,657.2
facility	inpatient	MS-DRG	473	CERVICAL SPINAL FUSION WITHOUT CC/MCC	case rate	35,256.9
facility	inpatient	MS-DRG	474	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE …	case rate	81,510.5
facility	inpatient	MS-DRG	475	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE …	case rate	39,208.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	476	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE …	case rate	21,139.2
facility	inpatient	MS-DRG	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	62,505.2
facility	inpatient	MS-DRG	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	42,503.9
facility	inpatient	MS-DRG	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	32,276.0
facility	inpatient	MS-DRG	480	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC	case rate	53,457.0
facility	inpatient	MS-DRG	481	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	case rate	37,714.4
facility	inpatient	MS-DRG	482	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT C…	case rate	28,835.1
facility	inpatient	MS-DRG	483	MAJOR JOINT OR LIMB REATTACHMENT PROCEDURES OF UPPER …	case rate	46,315.5
facility	inpatient	MS-DRG	485	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION W…	case rate	58,593.7
facility	inpatient	MS-DRG	486	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION W…	case rate	38,546.8
facility	inpatient	MS-DRG	487	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION W…	case rate	28,720.6
facility	inpatient	MS-DRG	488	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTIO…	case rate	35,722.2
facility	inpatient	MS-DRG	489	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTIO…	case rate	22,513.4
facility	inpatient	MS-DRG	492	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FO…	case rate	64,544.6
facility	inpatient	MS-DRG	493	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FO…	case rate	43,641.7
facility	inpatient	MS-DRG	494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FO…	case rate	34,271.7
facility	inpatient	MS-DRG	495	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES …	case rate	63,986.6
facility	inpatient	MS-DRG	496	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES …	case rate	35,860.4
facility	inpatient	MS-DRG	497	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES …	case rate	24,411.0
facility	inpatient	MS-DRG	498	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES …	case rate	45,890.1
facility	inpatient	MS-DRG	499	LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES …	case rate	21,099.2
facility	inpatient	MS-DRG	500	SOFT TISSUE PROCEDURES WITH MCC	case rate	57,592.1
facility	inpatient	MS-DRG	501	SOFT TISSUE PROCEDURES WITH CC	case rate	32,443.2
facility	inpatient	MS-DRG	502	SOFT TISSUE PROCEDURES WITHOUT CC/MCC	case rate	25,394.3
facility	inpatient	MS-DRG	503	FOOT PROCEDURES WITH MCC	case rate	48,104.0
facility	inpatient	MS-DRG	504	FOOT PROCEDURES WITH CC	case rate	31,910.6
facility	inpatient	MS-DRG	505	FOOT PROCEDURES WITHOUT CC/MCC	case rate	31,910.6
facility	inpatient	MS-DRG	506	MAJOR THUMB OR JOINT PROCEDURES	case rate	27,246.5
facility	inpatient	MS-DRG	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC	case rate	35,227.8
facility	inpatient	MS-DRG	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/…	case rate	23,458.5
facility	inpatient	MS-DRG	510	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR …	case rate	51,948.3
facility	inpatient	MS-DRG	511	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR …	case rate	35,651.3
facility	inpatient	MS-DRG	512	SHOULDER, ELBOW OR FOREARM PROCEDURES, EXCEPT MAJOR …	case rate	29,222.3
facility	inpatient	MS-DRG	513	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT …	case rate	27,364.7
facility	inpatient	MS-DRG	514	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT …	case rate	18,532.7
facility	inpatient	MS-DRG	515	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.…	case rate	56,205.3
facility	inpatient	MS-DRG	516	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.…	case rate	36,563.8
facility	inpatient	MS-DRG	517	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.…	case rate	27,130.2
facility	inpatient	MS-DRG	518	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH MC…	case rate	65,140.8
facility	inpatient	MS-DRG	519	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC	case rate	35,838.5
facility	inpatient	MS-DRG	520	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT …	case rate	26,048.7
facility	inpatient	MS-DRG	521	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE…	case rate	52,977.1
facility	inpatient	MS-DRG	522	HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE…	case rate	38,319.6
facility	inpatient	MS-DRG	533	FRACTURES OF FEMUR WITH MCC	case rate	27,715.5
facility	inpatient	MS-DRG	534	FRACTURES OF FEMUR WITHOUT MCC	case rate	14,793.8
facility	inpatient	MS-DRG	535	FRACTURES OF HIP AND PELVIS WITH MCC	case rate	24,172.9
facility	inpatient	MS-DRG	536	FRACTURES OF HIP AND PELVIS WITHOUT MCC	case rate	14,739.3
facility	inpatient	MS-DRG	537	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH…	case rate	16,702.4
facility	inpatient	MS-DRG	538	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH…	case rate	12,205.5
facility	inpatient	MS-DRG	539	OSTEOMYELITIS WITH MCC	case rate	19,855.4
facility	inpatient	MS-DRG	540	OSTEOMYELITIS WITH CC	case rate	12,706.2
facility	inpatient	MS-DRG	541	OSTEOMYELITIS WITHOUT CC/MCC	case rate	15,900.8
facility	inpatient	MS-DRG	542	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNE…	case rate	18,306.4
facility	inpatient	MS-DRG	543	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNE…	case rate	19,281.6
facility	inpatient	MS-DRG	544	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNE…	case rate	13,736.0
facility	inpatient	MS-DRG	545	CONNECTIVE TISSUE DISORDERS WITH MCC	case rate	45,926.5
facility	inpatient	MS-DRG	546	CONNECTIVE TISSUE DISORDERS WITH CC	case rate	21,042.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	547	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	case rate	13,563.3
facility	inpatient	MS-DRG	548	SEPTIC ARTHRITIS WITH MCC	case rate	36,616.5
facility	inpatient	MS-DRG	549	SEPTIC ARTHRITIS WITH CC	case rate	21,902.6
facility	inpatient	MS-DRG	550	SEPTIC ARTHRITIS WITHOUT CC/MCC	case rate	15,669.9
facility	inpatient	MS-DRG	551	MEDICAL BACK PROBLEMS WITH MCC	case rate	31,014.5
facility	inpatient	MS-DRG	552	MEDICAL BACK PROBLEMS WITHOUT MCC	case rate	17,518.5
facility	inpatient	MS-DRG	553	BONE DISEASES AND ARTHROPATHIES WITH MCC	case rate	23,743.9
facility	inpatient	MS-DRG	554	BONE DISEASES AND ARTHROPATHIES WITHOUT MCC	case rate	15,170.1
facility	inpatient	MS-DRG	555	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CON…	case rate	24,474.6
facility	inpatient	MS-DRG	556	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CON…	case rate	14,841.1
facility	inpatient	MS-DRG	557	TENDONITIS, MYOSITIS AND BURSITIS WITH MCC	case rate	28,168.1
facility	inpatient	MS-DRG	558	TENDONITIS, MYOSITIS AND BURSITIS WITHOUT MCC	case rate	15,700.8
facility	inpatient	MS-DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	33,737.3
facility	inpatient	MS-DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	11,178.8
facility	inpatient	MS-DRG	561	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISS…	case rate	14,861.1
facility	inpatient	MS-DRG	562	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, H…	case rate	26,604.9
facility	inpatient	MS-DRG	563	FRACTURE, SPRAIN, STRAIN AND DISLOCATION EXCEPT FEMUR, H…	case rate	16,244.3
facility	inpatient	MS-DRG	564	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DI…	case rate	28,522.5
facility	inpatient	MS-DRG	565	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DI…	case rate	18,532.7
facility	inpatient	MS-DRG	566	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DI…	case rate	13,596.0
facility	inpatient	MS-DRG	570	SKIN DEBRIDEMENT WITH MCC	case rate	54,718.4
facility	inpatient	MS-DRG	571	SKIN DEBRIDEMENT WITH CC	case rate	30,441.9
facility	inpatient	MS-DRG	572	SKIN DEBRIDEMENT WITHOUT CC/MCC	case rate	20,764.8
facility	inpatient	MS-DRG	573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH MCC	case rate	111,927.0
facility	inpatient	MS-DRG	574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITH CC	case rate	62,976.0
facility	inpatient	MS-DRG	575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	case rate	36,289.3
facility	inpatient	MS-DRG	576	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC	case rate	98,060.2
facility	inpatient	MS-DRG	577	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC	case rate	48,396.7
facility	inpatient	MS-DRG	578	SKIN GRAFT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT C…	case rate	30,723.7
facility	inpatient	MS-DRG	579	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES…	case rate	59,238.9
facility	inpatient	MS-DRG	580	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES…	case rate	32,225.1
facility	inpatient	MS-DRG	581	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES…	case rate	26,157.8
facility	inpatient	MS-DRG	582	MASTECTOMY FOR MALIGNANCY WITH CC/MCC	case rate	31,828.8
facility	inpatient	MS-DRG	583	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC	case rate	29,854.8
facility	inpatient	MS-DRG	584	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDU…	case rate	37,212.7
facility	inpatient	MS-DRG	585	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDU…	case rate	36,080.3
facility	inpatient	MS-DRG	592	SKIN ULCERS WITH MCC	case rate	37,374.5
facility	inpatient	MS-DRG	593	SKIN ULCERS WITH CC	case rate	22,222.5
facility	inpatient	MS-DRG	594	SKIN ULCERS WITHOUT CC/MCC	case rate	15,424.5
facility	inpatient	MS-DRG	595	MAJOR SKIN DISORDERS WITH MCC	case rate	38,443.2
facility	inpatient	MS-DRG	596	MAJOR SKIN DISORDERS WITHOUT MCC	case rate	19,648.8
facility	inpatient	MS-DRG	597	MALIGNANT BREAST DISORDERS WITH MCC	case rate	31,927.0
facility	inpatient	MS-DRG	598	MALIGNANT BREAST DISORDERS WITH CC	case rate	19,610.6
facility	inpatient	MS-DRG	599	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	case rate	15,539.1
facility	inpatient	MS-DRG	600	NON-MALIGNANT BREAST DISORDERS WITH CC/MCC	case rate	17,398.5
facility	inpatient	MS-DRG	601	NON-MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	case rate	10,896.8
facility	inpatient	MS-DRG	602	CELLULITIS WITH MCC	case rate	26,708.5
facility	inpatient	MS-DRG	603	CELLULITIS WITHOUT MCC	case rate	16,011.6
facility	inpatient	MS-DRG	604	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITH…	case rate	27,004.8
facility	inpatient	MS-DRG	605	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITH…	case rate	16,789.6
facility	inpatient	MS-DRG	606	MINOR SKIN DISORDERS WITH MCC	case rate	29,265.9
facility	inpatient	MS-DRG	607	MINOR SKIN DISORDERS WITHOUT MCC	case rate	15,709.9
facility	inpatient	MS-DRG	614	ADRENAL AND PITUITARY PROCEDURES WITH CC/MCC	case rate	41,420.5
facility	inpatient	MS-DRG	615	ADRENAL AND PITUITARY PROCEDURES WITHOUT CC/MCC	case rate	26,045.1
facility	inpatient	MS-DRG	616	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND…	case rate	70,250.2
facility	inpatient	MS-DRG	617	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND…	case rate	35,120.6
facility	inpatient	MS-DRG	618	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL AND…	case rate	22,629.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	619	O.R. PROCEDURES FOR OBESITY WITH MCC	case rate	49,556.3
facility	inpatient	MS-DRG	620	O.R. PROCEDURES FOR OBESITY WITH CC	case rate	29,026.0
facility	inpatient	MS-DRG	621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	case rate	26,568.5
facility	inpatient	MS-DRG	622	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTR…	case rate	68,052.7
facility	inpatient	MS-DRG	623	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTR…	case rate	34,789.8
facility	inpatient	MS-DRG	624	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTR…	case rate	18,232.8
facility	inpatient	MS-DRG	625	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WIT…	case rate	52,110.1
facility	inpatient	MS-DRG	626	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WIT…	case rate	27,431.9
facility	inpatient	MS-DRG	627	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WIT…	case rate	23,025.9
facility	inpatient	MS-DRG	628	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCED…	case rate	71,729.8
facility	inpatient	MS-DRG	629	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCED…	case rate	40,898.9
facility	inpatient	MS-DRG	630	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCED…	case rate	25,468.9
facility	inpatient	MS-DRG	637	DIABETES WITH MCC	case rate	26,470.4
facility	inpatient	MS-DRG	638	DIABETES WITH CC	case rate	16,671.5
facility	inpatient	MS-DRG	639	DIABETES WITHOUT CC/MCC	case rate	11,389.4
facility	inpatient	MS-DRG	640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUID…	case rate	13,037.0
facility	inpatient	MS-DRG	641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUID…	case rate	14,204.9
facility	inpatient	MS-DRG	642	INBORN AND OTHER DISORDERS OF METABOLISM	case rate	22,558.8
facility	inpatient	MS-DRG	643	ENDOCRINE DISORDERS WITH MCC	case rate	30,123.9
facility	inpatient	MS-DRG	644	ENDOCRINE DISORDERS WITH CC	case rate	18,785.4
facility	inpatient	MS-DRG	645	ENDOCRINE DISORDERS WITHOUT CC/MCC	case rate	14,159.5
facility	inpatient	MS-DRG	650	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	case rate	83,739.0
facility	inpatient	MS-DRG	651	KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	case rate	63,112.3
facility	inpatient	MS-DRG	652	KIDNEY TRANSPLANT	case rate	55,823.6
facility	inpatient	MS-DRG	653	MAJOR BLADDER PROCEDURES WITH MCC	case rate	101,319.3
facility	inpatient	MS-DRG	654	MAJOR BLADDER PROCEDURES WITH CC	case rate	51,292.2
facility	inpatient	MS-DRG	655	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC	case rate	37,756.2
facility	inpatient	MS-DRG	656	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH MCC	case rate	59,213.5
facility	inpatient	MS-DRG	657	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH CC	case rate	33,226.6
facility	inpatient	MS-DRG	658	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITHOUT CC…	case rate	27,335.6
facility	inpatient	MS-DRG	659	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH M…	case rate	46,971.6
facility	inpatient	MS-DRG	660	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	case rate	24,354.6
facility	inpatient	MS-DRG	661	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOU…	case rate	18,660.0
facility	inpatient	MS-DRG	662	MINOR BLADDER PROCEDURES WITH MCC	case rate	56,699.7
facility	inpatient	MS-DRG	663	MINOR BLADDER PROCEDURES WITH CC	case rate	27,760.9
facility	inpatient	MS-DRG	664	MINOR BLADDER PROCEDURES WITHOUT CC/MCC	case rate	19,626.9
facility	inpatient	MS-DRG	665	PROSTATECTOMY WITH MCC	case rate	62,407.1
facility	inpatient	MS-DRG	666	PROSTATECTOMY WITH CC	case rate	29,940.3
facility	inpatient	MS-DRG	667	PROSTATECTOMY WITHOUT CC/MCC	case rate	18,680.0
facility	inpatient	MS-DRG	668	TRANSURETHRAL PROCEDURES WITH MCC	case rate	53,004.4
facility	inpatient	MS-DRG	669	TRANSURETHRAL PROCEDURES WITH CC	case rate	28,128.1
facility	inpatient	MS-DRG	670	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC	case rate	17,369.4
facility	inpatient	MS-DRG	671	URETHRAL PROCEDURES WITH CC/MCC	case rate	31,329.0
facility	inpatient	MS-DRG	672	URETHRAL PROCEDURES WITHOUT CC/MCC	case rate	19,890.5
facility	inpatient	MS-DRG	673	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH MCC	case rate	76,159.4
facility	inpatient	MS-DRG	674	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH CC	case rate	41,956.7
facility	inpatient	MS-DRG	675	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITHOUT CC/…	case rate	28,449.8
facility	inpatient	MS-DRG	682	RENAL FAILURE WITH MCC	case rate	27,301.1
facility	inpatient	MS-DRG	683	RENAL FAILURE WITH CC	case rate	16,157.1
facility	inpatient	MS-DRG	684	RENAL FAILURE WITHOUT CC/MCC	case rate	11,042.2
facility	inpatient	MS-DRG	686	KIDNEY AND URINARY TRACT NEOPLASMS WITH MCC	case rate	34,273.5
facility	inpatient	MS-DRG	687	KIDNEY AND URINARY TRACT NEOPLASMS WITH CC	case rate	19,132.5
facility	inpatient	MS-DRG	688	KIDNEY AND URINARY TRACT NEOPLASMS WITHOUT CC/MCC	case rate	13,163.4
facility	inpatient	MS-DRG	689	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	case rate	21,273.7
facility	inpatient	MS-DRG	690	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	case rate	14,588.4
facility	inpatient	MS-DRG	693	URINARY STONES WITH MCC	case rate	26,724.9
facility	inpatient	MS-DRG	694	URINARY STONES WITHOUT MCC	case rate	14,203.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	695	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITH MCC	case rate	20,497.6
facility	inpatient	MS-DRG	696	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITHOUT MCC	case rate	12,572.7
facility	inpatient	MS-DRG	697	URETHRAL STRICTURE	case rate	18,209.2
facility	inpatient	MS-DRG	698	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC	case rate	30,552.8
facility	inpatient	MS-DRG	699	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH CC	case rate	18,536.4
facility	inpatient	MS-DRG	700	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITHOUT CC/MCC	case rate	12,616.3
facility	inpatient	MS-DRG	707	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC	case rate	35,271.4
facility	inpatient	MS-DRG	708	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	case rate	26,944.8
facility	inpatient	MS-DRG	709	PENIS PROCEDURES WITH CC/MCC	case rate	40,842.5
facility	inpatient	MS-DRG	710	PENIS PROCEDURES WITHOUT CC/MCC	case rate	27,288.3
facility	inpatient	MS-DRG	711	TESTES PROCEDURES WITH CC/MCC	case rate	34,728.0
facility	inpatient	MS-DRG	712	TESTES PROCEDURES WITHOUT CC/MCC	case rate	19,441.5
facility	inpatient	MS-DRG	713	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC	case rate	26,281.4
facility	inpatient	MS-DRG	714	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	case rate	17,078.6
facility	inpatient	MS-DRG	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR M…	case rate	41,046.1
facility	inpatient	MS-DRG	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR M…	case rate	25,796.0
facility	inpatient	MS-DRG	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEP…	case rate	33,724.6
facility	inpatient	MS-DRG	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEP…	case rate	22,389.8
facility	inpatient	MS-DRG	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC	case rate	31,423.5
facility	inpatient	MS-DRG	723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC	case rate	20,410.4
facility	inpatient	MS-DRG	724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	case rate	13,243.4
facility	inpatient	MS-DRG	725	BENIGN PROSTATIC HYPERTROPHY WITH MCC	case rate	22,958.7
facility	inpatient	MS-DRG	726	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC	case rate	13,528.7
facility	inpatient	MS-DRG	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC	case rate	26,706.7
facility	inpatient	MS-DRG	728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT …	case rate	14,852.0
facility	inpatient	MS-DRG	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITH CC/MCC	case rate	20,008.7
facility	inpatient	MS-DRG	730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITHOUT CC/…	case rate	11,031.3
facility	inpatient	MS-DRG	734	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL V…	case rate	38,219.7
facility	inpatient	MS-DRG	735	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL V…	case rate	22,062.6
facility	inpatient	MS-DRG	736	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL …	case rate	71,566.2
facility	inpatient	MS-DRG	737	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL …	case rate	36,322.0
facility	inpatient	MS-DRG	738	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL …	case rate	27,570.1
facility	inpatient	MS-DRG	739	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON…	case rate	72,355.1
facility	inpatient	MS-DRG	740	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON…	case rate	33,048.5
facility	inpatient	MS-DRG	741	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON…	case rate	24,965.4
facility	inpatient	MS-DRG	742	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WIT…	case rate	33,201.1
facility	inpatient	MS-DRG	743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WIT…	case rate	17,851.8
facility	inpatient	MS-DRG	744	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WIT…	case rate	35,515.0
facility	inpatient	MS-DRG	745	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WIT…	case rate	18,627.2
facility	inpatient	MS-DRG	746	VAGINA, CERVIX AND VULVA PROCEDURES WITH CC/MCC	case rate	30,436.5
facility	inpatient	MS-DRG	747	VAGINA, CERVIX AND VULVA PROCEDURES WITHOUT CC/MCC	case rate	17,360.3
facility	inpatient	MS-DRG	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	case rate	24,760.0
facility	inpatient	MS-DRG	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WIT…	case rate	47,048.0
facility	inpatient	MS-DRG	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WIT…	case rate	23,438.6
facility	inpatient	MS-DRG	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC	case rate	32,884.9
facility	inpatient	MS-DRG	755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC	case rate	20,177.7
facility	inpatient	MS-DRG	756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	case rate	17,356.7
facility	inpatient	MS-DRG	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC	case rate	25,723.3
facility	inpatient	MS-DRG	758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC	case rate	18,527.3
facility	inpatient	MS-DRG	759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	case rate	11,631.1
facility	inpatient	MS-DRG	760	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISOR…	case rate	17,912.9
facility	inpatient	MS-DRG	761	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISOR…	case rate	11,522.1
facility	inpatient	MS-DRG	768	VAGINAL DELIVERY WITH O.R. PROCEDURES EXCEPT STERILIZATI…	case rate	10,761.6
facility	inpatient	MS-DRG	769	POSTPARTUM AND POST ABORTION DIAGNOSES WITH O.R. PROCE…	case rate	13,639.7
facility	inpatient	MS-DRG	770	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	case rate	10,561.4
facility	inpatient	MS-DRG	776	POSTPARTUM AND POST ABORTION DIAGNOSES WITHOUT O.R. PR…	case rate	7,002.9
facility	inpatient	MS-DRG	779	ABORTION WITHOUT D&C	case rate	9,175.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	783	CESAREAN SECTION WITH STERILIZATION WITH MCC	case rate	18,081.6
facility	inpatient	MS-DRG	784	CESAREAN SECTION WITH STERILIZATION WITH CC	case rate	10,631.1
facility	inpatient	MS-DRG	785	CESAREAN SECTION WITH STERILIZATION WITHOUT CC/MCC	case rate	8,588.3
facility	inpatient	MS-DRG	786	CESAREAN SECTION WITHOUT STERILIZATION WITH MCC	case rate	15,861.2
facility	inpatient	MS-DRG	787	CESAREAN SECTION WITHOUT STERILIZATION WITH CC	case rate	10,422.9
facility	inpatient	MS-DRG	788	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	case rate	8,883.8
facility	inpatient	MS-DRG	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FA…	case rate	17,695.8
facility	inpatient	MS-DRG	790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, …	case rate	58,357.9
facility	inpatient	MS-DRG	791	PREMATURITY WITH MAJOR PROBLEMS	case rate	39,855.2
facility	inpatient	MS-DRG	792	PREMATURITY WITHOUT MAJOR PROBLEMS	case rate	24,048.0
facility	inpatient	MS-DRG	793	FULL TERM NEONATE WITH MAJOR PROBLEMS	case rate	40,939.9
facility	inpatient	MS-DRG	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	case rate	14,490.8
facility	inpatient	MS-DRG	795	NORMAL NEWBORN	case rate	1,961.3
facility	inpatient	MS-DRG	796	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH MCC	case rate	12,531.5
facility	inpatient	MS-DRG	797	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITH CC	case rate	9,504.1
facility	inpatient	MS-DRG	798	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C WITHOUT C…	case rate	9,504.1
facility	inpatient	MS-DRG	799	SPLENIC PROCEDURES WITH MCC	case rate	86,420.0
facility	inpatient	MS-DRG	800	SPLENIC PROCEDURES WITH CC	case rate	52,959.0
facility	inpatient	MS-DRG	801	SPLENIC PROCEDURES WITHOUT CC/MCC	case rate	29,840.3
facility	inpatient	MS-DRG	802	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING …	case rate	65,155.4
facility	inpatient	MS-DRG	803	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING …	case rate	32,352.3
facility	inpatient	MS-DRG	804	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING …	case rate	20,094.1
facility	inpatient	MS-DRG	805	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH MCC	case rate	9,795.7
facility	inpatient	MS-DRG	806	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITH CC	case rate	7,102.1
facility	inpatient	MS-DRG	807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC…	case rate	6,254.9
facility	inpatient	MS-DRG	808	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCE…	case rate	41,631.4
facility	inpatient	MS-DRG	809	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCE…	case rate	22,511.6
facility	inpatient	MS-DRG	810	MAJOR HEMATOLOGICAL AND IMMUNOLOGICAL DIAGNOSES EXCE…	case rate	17,298.5
facility	inpatient	MS-DRG	811	RED BLOOD CELL DISORDERS WITH MCC	case rate	25,570.7
facility	inpatient	MS-DRG	812	RED BLOOD CELL DISORDERS WITHOUT MCC	case rate	16,775.1
facility	inpatient	MS-DRG	813	COAGULATION DISORDERS	case rate	28,135.4
facility	inpatient	MS-DRG	814	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH MCC	case rate	37,994.3
facility	inpatient	MS-DRG	815	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH CC	case rate	18,469.1
facility	inpatient	MS-DRG	816	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITHOUT CC/…	case rate	11,985.6
facility	inpatient	MS-DRG	817	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH …	case rate	24,885.3
facility	inpatient	MS-DRG	818	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITH CC	case rate	12,643.4
facility	inpatient	MS-DRG	819	OTHER ANTEPARTUM DIAGNOSES WITH O.R. PROCEDURES WITHO…	case rate	8,015.0
facility	inpatient	MS-DRG	820	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH …	case rate	105,821.6
facility	inpatient	MS-DRG	821	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH …	case rate	40,573.5
facility	inpatient	MS-DRG	822	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURES WITH…	case rate	20,786.6
facility	inpatient	MS-DRG	823	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE…	case rate	85,051.3
facility	inpatient	MS-DRG	824	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE…	case rate	39,975.5
facility	inpatient	MS-DRG	825	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH OTHER PROCEDURE…	case rate	22,369.8
facility	inpatient	MS-DRG	826	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED …	case rate	86,796.3
facility	inpatient	MS-DRG	827	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED …	case rate	42,891.0
facility	inpatient	MS-DRG	828	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED …	case rate	29,133.2
facility	inpatient	MS-DRG	829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED …	case rate	56,049.0
facility	inpatient	MS-DRG	830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED …	case rate	26,581.3
facility	inpatient	MS-DRG	831	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WI…	case rate	11,297.6
facility	inpatient	MS-DRG	832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WI…	case rate	7,335.7
facility	inpatient	MS-DRG	833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WI…	case rate	5,102.5
facility	inpatient	MS-DRG	834	ACUTE LEUKEMIA WITH MCC	case rate	100,459.5
facility	inpatient	MS-DRG	835	ACUTE LEUKEMIA WITH CC	case rate	38,821.3
facility	inpatient	MS-DRG	836	ACUTE LEUKEMIA WITHOUT CC/MCC	case rate	23,096.8
facility	inpatient	MS-DRG	837	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNO…	case rate	91,005.9
facility	inpatient	MS-DRG	838	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNO…	case rate	36,863.7
facility	inpatient	MS-DRG	839	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNO…	case rate	24,907.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	840	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH MCC	case rate	57,972.0
facility	inpatient	MS-DRG	841	LYMPHOMA AND NON-ACUTE LEUKEMIA WITH CC	case rate	28,498.9
facility	inpatient	MS-DRG	842	LYMPHOMA AND NON-ACUTE LEUKEMIA WITHOUT CC/MCC	case rate	19,118.0
facility	inpatient	MS-DRG	843	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFEREN…	case rate	34,409.9
facility	inpatient	MS-DRG	844	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFEREN…	case rate	21,722.7
facility	inpatient	MS-DRG	845	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFEREN…	case rate	15,208.2
facility	inpatient	MS-DRG	846	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIA…	case rate	46,415.4
facility	inpatient	MS-DRG	847	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIA…	case rate	23,095.0
facility	inpatient	MS-DRG	848	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIA…	case rate	14,884.7
facility	inpatient	MS-DRG	849	RADIOTHERAPY	case rate	48,547.5
facility	inpatient	MS-DRG	850	ACUTE LEUKEMIA WITH OTHER PROCEDURES	case rate	167,428.9
facility	inpatient	MS-DRG	853	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES W…	case rate	90,909.6
facility	inpatient	MS-DRG	854	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES W…	case rate	36,320.2
facility	inpatient	MS-DRG	855	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURES W…	case rate	29,545.8
facility	inpatient	MS-DRG	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PR…	case rate	81,999.5
facility	inpatient	MS-DRG	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PR…	case rate	39,604.7
facility	inpatient	MS-DRG	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS WITH O.R. PR…	case rate	23,418.6
facility	inpatient	MS-DRG	862	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITH MCC	case rate	33,419.3
facility	inpatient	MS-DRG	863	POSTOPERATIVE AND POST-TRAUMATIC INFECTIONS WITHOUT MCC	case rate	18,174.6
facility	inpatient	MS-DRG	864	FEVER AND INFLAMMATORY CONDITIONS	case rate	16,320.6
facility	inpatient	MS-DRG	865	VIRAL ILLNESS WITH MCC	case rate	26,826.6
facility	inpatient	MS-DRG	866	VIRAL ILLNESS WITHOUT MCC	case rate	16,080.7
facility	inpatient	MS-DRG	867	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH …	case rate	38,974.0
facility	inpatient	MS-DRG	868	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH CC	case rate	19,085.3
facility	inpatient	MS-DRG	869	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITHO…	case rate	13,078.0
facility	inpatient	MS-DRG	870	SEPTICEMIA OR SEVERE SEPSIS WITH MV >96 HOURS	case rate	126,444.6
facility	inpatient	MS-DRG	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH M…	case rate	35,667.7
facility	inpatient	MS-DRG	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHO…	case rate	18,739.9
facility	inpatient	MS-DRG	876	O.R. PROCEDURES WITH PRINCIPAL DIAGNOSIS OF MENTAL ILLNESS	case rate	71,422.6
facility	inpatient	MS-DRG	880	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	case rate	17,424.0
facility	inpatient	MS-DRG	881	DEPRESSIVE NEUROSES	case rate	16,615.1
facility	inpatient	MS-DRG	882	NEUROSES EXCEPT DEPRESSIVE	case rate	17,483.9
facility	inpatient	MS-DRG	883	DISORDERS OF PERSONALITY AND IMPULSE CONTROL	case rate	33,742.8
facility	inpatient	MS-DRG	884	ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY	case rate	30,356.5
facility	inpatient	MS-DRG	885	PSYCHOSES	case rate	25,619.7
facility	inpatient	MS-DRG	886	BEHAVIORAL AND DEVELOPMENTAL DISORDERS	case rate	32,652.2
facility	inpatient	MS-DRG	887	OTHER MENTAL DISORDER DIAGNOSES	case rate	21,617.3
facility	inpatient	MS-DRG	894	ALCOHOL, DRUG ABUSE OR DEPENDENCE, LEFT AMA	case rate	11,343.9
facility	inpatient	MS-DRG	895	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITH REHABILITATION …	case rate	26,317.7
facility	inpatient	MS-DRG	896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATI…	case rate	32,368.7
facility	inpatient	MS-DRG	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATI…	case rate	16,035.3
facility	inpatient	MS-DRG	901	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC	case rate	80,525.4
facility	inpatient	MS-DRG	902	WOUND DEBRIDEMENTS FOR INJURIES WITH CC	case rate	34,488.0
facility	inpatient	MS-DRG	903	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC	case rate	22,157.1
facility	inpatient	MS-DRG	904	SKIN GRAFTS FOR INJURIES WITH CC/MCC	case rate	70,177.5
facility	inpatient	MS-DRG	905	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC	case rate	29,956.6
facility	inpatient	MS-DRG	906	HAND PROCEDURES FOR INJURIES	case rate	39,668.3
facility	inpatient	MS-DRG	907	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC	case rate	72,406.0
facility	inpatient	MS-DRG	908	OTHER O.R. PROCEDURES FOR INJURIES WITH CC	case rate	36,661.9
facility	inpatient	MS-DRG	909	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC	case rate	23,051.4
facility	inpatient	MS-DRG	913	TRAUMATIC INJURY WITH MCC	case rate	29,413.2
facility	inpatient	MS-DRG	914	TRAUMATIC INJURY WITHOUT MCC	case rate	16,655.1
facility	inpatient	MS-DRG	915	ALLERGIC REACTIONS WITH MCC	case rate	31,587.1
facility	inpatient	MS-DRG	916	ALLERGIC REACTIONS WITHOUT MCC	case rate	12,069.2
facility	inpatient	MS-DRG	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	case rate	29,802.1
facility	inpatient	MS-DRG	918	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	case rate	16,075.3
facility	inpatient	MS-DRG	919	COMPLICATIONS OF TREATMENT WITH MCC	case rate	33,143.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	inpatient	MS-DRG	920	COMPLICATIONS OF TREATMENT WITH CC	case rate	18,463.7
facility	inpatient	MS-DRG	921	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC	case rate	12,498.1
facility	inpatient	MS-DRG	922	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITH …	case rate	30,703.7
facility	inpatient	MS-DRG	923	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITH…	case rate	18,536.4
facility	inpatient	MS-DRG	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOU…	case rate	431,196.7
facility	inpatient	MS-DRG	928	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY …	case rate	121,391.5
facility	inpatient	MS-DRG	929	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY …	case rate	57,804.8
facility	inpatient	MS-DRG	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MV >96 HOU…	case rate	78,644.1
facility	inpatient	MS-DRG	934	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJ…	case rate	39,001.2
facility	inpatient	MS-DRG	935	NON-EXTENSIVE BURNS	case rate	39,921.0
facility	inpatient	MS-DRG	939	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH H…	case rate	57,688.5
facility	inpatient	MS-DRG	940	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH H…	case rate	38,376.0
facility	inpatient	MS-DRG	941	O.R. PROCEDURES WITH DIAGNOSES OF OTHER CONTACT WITH H…	case rate	35,520.5
facility	inpatient	MS-DRG	945	REHABILITATION WITH CC/MCC	case rate	27,744.6
facility	inpatient	MS-DRG	946	REHABILITATION WITHOUT CC/MCC	case rate	20,292.2
facility	inpatient	MS-DRG	947	SIGNS AND SYMPTOMS WITH MCC	case rate	23,376.8
facility	inpatient	MS-DRG	948	SIGNS AND SYMPTOMS WITHOUT MCC	case rate	14,441.2
facility	inpatient	MS-DRG	949	AFTERCARE WITH CC/MCC	case rate	19,610.6
facility	inpatient	MS-DRG	950	AFTERCARE WITHOUT CC/MCC	case rate	10,653.2
facility	inpatient	MS-DRG	951	OTHER FACTORS INFLUENCING HEALTH STATUS	case rate	10,304.2
facility	inpatient	MS-DRG	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	case rate	124,107.1
facility	inpatient	MS-DRG	956	LIMB REATTACHMENT, HIP AND FEMUR PROCEDURES FOR MULTIP…	case rate	69,474.1
facility	inpatient	MS-DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA …	case rate	135,663.7
facility	inpatient	MS-DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA …	case rate	74,696.2
facility	inpatient	MS-DRG	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA …	case rate	48,053.1
facility	inpatient	MS-DRG	963	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC	case rate	49,378.2
facility	inpatient	MS-DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC	case rate	27,268.3
facility	inpatient	MS-DRG	965	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	case rate	16,586.0
facility	inpatient	MS-DRG	969	HIV WITH EXTENSIVE O.R. PROCEDURES WITH MCC	case rate	114,946.2
facility	inpatient	MS-DRG	970	HIV WITH EXTENSIVE O.R. PROCEDURES WITHOUT MCC	case rate	48,225.8
facility	inpatient	MS-DRG	974	HIV WITH MAJOR RELATED CONDITION WITH MCC	case rate	54,274.9
facility	inpatient	MS-DRG	975	HIV WITH MAJOR RELATED CONDITION WITH CC	case rate	25,834.2
facility	inpatient	MS-DRG	976	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC	case rate	18,229.2
facility	inpatient	MS-DRG	977	HIV WITH OR WITHOUT OTHER RELATED CONDITION	case rate	26,206.8
facility	inpatient	MS-DRG	981	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNO…	case rate	86,416.4
facility	inpatient	MS-DRG	982	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNO…	case rate	44,505.1
facility	inpatient	MS-DRG	983	EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DIAGNO…	case rate	30,320.2
facility	inpatient	MS-DRG	987	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DI…	case rate	63,672.2
facility	inpatient	MS-DRG	988	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DI…	case rate	31,190.8
facility	inpatient	MS-DRG	989	NON-EXTENSIVE O.R. PROCEDURES UNRELATED TO PRINCIPAL DI…	case rate	21,001.1
facility	inpatient	MS-DRG	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	case rate	n/a
facility	inpatient	MS-DRG	999	UNGROUPABLE	case rate	n/a
facility	ER	CPT	99281	PR EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	case rate	600.0
facility	ER	CPT	99282	PR EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	case rate	1,185.0
facility	ER	CPT	99283	PR EMERGENCY DEPARTMENT VISIT LOW MDM	case rate	2,410.0
facility	ER	CPT	99284	PR EMERGENCY DEPARTMENT VISIT MODERATE MDM	case rate	3,780.0
facility	ER	CPT	99285	PR EMERGENCY DEPARTMENT VISIT HIGH MDM	case rate	5,475.0
facility	outpatient	CPT/HCP…	0071T	PR US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	0072T	PR FCSD US ABLTJ UTERINE LEIOMYOMAT >= 200 CC TISS	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	0101T	PR EXTRACORPOREAL SHOCK WAVE MUSCSKEL SYS NOS	fee schedule	584.2
facility	outpatient	CPT/HCP…	0102T	PR ESW BY PHYS W/ANES INVG LAT HUMERL EPICONDYLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	0106T	PR QUANT SENSORY TEST&INTERPJ/XTR W/TOUCH STIMULI	fee schedule	99.3
facility	outpatient	CPT/HCP…	0107T	PR QUANT SENSORY TEST&INTERPJ/XTR W/VIBRJ STIMULI	fee schedule	99.3
facility	outpatient	CPT/HCP…	0108T	PR QUANT SENSORY TEST&INTERPJ/XTR W/COOL STIMULI	fee schedule	151.5
facility	outpatient	CPT/HCP…	0109T	PR QUANT SENAORY TEST&INTERPJ/XTR W/HT-PN STIMULI	fee schedule	99.3
facility	outpatient	CPT/HCP…	0110T	PR QUANT SENSORY TEST&INTERPJ/XTR OTHER STIMULI	fee schedule	316.4
facility	outpatient	CPT/HCP…	0184T	PR RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	fee schedule	14,118.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	0198T	PR MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R	fee schedule	316.4
facility	outpatient	CPT/HCP…	0200T	PR PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/> NDL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0201T	PR PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/> NDLS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0207T	PR EVAC MEIBOMIAN GLNDS AUTO HT& INTMT PRESS UNI	fee schedule	316.4
facility	outpatient	CPT/HCP…	0208T	PR PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	fee schedule	99.3
facility	outpatient	CPT/HCP…	0209T	PR PURE TONE AUDIOMETRY AUTOMATED AIR & BONE	fee schedule	99.3
facility	outpatient	CPT/HCP…	0210T	PR SPEECH AUDIOMETRY THRESHOLD AUTOMATED	fee schedule	99.3
facility	outpatient	CPT/HCP…	0211T	PR SPEECH AUDIOM THRESHLD AUTO W/SPEECH RECOGNITION	fee schedule	99.3
facility	outpatient	CPT/HCP…	0212T	PR COMPRE AUDIOM THRESHOLD EVAL & SPEECH RECOG	fee schedule	387.0
facility	outpatient	CPT/HCP…	0213T	PR NJX DX/THER PARAVER FCT JT W/US CER/THOR 1 LVL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	0216T	PR NJX DX/THER PARAVER FCT JT W/US LUMB/SAC 1 LVL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	0221T	PR PLMT POST FACET IMPLT UNI/BI W/IMG & GRFT LUMB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0232T	PR NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	fee schedule	987.0
facility	outpatient	CPT/HCP…	0234T	PR TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	0236T	PR TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	0237T	PR TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	0238T	PR TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	0253T	PR INSERT ANT SGM DRAINAGE DEV W/O RESERVR INT APPR	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	0263T	PR AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	0264T	PR AUTO BONE MARRW CELL RX COMP W/O BONE MAR HARVST	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	0265T	PR BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	0266T	PR IM/REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	fee schedule	117,001.3
facility	outpatient	CPT/HCP…	0267T	PR IM/REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0268T	PR IM/REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	0269T	PR REV/REMVL CARTD SINS BARREFLX ACT DEV TOT SYSTEM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	0270T	PR REV/REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0271T	PR REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0272T	PR INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R	fee schedule	387.0
facility	outpatient	CPT/HCP…	0273T	PR INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM	fee schedule	387.0
facility	outpatient	CPT/HCP…	0274T	PR PERC LAMINO-/LAMINECTOMY IMAGE GUIDE CERV/THORAC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0275T	PR PERC LAMINO-/LAMINECTOMY INDIR IMAG GUIDE LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0278T	PR TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	fee schedule	387.0
facility	outpatient	CPT/HCP…	0308T	PR INSJ OC TLSCP PROSTH RMVL CRYSTALLINE/IO LENS	fee schedule	42,979.0
facility	outpatient	CPT/HCP…	0330T	PR TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R	fee schedule	99.3
facility	outpatient	CPT/HCP…	0331T	PR MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	0332T	PR MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	0335T	PR INSERTION OF SINUS TARSI IMPLANT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0338T	PR TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	0339T	PR TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	0342T	PR THERAPEUTIC APHERESIS W/SELECTIVE HDL DELIP	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	0347T	PR PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	fee schedule	151.5
facility	outpatient	CPT/HCP…	0348T	PR RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	fee schedule	272.4
facility	outpatient	CPT/HCP…	0349T	PR RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	fee schedule	272.4
facility	outpatient	CPT/HCP…	0350T	PR RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	fee schedule	225.1
facility	outpatient	CPT/HCP…	0358T	PR BIA WHOLE BODY COMPOSITION ASSESSMENT W/I&R	fee schedule	73.8
facility	outpatient	CPT/HCP…	0362T	PR BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	fee schedule	71.1
facility	outpatient	CPT/HCP…	0373T	PR ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	fee schedule	71.1
facility	outpatient	CPT/HCP…	0379T	PR VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT	fee schedule	99.3
facility	outpatient	CPT/HCP…	0394T	PR HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	fee schedule	665.8
facility	outpatient	CPT/HCP…	0395T	PR HDR ELECTRONIC BRACHYTHERAPY NTRSTL/INTRCAV	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	0398T	PR MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	0402T	PR COLLAGEN CROSS-LINKING CORNEA&PACHYMETRY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	0408T	PR INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	0409T	PR INSJ/RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	0410T	PR INSJ/RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	0411T	PR INSJ/RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	0412T	PR REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	fee schedule	9,728.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	0413T	PR REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0414T	PR RMVL & RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	0415T	PR REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	0416T	PR RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	0417T	PR PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	fee schedule	93.4
facility	outpatient	CPT/HCP…	0418T	PR INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	fee schedule	93.4
facility	outpatient	CPT/HCP…	0419T	PR DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK >50	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	0420T	PR DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES >100	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	0421T	PR TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	0422T	PR TACTILE BREAST IMG COMPUTER-AIDED SENSORS UNI/BI	fee schedule	225.1
facility	outpatient	CPT/HCP…	0440T	PR ABLTJ PERC CRYOABLTJ IMG GDN UXTR/PERPH NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	0441T	PR ABLTJ PERC CRYOABLTJ IMG GDN LXTR/PERPH NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	0442T	PR ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX/TRNCL NRV	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	0446T	PR CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	0447T	PR RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	fee schedule	495.9
facility	outpatient	CPT/HCP…	0448T	PR RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	0449T	PR INSJ AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	0464T	PR VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPRT	fee schedule	387.0
facility	outpatient	CPT/HCP…	0472T	PR DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPRT	fee schedule	739.9
facility	outpatient	CPT/HCP…	0473T	PR DEV INTERR REPRGRMG IO RTA ELTRD RA W/REPRT	fee schedule	239.8
facility	outpatient	CPT/HCP…	0479T	PR FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	0481T	PR NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	fee schedule	987.0
facility	outpatient	CPT/HCP…	0485T	PR OCT MIDDLE EAR WITH I&R UNILATERAL	fee schedule	99.3
facility	outpatient	CPT/HCP…	0486T	PR OCT MIDDLE EAR WITH I&R BILATERAL	fee schedule	99.3
facility	outpatient	CPT/HCP…	0505T	PR EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	0506T	PR MAC PGMT OPTICAL DNS MEAS HFP UNI/BI W/I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	0507T	PR NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	0509T	PR PATTERN ELECTRORETINOGRAPHY W/I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	0510T	PR REMOVAL OF SINUS TARSI IMPLANT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	0511T	PR REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0512T	PR ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	fee schedule	495.9
facility	outpatient	CPT/HCP…	0515T	PR INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	0516T	PR INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	0517T	PR INSERTION WRLS CAR STIMULATOR LV PACG BTH COMPNT	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	0518T	PR REMOVAL PG WCS LV PACG BATTERY COMPONENT ONLY	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0519T	PR REMOVAL&RPLCMT PG WCS LV PACG BOTH COMPONENTS	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	0520T	PR RMVL&RPLCMT PG WCS LV PACG BATTERY COMPNT ONLY	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	0521T	PR INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	fee schedule	73.8
facility	outpatient	CPT/HCP…	0522T	PR PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0524T	PR EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	0525T	PR INSERTION/REPLACEMENT COMPLETE IIMS	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	0526T	PR INSERTION/REPLACEMENT IIMS ELECTRODE ONLY	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	0527T	PR INSERTION/REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	0528T	PR PRGRMG DEVICE EVAL IIMS IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0529T	PR INTERROGATION DEVICE EVAL IIMS IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0530T	PR REMOVAL COMPLETE IIMS INCL IMG S&I	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0531T	PR REMOVAL IIMS ELECTRODE ONLY INCL IMG S&I	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0532T	PR REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S&I	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0540T	PR CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	fee schedule	839.0
facility	outpatient	CPT/HCP…	0541T	PR MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	0555T	PR BONE STRENGTH & FRACTURE RSK RETRV&TRANSMIS DATA	fee schedule	73.8
facility	outpatient	CPT/HCP…	0556T	PR BONE STRENGTH & FRACTURE RISK ASSESSMENT	fee schedule	607.0
facility	outpatient	CPT/HCP…	0558T	PR CT SCAN FOR PURPOSE BIOMECHANICAL CT ANALYSIS	fee schedule	225.1
facility	outpatient	CPT/HCP…	0559T	PR ANATOMIC MODEL 3D PRINTED 1ST COMPNT ANTMC STRUX	fee schedule	151.5
facility	outpatient	CPT/HCP…	0561T	PR ANATOMIC GUIDE 3D PRINTED 1ST ANATOMIC GUIDE	fee schedule	151.5
facility	outpatient	CPT/HCP…	0563T	PR EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	fee schedule	151.5
facility	outpatient	CPT/HCP…	0564T	PR ONC CHEMO RX CYTOTOXICITY ASSAY CSC MIN 14 DRUGS	fee schedule	134.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	0571T	PR INSJ/RPLCMT ICDS W/SUBSTERNAL ELECTRODE	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	0572T	PR INSJ SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	0573T	PR RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0574T	PR REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0575T	PR PROGRAMMING DEV EVAL ICDS W/SS ELTRD IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0576T	PR INTERROGATION DEV EVAL ICDS W/SS ELTRD IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0577T	PR ELECTROPHYSIOLOGIC EVAL ICDS W/SS ELECTRODE	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	0579T	PR REM INTERROG DEV EVAL SS LD ICDS < 90D TECH	fee schedule	93.4
facility	outpatient	CPT/HCP…	0580T	PR RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0581T	PR ABLATION MAL BRST TUMOR PERQ CRTX UNILATERAL	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	0583T	PR TYMPANOSTOMY AUTOMATED TUBE DELIVERY SYSTEM	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	0587T	PR PERQ IMPLTJ/RPLCMT ISDNS BLDR DYSF PTN	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	0588T	PR REVJ/ OR RMVL PERQ ISDNS BLDR DYSF PTN	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0589T	PR ELEC ALYS SMPL PRGRMG IINS BLDR DYSF PTN 1-3	fee schedule	239.8
facility	outpatient	CPT/HCP…	0590T	PR ELEC ALYS CPLX PRGRMG IINS BLDR DYSF PTN 4+	fee schedule	239.8
facility	outpatient	CPT/HCP…	0594T	PR OSTEOT HUM INSJ XTRNL CTRLD IMED LNGTH DEVICE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	0596T	PR TEMP FEMALE INTRAURETHRAL VALVE-PUMP 1ST INSJ	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	0597T	PR TEMP FEMALE INTRAURETHRAL VALVE-PUMP REPLACEMENT	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	0598T	PR NONCONTACT R-T FLUOR WND IMG 1ST ANATOMIC SITE	fee schedule	777.6
facility	outpatient	CPT/HCP…	0600T	PR IRE ABLATION 1+TUMORS PER ORGAN W/IMG GDN PERQ	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	0601T	PR IRE ABLATION 1+TUMORS W/FLUOR&US GDN OPEN	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	0604T	PR REMOTE OCT RETINA 1ST DEV SET-UP & PT EDUCAJ	fee schedule	327.5
facility	outpatient	CPT/HCP…	0605T	PR REM OCT RETINA TECHL SUPRT MIN 8 DLY REC EA 30D	fee schedule	93.4
facility	outpatient	CPT/HCP…	0609T	PR MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	fee schedule	607.0
facility	outpatient	CPT/HCP…	0611T	PR MRS DISCOGENIC PAIN ALGORTHMIC ALYS BMRK DATA	fee schedule	607.0
facility	outpatient	CPT/HCP…	0614T	PR RMVL&RPLCMT SUBSTERNAL IMPLTBL DEFIBRILLATOR PG	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	0615T	PR EYE MVMT ANALYSIS W/O SPATIAL CALIBRATION I&R	fee schedule	316.4
facility	outpatient	CPT/HCP…	0616T	PR INSJ IRIS PROSTH W/SUTURE FIXATION&RPR/RMVL IRIS	fee schedule	42,979.0
facility	outpatient	CPT/HCP…	0617T	PR INSJ IRIS PROSTH RMVL CRYSTLN LENS &INSJ IO LENS	fee schedule	42,979.0
facility	outpatient	CPT/HCP…	0618T	PR INSJ IRIS PROSTH SECONDARY IO LENS PLMT/EXCHANGE	fee schedule	42,979.0
facility	outpatient	CPT/HCP…	0619T	PR CYSTO W/TRURL ANT PRST8 COMMISSUROTOMY & RX DLVR	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	0620T	PR ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	fee schedule	71,501.3
facility	outpatient	CPT/HCP…	0621T	PR TRABECULOSTOMY AB INTERNO BY LASER	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	0625T	PR AUTO QUAN&CHARAC CORONARY PLAQ COMPUTERIZED ALYS	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0627T	PR PERQ NJX ALGC CELL &/PRDCT UNI/BI FLUOR LMBR 1ST	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	0629T	PR PERQ NJX ALGC CELL&/PRDCT UNI/BI CT LMBR 1ST	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	0631T	PR TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	fee schedule	73.8
facility	outpatient	CPT/HCP…	0632T	PR PERQ TCAT US ABLATION NERVES INNERVATING P-ART	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	0633T	PR CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	fee schedule	272.4
facility	outpatient	CPT/HCP…	0634T	PR CT BREAST W/3D RENDERING UNI WITH CONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	0635T	PR CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	fee schedule	455.2
facility	outpatient	CPT/HCP…	0636T	PR CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	fee schedule	607.0
facility	outpatient	CPT/HCP…	0637T	PR CT BREAST W/3D RENDERING BI WITH CONTRAST	fee schedule	952.7
facility	outpatient	CPT/HCP…	0638T	PR CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	fee schedule	952.7
facility	outpatient	CPT/HCP…	0640T	PR NCNTC NR IFR SPECTRSC OTH/THN PAD 1ST ANTMC SITE	fee schedule	99.3
facility	outpatient	CPT/HCP…	0644T	PR TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	0645T	PR TCAT IMPLANTATION CORONARY SINUS REDUCTION DEV	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	0647T	PR INSJ GASTROSTOMY TUBE PERQ W/MAGNETIC GASTROPEXY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	0648T	PR QUAN MR ALYS TISS COMPJ W/O MRI SAME SESS 1ORGN	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0649T	PR QUAN MR ALYS TISS COMPOSITION W/MRI 1ORGN	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0650T	PR PRGRMG DEV EVAL SCRMS PHYS/QHP REMOTE	fee schedule	93.4
facility	outpatient	CPT/HCP…	0651T	PR MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY W/I&R	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	0652T	PR EGD FLEXIBLE TRANSNASAL DX W/COLLJ SPEC BR/WA	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	0653T	PR EGD FLEXIBLE TRANSNASAL W/BIOPSY SINGLE/MULTIPLE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	0654T	PR EGD FLEXIBLE TRANSNASAL W/INSJ INTRAL TUBE/CATH	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	0655T	PR TRANSPERINEAL FOCAL LASER ABLTJ MAL PRST8 TISS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	0658T	PR ELECTRICAL IMPEDENCE SPECTROSCOPY 1+SKIN LESIONS	fee schedule	151.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	0660T	PR IMPLTJ ANT SGM IO NBIODEGRADABLE RX ELUTING SYS	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	0661T	PR RMVL&RIMPLTJ ANT SGM IO NBIODGRD RX ELUT IMPLT	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	0662T	PR SCALP COOLING 1ST MEASUREMENT & CAP CALIBRATION	fee schedule	3,251.3
facility	outpatient	CPT/HCP…	0671T	PR INSJ ANT SGM DRG DEV TRAB MW W/O RES&CTRC RMVL1+	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	0673T	PR ABLATION B9 THYROID NODULE PERQ LASER W/IMG GDN	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	0686T	PR HISTOTRIPSY MAL HEPATOCELLULAR TISS W/IMG GDN	fee schedule	45,501.3
facility	outpatient	CPT/HCP…	0689T	PR QUAN US TISS CHARAC I&R W/O DX US SAME ANAT	fee schedule	225.1
facility	outpatient	CPT/HCP…	0692T	PR THERAPEUTIC ULTRAFILTRATION	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	0693T	PR COMPRE FUL BDY CPTR MRKRLS 3D KNMTC&KIN MTN ALYS	fee schedule	911.3
facility	outpatient	CPT/HCP…	0696T	PR BDY SURF ACTIVATION MAPG PM/CVDFB LEADS TM F/UP	fee schedule	93.4
facility	outpatient	CPT/HCP…	0697T	PR QUAN MR ALYS TIS COMPJ WO MRI SAME SESS MLT ORGN	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0698T	PR QUAN MR ALYS TISS COMPOSITION W/MRI MLT ORGANS	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0699T	PR INJECTION POSTERIOR CHAMBER EYE MEDICATION	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	0707T	PR NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	0712T	PR N-INVAS ARTL PLAQ ALYS QUAN STRUX&COMPOS VSL WAL	fee schedule	225.1
facility	outpatient	CPT/HCP…	0714T	PR TPRNL LSR ABLTJ B9 PROSTATIC HYPERPLASIA W/IMG	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	0716T	PR CARDIAC ACOUS WAVFRM REC AUTO ALYS CAD RSK SCORE	fee schedule	151.5
facility	outpatient	CPT/HCP…	0717T	PR ADRC THER PRTL THICKNESS RC TEAR	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	0718T	PR ADRC THER PRTL THICKNESS RC TEAR NJX TENDON UNI	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	0720T	PR PERQ ELEC NRV FIELD STIMJ CRANIAL NRVS WO IMPLTJ	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	0721T	PR QUAN CT TISS CHARAC I&R W/O CNCRNT CT EXAM	fee schedule	1,691.3
facility	outpatient	CPT/HCP…	0722T	PR QUAN CT TISS CHARAC I&R W/CNCRNT CT EXAM	fee schedule	1,691.3
facility	outpatient	CPT/HCP…	0723T	PR QMRCP W/O DIAGNOSTIC MRI SM ANATOMY DRG SM SESS	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0724T	PR QMRCP W/DIAGNOSTIC MRI SAME ANATOMY	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0731T	PR AUGMENTATIVE AI-BASED FACIAL PHENOTYPE A/R	fee schedule	151.5
facility	outpatient	CPT/HCP…	0733T	PR REM R-T MTN CAP NREHAB THER SPLY&TECH SPRT 30D	fee schedule	93.4
facility	outpatient	CPT/HCP…	0736T	PR COLONIC LAVAGE 35+L WATER W/INDUCED DEFECATION	fee schedule	387.0
facility	outpatient	CPT/HCP…	0740T	PR REM AUTON ALG INSULIN DOSE 1ST SETUP& PT EDUCAJ	fee schedule	151.5
facility	outpatient	CPT/HCP…	0741T	PR REM AUTON ALG NSLN DOS CAL SW DATA COLL TRANSMIS	fee schedule	93.4
facility	outpatient	CPT/HCP…	0744T	PR INSERTION BIOPROSTHETIC VALVE OPEN FEMORAL VEIN	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	0766T	PR TC MAG STIMJ FCSD LW FRQ EMGNT PLS PN 1ST NERVE	fee schedule	387.0
facility	outpatient	CPT/HCP…	0778T	PR SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	fee schedule	387.0
facility	outpatient	CPT/HCP…	0779T	PR GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	0780T	PR INSTLJ FECAL MICROBIOTA SSP RCT NMA LWR GI TRC	fee schedule	316.4
facility	outpatient	CPT/HCP…	0783T	PR TC AURICULAR NSTIMJ SETUP CALIBRATION &PT EDUCAJ	fee schedule	387.0
facility	outpatient	CPT/HCP…	0784T	PR INSJ/RPLCMT PERQ ELTRD RA SPI W/INTEGRATED NSTIM	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	0785T	PR REVJ/RMVL NSTIM ELTRD RA SPI W/INTEGRATED NSTIM	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0786T	PR INSJ/RPLCMT PERQ ELTRD RA SAC W/INTEGRATED NSTIM	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	0787T	PR REVJ/RMVL NSTIM ELTRD RA SAC W/INTEGRATED NSTIM	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0788T	PR ELEC ALYS SMPL PRGRMG IINS SP/SAC NRV 1-3 PARAM	fee schedule	239.8
facility	outpatient	CPT/HCP…	0789T	PR ELEC ALYS CPLX PRGRMG IINS SP/SAC NRV 4+PARAM	fee schedule	239.8
facility	outpatient	CPT/HCP…	0793T	PR PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	0794T	PR PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	fee schedule	151.5
facility	outpatient	CPT/HCP…	0795T	PR TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0796T	PR TCAT INSJ PERM 2CHMBR LDLS PM R ATR PM COMPNT	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0797T	PR TCAT INSJ PERM 2CHMBR LDLS PM R VENTR PM COMPNT	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0798T	PR TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	0799T	PR TCAT RMVL PERM 2CHMBR LDLS PM R ATR PM COMPNT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	0800T	PR TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	0801T	PR TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0802T	PR TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0803T	PR TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0804T	PR PRGRMG DEV EVAL LDLS PM SYS 2CHMBR IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	0807T	PR PULM TISS VNTJ ALYS IN CMBN PREV ACQUIRED CT	fee schedule	777.6
facility	outpatient	CPT/HCP…	0808T	PR PULM TISS VNTJ ALYS IN CMBN CT F/PULM TISS VNTJ	fee schedule	777.6
facility	outpatient	CPT/HCP…	0810T	PR SUBRETINAL NJX RX AGT W/VTRC & 1+ RETINOTOMIES	fee schedule	11,051.3
facility	outpatient	CPT/HCP…	0811T	PR REM MULTI DAY CPLX UROFLOWMETRY SETUP&PT EDUCAJ	fee schedule	327.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	0812T	PR REM MULTI DAY CPLX UROFLOWMETRY DEV SPLY W/REPRT	fee schedule	93.4
facility	outpatient	CPT/HCP…	0813T	PR EGD FLX TRNSORL VOL ADJMT NTRGSTR BARIATRIC BALO	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	0816T	PR OPEN INSJ/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBQ	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	0817T	PR OPEN INSJ/RPLCMT INTEGRATED NSTIMJ SYS PTN SUBF	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	0818T	PR REVJ/RMVL INTEGRATED NSTIMJ SYS PTN SUBCUTANEOUS	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0819T	PR REVJ/RMVL INTEGRATED NSTIMJ SYS PTN SUBFASCIAL	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	0823T	PR TCAT INSJ PERM 1CHMBR LDLS PACEMAKER R ATRIAL	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0824T	PR TCAT RMVL PERM 1CHMBR LDLS PACEMAKER R ATRIAL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	0825T	PR TCAT RMVL&RPLCMT PERM 1CHMBR LDLS PM R ATRIAL	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	0826T	PR PRGRMG DEV EVAL LDLS PM SINGLE CAR CHAMBER IP	fee schedule	93.4
facility	outpatient	CPT/HCP…	0857T	PR OPTO-ACOUSTIC IMG BREAST UNI AUGMNT ALYS&REPRT	fee schedule	272.4
facility	outpatient	CPT/HCP…	0861T	PR REMOVAL PG WCS LV PACING BOTH COMPONENTS	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	0862T	PR RELOCATION PG WCS LV PACG BATTERY COMPONENT ONLY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	0863T	PR RELOCATION PG WCS LV PACG TRANSMITTR COMPNT ONLY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	0864T	PR LOW INTENSITY ESWT CORPUS CAVERNOSUM LOW ENERGY	fee schedule	612.2
facility	outpatient	CPT/HCP…	0865T	PR QUAN MRI ALYS BRAIN W/O DIAGNOSTIC MRI SAME SESS	fee schedule	607.0
facility	outpatient	CPT/HCP…	0866T	PR QUAN MRI ALYS BRAIN WITH DIAGNOSTIC MRI	fee schedule	607.0
facility	outpatient	CPT/HCP…	0867T	PR TPLA B9 PRST8 HYPRPLSA>=50ML	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	0868T	PR HI-RES GASTRIC EP MAPPING	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	0869T	PR NJX B1 SUB MTRL HW FIXJ AUG	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	0877T	PR AUGMNT ALYS CH CT ILD W/O CT	fee schedule	1,691.3
facility	outpatient	CPT/HCP…	0878T	PR AUGMNT ALYS CH CT ILD W/CT	fee schedule	1,691.3
facility	outpatient	CPT/HCP…	0881T	PR CRYOTHERAPY ORAL CAVITY	fee schedule	987.0
facility	outpatient	CPT/HCP…	0884T	PR ESPHGSC FLX 1ST TNDSC DILAT	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	0885T	PR COLSC FLX 1ST TNDSC DILAT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	0886T	PR SGMDSC FLX 1ST TNDSC DILAT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	0888T	PR HISTOTRIPSY MAL RENAL TISSUE	fee schedule	45,501.3
facility	outpatient	CPT/HCP…	0889T	PR PRSNLZ TRGT DVL ARHFCMRIGTBS	fee schedule	2,471.3
facility	outpatient	CPT/HCP…	0890T	PR ARHFCMRIGTBS 1ST TX DAY	fee schedule	5,851.3
facility	outpatient	CPT/HCP…	0891T	PR ARHFCMRIGTBS SBSQ TX DAY	fee schedule	5,851.3
facility	outpatient	CPT/HCP…	0892T	PR ARHFCMRIGTBS SBSQ PER TX DAY	fee schedule	5,851.3
facility	outpatient	CPT/HCP…	0893T	PR N-INVAS ASSMT BLD OXYGNATION	fee schedule	151.5
facility	outpatient	CPT/HCP…	0897T	PR N-INVAS AUGMNT ARRHYT ALYS	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	0898T	PR N-INVAS PRST8 CANCER EST MAP	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	10005	PR FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10007	PR FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10009	PR FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10011	PR FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10021	PR FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	fee schedule	987.8
facility	outpatient	CPT/HCP…	10030	PR IMG-GUIDED FLU COLLJ DRG CATH SOFT TISS PERQ	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10035	PR PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10040	PR ACNE SURGERY	fee schedule	495.9
facility	outpatient	CPT/HCP…	10060	PR INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	fee schedule	495.9
facility	outpatient	CPT/HCP…	10061	PR INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	fee schedule	987.8
facility	outpatient	CPT/HCP…	10080	PR INCISION & DRAINAGE PILONIDAL CYST SIMPLE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10081	PR INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	10120	PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	fee schedule	987.8
facility	outpatient	CPT/HCP…	10121	PR INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	10140	PR I&D HEMATOMA SEROMA/FLUID COLLECTION	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	10160	PR PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	fee schedule	987.8
facility	outpatient	CPT/HCP…	10180	PR INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11000	PR DBRDMT EXTENSV ECZMT/INFCT SKIN UP 10% BDY SURF	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11010	PR DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11011	PR DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11012	PR DBRDMT FX&/DISLC SUBQ T/M/F BONE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11042	PR DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	fee schedule	987.8
facility	outpatient	CPT/HCP…	11043	PR DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	fee schedule	1,555.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	11044	PR DEBRIDEMENT BONE 1ST 20 SQ CM/<	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11055	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	fee schedule	495.9
facility	outpatient	CPT/HCP…	11056	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	fee schedule	495.9
facility	outpatient	CPT/HCP…	11057	PR PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	fee schedule	495.9
facility	outpatient	CPT/HCP…	11102	PR TANGENTIAL BIOPSY SKIN SINGLE LESION	fee schedule	495.9
facility	outpatient	CPT/HCP…	11104	PR PUNCH BIOPSY SKIN SINGLE LESION	fee schedule	987.8
facility	outpatient	CPT/HCP…	11106	PR INCISIONAL BIOPSY SKIN SINGLE LESION	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11200	PR RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	fee schedule	495.9
facility	outpatient	CPT/HCP…	11300	PR SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	fee schedule	987.8
facility	outpatient	CPT/HCP…	11301	PR SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	11302	PR SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	11303	PR SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11305	PR SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	11306	PR SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	11307	PR SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	11308	PR SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11310	PR SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	11311	PR SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	11312	PR SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11313	PR SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11400	PR EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11401	PR EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11402	PR EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11403	PR EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11404	PR EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11406	PR EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11420	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11421	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11422	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11423	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11424	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11426	PR EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11440	PR EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11441	PR EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11442	PR EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11443	PR EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11444	PR EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11446	PR EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11450	PR EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11451	PR EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11462	PR EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11463	PR EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11470	PR EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11471	PR EXCISION H/P/P/U COMPLEX REPAIR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11600	PR EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11601	PR EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11602	PR EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	11603	PR EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11604	PR EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11606	PR EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11620	PR EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11621	PR EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11622	PR EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11623	PR EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11624	PR EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11626	PR EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11640	PR EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	fee schedule	1,742.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	11641	PR EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11642	PR EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11643	PR EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11644	PR EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	11646	PR EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11719	PR TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	fee schedule	151.5
facility	outpatient	CPT/HCP…	11720	PR DEBRIDEMENT NAIL ANY METHOD 1-5	fee schedule	151.5
facility	outpatient	CPT/HCP…	11721	PR DEBRIDEMENT NAIL ANY METHOD 6/>	fee schedule	151.5
facility	outpatient	CPT/HCP…	11730	PR AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	fee schedule	495.9
facility	outpatient	CPT/HCP…	11740	PR EVACUATION SUBUNGUAL HEMATOMA	fee schedule	316.4
facility	outpatient	CPT/HCP…	11750	PR EXCISION NAIL MATRIX PERMANENT REMOVAL	fee schedule	987.8
facility	outpatient	CPT/HCP…	11755	PR BIOPSY NAIL UNIT SEPARATE PROCEDURE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11760	PR REPAIR NAIL BED	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11762	PR RECONSTRUCTION NAIL BED W/GRAFT	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	11765	PR WEDGE EXCISION SKIN NAIL FOLD	fee schedule	987.8
facility	outpatient	CPT/HCP…	11770	PR EXCISION PILONIDAL CYST/SINUS SIMPLE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11771	PR EXCISION PILONIDAL CYST/SINUS EXTENSIVE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11772	PR EXCISION PILONIDAL CYST/SINUS COMPLICATED	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11900	PR INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	fee schedule	495.9
facility	outpatient	CPT/HCP…	11901	PR INJECTION INTRALESIONAL >7 LESIONS	fee schedule	495.9
facility	outpatient	CPT/HCP…	11920	PR TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11921	PR TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11950	PR SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	11951	PR SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11952	PR SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11954	PR SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	11960	PR INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	11970	PR REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	11971	PR REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	11976	PR REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	11980	PR SUBCUTANEOUS HORMONE PELLET IMPLANTATION	fee schedule	987.0
facility	outpatient	CPT/HCP…	11981	PR INSERTION DRUG DELIVERY IMPLANT	fee schedule	316.4
facility	outpatient	CPT/HCP…	11982	PR REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	fee schedule	987.0
facility	outpatient	CPT/HCP…	11983	PR RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	fee schedule	987.0
facility	outpatient	CPT/HCP…	12001	PR SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	12002	PR SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12004	PR SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12005	PR SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12006	PR SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12007	PR SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12011	PR SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	12013	PR SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12014	PR SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12015	PR SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12016	PR SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12017	PR SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12018	PR SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	12020	PR TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	12021	PR TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	fee schedule	987.8
facility	outpatient	CPT/HCP…	12031	PR REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	fee schedule	987.8
facility	outpatient	CPT/HCP…	12032	PR REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12034	PR REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12035	PR REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12036	PR REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	12037	PR REPAIR INTERMEDIATE S/A/T/E >30.0 CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	12041	PR REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	fee schedule	987.8
facility	outpatient	CPT/HCP…	12042	PR REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	fee schedule	987.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	12044	PR REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	12045	PR REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	12046	PR RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	12047	PR REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	12051	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	fee schedule	987.8
facility	outpatient	CPT/HCP…	12052	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12053	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12054	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12055	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12056	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	12057	PR REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	13100	PR REPAIR COMPLEX TRUNK 1.1-2.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13101	PR REPAIR COMPLEX TRUNK 2.6-7.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13120	PR REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13121	PR REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13131	PR REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	13132	PR REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13151	PR REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13152	PR REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	13160	PR SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14000	PR ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14001	PR ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14020	PR ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14021	PR ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14040	PR ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14041	PR ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14060	PR ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14061	PR ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	14301	PR ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	14350	PR FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15002	PR PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15004	PR PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	15040	PR HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15050	PR PINCH GRAFT 1/MLT SM ULCER TIP/OTH AR UP TO 2 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	15100	PR SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15110	PR EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15115	PR EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15120	PR SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15130	PR DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15135	PR DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15150	PR CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15155	PR CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15200	PR FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 SQ CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15220	PR FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15240	PR FTH/GF FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20SQCM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15260	PR FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15271	PR APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15273	PR APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15275	PR SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15277	PR SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15570	PR FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15572	PR FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15574	PR FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15576	PR FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15600	PR DELAY FLAP/SECTIONING FLAP TRUNK	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15610	PR DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15620	PR DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	fee schedule	4,517.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	15630	PR DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15650	PR TRANSFER ANY PEDICLE FLAP ANY LOCATION	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15730	PR MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15731	PR FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15733	PR MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15734	PR MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15736	PR MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15738	PR MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15740	PR FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15750	PR FLAP NEUROVASCULAR PEDICLE	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15760	PR GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15769	PR GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15770	PR GRAFT DERMA-FAT-FASCIA	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15771	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15773	PR GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15775	PR PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	fee schedule	987.8
facility	outpatient	CPT/HCP…	15776	PR PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	fee schedule	987.8
facility	outpatient	CPT/HCP…	15780	PR DERMABRASION TOTAL FACE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15781	PR DERMABRASION SEGMENTAL FACE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	15782	PR DERMABRASION REGIONAL OTHER THAN FACE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15783	PR DERMABRASION SUPERFICIAL ANY SITE	fee schedule	987.8
facility	outpatient	CPT/HCP…	15786	PR ABRASION 1 LESION	fee schedule	495.9
facility	outpatient	CPT/HCP…	15788	PR CHEMICAL PEEL FACIAL EPIDERMAL	fee schedule	987.8
facility	outpatient	CPT/HCP…	15789	PR CHEMICAL PEEL FACIAL DERMAL	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	15792	PR CHEMICAL PEEL NONFACIAL EPIDERMAL	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	15793	PR CHEMICAL PEEL NONFACIAL DERMAL	fee schedule	987.8
facility	outpatient	CPT/HCP…	15819	PR CERVICOPLASTY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15820	PR BLEPHAROPLASTY LOWER EYELID	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15821	PR BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15822	PR BLEPHAROPLASTY UPPER EYELID	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15823	PR BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15824	PR RHYTIDECTOMY FOREHEAD	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15825	PR RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15826	PR RHYTIDECTOMY GLABELLAR FROWN LINES	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15828	PR RHYTIDECTOMY CHEEK CHIN & NECK	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15829	PR RHYTIDECTOMY SMAS FLAP	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15830	PR EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	15832	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15833	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15834	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15835	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15836	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15837	PR EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15838	PR EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15839	PR EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15840	PR GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15841	PR GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15842	PR GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15845	PR GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15851	PR REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15852	PR DRESSING CHANGE UNDER ANESTHESIA	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	15860	PR IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	fee schedule	987.0
facility	outpatient	CPT/HCP…	15876	PR SUCTION ASSISTED LIPECTOMY HEAD & NECK	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15877	PR SUCTION ASSISTED LIPECTOMY TRUNK	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15878	PR SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15879	PR SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15920	PR EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	fee schedule	7,039.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	15922	PR EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15931	PR EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15933	PR EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15934	PR EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15935	PR EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15936	PR EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15937	PR EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15940	PR EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15941	PR EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15944	PR EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15945	PR EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15946	PR EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15950	PR EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	15951	PR EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	15952	PR EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15953	PR EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15956	PR EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	15958	PR EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	15999	PR UNLISTED PROCEDURE EXCISION PRESSURE ULCER	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	16000	PR INITIAL TX 1ST DEGREE BURN LOCAL TX	fee schedule	495.9
facility	outpatient	CPT/HCP…	16020	PR DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	fee schedule	495.9
facility	outpatient	CPT/HCP…	16025	PR DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	fee schedule	495.9
facility	outpatient	CPT/HCP…	16030	PR DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	fee schedule	987.8
facility	outpatient	CPT/HCP…	16035	PR ESCHAROTOMY FIRST INCISION	fee schedule	987.8
facility	outpatient	CPT/HCP…	17000	PR DESTRUCTION PREMALIGNANT LESION 1ST	fee schedule	495.9
facility	outpatient	CPT/HCP…	17004	PR DESTRUCTION PREMALIGNANT LESION 15/>	fee schedule	987.8
facility	outpatient	CPT/HCP…	17106	PR DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17107	PR DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17108	PR DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	fee schedule	495.9
facility	outpatient	CPT/HCP…	17111	PR DESTRUCTION BENIGN LESIONS 15/>	fee schedule	495.9
facility	outpatient	CPT/HCP…	17250	PR CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	fee schedule	495.9
facility	outpatient	CPT/HCP…	17260	PR DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	17261	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	17262	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	17263	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	17264	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17266	PR DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17270	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	17271	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	17272	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	17273	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17274	PR DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17276	PR DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17280	PR DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	17281	PR DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17282	PR DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17283	PR DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	17284	PR DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17286	PR DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17311	PR MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17313	PR MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17340	PR CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	fee schedule	151.5
facility	outpatient	CPT/HCP…	17360	PR CHEMICAL EXFOLIATION ACNE	fee schedule	495.9
facility	outpatient	CPT/HCP…	17380	PR ELECTROLYSIS EPILATION EACH 30 MINUTES	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	17999	PR UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	fee schedule	495.9
facility	outpatient	CPT/HCP…	19000	PR PUNCTURE ASPIRATION CYST OF BREAST	fee schedule	1,742.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	19020	PR MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19081	PR BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19083	PR BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19085	PR BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19100	PR BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19101	PR BIOPSY BREAST OPEN INCISIONAL	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19105	PR ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19110	PR NIPPLE EXPLORATION	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19112	PR EXCISION LACTIFEROUS DUCT FISTULA	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19120	PR EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19125	PR EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19281	PR PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	19283	PR PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	19285	PR PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	19287	PR PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	19296	PR PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	fee schedule	23,352.2
facility	outpatient	CPT/HCP…	19298	PR PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19300	PR MASTECTOMY GYNECOMASTIA	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19301	PR MASTECTOMY PARTIAL	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19302	PR MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19303	PR MASTECTOMY SIMPLE COMPLETE	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19307	PR MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19316	PR MASTOPEXY	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19318	PR BREAST REDUCTION	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19325	PR BREAST AUGMENTATION WITH IMPLANT	fee schedule	23,352.2
facility	outpatient	CPT/HCP…	19328	PR REMOVAL INTACT BREAST IMPLANT	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19330	PR RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19340	PR INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19342	PR INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	fee schedule	23,352.2
facility	outpatient	CPT/HCP…	19350	PR NIPPLE/AREOLA RECONSTRUCTION	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19355	PR CORRECTION INVERTED NIPPLES	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19357	PR TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	fee schedule	43,654.0
facility	outpatient	CPT/HCP…	19370	PR REVISION PERI-IMPLANT CAPSULE BREAST	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19371	PR PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19380	PR REVISION OF RECONSTRUCTED BREAST	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	19396	PR PREPARATION MOULAGE CUSTOM BREAST IMPLANT	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	19499	PR UNLISTED PROCEDURE BREAST	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	20100	PR EXPLORATION PENETRATING WOUND SPX NECK	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	20101	PR EXPLORATION PENETRATING WOUND SPX CHEST	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	20102	PR EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	20103	PR EXPLORATION PENETRATING WOUND SPX EXTREMITY	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20150	PR EXCISION EPIPHYSEAL BAR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	20200	PR BIOPSY MUSCLE SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20205	PR BIOPSY MUSCLE DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	20206	PR BIOPSY MUSCLE PERCUTANEOUS NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20220	PR BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20225	PR BIOPSY BONE TROCAR/NEEDLE DEEP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20240	PR BIOPSY BONE OPEN SUPERFICIAL	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	20245	PR BIOPSY BONE OPEN DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	20250	PR BIOPSY VERTEBRAL BODY OPEN THORACIC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	20251	PR BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20500	PR INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	20520	PR REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20525	PR RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	20526	PR INJECTION THERAPEUTIC CARPAL TUNNEL	fee schedule	733.7
facility	outpatient	CPT/HCP…	20527	PR INJECTION ENZYME PALMAR FASCIAL CORD	fee schedule	733.7
facility	outpatient	CPT/HCP…	20550	PR INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	fee schedule	733.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	20551	PR INJECTION SINGLE TENDON ORIGIN/INSERTION	fee schedule	733.7
facility	outpatient	CPT/HCP…	20552	PR INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	fee schedule	733.7
facility	outpatient	CPT/HCP…	20553	PR INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	fee schedule	733.7
facility	outpatient	CPT/HCP…	20555	PR PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	20560	PR NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	fee schedule	73.8
facility	outpatient	CPT/HCP…	20561	PR NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	fee schedule	73.8
facility	outpatient	CPT/HCP…	20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	fee schedule	733.7
facility	outpatient	CPT/HCP…	20604	PR ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	fee schedule	733.7
facility	outpatient	CPT/HCP…	20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	fee schedule	733.7
facility	outpatient	CPT/HCP…	20606	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	20610	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	fee schedule	733.7
facility	outpatient	CPT/HCP…	20611	PR ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	fee schedule	733.7
facility	outpatient	CPT/HCP…	20612	PR ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	fee schedule	733.7
facility	outpatient	CPT/HCP…	20615	PR ASPIRATION & INJECTION TREATMENT BONE CYST	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	20650	PR INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	20660	PR APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	20662	PR APPLICATION HALO PELVIC INCLUDING REMOVAL	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	20663	PR APPLICATION HALO FEMORAL INCLUDING REMOVAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	20665	PR REMOVAL TONGS/HALO APPLIED BY ANOTHER INDIVIDUAL	fee schedule	987.0
facility	outpatient	CPT/HCP…	20670	PR REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	20680	PR REMOVAL IMPLANT DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	20690	PR APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20692	PR APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	20693	PR ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20694	PR REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	20696	PR APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT 1ST&SUBSQ	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	20697	PR APP MLTPLN UNI XTRNL FIX STRTCTC ADJMT EXCHANGE	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	20822	PR RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	20900	PR BONE GRAFT ANY DONOR AREA MINOR/SMALL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20902	PR BONE GRAFT ANY DONOR AREA MAJOR/LARGE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20910	PR CARTILAGE GRAFT COSTOCHONDRAL	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	20912	PR CARTILAGE GRAFT NASAL SEPTUM	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	20920	PR FASCIA LATA GRAFT BY STRIPPER	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	20922	PR FASCIA LATA GRAFT INCISION & AREA EXPOSURE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	20924	PR TENDON GRAFT FROM A DISTANCE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20950	PR MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	20972	PR FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20973	PR FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20979	PR LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	fee schedule	73.8
facility	outpatient	CPT/HCP…	20982	PR ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	20983	PR ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	20999	PR UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	fee schedule	584.2
facility	outpatient	CPT/HCP…	21010	PR ARTHROTOMY TEMPOROMANDIBULAR JOINT	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21011	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21012	PR EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21013	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21014	PR EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21015	PR RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21016	PR RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21025	PR EXCISION BONE MANDIBLE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21026	PR EXCISION FACIAL BONE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21029	PR REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21030	PR EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21031	PR EXCISION TORUS MANDIBULARIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21032	PR EXCISION MAXILLARY TORUS PALATINUS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21034	PR EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21040	PR EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	fee schedule	7,975.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	21044	PR EXCISION MALIGNANT TUMOR MANDIBLE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21046	PR EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21047	PR EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21048	PR EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21049	PR EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21050	PR CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21060	PR MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21070	PR CORONOIDECTOMY SEPARATE PROCEDURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21073	PR MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21076	PR IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21077	PR IMPRESSION & PREPARATION ORBITAL PROSTHESIS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21079	PR IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21080	PR IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21081	PR IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21082	PR IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21083	PR IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21084	PR IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21085	PR IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	fee schedule	605.1
facility	outpatient	CPT/HCP…	21086	PR IMPRESSION & PREPARATION AURICULAR PROSTHESIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21087	PR IMPRESSION & PREPARATION NASAL PROSTHESIS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21088	PR IMPRESSION & PREPARATION FACIAL PROSTHESIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21089	PR UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	fee schedule	605.1
facility	outpatient	CPT/HCP…	21100	PR APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21110	PR APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21120	PR GENIOPLASTY AUGMENTATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21121	PR GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21122	PR GENIOPLASTY 2/> SLIDING OSTEOTOMIES	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21123	PR GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21125	PR AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21127	PR AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21137	PR REDUCTION FOREHEAD CONTOURING ONLY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21138	PR RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21139	PR RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21141	PR RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21142	PR RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21143	PR RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21150	PR RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21172	PR RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21175	PR RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21181	PR RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21193	PR RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21194	PR RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21195	PR RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21196	PR RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21198	PR OSTEOTOMY MANDIBLE SEGMENTAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21199	PR OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21206	PR OSTEOTOMY MAXILLA SEGMENTAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21208	PR OSTEOPLASTY FACIAL BONES AUGMENTATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21209	PR OSTEOPLASTY FACIAL BONES REDUCTION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21210	PR GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21215	PR GRAFT BONE MANDIBLE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21230	PR GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21235	PR GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21240	PR ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21242	PR ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21243	PR ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	21244	PR RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	fee schedule	14,507.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	21245	PR RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21246	PR RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21248	PR RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21249	PR RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21255	PR RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21256	PR RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21260	PR PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21261	PR PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21263	PR PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21267	PR ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21270	PR MALAR AUGMENTATION PROSTHETIC MATERIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21275	PR SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21280	PR MEDIAL CANTHOPEXY SEPARATE PROCEDURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21282	PR LATERAL CANTHOPEXY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21295	PR REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21296	PR REDUCTION MASSETER MUSCLE & BONE INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21299	PR UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	fee schedule	605.1
facility	outpatient	CPT/HCP…	21315	PR CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21320	PR CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21325	PR OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21330	PR OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21335	PR OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21336	PR OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21337	PR CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21338	PR OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21339	PR OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21340	PR PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21345	PR CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21346	PR OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21347	PR OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21355	PR PERCUTANEOUS TX MALAR AREA FRACTURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21356	PR OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21360	PR OPEN TX DEPRESSED MALAR FRACTURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21365	PR OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21366	PR OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21385	PR OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21386	PR OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21387	PR OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21390	PR OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21395	PR OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21400	PR CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	21401	PR CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21406	PR OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21407	PR OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21408	PR OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21421	PR CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21422	PR OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21440	PR CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21445	PR OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21450	PR CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	21451	PR CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21452	PR PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21453	PR CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21454	PR OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21461	PR OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21462	PR OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21465	PR OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	fee schedule	14,507.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	21470	PR OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21480	PR CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	fee schedule	584.2
facility	outpatient	CPT/HCP…	21485	PR CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21490	PR OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	21497	PR INTERDENTAL WIRING OTHER THAN FRACTURE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	21499	PR UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	fee schedule	605.1
facility	outpatient	CPT/HCP…	21501	PR I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21502	PR I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21550	PR BIOPSY SOFT TISSUE NECK/THORAX	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21552	PR EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21554	PR EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21555	PR EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21556	PR EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21557	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21558	PR RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21600	PR EXCISION RIB PARTIAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	21601	PR EXCISION CHEST WALL TUMOR INCLUDING RIBS	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21610	PR COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21685	PR HYOID MYOTOMY & SUSPENSION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	21700	PR DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	21720	PR DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21725	PR DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	21742	PR REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21743	PR REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	21811	PR OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	21812	PR OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	21813	PR OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	21820	PR CLOSED TREATMENT STERNUM FRACTURE	fee schedule	584.2
facility	outpatient	CPT/HCP…	21899	PR UNLISTED PROCEDURE NECK/THORAX	fee schedule	605.1
facility	outpatient	CPT/HCP…	21920	PR BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21925	PR BIOPSY SOFT TISSUE BACK/FLANK DEEP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21930	PR EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21931	PR EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	21932	PR EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21933	PR EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21935	PR RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	21936	PR RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	22100	PR PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	22101	PR PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	22102	PR PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	22310	PR CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	fee schedule	584.2
facility	outpatient	CPT/HCP…	22315	PR CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	22505	PR MANIPULATION SPINE REQUIRING ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	22510	PR PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	22511	PR PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	22513	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	22514	PR PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	22551	PR ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	22554	PR ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	22612	PR ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	22630	PR ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	22633	PR ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	22856	PR TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	22867	PR INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	22869	PR INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	22899	PR UNLISTED PROCEDURE SPINE	fee schedule	584.2
facility	outpatient	CPT/HCP…	22900	PR EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	fee schedule	7,039.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	22901	PR EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	22902	PR EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	22903	PR EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	22904	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	22905	PR RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	22999	PR UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	fee schedule	584.2
facility	outpatient	CPT/HCP…	23000	PR REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23020	PR CAPSULAR CONTRACTURE RELEASE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23030	PR I&D SHOULDER DEEP ABSCESS/HEMATOMA	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23031	PR I&D SHOULDER INFECTED BURSA	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23035	PR INCISION BONE CORTEX SHOULDER AREA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23040	PR ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23044	PR ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23065	PR BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	23066	PR BIOPSY SOFT TISSUE SHOULDER DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23071	PR EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	23073	PR EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23075	PR EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	23076	PR EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23077	PR RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23078	PR RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23100	PR ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23101	PR ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23105	PR ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23106	PR ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23107	PR ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23120	PR CLAVICULECTOMY PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23125	PR CLAVICULECTOMY TOTAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23130	PR PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23140	PR EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23145	PR EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23146	PR EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23150	PR EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23155	PR EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23156	PR EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23170	PR SEQUESTRECTOMY CLAVICLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23172	PR SEQUESTRECTOMY SCAPULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23174	PR SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23180	PR PARTIAL EXCISION BONE CLAVICLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23182	PR PARTIAL EXCISION BONE SCAPULA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23184	PR PARTIAL EXCISION BONE PROXIMAL HUMERUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23190	PR OSTECTOMY SCAPULA PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	23195	PR RESECTION HUMERAL HEAD	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23330	PR REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	23333	PR REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23334	PR PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23395	PR MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23397	PR MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23400	PR SCAPULOPEXY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23405	PR TENOTOMY SHOULDER AREA 1 TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23406	PR TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23410	PR OPEN REPAIR OF ROTATOR CUFF ACUTE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23412	PR OPEN REPAIR OF ROTATOR CUFF CHRONIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23415	PR CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23420	PR RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23430	PR TENODESIS LONG TENDON BICEPS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23440	PR RESECTION/TRANSPLANTATION LONG TENDON BICEPS	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	23450	PR CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23455	PR CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23460	PR CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23462	PR CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23465	PR CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23466	PR CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23470	PR ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23472	PR ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	23473	PR REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23480	PR OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23485	PR OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23490	PR PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23491	PR PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23500	PR CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23505	PR CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23515	PR OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23520	PR CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23525	PR CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23530	PR OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23532	PR OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23540	PR CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23545	PR CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23550	PR OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23552	PR OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23570	PR CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23575	PR CLTX SCAPULAR FX W/MNPJ W/WO SKELETAL TRACTION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23585	PR OPEN TX SCAPULAR FX W/INT FIXATION WHEN PFRMD	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23600	PR CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	23605	PR CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23615	PR OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23616	PR OPTX PROX HUMRL FX W/INT FIXJ RPR TUBRST RPLCMT	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	23620	PR CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	23625	PR CLTX GREATER HUMRL TUBEROSITY FX W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23630	PR OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23650	PR CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	23655	PR CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23660	PR OPEN TX ACUTE SHOULDER DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23665	PR CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23670	PR OPTX SHO DISLC W/FX GR HUMERAL TUBRST INT FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23675	PR CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23680	PR OPTX SHO DISLC W/SURG/ANTMCL NECK FX INT FIXJ	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23700	PR MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	23800	PR ARTHRODESIS GLENOHUMERAL JOINT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	23802	PR ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	23921	PR DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	23929	PR UNLISTED PROCEDURE SHOULDER	fee schedule	584.2
facility	outpatient	CPT/HCP…	23930	PR I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	23931	PR INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	23935	PR INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24000	PR ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24006	PR ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24065	PR BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	24066	PR BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24071	PR EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24073	PR EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24075	PR EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	24076	PR EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	fee schedule	7,039.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	24077	PR RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24079	PR RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW 5CM+	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24100	PR ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24101	PR ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMVL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24102	PR ARTHROTOMY ELBOW W/SYNOVECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24105	PR EXCISION OLECRANON BURSA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24110	PR EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24115	PR EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24116	PR EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24120	PR EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24125	PR EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24126	PR EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24130	PR EXCISION RADIAL HEAD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24134	PR SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24136	PR SEQUESTRECTOMY RADIAL HEAD OR NECK	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24138	PR SEQUESTRECTOMY OLECRANON PROCESS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24140	PR PARTIAL EXCISION BONE HUMERUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24145	PR PARTIAL EXCISION BONE RADIAL HEAD/NECK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24147	PR PARTIAL EXCISION BONE OLECRANON PROCESS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24149	PR RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT RLS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24150	PR RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24152	PR RADICAL RESECTION TUMOR RADIAL HEAD/NECK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24155	PR RESECTION ELBOW JOINT ARTHRECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24160	PR PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24164	PR PROSTHESIS REMOVAL RADIAL HEAD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24200	PR RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	24201	PR REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	24300	PR MANIPULATION ELBOW UNDER ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24301	PR MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24305	PR TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24310	PR TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24320	PR TENOPLASTY ELBOW TO SHOULDER SINGLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24330	PR FLEXOR-PLASTY ELBOW	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24331	PR FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24332	PR TENOLYSIS TRICEPS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24340	PR TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24341	PR REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24342	PR RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24343	PR REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24344	PR RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24345	PR REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24346	PR RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24357	PR TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24358	PR TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24359	PR TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24360	PR ARTHROPLASTY ELBOW W/MEMBRANE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24361	PR ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	24362	PR ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24363	PR ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	24365	PR ARTHROPLASTY RADIAL HEAD	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24366	PR ARTHROPLASTY RADIAL HEAD W/IMPLANT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24370	PR REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24371	PR REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	24400	PR OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24410	PR MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24420	PR OSTEOPLASTY HUMERUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24430	PR REPAIR NON/MALUNION HUMERUS W/O GRAFT	fee schedule	32,603.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	24435	PR REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24470	PR HEMIEPIPHYSEAL ARREST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24495	PR DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24498	PR PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24500	PR CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	24505	PR CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24515	PR OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24516	PR TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24530	PR CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	24535	PR CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24538	PR PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24545	PR OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24546	PR OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24560	PR CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	24565	PR CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24566	PR PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24575	PR OPEN TX HUMERAL EPICONDYLAR FRACTURE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24576	PR CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	24577	PR CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24579	PR OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24582	PR PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24586	PR OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24587	PR OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24600	PR TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	24605	PR TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24615	PR OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24620	PR CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24635	PR OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24640	PR CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	24650	PR CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	24655	PR CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24665	PR OPEN TX RADIAL HEAD/NECK FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24666	PR OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24670	PR CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	24675	PR CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	24685	PR OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24800	PR ARTHRODESIS ELBOW JOINT LOCAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24802	PR ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	24925	PR AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	24935	PR STUMP ELONGATION UPPER EXTREMITY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	24999	PR UNLISTED PROCEDURE HUMERUS/ELBOW	fee schedule	584.2
facility	outpatient	CPT/HCP…	25000	PR INCISION EXTENSOR TENDON SHEATH WRIST	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25001	PR INCISION FLEXOR TENDON SHEATH WRIST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25020	PR DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25023	PR DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25024	PR DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25025	PR DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25028	PR I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25031	PR INCISION & DRAINAGE FOREARM&/WRIST BURSA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25035	PR INCISION DEEP BONE CORTEX FOREARM&/WRIST	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25040	PR ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25065	PR BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	25066	PR BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	25071	PR EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	25073	PR EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	25075	PR EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	25076	PR EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	fee schedule	4,016.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	25077	PR RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	25078	PR RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	25085	PR CAPSULOTOMY WRIST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25100	PR ARTHROTOMY WRIST JOINT WITH BIOPSY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25101	PR ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25105	PR ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25107	PR ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25109	PR EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25110	PR EXCISION LESION TENDON SHEATH FOREARM&/WRIST	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25111	PR EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25112	PR EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25115	PR RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25116	PR RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25118	PR SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25119	PR SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25120	PR EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25125	PR EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25126	PR EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25130	PR EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25135	PR EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25136	PR EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25145	PR SEQUESTRECTOMY FOREARM &/WRIST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25150	PR PARTIAL EXCISION BONE ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25151	PR PARTIAL EXCISION BONE RADIUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25170	PR RADICAL RESECTION TUMOR RADIUS OR ULNA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25210	PR CARPECTOMY 1 BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25215	PR CARPECTOMY ALL BONES PROXIMAL ROW	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25230	PR RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25240	PR EXCISION DISTAL ULNA PARTIAL/COMPLETE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25248	PR EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25250	PR REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25251	PR REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25259	PR MANIPULATION WRIST UNDER ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25260	PR RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25263	PR RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25265	PR RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25270	PR RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25272	PR RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25274	PR RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25275	PR RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25280	PR LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25290	PR TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25295	PR TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25300	PR TENODESIS WRIST FLEXORS FINGERS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25301	PR TENODESIS WRIST EXTENSORS FINGERS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25310	PR TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25312	PR TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25315	PR FLEXOR ORIGIN SLIDE FOREARM &/WRIST	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25316	PR FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25320	PR CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25332	PR ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25335	PR CENTRALIZATION WRST ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25337	PR RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25350	PR OSTEOTOMY RADIUS DISTAL THIRD	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25355	PR OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25360	PR OSTEOTOMY ULNA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25365	PR OSTEOTOMY RADIUS & ULNA	fee schedule	32,603.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	25370	PR MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25375	PR MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25390	PR OSTEOPLASTY RADIUS/ULNA SHORTENING	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25391	PR OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	25392	PR OSTEOPLASTY RADIUS & ULNA SHORTENING	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25393	PR OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25394	PR OSTEOPLASTY CARPAL BONE SHORTENING	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25400	PR RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25405	PR RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25415	PR RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25420	PR RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25425	PR REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25426	PR REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25430	PR INSERTION VASCULAR PEDICLE CARPAL BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25431	PR REPAIR NONUNION CARPAL BONE EACH BONE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25440	PR RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25441	PR ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	25442	PR ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	25443	PR ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25444	PR ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	25445	PR ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25446	PR ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	25447	PR ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25449	PR REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25450	PR EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25455	PR EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25490	PR PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25491	PR PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	25492	PR PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25500	PR CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	25505	PR CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25515	PR OPEN TREATMENT RADIAL SHAFT FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25520	PR CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25525	PR OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25526	PR OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25530	PR CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	25535	PR CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	25545	PR OPEN TREATMENT OF ULNAR SHAFT FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25560	PR CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	fee schedule	584.2
facility	outpatient	CPT/HCP…	25565	PR CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25574	PR OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25575	PR OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25600	PR CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	25605	PR CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25606	PR PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25607	PR OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25608	PR OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25609	PR OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25622	PR CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	25624	PR CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25628	PR OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25630	PR CLTX CARPAL BONE FX W/O MANJ EACH BONE	fee schedule	584.2
facility	outpatient	CPT/HCP…	25635	PR CLTX CARPAL BONE FX W/MANJ EACH BONE	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25645	PR OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25650	PR CLOSED TREATMENT ULNAR STYLOID FRACTURE	fee schedule	584.2
facility	outpatient	CPT/HCP…	25651	PR PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25652	PR OPEN TREATMENT ULNAR STYLOID FRACTURE	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	25660	PR CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	25670	PR OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25671	PR PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25675	PR CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	25676	PR OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25680	PR CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	25685	PR OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25690	PR CLOSED TX LUNATE DISLOCATION W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25695	PR OPEN TREATMENT LUNATE DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25800	PR ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25805	PR ARTHRODESIS WRIST W/SLIDING GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25810	PR ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	25820	PR ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25825	PR ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25830	PR ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25907	PR AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25909	PR AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	25922	PR DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	25929	PR TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	25931	PR TRANSMETACARPAL AMPUTATION RE-AMPUTATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	25999	PR UNLISTED PROCEDURE FOREARM/WRIST	fee schedule	584.2
facility	outpatient	CPT/HCP…	26010	PR DRAINAGE FINGER ABSCESS SIMPLE	fee schedule	495.9
facility	outpatient	CPT/HCP…	26011	PR DRAINAGE FINGER ABSCESS COMPLICATED	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26020	PR DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26025	PR DRAINAGE OF PALMAR BURSA SINGLE BURSA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26030	PR DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26034	PR INCISION BONE CORTEX HAND/FINGER	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26035	PR DECOMPRESSION FINGERS&/HAND INJECTION INJURY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26037	PR DECOMPRESSIVE FASCIOTOMY HAND	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26040	PR FASCIOTOMY PALMAR PERCUTANEOUS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26045	PR FASCIOTOMY PALMAR OPEN PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26055	PR TENDON SHEATH INCISION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26060	PR TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26070	PR ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26075	PR ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26080	PR ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26100	PR ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26105	PR ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26110	PR ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26111	PR EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26113	PR EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26115	PR EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26116	PR EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26117	PR RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	26118	PR RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	26121	PR FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26123	PR FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26130	PR SYNOVECTOMY CARPOMETACARPAL JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26135	PR SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26140	PR SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26145	PR SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26160	PR EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26170	PR EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26180	PR EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26185	PR SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26200	PR EXCISION/CURETTAGE CYST/TUMOR METACARPAL	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26205	PR EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	26210	PR EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26215	PR EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26230	PR PARTIAL EXCISION BONE METACARPAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26235	PR PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26236	PR PARTIAL EXCISION DISTAL PHALANX FINGER	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26250	PR RADICAL RESECTION TUMOR METACARPAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26260	PR RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26262	PR RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26320	PR REMOVAL IMPLANT FROM FINGER/HAND	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	26340	PR MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26341	PR MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	fee schedule	584.2
facility	outpatient	CPT/HCP…	26350	PR RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26352	PR RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26356	PR RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26357	PR RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26358	PR RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26370	PR RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26372	PR RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26373	PR RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26390	PR EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26392	PR RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26410	PR REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26412	PR REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26415	PR EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26416	PR RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26418	PR REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26420	PR REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26426	PR RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26428	PR RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26432	PR CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26433	PR REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26434	PR REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26437	PR REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26440	PR TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26442	PR TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26445	PR TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26449	PR TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26450	PR TENOTOMY FLEXOR PALM OPEN EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26455	PR TENOTOMY FLEXOR FINGER OPEN EACH TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26460	PR TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26471	PR TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26474	PR TENODESIS DISTAL JOINT EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26476	PR LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26477	PR SHORTENING TENDON EXTENSOR HAND/FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26478	PR LENGTHENING TENDON FLEXOR HAND/FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26479	PR SHORTENING TENDON FLEXOR HAND/FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26480	PR TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26483	PR TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26485	PR TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26489	PR TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26490	PR OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26492	PR OPPONENSPLASTY TDN TR W/GRF EA TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26494	PR OPPONENSPLASTY HYPOTHENAR MUSC TR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26496	PR OPPONENSPLASTY OTHER METHODS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26497	PR TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26498	PR TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26499	PR CORRECTION CLAW FINGER OTHER METHODS	fee schedule	8,018.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	26500	PR RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26502	PR RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26508	PR RELEASE THENAR MUSCLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26510	PR CROSS INTRINSIC TRANSFER EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26516	PR CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26517	PR CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26518	PR CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26520	PR CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26525	PR CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26530	PR ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26531	PR ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26535	PR ARTHROPLASTY INTERPHALANGEAL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26536	PR ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26540	PR RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26541	PR RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26542	PR RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26545	PR RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26546	PR RPR NON-UNION MTCRPL/PHALANX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26548	PR RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26550	PR POLLICIZATION DIGIT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26555	PR TR FNGR AXH POS W/O MVASC ANAST	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26560	PR REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26561	PR REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26562	PR REPAIR SYNDACTYLY EACH SPACE COMPLEX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26565	PR OSTEOTOMY METACARPAL EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26567	PR OSTEOTOMY PHALANX FINGER EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26568	PR OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26580	PR REPAIR CLEFT HAND	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26587	PR RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26590	PR REPAIR MACRODACTYLIA EACH DIGIT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26591	PR REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26593	PR RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26596	PR EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26600	PR CLTX METACARPAL FX W/O MANIPULATION EACH BONE	fee schedule	584.2
facility	outpatient	CPT/HCP…	26605	PR CLTX METACARPAL FX W/MANIPULATION EACH BONE	fee schedule	584.2
facility	outpatient	CPT/HCP…	26607	PR CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26608	PR PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26615	PR OPEN TX METACARPAL FRACTURE SINGLE EA BONE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26641	PR CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	26645	PR CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26650	PR PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26665	PR OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26670	PR CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	26675	PR CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26676	PR PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26685	PR OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26686	PR OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26700	PR CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	26705	PR CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	26706	PR PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26715	PR OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26720	PR CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	fee schedule	584.2
facility	outpatient	CPT/HCP…	26725	PR CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	fee schedule	584.2
facility	outpatient	CPT/HCP…	26727	PR PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26735	PR OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26740	PR CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	26742	PR CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	fee schedule	3,981.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	26746	PR OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26750	PR CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	fee schedule	584.2
facility	outpatient	CPT/HCP…	26755	PR CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	fee schedule	584.2
facility	outpatient	CPT/HCP…	26756	PR PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26765	PR OPEN TX DISTAL PHALANGEAL FRACTURE EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26770	PR CLTX IPHAL JT DISLC W/MANJ W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	26775	PR CLTX IPHAL JT DISLC W/MANJ REQ ANES	fee schedule	665.3
facility	outpatient	CPT/HCP…	26776	PR PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26785	PR OPEN TX INTERPHALANGEAL JOINT DISLOCATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26820	PR FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26841	PR ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26842	PR ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26843	PR ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26844	PR ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26850	PR ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26852	PR ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	26860	PR ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26862	PR ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26910	PR AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26951	PR AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26952	PR AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26989	PR UNLISTED PROCEDURE HANDS/FINGERS	fee schedule	584.2
facility	outpatient	CPT/HCP…	26990	PR I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	26991	PR I&D PELVIS/HIP JOINT AREA INFECTED BURSA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27000	PR TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27001	PR TENOTOMY ADDUCTOR HIP OPEN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27003	PR TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27006	PR TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27027	PR DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27033	PR ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27035	PR DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27040	PR BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27041	PR BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27043	PR EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27045	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27047	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27048	PR EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27049	PR RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27050	PR ARTHROTOMY W/BIOPSY SACROILIAC JOINT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27052	PR ARTHROTOMY W/BIOPSY HIP JOINT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27057	PR DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27059	PR RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27060	PR EXCISION ISCHIAL BURSA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27062	PR EXCISION TROCHANTERIC BURSA/CALCIFICATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27065	PR EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27066	PR EXCISION BONE CYST/BENIGN TUMOR DEEP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27067	PR EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27080	PR COCCYGECTOMY PRIMARY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27086	PR RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27087	PR REMOVAL FOREIGN BODY PELVIS/HIP DEEP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27097	PR RELEASE/RECESSION HAMSTRING PROXIMAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27098	PR TRANSFER ADDUCTOR ISCHIUM	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27100	PR TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27105	PR TR PARASPI MUSC HIP FASC/TDN XTN GRF	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27110	PR TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27111	PR TRANSFER ILIOPSOAS FEMORAL NECK	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27130	PR ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	fee schedule	32,603.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	27179	PR OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27197	PR CLSD TX PELVIC RING FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27198	PR CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	27200	PR CLOSED TREATMENT COCCYGEAL FRACTURE	fee schedule	584.2
facility	outpatient	CPT/HCP…	27202	PR OPEN TREATMENT COCCYGEAL FRACTURE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27220	PR CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27230	PR CLTX FEM FX PROX END NCK W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27235	PR PRQ SKEL FIXJ FEMORAL FX PROX END NECK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27238	PR CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27246	PR CLTX GREATER TROCHANTERIC FX W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27250	PR CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	fee schedule	584.2
facility	outpatient	CPT/HCP…	27252	PR CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27256	PR TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	27257	PR TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27265	PR CLTX POST HIP ARTHRP DISLC W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	27266	PR CLTX POST HIP ARTHRP DISLC REQ ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27267	PR CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27275	PR MANIPULATION HIP JOINT GENERAL ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27278	PR ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	27279	PR ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	27299	PR UNLISTED PROCEDURE PELVIS/HIP JOINT	fee schedule	584.2
facility	outpatient	CPT/HCP…	27301	PR I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27305	PR FASCIOTOMY ILIOTIBIAL OPEN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27306	PR TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27307	PR TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27310	PR ARTHRT KNE W/EXPL DRG/RMVL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27323	PR BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27324	PR BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27325	PR NEURECTOMY HAMSTRING MUSCLE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	27326	PR NEURECTOMY POPLITEAL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	27327	PR EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27328	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27329	PR RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27330	PR ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27331	PR ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27332	PR ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27333	PR ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27334	PR ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27335	PR ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27337	PR EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27339	PR EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27340	PR EXCISION PREPATELLAR BURSA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27345	PR EXCISION SYNOVIAL CYST POPLITEAL SPACE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27347	PR EXCISION LESION MENISCUS/CAPSULE KNEE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27350	PR PATELLECTOMY/HEMIPATELLECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27355	PR EXCISION/CURETTAGE CYST/TUMOR FEMUR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27356	PR EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27357	PR EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27360	PR PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27364	PR RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27372	PR REMOVAL FOREIGN BODY DEEP THIGH/KNEE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27380	PR SUTURE INFRAPATELLAR TENDON PRIMARY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27381	PR SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27385	PR SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27386	PR SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27390	PR TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27391	PR TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	fee schedule	8,018.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	27392	PR TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27393	PR LENGTHENING HAMSTRING TENDON SINGLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27394	PR LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27395	PR LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27396	PR TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27397	PR TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27400	PR TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27403	PR ARTHROTOMY W/MENISCUS REPAIR KNEE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27405	PR RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27407	PR REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27409	PR RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27412	PR AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27415	PR OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27416	PR OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27418	PR ANTERIOR TIBIAL TUBERCLEPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27420	PR RCNSTJ DISLOCATING PATELLA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27422	PR RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27424	PR RCNSTJ DISLC PATELLA W/PATELLECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27425	PR LATERAL RETINACULAR RELEASE OPEN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27427	PR LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27428	PR LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27429	PR LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27430	PR QUADRICEPSPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27435	PR CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27437	PR ARTHROPLASTY PATELLA W/O PROSTHESIS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27438	PR ARTHROPLASTY PATELLA W/PROSTHESIS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27440	PR ARTHROPLASTY KNEE TIBIAL PLATEAU	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27441	PR ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27442	PR ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27443	PR ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27446	PR ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27447	PR ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27475	PR ARREST EPIPHYSEAL DISTAL FEMUR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27477	PR ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27479	PR ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27485	PR ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27496	PR DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27497	PR DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27498	PR DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27499	PR DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27500	PR CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27501	PR CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27502	PR CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27503	PR CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27508	PR CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27509	PR PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27510	PR CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27516	PR CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27517	PR CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27520	PR CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27524	PR OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27530	PR CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27532	PR CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27538	PR CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	fee schedule	584.2
facility	outpatient	CPT/HCP…	27550	PR CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	fee schedule	584.2
facility	outpatient	CPT/HCP…	27552	PR CLOSED TX KNEE DISLOCATION W/ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27560	PR CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	fee schedule	584.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	27562	PR CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	fee schedule	584.2
facility	outpatient	CPT/HCP…	27566	PR OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27570	PR MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27594	PR AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27599	PR UNLISTED PROCEDURE FEMUR/KNEE	fee schedule	584.2
facility	outpatient	CPT/HCP…	27600	PR DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27601	PR DCMPRN FASCT LEG POST COMPARTMENT ONLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27602	PR DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27603	PR INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27604	PR INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27605	PR TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27606	PR TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27607	PR INCISION LEG/ANKLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27610	PR ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27612	PR ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27613	PR BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27614	PR BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27615	PR RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27616	PR RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27618	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	27619	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27620	PR ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27625	PR ARTHROTOMY W/SYNOVECTOMY ANKLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27626	PR ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27630	PR EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27632	PR EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27634	PR EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	27635	PR EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27637	PR EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27638	PR EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27640	PR PARTIAL EXCISION BONE TIBIA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27641	PR PARTIAL EXCISION BONE FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27647	PR RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27650	PR REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27652	PR RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27654	PR REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27656	PR REPAIR FASCIAL DEFECT LEG	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27658	PR REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27659	PR RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27664	PR RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27665	PR RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27675	PR RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27676	PR REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27680	PR TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27681	PR TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27685	PR LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27686	PR LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27687	PR GASTROCNEMIUS RECESSION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27690	PR TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27691	PR TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27695	PR RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27696	PR RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27698	PR REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27700	PR ARTHROPLASTY ANKLE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27702	PR ARTHROPLASTY ANKLE W/IMPLANT	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	27704	PR REMOVAL ANKLE IMPLANT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27705	PR OSTEOTOMY TIBIA	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	27707	PR OSTEOTOMY FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27709	PR OSTEOTOMY TIBIA & FIBULA	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27720	PR REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27722	PR REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27726	PR REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27730	PR ARREST EPIPHYSEAL OPEN DISTAL TIBIA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27732	PR ARREST EPIPHYSEAL OPEN DISTAL FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27734	PR ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27740	PR ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27742	PR ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27745	PR PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27750	PR CLTX TIBIAL SHAFT FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27752	PR CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27756	PR PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27758	PR OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27759	PR TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27760	PR CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27762	PR CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27766	PR OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27767	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27768	PR CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27769	PR OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27780	PR CLTX PROX FIBULA/SHFT FX W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27781	PR CLTX PROX FIBULA/SHFT FX W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27784	PR OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27786	PR CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27788	PR CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27792	PR OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27808	PR CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27810	PR CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27814	PR OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27816	PR CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	27818	PR CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27822	PR OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27823	PR OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27824	PR CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	27825	PR CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27826	PR OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27827	PR OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27828	PR OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27829	PR OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27830	PR CLTX PROX TIBFIB JT DISLC W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	27831	PR CLTX PROX TIBFIB JT DISLC REQ ANES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27832	PR OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27840	PR CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	fee schedule	584.2
facility	outpatient	CPT/HCP…	27842	PR CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	27846	PR OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27848	PR OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27860	PR MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27870	PR ARTHRODESIS ANKLE OPEN	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27871	PR ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	27884	PR AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27889	PR ANKLE DISARTICULATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27892	PR DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27893	PR DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	27894	PR DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	27899	PR UNLISTED PROCEDURE LEG/ANKLE	fee schedule	584.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	28001	PR INCISION&DRAINAGE BURSA FOOT	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	28002	PR I&D BELOW FASCIA FOOT 1 BURSAL SPACE	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28003	PR I&D BELOW FASCIA FOOT MULTIPLE AREAS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28005	PR INCISION BONE CORTEX FOOT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28008	PR FASCIOTOMY FOOT&/TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28010	PR TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28011	PR TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28020	PR ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28022	PR ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28024	PR ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28035	PR RELEASE TARSAL TUNNEL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	28039	PR EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	28041	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	28043	PR EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	28045	PR EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	28046	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	28047	PR RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	28050	PR ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28052	PR ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28054	PR ARTHRTOMY W/BX INTERPHALANGEAL JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28055	PR NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	28060	PR FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28062	PR FASCIECTOMY PLANTAR FASCIA RADICAL SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28070	PR SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28072	PR SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28080	PR EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28086	PR SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28088	PR SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28090	PR EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28092	PR EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28100	PR EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28102	PR EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28103	PR EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28104	PR EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28106	PR EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28107	PR EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28108	PR EXC/CURTG CST/B9 TUM PHALANGES FOOT	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28110	PR OSTECTOMY PRTL 5TH METAR HEAD SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28111	PR OSTECTOMY COMPLETE 1ST METATARSAL HEAD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28112	PR OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28113	PR OSTECTOMY COMPLETE 5TH METATARSAL HEAD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28114	PR OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28116	PR OSTECTOMY TARSAL COALITION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28118	PR OSTECTOMY CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28119	PR OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28120	PR PARTIAL EXCISION BONE TALUS/CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28122	PR PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28124	PR PARTICAL EXCISION BONE PHALANX TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28126	PR RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28130	PR TALECTOMY ASTRAGALECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28140	PR METATARSECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28150	PR PHALANGECTOMY TOE EACH TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28153	PR RESECTION CONDYLE DISTAL END PHALANX EACH TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28160	PR HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28171	PR RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28173	PR RADICAL RESECTION TUMOR METATARSAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28175	PR RADICAL RESECTION TUMOR PHALANX OR TOE	fee schedule	3,981.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	28190	PR REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	28192	PR REMOVAL FOREIGN BODY FOOT DEEP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	28193	PR REMOVAL FOREIGN BODY FOOT COMPLICATED	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	28200	PR RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28202	PR RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28208	PR REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28210	PR RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28220	PR TENOLYSIS FLEXOR FOOT SINGLE TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28222	PR TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28225	PR TENOLYSIS EXTENSOR FOOT SINGLE TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28226	PR TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28230	PR TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28232	PR TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28234	PR TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28238	PR RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28240	PR TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28250	PR DIVISION PLANTAR FASCIA & MUSCLE SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28260	PR CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28261	PR CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28262	PR CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28264	PR CAPSULOTOMY MIDTARSAL	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28270	PR CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28272	PR CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28280	PR SYNDACTYLIZATION TOES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28285	PR CORRECTION HAMMERTOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28286	PR CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28288	PR OSTC PRTL EXOSTC/CONDYLC METAR HEAD	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28289	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28291	PR HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28292	PR CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28295	PR CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28296	PR CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28297	PR CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28298	PR CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28299	PR CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28300	PR OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28302	PR OSTEOTOMY TALUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28304	PR OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28305	PR OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28306	PR OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28307	PR OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28308	PR OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28309	PR OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28310	PR OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28312	PR OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28313	PR RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28315	PR SESAMOIDECTOMY FIRST TOE SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28320	PR REPAIR NONUNION/MALUNION TARSAL BONES	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28322	PR RPR NON/MALUNION METARSAL W/WO BONE GRAFT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28340	PR RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28341	PR RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28344	PR RECONSTRUCTION TOE POLYDACTYLY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28345	PR RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28360	PR RECONSTRUCTION CLEFT FOOT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28400	PR CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	28405	PR CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	28406	PR PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	28415	PR OPEN TREATMENT CALCANEAL FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28420	PR OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28430	PR CLOSED TX TALUS FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	28435	PR CLOSED TX TALUS FRACTURE W/MANIPULATION	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28436	PR PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28445	PR OPEN TREATMENT TALUS FRACTURE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28446	PR OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28450	PR TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28455	PR TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28456	PR PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28465	PR OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28470	PR CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	fee schedule	584.2
facility	outpatient	CPT/HCP…	28475	PR CLTX METAR FX W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28476	PR PRQ SKEL FIXJ METAR FX W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28485	PR OPEN TREATMENT METATARSAL FRACTURE EACH	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28490	PR CLTX FX GRT TOE PHLX/PHLG W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28495	PR CLTX FX GRT TOE PHLX/PHLG W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28496	PR PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28505	PR OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28510	PR CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28515	PR CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	fee schedule	584.2
facility	outpatient	CPT/HCP…	28525	PR OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28530	PR CLOSED TREATMENT SESAMOID FRACTURE	fee schedule	584.2
facility	outpatient	CPT/HCP…	28531	PR OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28540	PR CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28545	PR CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28546	PR PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28555	PR OPEN TREATMENT TARSAL BONE DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28570	PR CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28575	PR CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28576	PR PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28585	PR OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28600	PR CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28605	PR CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28606	PR PRQ SKEL FIXJ TARS JT DISLC W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28615	PR OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28630	PR CLTX METATARSOPHLNGL JT DISLC W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28635	PR CLTX METATARSOPHLNGL JT DISLC REQ ANES	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28636	PR PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28645	PR OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28660	PR CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	fee schedule	584.2
facility	outpatient	CPT/HCP…	28665	PR CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	fee schedule	665.3
facility	outpatient	CPT/HCP…	28666	PR PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28675	PR OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28705	PR ARTHRODESIS PANTALAR	fee schedule	46,166.3
facility	outpatient	CPT/HCP…	28715	PR ARTHRODESIS TRIPLE	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28725	PR ARTHRODESIS SUBTALAR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28730	PR ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28735	PR ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28737	PR ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	28740	PR ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28750	PR ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28755	PR ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28760	PR ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	28805	PR AMPUTATION FOOT TRANSMETARSAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28810	PR AMPUTATION METATARSAL W/TOE SINGLE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28820	PR AMPUTATION TOE METATARSOPHALANGEAL JOINT	fee schedule	8,018.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	28825	PR AMPUTATION TOE INTERPHALANGEAL JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	28890	PR ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	28899	PR UNLISTED PROCEDURE FOOT/TOES	fee schedule	584.2
facility	outpatient	CPT/HCP…	29000	PR APPLICATION HALO TYPE BODY CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29010	PR APPLICATION RISSER JACKET LOCALIZER BODY ONLY	fee schedule	665.3
facility	outpatient	CPT/HCP…	29015	PR APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	fee schedule	665.3
facility	outpatient	CPT/HCP…	29035	PR APPLICATION BODY CAST SHOULDER HIPS	fee schedule	665.3
facility	outpatient	CPT/HCP…	29040	PR APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	fee schedule	665.3
facility	outpatient	CPT/HCP…	29044	PR APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	fee schedule	390.3
facility	outpatient	CPT/HCP…	29046	PR APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	fee schedule	665.3
facility	outpatient	CPT/HCP…	29049	PR APPLICATION CAST FIGURE-OF-8	fee schedule	665.3
facility	outpatient	CPT/HCP…	29055	PR APPLICATION CAST SHOULDER SPICA	fee schedule	665.3
facility	outpatient	CPT/HCP…	29058	PR APPLICATION CAST PLASTER VELPEAU	fee schedule	665.3
facility	outpatient	CPT/HCP…	29065	PR APPLICATION CAST SHOULDER HAND LONG ARM	fee schedule	665.3
facility	outpatient	CPT/HCP…	29075	PR APPLICATION CAST ELBOW FINGER SHORT ARM	fee schedule	665.3
facility	outpatient	CPT/HCP…	29085	PR APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	fee schedule	390.3
facility	outpatient	CPT/HCP…	29086	PR APPLICATION CAST FINGER	fee schedule	390.3
facility	outpatient	CPT/HCP…	29105	PR APPLICATION LONG ARM SPLINT SHOULDER HAND	fee schedule	390.3
facility	outpatient	CPT/HCP…	29125	PR APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	fee schedule	316.4
facility	outpatient	CPT/HCP…	29126	PR APPLICATION SHORT ARM SPLINT DYNAMIC	fee schedule	316.4
facility	outpatient	CPT/HCP…	29130	PR APPLICATION FINGER SPLINT STATIC	fee schedule	316.4
facility	outpatient	CPT/HCP…	29131	PR APPLICATION FINGER SPLINT DYNAMIC	fee schedule	151.5
facility	outpatient	CPT/HCP…	29200	PR STRAPPING THORAX	fee schedule	390.3
facility	outpatient	CPT/HCP…	29240	PR STRAPPING SHOULDER	fee schedule	316.4
facility	outpatient	CPT/HCP…	29260	PR STRAPPING ELBOW/WRIST	fee schedule	151.5
facility	outpatient	CPT/HCP…	29280	PR STRAPPING HAND/FINGER	fee schedule	151.5
facility	outpatient	CPT/HCP…	29305	PR APPLICATION HIP SPICA CAST 1 LEG	fee schedule	665.3
facility	outpatient	CPT/HCP…	29325	PR APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	fee schedule	665.3
facility	outpatient	CPT/HCP…	29345	PR APPLICATION LONG LEG CAST THIGH-TOE	fee schedule	665.3
facility	outpatient	CPT/HCP…	29355	PR APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	fee schedule	665.3
facility	outpatient	CPT/HCP…	29358	PR APPLICATION LONG LEG CAST BRACE	fee schedule	665.3
facility	outpatient	CPT/HCP…	29365	PR APPLICATION CYLINDER CAST THIGH ANKLE	fee schedule	665.3
facility	outpatient	CPT/HCP…	29405	PR APPLICATION SHORT LEG CAST BELOW KNEE-TOE	fee schedule	665.3
facility	outpatient	CPT/HCP…	29425	PR APPLICATION SHORT LEG CAST WALKING/AMBULATORY	fee schedule	665.3
facility	outpatient	CPT/HCP…	29435	PR APPLICATION PATELLAR TENDON BEARING CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29440	PR ADDING WALKER PREVIOUSLY APPLIED CAST	fee schedule	390.3
facility	outpatient	CPT/HCP…	29445	PR APPLICATION RIGID TOTAL CONTACT LEG CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29450	PR APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	fee schedule	390.3
facility	outpatient	CPT/HCP…	29505	PR APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	fee schedule	390.3
facility	outpatient	CPT/HCP…	29515	PR APPLICATION SHORT LEG SPLINT CALF FOOT	fee schedule	390.3
facility	outpatient	CPT/HCP…	29520	PR STRAPPING HIP	fee schedule	316.4
facility	outpatient	CPT/HCP…	29530	PR STRAPPING KNEE	fee schedule	316.4
facility	outpatient	CPT/HCP…	29540	PR STRAPPING ANKLE &/FOOT	fee schedule	390.3
facility	outpatient	CPT/HCP…	29550	PR STRAPPING TOES	fee schedule	151.5
facility	outpatient	CPT/HCP…	29580	PR STRAPPING UNNA BOOT	fee schedule	390.3
facility	outpatient	CPT/HCP…	29581	PR APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	fee schedule	390.3
facility	outpatient	CPT/HCP…	29584	PR APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	fee schedule	390.3
facility	outpatient	CPT/HCP…	29700	PR REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29705	PR REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29710	PR RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	fee schedule	665.3
facility	outpatient	CPT/HCP…	29720	PR REPAIR SPICA BODY CAST/JACKET	fee schedule	390.3
facility	outpatient	CPT/HCP…	29730	PR WINDOWING CAST	fee schedule	390.3
facility	outpatient	CPT/HCP…	29740	PR WEDGING CAST EXCEPT CLUBFOOT CASTS	fee schedule	665.3
facility	outpatient	CPT/HCP…	29750	PR WEDGING CLUBFOOT CAST	fee schedule	665.3
facility	outpatient	CPT/HCP…	29799	PR UNLISTED PROCEDURE CASTING/STRAPPING	fee schedule	390.3
facility	outpatient	CPT/HCP…	29800	PR ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29804	PR ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	fee schedule	8,018.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	29805	PR DIAGNOSTIC ARTHROSCOPY SHOULDER +- SYNOVIAL BX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29806	PR SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29807	PR SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29819	PR SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29820	PR SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29821	PR SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29822	PR SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29823	PR SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29824	PR SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29825	PR SURGICAL ARTHROSCOPY SHOULDER W/LSS&RESCJ ADS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29827	PR SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29828	PR SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29830	PR ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29834	PR ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29835	PR ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29836	PR ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29837	PR ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29838	PR ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29840	PR ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29843	PR ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29844	PR ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29845	PR ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29846	PR ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29847	PR ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29848	PR NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	29850	PR ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	29851	PR ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	29855	PR ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29856	PR ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	29860	PR ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29861	PR ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29862	PR ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29863	PR ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29866	PR ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29867	PR ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	29868	PR ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29870	PR ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29871	PR ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29873	PR ARTHROSCOPY KNEE LATERAL RELEASE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29874	PR ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29875	PR ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29876	PR ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29877	PR ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29879	PR ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29880	PR ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29881	PR ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29882	PR ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29883	PR ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29884	PR ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29885	PR ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29886	PR ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29887	PR ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29888	PR ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29889	PR ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	29891	PR ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29892	PR ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29893	PR ENDOSCOPIC PLANTAR FASCIOTOMY	fee schedule	8,018.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	29894	PR ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29895	PR ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29897	PR ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29898	PR ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29899	PR ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29900	PR ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29901	PR ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29902	PR ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	fee schedule	3,981.5
facility	outpatient	CPT/HCP…	29904	PR ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29905	PR ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29906	PR ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	29907	PR ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	29914	PR ARTHROSCOPY HIP W/FEMOROPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29915	PR ARTHROSCOPY HIP W/ACETABULOPLASTY	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29916	PR ARTHROSCOPY HIP W/LABRAL REPAIR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	29999	PR UNLISTED PROCEDURE ARTHROSCOPY	fee schedule	584.2
facility	outpatient	CPT/HCP…	30000	PR DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	fee schedule	605.1
facility	outpatient	CPT/HCP…	30020	PR DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	30100	PR BIOPSY INTRANASAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30110	PR EXCISION NASAL POLYP SIMPLE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30115	PR EXCISION NASAL POLYP EXTENSIVE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30117	PR EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30118	PR EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30120	PR EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30124	PR EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30125	PR EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30130	PR EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30140	PR SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30150	PR RHINECTOMY PARTIAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30160	PR RHINECTOMY TOTAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30200	PR INJECTION TURBINATE THERAPEUTIC	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	30210	PR DISPLACEMENT THERAPY PROETZ TYPE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30220	PR INSERTION NASAL SEPTAL PROSTHESIS BUTTON	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30300	PR REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	fee schedule	316.4
facility	outpatient	CPT/HCP…	30310	PR REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30320	PR RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30400	PR RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30410	PR RHINP PRIM COMPLETE XTRNL PARTS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30420	PR RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30430	PR RHINOPLASTY SECONDARY MINOR REVISION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30435	PR RHINOPLASTY SECONDARY INTERMEDIATE REVISION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30450	PR RHINOPLASTY SECONDARY MAJOR REVISION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30460	PR RHINP DFRM W/COLUM LNGTH TIP ONLY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30462	PR RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30465	PR REPAIR NASAL VESTIBULAR STENOSIS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30468	PR RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30469	PR RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30520	PR SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30540	PR REPAIR CHOANAL ATRESIA INTRANASAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30545	PR REPAIR CHOANAL ATRESIA TRANSPALATINE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30560	PR LYSIS INTRANASAL SYNECHIA	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	30580	PR REPAIR FISTULA OROMAXILLARY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30600	PR REPAIR FISTULA ORONASAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30620	PR SEPTAL/OTHER INTRANASAL DERMATOPLASTY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	30630	PR REPAIR NASAL SEPTAL PERFORATIONS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30801	PR ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	30802	PR ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	fee schedule	3,777.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	30901	PR CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	fee schedule	316.4
facility	outpatient	CPT/HCP…	30903	PR CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	fee schedule	316.4
facility	outpatient	CPT/HCP…	30905	PR CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	fee schedule	316.4
facility	outpatient	CPT/HCP…	30906	PR CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	fee schedule	605.1
facility	outpatient	CPT/HCP…	30915	PR LIGATION ARTERIES ETHMOIDAL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	30920	PR LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	30930	PR FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	30999	PR UNLISTED PROCEDURE NOSE	fee schedule	605.1
facility	outpatient	CPT/HCP…	31000	PR LAVAGE CANNULATION MAXILLARY SINUS	fee schedule	605.1
facility	outpatient	CPT/HCP…	31002	PR LAVAGE CANNULATION SPHENOID SINUS	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	31020	PR SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31030	PR SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31032	PR SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31040	PR PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31050	PR SINUSOTOMY SPHENOID W/WO BIOPSY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31051	PR SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31070	PR SINUSOTOMY FRONTAL EXTERNAL SIMPLE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31075	PR SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31080	PR SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31081	PR SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31084	PR SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31085	PR SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31086	PR SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31087	PR SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31090	PR SINUSOT UNI 3/> PARANSL SINUSES	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31200	PR ETHMOIDECTOMY INTRANASAL ANTERIOR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31201	PR ETHMOIDECTOMY INTRANASAL TOTAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	31205	PR ETHMOIDECTOMY EXTRANASAL TOTAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31231	PR NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	fee schedule	490.7
facility	outpatient	CPT/HCP…	31233	PR NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31235	PR NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31237	PR NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31238	PR NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31239	PR NASAL/SINUS NDSC SURG W/DACRYOCYSTORHINOSTOMY	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31240	PR NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31241	PR NASAL/SINUS NDSC SURG W/LIG SPHENOPALATINE ART	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31242	PR NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31243	PR NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31253	PR NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31254	PR NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31255	PR NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31256	PR NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31257	PR NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31259	PR NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31267	PR NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31276	PR NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31287	PR NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31288	PR NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31292	PR NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31293	PR NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31294	PR NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31295	PR NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31296	PR NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31297	PR NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31298	PR NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31299	PR UNLISTED PROCEDURE ACCESSORY SINUSES	fee schedule	605.1
facility	outpatient	CPT/HCP…	31300	PR LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	fee schedule	7,975.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	31400	PR ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31420	PR EPIGLOTTIDECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31500	PR INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	fee schedule	605.1
facility	outpatient	CPT/HCP…	31502	PR TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	fee schedule	605.1
facility	outpatient	CPT/HCP…	31505	PR LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	fee schedule	490.7
facility	outpatient	CPT/HCP…	31510	PR LARYNGOSCOPY INDIRECT W/BIOPSY	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31511	PR LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	fee schedule	490.7
facility	outpatient	CPT/HCP…	31512	PR LARYNGOSCOPY INDIRECT W/REMOVAL LESION	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31513	PR LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31515	PR LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31520	PR LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31525	PR LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31526	PR LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31527	PR LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31528	PR LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31529	PR LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31530	PR LARYNGOSCOPY W/FOREIGN BODY REMOVAL	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31531	PR LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31535	PR LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31536	PR LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31540	PR LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31541	PR LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31545	PR LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31546	PR LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31551	PR LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31552	PR LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31553	PR LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31554	PR LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31560	PR LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31561	PR LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31570	PR LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31571	PR LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31572	PR LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31573	PR LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31574	PR LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31575	PR LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	fee schedule	490.7
facility	outpatient	CPT/HCP…	31576	PR LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31577	PR LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31578	PR LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31579	PR LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31580	PR LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31584	PR LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31587	PR LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31590	PR LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31591	PR LARYNGOPLASTY MEDIALIZATION UNLIATERAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31592	PR CRICOTRACHEAL RESECTION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31599	PR UNLISTED PROCEDURE LARYNX	fee schedule	605.1
facility	outpatient	CPT/HCP…	31600	PR TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31601	PR TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31603	PR TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	31605	PR TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	fee schedule	605.1
facility	outpatient	CPT/HCP…	31610	PR TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31611	PR CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31612	PR TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31613	PR TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31614	PR TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31615	PR TRACHEOBRNCHSC THRU EST TRACHS INC	fee schedule	1,363.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	31622	PR BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31623	PR BRNCHSC BRUSHING/PROTECTED BRUSHINGS	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31624	PR BRNCHSC W/BRNCL ALVEOLAR LAVAGE	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31625	PR BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31626	PR BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31628	PR BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31629	PR BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31630	PR BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31631	PR BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31634	PR BRONCHOSCOPY BALLOON OCCLUSION	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31635	PR BRONCHOSCOPY W/REMOVAL FOREIGN BODY	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31636	PR BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31638	PR BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31640	PR BRONCHOSCOPY W/EXCISION TUMOR	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31641	PR BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31643	PR BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31645	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31646	PR BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31647	PR BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31648	PR BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31649	PR BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31652	PR BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31653	PR BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	fee schedule	9,276.9
facility	outpatient	CPT/HCP…	31660	PR BRONCHOSCOPIC THERMOPLASTY ONE LOBE	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31661	PR BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	fee schedule	16,955.1
facility	outpatient	CPT/HCP…	31717	PR CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	fee schedule	1,011.5
facility	outpatient	CPT/HCP…	31720	PR CATHETER ASPIRATION NASOTRACHEAL SPX	fee schedule	528.4
facility	outpatient	CPT/HCP…	31730	PR TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	31750	PR TRACHEOPLASTY CERVICAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31755	PR TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31785	PR EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	31820	PR SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31825	PR SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31830	PR REVISION TRACHEOSTOMY SCAR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	31899	PR UNLISTED PROCEDURE TRACHEA BRONCHI	fee schedule	490.7
facility	outpatient	CPT/HCP…	32400	PR BIOPSY PLEURA PERCUTANEOUS NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	32408	PR CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	32550	PR INSERTION INDWELLING TUNNELED PLEURAL CATHETER	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	32551	PR TUBE THORACOSTOMY INCLUDES WATER SEAL	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	32552	PR RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32553	PR PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	32554	PR THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32555	PR THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32556	PR PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	32557	PR PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	32560	PR INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32561	PR INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32562	PR INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32601	PR THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	32604	PR THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	32606	PR THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	32607	PR THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	32608	PR THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	32609	PR THORACOSCOPY WITH BIOPSYIES OF PLEURA	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	32960	PR PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	32994	PR ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	32998	PR ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	fee schedule	14,293.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	32999	PR UNLISTED PROCEDURE LUNGS & PLEURA	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	33016	PR PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	33206	PR INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33207	PR INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33208	PR INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33210	PR INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33211	PR INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33212	PR INS PM PLS GEN W/EXIST SINGLE LEAD	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33213	PR INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33214	PR UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33215	PR RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	33216	PR INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33217	PR INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33218	PR RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33220	PR RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33221	PR INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	33222	PR RELOCATION OF SKIN POCKET FOR PACEMAKER	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	33223	PR RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	33224	PR INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33226	PR RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	33227	PR REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33228	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	fee schedule	26,452.8
facility	outpatient	CPT/HCP…	33229	PR REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	33230	PR INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	33231	PR INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	33233	PR REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33234	PR RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33235	PR RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33240	PR INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	33241	PR REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33244	PR RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33249	PR INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	33262	PR RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	33263	PR RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	fee schedule	58,392.5
facility	outpatient	CPT/HCP…	33264	PR RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	33270	PR INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	fee schedule	81,499.5
facility	outpatient	CPT/HCP…	33271	PR INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33272	PR RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33273	PR REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	33274	PR TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	fee schedule	48,269.9
facility	outpatient	CPT/HCP…	33275	PR TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	33276	PR INSERTION PHRENIC NERVE STIMULATOR SYSTEM	fee schedule	117,001.3
facility	outpatient	CPT/HCP…	33278	PR REMOVAL PHRENIC NERVE STIMULATOR SYSTEM	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	33279	PR RMVL PHRNC NRV STIMULATOR TRANSVNS STIMJ/SNSG LD	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	33280	PR RMVL PHRENIC NRV STIMULATOR PULSE GENERATOR ONLY	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	33281	PR REPOSITIONING PHRENIC NRV STIMULATOR TRANSVNS LD	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	33285	PR INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	fee schedule	21,046.0
facility	outpatient	CPT/HCP…	33286	PR REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	33287	PR RMVL&RPLCMT PHRENIC NRV STIMULATOR PLS GENERATOR	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	33288	PR RMVL&RPLCMT PHRNC NRV STIM TRNSVNS STIMJ/SNSG LD	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	33289	PR TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	fee schedule	72,000.4
facility	outpatient	CPT/HCP…	33900	PR PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	33901	PR PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	33902	PR PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	33903	PR PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	33999	PR UNLISTED PROCEDURE CARDIAC SURGERY	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	34101	PR EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	fee schedule	13,613.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	34111	PR EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34201	PR EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34203	PR EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34421	PR THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	34471	PR THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	34490	PR THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	34501	PR VALVULOPLASTY FEMORAL VEIN	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34510	PR VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34520	PR CROSS-OVER VEIN GRAFT VENOUS SYSTEM	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	34530	PR SAPHENOPOPLITEAL VEIN ANASTOMOSIS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35011	PR DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35045	PR DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35180	PR REPAIR CONGENITAL AV FISTULA HEAD & NECK	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	35184	PR RPR CONGENITAL AV FISTULA EXTREMITIES	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35188	PR RPR/TRAUMATIC AV FISTULA HEAD & NECK	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35190	PR RPR/TRAUMATIC AV FISTULA EXTREMITIES	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35201	PR REPAIR BLOOD VESSEL DIRECT NECK	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35206	PR REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35207	PR REPAIR BLOOD VESSEL DIRECT HAND FINGER	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35226	PR RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	35231	PR REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35236	PR REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35256	PR REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35261	PR REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35266	PR RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35286	PR RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35321	PR TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35860	PR EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	35875	PR THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35876	PR THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35879	PR REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35881	PR REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35883	PR REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35884	PR REVJ FEM ANAST BPG GRN OPN W/AUTOG VN PATCH GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	35903	PR EXCISION INFECTED GRAFT EXTREMITY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36002	PR INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	36221	PR NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36222	PR SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36223	PR SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36224	PR SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36225	PR SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36226	PR SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36251	PR SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36252	PR SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36253	PR SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36254	PR SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36260	PR INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36261	PR REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	36262	PR REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	fee schedule	9,728.2
facility	outpatient	CPT/HCP…	36420	PR VENIPUNCTURE CUTDOWN YOUNGER THAN AGE 1 YR	fee schedule	316.4
facility	outpatient	CPT/HCP…	36425	PR VENIPUNCTURE CUTDOWN AGE 1 YR/>	fee schedule	987.0
facility	outpatient	CPT/HCP…	36430	PR TRANSFUSION BLOOD/BLOOD COMPONENTS	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36440	PR PUSH TRANSFUSION BLOOD 2 YR OR YOUNGER	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36450	PR BLOOD EXCHANGE TRANSFUSION NEWBORN	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36455	PR BLOOD EXCHANGE TRANSFUSION OTHER THAN NEWBORN	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36456	PR PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36460	PR TRANSFUSION INTRAUTERINE FETAL	fee schedule	1,075.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	36465	PR NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	36466	PR NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	36468	PR INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	fee schedule	987.8
facility	outpatient	CPT/HCP…	36470	PR INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	fee schedule	987.8
facility	outpatient	CPT/HCP…	36471	PR INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	fee schedule	987.8
facility	outpatient	CPT/HCP…	36473	PR ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36475	PR ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36478	PR ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36482	PR ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36511	PR THERAPEUTIC APHERESIS WHITE BLOOD CELLS	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	36512	PR THERAPEUTIC APHERESIS RED BLOOD CELLS	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	36513	PR THERAPEUTIC APHERESIS PLATELETS	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	36514	PR THERAPEUTIC APHERESIS PLASMA PHERESIS	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	36516	PR THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	36522	PR PHOTOPHERESIS EXTRACORPOREAL	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	36555	PR INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36556	PR INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36557	PR INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36558	PR INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36560	PR INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36561	PR INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36563	PR INSJ TUNNELED CTR VAD W/SUBQ PUMP	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36565	PR INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36566	PR INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36568	PR INSERTION PICC W/O IMG GDN < 5 YR	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36569	PR INSERTION PICC W/O IMG GDN 5 YR/>	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36570	PR INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36571	PR INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36572	PR INSERTION PICC W/RS&I < 5 YR	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	36573	PR INSERTION PICC W/RS&I 5 YR/>	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36575	PR RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	36576	PR RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36578	PR RPLCMT CATH CTR VAD SUBQ PORT/PMP	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36580	PR RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36581	PR RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36582	PR RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36583	PR RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36584	PR COMPLETE REPLACEMENT PICC RS&I	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36585	PR RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36589	PR RMVL TUN CVC W/O SUBQ PORT/PMP	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	36590	PR RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36591	PR COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	fee schedule	316.4
facility	outpatient	CPT/HCP…	36592	PR COLLECT BLOOD FROM CATHETER VENOUS NOS	fee schedule	316.4
facility	outpatient	CPT/HCP…	36593	PR DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	fee schedule	839.0
facility	outpatient	CPT/HCP…	36595	PR MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36596	PR MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36597	PR RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36598	PR CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	fee schedule	531.0
facility	outpatient	CPT/HCP…	36600	PR ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	fee schedule	316.4
facility	outpatient	CPT/HCP…	36640	PR ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36680	PR PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	fee schedule	987.0
facility	outpatient	CPT/HCP…	36800	PR INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36810	PR INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36815	PR INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36818	PR ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36819	PR ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36820	PR ARVEN ANAST OPN F/ARM VEIN TRPOS	fee schedule	13,613.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	36821	PR ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36825	PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36830	PR CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36831	PR THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36832	PR REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36833	PR REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36835	PR INSERTION THOMAS SHUNT SEPARATE PROCEDURE	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	36836	PR PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	36837	PR PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	36838	PR DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36860	PR XTRNL CANNULA DECLTNG SPX W/O BALO CATH	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36861	PR XTRNL CANNULA DECLTNG SPX W/BALO CATH	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	36901	PR INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	36902	PR INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	36903	PR INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	36904	PR PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	36905	PR PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	36906	PR PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37183	PR REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	37184	PR PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37187	PR PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37188	PR PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37191	PR INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	37192	PR REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37193	PR RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37195	PR THROMBOLYSIS CEREBRAL IV INFUSION	fee schedule	839.0
facility	outpatient	CPT/HCP…	37197	PR PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37200	PR TRANSCATHETER BIOPSY	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	37211	PR THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	37212	PR THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37213	PR THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37214	PR CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37220	PR REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	37221	PR REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37224	PR REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	37225	PR REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37226	PR REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37227	PR REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37228	PR REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37229	PR REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37230	PR REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37231	PR REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37236	PR OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37238	PR OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37241	PR VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37242	PR VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	37243	PR VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37244	PR VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	37246	PR TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	37248	PR TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	37500	PR VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	37501	PR UNLISTED VASCULAR ENDOSCOPY PROCEDURE	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	37565	PR LIGATION INTERNAL JUGULAR VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37600	PR LIGATION EXTERNAL CAROTID ARTERY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37605	PR LIGATION INTERNAL/COMMON CAROTID ARTERY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37606	PR LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37607	PR LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	fee schedule	7,896.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	37609	PR LIGATION/BIOPSY TEMPORAL ARTERY	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	37615	PR LIGATION MAJOR ARTERY NECK	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37619	PR LIGATION OF INFERIOR VENA CAVA	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	37650	PR LIGATION OF FEMORAL VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37700	PR LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37718	PR LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37722	PR LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37735	PR LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37760	PR LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37761	PR LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37765	PR STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37766	PR STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37780	PR LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37785	PR LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	37790	PR PENILE VENOUS OCCLUSIVE PROCEDURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	37799	PR UNLISTED PROCEDURE VASCULAR SURGERY	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	38120	PR LAPAROSCOPIC SURGICAL SPLENECTOMY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	38129	PR UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38206	PR BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	38207	PR TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38208	PR TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38209	PR TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38210	PR TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38211	PR TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38212	PR TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38213	PR TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38214	PR TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38215	PR TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	38220	PR DIAGNOSTIC BONE MARROW ASPIRATIONS	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	38221	PR DIAGNOSTIC BONE MARROW BIOPSIES	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	38222	PR DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	38230	PR BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	38232	PR BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	fee schedule	11,464.3
facility	outpatient	CPT/HCP…	38240	PR TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	fee schedule	135,372.0
facility	outpatient	CPT/HCP…	38241	PR TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	38242	PR ALLOGENEIC LYMPHOCYTE INFUSIONS	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	38243	PR TRNSPLJ HEMATOPOIETIC CELL BOOST	fee schedule	3,800.9
facility	outpatient	CPT/HCP…	38300	PR DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	38305	PR DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	38308	PR LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38500	PR BX/EXC LYMPH NODE OPEN SUPERFICIAL	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38505	PR BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	38510	PR BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38520	PR BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38525	PR BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38530	PR BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38531	PR OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38542	PR DISSECTION DEEP JUGULAR NODE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38550	PR EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	fee schedule	9,442.7
facility	outpatient	CPT/HCP…	38555	PR EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	38570	PR LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38571	PR LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	38572	PR LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	38573	PR LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	38589	PR UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38700	PR SUPRAHYOID LYMPHADENECTOMY	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	38720	PR CERVICAL LYMPHADENECTOMY	fee schedule	16,154.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	38740	PR AXILLARY LYMPHADENECTOMY SUPERFICIAL	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38745	PR AXILLARY LYMPHADENECTOMY COMPLETE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	38760	PR INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	fee schedule	16,154.4
facility	outpatient	CPT/HCP…	38792	PR INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	38999	PR UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	fee schedule	1,075.4
facility	outpatient	CPT/HCP…	39401	PR MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	39402	PR MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	40490	PR BIOPSY OF LIP	fee schedule	605.1
facility	outpatient	CPT/HCP…	40500	PR VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40510	PR EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40520	PR EXC LIP V-EXC W/PRIM DIR LINR CLSR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40525	PR EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40527	PR EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40530	PR RESCJ LIP > ONE-FOURTH W/O RCNSTJ	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40650	PR REPAIR LIP FULL THICKNESS VERMILION ONLY	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40652	PR REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40654	PR RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	40700	PR PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40701	PR PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40702	PR PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40720	PR PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40761	PR PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40799	PR UNLISTED PROCEDURE LIPS	fee schedule	605.1
facility	outpatient	CPT/HCP…	40800	PR DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	40801	PR DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40804	PR RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	40805	PR RMVL EMBEDDED FB VESTIBULE MOUTH COMP	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40806	PR INCISION LABIAL FRENUM FRENOTOMY	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40808	PR BIOPSY VESTIBULE MOUTH	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40810	PR EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40812	PR EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	40814	PR EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40816	PR EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40818	PR EXC MUCOSA VESTIBULE MOUTH AS DON GRF	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40819	PR EXC FRENUM LABIAL/BUCCAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	40820	PR DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	40830	PR CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	fee schedule	605.1
facility	outpatient	CPT/HCP…	40831	PR CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	40840	PR VESTIBULOPLASTY ANTERIOR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40842	PR VESTIBULOPLASTY POSTERIOR UNILATERAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40843	PR VESTIBULOPLASTY POSTERIOR BILATERAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40844	PR VESTIBULOPLASTY ENTIRE ARCH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40845	PR VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	40899	PR UNLISTED PROCEDURE VESTIBULE MOUTH	fee schedule	605.1
facility	outpatient	CPT/HCP…	41000	PR INTRAORAL I&D TONGUE/FLOOR LINGUAL	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	41005	PR INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	fee schedule	605.1
facility	outpatient	CPT/HCP…	41006	PR INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41007	PR INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41008	PR INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41009	PR INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	41010	PR INCISION LINGUAL FRENUM FRENOTOMY	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41015	PR XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	41016	PR XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41017	PR XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41018	PR XTRORAL I&D FLOOR MASTICATOR SPACE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41019	PR PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41100	PR BIOPSY TONGUE ANTERIOR TWO-THIRDS	fee schedule	1,363.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	41105	PR BIOPSY TONGUE POSTERIOR ONE-THIRD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41108	PR BIOPSY FLOOR MOUTH	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	41110	PR EXCISION LESION TONGUE W/O CLOSURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41112	PR EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41113	PR EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41114	PR EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41115	PR EXCISION LINGUAL FRENUM FRENECTOMY	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41116	PR EXCISION LESION FLOOR MOUTH	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41120	PR GLOSSECTOMY <ONE-HALF TONGUE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41250	PR RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	fee schedule	987.0
facility	outpatient	CPT/HCP…	41251	PR RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	fee schedule	605.1
facility	outpatient	CPT/HCP…	41252	PR RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	fee schedule	605.1
facility	outpatient	CPT/HCP…	41510	PR SUTURE TONGUE LIP MICROGNATHIA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41512	PR TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41520	PR FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41530	PR SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41599	PR UNLISTED PROCEDURE TONGUE FLOOR MOUTH	fee schedule	605.1
facility	outpatient	CPT/HCP…	41800	PR DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	fee schedule	316.4
facility	outpatient	CPT/HCP…	41805	PR RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41806	PR RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41820	PR GINGIVECTOMY EXC GINGIVA EACH QUADRANT	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41821	PR OPRCULECTOMY EXC PRICORONAL TISSUE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41822	PR EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41823	PR EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41825	PR EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41826	PR EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41827	PR EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	41828	PR EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41830	PR ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41850	PR DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41870	PR PERIODONTAL MUCOSAL GRAFTING	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	41872	PR GINGIVOPLASTY EACH QUADRANT SPECIFY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41874	PR ALVEOLOPLASTY EACH QUADRANT SPECIFY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	41899	PR UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	fee schedule	605.1
facility	outpatient	CPT/HCP…	42000	PR DRAINAGE ABSCESS PALATE UVULA	fee schedule	605.1
facility	outpatient	CPT/HCP…	42100	PR BIOPSY PALATE UVULA	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42104	PR EXC LESION PALATE UVULA W/O CLOSURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42106	PR EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42107	PR EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42120	PR RESCJ PALATE/EXTENSIVE RESCJ LESION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42140	PR UVULECTOMY EXCISION UVULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42145	PR PALATOPHARYNGOPLASTY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42160	PR DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42180	PR REPAIR LACERATION PALATE <2 CM	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42182	PR REPAIR LACERATION PALATE >2 CM/COMPLEX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42200	PR PALATOP CL PALATE SOFT&/HARD PALATE ONLY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42205	PR PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42210	PR PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42215	PR PALATOPLASTY CLEFT PALATE MAJOR REVJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42220	PR PALATOPLASTY CLEFT PALATE SEC LNGTH PX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42225	PR PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42226	PR LENGTHENING PALATE & PHARYNGEAL FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42227	PR LENGTHENING PALATE W/ISLAND FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42235	PR REPAIR ANTERIOR PALATE W/VOMER FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42260	PR REPAIR NASOLABIAL FISTULA	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42280	PR MAXILLARY IMPRESJ PALATAL PROSTHESIS	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42281	PR INSJ PIN-RETAINED PALATAL PROSTHESIS	fee schedule	14,507.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	42299	PR UNLISTED PROCEDURE PALATE UVULA	fee schedule	605.1
facility	outpatient	CPT/HCP…	42300	PR DRAINAGE ABSCESS PAROTID SIMPLE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42305	PR DRAINAGE ABSCESS PAROTID COMPLICATED	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42310	PR DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42320	PR DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42330	PR SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42335	PR SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42340	PR SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42400	PR BIOPSY SALIVARY GLAND NEEDLE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	42405	PR BIOPSY SALIVARY GLAND INCISIONAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42408	PR EXC SUBLINGUAL SALIVARY CYST RANULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42409	PR MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42410	PR EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42415	PR EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42420	PR EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42425	PR EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42440	PR EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42450	PR EXISION OF SUBLINGUAL GLAND	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42500	PR PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42505	PR PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42507	PR PAROTID DUCT DIVERSION BILATERAL WILKE PX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42509	PR PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42510	PR PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42600	PR CLOSURE SALIVARY FISTULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42650	PR DILATION SALIVARY DUCT	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42660	PR DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42665	PR LIGATION SALIVARY DUCT INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42699	PR UNLISTED PX SALIVARY GLANDS/DUCTS	fee schedule	605.1
facility	outpatient	CPT/HCP…	42700	PR I&D ABSCESS PERITONSILLAR	fee schedule	605.1
facility	outpatient	CPT/HCP…	42720	PR I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42725	PR I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42800	PR BIOPSY OROPHARYNX	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42804	PR BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42806	PR BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42808	PR EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42809	PR REMOVAL FOREIGN BODY PHARYNX	fee schedule	987.0
facility	outpatient	CPT/HCP…	42810	PR EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42815	PR EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42820	PR TONSILLECTOMY & ADENOIDECTOMY <AGE 12	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42821	PR TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42825	PR TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42826	PR TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42830	PR ADENOIDECTOMY PRIMARY <AGE 12	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42831	PR ADENOIDECTOMY PRIMARY AGE 12/>	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42835	PR ADENOIDECTOMY SECONDARY<AGE 12	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42836	PR ADENOIDECTOMY SECONDARY AGE 12/>	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42842	PR RADICAL RESECTION TONSIL W/O CLOSURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42844	PR RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42860	PR EXCISION TONSIL TAGS	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42870	PR EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42890	PR LIMITED PHARYNGECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42892	PR RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42900	PR SUTURE PHARYNX WOUND/INJURY	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42950	PR PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	42955	PR PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	42960	PR CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	42962	PR CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	fee schedule	7,975.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	42970	PR CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	fee schedule	605.1
facility	outpatient	CPT/HCP…	42972	PR CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	42975	PR DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	fee schedule	4,204.6
facility	outpatient	CPT/HCP…	42999	PR UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	fee schedule	605.1
facility	outpatient	CPT/HCP…	43020	PR ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	43030	PR CRICOPHARYNGEAL MYOTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	43130	PR DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	43180	PR ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	43191	PR ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43192	PR ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43193	PR ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43194	PR ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43195	PR ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43196	PR ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43197	PR ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43198	PR ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43200	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43201	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43202	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43204	PR ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43205	PR ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43206	PR ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43210	PR EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43211	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43212	PR ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43213	PR ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43214	PR ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43215	PR ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43216	PR ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43217	PR ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43220	PR ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43226	PR ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43227	PR ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43229	PR ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43231	PR ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43232	PR ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43233	PR EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43235	PR ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43236	PR ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43237	PR ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43238	PR EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43239	PR EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43240	PR EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43241	PR EGD INTRALUMINAL TUBE/CATHETER INSERTION	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43242	PR EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43243	PR EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43244	PR EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43245	PR EGD DILATION GASTRIC/DUODENAL STRICTURE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43246	PR EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43247	PR EGD FLEXIBLE FOREIGN BODY REMOVAL	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43248	PR EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43249	PR EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43250	PR EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43251	PR EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43252	PR EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43253	PR EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43254	PR EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	fee schedule	4,713.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	43255	PR EGD TRANSORAL CONTROL BLEEDING ANY METHOD	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43257	PR EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43259	PR EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43260	PR ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43261	PR ERCP W/BIOPSY SINGLE/MULTIPLE	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43262	PR ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43263	PR ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43264	PR ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43265	PR ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43266	PR EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43270	PR EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43274	PR ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43275	PR ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43276	PR ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43277	PR ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43278	PR ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43280	PR LAPS SURG ESOPG/GSTR FUNDOPLASTY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43281	PR LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43282	PR LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43284	PR LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43285	PR REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43289	PR UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43290	PR EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43291	PR EGD FLX TRNSORL W/RMVL NTRGSTR BARIATRIC BALO	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43420	PR CLSR ESOPHAGOSTOMY/FSTL CRV APPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	43450	PR DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43453	PR DILATION ESOPHAGUS GUIDE WIRE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43497	PR TRANSORAL LOWER ESOPHAGEAL MYOTOMY	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	43499	PR UNLISTED PROCEDURE ESOPHAGUS	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43510	PR GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43647	PR LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	43648	PR LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43651	PR LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43652	PR LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43653	PR LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43659	PR UNLISTED LAPAROSCOPY PROCEDURE STOMACH	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43752	PR NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	fee schedule	987.0
facility	outpatient	CPT/HCP…	43753	PR GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	fee schedule	777.6
facility	outpatient	CPT/HCP…	43754	PR GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	fee schedule	777.6
facility	outpatient	CPT/HCP…	43755	PR GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	fee schedule	387.0
facility	outpatient	CPT/HCP…	43756	PR DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43757	PR DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43761	PR REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	fee schedule	612.2
facility	outpatient	CPT/HCP…	43762	PR PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	fee schedule	612.2
facility	outpatient	CPT/HCP…	43763	PR PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	fee schedule	612.2
facility	outpatient	CPT/HCP…	43770	PR LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	43772	PR LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43773	PR LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	43774	PR LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43830	PR GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	43831	PR GASTROSTOMY OPN NEONATAL FEEDING	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	43870	PR CLOSURE GASTROSTOMY SURG	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	43886	PR GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	43887	PR GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	43888	PR GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	43999	PR UNLISTED PROCEDURE STOMACH	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	44100	PR BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	fee schedule	2,245.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	44180	PR LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	44186	PR LAPAROSCOPY SURGICAL JEJUNOSTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	44238	PR UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	44312	PR REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	44340	PR REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	fee schedule	8,887.5
facility	outpatient	CPT/HCP…	44360	PR ENDOSCOPY UPPER SMALL INTESTINE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44361	PR ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44363	PR ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44364	PR ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44365	PR ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44366	PR ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44369	PR ENTEROSCOPY > 2ND PRTN ABLTJ LESION	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44370	PR ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	44372	PR ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44373	PR ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44376	PR ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44377	PR ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44378	PR ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44379	PR ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	44380	PR ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	44381	PR ILEOSCOPY STOMA W/BALLOON DILATION	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44382	PR ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	44384	PR ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	44385	PR NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	44386	PR NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	44388	PR COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	44389	PR COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44390	PR COLONOSCOPY STOMA W/RMVL FOREIGN BODY	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	44391	PR COLONOSCOPY STOMA CONTROL BLEEDING	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44392	PR COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44394	PR COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44401	PR COLONOSCOPY STOMA ABLATION LESION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44402	PR COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	44403	PR COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44404	PR COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44405	PR COLONOSCOPY STOMA W/BALLOON DILATION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44406	PR COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44407	PR COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	44408	PR COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	44500	PR INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	44799	PR UNLISTED PROCEDURE SMALL INTESTINE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	44950	PR APPENDECTOMY	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	44970	PR LAPAROSCOPIC APPENDECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	44979	PR UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	45000	PR TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45005	PR I&D SUBMUCOSAL ABSCESS RECTUM	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45020	PR I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45100	PR BX ANORECTAL WALL ANAL APPROACH	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45108	PR ANORECTAL MYOMECTOMY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45150	PR DIVISION STRICTURE RECTUM	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45160	PR EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45171	PR EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45172	PR EXC RCT TUM INCL MUSCULARIS PROPRIA	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45190	PR DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45300	PR PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45303	PR PROCTOSGMDSC RIGID W/DILATION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45305	PR PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	fee schedule	2,923.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	45307	PR PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45308	PR PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45309	PR PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45315	PR PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45317	PR PROCTOSGMDSC RIGID CONTROL BLEEDING	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45320	PR PROCTOSGMDSC RIGID ABLATION LESION	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45321	PR PROCTOSGMDSC RIGID DCMPRN VOLVULUS	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45327	PR PROCTOSGMDSC RIGID TNDSC STENT PLMT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	45330	PR SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45331	PR SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45332	PR SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45333	PR SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45334	PR SIGMOIDOSCOPY FLX CONTROL BLEEDING	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45335	PR SGMDSC FLX DIRED SBMCSL NJX ANY SBST	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45337	PR SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45338	PR SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45340	PR SIGMOIDOSCOPY FLX TNDSC BALO DILAT	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45341	PR SIGMOIDOSCOPY FLX NDSC US XM	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45342	PR SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45346	PR SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45347	PR SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	45349	PR SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45350	PR SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45378	PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45379	PR COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45380	PR COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45381	PR COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45382	PR COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45384	PR COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45385	PR COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45386	PR COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45388	PR COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45389	PR COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	fee schedule	14,118.5
facility	outpatient	CPT/HCP…	45390	PR COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45391	PR COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45392	PR COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45393	PR COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45398	PR COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45399	PR UNLISTED PROCEDURE COLON	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45499	PR UNLISTED LAPAROSCOPY PROCEDURE RECTUM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	45500	PR PROCTOPLASTY STENOSIS	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45505	PR PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45520	PR PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45541	PR PROCTOPEXY PERINEAL APPROACH	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45560	PR REPAIR RECTOCELE SEPARATE PROCEDURE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45900	PR RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	45905	PR DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45910	PR DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45915	PR RMVL FECAL IMPACTION/FB SPX UNDER ANES	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	45990	PR ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	45999	PR UNLISTED PROCEDURE RECTUM	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46020	PR PLACEMENT SETON	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46030	PR REMOVAL ANAL SETON OTHER MARKER	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46040	PR I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46045	PR I&D INTRAMURAL IM/ABSC TRANSANAL ANES	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46050	PR I&D PERIANAL ABSCESS SUPERFICIAL	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46060	PR I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	fee schedule	6,955.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	46070	PR INCISION ANAL SEPTUM INFANT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46080	PR SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46083	PR INCISION THROMBOSED HEMORRHOID EXTERNAL	fee schedule	612.2
facility	outpatient	CPT/HCP…	46200	PR FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46220	PR EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46221	PR HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46230	PR EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46250	PR HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46255	PR HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46257	PR HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46258	PR HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46260	PR HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46261	PR HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46262	PR HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46270	PR SURG TX ANAL FISTULA SUBQ	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46275	PR SURG TX ANAL FISTULA INTERSPHINCTERIC	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46280	PR TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46285	PR SURG TX ANAL FISTULA 2ND STAGE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46288	PR CLSR ANAL FSTL W/RCT ADVMNT FLAP	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46320	PR EXC THROMBOSED HEMORRHOID XTRNL	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46500	PR INJECTION SCLEROSING SOLUTION HEMORRHOIDS	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46505	PR CHEMODENERVATION INTERNAL ANAL SPHINCTER	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	fee schedule	316.4
facility	outpatient	CPT/HCP…	46601	PR ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	fee schedule	316.4
facility	outpatient	CPT/HCP…	46604	PR ANOSCOPY W/DILATION	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46606	PR ANOSCOPY W/BX SINGLE/MULTIPLE	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46607	PR ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46608	PR ANOSCOPY W/RMVL FOREIGN BODY	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46610	PR ANOSCOPY W/RMVL LESION CAUTERY	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46611	PR ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46612	PR ANOSC RMVL MULT TUMORS CAUTERY/SNARE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46614	PR ANOSCOPY CONTROL BLEEDING	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46615	PR ANOSCOPY ABLATION LESION	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46700	PR ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46706	PR REPAIR ANAL FISTULA W/FIBRIN GLUE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46707	PR REPAIR ANORECTAL FISTULA PLUG	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46750	PR SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46753	PR GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46754	PR RMVL THIERSCH WIRE/SUTURE ANAL CANAL	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46760	PR SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46761	PR SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46900	PR DSTRJ LESION ANUS SIMPLE CHEMICAL	fee schedule	987.8
facility	outpatient	CPT/HCP…	46910	PR DSTRJ LESION ANUS SMPL ELTRDSICCATION	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	46916	PR DSTRJ LESION ANUS SIMPLE CRYOSURGERY	fee schedule	495.9
facility	outpatient	CPT/HCP…	46917	PR DSTRJ LESION ANUS SIMPLE LASER SURG	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46922	PR DSTRJ LESION ANUS SIMPLE SURG EXCISION	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46924	PR DSTRJ LESION ANUS EXTENSIVE	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46930	PR DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	46940	PR CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46942	PR CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	46945	PR INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46946	PR INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46947	PR HEMORRHOIDOPEXY STAPLING	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46948	PR INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	fee schedule	6,955.6
facility	outpatient	CPT/HCP…	46999	PR UNLISTED PROCEDURE ANUS	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	47000	PR BIOPSY LIVER NEEDLE PERCUTANEOUS	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	47370	PR LAPS SURG ABLTJ 1/> LVR TUM RF	fee schedule	25,500.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	47371	PR LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	47379	PR UNLISTED LAPAROSCOPIC PROCEDURE LIVER	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47382	PR ABLTJ 1/> LVR TUM PRQ RF	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47383	PR ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	47399	PR UNLISTED PROCEDURE LIVER	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	47490	PR CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47531	PR NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47532	PR NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47533	PR PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47534	PR PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47535	PR CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47536	PR EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47537	PR REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	47538	PR PLMT BILE DUCT STENT PRQ EXISTING ACCESS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47539	PR PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47540	PR PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47541	PR PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	47552	PR BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	47553	PR BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	47554	PR BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	47555	PR BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	47556	PR BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	47562	PR LAPAROSCOPY SURG CHOLECYSTECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47563	PR LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47564	PR LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	47579	PR UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	47999	PR UNLISTED PROCEDURE BILIARY TRACT	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	48102	PR BIOPSY PANCREA PERCUTANEOUS NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	48999	PR UNLISTED PROCEDURE PANCREAS	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	49082	PR ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49083	PR ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49084	PR PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49180	PR BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	49185	PR SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	49250	PR UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49320	PR LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49321	PR LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49322	PR LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49323	PR LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49324	PR LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49325	PR LAPS W/REVISION INTRAPERITONEAL CATHETER	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49329	PR UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49402	PR REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49405	PR IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	49406	PR IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	49407	PR IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	49411	PR INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	49418	PR INSJ INTRAPERITONEAL CATHETER W/IMG GUID	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49419	PR INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	49421	PR INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49422	PR REMOVAL TUNNELED INTRAPERITONEAL CATHETER	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	49423	PR EXCHNG ABSC/CST DRG CATH RAD GID SPX	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	49426	PR REVIS PERITONEAL-VENOUS SHUNT	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49429	PR RMVL PERITONEAL-VENOUS SHUNT	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	49436	PR DELAYED CREATION EXIT SITE EMBEDDED CATHETER	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	49440	PR INSERT GASTROSTOMY TUBE PERCUTANEOUS	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	49441	PR INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	fee schedule	4,713.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	49442	PR INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	fee schedule	2,923.3
facility	outpatient	CPT/HCP…	49446	PR CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	fee schedule	4,713.8
facility	outpatient	CPT/HCP…	49450	PR REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49451	PR REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49452	PR REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49460	PR OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	49465	PR CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	fee schedule	607.0
facility	outpatient	CPT/HCP…	49491	PR RPR 1ST INGUN HRNA PRETERM INFT RDC	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49492	PR RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49495	PR RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49496	PR RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49500	PR RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	49501	PR RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49505	PR RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49507	PR RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49520	PR RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49521	PR RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	49525	PR RPR INGUN HERNIA SLIDING ANY AGE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49540	PR REPAIR LUMBAR HERNIA	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49550	PR RPR 1ST FEM HRNA ANY AGE REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49553	PR RPR 1ST FEM HERNIA ANY AGE INCARCERATED	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49555	PR RPR RECRT FEM HERNIA REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49557	PR RPR RECRT FEM HRNA INCARCERATED	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49591	PR RPR AA HERNIA 1ST < 3 CM REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49592	PR RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49593	PR RPR AA HERNIA 1ST 3-10 CM REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49594	PR RPR AA HERNIA 1ST 3-10 CM NCRC8/STRANGULATED	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49595	PR RPR AA HERNIA 1ST > 10 CM REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49600	PR RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49613	PR RPR AA HERNIA RECR < 3 CM REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49614	PR RPR AA HERNIA RECR < 3 CM NCRC8/STRANGULATED	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49615	PR RPR AA HERNIA RECR 3-10 CM REDUCIBLE	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	49650	PR LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49651	PR LAPS SURG RPR RECURRENT INGUINAL HERNIA	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49659	PR UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	49999	PR UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	50020	PR DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50080	PR PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50081	PR PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50200	PR RENAL BIOPSY PRQ TROCAR/NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	50382	PR RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50384	PR REMOVAL INDWELLING URETERAL STENT PRQ	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50385	PR REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50386	PR REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50387	PR RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50389	PR RMVL NFROS TUBE REQ FLUORO GUIDANCE	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	50390	PR ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	50391	PR INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	fee schedule	612.2
facility	outpatient	CPT/HCP…	50396	PR MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	50430	PR NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	50431	PR NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	50432	PR PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50433	PR PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50434	PR CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50435	PR EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50436	PR PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50437	PR PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	fee schedule	8,636.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	50541	PR LAPAROSCOPY SURG ABLATION RENAL CYSTS	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50542	PR LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50543	PR LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50544	PR LAPAROSCOPY SURG PYELOPLASTY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50549	PR UNLISTED LAPAROSCOPY PROCEDURE RENAL	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	50551	PR RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50553	PR RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50555	PR RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50557	PR RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50561	PR RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50562	PR RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50570	PR RENAL NDSC NEPHROTOMY W/WO IRRIGATION	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50572	PR RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	50574	PR RENAL NDSC NEPHROTOMY W/BIOPSY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50575	PR RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50576	PR RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	50580	PR RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50590	PR LITHOTRIPSY XTRCORP SHOCK WAVE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50592	PR ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	50593	PR ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50686	PR MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	fee schedule	387.0
facility	outpatient	CPT/HCP…	50688	PR CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	50693	PR PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50694	PR PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50695	PR PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50727	PR REVJ URINARY-CUTANEOUS ANASTAMOSIS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50945	PR LAPAROSCOPY URTROLITHOTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	50947	PR LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50948	PR LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	50949	PR UNLISTED LAPAROSCOPY PROCEDURE URETER	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	50951	PR URETERAL ENDOSCOPY VIA URETEROSTOMY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50953	PR URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50955	PR URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50957	PR URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50961	PR URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50970	PR URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50972	PR NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	50974	PR URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50976	PR URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	50980	PR NDSC URETEROTOMY RMVL FB/CALCULUS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	51020	PR CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51030	PR CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51040	PR CYSTOSTOMY CYSTOTOMY W/DRAINAGE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	51045	PR CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	51050	PR CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	51060	PR TRANSVESICAL URETROLITHOTOMY	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	51065	PR CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51080	PR DRG PRIVESICAL/PREVESICAL SPACE ABSC	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	51100	PR ASPIRATION BLADDER NEEDLE	fee schedule	612.2
facility	outpatient	CPT/HCP…	51101	PR ASPIRATION BLADDER TROCAR/INTRACATHETER	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	51102	PR ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	51500	PR EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	51520	PR CYSTOTOMY SIMPLE EXCISION VESICAL NECK	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51535	PR CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51700	PR BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	fee schedule	612.2
facility	outpatient	CPT/HCP…	51701	PR INSJ NON-NDWELLG BLADDER CATHETER	fee schedule	316.4
facility	outpatient	CPT/HCP…	51702	PR INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	fee schedule	316.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	51703	PR INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	fee schedule	387.0
facility	outpatient	CPT/HCP…	51705	PR CHANGE CYSTOSTOMY TUBE SIMPLE	fee schedule	612.2
facility	outpatient	CPT/HCP…	51710	PR CHANGE CYSTOSTOMY TUBE COMPLICATED	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	51715	PR NDSC NJX IMPLT MATRL URT&/BLDR NCK	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51720	PR BLADDER INSTILLATION ANTICARCINOGENIC AGENT	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	51725	PR SIMPLE CYSTOMETROGRAM	fee schedule	612.2
facility	outpatient	CPT/HCP…	51726	PR BLADDER PRESSURE MEASUREMENT DURING FILLING	fee schedule	612.2
facility	outpatient	CPT/HCP…	51727	PR COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	51728	PR COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	51729	PR COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	51736	PR SIMPLE UROFLOMETRY	fee schedule	316.4
facility	outpatient	CPT/HCP…	51741	PR COMPLEX UROFLOMETRY	fee schedule	777.6
facility	outpatient	CPT/HCP…	51784	PR EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	fee schedule	387.0
facility	outpatient	CPT/HCP…	51785	PR NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	fee schedule	612.2
facility	outpatient	CPT/HCP…	51792	PR STIMULUS EVOKED RESPONSE	fee schedule	151.5
facility	outpatient	CPT/HCP…	51798	PR MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	fee schedule	151.5
facility	outpatient	CPT/HCP…	51845	PR ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	51860	PR CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	51880	PR CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	51990	PR LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	51992	PR LAPAROSCOPY SLING OPERATION STRESS INCONT	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	51999	PR UNLISTED LAPAROSCOPY PROCEDURE BLADDER	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	52000	PR CYSTOURETHROSCOPY	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	52001	PR CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52005	PR CYSTO BLADDER W/URETERAL CATHETERIZATION	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52007	PR CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52010	PR CYSTO W/EJACULATORY DUCT CATHETERIZATION	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	52204	PR CYSTOURETHROSCOPY WITH BIOPSY	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52214	PR CYSTO W/DESTRUCTION OF LESIONS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52224	PR CYSTO W/REMOVAL OF LESIONS SMALL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52234	PR CYSTO W/REMOVAL OF TUMORS SMALL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52235	PR CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52240	PR CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52250	PR CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52260	PR CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52265	PR CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52270	PR CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52275	PR CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52276	PR CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52277	PR CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52281	PR CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52282	PR CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52283	PR CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52284	PR CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52285	PR CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	52287	PR CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52290	PR CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52300	PR CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52301	PR CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52305	PR CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52310	PR CYSTO W/SIMPLE REMOVAL STONE & STENT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52315	PR CYSTO W/COMPLEX REMOVAL STONE & STENT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	52317	PR LITHOLAPAXY SMPL/SM <2.5 CM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52318	PR LITHOLAPAXY COMP/LG > 2.5 CM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52320	PR CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52325	PR CYSTO FRAGMENTATION URETERAL STONE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52327	PR CYSTO W/SUBURTRIC NJX IMPLT MATRL	fee schedule	12,818.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	52330	PR CYSTO MANJ W/O RMVL URETERAL STONE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52332	PR CYSTO W/INSERT URETERAL STENT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52334	PR CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52341	PR CYSTO W/TX URETERAL STRICTURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52342	PR CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52343	PR CYSTO W/TX INTRA-RENAL STRICTURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52344	PR CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52345	PR CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52346	PR CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52351	PR CYSTO W/URTROSCOPY&/PYELOSCOPY DX	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52352	PR CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52353	PR CYSTO W/URETEROSCOPY W/LITHOTRIPSY	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52354	PR CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52355	PR CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52356	PR CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52400	PR CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52402	PR CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52450	PR TRANSURETHRAL INCISION PROSTATE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52500	PR TRANSURETHRAL RESECTION BLADDER NECK	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52601	PR TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52630	PR TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52640	PR TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	52647	PR LASER COAGULATION OF PROSTATE FOR URINE FLOW	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52648	PR LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52649	PR LASER ENUCLEATION PROSTATE W/MORCELLATION	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	52700	PR TRURL DRAINAGE PROSTATIC ABSCESS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53000	PR URTT/URTS XTRNL SPX PENDULOUS URETHRA	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53010	PR URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53020	PR MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53025	PR MEATOTOMY CUTTING MEATUS SPX INFANT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53040	PR DRAINAGE DEEP PERIURETHRAL ABSCESS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53060	PR DRG OF SKENE'S GLAND ABSCESS OR CYST	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53080	PR DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	53085	PR DRG PERINEAL URINARY XTRVASATION COMPLIC	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53200	PR BIOPSY URETHRA	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53210	PR URETHRECTOMY TOT W/CYSTOST FEMALE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53215	PR URETHRECTOMY TOT W/CYSTOST MALE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53220	PR EXC/FULGURATION CARCINOMA URETHRA	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53230	PR EXC URETHRAL DIVERTICULUM SPX FEMALE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53235	PR EXC URETHRAL DIVERTICULUM SPX MALE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53240	PR MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53250	PR EXCISION OF BULBOURETHRAL GLAND	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53260	PR EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53265	PR EXC/FULGURATION URETHRAL CARUNCLE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53270	PR EXCISION OR FULGURATION SKENES GLANDS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53275	PR EXCISION/FULGURATION URETHRAL PROLAPSE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53400	PR URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53405	PR URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53410	PR URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53420	PR URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53425	PR URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53430	PR URETHROPLASTY RCNSTJ FEMALE URETHRA	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53431	PR URTP W/TUBULARIZATION POST URT&/LWR BLDR	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53440	PR SLING OPRATION CORRJ MALE URINARY INCONTINENCE	fee schedule	31,800.2
facility	outpatient	CPT/HCP…	53442	PR RMVL/REVJ SLING MALE URINARY INCONTINENCE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53444	PR INSERTION TANDEM CUFF	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	53445	PR INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	fee schedule	49,970.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	53446	PR REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53447	PR RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	53449	PR RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	53450	PR URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53451	PR PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	fee schedule	31,800.2
facility	outpatient	CPT/HCP…	53452	PR PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	53453	PR PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53454	PR PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	fee schedule	612.2
facility	outpatient	CPT/HCP…	53460	PR URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53500	PR URETHROLSS TRVG SEC OPN W/CSTO	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53502	PR URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53505	PR URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53510	PR URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53515	PR URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53520	PR CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	53600	PR DILAT URETHRAL STRIX DILATOR MALE 1ST	fee schedule	612.2
facility	outpatient	CPT/HCP…	53601	PR DILAT URETHRAL STRIX DILATOR MALE SBSQ	fee schedule	316.4
facility	outpatient	CPT/HCP…	53605	PR DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53620	PR DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	53621	PR DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	fee schedule	612.2
facility	outpatient	CPT/HCP…	53660	PR DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	fee schedule	387.0
facility	outpatient	CPT/HCP…	53661	PR DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	fee schedule	316.4
facility	outpatient	CPT/HCP…	53665	PR DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53850	PR TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53852	PR TRURL DSTRJ PRSTATE TISS RF THERMOTH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53854	PR TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	53855	PR INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53860	PR TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	53899	PR UNLISTED PROCEDURE URINARY SYSTEM	fee schedule	612.2
facility	outpatient	CPT/HCP…	54000	PR SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54001	PR SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54015	PR I&D PENIS DEEP	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	54050	PR DSTRJ LESION PENIS SIMPLE CHEMICAL	fee schedule	987.8
facility	outpatient	CPT/HCP…	54055	PR DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	54056	PR DSTRJ LESION PENIS SIMPLE CRYOSURGERY	fee schedule	495.9
facility	outpatient	CPT/HCP…	54057	PR DSTRJ LESION PENIS SIMPLE LASER	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	54060	PR DSTRJ LESION PENIS SIMPLE SURG EXCISION	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	54065	PR DSTRJ LESION PENIS EXTENSIVE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	54100	PR BIOPSY PENIS SEPARATE PROCEDURE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	54105	PR BIOPSY PENIS DEEP STRUCTURES	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	54110	PR EXCISION OF PENILE PLAQUE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54111	PR EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54112	PR EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	54115	PR REMOVAL FOREIGN BODY DEEP PENILE TISSUE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	54120	PR AMPUTATION PENIS PARTIAL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54150	PR CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54160	PR CIRCUMCISION NEONATE	fee schedule	1,692.2
facility	outpatient	CPT/HCP…	54161	PR CIRCUMCISION AGE >28 DAYS	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54162	PR LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54163	PR REPAIR INCOMPLETE CIRCUMCISION	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54164	PR FRENULOTOMY PENIS	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54200	PR INJECTION PEYRONIE DISEASE	fee schedule	612.2
facility	outpatient	CPT/HCP…	54205	PR NJX PEYRONIE W/SURG EXPOS PLAQUE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54220	PR IRRIGATION CORPORA CAVERNOSA PRIAPISM	fee schedule	612.2
facility	outpatient	CPT/HCP…	54231	PR DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	fee schedule	612.2
facility	outpatient	CPT/HCP…	54235	PR NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	fee schedule	612.2
facility	outpatient	CPT/HCP…	54240	PR PENILE PLETHYSMOGRAPHY	fee schedule	777.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	54250	PR NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	fee schedule	612.2
facility	outpatient	CPT/HCP…	54300	PR PENIS STRAIGHTENING CHORDEE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54304	PR PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54308	PR URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54312	PR URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54316	PR URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	54318	PR URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54322	PR 1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54324	PR 1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54326	PR 1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54328	PR 1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54332	PR 1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54336	PR 1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54340	PR RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54344	PR RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	54348	PR RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54352	PR REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54360	PR PLASTIC RPR PENIS CORRECT ANGULATION	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54380	PR PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54385	PR PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54400	PR INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	fee schedule	31,800.2
facility	outpatient	CPT/HCP…	54401	PR INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	54405	PR INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	54406	PR RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54408	PR RPR COMPONENT INFLATABLE PENILE PROSTHESIS	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54410	PR RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	54411	PR RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	54415	PR RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54416	PR RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	fee schedule	49,970.7
facility	outpatient	CPT/HCP…	54417	PR RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	fee schedule	31,800.2
facility	outpatient	CPT/HCP…	54420	PR CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54435	PR CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54437	PR REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54440	PR PLASTIC OPERATION PENIS INJURY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54450	PR FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	fee schedule	612.2
facility	outpatient	CPT/HCP…	54500	PR BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	54505	PR BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54512	PR EXC XTRPARENCHYMAL LESION TESTIS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54520	PR ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54522	PR ORCHIECTOMY PARTIAL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54530	PR ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	54535	PR ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54550	PR EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	54560	PR EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54600	PR RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54620	PR FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54640	PR ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	54650	PR ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	54660	PR INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	54670	PR SUTURE/REPAIR TESTICULAR INJURY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54680	PR TRANSPLANTATION TESTIS TO THIGH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54690	PR LAPAROSCOPY SURGICAL ORCHIECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	54692	PR LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	54699	PR UNLISTED LAPAROSCOPY PROCEDURE TESTIS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	54700	PR I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54800	PR BIOPSY EPIDIDYMIS NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	54830	PR EXCISION LOCAL LESION EPIDIDYMIS	fee schedule	8,636.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	54840	PR EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54860	PR EPIDIDYMECTOMY UNILATERAL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54861	PR EPIDIDYMECTOMY BILATERAL	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54865	PR EXPLORATION EPIDIDYMIS W/WO BIOPSY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	54900	PR EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	54901	PR EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55000	PR PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	55040	PR EXCISION HYDROCELE UNILATERAL	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	55041	PR EXCISION HYDROCELE BILATERAL	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	55060	PR RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55100	PR DRAINAGE SCROTAL WALL ABSCESS	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	55110	PR SCROTAL EXPLORATION	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55120	PR REMOVAL FOREIGN BODY SCROTUM	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	55150	PR RESECTION SCROTUM	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55175	PR SCROTOPLASTY SIMPLE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55180	PR SCROTOPLASTY COMPLICATED	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	55200	PR VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55250	PR VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	55400	PR VASOVASOSTOMY VASOVASORRHAPHY	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55500	PR EXC HYDROCELE SPRMATIC CORD UNI SPX	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55520	PR EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55530	PR EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55535	PR EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	fee schedule	18,741.9
facility	outpatient	CPT/HCP…	55540	PR EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	fee schedule	8,570.5
facility	outpatient	CPT/HCP…	55550	PR LAPS LIGATION SPERMATIC VEINS VARICOCELE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	55559	PR UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	55600	PR VESICULOTOMY	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	55680	PR EXCISION MULLERIAN DUCT CYST	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55700	PR PROSTATE NEEDLE BIOPSY ANY APPROACH	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	55705	PR BIOPSY PROSTATE INCISIONAL ANY APPROACH	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55706	PR BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55720	PR PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55725	PR PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	55860	PR EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	55866	PR LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	55867	PR LAPS SURG PRST8ECT SMPL STOT ROBOTIC ASSISTANCE	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	55870	PR ELECTROEJACULATION	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	55873	PR CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	55874	PR TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	55875	PR TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	55876	PR PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	55880	PR TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	55899	PR UNLISTED PROCEDURE MALE GENITAL SYSTEM	fee schedule	612.2
facility	outpatient	CPT/HCP…	55920	PR PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	55970	PR INTERSEX SURG MALE FEMALE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	55980	PR INTERSEX SURG FEMALE MALE	fee schedule	8,636.1
facility	outpatient	CPT/HCP…	56405	PR I&D VULVA/PERINEAL ABSCESS	fee schedule	794.7
facility	outpatient	CPT/HCP…	56420	PR I&D OF BARTHOLINS GLAND ABSCESS	fee schedule	493.6
facility	outpatient	CPT/HCP…	56440	PR MARSUPIALIZATION BARTHOLINS GLAND CYST	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56441	PR LYSIS LABIAL ADHESIONS	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56442	PR HYMENOTOMY SIMPLE INCISION	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56501	PR DESTRUCTION LESIONS VULVA SIMPLE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	56515	PR DESTRUCTION LESIONS VULVA EXTENSIVE	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	56605	PR BIOPSY VULVA/PERINEUM 1 LESION SPX	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	56620	PR VULVECTOMY SIMPLE PARTIAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56625	PR VULVECTOMY SIMPLE COMPLETE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56700	PR PRTL HYMENECTOMY/REVJ HYMENAL RING	fee schedule	7,744.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	56740	PR EXC BARTHOLINS GLAND/CYST	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56800	PR PLASTIC REPAIR INTROITUS	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56805	PR CLITOROPLASTY INTERSEX STATE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56810	PR PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	56820	PR COLPOSCOPY VULVA	fee schedule	493.6
facility	outpatient	CPT/HCP…	56821	PR COLPOSCOPY VULVA W/BIOPSY	fee schedule	794.7
facility	outpatient	CPT/HCP…	57000	PR COLPOTOMY W/EXPLORATION	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57010	PR COLPOTOMY W/DRAINAGE PELVIC ABSCESS	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57020	PR COLPOCENTESIS SEPARATE PROCEDURE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57022	PR I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	57023	PR I&D VAGINAL HEMATOMA NON-OBSTETRICAL	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	57061	PR DESTRUCTION VAGINAL LESIONS SIMPLE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57065	PR DESTRUCTION VAGINAL LESIONS EXTENSIVE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57100	PR BIOPSY VAGINAL MUCOSA SIMPLE	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	57105	PR BIOPSY VAGINAL MUCOSA EXTENSIVE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57106	PR VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57107	PR VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57109	PR VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57120	PR COLPOCLEISIS LE FORT TYPE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57130	PR EXCISION VAGINAL SEPTUM	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57135	PR EXCISION VAGINAL CYST/TUMOR	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57150	PR IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	fee schedule	151.5
facility	outpatient	CPT/HCP…	57155	PR INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57156	PR INSERTION VAGINAL RADIATION DEVICE	fee schedule	794.7
facility	outpatient	CPT/HCP…	57160	PR FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	fee schedule	493.6
facility	outpatient	CPT/HCP…	57170	PR DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	fee schedule	493.6
facility	outpatient	CPT/HCP…	57180	PR INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	fee schedule	493.6
facility	outpatient	CPT/HCP…	57200	PR COLPORRHAPHY SUTURE INJURY VAGINA	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57210	PR COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57220	PR PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57230	PR PLASTIC REPAIR URETHROCELE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57240	PR ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57250	PR POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57260	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57265	PR CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57268	PR REPAIR ENTEROCELE VAGINAL APPROACH SPX	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57282	PR COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57283	PR COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57284	PR PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57285	PR PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57287	PR RMVL/REVJ SLING STRESS INCONTINENCE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57288	PR SLING OPERATION STRESS INCONTINENCE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57289	PR PEREYRA PX W/ANTERIOR COLPORRHAPHY	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57291	PR CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57292	PR CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57295	PR REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57300	PR CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57310	PR CLOSURE URETHROVAGINAL FISTULA	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57320	PR CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57330	PR CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57335	PR VAGINOPLASTY INTERSEX STATE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57400	PR DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57410	PR PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57415	PR REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57420	PR COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	fee schedule	794.7
facility	outpatient	CPT/HCP…	57421	PR COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	57423	PR PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	fee schedule	25,500.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	57425	PR LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	57426	PR REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	57452	PR COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	fee schedule	493.6
facility	outpatient	CPT/HCP…	57454	PR COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	fee schedule	794.7
facility	outpatient	CPT/HCP…	57455	PR COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	fee schedule	794.7
facility	outpatient	CPT/HCP…	57456	PR COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	fee schedule	794.7
facility	outpatient	CPT/HCP…	57460	PR COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57461	PR COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57500	PR BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	57505	PR ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	57510	PR CAUTERY CERVIX ELECTRO/THERMAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57511	PR CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	fee schedule	794.7
facility	outpatient	CPT/HCP…	57513	PR CAUTERY CERVIX LASER ABLATION	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57520	PR CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57522	PR CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57530	PR TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57550	PR EXCISION CERVICAL STUMP VAGINAL APPROACH	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57555	PR EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57556	PR EXC CRV STUMP VAG APPR W/RPR NTRCL	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	57558	PR DILATION & CURETTAGE CERVICAL STUMP	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57700	PR CERCLAGE UTERINE CERVIX NONOBSTETRICAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57720	PR TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	57800	PR DILATION CERVICAL CANAL INSTRUMENTAL SPX	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58100	PR ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	fee schedule	493.6
facility	outpatient	CPT/HCP…	58120	PR DILATION & CURETTAGE DX&/THER NONOBSTETRIC	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58145	PR MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58260	PR VAGINAL HYSTERECTOMY UTERUS 250 GM/<	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58262	PR VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58263	PR VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58270	PR VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58290	PR VAGINAL HYSTERECTOMY UTERUS > 250 GM	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	58291	PR VAG HYST > 250 GM RMVL TUBE&/OVARY	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58292	PR VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	58294	PR VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58301	PR REMOVAL INTRAUTERINE DEVICE IUD	fee schedule	794.7
facility	outpatient	CPT/HCP…	58321	PR ARTIFICIAL INSEMINATION INTRA-CERVICAL	fee schedule	794.7
facility	outpatient	CPT/HCP…	58322	PR ARTIFICIAL INSEMINATION INTRA-UTERINE	fee schedule	493.6
facility	outpatient	CPT/HCP…	58323	PR SPERM WASHING ARTIFICIAL INSEMINATION	fee schedule	493.6
facility	outpatient	CPT/HCP…	58345	PR TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58346	PR INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58350	PR CHROMOTUBATION OVIDUCT W/MATERIALS	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58353	PR ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58356	PR ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58541	PR LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58542	PR LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58543	PR LAPS SUPRACERVICAL HYSTERECTOMY >250	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58544	PR LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58545	PR LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58546	PR LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58550	PR LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58552	PR LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58553	PR LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58554	PR LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58555	PR HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58558	PR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58559	PR HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58560	PR HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	fee schedule	12,321.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	58561	PR HYSTEROSCOPY REMOVAL LEIOMYOMATA	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58562	PR HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58563	PR HYSTEROSCOPY ENDOMETRIAL ABLATION	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58565	PR HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58570	PR LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58571	PR LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58572	PR LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58573	PR LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58578	PR UNLISTED LAPAROSCOPY PROCEDURE UTERUS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58579	PR UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	fee schedule	493.6
facility	outpatient	CPT/HCP…	58580	PR TRANSCERVICAL ABLATION UTERINE FIBROID RF	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	58600	PR LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58615	PR OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58660	PR LAPAROSCOPY W/LYSIS OF ADHESIONS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58661	PR LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58662	PR LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58670	PR LAPAROSCOPY FULGURATION OVIDUCTS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58671	PR LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58672	PR LAPAROSCOPY FIMBRIOPLASTY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58673	PR LAPAROSCOPY SALPINGOSTOMY	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58674	PR LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	58679	PR UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	58770	PR SALPINGOSTOMY	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58800	PR DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58805	PR DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58820	PR DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58900	PR BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	58920	PR WEDGE RESCJ/BISCTJ OVARY UNI/BI	fee schedule	18,719.5
facility	outpatient	CPT/HCP…	58925	PR OVARIAN CYSTECTOMY UNI/BI	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	58970	PR FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	58974	PR EMBRYO TRANSFER INTRAUTERINE	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	58976	PR GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	fee schedule	794.7
facility	outpatient	CPT/HCP…	58999	PR UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	fee schedule	493.6
facility	outpatient	CPT/HCP…	59000	PR AMNIOCENTESIS DIAGNOSIC	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	59001	PR AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	fee schedule	794.7
facility	outpatient	CPT/HCP…	59012	PR CORDOCENTESIS INTRAUTERINE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59015	PR CHORIONIC VILLUS SAMPLING	fee schedule	1,991.5
facility	outpatient	CPT/HCP…	59020	PR FETAL CONTRACTION STRESS TEST	fee schedule	493.6
facility	outpatient	CPT/HCP…	59025	PR FETAL NONSTRESS TEST	fee schedule	493.6
facility	outpatient	CPT/HCP…	59030	PR FETAL SCALP BLOOD SAMPLING	fee schedule	794.7
facility	outpatient	CPT/HCP…	59070	PR TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59072	PR FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59074	PR FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59076	PR FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59100	PR HYSTEROTOMY ABDOMINAL	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	59150	PR LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	59151	PR LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	59160	PR CURETTAGE POSTPARTUM	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59200	PR INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	fee schedule	794.7
facility	outpatient	CPT/HCP…	59300	PR EPISIOTOMY/VAG RPR OTH/THN ATTENDING	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59320	PR CERCLAGE CERVIX PREGNANCY VAGINAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59409	PR VAGINAL DELIVERY ONLY	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59412	PR EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59414	PR DELIVERY PLACENTA SEPARATE PROCEDURE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59612	PR VAGINAL DELIVERY AFTER CESAREAN DELIVERY	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59812	PR TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59820	PR TX MISSED ABORTION FIRST TRIMESTER SURGICAL	fee schedule	7,744.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	59821	PR TX MISSED ABORTION SECOND TRIMESTER SURGICAL	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59840	PR INDUCED ABORTION DILATION AND CURETTAGE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59841	PR INDUCED ABORTION DILATION & EVACUATION	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59866	PR MULTIFETAL PREGNANCY REDUCTION	fee schedule	794.7
facility	outpatient	CPT/HCP…	59870	PR UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59871	PR REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	fee schedule	7,744.8
facility	outpatient	CPT/HCP…	59897	PR UNLISTED FETAL INVASIVE PX W/ULTRASOUND	fee schedule	493.6
facility	outpatient	CPT/HCP…	59898	PR UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	59899	PR UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	fee schedule	493.6
facility	outpatient	CPT/HCP…	60000	PR I&D THYROGLOSSAL DUCT CYST INFECTED	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	60100	PR BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	60200	PR EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60210	PR PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60212	PR PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60220	PR TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60225	PR TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60240	PR THYROIDECTOMY TOTAL/COMPLETE	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60252	PR THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60260	PR THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60271	PR THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60280	PR EXCISION THYROGLOSSAL DUCT CYST/SINUS	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60281	PR EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60300	PR ASPIRATION AND/OR INJECTION THYROID CYST	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	60500	PR PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60502	PR PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60520	PR THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	60659	PR UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	60699	PR UNLISTED PROCEDURE ENDOCRINE SYSTEM	fee schedule	14,293.7
facility	outpatient	CPT/HCP…	61000	PR SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	61001	PR SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	61020	PR VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	61026	PR VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	61050	PR CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	fee schedule	733.7
facility	outpatient	CPT/HCP…	61055	PR CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	fee schedule	733.7
facility	outpatient	CPT/HCP…	61070	PR PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	61215	PR INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	61330	PR DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	61623	PR EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	61626	PR TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	61720	PR CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	61770	PR STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	61790	PR CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	61791	PR CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	61880	PR REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	61885	PR INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	61886	PR INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	61888	PR REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	61891	PR REVJ/RPLCMT SKULL-MNTD CRANIAL NSTIM PG/RECEIVER	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	61892	PR REMOVAL SKULL-MNTD CRANIAL NSTIM PG/RCVR W/CRNOP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	62000	PR ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	62194	PR RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	62225	PR RPLCMT/IRRIGATION VENTRICULAR CATHETER	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	62230	PR RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	62252	PR REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	fee schedule	739.9
facility	outpatient	CPT/HCP…	62263	PR PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62264	PR PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62267	PR PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	fee schedule	1,742.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	62268	PR PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62269	PR BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	62270	PR DIAGNOSTIC LUMBAR SPINAL PUNCTURE	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62272	PR THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62273	PR INJECTION EPIDURAL BLOOD/CLOT PATCH	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62280	PR INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62281	PR INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62282	PR INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62287	PR DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	62292	PR INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	62294	PR NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62302	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	62303	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	62304	PR MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	62305	PR MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	62320	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62321	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62322	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62323	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62324	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62325	PR NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62326	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62327	PR NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	62328	PR DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62329	PR THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	62350	PR IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	62351	PR IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	62355	PR RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	62360	PR IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	fee schedule	44,180.2
facility	outpatient	CPT/HCP…	62361	PR IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	fee schedule	44,180.2
facility	outpatient	CPT/HCP…	62362	PR IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	fee schedule	44,180.2
facility	outpatient	CPT/HCP…	62365	PR RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	62367	PR ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	fee schedule	739.9
facility	outpatient	CPT/HCP…	62368	PR ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	fee schedule	739.9
facility	outpatient	CPT/HCP…	62369	PR ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	fee schedule	739.9
facility	outpatient	CPT/HCP…	62370	PR ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	fee schedule	739.9
facility	outpatient	CPT/HCP…	62380	PR NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63001	PR LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63003	PR LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63005	PR LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63011	PR LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63012	PR LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63015	PR LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63016	PR LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63017	PR LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63020	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63030	PR LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63040	PR LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63042	PR LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63045	PR LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63046	PR LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63047	PR LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63055	PR TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63056	PR TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63064	PR COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63075	PR DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63265	PR LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	fee schedule	17,722.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	63266	PR LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63267	PR LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63268	PR LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	63600	PR CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	63610	PR STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	63650	PR PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	63655	PR LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	63661	PR RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	63662	PR RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	63663	PR REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	63664	PR REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	63685	PR INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRTJ&CONNJ	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	63688	PR REVJ/RMVL IMPL SPI NPG/RCVR DTCH CONNJ ELTRD RA	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	63741	PR CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	63744	PR RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	63746	PR RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64400	PR INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	fee schedule	733.7
facility	outpatient	CPT/HCP…	64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64408	PR INJECTION AA&/STRD VAGUS NERVE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64415	PR INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64416	PR INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64417	PR INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64418	PR INJECTION AA&/STRD SUPRASCAPULAR NERVE	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64420	PR INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64421	PR INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64425	PR INJECTION AA&/STRD ILIOINGUINAL IH NERVES	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64430	PR INJECTION AA&/STRD PUDENDAL NERVE	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64435	PR INJECTION AA&/STRD PARACERVICAL NERVE	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64445	PR INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64446	PR INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64447	PR INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64448	PR INJECTION AA&/STRD FEMORAL NERVE CONT NFS CATH	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64449	PR INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64450	PR INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64451	PR INJECTION AA&/STRD NERVES NRVTG SI JOINT W/IMG	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64454	PR INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64455	PR NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	fee schedule	733.7
facility	outpatient	CPT/HCP…	64461	PR PVB THORACIC SINGLE INJECTION SITE W/IMG GID	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64463	PR PVB THORACIC CONT CATHETER INFUSION W/IMG GID	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64479	PR NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64483	PR NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64490	PR NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64493	PR NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64505	PR INJECTION ANES AGENT SPHENOPALATINE GANGLION	fee schedule	733.7
facility	outpatient	CPT/HCP…	64510	PR NJX ANES STELLATE GANGLION CRV SYMPATHETIC	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64517	PR INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64520	PR INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64530	PR INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64553	PR PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	64555	PR PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	64561	PR PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	64566	PR POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64568	PR OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	64569	PR REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	64570	PR REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64575	PR OPEN IMPLANTATION NEA PERIPHERAL NERVE	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	64580	PR OPEN IMPLANTATION NEA NEUROMUSCULAR	fee schedule	54,191.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	64581	PR OPEN IMPLANTATION NEA SACRAL NERVE	fee schedule	16,942.3
facility	outpatient	CPT/HCP…	64582	PR OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	fee schedule	76,924.4
facility	outpatient	CPT/HCP…	64583	PR REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	64584	PR REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64585	PR REVJ/RMVL PERPH NEUROSTIMULATOR ELECTRODE ARRAY	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	64590	PR INS/RPLC PERPH SAC/GSTRC NPG/RCVR PCKT CRTJ&CONN	fee schedule	54,191.4
facility	outpatient	CPT/HCP…	64595	PR REV/RMV PRPH SAC/GSTRC NPG/RCV DTCH CONN ELTR RA	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	64596	PR INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA	fee schedule	33,745.3
facility	outpatient	CPT/HCP…	64598	PR REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM	fee schedule	8,428.9
facility	outpatient	CPT/HCP…	64600	PR DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64605	PR DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64610	PR DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64611	PR CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	fee schedule	733.7
facility	outpatient	CPT/HCP…	64612	PR CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	fee schedule	733.7
facility	outpatient	CPT/HCP…	64615	PR CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64616	PR CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	fee schedule	733.7
facility	outpatient	CPT/HCP…	64617	PR CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64620	PR DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64624	PR DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64625	PR RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64628	PR THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	64630	PR DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64632	PR DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64633	PR DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64635	PR DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64640	PR DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64642	PR CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64644	PR CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64646	PR CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64647	PR CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	64650	PR CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	fee schedule	733.7
facility	outpatient	CPT/HCP…	64653	PR CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	fee schedule	733.7
facility	outpatient	CPT/HCP…	64680	PR DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64681	PR DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	fee schedule	2,258.0
facility	outpatient	CPT/HCP…	64702	PR NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64704	PR NEUROPLASTY NERVE HAND/FOOT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64708	PR NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64712	PR NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64713	PR NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64714	PR NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64716	PR NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64718	PR NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64719	PR NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64721	PR NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64722	PR DECOMPRESSION UNSPECIFIED NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64726	PR DECOMPRESSION PLANTAR DIGITAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64732	PR TRANSECTION/AVULSION SUPRAORBITAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64734	PR TRANSECTION/AVULSION INFRAORBITAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64736	PR TRANSECTION/AVULSION MENTAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64738	PR TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64740	PR TRANSECTION/AVULSION LINGUAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64742	PR TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64744	PR TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64746	PR TRANSECTION/AVULSION PHRENIC NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64763	PR TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64766	PR TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64771	PR TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	fee schedule	4,783.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	64772	PR TRANSECTION/AVULSION OTH SPINAL NRV XDRL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64774	PR EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64776	PR EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64782	PR EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64784	PR EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64786	PR EXCISION NEUROMA SCIATIC NERVE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64788	PR EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64790	PR EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64792	PR EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64795	PR BIOPSY NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64802	PR SYMPATHECTOMY CERVICAL	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64804	PR SYMPATHECTOMY CERVICOTHORACIC	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64820	PR SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64821	PR SYMPATHECTOMY RADIAL ARTERY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	64822	PR SYMPATHECTOMY ULNAR ARTERY	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	64823	PR SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	64831	PR SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64834	PR SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64835	PR SUTURE 1 NERVE MEDIAN MOTOR THENAR	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64836	PR SUTURE 1 NERVE ULNAR MOTOR	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64840	PR SUTURE POSTERIOR TIBIAL NERVE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64856	PR SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64857	PR SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64858	PR SUTURE SCIATIC NERVE	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64861	PR SUTURE BRACHIAL PLEXUS	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	64862	PR SUTURE LUMBAR PLEXUS	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64864	PR SUTURE FACIAL NERVE EXTRACRANIAL	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64865	PR SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64885	PR NERVE GRAFT HEAD/NECK <4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64886	PR NERVE GRAFT HEAD/NECK >4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64890	PR NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64891	PR NERVE GRAFT 1 STRAND HAND/FOOT >4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64892	PR NERVE GRAFT 1 STRAND ARM/LEG <4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64893	PR NERVE GRAFT 1 STRAND ARM/LEG >4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64895	PR NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64896	PR NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64897	PR NERVE GRAFT MLT STRANDS ARM/LEG <4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64898	PR NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64905	PR NERVE PEDICLE TRANSFER FIRST STAGE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64907	PR NERVE PEDICAL TRANSFER SECOND STAGE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64910	PR NERVE REPAIR W/CONDUIT EACH NERVE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64911	PR NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64912	PR NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	fee schedule	16,502.1
facility	outpatient	CPT/HCP…	64999	PR UNLISTED PROCEDURE NERVOUS SYSTEM	fee schedule	733.7
facility	outpatient	CPT/HCP…	65091	PR EVISCERATION OCULAR CONTENTS W/O IMPLANT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65093	PR EVISCERATION OCULAR CONTENTS W/IMPLANT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65101	PR ENUCLEATION OF EYE W/O IMPLANT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65103	PR ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65105	PR ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65110	PR EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65112	PR EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65114	PR EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65125	PR MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65130	PR INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65135	PR INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65140	PR INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65150	PR REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	fee schedule	9,578.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	65155	PR REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65175	PR REMOVAL OCULAR IMPLANT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65205	PR REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	fee schedule	316.4
facility	outpatient	CPT/HCP…	65210	PR RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	fee schedule	987.0
facility	outpatient	CPT/HCP…	65220	PR RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	fee schedule	987.0
facility	outpatient	CPT/HCP…	65222	PR RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	fee schedule	316.4
facility	outpatient	CPT/HCP…	65235	PR RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65260	PR RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65265	PR RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65270	PR RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65272	PR RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65275	PR RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65280	PR RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	65285	PR RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	65286	PR RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65290	PR RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65400	PR EXCISION LESION CORNEA XCP PTERYGIUM	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	65410	PR BIOPSY CORNEA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65420	PR EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65426	PR EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65430	PR CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	fee schedule	987.0
facility	outpatient	CPT/HCP…	65435	PR RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	65436	PR RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65450	PR DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	fee schedule	721.7
facility	outpatient	CPT/HCP…	65600	PR MULTIPLE PUNCTURES ANTERIOR CORNEA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65710	PR KERATOPLASTY ANTERIOR LAMELLAR	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	65730	PR KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65750	PR KERATOPLASTY PENETRAING APHAKIA	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	65755	PR KERATOPLASTY PENETRATING PSEUDOPHAKIA	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65756	PR KERATOPLASTY ENDOTHELIAL	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65770	PR KERATOPROSTHESIS	fee schedule	30,711.0
facility	outpatient	CPT/HCP…	65772	PR CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	65775	PR CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	65778	PR PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	65779	PR PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65780	PR OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65781	PR OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	65782	PR OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	65785	PR IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65800	PR PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65810	PR PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65815	PR PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65820	PR GONIOTOMY	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65850	PR TRABECULOTOMY AB EXTERNO	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65855	PR TRABECULOPLASTY BY LASER SURGERY	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	65860	PR SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	65865	PR SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65870	PR SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65875	PR SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65880	PR SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	65900	PR RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65920	PR RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	65930	PR RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66020	PR INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66030	PR INJX ANTERIOR CHAMBER EYE MEDICATION SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66130	PR EXCISION LESION SCLERA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	66150	PR FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	fee schedule	10,072.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	66155	PR FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66160	PR FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66170	PR FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66172	PR FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66174	PR TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66175	PR TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	66179	PR AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	66180	PR AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66183	PR INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66184	PR REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66185	PR REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66225	PR REPAIR SCLERAL STAPHYLOMA W/GRAFT	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	66250	PR REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	66500	PR IRIDOTOMY STAB INC SPX XCP TRANSFIXION	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66505	PR IRIDOTOMY STAB INC SPX TRANSFIXION	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66600	PR IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66605	PR IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66625	PR IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66630	PR IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66635	PR IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66680	PR REPAIR IRIS CILIARY BODY	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66682	PR SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66700	PR CILIARY BODY DESTRUCTION DIATHERMY	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66710	PR CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	66711	PR ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66720	PR CILIARY BODY DESTRUCTION CRYOTHERAPY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	66740	PR CILIARY BODY DESTRUCTION CYCLODIALYSIS	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	66761	PR IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	66762	PR IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	66770	PR DSTRJ CYST/LESION IRIS/CILIARY BODY	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	66820	PR DISCISSION SECONDARY MEMBRANOUS CATARACT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66821	PR POST-CATARACT LASER SURGERY	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	66825	PR REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66830	PR RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66840	PR RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66850	PR RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66852	PR RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66920	PR RMVL LENS MATERIAL INTRACAPSULAR	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66930	PR REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66940	PR REMOVAL LENS MATERIAL EXTRACAPSULAR	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66982	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66983	PR ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66984	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66985	PR INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66986	PR EXCHANGE INTRAOCULAR LENS	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	66987	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66988	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	66989	PR XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	66991	PR XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	66999	PR UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67005	PR RMVL VITREOUS ANT APPR PARTIAL REMOVAL	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67010	PR RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67015	PR ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67025	PR INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67027	PR IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	fee schedule	39,099.9
facility	outpatient	CPT/HCP…	67028	PR INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	fee schedule	839.0
facility	outpatient	CPT/HCP…	67030	PR DISCISSION VITREOUS STRANS PARS PLANA APPROACH	fee schedule	5,772.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	67031	PR SEVERING VITREOUS STRANS LASER 1/> STAGES	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67036	PR VITRECTOMY MECHANICAL PARS PLANA	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67039	PR VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67040	PR VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67041	PR VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67042	PR VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67043	PR VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67101	PR RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67105	PR RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67107	PR REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67108	PR RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67110	PR RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67113	PR RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	fee schedule	12,947.5
facility	outpatient	CPT/HCP…	67115	PR RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67120	PR RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67121	PR RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67141	PR PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	fee schedule	721.7
facility	outpatient	CPT/HCP…	67145	PR PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67208	PR DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	fee schedule	721.7
facility	outpatient	CPT/HCP…	67210	PR DSTRJ LOCLZD LESION RETINA 1/> SESS PC	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67218	PR DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67220	PR DSTRJ LESION CHOROID PC 1/> SESS	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67221	PR DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67227	PR DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67228	PR TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67229	PR EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	67250	PR SCLERAL REINFORCEMENT SPX W/O GRAFT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67255	PR SCLERAL REINFORCEMENT SPX W/GRAFT	fee schedule	10,072.1
facility	outpatient	CPT/HCP…	67299	PR UNLISTED PROCEDURE POSTERIOR SEGMENT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	67311	PR STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67312	PR STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67314	PR STRABISMUS RECESSION/RESCJ 1 VER MUSC	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67316	PR STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67318	PR STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67343	PR RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67345	PR CHEMODENERVATION EXTRAOCULAR MUSCLE	fee schedule	721.7
facility	outpatient	CPT/HCP…	67346	PR BIOPSY EXTRAOCULAR MUSCLE	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67399	PR UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	fee schedule	721.7
facility	outpatient	CPT/HCP…	67400	PR ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67405	PR ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67412	PR ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67413	PR ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67414	PR ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67415	PR FINE NEEDLE ASPIRATION ORBITAL CONTENTS	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67420	PR ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67430	PR ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67440	PR ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67445	PR ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67450	PR ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67500	PR RETROBULBAR INJECTION MEDICATION SPX	fee schedule	721.7
facility	outpatient	CPT/HCP…	67505	PR RETROBULBAR INJECTION ALCOHOL	fee schedule	721.7
facility	outpatient	CPT/HCP…	67515	PR INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	fee schedule	721.7
facility	outpatient	CPT/HCP…	67516	PR SUPRACHOROIDAL SPACE NJX PHARMACOLOGIC AGENT	fee schedule	839.0
facility	outpatient	CPT/HCP…	67550	PR ORBITAL IMPLANT INSERTION	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67560	PR ORBITAL IMPLANT REMOVAL/REVISION	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67570	PR OPTIC NERVE DECOMPRESSION	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67599	PR UNLISTED PROCEDURE ORBIT	fee schedule	721.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	67700	PR BLEPHAROTOMY DRAINAGE ABSCESS EYELID	fee schedule	721.7
facility	outpatient	CPT/HCP…	67710	PR SEVERING TARSORRHAPHY	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67715	PR CANTHOTOMY SEPARATE PROCEDURE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67800	PR EXCISION CHALAZION SINGLE	fee schedule	721.7
facility	outpatient	CPT/HCP…	67801	PR EXCISION CHALAZION MULTIPLE SAME LID	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67805	PR EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	fee schedule	721.7
facility	outpatient	CPT/HCP…	67808	PR EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67810	PR INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	fee schedule	721.7
facility	outpatient	CPT/HCP…	67820	PR CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	fee schedule	316.4
facility	outpatient	CPT/HCP…	67825	PR CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	fee schedule	721.7
facility	outpatient	CPT/HCP…	67830	PR CORRECTION TRICHIASIS INCCISION LID MARGIN	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67835	PR CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67840	PR EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67850	PR DESTRUCTION LESION LID MARGIN < 1 CM	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67875	PR TEMPORARY CLOSURE EYELIDS SUTURE	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	67880	PR CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67882	PR CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67900	PR REPAIR BROW PTOSIS	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67901	PR RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67902	PR RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67903	PR RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67904	PR RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67906	PR RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67908	PR RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67909	PR REDUCTION OVERCORRECTION PTOSIS	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67911	PR CORRECTION LID RETRACTION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67912	PR CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67914	PR REPAIR ECTROPION SUTURE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67915	PR REPAIR ECTROPION THERMOCAUTERIZATION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67916	PR REPAIR ECTROPION EXCISION TARSAL WEDGE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67917	PR REPAIR ECTROPION EXTENSIVE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67921	PR REPAIR ENTROPION SUTURE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67922	PR REPAIR ENTROPION THERMOCAUTERIZATION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67923	PR REPAIR ENTROPION EXCISION TARSAL WEDGE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67924	PR REPAIR ENTROPION EXTENSIVE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67930	PR SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67935	PR SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67938	PR REMOVAL EMBEDDED FOREIGN BODY EYELID	fee schedule	721.7
facility	outpatient	CPT/HCP…	67950	PR CANTHOPLASTY	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67961	PR EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67966	PR EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67971	PR RCNSTJ EYELID FULL THICKNESS <TWO-THIRDS 1 STG	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67973	PR RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67974	PR RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	67975	PR RCNSTJ EYELID FULL THICKNESS SECOND STAGE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	67999	PR UNLISTED PROCEDURE EYELIDS	fee schedule	721.7
facility	outpatient	CPT/HCP…	68020	PR INCISION CONJUNCTIVA DRAINAGE OF CYST	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	68040	PR EXPRESSION CONJUNCTIVAL FOLLICLES	fee schedule	721.7
facility	outpatient	CPT/HCP…	68100	PR BIOPSY CONJUNCTIVA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68110	PR EXCISION LESION CONJUNCTIVA <1 CM	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68115	PR EXCISION LESION CONJUNCTIVA > 1 CM	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68130	PR EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68135	PR DESTRUCTION LESION CONJUNCTIVA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68200	PR SUBCONJUNCTIVAL INJECTION	fee schedule	987.0
facility	outpatient	CPT/HCP…	68320	PR CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68325	PR CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68326	PR CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	fee schedule	9,578.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	68328	PR CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68330	PR RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	fee schedule	5,772.9
facility	outpatient	CPT/HCP…	68335	PR RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68340	PR RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68360	PR CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68362	PR CONJUNCTIVAL FLAP TOTAL	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68371	PR HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68399	PR UNLISTED PROCEDURE CONJUNCTIVA	fee schedule	721.7
facility	outpatient	CPT/HCP…	68400	PR INCISION DRAINAGE LACRIMAL GLAND	fee schedule	2,508.1
facility	outpatient	CPT/HCP…	68420	PR INCISION DRAINAGE LACRIMAL SAC	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68440	PR SNIP INCISION LACRIMAL PUNCTUM	fee schedule	721.7
facility	outpatient	CPT/HCP…	68500	PR EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68505	PR EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68510	PR BIOPSY LACRIMAL GLAND	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68520	PR EXCISION LACRIMAL SAC	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68525	PR BIOPSY LACRIMAL SAC	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68530	PR RMVL FB/DACRYOLITH LACRIMAL PASSAGES	fee schedule	721.7
facility	outpatient	CPT/HCP…	68540	PR EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68550	PR EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68700	PR PLASTIC REPAIR CANALICULI	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68705	PR CORRECTION EVERTED PUNCTUM CAUTERY	fee schedule	721.7
facility	outpatient	CPT/HCP…	68720	PR DACRYOCSTORHINOSTOMY	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68745	PR CONJUNCTIVORHINOSTOMY W/O TUBE	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68750	PR CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	fee schedule	9,578.0
facility	outpatient	CPT/HCP…	68760	PR CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	fee schedule	721.7
facility	outpatient	CPT/HCP…	68761	PR CLSR LACRIMAL PUNCTUM PLUG EACH	fee schedule	721.7
facility	outpatient	CPT/HCP…	68770	PR CLOSURE LACRIMAL FISTULA SPX	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68801	PR DILATION LACRIMAL PUNCTUM W/WO IRRGATION	fee schedule	987.0
facility	outpatient	CPT/HCP…	68810	PR PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	fee schedule	721.7
facility	outpatient	CPT/HCP…	68811	PR PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68815	PR PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68816	PR PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68840	PR PROBE LACRIMAL CANALICULI W/WO IRRIGATION	fee schedule	721.7
facility	outpatient	CPT/HCP…	68841	PR INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	68899	PR UNLISTED PROCEDURE LACRIMAL SYSTEM	fee schedule	721.7
facility	outpatient	CPT/HCP…	69000	PR DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	69005	PR DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	69020	PR DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	69100	PR BIOPSY EXTERNAL EAR	fee schedule	605.1
facility	outpatient	CPT/HCP…	69105	PR BIOPSY EXTERNAL AUDITORY CANAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69110	PR EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	69120	PR EXCISION EXTERNAL EAR COMPLETE AMPUTATION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69140	PR EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69145	PR EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	fee schedule	7,039.1
facility	outpatient	CPT/HCP…	69150	PR RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69200	PR RMVL FB XTRNL AUDITORY CANAL W/O ANES	fee schedule	316.4
facility	outpatient	CPT/HCP…	69205	PR RMVL FB XTRNL AUDITORY CANAL ANES	fee schedule	4,016.4
facility	outpatient	CPT/HCP…	69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	fee schedule	151.5
facility	outpatient	CPT/HCP…	69210	PR REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	fee schedule	151.5
facility	outpatient	CPT/HCP…	69220	PR DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	fee schedule	495.9
facility	outpatient	CPT/HCP…	69222	PR DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	69300	PR OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69310	PR RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69320	PR RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69399	PR UNLISTED PROCEDURE EXTERNAL EAR	fee schedule	605.1
facility	outpatient	CPT/HCP…	69420	PR MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	fee schedule	605.1
facility	outpatient	CPT/HCP…	69421	PR MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	fee schedule	7,975.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	69424	PR VENTILATING TUBE RMVL REQUIRING GENERAL ANES	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69433	PR TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	69436	PR TYMPANOSTOMY GENERAL ANESTHESIA	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69440	PR MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69450	PR TYMPANOLYSIS TRANSCANAL	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69501	PR TRANSMASTOID ANTROTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69502	PR MASTOIDECTOMY COMPLETE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69505	PR MASTOIDECTOMY MODIFIED RADICAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69511	PR MASTOIDECTOMY RADICAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69530	PR PETROUS APICECTOMY RADICAL MASTOIDECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69540	PR EXCISION AURAL POLYP	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69550	PR EXCISION AURAL GLOMUS TUMOR TRANSCANAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69552	PR EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69601	PR REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69602	PR REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69603	PR REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69604	PR REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69610	PR TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69620	PR MYRINGOPLASTY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69631	PR TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69632	PR TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69633	PR TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69635	PR TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69636	PR TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69637	PR TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69641	PR TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69642	PR TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69643	PR TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69644	PR TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69645	PR TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69646	PR TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69650	PR STAPES MOBILIZATION	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69660	PR STAPEDECTOMY/STAPEDOTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69661	PR STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69662	PR REVISION STAPEDECTOMY/STAPEDOTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69666	PR REPAIR OVAL WINDOW FISTULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69667	PR REPAIR ROUND WINDOW FISTULA	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69670	PR MASTOID OBLITERATION SEPARATE PROCEDURE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69676	PR TYMPANIC NEURECTOMY	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69700	PR CLOSURE POSTAURICULAR FISTULA MASTOID SPX	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69705	PR SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69706	PR SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69711	PR RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69714	PR IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	69716	PR IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	69717	PR RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	69719	PR RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	69720	PR DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69725	PR DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69726	PR REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	69727	PR REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	69728	PR RMVL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP>=100	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	69729	PR IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	69730	PR RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP>=100	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	69740	PR SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69745	PR SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69799	PR UNLISTED PROCEDURE MIDDLE EAR	fee schedule	605.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	69801	PR LABYRINTHOTOMY TRANSCANAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	69805	PR ENDOLYMPHATIC SAC W/O SHUNT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69806	PR ENDOLYMPHATIC SAC SHUNT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69905	PR LABYRINTHECTOMY TRANSCANAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69910	PR LABYRINTHECTOMY W/MASTOIDECTOMY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69915	PR VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	69930	PR COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	fee schedule	83,073.6
facility	outpatient	CPT/HCP…	69949	PR UNLISTED PROCEDURE INNER EAR	fee schedule	605.1
facility	outpatient	CPT/HCP…	69955	PR TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69960	PR DECOMPRESSION INTERNAL AUDITORY CANAL	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69970	PR REMOVAL TUMOR TEMPORAL BONE	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	69979	PR UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	fee schedule	605.1
facility	outpatient	CPT/HCP…	70010	PR MYELOGRAPY POST FOSSA RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	70015	PR CISTERNOGRAPHY POSITIVE CONTRAST RS&I	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	70030	PR RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	fee schedule	225.1
facility	outpatient	CPT/HCP…	70100	PR RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70110	PR RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	70120	PR RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	fee schedule	272.4
facility	outpatient	CPT/HCP…	70130	PR RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	fee schedule	272.4
facility	outpatient	CPT/HCP…	70134	PR RADEX INTERNAL AUDITORY MEATI COMPLETE	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	70140	PR RADEX FACIAL BONES < 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70150	PR RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	70160	PR RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70170	PR DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	70190	PR RADEX OPTIC FORAMINA	fee schedule	225.1
facility	outpatient	CPT/HCP…	70200	PR RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	70210	PR RADEX SINUSES PARANASAL <3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70220	PR RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70240	PR RADIOLOGIC EXAMINATION SELLA TURCICA	fee schedule	225.1
facility	outpatient	CPT/HCP…	70250	PR RADIOLOGIC EXAMINATION SKULL 4< VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	70260	PR RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	70300	PR RADIOLOGIC EXAMINATION TEETH 1 VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	70310	PR RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	fee schedule	607.0
facility	outpatient	CPT/HCP…	70320	PR RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	fee schedule	607.0
facility	outpatient	CPT/HCP…	70328	PR RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	fee schedule	225.1
facility	outpatient	CPT/HCP…	70330	PR RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	fee schedule	225.1
facility	outpatient	CPT/HCP…	70332	PR TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	70336	PR MRI TEMPOROMANDIBULAR JOINT	fee schedule	607.0
facility	outpatient	CPT/HCP…	70350	PR CEPHALOGRAM ORTHODONTIC	fee schedule	225.1
facility	outpatient	CPT/HCP…	70355	PR ORTHOPANTOGRAM	fee schedule	225.1
facility	outpatient	CPT/HCP…	70360	PR RADIOLOGIC EXAMINATION NECK SOFT TISSUE	fee schedule	225.1
facility	outpatient	CPT/HCP…	70370	PR RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	fee schedule	225.1
facility	outpatient	CPT/HCP…	70371	PR CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	fee schedule	607.0
facility	outpatient	CPT/HCP…	70380	PR RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	fee schedule	225.1
facility	outpatient	CPT/HCP…	70390	PR SIALOGRAPHY RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	70450	PR CT HEAD/BRAIN W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	70460	PR CT HEAD/BRAIN W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70470	PR CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70480	PR CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	fee schedule	272.4
facility	outpatient	CPT/HCP…	70481	PR CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70482	PR CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	fee schedule	455.2
facility	outpatient	CPT/HCP…	70486	PR CT MAXILLOFACIAL W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	70487	PR CT MAXILLOFACIAL W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70488	PR CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70490	PR CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	70491	PR CT SOFT TISSUE NECK W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70492	PR CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	fee schedule	455.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	70496	PR CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	70498	PR CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	70540	PR MRI ORBIT FACE &/NECK W/O CONTRAST	fee schedule	607.0
facility	outpatient	CPT/HCP…	70542	PR MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70543	PR MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70544	PR MRA HEAD W/O CONTRST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	70545	PR MRA HEAD W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70546	PR MRA HEAD W/O & W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70547	PR MRA NECK W/O CONTRST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	70548	PR MRA NECK W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70549	PR MRA NECK W/O &W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70551	PR MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	70552	PR MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70553	PR MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	70554	PR MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	fee schedule	607.0
facility	outpatient	CPT/HCP…	70555	PR MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	fee schedule	607.0
facility	outpatient	CPT/HCP…	70557	PR MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	70558	PR MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	fee schedule	455.2
facility	outpatient	CPT/HCP…	70559	PR MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	71045	PR RADIOLOGIC EXAM CHEST SINGLE VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	71046	PR RADIOLOGIC EXAM CHEST 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	71047	PR RADIOLOGIC EXAM CHEST 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	71048	PR RADIOLOGIC EXAM CHEST 4+ VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	71100	PR RADEX RIBS UNILATERAL 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	71101	PR RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	71110	PR RADEX RIBS BILATERAL 3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	71111	PR RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	71120	PR RADEX STERNUM MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	71130	PR RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	71250	PR DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	fee schedule	272.4
facility	outpatient	CPT/HCP…	71260	PR DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	71270	PR DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	fee schedule	455.2
facility	outpatient	CPT/HCP…	71271	PR COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	fee schedule	272.4
facility	outpatient	CPT/HCP…	71275	PR CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	71550	PR MRI CHEST W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	71551	PR MRI CHEST W/CONTRAST MATERIAL	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	71552	PR MRI CHEST W/O & W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72020	PR RADEX SPINE 1 VIEW SPECIFY LEVEL	fee schedule	225.1
facility	outpatient	CPT/HCP…	72040	PR RADEX SPINE CERVICAL 2 OR 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	72050	PR RADEX SPINE CERVICAL 4 OR 5 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72052	PR RADEX SPINE CERVICAL 6 OR MORE VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72070	PR RADEX SPINE THORACIC 2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72072	PR RADEX SPINE THORACIC 3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72074	PR RADEX SPINE THORACIC MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72080	PR RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	72081	PR RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	fee schedule	225.1
facility	outpatient	CPT/HCP…	72082	PR RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	fee schedule	272.4
facility	outpatient	CPT/HCP…	72083	PR RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	fee schedule	272.4
facility	outpatient	CPT/HCP…	72084	PR RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	fee schedule	272.4
facility	outpatient	CPT/HCP…	72100	PR RADEX SPINE LUMBOSACRAL 2/3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72110	PR RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72114	PR RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	fee schedule	272.4
facility	outpatient	CPT/HCP…	72120	PR RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72125	PR CT CERVICAL SPINE W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	72126	PR CT CERVICAL SPINE W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72127	PR CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72128	PR CT THORACIC SPINE W/O CONTRAST MATERIAL	fee schedule	272.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	72129	PR CT THORACIC SPINE W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72130	PR CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72131	PR CT LUMBAR SPINE W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	72132	PR CT LUMBAR SPINE W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72133	PR CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72141	PR MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	72142	PR MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72146	PR MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	72147	PR MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72148	PR MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	72149	PR MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72156	PR MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72157	PR MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72158	PR MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72170	PR RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72190	PR RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72191	PR CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	72192	PR CT PELVIS W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	72193	PR CT PELVIS W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72194	PR CT PELVIS W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	72195	PR MRI PELVIS W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	72196	PR MRI PELVIS W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72197	PR MRI PELVIS W/O & W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	72200	PR RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72202	PR RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	72220	PR RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	72240	PR MYELOGRAPHY CERVICAL RS&I	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	72255	PR MYELOGRAPHY THORACIC RS&I	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	72265	PR MYELOGRAPY LUMBOSACRAL RS&I	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	72270	PR MYELOGRAPY 2/MORE REGIONS RS&I	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	72285	PR DISKOGRAPY CERVICAL/THORACIC RS&I	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	72295	PR DISKOGRAPY LUMBAR RS&I	fee schedule	4,783.0
facility	outpatient	CPT/HCP…	73000	PR RADEX CLAVICLE COMPLETE	fee schedule	225.1
facility	outpatient	CPT/HCP…	73010	PR RADEX SCAPULA COMPLETE	fee schedule	272.4
facility	outpatient	CPT/HCP…	73020	PR RADEX SHOULDER 1 VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	73030	PR RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73040	PR RADEX SHOULDER ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73050	PR RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	fee schedule	225.1
facility	outpatient	CPT/HCP…	73060	PR RADEX HUMERUS MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73070	PR RADEX ELBOW 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73080	PR RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73085	PR RADEX ELBOW ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73090	PR RADEX FOREARM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73092	PR RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73100	PR RADEX WRIST 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73110	PR RADEX WRIST COMPLETE MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73115	PR RADEX WRIST ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73120	PR RADEX HAND 2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73130	PR RADEX HAND MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73140	PR RADEX FINGR MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73200	PR CT UPPER EXTREMITY W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	73201	PR CT UPPER EXTREMITY W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	73202	PR CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	73206	PR CT ANGIOGRAPHY UPPER EXTREMITY	fee schedule	455.2
facility	outpatient	CPT/HCP…	73218	PR MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	73219	PR MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	73220	PR MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	fee schedule	952.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	73221	PR MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	73222	PR MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	73223	PR MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	73501	PR RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	73502	PR RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73503	PR RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73521	PR RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73522	PR RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73523	PR RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73525	PR RADEX HIP ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73551	PR RADIOLOGIC EXAMINATION FEMUR 1 VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	73552	PR RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73560	PR RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73562	PR RADIOLOGIC EXAMINATION KNEE 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73564	PR RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	73565	PR RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	fee schedule	225.1
facility	outpatient	CPT/HCP…	73580	PR RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73590	PR RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73592	PR RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73600	PR RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73610	PR RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73615	PR RADEX ANKLE ARTHROGRAPHY RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	73620	PR RADIOLOGIC EXAMINATION FOOT 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73630	PR RADEX FOOT COMPLETE MINIMUM 3 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73650	PR RADEX CALCANEUS MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73660	PR RADEX TOE MINIMUM 2 VIEWS	fee schedule	225.1
facility	outpatient	CPT/HCP…	73700	PR CT LOWER EXTREMITY W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	73701	PR CT LOWER EXTREMITY W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	73702	PR CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	fee schedule	455.2
facility	outpatient	CPT/HCP…	73706	PR CT ANGIOGRAPHY LOWER EXTREMITY	fee schedule	455.2
facility	outpatient	CPT/HCP…	73718	PR MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	73719	PR MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	73720	PR MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	fee schedule	952.7
facility	outpatient	CPT/HCP…	73721	PR MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	fee schedule	607.0
facility	outpatient	CPT/HCP…	73722	PR MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	73723	PR MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	fee schedule	952.7
facility	outpatient	CPT/HCP…	74018	PR RADIOLOGIC EXAM ABDOMEN 1 VIEW	fee schedule	225.1
facility	outpatient	CPT/HCP…	74019	PR RADIOLOGIC EXAM ABDOMEN 2 VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	74021	PR RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	fee schedule	272.4
facility	outpatient	CPT/HCP…	74022	PR RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	fee schedule	272.4
facility	outpatient	CPT/HCP…	74150	PR CT ABDOMEN W/O CONTRAST MATERIAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	74160	PR CT ABDOMEN W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	74170	PR CT ABDOMEN W/O & W/CONTRAST MATERIAL	fee schedule	455.2
facility	outpatient	CPT/HCP…	74174	PR CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	fee schedule	952.7
facility	outpatient	CPT/HCP…	74175	PR CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	74176	PR CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	74177	PR CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	74178	PR CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	fee schedule	952.7
facility	outpatient	CPT/HCP…	74181	PR MRI ABDOMEN W/O CONTRAST MATERIAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	74182	PR MRI ABDOMEN W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	74183	PR MRI ABDOMEN W/O & W/CONTRAST MATERIAL	fee schedule	952.7
facility	outpatient	CPT/HCP…	74190	PR PERITONEOGRAM RS&I	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	74210	PR RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74220	PR RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74221	PR RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74230	PR RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74240	PR RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	fee schedule	455.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	74246	PR RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74250	PR RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74251	PR RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74261	PR CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	fee schedule	272.4
facility	outpatient	CPT/HCP…	74262	PR CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	fee schedule	455.2
facility	outpatient	CPT/HCP…	74270	PR RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74280	PR RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74283	PR THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	fee schedule	455.2
facility	outpatient	CPT/HCP…	74290	PR CHOLECYSTOGRAPHY ORAL CONTRST	fee schedule	455.2
facility	outpatient	CPT/HCP…	74400	PR UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74410	PR UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	fee schedule	455.2
facility	outpatient	CPT/HCP…	74415	PR UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	fee schedule	455.2
facility	outpatient	CPT/HCP…	74420	PR UROGRAPHY RETROGRADE WITH/WO KUB	fee schedule	952.7
facility	outpatient	CPT/HCP…	74425	PR ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	fee schedule	952.7
facility	outpatient	CPT/HCP…	74430	PR CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	fee schedule	952.7
facility	outpatient	CPT/HCP…	74440	PR VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	74445	PR CORPORA CAVERNOSOGRAPY RS&I	fee schedule	272.4
facility	outpatient	CPT/HCP…	74450	PR URETHROCYSTOGRAPHY RETROGRADE RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	74455	PR URETHROCYSTOGRAPHY VOIDING RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	74470	PR RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	74485	PR DILATION URETERS/URETHRA RS&I	fee schedule	5,045.7
facility	outpatient	CPT/HCP…	74712	PR FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	fee schedule	607.0
facility	outpatient	CPT/HCP…	74740	PR HYSTEROSALPINGOGRAPHY RS&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	74775	PR PERINEOGRAM	fee schedule	607.0
facility	outpatient	CPT/HCP…	75557	PR CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	fee schedule	607.0
facility	outpatient	CPT/HCP…	75559	PR CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	75561	PR CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	fee schedule	952.7
facility	outpatient	CPT/HCP…	75563	PR CARDIAC MRI W/W/O CONTRAST W/STRESS	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	75571	PR CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	fee schedule	225.1
facility	outpatient	CPT/HCP…	75572	PR CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	fee schedule	455.2
facility	outpatient	CPT/HCP…	75573	PR CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	fee schedule	455.2
facility	outpatient	CPT/HCP…	75574	PR CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	fee schedule	455.2
facility	outpatient	CPT/HCP…	75580	PR N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	75600	PR AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75605	PR AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75625	PR AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75630	PR AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75635	PR CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	fee schedule	455.2
facility	outpatient	CPT/HCP…	75705	PR ANGIOGRAPHY SPINAL SELECTIVE RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75710	PR ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75716	PR ANGIOGRAPHY EXTREMITY BILATERAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75726	PR ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75731	PR ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75733	PR ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75736	PR ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75741	PR ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75743	PR ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75746	PR ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75756	PR ANGIOGRAPHY INTERNAL MAMMARY RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75801	PR LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	75803	PR LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	75805	PR LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75807	PR LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75809	PR SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	fee schedule	272.4
facility	outpatient	CPT/HCP…	75810	PR SPLENOPORTOGRAPY RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75820	PR VENOGRAPHY EXTREMITY UNILATERAL RS&I	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	75822	PR VENOGRAPHY EXTREMITY BILATERAL RS&I	fee schedule	3,967.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	75825	PR VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75827	PR VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	75831	PR VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75833	PR VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75840	PR VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75842	PR VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75860	PR VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75870	PR VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75872	PR VENOGRAPHY EPIDURAL RS&I	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	75880	PR VENOGRAPHY ORBITAL RS&I	fee schedule	1,556.2
facility	outpatient	CPT/HCP…	75885	PR PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75887	PR PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75889	PR HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75891	PR HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	75893	PR VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	fee schedule	13,613.4
facility	outpatient	CPT/HCP…	75898	PR ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	76000	PR FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	fee schedule	607.0
facility	outpatient	CPT/HCP…	76010	PR RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	fee schedule	225.1
facility	outpatient	CPT/HCP…	76080	PR RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	76098	PR RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	76100	PR RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	fee schedule	272.4
facility	outpatient	CPT/HCP…	76120	PR CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	fee schedule	272.4
facility	outpatient	CPT/HCP…	76145	PR MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	76380	PR CT LIMITED/LOCALIZED FOLLOW UP STUDY	fee schedule	225.1
facility	outpatient	CPT/HCP…	76390	PR MRI SPECTROSCOPY	fee schedule	225.1
facility	outpatient	CPT/HCP…	76391	PR MAGNETIC RESONANCE ELASTOGRAPHY	fee schedule	607.0
facility	outpatient	CPT/HCP…	76496	PR UNLISTED FLUOROSCOPIC PROCEDURE	fee schedule	225.1
facility	outpatient	CPT/HCP…	76497	PR UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	fee schedule	225.1
facility	outpatient	CPT/HCP…	76498	PR UNLISTED MAGNETIC RESONANCE PROCEDURE	fee schedule	225.1
facility	outpatient	CPT/HCP…	76499	PR UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	fee schedule	225.1
facility	outpatient	CPT/HCP…	76506	PR ECHOENCEPHALOGRAPHY REAL TIME IMAGING	fee schedule	272.4
facility	outpatient	CPT/HCP…	76510	PR OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	fee schedule	316.4
facility	outpatient	CPT/HCP…	76511	PR OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	fee schedule	272.4
facility	outpatient	CPT/HCP…	76512	PR OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	fee schedule	272.4
facility	outpatient	CPT/HCP…	76513	PR DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	fee schedule	272.4
facility	outpatient	CPT/HCP…	76514	PR OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	fee schedule	73.8
facility	outpatient	CPT/HCP…	76516	PR OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	fee schedule	272.4
facility	outpatient	CPT/HCP…	76519	PR OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	76529	PR OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	fee schedule	225.1
facility	outpatient	CPT/HCP…	76536	PR US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	fee schedule	272.4
facility	outpatient	CPT/HCP…	76604	PR US CHEST REAL TIME W/IMAGE DOCUMENTATION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76641	PR US BREAST UNI REAL TIME WITH IMAGE COMPLETE	fee schedule	272.4
facility	outpatient	CPT/HCP…	76642	PR US BREAST UNI REAL TIME WITH IMAGE LIMITED	fee schedule	225.1
facility	outpatient	CPT/HCP…	76700	PR US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76705	PR US ABDOMINAL REAL TIME W/IMAGE LIMITED	fee schedule	272.4
facility	outpatient	CPT/HCP…	76706	PR US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	fee schedule	272.4
facility	outpatient	CPT/HCP…	76770	PR US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	fee schedule	272.4
facility	outpatient	CPT/HCP…	76775	PR US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	fee schedule	272.4
facility	outpatient	CPT/HCP…	76776	PR US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	fee schedule	272.4
facility	outpatient	CPT/HCP…	76800	PR ULTRASOUND SPINAL CANAL & CONTENTS	fee schedule	272.4
facility	outpatient	CPT/HCP…	76801	PR US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	fee schedule	272.4
facility	outpatient	CPT/HCP…	76805	PR US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76811	PR US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	fee schedule	607.0
facility	outpatient	CPT/HCP…	76813	PR US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76815	PR US PREGNANT UTERUS LIMITED 1/> FETUSES	fee schedule	272.4
facility	outpatient	CPT/HCP…	76816	PR US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	fee schedule	272.4
facility	outpatient	CPT/HCP…	76817	PR US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	fee schedule	272.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	76818	PR FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	fee schedule	272.4
facility	outpatient	CPT/HCP…	76819	PR FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	fee schedule	272.4
facility	outpatient	CPT/HCP…	76820	PR DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	fee schedule	272.4
facility	outpatient	CPT/HCP…	76821	PR DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	fee schedule	272.4
facility	outpatient	CPT/HCP…	76825	PR ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	76826	PR ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	fee schedule	607.0
facility	outpatient	CPT/HCP…	76827	PR DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	fee schedule	272.4
facility	outpatient	CPT/HCP…	76828	PR DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	fee schedule	272.4
facility	outpatient	CPT/HCP…	76830	PR US TRANSVAGINAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	76831	PR SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	fee schedule	607.0
facility	outpatient	CPT/HCP…	76856	PR US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	fee schedule	272.4
facility	outpatient	CPT/HCP…	76857	PR US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	fee schedule	272.4
facility	outpatient	CPT/HCP…	76870	PR US SCROTUM & CONTENTS	fee schedule	272.4
facility	outpatient	CPT/HCP…	76872	PR US TRANSRECTAL	fee schedule	272.4
facility	outpatient	CPT/HCP…	76873	PR US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	fee schedule	272.4
facility	outpatient	CPT/HCP…	76881	PR US COMPL JOINT R-T W/IMAGE DOCUMENTATION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76882	PR US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	fee schedule	272.4
facility	outpatient	CPT/HCP…	76883	PR US NRV&ACC STRUX 1 XTR COMPRE W/IMG PR EXTREMITY	fee schedule	272.4
facility	outpatient	CPT/HCP…	76885	PR US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	fee schedule	225.1
facility	outpatient	CPT/HCP…	76886	PR US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	fee schedule	225.1
facility	outpatient	CPT/HCP…	76936	PR US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	fee schedule	777.6
facility	outpatient	CPT/HCP…	76975	PR GI ENDOSCOPIC US S&I	fee schedule	607.0
facility	outpatient	CPT/HCP…	76977	PR US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	fee schedule	272.4
facility	outpatient	CPT/HCP…	76978	PR ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	fee schedule	455.2
facility	outpatient	CPT/HCP…	76981	PR ULTRASOUND ELASTOGRAPHY PARENCHYMA	fee schedule	272.4
facility	outpatient	CPT/HCP…	76982	PR ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	fee schedule	272.4
facility	outpatient	CPT/HCP…	76999	PR UNLISTED US PROCEDURE	fee schedule	225.1
facility	outpatient	CPT/HCP…	77046	PR MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	77047	PR MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	fee schedule	607.0
facility	outpatient	CPT/HCP…	77053	PR MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	fee schedule	607.0
facility	outpatient	CPT/HCP…	77054	PR MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	fee schedule	607.0
facility	outpatient	CPT/HCP…	77071	PR MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	fee schedule	225.1
facility	outpatient	CPT/HCP…	77072	PR BONE AGE STUDIES	fee schedule	272.4
facility	outpatient	CPT/HCP…	77073	PR BONE LENGTH STUDIES	fee schedule	272.4
facility	outpatient	CPT/HCP…	77074	PR RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	fee schedule	272.4
facility	outpatient	CPT/HCP…	77075	PR RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	fee schedule	272.4
facility	outpatient	CPT/HCP…	77076	PR RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	fee schedule	272.4
facility	outpatient	CPT/HCP…	77077	PR JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	fee schedule	272.4
facility	outpatient	CPT/HCP…	77078	PR CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	fee schedule	225.1
facility	outpatient	CPT/HCP…	77080	PR DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	fee schedule	272.4
facility	outpatient	CPT/HCP…	77081	PR DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	fee schedule	225.1
facility	outpatient	CPT/HCP…	77084	PR BONE MARROW BLOOD SUPPLY	fee schedule	607.0
facility	outpatient	CPT/HCP…	77085	PR DXA BONE DENSITY STUDY AXIAL SKELETON	fee schedule	272.4
facility	outpatient	CPT/HCP…	77086	PR VERTEBRAL FRACTURE ASSESSMENT VIA DXA	fee schedule	225.1
facility	outpatient	CPT/HCP…	77090	PR TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	fee schedule	225.1
facility	outpatient	CPT/HCP…	77091	PR TBS TECHNICAL CALCULATION ONLY	fee schedule	225.1
facility	outpatient	CPT/HCP…	77280	PR THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	fee schedule	336.1
facility	outpatient	CPT/HCP…	77285	PR THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	fee schedule	915.3
facility	outpatient	CPT/HCP…	77290	PR THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	fee schedule	915.3
facility	outpatient	CPT/HCP…	77295	PR 3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	77299	PR UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	fee schedule	336.1
facility	outpatient	CPT/HCP…	77300	PR BASIC RADIATION DOSIMETRY CALCULATION	fee schedule	336.1
facility	outpatient	CPT/HCP…	77301	PR NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	77306	PR TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	fee schedule	915.3
facility	outpatient	CPT/HCP…	77307	PR TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	fee schedule	915.3
facility	outpatient	CPT/HCP…	77316	PR BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	fee schedule	915.3
facility	outpatient	CPT/HCP…	77317	PR BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	fee schedule	915.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	77318	PR BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	fee schedule	915.3
facility	outpatient	CPT/HCP…	77321	PR SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	fee schedule	915.3
facility	outpatient	CPT/HCP…	77331	PR SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	fee schedule	336.1
facility	outpatient	CPT/HCP…	77332	PR TX DEVICES DESIGN & CONSTRUCTION SIMPLE	fee schedule	336.1
facility	outpatient	CPT/HCP…	77333	PR TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	fee schedule	336.1
facility	outpatient	CPT/HCP…	77334	PR TX DEVICES DESIGN & CONSTRUCTION COMPLEX	fee schedule	915.3
facility	outpatient	CPT/HCP…	77336	PR CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	fee schedule	336.1
facility	outpatient	CPT/HCP…	77338	PR MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	fee schedule	915.3
facility	outpatient	CPT/HCP…	77370	PR SPEC MEDICAL RADJ PHYSICS CONSLTJ	fee schedule	336.1
facility	outpatient	CPT/HCP…	77371	PR RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	fee schedule	19,291.1
facility	outpatient	CPT/HCP…	77372	PR RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	fee schedule	19,291.1
facility	outpatient	CPT/HCP…	77373	PR STEREOTACTIC BODY RADIATION DELIVERY	fee schedule	4,420.3
facility	outpatient	CPT/HCP…	77385	PR INTENSITY MODULATED RADIATION TX DLVR SIMPLE	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77386	PR INTENSITY MODULATED RADIATION TX DLVR COMPLEX	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77399	PR UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	fee schedule	336.1
facility	outpatient	CPT/HCP…	77401	PR RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	fee schedule	297.1
facility	outpatient	CPT/HCP…	77402	PR RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	fee schedule	297.1
facility	outpatient	CPT/HCP…	77407	PR RADIATION TX DELIVERY 1 MEV => INTERMEDIATE	fee schedule	665.8
facility	outpatient	CPT/HCP…	77412	PR RADIATION TREATMENT DELIVERY 1 MEV => COMPLEX	fee schedule	665.8
facility	outpatient	CPT/HCP…	77423	PR HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77424	PR INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	fee schedule	19,291.1
facility	outpatient	CPT/HCP…	77425	PR INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	fee schedule	19,291.1
facility	outpatient	CPT/HCP…	77470	PR SPECIAL TREATMENT PROCEDURE	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77520	PR PROTON TX DELIVERY SIMPLE W/O COMPENSATION	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77522	PR PROTON TX DELIVERY SIMPLE W/COMPENSATION	fee schedule	3,514.2
facility	outpatient	CPT/HCP…	77523	PR PROTON TX DELIVERY INTERMEDIATE	fee schedule	3,514.2
facility	outpatient	CPT/HCP…	77525	PR PROTON TX DELIVERY COMPLEX	fee schedule	3,514.2
facility	outpatient	CPT/HCP…	77600	PR HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	fee schedule	665.8
facility	outpatient	CPT/HCP…	77605	PR HYPERTHERMIA EXTERNAL GENERATED DEEP	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77610	PR HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77615	PR HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77620	PR HYPERTHERMIA INTRACAVITARY PROBES	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77750	PR NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	fee schedule	665.8
facility	outpatient	CPT/HCP…	77761	PR INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77762	PR INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	fee schedule	1,458.3
facility	outpatient	CPT/HCP…	77763	PR INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77767	PR HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	fee schedule	665.8
facility	outpatient	CPT/HCP…	77768	PR HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	fee schedule	665.8
facility	outpatient	CPT/HCP…	77770	PR HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77771	PR HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77772	PR HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77778	PR INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	fee schedule	1,776.1
facility	outpatient	CPT/HCP…	77789	PR SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	fee schedule	297.1
facility	outpatient	CPT/HCP…	77799	PR UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	fee schedule	297.1
facility	outpatient	CPT/HCP…	78012	PR THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78013	PR THYROID IMAGING WITH VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78014	PR THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78015	PR THYROID CARCINOMA METASTASES IMG LMTD AREA	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78016	PR THYROID CARCINOMA METASTASES IMG ADDL STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78018	PR THYROID CARCINOMA METASTASES IMG WHOLE BODY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78070	PR PARATHYROID PLANAR IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78071	PR PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78072	PR PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78075	PR ADRENAL IMAGING CORTEX &/MEDULLA	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78099	PR UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78102	PR BONE MARROW IMAGING LIMITED AREA	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78103	PR BONE MARROW IMAGING MULTIPLE AREAS	fee schedule	1,021.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	78104	PR BONE MARROW IMAGING WHOLE BODY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78110	PR PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78111	PR PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78120	PR RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78121	PR RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78122	PR WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78130	PR RED CELL SURVIVAL STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78140	PR LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78185	PR SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78191	PR PLATELET SURVIVAL STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78195	PR LYMPHATICS & LYMPH NODES IMAGING	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78199	PR UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78201	PR LIVER IMAGING STATIC ONLY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78202	PR LIVER IMAGING W/VASCULAR FLOW	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78215	PR LIVER & SPLEEN IMAGING STATIC ONLY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78216	PR LIVER & SPLEEN IMAGING W/VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78226	PR HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78227	PR HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78230	PR SALIVARY GLAND IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78231	PR SALIVARY GLAND IMAGING SERIAL IMAGES	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78232	PR SALIVARY GLAND FUNCTION STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78258	PR ESOPHAGEAL MOTILITY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78261	PR GASTRIC MUCOSA IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78262	PR GASTROESOPHAGEAL REFLUX STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78264	PR GASTRIC EMPTYING IMAGING STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78265	PR GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78266	PR GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78278	PR ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78282	PR GASTROINTESTINAL PROTEIN LOSS	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78290	PR INTESTINE IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78291	PR PERITONEAL-VENOUS SHUNT PATENCY TEST	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78299	PR UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78300	PR BONE &/JOINT IMAGING LIMITED AREA	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78305	PR BONE &/JOINT IMAGING MULTIPLE AREAS	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78306	PR BONE &/JOINT IMAGING WHOLE BODY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78315	PR BONE &/JOINT IMAGING 3 PHASE STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78399	PR UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78414	PR CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78428	PR CARDIAC SHUNT DETECTION	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78429	PR MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78430	PR MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78431	PR MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	fee schedule	5,851.3
facility	outpatient	CPT/HCP…	78432	PR MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	fee schedule	4,811.3
facility	outpatient	CPT/HCP…	78433	PR MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	fee schedule	5,071.3
facility	outpatient	CPT/HCP…	78445	PR NONCARDIAC VASCULAR FLOW IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78451	PR MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78452	PR MYOCARDIAL SPECT MULTIPLE STUDIES	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78453	PR MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78454	PR MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78456	PR ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78457	PR VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78458	PR VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78459	PR MYOCRD IMG PET METAB EVAL SINGLE STUDY	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78466	PR MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78468	PR MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78469	PR MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78472	PR CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	fee schedule	1,021.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	78473	PR CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78481	PR CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78483	PR CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78491	PR MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78492	PR MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78494	PR CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78499	PR UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78579	PR PULMONARY VENTILATION IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78580	PR PULMONARY PERFUSION IMAGING PARTICULATE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78582	PR PULMONARY VENTILATION & PERFUSION IMAGING	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78597	PR QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78598	PR QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78599	PR UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78600	PR BRAIN IMAGING <4 STATIC VIEWS	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78601	PR BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78605	PR BRAIN IMAGING MINIMUM 4 STATIC VIEWS	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78606	PR BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78608	PR BRAIN IMAGING PET METABOLIC EVALUATION	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78610	PR BRAIN IMAGING VASCULAR FLOW ONLY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78630	PR CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78635	PR CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78645	PR CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78650	PR CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78660	PR RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78699	PR UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78700	PR KIDNEY IMAGING MORPHOLOGY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78701	PR KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78707	PR KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78708	PR KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78709	PR KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	fee schedule	1,339.0
facility	outpatient	CPT/HCP…	78725	PR KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78740	PR URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78761	PR TESTICULAR IMAGING WITH VASCULAR FLOW	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78799	PR UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78800	PR RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78801	PR RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78802	PR RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78803	PR RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78804	PR RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78808	PR NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	78811	PR PET IMAGING LIMITED AREA CHEST HEAD/NECK	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78812	PR PET IMAGING SKULL BASE TO MID-THIGH	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78813	PR PET IMAGING WHOLE BODY	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78814	PR PET IMAGING CT FOR ATTENUATION LIMITED AREA	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78815	PR PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78816	PR PET IMAGING FOR CT ATTENUATION WHOLE BODY	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78830	PR RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78831	PR RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	fee schedule	3,517.6
facility	outpatient	CPT/HCP…	78832	PR RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	fee schedule	3,875.6
facility	outpatient	CPT/HCP…	78999	PR UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	fee schedule	1,021.7
facility	outpatient	CPT/HCP…	79005	PR RP THERAPY ORAL ADMINISTRATION	fee schedule	616.3
facility	outpatient	CPT/HCP…	79101	PR RP THERAPY INTRAVENOUS ADMINISTRATION	fee schedule	616.3
facility	outpatient	CPT/HCP…	79200	PR RP THERAPY INRACAVITARY ADMINISTRATION	fee schedule	616.3
facility	outpatient	CPT/HCP…	79300	PR RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	fee schedule	616.3
facility	outpatient	CPT/HCP…	79403	PR RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	fee schedule	616.3
facility	outpatient	CPT/HCP…	79440	PR RP THERAPY INTRA-ARTICULAR ADMINISTRATION	fee schedule	616.3
facility	outpatient	CPT/HCP…	79445	PR RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	fee schedule	616.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	79999	PR RP THERAPY UNLISTED PROCEDURE	fee schedule	616.3
facility	outpatient	CPT/HCP…	80503	PR PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	fee schedule	134.2
facility	outpatient	CPT/HCP…	80504	PR PATHOLOGY CLINICAL CONSULTATION MOD MDM 21-40MIN	fee schedule	423.1
facility	outpatient	CPT/HCP…	80505	PR PATHOLOGY CLINICAL CONSULTATION HI MDM 41-60 MIN	fee schedule	423.1
facility	outpatient	CPT/HCP…	85097	PR BONE MARROW SMEAR INTERPRETATION	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	86077	PR BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	fee schedule	73.8
facility	outpatient	CPT/HCP…	86078	PR BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	fee schedule	423.1
facility	outpatient	CPT/HCP…	86079	PR BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	fee schedule	134.2
facility	outpatient	CPT/HCP…	86485	PR SKIN TEST CANDIDA	fee schedule	73.8
facility	outpatient	CPT/HCP…	86486	PR SKIN TEST UNLISTED ANTIGEN EACH	fee schedule	73.8
facility	outpatient	CPT/HCP…	86490	PR SKIN TEST COCCIDIOIDOMYCOSIS	fee schedule	151.5
facility	outpatient	CPT/HCP…	86510	PR SKIN TEST HISTOPLASMOSIS	fee schedule	99.3
facility	outpatient	CPT/HCP…	86580	PR SKIN TEST TUBERCULOSIS INTRADERMAL	fee schedule	73.8
facility	outpatient	CPT/HCP…	86850	PR ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	fee schedule	134.2
facility	outpatient	CPT/HCP…	86860	PR ANTIBODY ELUTION RBC EACH ELUTION	fee schedule	423.1
facility	outpatient	CPT/HCP…	86870	PR ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	fee schedule	890.4
facility	outpatient	CPT/HCP…	86880	PR ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	fee schedule	151.5
facility	outpatient	CPT/HCP…	86885	PR ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	fee schedule	423.1
facility	outpatient	CPT/HCP…	86886	PR ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	fee schedule	423.1
facility	outpatient	CPT/HCP…	86890	PR AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	fee schedule	423.1
facility	outpatient	CPT/HCP…	86891	PR AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	86900	PR BLOOD TYPING SEROLOGIC ABO	fee schedule	316.4
facility	outpatient	CPT/HCP…	86901	PR BLOOD TYPING SEROLOGIC RH (D)	fee schedule	99.3
facility	outpatient	CPT/HCP…	86902	PR BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	fee schedule	890.4
facility	outpatient	CPT/HCP…	86904	PR BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	fee schedule	151.5
facility	outpatient	CPT/HCP…	86905	PR BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	fee schedule	890.4
facility	outpatient	CPT/HCP…	86906	PR BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	fee schedule	99.3
facility	outpatient	CPT/HCP…	86920	PR COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	fee schedule	423.1
facility	outpatient	CPT/HCP…	86921	PR COMPATIBILITY EACH UNIT INCUBATION	fee schedule	423.1
facility	outpatient	CPT/HCP…	86922	PR COMPATIBILITY EACH UNIT ANTIGLOBULIN	fee schedule	423.1
facility	outpatient	CPT/HCP…	86923	PR COMPATIBILITY EACH UNIT ELECTRONIC	fee schedule	423.1
facility	outpatient	CPT/HCP…	86927	PR FRESH FROZEN PLASMA THAWING EACH UNIT	fee schedule	423.1
facility	outpatient	CPT/HCP…	86930	PR FROZEN BLOOD EACH UNIT FREEZING	fee schedule	423.1
facility	outpatient	CPT/HCP…	86931	PR FROZEN BLOOD EACH UNIT THAWING	fee schedule	423.1
facility	outpatient	CPT/HCP…	86932	PR FROZEN BLOOD EACH UNIT FREEZING & THAWING	fee schedule	99.3
facility	outpatient	CPT/HCP…	86945	PR IRRADIATION BLOOD PRODUCT EACH UNIT	fee schedule	99.3
facility	outpatient	CPT/HCP…	86950	PR LEUKOCYTE TRANSFUSION	fee schedule	423.1
facility	outpatient	CPT/HCP…	86960	PR VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	fee schedule	423.1
facility	outpatient	CPT/HCP…	86965	PR POOLING PLATELETS/OTHER BLOOD PRODUCTS	fee schedule	423.1
facility	outpatient	CPT/HCP…	86970	PR PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	fee schedule	151.5
facility	outpatient	CPT/HCP…	86971	PR PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	fee schedule	423.1
facility	outpatient	CPT/HCP…	86972	PR PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	fee schedule	423.1
facility	outpatient	CPT/HCP…	86975	PR PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	fee schedule	987.0
facility	outpatient	CPT/HCP…	86976	PR PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	fee schedule	73.8
facility	outpatient	CPT/HCP…	86977	PR PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	fee schedule	423.1
facility	outpatient	CPT/HCP…	86978	PR PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	fee schedule	151.5
facility	outpatient	CPT/HCP…	86985	PR SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	fee schedule	423.1
facility	outpatient	CPT/HCP…	86999	PR UNLISTED TRANSFUSION MEDICINE PROCEDURE	fee schedule	73.8
facility	outpatient	CPT/HCP…	88104	PR CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	fee schedule	99.3
facility	outpatient	CPT/HCP…	88106	PR CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	fee schedule	73.8
facility	outpatient	CPT/HCP…	88108	PR CYTP CONCENTRATION SMEARS & INTERPRETATION	fee schedule	99.3
facility	outpatient	CPT/HCP…	88112	PR CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	fee schedule	134.2
facility	outpatient	CPT/HCP…	88120	PR CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	fee schedule	423.1
facility	outpatient	CPT/HCP…	88121	PR CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	fee schedule	423.1
facility	outpatient	CPT/HCP…	88125	PR CYTOPATHOLOGY FORENSIC	fee schedule	134.2
facility	outpatient	CPT/HCP…	88160	PR CYTP SMRS ANY OTH SRC SCR&INTERPJ	fee schedule	73.8
facility	outpatient	CPT/HCP…	88161	PR CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	fee schedule	73.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	88162	PR CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	fee schedule	134.2
facility	outpatient	CPT/HCP…	88172	PR CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	fee schedule	423.1
facility	outpatient	CPT/HCP…	88173	PR CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	fee schedule	134.2
facility	outpatient	CPT/HCP…	88182	PR FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	fee schedule	134.2
facility	outpatient	CPT/HCP…	88184	PR FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	fee schedule	890.4
facility	outpatient	CPT/HCP…	88199	PR UNLISTED CYTOPATHOLOGY PROCEDURE	fee schedule	134.2
facility	outpatient	CPT/HCP…	88299	PR UNLISTED CYTOGENETIC STUDY	fee schedule	134.2
facility	outpatient	CPT/HCP…	88300	PR LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	fee schedule	73.8
facility	outpatient	CPT/HCP…	88302	PR LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	fee schedule	73.8
facility	outpatient	CPT/HCP…	88304	PR LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	fee schedule	134.2
facility	outpatient	CPT/HCP…	88305	PR LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	fee schedule	134.2
facility	outpatient	CPT/HCP…	88307	PR LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	fee schedule	890.4
facility	outpatient	CPT/HCP…	88309	PR LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	88312	PR SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	fee schedule	134.2
facility	outpatient	CPT/HCP…	88313	PR SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	fee schedule	151.5
facility	outpatient	CPT/HCP…	88319	PR SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	88321	PR CONSLTJ&REPRT REFERRED SLIDES PREPARED ELSEWHERE	fee schedule	99.3
facility	outpatient	CPT/HCP…	88323	PR CONSLTJ&REPRT REFERRED MATRL REQUIRING PREPJ SLD	fee schedule	134.2
facility	outpatient	CPT/HCP…	88325	PR CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	fee schedule	423.1
facility	outpatient	CPT/HCP…	88329	PR PATHOLOGY CONSULTATION DURING SURGERY	fee schedule	151.5
facility	outpatient	CPT/HCP…	88331	PR PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	fee schedule	423.1
facility	outpatient	CPT/HCP…	88333	PR PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	88342	PR IMHCHEM/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	fee schedule	423.1
facility	outpatient	CPT/HCP…	88344	PR IMHCHEM/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	fee schedule	890.4
facility	outpatient	CPT/HCP…	88346	PR IMMUNOFLUORESCENCE PER SPEC 1ST SINGLE ANTB STN	fee schedule	423.1
facility	outpatient	CPT/HCP…	88348	PR ELECTRON MICROSCOPY DIAGNOSTIC	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	88355	PR MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	fee schedule	423.1
facility	outpatient	CPT/HCP…	88356	PR MORPHOMETRIC ANALYSIS NERVE	fee schedule	134.2
facility	outpatient	CPT/HCP…	88358	PR MORPHOMETRIC ANALYSIS TUMOR	fee schedule	423.1
facility	outpatient	CPT/HCP…	88360	PR M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	fee schedule	423.1
facility	outpatient	CPT/HCP…	88361	PR M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	fee schedule	890.4
facility	outpatient	CPT/HCP…	88362	PR NERVE TEASING PREPARATIONS	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	88363	PR EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	fee schedule	73.8
facility	outpatient	CPT/HCP…	88365	PR IN SITU HYBRIDIZATION 1ST PROBE STAIN	fee schedule	423.1
facility	outpatient	CPT/HCP…	88366	PR IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	fee schedule	423.1
facility	outpatient	CPT/HCP…	88367	PR M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	fee schedule	890.4
facility	outpatient	CPT/HCP…	88368	PR M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	fee schedule	890.4
facility	outpatient	CPT/HCP…	88374	PR M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	fee schedule	423.1
facility	outpatient	CPT/HCP…	88377	PR M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	fee schedule	423.1
facility	outpatient	CPT/HCP…	88399	PR UNLISTED SURGICAL PATHOLOGY PROCEDURE	fee schedule	134.2
facility	outpatient	CPT/HCP…	89049	PR CAFFEINE HALOTHANE CONTRACTURE TEST	fee schedule	423.1
facility	outpatient	CPT/HCP…	89220	PR SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	fee schedule	423.1
facility	outpatient	CPT/HCP…	89230	PR SWEAT COLLECTION IONTOPHORESIS	fee schedule	134.2
facility	outpatient	CPT/HCP…	89240	PR UNLISTED MISCELLANEOUS PATHOLOGY TEST	fee schedule	134.2
facility	outpatient	CPT/HCP…	89250	PR CUL OOCYTE/EMBRYO <4 DAYS	fee schedule	423.1
facility	outpatient	CPT/HCP…	89251	PR CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	fee schedule	423.1
facility	outpatient	CPT/HCP…	89253	PR ASSTD EMBRYO HATCHING MICROTQS ANY METH	fee schedule	423.1
facility	outpatient	CPT/HCP…	89254	PR OOCYTE ID FROM FOLLICULAR FLU	fee schedule	423.1
facility	outpatient	CPT/HCP…	89255	PR PREPJ EMBRYO TR	fee schedule	134.2
facility	outpatient	CPT/HCP…	89257	PR SPRM ID FROM ASPIR OTH/THN SEMINAL	fee schedule	134.2
facility	outpatient	CPT/HCP…	89258	PR CRYOPRSRV EMBRYO	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	89259	PR CRYOPRSRV SPRM	fee schedule	423.1
facility	outpatient	CPT/HCP…	89260	PR SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	fee schedule	134.2
facility	outpatient	CPT/HCP…	89261	PR SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	fee schedule	134.2
facility	outpatient	CPT/HCP…	89264	PR SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	fee schedule	134.2
facility	outpatient	CPT/HCP…	89268	PR INSEMINATION OOCYTES	fee schedule	423.1
facility	outpatient	CPT/HCP…	89272	PR EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	fee schedule	2,130.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	89280	PR ASSTD FERTILIZATION MICROTQ <= 10 OOCYTES	fee schedule	2,130.2
facility	outpatient	CPT/HCP…	89281	PR ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	fee schedule	423.1
facility	outpatient	CPT/HCP…	89290	PR BX OOCYTE POLR BDY/EMBRY BLST MICROTQ <= 5 EMBRY	fee schedule	423.1
facility	outpatient	CPT/HCP…	89291	PR BX OOCYTE MICROTQ >5 EMBRY	fee schedule	423.1
facility	outpatient	CPT/HCP…	89335	PR CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	fee schedule	134.2
facility	outpatient	CPT/HCP…	89337	PR CRYOPRESERVATION MATURE OOCYTE(S)	fee schedule	423.1
facility	outpatient	CPT/HCP…	89342	PR STORAGE PER YEAR EMBRYO	fee schedule	423.1
facility	outpatient	CPT/HCP…	89343	PR STORAGE PER YEAR SPERM/SEMEN	fee schedule	423.1
facility	outpatient	CPT/HCP…	89344	PR STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	fee schedule	423.1
facility	outpatient	CPT/HCP…	89346	PR STORAGE PER YEAR OOCYTE	fee schedule	423.1
facility	outpatient	CPT/HCP…	89352	PR THAWING CRYOPRESERVED EMBRYO	fee schedule	423.1
facility	outpatient	CPT/HCP…	89353	PR THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	fee schedule	134.2
facility	outpatient	CPT/HCP…	89354	PR THAWING CRYOPRESERVED TESTICULAR/OVARIAN	fee schedule	423.1
facility	outpatient	CPT/HCP…	89356	PR THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	fee schedule	423.1
facility	outpatient	CPT/HCP…	89398	PR UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	fee schedule	134.2
facility	outpatient	CPT/HCP…	90371	PR HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	fee schedule	373.8
facility	outpatient	CPT/HCP…	90375	PR RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	fee schedule	749.8
facility	outpatient	CPT/HCP…	90376	PR RABIES IG HEAT-TREATED HUMAN IM/SUBQ	fee schedule	853.3
facility	outpatient	CPT/HCP…	90377	PR RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	fee schedule	677.1
facility	outpatient	CPT/HCP…	90378	PR RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	fee schedule	883.2
facility	outpatient	CPT/HCP…	90396	PR VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	fee schedule	5,855.7
facility	outpatient	CPT/HCP…	90471	PR IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	fee schedule	174.5
facility	outpatient	CPT/HCP…	90473	PR IM ADM INTRANSL/ORAL 1 VACCINE	fee schedule	174.5
facility	outpatient	CPT/HCP…	90476	PR ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	fee schedule	119.6
facility	outpatient	CPT/HCP…	90480	PR IMM ADMN SARSCOV2 VACCINE SINGLE DOSE	fee schedule	108.0
facility	outpatient	CPT/HCP…	90611	PR SMALLPOX&MONKEYPOX VACC 0.5ML DOS FOR SUBQ USE	fee schedule	0.0
facility	outpatient	CPT/HCP…	90622	PR VACCINIA VIRUS VACC LIVE 0.3 ML DOS FOR PERQ USE	fee schedule	0.0
facility	outpatient	CPT/HCP…	90675	PR RABIES VACCINE INTRAMUSCULAR	fee schedule	880.1
facility	outpatient	CPT/HCP…	90676	PR RABIES VACCINE INTRADERMAL	fee schedule	725.8
facility	outpatient	CPT/HCP…	90710	PR MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	fee schedule	345.0
facility	outpatient	CPT/HCP…	90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	fee schedule	395.0
facility	outpatient	CPT/HCP…	90792	PR PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90839	PR PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90845	PR PSYCHOANALYSIS	fee schedule	395.0
facility	outpatient	CPT/HCP…	90846	PR FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	fee schedule	395.0
facility	outpatient	CPT/HCP…	90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	fee schedule	395.0
facility	outpatient	CPT/HCP…	90849	PR MULTIPLE FAMILY GROUP PSYCHOTHERAPY	fee schedule	395.0
facility	outpatient	CPT/HCP…	90853	PR GROUP PSYCHOTHERAPY	fee schedule	220.8
facility	outpatient	CPT/HCP…	90865	PR NARCOSYNTHESIS PSYC DX&THER PURPOSES	fee schedule	395.0
facility	outpatient	CPT/HCP…	90867	PR REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	fee schedule	777.6
facility	outpatient	CPT/HCP…	90868	PR THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	fee schedule	777.6
facility	outpatient	CPT/HCP…	90869	PR REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	fee schedule	777.6
facility	outpatient	CPT/HCP…	90870	PR ELECTROCONVULSIVE THERAPY	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	90880	PR HYPNOTHERAPY	fee schedule	220.8
facility	outpatient	CPT/HCP…	90899	PR UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	fee schedule	71.1
facility	outpatient	CPT/HCP…	90935	PR HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	fee schedule	1,731.1
facility	outpatient	CPT/HCP…	90945	PR DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	fee schedule	1,097.2
facility	outpatient	CPT/HCP…	91010	PR ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91020	PR GASTRIC MOTILITY MANOMETRIC STUDIES	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91022	PR DUODENAL MOTILITY MANOMETRIC STUDY	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91030	PR ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91034	PR GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91035	PR GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91037	PR GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	fee schedule	777.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	91038	PR ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91040	PR ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	91065	PR BREATH HYDROGEN/METHANE TEST	fee schedule	387.0
facility	outpatient	CPT/HCP…	91110	PR GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	91111	PR GI TRACT IMAGING INTRALUMINAL ESOPHAGUS WI&R	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	91112	PR GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	fee schedule	2,245.6
facility	outpatient	CPT/HCP…	91113	PR GI TRACT IMAGING INTRALUMINAL COLON I&R	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	91117	PR COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	91120	PR RECTAL SESATION TONE & COMPLIANCE TEST	fee schedule	777.6
facility	outpatient	CPT/HCP…	91122	PR ANORECTAL MANOMETRY	fee schedule	777.6
facility	outpatient	CPT/HCP…	91132	PR ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	fee schedule	777.6
facility	outpatient	CPT/HCP…	91133	PR ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	fee schedule	316.4
facility	outpatient	CPT/HCP…	91200	PR LIVER ELASTOGRAPHY W/O IMAG W/I&R	fee schedule	387.0
facility	outpatient	CPT/HCP…	91299	PR UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	fee schedule	387.0
facility	outpatient	CPT/HCP…	92002	PR OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	fee schedule	327.5
facility	outpatient	CPT/HCP…	92004	PR OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	fee schedule	327.5
facility	outpatient	CPT/HCP…	92012	PR OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	fee schedule	327.5
facility	outpatient	CPT/HCP…	92014	PR OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	fee schedule	327.5
facility	outpatient	CPT/HCP…	92018	PR COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	92019	PR LMTD OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	fee schedule	5,788.8
facility	outpatient	CPT/HCP…	92020	PR GONIOSCOPY SEPARATE PROCEDURE	fee schedule	316.4
facility	outpatient	CPT/HCP…	92025	PR COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI W/I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	92060	PR SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	fee schedule	151.5
facility	outpatient	CPT/HCP…	92066	PR ORTHOPTIC TRAINING UNDER SUPERVISION OF PHYS/QHP	fee schedule	151.5
facility	outpatient	CPT/HCP…	92081	PR LIMITED VISUAL FIELD XM UNI/BI I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	92082	PR INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	92083	PR EXTENDED VISUAL FIELD XM UNI/BI I&R	fee schedule	316.4
facility	outpatient	CPT/HCP…	92132	PR CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92133	PR COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	fee schedule	151.5
facility	outpatient	CPT/HCP…	92134	PR COMPUTERIZED OPHTHALMIC IMAGING RETINA	fee schedule	151.5
facility	outpatient	CPT/HCP…	92136	PR OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	fee schedule	316.4
facility	outpatient	CPT/HCP…	92145	PR CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92201	PR OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92202	PR OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92227	PR IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92228	PR IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	fee schedule	99.3
facility	outpatient	CPT/HCP…	92229	PR IMG RETINA DETCJ/MNTR DS POC AUTON A/R UNI/BI	fee schedule	151.5
facility	outpatient	CPT/HCP…	92230	PR FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	92235	PR FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	fee schedule	777.6
facility	outpatient	CPT/HCP…	92240	PR INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	fee schedule	777.6
facility	outpatient	CPT/HCP…	92242	PR FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNI/BI	fee schedule	777.6
facility	outpatient	CPT/HCP…	92250	PR FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	92260	PR OPHTHALMODYNAMOMETRY	fee schedule	99.3
facility	outpatient	CPT/HCP…	92265	PR NDL OCULOELECTROMYOGRAPHY 1+EO MUSC 1/BOTH EYE	fee schedule	151.5
facility	outpatient	CPT/HCP…	92270	PR ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	92273	PR FULL FIELD ELECTRORETINOGRAPHY W/I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	92274	PR MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	fee schedule	387.0
facility	outpatient	CPT/HCP…	92283	PR COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	fee schedule	151.5
facility	outpatient	CPT/HCP…	92284	PR DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	fee schedule	987.0
facility	outpatient	CPT/HCP…	92285	PR XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	fee schedule	99.3
facility	outpatient	CPT/HCP…	92286	PR ANT SGM IMAGING I&R SPECLR MICROSCOPY&NDTHL ALYS	fee schedule	316.4
facility	outpatient	CPT/HCP…	92287	PR ANT SGM IMAGING W/I&R W/FLUORESCEIN ANGRPH	fee schedule	316.4
facility	outpatient	CPT/HCP…	92311	PR RX&FITG CONTACT LENS CORNEAL LENS APHAKIA 1 EYE	fee schedule	987.0
facility	outpatient	CPT/HCP…	92312	PR RX&FITG CONTACT LENS CORNEAL LENS APHAKIA OU	fee schedule	316.4
facility	outpatient	CPT/HCP…	92313	PR RX&FITG CONTACT LENS CORNEOSCLERAL LENS	fee schedule	316.4
facility	outpatient	CPT/HCP…	92315	PR RX&FITG C-LENS TECH CRNL LENS APHAKIA 1 EYE	fee schedule	316.4
facility	outpatient	CPT/HCP…	92316	PR RX&FITG C-LENS TECH CRNL LENS APHAKIA BOTH EYES	fee schedule	316.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	92317	PR RX&FITG CONTACT LENS TECH CORNEOSCLERAL LENS	fee schedule	99.3
facility	outpatient	CPT/HCP…	92325	PR MODIFICAJ CONTACT LENS SPX SUPVJ ADAPTATION	fee schedule	316.4
facility	outpatient	CPT/HCP…	92326	PR REPLACEMENT OF CONTACT LENS	fee schedule	151.5
facility	outpatient	CPT/HCP…	92352	PR FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	fee schedule	151.5
facility	outpatient	CPT/HCP…	92353	PR FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	fee schedule	151.5
facility	outpatient	CPT/HCP…	92354	PR FITTING SPECTACLE MNTD LOW VISION AID 1ELMNT SYS	fee schedule	99.3
facility	outpatient	CPT/HCP…	92355	PR FITTING SPECTACLE MNTD LOW VISION AID CMPND LENS	fee schedule	99.3
facility	outpatient	CPT/HCP…	92358	PR PROSTHESIS SERVICE APHAKIA TEMPORARY	fee schedule	151.5
facility	outpatient	CPT/HCP…	92371	PR REPAIR&REFITTING SPECTACLE PROSTH FOR APHAKIA	fee schedule	151.5
facility	outpatient	CPT/HCP…	92499	PR UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	fee schedule	73.8
facility	outpatient	CPT/HCP…	92502	PR OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	fee schedule	1,363.0
facility	outpatient	CPT/HCP…	92511	PR NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	fee schedule	490.7
facility	outpatient	CPT/HCP…	92512	PR NASAL FUNCTION STUDIES	fee schedule	777.6
facility	outpatient	CPT/HCP…	92516	PR FACIAL NERVE FUNCTION STUDIES	fee schedule	777.6
facility	outpatient	CPT/HCP…	92517	PR CERVICAL VEMP TESTING W/I&R	fee schedule	387.0
facility	outpatient	CPT/HCP…	92518	PR OCULAR VEMP TESTING W/I&R	fee schedule	387.0
facility	outpatient	CPT/HCP…	92519	PR CERVICAL & OCULAR VEMP TESTING W/I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	92520	PR LARYNGEAL FUNCTION STUDIES	fee schedule	316.4
facility	outpatient	CPT/HCP…	92537	PR CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	fee schedule	387.0
facility	outpatient	CPT/HCP…	92538	PR CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	fee schedule	387.0
facility	outpatient	CPT/HCP…	92540	PR VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	fee schedule	387.0
facility	outpatient	CPT/HCP…	92541	PR SPONTANEOUS NYSTAGMUS TEST	fee schedule	316.4
facility	outpatient	CPT/HCP…	92542	PR POSITIONAL NYSTAGMUS TEST	fee schedule	316.4
facility	outpatient	CPT/HCP…	92544	PR OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	fee schedule	387.0
facility	outpatient	CPT/HCP…	92545	PR OSCILLATING TRACKING TEST W/RECORDING	fee schedule	777.6
facility	outpatient	CPT/HCP…	92546	PR SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	fee schedule	387.0
facility	outpatient	CPT/HCP…	92548	PR CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	92549	PR CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	fee schedule	316.4
facility	outpatient	CPT/HCP…	92550	PR TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	fee schedule	387.0
facility	outpatient	CPT/HCP…	92552	PR PURE TONE AUDIOMETRY AIR ONLY	fee schedule	316.4
facility	outpatient	CPT/HCP…	92553	PR PURE TONE AUDIOMETRY AIR & BONE	fee schedule	387.0
facility	outpatient	CPT/HCP…	92555	PR SPEECH AUDIOMETRY THRESHOLD	fee schedule	151.5
facility	outpatient	CPT/HCP…	92556	PR SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	fee schedule	151.5
facility	outpatient	CPT/HCP…	92557	PR COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	fee schedule	387.0
facility	outpatient	CPT/HCP…	92562	PR LOUDNESS BALANCE BINAURAL/MONAURAL	fee schedule	777.6
facility	outpatient	CPT/HCP…	92563	PR TONE DECAY TEST	fee schedule	99.3
facility	outpatient	CPT/HCP…	92565	PR STENGER TEST PURE TONE	fee schedule	151.5
facility	outpatient	CPT/HCP…	92567	PR TYMPANOMETRY	fee schedule	99.3
facility	outpatient	CPT/HCP…	92568	PR ACOUSTIC REFLEX THRESHOLD	fee schedule	99.3
facility	outpatient	CPT/HCP…	92570	PR ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	fee schedule	387.0
facility	outpatient	CPT/HCP…	92571	PR FILTERED SPEECH TEST	fee schedule	99.3
facility	outpatient	CPT/HCP…	92572	PR STAGGERED SPONDAIC WORD	fee schedule	387.0
facility	outpatient	CPT/HCP…	92575	PR SENSORINEURAL ACUITY LEVEL	fee schedule	99.3
facility	outpatient	CPT/HCP…	92576	PR SYNTHETIC SENTENCE IDENTIFICATION TEST	fee schedule	99.3
facility	outpatient	CPT/HCP…	92577	PR STENGER TEST SPEECH	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	92579	PR VISUAL REINFORCEMENT AUDIOMETRY	fee schedule	387.0
facility	outpatient	CPT/HCP…	92582	PR CONDITIONING PLAY AUDIOMETRY	fee schedule	387.0
facility	outpatient	CPT/HCP…	92583	PR SELECT PICTURE AUDIOMETRY	fee schedule	151.5
facility	outpatient	CPT/HCP…	92584	PR ELECTROCOCHLEOGRAPHY	fee schedule	387.0
facility	outpatient	CPT/HCP…	92587	PR DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	fee schedule	777.6
facility	outpatient	CPT/HCP…	92588	PR DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	fee schedule	777.6
facility	outpatient	CPT/HCP…	92596	PR EAR PROTECTOR ATTENUATION MEASUREMENTS	fee schedule	99.3
facility	outpatient	CPT/HCP…	92601	PR ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	fee schedule	387.0
facility	outpatient	CPT/HCP…	92602	PR ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	fee schedule	387.0
facility	outpatient	CPT/HCP…	92603	PR ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	fee schedule	387.0
facility	outpatient	CPT/HCP…	92604	PR ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	fee schedule	387.0
facility	outpatient	CPT/HCP…	92620	PR EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	fee schedule	387.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	92622	PR DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	fee schedule	387.0
facility	outpatient	CPT/HCP…	92625	PR ASSESSMENT TINNITUS	fee schedule	387.0
facility	outpatient	CPT/HCP…	92626	PR EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	fee schedule	387.0
facility	outpatient	CPT/HCP…	92640	PR ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	fee schedule	387.0
facility	outpatient	CPT/HCP…	92651	PR AEP HEARING STATUS DETER BROADBAND STIMULI I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	92652	PR AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	92653	PR AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	fee schedule	777.6
facility	outpatient	CPT/HCP…	92700	PR UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	fee schedule	73.8
facility	outpatient	CPT/HCP…	92920	PR PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	92924	PR PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92928	PR PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92933	PR PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	92937	PR PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92943	PR PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92950	PR CARDIOPULMONARY RESUSCITATION	fee schedule	777.6
facility	outpatient	CPT/HCP…	92953	PR TEMPORARY TRANSCUTANEOUS PACING	fee schedule	1,612.3
facility	outpatient	CPT/HCP…	92960	PR CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	fee schedule	1,612.3
facility	outpatient	CPT/HCP…	92961	PR CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	fee schedule	1,612.3
facility	outpatient	CPT/HCP…	92977	PR THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	fee schedule	839.0
facility	outpatient	CPT/HCP…	92986	PR PRQ BALLOON VALVULOPLASTY AORTIC VALVE	fee schedule	14,159.2
facility	outpatient	CPT/HCP…	92987	PR PRQ BALLOON VALVULOPLASTY MITRAL VALVE	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92990	PR PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	92997	PR PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	93005	PR ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	93017	PR CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	fee schedule	777.6
facility	outpatient	CPT/HCP…	93024	PR ERGONOVINE PROVOCATION TST	fee schedule	987.0
facility	outpatient	CPT/HCP…	93025	PR MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	fee schedule	387.0
facility	outpatient	CPT/HCP…	93041	PR RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	93050	PR ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	fee schedule	73.8
facility	outpatient	CPT/HCP…	93150	PR THER ACTIVATION IMPL PHRENIC NRV STIMULATOR SYS	fee schedule	239.8
facility	outpatient	CPT/HCP…	93151	PR INTERROG&PRGRMG IMPL PHRENIC NRV STIMULATOR SYS	fee schedule	239.8
facility	outpatient	CPT/HCP…	93152	PR INTERROG&PRGRMG IPNSS DURING POLYSOMNOGRAPHY	fee schedule	739.9
facility	outpatient	CPT/HCP…	93153	PR INTERROGATION WITHOUT PROGRAMMING IPNSS	fee schedule	239.8
facility	outpatient	CPT/HCP…	93225	PR XTRNL ECG & 48 HR RECORDING	fee schedule	316.4
facility	outpatient	CPT/HCP…	93226	PR EXTERNAL ECG SCANNING ANALYSIS REPORT	fee schedule	151.5
facility	outpatient	CPT/HCP…	93229	PR XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	fee schedule	777.6
facility	outpatient	CPT/HCP…	93242	PR EXTERNAL ECG REC>48HR<7D RECORDING	fee schedule	99.3
facility	outpatient	CPT/HCP…	93243	PR EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	93246	PR EXTERNAL ECG REC>7D<15D RECORDING	fee schedule	99.3
facility	outpatient	CPT/HCP…	93247	PR EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	93260	PR PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	fee schedule	93.4
facility	outpatient	CPT/HCP…	93261	PR INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	fee schedule	93.4
facility	outpatient	CPT/HCP…	93270	PR XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	fee schedule	93.4
facility	outpatient	CPT/HCP…	93271	PR XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	fee schedule	239.8
facility	outpatient	CPT/HCP…	93278	PR SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	fee schedule	151.5
facility	outpatient	CPT/HCP…	93279	PR PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	fee schedule	93.4
facility	outpatient	CPT/HCP…	93280	PR PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	fee schedule	93.4
facility	outpatient	CPT/HCP…	93281	PR PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	fee schedule	93.4
facility	outpatient	CPT/HCP…	93282	PR PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	fee schedule	93.4
facility	outpatient	CPT/HCP…	93283	PR PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	fee schedule	93.4
facility	outpatient	CPT/HCP…	93284	PR PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	fee schedule	93.4
facility	outpatient	CPT/HCP…	93285	PR PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	93288	PR INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	93289	PR INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	fee schedule	93.4
facility	outpatient	CPT/HCP…	93290	PR INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	fee schedule	93.4
facility	outpatient	CPT/HCP…	93291	PR INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	fee schedule	73.8
facility	outpatient	CPT/HCP…	93292	PR INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	fee schedule	93.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	93293	PR TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	fee schedule	93.4
facility	outpatient	CPT/HCP…	93296	PR REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	fee schedule	93.4
facility	outpatient	CPT/HCP…	93297	PR REM INTERROG ICPMS <30 D PHYS/QHP	fee schedule	93.4
facility	outpatient	CPT/HCP…	93298	PR REM INTERROG SCRMS <30 D PHYS/QHP	fee schedule	93.4
facility	outpatient	CPT/HCP…	93303	PR COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93304	PR F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93306	PR ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93307	PR ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	fee schedule	607.0
facility	outpatient	CPT/HCP…	93308	PR ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	fee schedule	607.0
facility	outpatient	CPT/HCP…	93312	PR ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93313	PR ECHO R-T 2D W/PROBE PLACEMENT ONLY	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93315	PR ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93316	PR ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93318	PR ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93350	PR ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93351	PR ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	93451	PR RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93452	PR L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93453	PR R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93454	PR CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93455	PR CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93456	PR CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93457	PR CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93458	PR CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93459	PR CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93460	PR R & L HRT CATH WINJX HRT ART& L VENTR IMG	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93461	PR R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93503	PR INSERTION FLOW DIRECTED CATHETER FOR MONITORING	fee schedule	3,967.4
facility	outpatient	CPT/HCP…	93505	PR ENDOMYOCARDIAL BIOPSY	fee schedule	7,896.2
facility	outpatient	CPT/HCP…	93580	PR PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	93581	PR PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	93582	PR PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	93590	PR PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	93591	PR PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	93593	PR R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93594	PR R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93595	PR L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93596	PR R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93597	PR R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	fee schedule	8,072.3
facility	outpatient	CPT/HCP…	93600	PR BUNDLE OF HIS RECORDING	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93602	PR INTRA-ATRIAL RECORDING	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93603	PR RIGHT VENTRICULAR RECORDING	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	93610	PR INTRA-ATRIAL PACING	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93612	PR INTRAVENTRICULAR PACING	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93615	PR ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	93616	PR ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	93618	PR INDUCTION ARRHYTHMIA ELECTRICAL PACING	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	93619	PR COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93620	PR COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93624	PR ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93642	PR EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	fee schedule	2,948.3
facility	outpatient	CPT/HCP…	93650	PR ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	fee schedule	18,500.6
facility	outpatient	CPT/HCP…	93653	PR COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	fee schedule	58,835.9
facility	outpatient	CPT/HCP…	93654	PR COMPRE EP EVAL ABLTJ 3D MAPG TX VT	fee schedule	58,835.9
facility	outpatient	CPT/HCP…	93656	PR COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	fee schedule	58,835.9
facility	outpatient	CPT/HCP…	93660	PR CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	93668	PR PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	fee schedule	151.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	93701	PR BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	fee schedule	316.4
facility	outpatient	CPT/HCP…	93702	PR BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	fee schedule	387.0
facility	outpatient	CPT/HCP…	93724	PR ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	fee schedule	739.9
facility	outpatient	CPT/HCP…	93740	PR TEMPRATURE GRADIENT STUDY	fee schedule	387.0
facility	outpatient	CPT/HCP…	93745	PR 1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	fee schedule	739.9
facility	outpatient	CPT/HCP…	93750	PR INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	fee schedule	239.8
facility	outpatient	CPT/HCP…	93786	PR AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	fee schedule	316.4
facility	outpatient	CPT/HCP…	93788	PR AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	fee schedule	316.4
facility	outpatient	CPT/HCP…	93797	PR OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	fee schedule	327.3
facility	outpatient	CPT/HCP…	93798	PR OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	fee schedule	327.3
facility	outpatient	CPT/HCP…	93799	PR UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	fee schedule	387.0
facility	outpatient	CPT/HCP…	93880	PR DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	fee schedule	607.0
facility	outpatient	CPT/HCP…	93882	PR DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	fee schedule	272.4
facility	outpatient	CPT/HCP…	93886	PR TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	fee schedule	607.0
facility	outpatient	CPT/HCP…	93888	PR TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	fee schedule	272.4
facility	outpatient	CPT/HCP…	93890	PR TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	fee schedule	607.0
facility	outpatient	CPT/HCP…	93892	PR TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	fee schedule	272.4
facility	outpatient	CPT/HCP…	93893	PR TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	fee schedule	272.4
facility	outpatient	CPT/HCP…	93922	PR NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	fee schedule	316.4
facility	outpatient	CPT/HCP…	93923	PR NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	fee schedule	387.0
facility	outpatient	CPT/HCP…	93924	PR N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	fee schedule	387.0
facility	outpatient	CPT/HCP…	93925	PR DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	fee schedule	607.0
facility	outpatient	CPT/HCP…	93926	PR DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	fee schedule	272.4
facility	outpatient	CPT/HCP…	93930	PR DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	fee schedule	607.0
facility	outpatient	CPT/HCP…	93931	PR DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	fee schedule	272.4
facility	outpatient	CPT/HCP…	93970	PR DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	fee schedule	607.0
facility	outpatient	CPT/HCP…	93971	PR DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	fee schedule	272.4
facility	outpatient	CPT/HCP…	93975	PR DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	fee schedule	607.0
facility	outpatient	CPT/HCP…	93976	PR DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	fee schedule	272.4
facility	outpatient	CPT/HCP…	93978	PR DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	fee schedule	607.0
facility	outpatient	CPT/HCP…	93979	PR DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	fee schedule	272.4
facility	outpatient	CPT/HCP…	93980	PR DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	fee schedule	272.4
facility	outpatient	CPT/HCP…	93981	PR DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	fee schedule	272.4
facility	outpatient	CPT/HCP…	93985	PR DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	fee schedule	607.0
facility	outpatient	CPT/HCP…	93986	PR DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	fee schedule	272.4
facility	outpatient	CPT/HCP…	93990	PR DUPLEX SCAN HEMODIALYSIS ACCESS	fee schedule	272.4
facility	outpatient	CPT/HCP…	93998	PR UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	fee schedule	73.8
facility	outpatient	CPT/HCP…	94002	PR VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	fee schedule	1,552.4
facility	outpatient	CPT/HCP…	94003	PR VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	fee schedule	1,552.4
facility	outpatient	CPT/HCP…	94010	PR SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	fee schedule	387.0
facility	outpatient	CPT/HCP…	94011	PR MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	fee schedule	387.0
facility	outpatient	CPT/HCP…	94012	PR MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	fee schedule	777.6
facility	outpatient	CPT/HCP…	94013	PR MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	94014	PR PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	fee schedule	987.0
facility	outpatient	CPT/HCP…	94015	PR PATIENT-INITIATED SPIROMETRIC RECORDING	fee schedule	777.6
facility	outpatient	CPT/HCP…	94060	PR BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	fee schedule	777.6
facility	outpatient	CPT/HCP…	94070	PR BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	fee schedule	777.6
facility	outpatient	CPT/HCP…	94150	PR VITAL CAPACITY TOTAL SEPARATE PROCEDURE	fee schedule	387.0
facility	outpatient	CPT/HCP…	94200	PR MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	fee schedule	151.5
facility	outpatient	CPT/HCP…	94375	PR RESPIRATORY FLOW VOLUME LOOP	fee schedule	777.6
facility	outpatient	CPT/HCP…	94450	PR BREATHING RESPONSE TO HYPOXIA	fee schedule	387.0
facility	outpatient	CPT/HCP…	94452	PR HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	fee schedule	316.4
facility	outpatient	CPT/HCP…	94453	PR HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	fee schedule	316.4
facility	outpatient	CPT/HCP…	94610	PR INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	fee schedule	528.4
facility	outpatient	CPT/HCP…	94617	PR XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	fee schedule	316.4
facility	outpatient	CPT/HCP…	94618	PR PULMONARY STRESS TESTING	fee schedule	316.4
facility	outpatient	CPT/HCP…	94619	PR XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	fee schedule	151.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	94621	PR CARDIOPULMONARY EXERCISE TESTING	fee schedule	777.6
facility	outpatient	CPT/HCP…	94625	PR PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	fee schedule	151.5
facility	outpatient	CPT/HCP…	94626	PR PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	fee schedule	151.5
facility	outpatient	CPT/HCP…	94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	fee schedule	528.4
facility	outpatient	CPT/HCP…	94642	PR PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	fee schedule	528.4
facility	outpatient	CPT/HCP…	94644	PR CONTINUOUS INHALATION TREATMENT 1ST HR	fee schedule	316.4
facility	outpatient	CPT/HCP…	94660	PR CPAP VENTILATION CPAP INITIATION&MGMT	fee schedule	528.4
facility	outpatient	CPT/HCP…	94662	PR CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	fee schedule	1,552.4
facility	outpatient	CPT/HCP…	94664	PR DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	fee schedule	528.4
facility	outpatient	CPT/HCP…	94667	PR MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	fee schedule	316.4
facility	outpatient	CPT/HCP…	94668	PR MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	fee schedule	316.4
facility	outpatient	CPT/HCP…	94669	PR MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	fee schedule	528.4
facility	outpatient	CPT/HCP…	94680	PR O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	fee schedule	387.0
facility	outpatient	CPT/HCP…	94681	PR O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	fee schedule	777.6
facility	outpatient	CPT/HCP…	94690	PR O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	fee schedule	151.5
facility	outpatient	CPT/HCP…	94726	PR PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	fee schedule	777.6
facility	outpatient	CPT/HCP…	94727	PR GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	fee schedule	387.0
facility	outpatient	CPT/HCP…	94728	PR AIRWAY RESISTANCE BY OSCILLOMETRY	fee schedule	387.0
facility	outpatient	CPT/HCP…	94762	PR NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	fee schedule	387.0
facility	outpatient	CPT/HCP…	94772	PR CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	94775	PR PEDIATRIC APNEA MONITOR ATTACHMENT	fee schedule	387.0
facility	outpatient	CPT/HCP…	94776	PR PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	fee schedule	387.0
facility	outpatient	CPT/HCP…	94780	PR CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	fee schedule	99.3
facility	outpatient	CPT/HCP…	94799	PR UNLISTED PULMONARY SERVICE/PROCEDURE	fee schedule	387.0
facility	outpatient	CPT/HCP…	95004	PR PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95012	PR NITRIC OXIDE EXPIRED GAS DETERMINATION	fee schedule	99.3
facility	outpatient	CPT/HCP…	95017	PR ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	fee schedule	73.8
facility	outpatient	CPT/HCP…	95018	PR ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	fee schedule	99.3
facility	outpatient	CPT/HCP…	95024	PR INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	fee schedule	151.5
facility	outpatient	CPT/HCP…	95027	PR INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	fee schedule	73.8
facility	outpatient	CPT/HCP…	95028	PR IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	fee schedule	99.3
facility	outpatient	CPT/HCP…	95044	PR PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95052	PR PHOTO PATCH TEST SPECIFY NUMBER TSTS	fee schedule	151.5
facility	outpatient	CPT/HCP…	95056	PR PHOTO TESTS	fee schedule	316.4
facility	outpatient	CPT/HCP…	95060	PR OPHTHALMIC MUCOUS MEMBRANE TESTS	fee schedule	316.4
facility	outpatient	CPT/HCP…	95065	PR DIRECT NASAL MUCOUS MEMBRANE TEST	fee schedule	99.3
facility	outpatient	CPT/HCP…	95070	PR INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95076	PR INGESTION CHALLENGE TEST INITIAL 120 MINUTES	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95115	PR PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	fee schedule	117.7
facility	outpatient	CPT/HCP…	95117	PR PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	fee schedule	117.7
facility	outpatient	CPT/HCP…	95144	PR PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	fee schedule	117.7
facility	outpatient	CPT/HCP…	95145	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	fee schedule	117.7
facility	outpatient	CPT/HCP…	95146	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	fee schedule	117.7
facility	outpatient	CPT/HCP…	95147	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	fee schedule	174.5
facility	outpatient	CPT/HCP…	95148	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	fee schedule	174.5
facility	outpatient	CPT/HCP…	95149	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	fee schedule	174.5
facility	outpatient	CPT/HCP…	95165	PR PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	fee schedule	117.7
facility	outpatient	CPT/HCP…	95170	PR PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	fee schedule	117.7
facility	outpatient	CPT/HCP…	95180	PR RAPID DESENSITIZATION PROCEDURE EACH HOUR	fee schedule	987.0
facility	outpatient	CPT/HCP…	95199	PR UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX	fee schedule	73.8
facility	outpatient	CPT/HCP…	95249	PR CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	fee schedule	151.5
facility	outpatient	CPT/HCP…	95250	PR CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	fee schedule	327.5
facility	outpatient	CPT/HCP…	95700	PR EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	fee schedule	387.0
facility	outpatient	CPT/HCP…	95705	PR EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	fee schedule	777.6
facility	outpatient	CPT/HCP…	95706	PR EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	fee schedule	777.6
facility	outpatient	CPT/HCP…	95707	PR EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	fee schedule	777.6
facility	outpatient	CPT/HCP…	95708	PR EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	fee schedule	1,327.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	95709	PR EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95710	PR EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95711	PR VEEG BY TECH 2-12 HOURS UNMONITORED	fee schedule	777.6
facility	outpatient	CPT/HCP…	95712	PR VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	fee schedule	777.6
facility	outpatient	CPT/HCP…	95713	PR VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95714	PR VEEG BY TECH EA INCR 12-26 HR UNMONITORED	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95715	PR VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95716	PR VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95782	PR POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95783	PR POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95800	PR SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	fee schedule	387.0
facility	outpatient	CPT/HCP…	95801	PR SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	fee schedule	151.5
facility	outpatient	CPT/HCP…	95803	PR ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	fee schedule	151.5
facility	outpatient	CPT/HCP…	95805	PR MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95806	PR SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	fee schedule	387.0
facility	outpatient	CPT/HCP…	95807	PR SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95808	PR POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95810	PR POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95811	PR POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95812	PR ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	fee schedule	777.6
facility	outpatient	CPT/HCP…	95813	PR EEG EXTENDED MONITORING 61-119 MINUTES	fee schedule	777.6
facility	outpatient	CPT/HCP…	95816	PR ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	fee schedule	777.6
facility	outpatient	CPT/HCP…	95819	PR ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	fee schedule	777.6
facility	outpatient	CPT/HCP…	95822	PR ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	fee schedule	777.6
facility	outpatient	CPT/HCP…	95824	PR ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95836	PR ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	fee schedule	93.4
facility	outpatient	CPT/HCP…	95857	PR CHOLINESTERASE INHIBITOR CHALLENGE TEST	fee schedule	777.6
facility	outpatient	CPT/HCP…	95860	PR NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	fee schedule	316.4
facility	outpatient	CPT/HCP…	95861	PR NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	fee schedule	316.4
facility	outpatient	CPT/HCP…	95863	PR NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	fee schedule	387.0
facility	outpatient	CPT/HCP…	95864	PR NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	fee schedule	387.0
facility	outpatient	CPT/HCP…	95865	PR NEEDLE ELECTROMYOGRAPHY LARYNX	fee schedule	316.4
facility	outpatient	CPT/HCP…	95866	PR NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	fee schedule	387.0
facility	outpatient	CPT/HCP…	95867	PR NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	fee schedule	777.6
facility	outpatient	CPT/HCP…	95868	PR NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	fee schedule	777.6
facility	outpatient	CPT/HCP…	95869	PR NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	fee schedule	777.6
facility	outpatient	CPT/HCP…	95870	PR NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	fee schedule	316.4
facility	outpatient	CPT/HCP…	95872	PR NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	fee schedule	387.0
facility	outpatient	CPT/HCP…	95875	PR ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	fee schedule	387.0
facility	outpatient	CPT/HCP…	95905	PR MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	fee schedule	987.0
facility	outpatient	CPT/HCP…	95907	PR NERVE CONDUCTION STUDIES 1-2 STUDIES	fee schedule	387.0
facility	outpatient	CPT/HCP…	95908	PR NERVE CONDUCTION STUDIES 3-4 STUDIES	fee schedule	777.6
facility	outpatient	CPT/HCP…	95909	PR NERVE CONDUCTION STUDIES 5-6 STUDIES	fee schedule	777.6
facility	outpatient	CPT/HCP…	95910	PR NERVE CONDUCTION STUDIES 7-8 STUDIES	fee schedule	777.6
facility	outpatient	CPT/HCP…	95911	PR NERVE CONDUCTION STUDIES 9-10 STUDIES	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95912	PR NERVE CONDUCTION STUDIES 11-12 STUDIES	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95913	PR NERVE CONDUCTION STUDIES 13/> STUDIES	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95919	PR QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	fee schedule	316.4
facility	outpatient	CPT/HCP…	95921	PR TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	fee schedule	387.0
facility	outpatient	CPT/HCP…	95922	PR TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	fee schedule	316.4
facility	outpatient	CPT/HCP…	95923	PR TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	fee schedule	316.4
facility	outpatient	CPT/HCP…	95924	PR TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	fee schedule	777.6
facility	outpatient	CPT/HCP…	95925	PR SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	fee schedule	777.6
facility	outpatient	CPT/HCP…	95926	PR SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	fee schedule	777.6
facility	outpatient	CPT/HCP…	95927	PR SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	fee schedule	777.6
facility	outpatient	CPT/HCP…	95928	PR CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95929	PR CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	fee schedule	1,327.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	95930	PR VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	fee schedule	777.6
facility	outpatient	CPT/HCP…	95933	PR ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	fee schedule	151.5
facility	outpatient	CPT/HCP…	95937	PR NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	fee schedule	387.0
facility	outpatient	CPT/HCP…	95938	PR SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95939	PR CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95954	PR RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	95958	PR WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95961	PR FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95965	PR MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95966	PR MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	95970	PR ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	fee schedule	316.4
facility	outpatient	CPT/HCP…	95971	PR ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	fee schedule	239.8
facility	outpatient	CPT/HCP…	95972	PR ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	fee schedule	239.8
facility	outpatient	CPT/HCP…	95976	PR ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	fee schedule	93.4
facility	outpatient	CPT/HCP…	95977	PR ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	fee schedule	239.8
facility	outpatient	CPT/HCP…	95981	PR ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	fee schedule	151.5
facility	outpatient	CPT/HCP…	95982	PR ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	fee schedule	93.4
facility	outpatient	CPT/HCP…	95983	PR ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	fee schedule	239.8
facility	outpatient	CPT/HCP…	95990	PR REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	fee schedule	839.0
facility	outpatient	CPT/HCP…	95991	PR RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	fee schedule	733.7
facility	outpatient	CPT/HCP…	95999	PR UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	fee schedule	387.0
facility	outpatient	CPT/HCP…	96000	PR COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	96001	PR COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	96002	PR DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	fee schedule	777.6
facility	outpatient	CPT/HCP…	96003	PR DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	fee schedule	777.6
facility	outpatient	CPT/HCP…	96112	PR DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	fee schedule	387.0
facility	outpatient	CPT/HCP…	96116	PR NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	fee schedule	777.6
facility	outpatient	CPT/HCP…	96127	PR BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	fee schedule	99.3
facility	outpatient	CPT/HCP…	96130	PR PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	fee schedule	777.6
facility	outpatient	CPT/HCP…	96132	PR NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	96136	PR PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	fee schedule	316.4
facility	outpatient	CPT/HCP…	96138	PR PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	fee schedule	987.0
facility	outpatient	CPT/HCP…	96146	PR PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	fee schedule	73.8
facility	outpatient	CPT/HCP…	96156	PR HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	fee schedule	220.8
facility	outpatient	CPT/HCP…	96158	PR HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	fee schedule	395.0
facility	outpatient	CPT/HCP…	96160	PR PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	fee schedule	71.1
facility	outpatient	CPT/HCP…	96161	PR CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	fee schedule	71.1
facility	outpatient	CPT/HCP…	96164	PR HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	96167	PR HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	96360	PR IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	fee schedule	531.0
facility	outpatient	CPT/HCP…	96361	PR IV INFUSION HYDRATION EACH ADDITIONAL HOUR	fee schedule	117.7
facility	outpatient	CPT/HCP…	96365	PR IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	fee schedule	531.0
facility	outpatient	CPT/HCP…	96366	PR IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	fee schedule	117.7
facility	outpatient	CPT/HCP…	96367	PR IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	fee schedule	174.5
facility	outpatient	CPT/HCP…	96369	PR SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	fee schedule	531.0
facility	outpatient	CPT/HCP…	96370	PR SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	fee schedule	117.7
facility	outpatient	CPT/HCP…	96371	PR SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	fee schedule	174.5
facility	outpatient	CPT/HCP…	96372	PR THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	fee schedule	174.5
facility	outpatient	CPT/HCP…	96373	PR THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	fee schedule	531.0
facility	outpatient	CPT/HCP…	96374	PR THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	fee schedule	531.0
facility	outpatient	CPT/HCP…	96375	PR THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	fee schedule	117.7
facility	outpatient	CPT/HCP…	96377	PR APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	fee schedule	117.7
facility	outpatient	CPT/HCP…	96379	PR UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	fee schedule	117.7
facility	outpatient	CPT/HCP…	96401	PR CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	fee schedule	174.5
facility	outpatient	CPT/HCP…	96402	PR CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	fee schedule	174.5
facility	outpatient	CPT/HCP…	96405	PR CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	fee schedule	174.5
facility	outpatient	CPT/HCP…	96406	PR CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	fee schedule	531.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	96409	PR CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	fee schedule	839.0
facility	outpatient	CPT/HCP…	96411	PR CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	fee schedule	174.5
facility	outpatient	CPT/HCP…	96413	PR CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	fee schedule	839.0
facility	outpatient	CPT/HCP…	96415	PR CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	fee schedule	174.5
facility	outpatient	CPT/HCP…	96416	PR CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	fee schedule	839.0
facility	outpatient	CPT/HCP…	96417	PR CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	fee schedule	174.5
facility	outpatient	CPT/HCP…	96420	PR CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	fee schedule	839.0
facility	outpatient	CPT/HCP…	96422	PR CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	fee schedule	839.0
facility	outpatient	CPT/HCP…	96423	PR CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	fee schedule	117.7
facility	outpatient	CPT/HCP…	96425	PR CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	fee schedule	839.0
facility	outpatient	CPT/HCP…	96440	PR CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	fee schedule	839.0
facility	outpatient	CPT/HCP…	96446	PR CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	fee schedule	839.0
facility	outpatient	CPT/HCP…	96450	PR CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	fee schedule	839.0
facility	outpatient	CPT/HCP…	96521	PR REFILLING & MAINTENANCE PORTABLE PUMP	fee schedule	531.0
facility	outpatient	CPT/HCP…	96522	PR REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	fee schedule	531.0
facility	outpatient	CPT/HCP…	96523	PR IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	fee schedule	151.5
facility	outpatient	CPT/HCP…	96542	PR CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	fee schedule	839.0
facility	outpatient	CPT/HCP…	96549	PR UNLISTED CHEMOTHERAPY PROCEDURE	fee schedule	117.7
facility	outpatient	CPT/HCP…	96567	PR PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	fee schedule	495.9
facility	outpatient	CPT/HCP…	96573	PR PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	fee schedule	495.9
facility	outpatient	CPT/HCP…	96574	PR DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	fee schedule	495.9
facility	outpatient	CPT/HCP…	96900	PR ACTINOTHERAPY ULTRAVIOLET LIGHT	fee schedule	99.3
facility	outpatient	CPT/HCP…	96910	PR PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	fee schedule	151.5
facility	outpatient	CPT/HCP…	96912	PR PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	fee schedule	151.5
facility	outpatient	CPT/HCP…	96913	PR PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	fee schedule	987.8
facility	outpatient	CPT/HCP…	96920	PR EXCIMER LASER TX PSORIASIS TOT AREA <250 SQ CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	96921	PR EXCIMER LASER TX PSORIASIS 250-500 SQ CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	96922	PR EXCIMER LASER TX PSORIASIS >500 SQ CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	96999	PR UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX	fee schedule	495.9
facility	outpatient	CPT/HCP…	97037	PR APPL MODALITY 1+ AREAS LLLT PO PAIN REDUCTION	fee schedule	99.3
facility	outpatient	CPT/HCP…	97151	PR BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	97152	PR BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	97153	PR ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	97154	PR GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	97155	PR ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	fee schedule	395.0
facility	outpatient	CPT/HCP…	97156	PR FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	97157	PR MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	97158	PR GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	97597	PR DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	fee schedule	495.9
facility	outpatient	CPT/HCP…	97602	PR RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	fee schedule	495.9
facility	outpatient	CPT/HCP…	97605	PR NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	fee schedule	495.9
facility	outpatient	CPT/HCP…	97606	PR NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	97607	PR NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	97608	PR NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	fee schedule	987.8
facility	outpatient	CPT/HCP…	97610	PR LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	fee schedule	495.9
facility	outpatient	CPT/HCP…	97810	PR ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	fee schedule	73.8
facility	outpatient	CPT/HCP…	97813	PR ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	fee schedule	73.8
facility	outpatient	CPT/HCP…	98925	PR OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98926	PR OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98927	PR OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98928	PR OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98929	PR OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98940	PR CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98941	PR CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98942	PR CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	fee schedule	64.3
facility	outpatient	CPT/HCP…	98975	PR REMOTE THERAPEUTIC MNTR 1ST SETUP&PT EDUCAJ EQP	fee schedule	327.5
facility	outpatient	CPT/HCP…	98976	PR REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	fee schedule	93.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	98977	PR REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	fee schedule	93.4
facility	outpatient	CPT/HCP…	98978	PR REM THER MNTR DEV SPLY W/REC COG BHV THER EA 30D	fee schedule	93.4
facility	outpatient	CPT/HCP…	99170	PR ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	fee schedule	493.6
facility	outpatient	CPT/HCP…	99195	PR PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	fee schedule	316.4
facility	outpatient	CPT/HCP…	99281	PR EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	fee schedule	219.9
facility	outpatient	CPT/HCP…	99282	PR EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	fee schedule	405.2
facility	outpatient	CPT/HCP…	99283	PR EMERGENCY DEPARTMENT VISIT LOW MDM	fee schedule	706.8
facility	outpatient	CPT/HCP…	99284	PR EMERGENCY DEPARTMENT VISIT MODERATE MDM	fee schedule	1,097.2
facility	outpatient	CPT/HCP…	99285	PR EMERGENCY DEPARTMENT VISIT HIGH MDM	fee schedule	1,591.2
facility	outpatient	CPT/HCP…	99291	PR CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	fee schedule	2,198.2
facility	outpatient	CPT/HCP…	99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	fee schedule	71.1
facility	outpatient	CPT/HCP…	99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	fee schedule	71.1
facility	outpatient	CPT/HCP…	99426	PR PRINCIPAL CARE MGMT SVC 1ST 30 STAFF CAL MO	fee schedule	220.8
facility	outpatient	CPT/HCP…	99453	PR REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	fee schedule	327.5
facility	outpatient	CPT/HCP…	99454	PR REM MNTR PHYSIOL PARAM 1ST DEV SUPPLY EA 30 D	fee schedule	93.4
facility	outpatient	CPT/HCP…	99460	PR 1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	fee schedule	327.5
facility	outpatient	CPT/HCP…	99463	PR 1ST HOSP/BIRTHING CENTER NB ADMIT & DSPR SM DAT	fee schedule	327.5
facility	outpatient	CPT/HCP…	99465	PR DELIVERY/BIRTHING ROOM RESUSCITATION	fee schedule	1,612.3
facility	outpatient	CPT/HCP…	99473	PR SELF-MEAS BP PT EDUCAJ/TRAING & DEV CALIBRATION	fee schedule	73.8
facility	outpatient	CPT/HCP…	99483	PR ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	fee schedule	220.8
facility	outpatient	CPT/HCP…	99484	PR CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	fee schedule	71.1
facility	outpatient	CPT/HCP…	99487	PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO	fee schedule	395.0
facility	outpatient	CPT/HCP…	99490	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO	fee schedule	220.8
facility	outpatient	CPT/HCP…	99492	PR 1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	fee schedule	220.8
facility	outpatient	CPT/HCP…	99493	PR SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	fee schedule	395.0
facility	outpatient	CPT/HCP…	99495	PR TRANSJ CARE MGMT MOD MDM F2F 14 CAL D DISCHARGE	fee schedule	327.5
facility	outpatient	CPT/HCP…	99496	PR TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	fee schedule	327.5
facility	outpatient	CPT/HCP…	99497	PR ADVANCE CARE PLANNING FIRST 30 MINS	fee schedule	220.8
facility	outpatient	CPT/HCP…	A9506	PR GRAPHITE CRUCIBLE FOR PREPARATION OF TECHNETIUM TC 9…	fee schedule	854.4
facility	outpatient	CPT/HCP…	A9513	PR LUTETIUM LU 177 DOTATAT THER	fee schedule	768.4
facility	outpatient	CPT/HCP…	A9517	PR I131 IODIDE CAP, RX	fee schedule	55.5
facility	outpatient	CPT/HCP…	A9527	PR IODINE I-125 SODIUM IODIDE	fee schedule	156.4
facility	outpatient	CPT/HCP…	A9530	PR I131 IODIDE SOL, RX	fee schedule	53.0
facility	outpatient	CPT/HCP…	A9543	PR Y90 IBRITUMOMAB, RX	fee schedule	170,239.1
facility	outpatient	CPT/HCP…	A9590	PR IODINE I-131 IOBENGUANE 1MCI	fee schedule	883.0
facility	outpatient	CPT/HCP…	A9595	PR PIFLU F-18, DIA 1 MILLICURIE	fee schedule	1,599.3
facility	outpatient	CPT/HCP…	A9596	PR GALLIUM ILLUCCIX 1 MILLICURE	fee schedule	2,644.7
facility	outpatient	CPT/HCP…	A9600	PR SR89 STRONTIUM	fee schedule	10,780.5
facility	outpatient	CPT/HCP…	A9601	PR FLORTAUCIPIR INJ 1 MILLICURI	fee schedule	9,646.0
facility	outpatient	CPT/HCP…	A9602	PR FLUORODOPA F-18 DIAG PER MCI	fee schedule	1,161.9
facility	outpatient	CPT/HCP…	A9604	PR SM 153 LEXIDRONAM	fee schedule	44,875.6
facility	outpatient	CPT/HCP…	A9606	PR RADIUM RA223 DICHLORIDE THER	fee schedule	429.5
facility	outpatient	CPT/HCP…	A9607	PR LUTETIUM LU 177 VIPIVOTIDE	fee schedule	623.9
facility	outpatient	CPT/HCP…	A9608	PR FLOTUFOLASTAT F18 DIAG 1 MCI	fee schedule	1,694.3
facility	outpatient	CPT/HCP…	A9800	PR GALLIUM LOCAMETZ 1 MILLICURI	fee schedule	2,270.9
facility	outpatient	CPT/HCP…	C1716	BRACYTHERAPY SOURCE,NON-STRANDED, GOLD-198, PER SOURCE	fee schedule	704.4
facility	outpatient	CPT/HCP…	C1717	BRACHYTX, NON-STR,HDR IR-192	fee schedule	902.1
facility	outpatient	CPT/HCP…	C1719	Brachytx, ns, non-hdrir-192	fee schedule	905.9
facility	outpatient	CPT/HCP…	C2616	Brachytherapy source, non-stranded,Yttrium-90, per source	fee schedule	44,660.2
facility	outpatient	CPT/HCP…	C2634	BRACHYTX, NON-STR, HA, I-125	fee schedule	392.1
facility	outpatient	CPT/HCP…	C2635	BRACHYTX, NON-STR, HA, P-103	fee schedule	153.7
facility	outpatient	CPT/HCP…	C2636	BRACHY LINEAR, NON-STR,P-103	fee schedule	140.5
facility	outpatient	CPT/HCP…	C2638	Brachytx, stranded, i-125	fee schedule	108.6
facility	outpatient	CPT/HCP…	C2639	Brachytx, non-stranded,i-125	fee schedule	90.9
facility	outpatient	CPT/HCP…	C2640	Brachytx, stranded, p-103	fee schedule	198.1
facility	outpatient	CPT/HCP…	C2641	Brachytx, non-stranded,p-103	fee schedule	192.0
facility	outpatient	CPT/HCP…	C2642	Brachytx, stranded, c-131	fee schedule	253.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	C2643	Brachytx, non-stranded,c-131	fee schedule	208.9
facility	outpatient	CPT/HCP…	C2645	PR BRACHYTHPY PLANAR SRCE, PLDM-103, PER SQUARE	fee schedule	12.2
facility	outpatient	CPT/HCP…	C2698	BRACYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIE…	fee schedule	108.6
facility	outpatient	CPT/HCP…	C2699	Unspecified Implantable Device	fee schedule	90.9
facility	outpatient	CPT/HCP…	C5271	PR LOW COST SKIN SUBSTITUTE APP	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	C5273	PR LOW COST SKIN SUBSTITUTE APP	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	C5275	PR LOW COST SKIN SUBSTITUTE APP	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	C5277	PR LOW COST SKIN SUBSTITUTE APP	fee schedule	1,555.8
facility	outpatient	CPT/HCP…	C7900	PR HOPD MNTL HLT, 15-29 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	C7901	PR HOPD MNTL HLT, 30-60 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	C7903	PR HOPD MNTL HLT, GRP	fee schedule	71.1
facility	outpatient	CPT/HCP…	C8900	Mra w/cont, abd	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8901	Mra w/o cont, abd	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8902	Mra w/o fol w/cont, abd	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8903	Mri w/cont, breast, uni	fee schedule	455.2
facility	outpatient	CPT/HCP…	C8905	Mri w/o fol w/cont, brst, un	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8906	Mri w/cont, breast, bi	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8908	Mri w/o fol w/cont, breast,	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8909	Mra w/cont, chest	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8910	Mra w/o cont, chest	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8911	Mra w/o fol w/cont, chest	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8912	Mra w/cont, lwr ext	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8913	Mra w/o cont, lwr ext	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8914	Mra w/o fol w/cont, lwr ext	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8918	Mra w/cont, pelvis	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8919	Mra w/o cont, pelvis	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8920	Mra w/o fol w/cont, pelvis	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8921	PR TTE W OR W/O FOL W/CONT, COM	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8922	PR TTE W OR W/O FOL W/CONT, F/U	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8923	2d tte w or w/o fol w/con,co	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8924	2d tte w or w/o fol w/con,fu	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8925	2D TEE W/CONTRAST, INT/REPT	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8926	Tee w or w/o fol w/cont,cong	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8927	Tee w or w/o fol w/cont, mon	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8928	Tte w or w/o fol w/con,stres	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8929	PR TTE w or wo fol wcon,Doppler	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8930	PR TTE W OR W/O CONTR, CONT ECG	fee schedule	1,983.5
facility	outpatient	CPT/HCP…	C8931	Mra, w/dye, spinal canal	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8932	Mra, w/o dye, spinal canal	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8933	Mra, w/o&w/dye, spinal canal	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8934	Mra, w/dye, upper extremity	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8935	Mra, w/o dye, upper extr	fee schedule	607.0
facility	outpatient	CPT/HCP…	C8936	Mra, w/o&w/dye, upper extr	fee schedule	952.7
facility	outpatient	CPT/HCP…	C8957	PR PROLONGED IV INF, REQ PUMP	fee schedule	839.0
facility	outpatient	CPT/HCP…	C9047	PR INJECTION, CAPLACIZUMAB-YHDP	fee schedule	1,997.4
facility	outpatient	CPT/HCP…	C9088	PR INSTILL, BUPIVAC AND MELOXIC	fee schedule	2.0
facility	outpatient	CPT/HCP…	C9101	PR INJ, OLICERIDINE 0.1 MG	fee schedule	3.5
facility	outpatient	CPT/HCP…	C9144	PR INJ BUPIVACAINE (POSIMIR) 1MG	fee schedule	1.3
facility	outpatient	CPT/HCP…	C9145	PR INJ., APREPITANT(APONVIE), 1 MG	fee schedule	4.9
facility	outpatient	CPT/HCP…	C9250	PR ARTISS FIBRIN SEALANT 2 ML	fee schedule	359.6
facility	outpatient	CPT/HCP…	C9257	PR BEVACIZUMAB INJECTION, 0.25 MG	fee schedule	4.7
facility	outpatient	CPT/HCP…	C9460	PR INJECTION, CANGRELOR	fee schedule	47.7
facility	outpatient	CPT/HCP…	C9482	PR INJ SOTALOL HYDROCHLORIDE IV	fee schedule	59.3
facility	outpatient	CPT/HCP…	C9488	PR CONIVAPTAN HCL	fee schedule	122.8
facility	outpatient	CPT/HCP…	C9507	PR COVID-19 CONVALESCENT PLASMA	fee schedule	1,274.3
facility	outpatient	CPT/HCP…	C9600	PR TRANSCATH PLACEMNT STENT DRUG-ELUT - SNG	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	C9602	PR TRANSLUMNL ATHERECTMY W/DRG-ELUT STNT - SNG	fee schedule	43,439.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	C9604	PR TRANSLUMNL REVASC W/DRG-ELUT STNT - SNGL VESSEL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	C9607	PR TRANSLUMNL REVASC CHRONIC OCC W/DRG-ELUT STNT	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9725	Place endorectal app	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	C9727	Insert palate implants	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	C9728	PR PLACE DEVICE/MARKER, NON PRO	fee schedule	3,432.5
facility	outpatient	CPT/HCP…	C9733	PR NON-OPHTHALMIC FVA	fee schedule	952.7
facility	outpatient	CPT/HCP…	C9734	PR U/S TRTMT, NOT LEIOMYOMATA	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	C9739	PR CYSTOSCOPY PROSTATIC IMP 1-3	fee schedule	12,818.2
facility	outpatient	CPT/HCP…	C9740	PR CYSTO IMPL 4 OR MORE	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	C9751	PR MICROWAVE BRONCH, 3D, EBUS	fee schedule	9,751.3
facility	outpatient	CPT/HCP…	C9757	PR SPINE/LUMBAR DISK SURGERY	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	C9758	PR INTERATRIAL SHUNT IDE	fee schedule	45,501.3
facility	outpatient	CPT/HCP…	C9760	PR NON-BLIND INTERATRIAL SHUNT	fee schedule	71,501.3
facility	outpatient	CPT/HCP…	C9761	PR CYSTO, LITHO, VACUUM KIDNEY	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	C9762	PR CARDIAC MRI SEG DYS STRAIN	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	C9763	PR CARDIAC MRI SEG DYS STRESS	fee schedule	1,366.6
facility	outpatient	CPT/HCP…	C9764	PR REVASC INTRAVASC LITHOTRIPSY	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	C9765	PR REVASC INTRA LITHOTRIP-STENT	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9766	PR REVASC INTRA LITHOTRIP-ATHER	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9767	PR REVASC LITHOTRIP-STENT-ATHER	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9769	PR CYSTO W/TEMP PROS IMPLANT	fee schedule	22,821.3
facility	outpatient	CPT/HCP…	C9772	PR REVASC LITHOTRIPSY TIBIAL/PERONEAL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	C9773	PR REVASC LITHOTRIPSY-STENT TIBIAL/PERONEAL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9774	PR REVASC LITHOTRIPSY-ATHER TIBIAL/PERONEAL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9775	PR REVASC LITHTRIPSY-STENT-ATH TIBIAL/PERONEAL	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	C9777	PR ESOPHAG MUC INTEG W/ESO EGD TESTING BY ELECTRICAL IM…	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	C9778	PR COLPOPEXY, VAGINAL; MINIMALLY INVASIVE EXTRA-PERITONE…	fee schedule	12,321.7
facility	outpatient	CPT/HCP…	C9779	PR ESD ENDOSCOPY OR COLONOSCOPY	fee schedule	9,487.3
facility	outpatient	CPT/HCP…	C9780	PR INSERT CV CATH INF & SUP APP	fee schedule	21,451.3
facility	outpatient	CPT/HCP…	C9781	PR ARTHRO/SHOUL SURG; W/SPACER	fee schedule	32,603.5
facility	outpatient	CPT/HCP…	C9782	PR BLIND MYOCAR TRPL BON MARROW	fee schedule	45,501.3
facility	outpatient	CPT/HCP…	C9783	PR BLIND COR SINUS REDUCER IMPL	fee schedule	27,252.7
facility	outpatient	CPT/HCP…	C9784	PR ENDO SLEEVE GASTRO W/TUBE	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	C9785	PR ENDO OUTLET RESTRICT W/TUBE	fee schedule	25,500.2
facility	outpatient	CPT/HCP…	C9786	PR ECHO CAD FOR HF PRESERVED EF	fee schedule	739.9
facility	outpatient	CPT/HCP…	C9789	PR INSTILL PHARM RENAL PELVIS	fee schedule	5,851.3
facility	outpatient	CPT/HCP…	C9791	PR MRI HYPERPOLARIZED XENON129	fee schedule	3,251.3
facility	outpatient	CPT/HCP…	C9792	PR BLIND/NONBLIND TRANS ATRIAL	fee schedule	25,351.3
facility	outpatient	CPT/HCP…	C9793	PR PRE-PLAN 3D MODEL W/CCTA	fee schedule	2,590.1
facility	outpatient	CPT/HCP…	C9794	PR COMPLEX SIMULATION W/PET-CT	fee schedule	5,071.3
facility	outpatient	CPT/HCP…	C9795	PR SBRT W/POSITRON EMISSION DEL	fee schedule	9,751.3
facility	outpatient	CPT/HCP…	C9797	PR VASC EMB/OCC W PRS CATH	fee schedule	43,439.0
facility	outpatient	CPT/HCP…	D0120	PR PERIODIC ORAL EVALUATION	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0140	PR UNLIMITED ORAL EVALUATION	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0150	PR C.O.E. NEW OR ESTABLISHED	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0160	PR DETAIL ORAL EVALUATION PROBLEMS	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0170	PR RE-EVALUATION PROBLEM FOCUSED	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0180	PR PERIO	fee schedule	327.5
facility	outpatient	CPT/HCP…	D0210	PR INTRAORAL-CMPL SER RADIOGRAPH IMAGS	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0220	PR INTRAORAL FIRST FILM 1 PA	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0240	PR INTRAORAL-OCCLUSAL RADIOGRAPH IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0250	PR EXTRAORAL-FIRST RADIOGRAPHIC IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0270	PR BITEWING - SINGLE RADIOGRAPHC IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0272	PR DENTAL BITEWING TWO IMAGES	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0273	PR BITEWINGS-THREE RADIOGRAPHIC IMAGES	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0274	PR 48WX	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0277	PR VERT BITEWNGS - 7-8 RADIOGRAPH IMAG	fee schedule	607.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	D0310	PR SIALOGRAPHY	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0320	PR TMJ ARTHROGRAM INCLUDING INJ	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0322	PR TOMOGRAPHIC SURVEY	fee schedule	272.4
facility	outpatient	CPT/HCP…	D0330	PR PANORAMIC IMAGE	fee schedule	607.0
facility	outpatient	CPT/HCP…	D0340	PR CEPHALOMETRIC RADIOGRAPHIC IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0350	PR ORAL/FACIAL PHOTOGRAPH IMAGES IO/EO	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0460	PR PULP VITALITY TESTS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D0701	PR PANO RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0702	PR 2D CEPHAL RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0703	PR 2D ORAL/FACIAL PHOTO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0705	PR EXTRA ORAL POST RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0706	PR INTRAORAL OCCLUS RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0707	PR INTRAORAL PERIAP RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0708	PR INTRAORAL BITE RADIO IMAGE	fee schedule	225.1
facility	outpatient	CPT/HCP…	D0709	PR INTRAORAL CMPLT RADIO IMAGES	fee schedule	225.1
facility	outpatient	CPT/HCP…	D1110	PR ADULT PX	fee schedule	327.5
facility	outpatient	CPT/HCP…	D1510	PR SPACE MAINTAINER - FIXED-UNILATERAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D1520	PR SPACE MAINTAINER - REMOVABLE-UNI	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2140	PR AMALGAM PRIMARY OR PERMANENT 1 SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2150	PR AMALGAM PRIMARY OR PERMANENT 2 SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2160	PR AMALGAM PRIMARY OR PERMANENT 3 SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2161	PR AMALGAM PRIMARY OR PERMANENT 4+ SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2330	PR RESIN-BASED COMPOSITE 1 SURFACE ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2331	PR RESIN-BASED COMPOSITE 2 SURFACES ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2332	PR RESIN-BASED COMPOSITE 3 SURFACES ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2335	PR RESIN 4/>SURF OR S INCIS AN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2390	PR RESIN COMPOS CROWN ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2391	PR POST 1 SRFC RESINBASED CMPST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2392	PR POST 2 SRFC RESINBASED CMPST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2393	PR POST 3 SRFC RESINBASED CMPST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2394	PR RESIN COMPOS - 4/MORE SURFACES POST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2410	PR GOLD FOIL - ONE SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2420	PR GOLD FOIL - TWO SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2430	PR GOLD FOIL - THREE SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2510	PR INLAY - METALLIC - ONE SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2520	PR INLAY - METALLIC - TWO SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2530	PR INLAY - METALLIC - 3/MORE SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2542	PR ONLAY - METALLIC - TWO SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2543	PR ONLAY METALLIC THREE SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2544	PR ONLAY METALLIC FOUR OR MORE SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2610	PR INLAY - PORCELN/CERAMIC - 1 SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2620	PR INLAY - PORCELN/CERAMIC - 2 SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2630	PR INLAY - PORCELN/CERAM - 3/MORE SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2642	PR ONLAY - PORCELN/CERAMIC - 2 SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2643	PR ONLAY - PORCELN/CERAMIC - 3 SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2644	PR ONLAY - PORCELN/CERAM - 4/MORE SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2650	PR INLAY RESIN COMPOSITE ONE SURFACE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2651	PR INLAY RESIN COMPOSITE TWO SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2652	PR INLAY RESIN COMPOSITE 3/> SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2662	PR ONLAY-RSN COMPOS COMPOS/RSN-2 SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2663	PR ONLAY-RSN COMPOS COMPOS/RSN-3 SURF	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2664	PR ONLAY RESIN COMPOSITE 4/> SURFACES	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2710	PR CROWN - RESIN-BASED COMPOSITE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2712	PR CROWN 3/4 RESIN-BASED COMPOS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2720	PR CROWN - RESIN WITH HIGH NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2721	PR CROWN - RESIN PREDOM BASE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2722	PR CROWN - RESIN WITH NOBLE METAL	fee schedule	2,181.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	D2740	PR CROWN - PORCELAIN/CERAMIC SUBSTRATE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2750	PR CROWN - PORCELN FUSED HI NOBLE METL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2751	PR CROWN - PFM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2752	PR CROWN - PORCELAIN FUSED NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2780	PR CROWN - 3/4 CAST HIGH NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2781	PR CROWN - 3/4 CAST PREDOM BASE METL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2782	PR CROWN - 3/4 CAST NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2783	PR CROWN - 3/4 PORCELAIN/CERAMIC	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2790	PR CROWN - FULL CAST HIGH NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2791	PR CROWN - FULL CAST PREDOM BASE METL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2792	PR CROWN - FULL CAST NOBLE METAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2794	PR CROWN-TITANIUM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2799	PR PROV CROWN-TX/CMPL DX B4 FINAL IMP	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2910	PR RECEMENT INLAY ONLAY/PART COV REST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2915	PR RECEMENT CAST OR PREFAB POST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2920	PR RE-CEMENT CROWN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2928	PR PREFAB PORC/CER CROWN PERM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2930	PR PRFABR STAINLESS STEEL CROWN-PRIM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2931	PR PRFABR STAINLESS STEEL CROWN-PERM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2932	PR PREFABRICATED RESIN CROWN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2933	PR PRFABR STNLSS STEEL CROWN RSN WNDOW	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2934	PR PREFAB STEEL CROWN PRIMARY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2940	PR SEDATIVE FILLING	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2950	PR CORE BUILDUP INCL PINS WHEN REQUIRE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2951	PR PIN RETN - PER TOOTH ADDITION REST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2952	PR POST & CORE ADD CROWN INDIRECT FAB	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2954	PR PREFABR POST&CORE ADDITION CROWN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2957	PR EA ADD PREFABR POST - SAME TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2960	PR LABIAL VENEER RESIN LAM- CHAIRSIDE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2961	PR LABIAL VENEER - LABORATORY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2962	PR LABIAL VENEER - LABORATORY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2971	PR ADD PROC CONSTRUCT NEW CROWN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D2975	PR COPING	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3110	PR PULP CAP - DIRECT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3120	PR PULP CAP - INDIRECT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3220	PR TX PULPOT-CORONL DENTNOCEMENTL JUNC	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3221	PR PULPAL DEBRID PRIMARY&PERM TEETH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3222	PR PART PULP FOR APEXOGENESIS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3230	PR PULPAL THERAPY - ANT PRIMARY TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3240	PR PULPAL THERAPY - POST PRIMARY TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3310	PR ENDODONTIC THERAPY ANTERIOR TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3320	PR ENDODONTIC THERAPY BICUSPID TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3330	PR ENODODONTIC THERAPY MOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3331	PR TX RC OBSTRUCTION; NON-SURG ACCESS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3332	PR INCMPL ENDO TX;INOP UNRSTR/FX TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3333	PR INTRL ROOT REPAIR PERFORATION DEFEC	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3346	PR RETX PREVIOUS RC THERAPY - ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3347	PR RETX PREVIOUS RC THERAPY - BICUSPID	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3348	PR RETX PREVIOUS RC THERAPY - MOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3351	PR APEX/RECALCIFICATION INITIAL VISIT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3352	PR APEX/RECALCIFICATN INTRM MED REPLAC	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3353	PR APEXIFICAT/RECALCIFICAT-FINAL VISIT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3410	PR APICOECTOMY - ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3421	PR APICOECTOMY - BICUSPID FIRST ROOT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3425	PR APICOECTOMY - MOLAR FIRST ROOT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3430	PR RETROGRADE FILLING - PER ROOT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3450	PR ROOT AMPUTATION - PER ROOT	fee schedule	2,181.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	D3460	PR ENDODONTIC ENDOSSEOUS IMPLANT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3470	PR INTENTIONAL REIMPLANTATION	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3471	PR SURG REP ROOT RES ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3472	PR SURG REP ROOT RES PREMOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3473	PR SURG REP ROOT RES MOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3501	PR SURG EXP ROOT SURF ANTERIOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3502	PR SURG EXP ROOT SURF PREMOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3503	PR SURG EXP ROOT SURF MOLAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3910	PR SURG PROC ISOLAT TOOTH W/RUBBER DAM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3920	PR HEMISECTION NOT INCL RC THERAPY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D3950	PR CANAL PREP&FIT PREFORMED DOWEL/POST	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4210	PR GINGIVECT/PLSTY 4/>CNTIG TEETH QUAD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D4211	PR GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D4230	PR ANAT CROWN EXP 4/> CONT TEETH QUAD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D4231	PR ANAT CROWN EXP 1- 3 TEETH PER QUAD	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4240	PR GINGL FLP 4/>CNTIG/TOOTH BOUND QUAD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D4241	PR GINGL FLP 1-3 CNTIG/TOOTH BND QUAD	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4245	PR APICALLY POSITIONED FLAP	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4249	PR CLIN CROWN LEN - HARD TISSUE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4260	PR OSSEOUS SURG 4/> CNTIG TEETH QUAD	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D4261	PR OSSEOUS SURG 1-3 CNTIG TEETH QUAD	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D4263	PR BONE REPLCMT GRAFT - 1 SITE QUAD	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4266	PR GUID TISS REGEN-RESORB BARRIER-SITE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4267	PR GUID TISS REGEN-NONRESORB BARRIER	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4270	PR PEDICLE SOFT TISSUE GRAFT PROCEDURE	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4273	PR SUBEPITH CONECTIVE TISS GRFT TOOTH	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4274	PR DISTAL OR PROXIMAL WEDGE PROCEDURE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4275	PR SOFT TISSUE ALLOGRAFT	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4276	PR COMB CNCTIV TISS&DBL PED GRFT TOOTH	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D4341	PR PERIODONTAL SCALING & ROOT PLANING FOUR +	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4342	PR PERIODONTAL SCALING & ROOT PLANING 1+3	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4355	PR FULL MOUTH DEBRIDEMENT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4910	PR PERIODONTAL MAINTENANCE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D4920	PR UNSCHEDULED DRESSING CHANGE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5911	PR FACIAL MOULAGE SECTIONAL	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5912	PR FACIAL MOULAGE COMPLETE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5983	PR RADIATION CARRIER	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5984	PR RADIATION SHIELD	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5985	PR RADIATION CONE LOCATOR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5987	PR COMMISSURE SPLINT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D5988	PR SURGICAL SPLINT	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D6920	PR CONNECTOR BAR	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7111	PR XTRCT CORONL RMNNTS DECIDUOUS TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7140	PR EXTRACTION, ERUPT TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7210	PR SURGICAL REMOVAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7220	PR REMOVAL IMPACT TOOTH - SOFT TISSUE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7230	PR EMOVAL IMPACT TOOTH - PARTLY BONY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7240	PR REMOVAL IMPACTED TOOTH - CMPL BONY	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7241	PR REMV IMP TOOTH-CMPL BNY W/SURG COMP	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7250	PR SURG REMOVAL RESIDUAL TOOTH ROOTS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7251	PR CORONECTOMY PARTIAL TOOTH REMOVAL	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7260	PR OROANTRAL FISTULA CLOSURE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7261	PR PRIMARY CLOSURE SINUS PERFORATION	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7270	PR TOOTH REIMPL&/STBL ACC DISPLCD	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7272	PR TOOTH TRANSPLANTATION	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7280	PR SURGICAL ACCESS AN UNERUPTED TOOTH	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7310	PR ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION	fee schedule	3,777.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	D7311	PR ALVEOLOPLASTY W/EXTRACT 1-3	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7340	PR VESTIBULOPLASTY RIDGE EXT SEC EPITH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D7350	PR VESTBULPLSTY RIDGE EXT SFT TISS GFT	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D7410	PR EXCISION BENIGN LESION TO 1.25 CM	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7411	PR EXCISION OF BENIGN LESION > 1.25 CM	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7412	PR EXCISION BENIGN LESION COMPLICATED	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7413	PR EXCISION MALIG LESION UP 1.25 CM	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7414	PR EXCISION MALIGNANT LESION > 1.25 CM	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7415	PR EXCISION MALIG LESION COMPLICATED	fee schedule	3,777.9
facility	outpatient	CPT/HCP…	D7440	PR EXC MALIG TUMR - UP 1.25 CM SEE CPT	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7441	PR EXC MALIG TUMOR/LES > 1.25CM	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7450	PR REMV BEN ODONTOGNIC TUMR-T0 1.25 CM	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7451	PR REMV BEN ODONTOGNIC TUMR >1.25 CM	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7460	PR REMV BEN NONODONTGN TUMR-TO 1.25 CM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7461	PR REMV BEN NONODONTOGNIC TUMR>1.25 CM	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7472	PR REMOVAL OF TORUS PALATINUS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7473	PR REMOVAL OF TORUS MANDIBULARIS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7485	PR SURGICAL RDUC OSSEOUS TUBEROSITY	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D7510	PR INCISION AND DRAINAGE OF ABSCESS INTRAORAL TISSUE	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	D7511	PR INCISION/DRAIN ABSCESS INTRA	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	D7520	PR I&D ABSC EXTRAORAL SOFT TISS	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	D7521	PR INCISION/DRAIN ABSCESS EXTRA	fee schedule	1,742.9
facility	outpatient	CPT/HCP…	D7530	PR REMV FB MUCOS SKN/SUBQ ALVEOL TISS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7540	PR REMV REACT-PRODUC FB MUSCLOSKEL SYS	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7550	PR PART OSTEC/SEQECT REMV NON-VITAL BN	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D7670	PR ALVEOL-CLOSED RDUC MAY W/STBL TEETH	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7671	PR ALVEOL-OPEN RDUC MAY W/STBL TEETH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D7770	PR ALVEOL - OPEN RDUC STBL TEETH	fee schedule	14,507.2
facility	outpatient	CPT/HCP…	D7771	PR LVEOL CLOS RDUC STBL TEETH	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	D7874	PR ARTHROSCOPY-SURG: DISC REPSTN&STBL	fee schedule	8,018.5
facility	outpatient	CPT/HCP…	D9950	PR CCLUSION ANALYSIS - MOUNTED CASE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D9951	PR OCCLUSAL ADJUSTMENT - LIMITED	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	D9952	PR OCCLUSAL ADJUSTMENT - COMPLETE	fee schedule	2,181.1
facility	outpatient	CPT/HCP…	G0008	PR ADMIN INFLUENZA VIRUS VAC	fee schedule	117.7
facility	outpatient	CPT/HCP…	G0009	PR ADMIN PNEUMOCOCCAL VACCINE	fee schedule	117.7
facility	outpatient	CPT/HCP…	G0010	PR ADMIN HEPATITIS B VACCINE	fee schedule	117.7
facility	outpatient	CPT/HCP…	G0012	PR INJECTION OF HIV PREP DRUG	fee schedule	117.7
facility	outpatient	CPT/HCP…	G0013	PR HIV PREP COUNSEL, CLIN STAFF	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0019	PR COMM HLTH INTG SVS SDOH 60MN	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0023	PR PIN SERVICE 60M PER MONTH	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0101	PR CA SCREEN - PELVIC/BREAST EXAM	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0104	PR CA SCREEN - FLEXI SIGMOIDSCOPE	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	G0105	PR COLORECTAL SCRN - HI RISK IND	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	G0106	PR COLON CA SCREEN - BARIUM ENEMA	fee schedule	455.2
facility	outpatient	CPT/HCP…	G0117	PR GLAUCOMA SCRN HGH RISK DIREC	fee schedule	73.8
facility	outpatient	CPT/HCP…	G0118	PR GLAUCOMA SCRN HGH RISK DIREC	fee schedule	99.3
facility	outpatient	CPT/HCP…	G0120	PR COLON CA SCRN - BARIUM ENEMA	fee schedule	952.7
facility	outpatient	CPT/HCP…	G0121	PR COLON CA SCRN NOT HI RSK IND	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	G0127	PR TRIM DYSTROPHIC NAIL(S)	fee schedule	151.5
facility	outpatient	CPT/HCP…	G0130	PR SINGLE ENERGY X-RAY STUDY	fee schedule	272.4
facility	outpatient	CPT/HCP…	G0136	PR ADM OF SOC DTR ASSESS 5-15 M	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0138	PR IV CIPAGLUCOSIDASE ALFA-ATGA	fee schedule	1,691.3
facility	outpatient	CPT/HCP…	G0140	PR NAV SRV PEER SUP 60 MIN PR M	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0166	PR EXTRNL COUNTERPULSE, PER TX	fee schedule	316.4
facility	outpatient	CPT/HCP…	G0175	PR OPPS SERVICE,SCHED TEAM CONF	fee schedule	1,097.2
facility	outpatient	CPT/HCP…	G0186	PR DSTRY EYE LESN,FDR VSSL TECH	fee schedule	1,440.0
facility	outpatient	CPT/HCP…	G0235	PR PET NOT OTHERWISE SPECIFIED	fee schedule	1,021.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	G0237	PR THERAPEUTIC PROCD STRG ENDUR	fee schedule	73.8
facility	outpatient	CPT/HCP…	G0238	PR OTH RESP PROC, INDIV	fee schedule	73.8
facility	outpatient	CPT/HCP…	G0239	PR OTH RESP PROC, GROUP	fee schedule	99.3
facility	outpatient	CPT/HCP…	G0245	PR INITIAL FOOT EXAM PT LOPS	fee schedule	327.5
facility	outpatient	CPT/HCP…	G0246	PR FOLLOWUP EVAL OF FOOT PT LOP	fee schedule	327.5
facility	outpatient	CPT/HCP…	G0247	PR ROUTINE FOOTCARE PT W LOPS	fee schedule	495.9
facility	outpatient	CPT/HCP…	G0248	PR DEMONSTRATE USE HOME INR MON	fee schedule	327.5
facility	outpatient	CPT/HCP…	G0249	PR PROVIDE TEST MATERIAL,EQUIPM	fee schedule	327.5
facility	outpatient	CPT/HCP…	G0257	PR UNSCHED DIALYSIS ESRD PT HOS	fee schedule	1,731.1
facility	outpatient	CPT/HCP…	G0260	PR INJ FOR SACROILIAC JT ANESTH	fee schedule	1,713.1
facility	outpatient	CPT/HCP…	G0276	PR PILD/PLACEBO CONTROL CLIN TR	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	G0277	PR HBOT, FULL BODY CHAMBER, 30M	fee schedule	343.7
facility	outpatient	CPT/HCP…	G0293	PR NON-COV SURG PROC,CLIN TRIAL	fee schedule	99.3
facility	outpatient	CPT/HCP…	G0294	PR NON-COV PROC, CLINICAL TRIAL	fee schedule	99.3
facility	outpatient	CPT/HCP…	G0296	PR PB VISIT TO DETERM LDCT ELIG	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0302	PR PRE-OP SERVICE LVRS COMPLETE	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	G0303	PR PRE-OP SERVICE LVRS 10-15DOS	fee schedule	777.6
facility	outpatient	CPT/HCP…	G0304	PR PRE-OP SERVICE LVRS 1-9 DOS	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	G0305	PR POST OP SERVICE LVRS MIN 6	fee schedule	1,327.8
facility	outpatient	CPT/HCP…	G0323	PR CARE MANAGE BEH SVS 20MINS	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0330	PR FACILITY SVS DENTAL REHAB	fee schedule	7,975.8
facility	outpatient	CPT/HCP…	G0379	PR DIRECT REFER HOSPITAL OBSERV	fee schedule	1,591.2
facility	outpatient	CPT/HCP…	G0380	PR LEV 1 HOSP TYPE B ED VISIT	fee schedule	185.8
facility	outpatient	CPT/HCP…	G0381	PR LEV 2 HOSP TYPE B ED VISIT	fee schedule	301.7
facility	outpatient	CPT/HCP…	G0382	PR LEV 3 HOSP TYPE B ED VISIT	fee schedule	495.5
facility	outpatient	CPT/HCP…	G0383	PR LEV 4 HOSP TYPE B ED VISIT	fee schedule	729.7
facility	outpatient	CPT/HCP…	G0384	PR LEV 5 HOSP TYPE B ED VISIT	fee schedule	944.2
facility	outpatient	CPT/HCP…	G0390	PR TRAUMA RESPONS W/HOSP CRITI	fee schedule	3,391.6
facility	outpatient	CPT/HCP…	G0396	ALCOHOL/SUBS INTERV 15-30MN	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0397	PR ALCOHOL/SUBS INTERV >30 MIN	fee schedule	395.0
facility	outpatient	CPT/HCP…	G0398	PR HOME SLEEP TEST/TYPE 2 PORTA	fee schedule	387.0
facility	outpatient	CPT/HCP…	G0399	PR HOME SLEEP TEST/TYPE 3 PORTA	fee schedule	387.0
facility	outpatient	CPT/HCP…	G0400	PR HOME SLEEP TEST/TYPE 4 PORTA	fee schedule	777.6
facility	outpatient	CPT/HCP…	G0402	PR INITIAL PREVENTIVE EXAM	fee schedule	327.5
facility	outpatient	CPT/HCP…	G0404	PR EKG TRACING FOR INITIAL PREV	fee schedule	73.8
facility	outpatient	CPT/HCP…	G0413	PR PELVIC RING FRACTURE UNI/BIL	fee schedule	17,722.5
facility	outpatient	CPT/HCP…	G0416	PR SAT BIOPSY PROSTATE 1-20 SPC	fee schedule	890.4
facility	outpatient	CPT/HCP…	G0422	PR INTENS CARDIAC REHAB W/EXERC	fee schedule	327.3
facility	outpatient	CPT/HCP…	G0423	PR INTENS CARDIAC REHAB NO EXER	fee schedule	327.3
facility	outpatient	CPT/HCP…	G0429	PR DERMAL FILLER INJECTION(S)	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	G0442	PR ANNUAL ALCOHOL SCREEN 15 MIN	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0443	PR ALCOHOL MISUSE BRIEF COUNSELING 15 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0444	PR DEPRESSION SCREEN ANNUAL	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0445	PR BEHAVIORAL COUNSEL STD HIGH-INT 30 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0446	PR INTENS BEHAVE THER CARDIO DX	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0447	PR BEHAVIORAL COUNSEL OBESITY 15 MIN	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0451	PR DEVELOPMENTAL TESTING	fee schedule	220.8
facility	outpatient	CPT/HCP…	G0455	PR PREPARATION FECAL MICROBIOTA	fee schedule	2,264.1
facility	outpatient	CPT/HCP…	G0460	PR AUTOLOGOUS PRP FOR ULCERS	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	G0463	PR OFFICE/OUTPATIENT VISIT	fee schedule	n/a
facility	outpatient	CPT/HCP…	G0465	PR AUTOLOG PRP DIAB WOUND ULCER	fee schedule	4,517.6
facility	outpatient	CPT/HCP…	G0473	PR FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROU…	fee schedule	71.1
facility	outpatient	CPT/HCP…	G0498	PR CHEMO EXTEND IV INFUS W/PUMP	fee schedule	839.0
facility	outpatient	CPT/HCP…	G0516	PR INSERT DRUG DEL IMPLANT, >4	fee schedule	987.0
facility	outpatient	CPT/HCP…	G0517	PR REMOVE DRUG IMPLANT	fee schedule	987.0
facility	outpatient	CPT/HCP…	G0518	PR REMOVE W INSERT DRUG IMPLANT	fee schedule	987.0
facility	outpatient	CPT/HCP…	G2000	PR BLINDED CONV. TX MDD CLIN TR	fee schedule	1,327.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	G2011	PR ALCOHOL/SUB ABUSE ASSESS	fee schedule	73.8
facility	outpatient	CPT/HCP…	G2082	PR VISIT ESKETAMINE 56M OR LESS	fee schedule	2,991.3
facility	outpatient	CPT/HCP…	G2083	PR VISIT ESKETAMINE, > 56M	fee schedule	4,811.3
facility	outpatient	CPT/HCP…	G2086	PR OFF BASE OPIOID TX 70MIN	fee schedule	395.0
facility	outpatient	CPT/HCP…	G2087	PR OFF BASE OPIOID TX, 60 M	fee schedule	395.0
facility	outpatient	CPT/HCP…	G2214	PR INIT/SUB PSYCH CARE M 1ST 30	fee schedule	220.8
facility	outpatient	CPT/HCP…	J0121	PR INJ., OMADACYCLINE, 1 MG	fee schedule	10.1
facility	outpatient	CPT/HCP…	J0122	PR INJ., ERAVACYCLINE, 1 MG	fee schedule	3.1
facility	outpatient	CPT/HCP…	J0129	PR ABATACEPT INJECTION	fee schedule	113.7
facility	outpatient	CPT/HCP…	J0134	PR INJ ACETAMINOPHEN (FRESENIUS KABI) 10MG	fee schedule	0.1
facility	outpatient	CPT/HCP…	J0135	PR ADALIMUMAB INJECTION	fee schedule	4,769.7
facility	outpatient	CPT/HCP…	J0136	PR INJ ACETAMINOPHEN (B BRAUN) 10MG	fee schedule	0.1
facility	outpatient	CPT/HCP…	J0137	PR INJ, ACETAMINOPHEN (HIKMA)	fee schedule	0.1
facility	outpatient	CPT/HCP…	J0172	PR INJ, ADUCANUMAB-AVWA, 2 MG	fee schedule	15.5
facility	outpatient	CPT/HCP…	J0173	PR INJ EPINEPHRINE (BELCHER) 0.1MG	fee schedule	4.8
facility	outpatient	CPT/HCP…	J0174	PR INJ LECANEMAB - IRMB 1MG	fee schedule	3.5
facility	outpatient	CPT/HCP…	J0177	PR INJ, AFLIBERCEPT HD, 1 MG	fee schedule	872.8
facility	outpatient	CPT/HCP…	J0178	PR INJECTION, AFLIBERCEPT, 1MG	fee schedule	2,172.0
facility	outpatient	CPT/HCP…	J0179	PR INJ, BROLUCIZUMAB-DBLL, 1 MG	fee schedule	861.2
facility	outpatient	CPT/HCP…	J0180	PR AGALSIDASE BETA INJECTION	fee schedule	579.6
facility	outpatient	CPT/HCP…	J0184	PR INJ, AMISULPRIDE, 1 MG	fee schedule	23.6
facility	outpatient	CPT/HCP…	J0185	PR INJ., APREPITANT, 1 MG	fee schedule	4.5
facility	outpatient	CPT/HCP…	J0202	PR INJECTION, ALEMTUZUMAB	fee schedule	6,107.0
facility	outpatient	CPT/HCP…	J0206	PR INJ ALLOPURINOL SODIUM 1 MG	fee schedule	14.3
facility	outpatient	CPT/HCP…	J0208	PR INJECTION, SODIUM THIOSULFATE (PEDMARK), 100 MG	fee schedule	249.5
facility	outpatient	CPT/HCP…	J0211	PR INJ, SODIUM NITRITE 3 MG AND SODIUM THIOSULFATE 125 MG (…	fee schedule	5.6
facility	outpatient	CPT/HCP…	J0217	PR INJ VELMANASE ALFA-TYCV 1 MG	fee schedule	1,155.4
facility	outpatient	CPT/HCP…	J0218	PR INJ., OLIPUDASE ALFA-RPCP, 1 MG	fee schedule	992.8
facility	outpatient	CPT/HCP…	J0219	PR AVALGLUCOSIDASE ALFA-NGPT 4MG INJ	fee schedule	201.8
facility	outpatient	CPT/HCP…	J0220	PR AGLUCOSIDASE ALFA INJECTION	fee schedule	387.0
facility	outpatient	CPT/HCP…	J0221	PR INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	fee schedule	524.3
facility	outpatient	CPT/HCP…	J0222	PR INJ., PATISIRAN, 0.1 MG	fee schedule	258.3
facility	outpatient	CPT/HCP…	J0223	PR GIVOSIRAN 0.5 MG INJ	fee schedule	291.9
facility	outpatient	CPT/HCP…	J0224	PR INJ. LUMASIRAN, 0.5 MG	fee schedule	828.1
facility	outpatient	CPT/HCP…	J0225	PR INJ, VUTRISIRAN, 1 MG	fee schedule	12,823.5
facility	outpatient	CPT/HCP…	J0248	PR REMDESVIR 1MG INJ	fee schedule	16.5
facility	outpatient	CPT/HCP…	J0256	PR ALPHA 1 PROTEINASE INHIBITOR	fee schedule	12.6
facility	outpatient	CPT/HCP…	J0257	PR INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSI…	fee schedule	14.0
facility	outpatient	CPT/HCP…	J0287	PR AMPHOTERICIN B LIPID COMPLEX	fee schedule	28.9
facility	outpatient	CPT/HCP…	J0289	PR AMPHOTERICIN B LIPOSOME INJ	fee schedule	56.2
facility	outpatient	CPT/HCP…	J0291	PR INJ., PLAZOMICIN, 5 MG	fee schedule	9.3
facility	outpatient	CPT/HCP…	J0300	PR AMOBARBITAL 125 MG INJ	fee schedule	297.0
facility	outpatient	CPT/HCP…	J0349	PR INJ, REZAFUNGIN, 1 MG	fee schedule	26.3
facility	outpatient	CPT/HCP…	J0391	PR INJ, ARTESUNATE, 1MG	fee schedule	134.8
facility	outpatient	CPT/HCP…	J0401	PR INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	fee schedule	18.2
facility	outpatient	CPT/HCP…	J0402	PR INJ, ABILIFY ASIMTUFII, 1 MG	fee schedule	15.4
facility	outpatient	CPT/HCP…	J0457	PR INJECTION, AZTREONAM, 100 MG	fee schedule	5.5
facility	outpatient	CPT/HCP…	J0470	PR DIMECAPROL INJECTION	fee schedule	155.5
facility	outpatient	CPT/HCP…	J0475	PR BACLOFEN 10 MG INJECTION	fee schedule	461.7
facility	outpatient	CPT/HCP…	J0480	PR BASILIXIMAB	fee schedule	11,911.2
facility	outpatient	CPT/HCP…	J0485	PR INJ BELATACEPT, 1 MG	fee schedule	10.1
facility	outpatient	CPT/HCP…	J0490	PR BELINUMAB 10MG INJ	fee schedule	140.7
facility	outpatient	CPT/HCP…	J0491	PR ANIFROLUMAB-FNIA 1MG INJ	fee schedule	45.1
facility	outpatient	CPT/HCP…	J0517	PR INJ., BENRALIZUMAB, 1 MG	fee schedule	437.4
facility	outpatient	CPT/HCP…	J0558	PR PENG BENZATHINE/PROCAINE INJ	fee schedule	50.8
facility	outpatient	CPT/HCP…	J0561	PR PENICILLIN G BENZATHINE INJ	fee schedule	62.3
facility	outpatient	CPT/HCP…	J0565	PR INJ, BEZLOTOXUMAB, 10 MG	fee schedule	103.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J0570	BUPRENORPHINE IMPLANT, 74.2 MG	fee schedule	3,410.6
facility	outpatient	CPT/HCP…	J0577	PR INJ, BRIXADI, 7 DAYS OR LESS	fee schedule	1,110.1
facility	outpatient	CPT/HCP…	J0578	PR INJ,BRIXADI, MORE THAN 7 DAY	fee schedule	4,440.5
facility	outpatient	CPT/HCP…	J0584	PR INJECTION, BUROSUMAB-TWZA 1M	fee schedule	1,208.3
facility	outpatient	CPT/HCP…	J0585	PR INJECTION,ONABOTULINUMTOXINA	fee schedule	16.6
facility	outpatient	CPT/HCP…	J0586	PR ABOBOTULINUMTOXINA	fee schedule	22.8
facility	outpatient	CPT/HCP…	J0587	PR INJ, RIMABOTULINUMTOXINB	fee schedule	34.0
facility	outpatient	CPT/HCP…	J0588	PR INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	fee schedule	13.5
facility	outpatient	CPT/HCP…	J0589	PR INJ DAXIBOTULINUMTOXINA-LANM	fee schedule	8.0
facility	outpatient	CPT/HCP…	J0594	PR BUSULFAN INJECTION	fee schedule	2.5
facility	outpatient	CPT/HCP…	J0596	PR INJECTION, C-1 ESTERASE INHIBITOR (RECOMBINANT), RUCON…	fee schedule	90.4
facility	outpatient	CPT/HCP…	J0597	PR C-1 ESTERASE, BERINERT	fee schedule	176.2
facility	outpatient	CPT/HCP…	J0598	PR C-1 ESTERASE, CINRYZE	fee schedule	167.1
facility	outpatient	CPT/HCP…	J0600	PR EDETATE CALCIUM DISODIUM INJ	fee schedule	16,405.1
facility	outpatient	CPT/HCP…	J0606	PR INJ, ETELCALCETIDE, 0.1 MG	fee schedule	6.5
facility	outpatient	CPT/HCP…	J0612	PR INJECTION, CALCIUM GLUCONATE, NOT OTHERWISE SPECIFIE…	fee schedule	0.1
facility	outpatient	CPT/HCP…	J0613	PR INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE) NOT T…	fee schedule	0.2
facility	outpatient	CPT/HCP…	J0630	PR CALCITONIN SALMON INJECTION	fee schedule	2,787.1
facility	outpatient	CPT/HCP…	J0638	PR CANAKINUMAB INJECTION	fee schedule	329.0
facility	outpatient	CPT/HCP…	J0641	PR INJ LEVOLEUCOVORIN NOS 0.5MG	fee schedule	0.1
facility	outpatient	CPT/HCP…	J0642	PR INJECTION, KHAPZORY, 0.5 MG	fee schedule	4.4
facility	outpatient	CPT/HCP…	J0651	PR INJ, LEVOTHYROXINE, FRESKABI	fee schedule	6.9
facility	outpatient	CPT/HCP…	J0652	PR INJ, LEVOTHYROXINE, HIKMA	fee schedule	15.1
facility	outpatient	CPT/HCP…	J0665	PR INJ, BUPIVACAINE, NOS, 0.5MG	fee schedule	0.0
facility	outpatient	CPT/HCP…	J0687	PR INJ, CEFAZOLIN SODIUM (WG CRITICAL CARE), 500 MG	fee schedule	2.8
facility	outpatient	CPT/HCP…	J0689	PR INJ CEFAZOLIN SODIUM (BAXTER) 500MG	fee schedule	3.3
facility	outpatient	CPT/HCP…	J0691	PR LEFAMULIN 1 MG INJ	fee schedule	1.9
facility	outpatient	CPT/HCP…	J0695	PR INJECTION, CEFTOLOZANE AND TAZOBACTAM	fee schedule	21.4
facility	outpatient	CPT/HCP…	J0699	PR CEFIDEROCOL 10 MG INJ	fee schedule	5.9
facility	outpatient	CPT/HCP…	J0701	PR INJ CEFEPIME HCL (BAXTER) 500MG	fee schedule	14.8
facility	outpatient	CPT/HCP…	J0703	PR INJ CEFEPIME HCL (B BRAUN) 500MG	fee schedule	13.3
facility	outpatient	CPT/HCP…	J0712	PR INJECTION, CEFTAROLINE FOSAMIL, 10 MG	fee schedule	10.5
facility	outpatient	CPT/HCP…	J0714	PR INJECTION, CEFTAZIDIME AND AVIBACTAM	fee schedule	260.5
facility	outpatient	CPT/HCP…	J0716	PR CENTRUROIDES IMMUNE F(AB), UP TO 120 MG	fee schedule	12,376.5
facility	outpatient	CPT/HCP…	J0717	PR INJECTION, CERTOLIZUMAB PEGOL, 1 MG	fee schedule	11.6
facility	outpatient	CPT/HCP…	J0736	PR INJ, CLINDAMYCIN PHOSP 300MG	fee schedule	6.2
facility	outpatient	CPT/HCP…	J0737	PR INJ, CLINDAMYCIN (BAXTER),300 MG	fee schedule	8.5
facility	outpatient	CPT/HCP…	J0740	PR CIDOFOVIR INJECTION	fee schedule	1,416.3
facility	outpatient	CPT/HCP…	J0741	PR CABOTEGRAVIR AND RILPIVIRINE 2MG/3MG INJ	fee schedule	59.6
facility	outpatient	CPT/HCP…	J0742	PR IMIPENEM 4 CILASTATIN 4 RELEBACTAM 2MG INJ	fee schedule	6.6
facility	outpatient	CPT/HCP…	J0775	PR COLLAGENASE, CLOST HIST INJ	fee schedule	178.6
facility	outpatient	CPT/HCP…	J0791	PR CRIZANLIZUMAB-TMCA 5MG INJ	fee schedule	331.2
facility	outpatient	CPT/HCP…	J0801	PR INJ. ACTHAR GEL TO 40 UNITS	fee schedule	9,046.8
facility	outpatient	CPT/HCP…	J0802	PR INJ. (ANI), UP TO 40 UNITS	fee schedule	9,050.6
facility	outpatient	CPT/HCP…	J0840	PR CROTALIDAE POLY IMMUNE FAB, UP TO 1 G	fee schedule	4,924.8
facility	outpatient	CPT/HCP…	J0841	PR INJ CROTALIDAE IM F(AB')2 EQ	fee schedule	2,746.6
facility	outpatient	CPT/HCP…	J0850	PR CYTOMEGALOVIRUS IMM IV /VIAL	fee schedule	4,711.6
facility	outpatient	CPT/HCP…	J0872	PR INJ, DAPTOMYCIN (XELLIA), UNREFRIGERATED, 1 MG	fee schedule	0.9
facility	outpatient	CPT/HCP…	J0875	PR INJECTION, DALBAVANCIN	fee schedule	41.1
facility	outpatient	CPT/HCP…	J0877	PR INJ DAPTOMYCIN (HOSPIRA) 1MG	fee schedule	0.2
facility	outpatient	CPT/HCP…	J0881	PR DARBEPOETIN ALFA, NON-ESRD	fee schedule	8.0
facility	outpatient	CPT/HCP…	J0882	PR DARBEPOETIN ALFA, ESRD USE	fee schedule	8.0
facility	outpatient	CPT/HCP…	J0883	PR ARGATROBAN NONESRD USE 1MG	fee schedule	2.1
facility	outpatient	CPT/HCP…	J0884	PR ARGATROBAN ESRD DIALYSIS 1MG	fee schedule	2.1
facility	outpatient	CPT/HCP…	J0885	PR EPOETIN ALFA, NON-ESRD	fee schedule	21.1
facility	outpatient	CPT/HCP…	J0887	PR EPOETIN BETA ESRD USE, 1 MCG	fee schedule	2.8
facility	outpatient	CPT/HCP…	J0888	PR EPOETIN BETA NON ESRD, 1 MCG	fee schedule	2.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J0891	PR INJ ARGATROBAN NONESRD (ACCORD) 1MG	fee schedule	10.9
facility	outpatient	CPT/HCP…	J0892	PR INJ ARGATROBAN ESRD (ACCORD) 1MG	fee schedule	10.9
facility	outpatient	CPT/HCP…	J0893	PR INJ DECITABINE (SUN PHARMA) 1MG	fee schedule	5.5
facility	outpatient	CPT/HCP…	J0896	PR LUSPATERCEPT-AAMT 0.25MG INJ	fee schedule	105.8
facility	outpatient	CPT/HCP…	J0897	PR DENOSUMAB 1MG INJ	fee schedule	69.5
facility	outpatient	CPT/HCP…	J0898	PR INJ ARGATROBAN NONESRD (AUROMED) 1MG	fee schedule	3.6
facility	outpatient	CPT/HCP…	J0899	PR INJ ARGATROBAN ESRD (AUROMED) 1MG	fee schedule	3.6
facility	outpatient	CPT/HCP…	J0911	PR INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100…	fee schedule	2.2
facility	outpatient	CPT/HCP…	J1105	PR DEXMEDETOMIDINE FILM, 1 MCG	fee schedule	2.0
facility	outpatient	CPT/HCP…	J1162	PR DIGOXIN IMMUNE FAB (OVINE)	fee schedule	12,421.3
facility	outpatient	CPT/HCP…	J1190	PR DEXRAZOXANE HCL INJECTION	fee schedule	261.7
facility	outpatient	CPT/HCP…	J1201	PR CETIRIZINE HCL 0.5MG INJ	fee schedule	38.9
facility	outpatient	CPT/HCP…	J1203	PR INJ, CIPAGLUCOSIDASE, 5 MG	fee schedule	229.2
facility	outpatient	CPT/HCP…	J1212	PR DIMETHYL SULFOXIDE 50% 50 ML	fee schedule	1,836.0
facility	outpatient	CPT/HCP…	J1290	PR ECALLANTIDE INJECTION	fee schedule	1,463.5
facility	outpatient	CPT/HCP…	J1300	PR ECULIZUMAB INJECTION	fee schedule	586.2
facility	outpatient	CPT/HCP…	J1301	PR INJECTION, EDARAVONE, 1 MG	fee schedule	56.7
facility	outpatient	CPT/HCP…	J1302	PR INJ, SUTIMLIMAB-JOME, 10 MG	fee schedule	47.1
facility	outpatient	CPT/HCP…	J1303	PR INJ., RAVULIZUMAB-CWVZ 10 MG	fee schedule	575.1
facility	outpatient	CPT/HCP…	J1304	PR INJ TOFERSEN INTRATHEC 1 MG	fee schedule	392.2
facility	outpatient	CPT/HCP…	J1305	PR EVINACUMAB-DGNB 5MG INJ	fee schedule	474.9
facility	outpatient	CPT/HCP…	J1306	PR INJECTION, INCLISIRAN, 1 MG	fee schedule	31.7
facility	outpatient	CPT/HCP…	J1322	PR INJ ELOSULFASE ALFA, 1 MG	fee schedule	750.2
facility	outpatient	CPT/HCP…	J1323	PR INJ, ELRANATAMAB-BCMM, 1 MG	fee schedule	467.8
facility	outpatient	CPT/HCP…	J1327	PR EPTIFIBATIDE INJECTION	fee schedule	7.9
facility	outpatient	CPT/HCP…	J1364	PR ERYTHRO LACTOBIONATE /500 MG	fee schedule	181.5
facility	outpatient	CPT/HCP…	J1410	PR INJ ESTROGEN CONJUGATE 25 MG	fee schedule	998.5
facility	outpatient	CPT/HCP…	J1411	PR INJ., ETRANACOGENE DEZAPARVOVEC-DRLB, PER TC DOSE	fee schedule	9,646,000.0
facility	outpatient	CPT/HCP…	J1412	PR INJ ROCTAVIAN ML 2X10^13VC G	fee schedule	31,220.3
facility	outpatient	CPT/HCP…	J1413	PR INJ DELANDISTROGENE MOX ROKL	fee schedule	8,650,615.7
facility	outpatient	CPT/HCP…	J1426	PR CASIMERSEN 10 MG INJ	fee schedule	432.2
facility	outpatient	CPT/HCP…	J1427	PR INJ. VILTOLARSEN	fee schedule	152.9
facility	outpatient	CPT/HCP…	J1429	PR GOLODIRSEN 10 MG INJ	fee schedule	431.8
facility	outpatient	CPT/HCP…	J1430	PR ETHANOLAMINE OLEATE 100 MG	fee schedule	1,297.4
facility	outpatient	CPT/HCP…	J1437	PR FERRIC DERISOMALTOSE 10 MG INJ	fee schedule	53.7
facility	outpatient	CPT/HCP…	J1438	PR ETANERCEPT INJECTION	fee schedule	2,056.0
facility	outpatient	CPT/HCP…	J1439	PR INJ FERRIC CARBOXYMALTOS 1MG	fee schedule	2.9
facility	outpatient	CPT/HCP…	J1440	PR FECAL MICOBIOTA, LIVE JSLM, 1 ML	fee schedule	164.5
facility	outpatient	CPT/HCP…	J1442	PR INJECTION, FILGRASTIM (G-CSF), 1 MICROGRAM	fee schedule	2.6
facility	outpatient	CPT/HCP…	J1447	PR INJECTION, TBO-FILGRASTIM	fee schedule	1.0
facility	outpatient	CPT/HCP…	J1448	PR TRILACICLIB 1MG INJ	fee schedule	13.7
facility	outpatient	CPT/HCP…	J1449	PR INJ., EFLAPEGRASTIM-XNST, 0.1 MG	fee schedule	68.0
facility	outpatient	CPT/HCP…	J1451	PR FOMEPIZOLE, 15 MG	fee schedule	17.1
facility	outpatient	CPT/HCP…	J1454	PR INJ FOSNETUPITANT, PALONOSET	fee schedule	1,786.6
facility	outpatient	CPT/HCP…	J1455	PR FOSCARNET SODIUM INJECTION	fee schedule	127.5
facility	outpatient	CPT/HCP…	J1456	PR INJ FOSAPREPITANT (TEVA) 1MG	fee schedule	5.3
facility	outpatient	CPT/HCP…	J1458	PR GALSULFASE INJECTION	fee schedule	1,236.7
facility	outpatient	CPT/HCP…	J1459	PR INJ IVIG PRIVIGEN 500 MG	fee schedule	126.5
facility	outpatient	CPT/HCP…	J1460	PR GAMMA GLOBULIN 1 CC INJ	fee schedule	130.2
facility	outpatient	CPT/HCP…	J1551	PR INJ CUTAQUIG 100 MG	fee schedule	37.8
facility	outpatient	CPT/HCP…	J1554	PR INJ. ASCENIV	fee schedule	1,277.6
facility	outpatient	CPT/HCP…	J1555	PR INJ CUVITRU, 100 MG	fee schedule	43.9
facility	outpatient	CPT/HCP…	J1556	PR INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	fee schedule	195.4
facility	outpatient	CPT/HCP…	J1557	PR INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS,	fee schedule	141.9
facility	outpatient	CPT/HCP…	J1558	PR IMMUNE GLOBULIN (XEMBIFY) 100 MG INJ	fee schedule	37.4
facility	outpatient	CPT/HCP…	J1559	PR HIZENTRA INJECTION	fee schedule	34.3
facility	outpatient	CPT/HCP…	J1560	PR GAMMA GLOBULIN > 10 CC INJ	fee schedule	1,301.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J1561	PR GAMUNEX/GAMUNEX C	fee schedule	128.9
facility	outpatient	CPT/HCP…	J1566	PR IMMUNE GLOBULIN, POWDER	fee schedule	207.7
facility	outpatient	CPT/HCP…	J1568	PR OCTAGAM INJECTION	fee schedule	124.1
facility	outpatient	CPT/HCP…	J1569	PR GAMMAGARD LIQUID INJECTION	fee schedule	117.2
facility	outpatient	CPT/HCP…	J1571	PR HEPAGAM B IM INJECTION	fee schedule	163.2
facility	outpatient	CPT/HCP…	J1572	PR FLEBOGAMMA INJECTION	fee schedule	145.9
facility	outpatient	CPT/HCP…	J1573	PR HEPAGAM B INTRAVENOUS, INJ	fee schedule	163.2
facility	outpatient	CPT/HCP…	J1575	PR INJECTION, IMMUNE GLOBULIN/HYALURONIDASE	fee schedule	44.8
facility	outpatient	CPT/HCP…	J1576	PR INJ, PANZYGA, 500 MG	fee schedule	181.4
facility	outpatient	CPT/HCP…	J1595	PR INJECTION GLATIRAMER ACETATE	fee schedule	434.4
facility	outpatient	CPT/HCP…	J1602	PR INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	fee schedule	29.6
facility	outpatient	CPT/HCP…	J1610	PR GLUCAGON HYDROCHLORIDE/1 MG	fee schedule	492.6
facility	outpatient	CPT/HCP…	J1611	PR INJ GLUCAGON HCL (FRESENIUS KABI) 1MG	fee schedule	337.1
facility	outpatient	CPT/HCP…	J1627	PR INJ, GRANISETRON, XR, 0.1 MG	fee schedule	14.6
facility	outpatient	CPT/HCP…	J1628	PR INJ., GUSELKUMAB, 1 MG	fee schedule	191.4
facility	outpatient	CPT/HCP…	J1632	PR BREXANOLONE 1 MG INJ	fee schedule	184.8
facility	outpatient	CPT/HCP…	J1640	PR HEMIN, 1 MG	fee schedule	83.5
facility	outpatient	CPT/HCP…	J1643	PR INJ HEPARIN SODIUM (PFIZER) 1000UNITS	fee schedule	8.9
facility	outpatient	CPT/HCP…	J1670	PR TETANUS IMMUNE GLOBULIN INJ	fee schedule	1,468.8
facility	outpatient	CPT/HCP…	J1726	PR MAKENA, 10 MG	fee schedule	37.6
facility	outpatient	CPT/HCP…	J1729	PR INJ HYDROXYPROGST CAPOAT NOS	fee schedule	47.3
facility	outpatient	CPT/HCP…	J1742	PR IBUTILIDE FUMARATE INJECTION	fee schedule	600.0
facility	outpatient	CPT/HCP…	J1743	PR IDURSULFASE INJECTION	fee schedule	1,416.8
facility	outpatient	CPT/HCP…	J1744	PR INJ ICATIBANT, 1 MG	fee schedule	403.3
facility	outpatient	CPT/HCP…	J1745	PR INFLIXIMAB INJECTION	fee schedule	82.4
facility	outpatient	CPT/HCP…	J1746	PR INJ., IBALIZUMAB-UIYK, 10 MG	fee schedule	200.8
facility	outpatient	CPT/HCP…	J1747	PR INJ., SPESOLIMAB-SBZO, 1 MG	fee schedule	159.7
facility	outpatient	CPT/HCP…	J1750	PR INJ IRON DEXTRAN	fee schedule	46.8
facility	outpatient	CPT/HCP…	J1786	PR IMUGLUCERASE INJECTION	fee schedule	113.7
facility	outpatient	CPT/HCP…	J1805	PR INJ, ESMOLOL HCL, 10MG	fee schedule	0.7
facility	outpatient	CPT/HCP…	J1806	PR INJ ESMOLOL HCL WG CRIT CARE, 10 MG	fee schedule	1.0
facility	outpatient	CPT/HCP…	J1811	PR FIASP FOR INSULIN PUMP USE	fee schedule	19.6
facility	outpatient	CPT/HCP…	J1813	PR LYUMJEV FOR INSULIN PUMP USE	fee schedule	40.4
facility	outpatient	CPT/HCP…	J1823	PR INJ. INEBILIZUMAB-CDON, 1 MG	fee schedule	1,258.0
facility	outpatient	CPT/HCP…	J1826	PR INTERFERON BETA-1A INJ	fee schedule	4,967.8
facility	outpatient	CPT/HCP…	J1833	PR INJECTION, ISAVUCONAZONIUM SULFATE	fee schedule	2.5
facility	outpatient	CPT/HCP…	J1836	PR INJ, METRONIDAZOLE, 10 MG	fee schedule	0.1
facility	outpatient	CPT/HCP…	J1920	PR INJ, LABETALOL HCL, 5MG	fee schedule	0.4
facility	outpatient	CPT/HCP…	J1921	PR INJ LABETALOL HCL HIKMA, 5MG	fee schedule	5.5
facility	outpatient	CPT/HCP…	J1930	PR LANREOTIDE INJECTION	fee schedule	130.1
facility	outpatient	CPT/HCP…	J1931	PR LARONIDASE INJECTION	fee schedule	100.4
facility	outpatient	CPT/HCP…	J1932	PR INJ, LANREOTIDE, (CIPLA) 1MG	fee schedule	110.1
facility	outpatient	CPT/HCP…	J1943	PR INJ., ARISTADA INITIO, 1 MG	fee schedule	8.2
facility	outpatient	CPT/HCP…	J1944	PR ARIPIRAZOLE LAUROXIL 1 MG	fee schedule	8.4
facility	outpatient	CPT/HCP…	J1950	PR LEUPROLIDE ACETATE /3.75 MG	fee schedule	4,352.2
facility	outpatient	CPT/HCP…	J1951	PR INJ FENSOLVI 0.25 MG	fee schedule	364.0
facility	outpatient	CPT/HCP…	J1952	PR LEUPROLIDE INJ, CAMCEVI, 1MG	fee schedule	144.7
facility	outpatient	CPT/HCP…	J1954	PR INJ., LEUPROLIDE DEPOT (CIPLA), 7.5 MG	fee schedule	797.3
facility	outpatient	CPT/HCP…	J1961	PR INJ, LENACAPAVIR, 1 MG	fee schedule	57.0
facility	outpatient	CPT/HCP…	J2021	PR INJ LINEZOLID (HOSPIRA) 200MG	fee schedule	37.3
facility	outpatient	CPT/HCP…	J2182	PR INJECTION, MEPOLIZUMAB, 1MG	fee schedule	79.2
facility	outpatient	CPT/HCP…	J2186	PR INJ., MEROPENEM, VABORBACTAM	fee schedule	5.4
facility	outpatient	CPT/HCP…	J2212	PR INJ METHYLNALTREXONE, 0.1 MG	fee schedule	3.1
facility	outpatient	CPT/HCP…	J2247	PR INJ MICAFUNGIN SODIUM (PAR PHARM) 1MG	fee schedule	1.3
facility	outpatient	CPT/HCP…	J2265	PR INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	fee schedule	6.7
facility	outpatient	CPT/HCP…	J2267	PR INJ, MIRIKIZUMAB-MRKZ, 1 MG	fee schedule	90.3
facility	outpatient	CPT/HCP…	J2277	PR INJ, MOTIXAFORTIDE, 0.25 MG	fee schedule	65.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J2278	PR ZICONOTIDE INJECTION	fee schedule	25.4
facility	outpatient	CPT/HCP…	J2281	PR INJ MOXIFLOXACIN (FRESENIUS KABI) 100MG	fee schedule	19.7
facility	outpatient	CPT/HCP…	J2305	PR INJ, NITROGLYCERIN, 5 MG	fee schedule	3.5
facility	outpatient	CPT/HCP…	J2311	PR INJ NALOXONE HCL (ZIMHI) 1MG	fee schedule	20.0
facility	outpatient	CPT/HCP…	J2315	PR NALTREXONE, DEPOT FORM	fee schedule	10.7
facility	outpatient	CPT/HCP…	J2323	PR NATALIZUMAB INJECTION	fee schedule	62.6
facility	outpatient	CPT/HCP…	J2326	PR INJ, NUSINERSEN, 0.1MG	fee schedule	3,149.3
facility	outpatient	CPT/HCP…	J2327	PR INJ RISANKIZUMAB-RZAA 1 MG	fee schedule	39.0
facility	outpatient	CPT/HCP…	J2329	PR INJ UBLITUXIMAB-XIIY, 1 MG	fee schedule	182.1
facility	outpatient	CPT/HCP…	J2350	PR INJECTION, OCRELIZUMAB, 1 MG	fee schedule	156.7
facility	outpatient	CPT/HCP…	J2353	PR OCTREOTIDE INJECTION, DEPOT	fee schedule	560.2
facility	outpatient	CPT/HCP…	J2356	PR INJ TEZEPELUMAB-EKKO, 1MG	fee schedule	47.4
facility	outpatient	CPT/HCP…	J2357	PR OMALIZUMAB INJECTION	fee schedule	99.7
facility	outpatient	CPT/HCP…	J2358	PR OLANZAPINE LONG-ACTING INJ	fee schedule	7.6
facility	outpatient	CPT/HCP…	J2359	PR INJ. OLANZAPINE, 0.5MG	fee schedule	2.5
facility	outpatient	CPT/HCP…	J2372	PR INJ, BIORPHEN, 20 MICROGRAMS	fee schedule	0.4
facility	outpatient	CPT/HCP…	J2401	PR CHLOROPROCAINE HCL INJECTION	fee schedule	0.1
facility	outpatient	CPT/HCP…	J2403	PR CHLOROPROCAINE OPHT 3% GEL, 1 MG	fee schedule	1.6
facility	outpatient	CPT/HCP…	J2406	PR ORITAVANCIN (KIMYRSA) 10 MG INJ	fee schedule	109.0
facility	outpatient	CPT/HCP…	J2407	PR INJECTION, ORITAVANCIN	fee schedule	73.1
facility	outpatient	CPT/HCP…	J2425	PR PALIFERMIN INJECTION	fee schedule	88.4
facility	outpatient	CPT/HCP…	J2426	PR INJ, INVEGA SUSTENNA, 1 MG	fee schedule	38.1
facility	outpatient	CPT/HCP…	J2427	PR INJ, INVEGA HAFYERA/TRINZA, 1 MG	fee schedule	32.6
facility	outpatient	CPT/HCP…	J2502	PR INJECTION, PASIREOTIDE LONG ACTING	fee schedule	1,250.5
facility	outpatient	CPT/HCP…	J2506	PR INJ PEGFILGRAST EX BIO 0.5MG	fee schedule	143.3
facility	outpatient	CPT/HCP…	J2507	PR INJECTION, PEGLOTICASE 1MG	fee schedule	8,962.4
facility	outpatient	CPT/HCP…	J2508	PR PEGUNIGALSIDASE ALFA-IWXJ	fee schedule	596.8
facility	outpatient	CPT/HCP…	J2510	PR PENICILLIN G PROCAINE INJ	fee schedule	106.4
facility	outpatient	CPT/HCP…	J2547	PR INJECTION, PERAMIVIR	fee schedule	4.4
facility	outpatient	CPT/HCP…	J2562	PR PLERIXAFOR INJECTION	fee schedule	331.3
facility	outpatient	CPT/HCP…	J2597	PR INJ DESMOPRESSIN ACETATE	fee schedule	14.5
facility	outpatient	CPT/HCP…	J2598	PR INJ, VASOPRESSIN, 1 UNIT	fee schedule	5.0
facility	outpatient	CPT/HCP…	J2690	PR PROCAINAMIDE HCL INJECTION	fee schedule	1,073.1
facility	outpatient	CPT/HCP…	J2724	PR PROTEIN C CONCENTRATE	fee schedule	39.0
facility	outpatient	CPT/HCP…	J2760	PR PHENTOLAINE MESYLATE INJ	fee schedule	1,038.3
facility	outpatient	CPT/HCP…	J2770	PR QUINUPRISTIN/DALFOPRISTIN	fee schedule	16.2
facility	outpatient	CPT/HCP…	J2777	PR INJ, FARICIMAB-SVOA, 0.1MG	fee schedule	90.5
facility	outpatient	CPT/HCP…	J2778	PR RANIBIZUMAB INJECTION	fee schedule	357.8
facility	outpatient	CPT/HCP…	J2779	PR INJ, SUSVIMO 0.1 MG	fee schedule	209.3
facility	outpatient	CPT/HCP…	J2781	PR INJ, PEGCETACOPLAN, 1MG	fee schedule	387.6
facility	outpatient	CPT/HCP…	J2782	PR INJ AVACINCAPTED PEGOL 0.1MG	fee schedule	287.2
facility	outpatient	CPT/HCP…	J2783	PR RASBURICASE	fee schedule	964.3
facility	outpatient	CPT/HCP…	J2786	PR INJECTION, RESLIZUMAB, 1MG	fee schedule	26.2
facility	outpatient	CPT/HCP…	J2792	PR RHO(D) IMMUNE GLOBULIN H, SD	fee schedule	87.7
facility	outpatient	CPT/HCP…	J2794	PR INJ RISPERDAL CONSTA, 0.5 MG	fee schedule	31.6
facility	outpatient	CPT/HCP…	J2796	PR ROMIPLOSTIM INJECTION	fee schedule	262.1
facility	outpatient	CPT/HCP…	J2798	PR INJ., PERSERIS, 0.5 MG	fee schedule	31.7
facility	outpatient	CPT/HCP…	J2799	PR INJ, UZEDY, 1 MG	fee schedule	65.2
facility	outpatient	CPT/HCP…	J2801	PR INJ, RYKINDO, 0.5 MG	fee schedule	33.9
facility	outpatient	CPT/HCP…	J2820	PR SARGRAMOSTIM INJECTION	fee schedule	156.0
facility	outpatient	CPT/HCP…	J2840	PR INJ SEBELIPASE ALFA 1 MG	fee schedule	1,400.3
facility	outpatient	CPT/HCP…	J2850	PR INJ SECRETIN SYNTHETIC HUMAN	fee schedule	110.7
facility	outpatient	CPT/HCP…	J2860	PR INJECTION, SILTUXIMAB	fee schedule	398.2
facility	outpatient	CPT/HCP…	J2941	PR SOMATROPIN INJECTION	fee schedule	425.2
facility	outpatient	CPT/HCP…	J2993	PR RETEPLASE INJECTION	fee schedule	6,982.1
facility	outpatient	CPT/HCP…	J2997	PR ALTEPLASE RECOMBINANT	fee schedule	237.5
facility	outpatient	CPT/HCP…	J2998	PR INJ PLASMINOGEN TVMH 1MG	fee schedule	90.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J3031	PR INJ., FREMANEZUMAB-VFRM 1 MG	fee schedule	4.8
facility	outpatient	CPT/HCP…	J3032	PR EPTINEZUMAB-JJMR 1 MG INJ	fee schedule	48.5
facility	outpatient	CPT/HCP…	J3055	PR INJ TALQUETAMAB-TGVS 0.25 MG	fee schedule	175.8
facility	outpatient	CPT/HCP…	J3060	PR INJECTION, TALIGLUCERACE ALFA, 10 UNITS	fee schedule	115.9
facility	outpatient	CPT/HCP…	J3090	PR INJECTION, TEDIZOLID PHOSPHATE	fee schedule	4.7
facility	outpatient	CPT/HCP…	J3095	PR TELEVANCIN INJECTION	fee schedule	18.4
facility	outpatient	CPT/HCP…	J3101	PR INJ TENECTEPLASE, 1 MG	fee schedule	409.4
facility	outpatient	CPT/HCP…	J3111	PR INJ. ROMOSOZUMAB-AQQG 1 MG	fee schedule	29.0
facility	outpatient	CPT/HCP…	J3145	PR TESTOSTERONE UNDECANOATE 1MG	fee schedule	4.9
facility	outpatient	CPT/HCP…	J3240	PR THYROTROPIN INJECTION	fee schedule	5,371.2
facility	outpatient	CPT/HCP…	J3241	PR TEPROTUMUMAB-TRBW 10 MG INJ	fee schedule	874.0
facility	outpatient	CPT/HCP…	J3244	PR INJ TIGECYCLINE (ACCORD) 1MG	fee schedule	6.9
facility	outpatient	CPT/HCP…	J3245	PR INJ., TILDRAKIZUMAB, 1 MG	fee schedule	347.2
facility	outpatient	CPT/HCP…	J3246	PR TIROFIBAN HCL	fee schedule	10.3
facility	outpatient	CPT/HCP…	J3247	PR INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	fee schedule	45.7
facility	outpatient	CPT/HCP…	J3262	PR TOCILIZUMAB INJECTION	fee schedule	15.5
facility	outpatient	CPT/HCP…	J3263	PR INJ, TORIPALIMAB-TPZI, 1 MG	fee schedule	102.1
facility	outpatient	CPT/HCP…	J3285	PR TREPROSTINIL INJECTION	fee schedule	144.2
facility	outpatient	CPT/HCP…	J3299	PR INJ XIPERE 1 MG	fee schedule	126.3
facility	outpatient	CPT/HCP…	J3304	PR INJ TRIAMCINOLONE ACE XR 1MG	fee schedule	46.4
facility	outpatient	CPT/HCP…	J3315	PR TRIPTORELIN PAMOATE	fee schedule	1,192.1
facility	outpatient	CPT/HCP…	J3316	PR INJ., TRIPTORELIN XR 3.75 MG	fee schedule	8,925.1
facility	outpatient	CPT/HCP…	J3357	PR USTEKINUMAB INJECTION	fee schedule	411.2
facility	outpatient	CPT/HCP…	J3358	PR USTEKINUMAB, IV INJECT, 1 MG	fee schedule	33.5
facility	outpatient	CPT/HCP…	J3371	PR INJ VANCOMYCIN HCL (MYLAN) 500MG	fee schedule	15.4
facility	outpatient	CPT/HCP…	J3372	PR INJ VANCOMYCIN HCL (XELLIA) 500MG	fee schedule	16.8
facility	outpatient	CPT/HCP…	J3380	PR INJECTION, VEDOLIZUMAB, INTRAVENOUS, 1 MG	fee schedule	59.5
facility	outpatient	CPT/HCP…	J3385	PR VELAGLUCERASE ALFA	fee schedule	960.6
facility	outpatient	CPT/HCP…	J3393	PR INJ, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT	fee schedule	7,716,800.0
facility	outpatient	CPT/HCP…	J3394	PR INJ, LOVOTIBEGLOGENE AUTOTEMCEL, PER TREATMENT	fee schedule	8,543,600.0
facility	outpatient	CPT/HCP…	J3396	PR VERTEPORFIN INJECTION	fee schedule	30.0
facility	outpatient	CPT/HCP…	J3398	PR INJ LUXTURNA 1 BILLION VEC G	fee schedule	7,474.0
facility	outpatient	CPT/HCP…	J3399	PR ONASEMNOGENE ABEPAR-XIOI TREAT UPTO 5X10 TO THE 15 VE…	fee schedule	6,121,733.9
facility	outpatient	CPT/HCP…	J3401	PR VYJUVEK 5X10^9PFU/ML, 0.1 ML	fee schedule	2,592.0
facility	outpatient	CPT/HCP…	J3424	PR INJ, HYDROXOCOBALAMIN IV 10G	fee schedule	13.1
facility	outpatient	CPT/HCP…	J7165	PR INJ, HUMAN-LANS, PER I.U	fee schedule	6.2
facility	outpatient	CPT/HCP…	J7168	PR PROTHROMBIN COMPLEX KCENTRA PER I.U OF FAC IX ACTIVITY	fee schedule	5.9
facility	outpatient	CPT/HCP…	J7169	PR COAGULATION FAC XA (ANDEXXA) 10 MG INJ	fee schedule	343.4
facility	outpatient	CPT/HCP…	J7170	PR INJ., EMICIZUMAB-KXWH 0.5 MG	fee schedule	136.7
facility	outpatient	CPT/HCP…	J7171	PR INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	fee schedule	90.2
facility	outpatient	CPT/HCP…	J7175	PR INJ, FACTOR X, (HUMAN), 1IU	fee schedule	23.7
facility	outpatient	CPT/HCP…	J7177	PR INJ., FIBRYGA, 1 MG	fee schedule	2.9
facility	outpatient	CPT/HCP…	J7178	PR INJ HUMAN FIBRINOGEN CONC, 1 MG	fee schedule	3.7
facility	outpatient	CPT/HCP…	J7179	PR VONVENDI INJ 1 IU VWF:RCO	fee schedule	4.8
facility	outpatient	CPT/HCP…	J7180	PR INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU	fee schedule	26.4
facility	outpatient	CPT/HCP…	J7181	PR FACTOR XIII RECOMB A-SUBUNIT	fee schedule	45.8
facility	outpatient	CPT/HCP…	J7182	PR FACTOR VIII RECOMB NOVOEIGHT	fee schedule	3.6
facility	outpatient	CPT/HCP…	J7183	PR INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WIL…	fee schedule	3.3
facility	outpatient	CPT/HCP…	J7185	PR XYNTHA INJ	fee schedule	3.7
facility	outpatient	CPT/HCP…	J7186	PR ANTIHEMOPHILIC VIII/VWF COMP	fee schedule	3.1
facility	outpatient	CPT/HCP…	J7187	PR HUMATE-P, INJ	fee schedule	3.6
facility	outpatient	CPT/HCP…	J7188	PR INJECTION FACTOR VIII	fee schedule	8.4
facility	outpatient	CPT/HCP…	J7189	PR FACTOR VIIA	fee schedule	6.6
facility	outpatient	CPT/HCP…	J7190	PR FACTOR VIII	fee schedule	2.8
facility	outpatient	CPT/HCP…	J7192	PR FACTOR VIII RECOMBINANT NOS	fee schedule	4.0
facility	outpatient	CPT/HCP…	J7193	PR FACTOR IX NON-RECOMBINANT	fee schedule	3.6
facility	outpatient	CPT/HCP…	J7194	PR FACTOR IX COMPLEX	fee schedule	4.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J7195	PR FACTOR IX RECOMBINANT	fee schedule	4.8
facility	outpatient	CPT/HCP…	J7197	PR ANTITHROMBIN III INJECTION	fee schedule	10.1
facility	outpatient	CPT/HCP…	J7198	PR ANTI-INHIBITOR	fee schedule	6.1
facility	outpatient	CPT/HCP…	J7200	PR FACTOR IX RECOMBINAN RIXUBIS	fee schedule	4.2
facility	outpatient	CPT/HCP…	J7201	PR FACTOR IX FC FUSION RECOMB	fee schedule	9.3
facility	outpatient	CPT/HCP…	J7202	PR FACTOR IX IDELVION INJ	fee schedule	13.2
facility	outpatient	CPT/HCP…	J7203	PR FACTOR IX RECOMB GLY REBINYN	fee schedule	11.7
facility	outpatient	CPT/HCP…	J7204	PR FACTOR VIII ANTIHEMO FACTOR RECOMBIN (ESPEROCT) PER I…	fee schedule	5.6
facility	outpatient	CPT/HCP…	J7205	PR INJECTION, RAMUCIRUMAB	fee schedule	6.0
facility	outpatient	CPT/HCP…	J7207	PR FACTOR VIII PEGYLATED RECOMB	fee schedule	5.3
facility	outpatient	CPT/HCP…	J7208	PR INJ. JIVI 1 IU	fee schedule	6.3
facility	outpatient	CPT/HCP…	J7209	PR FACTOR VIII NUWIQ RECOMB 1IU	fee schedule	3.2
facility	outpatient	CPT/HCP…	J7210	PR INJ, AFSTYLA, 1 I.U.	fee schedule	3.8
facility	outpatient	CPT/HCP…	J7211	PR INJ, KOVALTRY, 1 I.U.	fee schedule	3.8
facility	outpatient	CPT/HCP…	J7212	PR FACTOR VIIA RECOMB SEVENFACT	fee schedule	5.9
facility	outpatient	CPT/HCP…	J7213	PR INJ, IXINITY, 1 I.U.	fee schedule	4.5
facility	outpatient	CPT/HCP…	J7214	PR ALTUVIIIO PER FACTOR VIII IU	fee schedule	12.2
facility	outpatient	CPT/HCP…	J7308	PR AMINOLEVULINIC ACID HCL TOP	fee schedule	1,027.6
facility	outpatient	CPT/HCP…	J7311	PR INJ., RETISERT, 0.01 MG	fee schedule	822.3
facility	outpatient	CPT/HCP…	J7312	PR DEXAMETHASONE INTRA IMPLANT	fee schedule	534.5
facility	outpatient	CPT/HCP…	J7313	PR INJ., ILUVIEN, 0.01 MG	fee schedule	1,270.6
facility	outpatient	CPT/HCP…	J7314	PR INJ., YUTIQ, 0.01 MG	fee schedule	1,370.5
facility	outpatient	CPT/HCP…	J7318	PR INJ, DUROLANE 1 MG	fee schedule	17.3
facility	outpatient	CPT/HCP…	J7320	GENVISC 850, INJ, 1MG	fee schedule	13.3
facility	outpatient	CPT/HCP…	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR I…	fee schedule	45.7
facility	outpatient	CPT/HCP…	J7323	PR EUFLEXXA INJ PER DOSE	fee schedule	317.1
facility	outpatient	CPT/HCP…	J7324	PR ORTHOVISC INJ PER DOSE	fee schedule	311.5
facility	outpatient	CPT/HCP…	J7325	PR SYNVISC OR SYNVISC-ONE	fee schedule	22.9
facility	outpatient	CPT/HCP…	J7326	PR GEL-ONE	fee schedule	1,354.6
facility	outpatient	CPT/HCP…	J7327	PR MONOVISC INJ PER DOSE	fee schedule	1,694.8
facility	outpatient	CPT/HCP…	J7328	PR INJECTION, HYALURONAN OR DERIVATIVE, GEL-SYN PER 0.1MG	fee schedule	1.5
facility	outpatient	CPT/HCP…	J7329	PR INJ, TRIVISC 1 MG	fee schedule	18.4
facility	outpatient	CPT/HCP…	J7331	PR SYNOJOYNT, INJ., 1 MG	fee schedule	26.8
facility	outpatient	CPT/HCP…	J7332	PR INJ., TRILURON, 1 MG	fee schedule	26.5
facility	outpatient	CPT/HCP…	J7336	PR CAPSAICIN 8% PATCH, PER SQ CM	fee schedule	8.7
facility	outpatient	CPT/HCP…	J7340	PR CARBIDOPA/LEVODOPA	fee schedule	610.7
facility	outpatient	CPT/HCP…	J7342	CIPROFLOXACIN OTIC SUSP 6 MG	fee schedule	78.1
facility	outpatient	CPT/HCP…	J7345	PR AMINOLEVULINIC ACID, 10% GEL, 10MG	fee schedule	4.5
facility	outpatient	CPT/HCP…	J7351	PR BIMATOPROST ITC IMP 1MCG INJ	fee schedule	541.8
facility	outpatient	CPT/HCP…	J7352	PR AFAMELANOTIDE IMPLANT, 1 MG	fee schedule	7,470.7
facility	outpatient	CPT/HCP…	J7353	PR ANACAULASE-BCDB 8.8% GEL 1 G	fee schedule	151.6
facility	outpatient	CPT/HCP…	J7354	PR CANTHARIDIN TOP, APPLICATOR	fee schedule	1,870.9
facility	outpatient	CPT/HCP…	J7355	PR INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MCG	fee schedule	498.1
facility	outpatient	CPT/HCP…	J7402	PR MOMETASONE SINUS SINUVA	fee schedule	29.5
facility	outpatient	CPT/HCP…	J7501	PR AZATHIOPRINE PARENTERAL	fee schedule	622.1
facility	outpatient	CPT/HCP…	J7504	PR LYMPHOCYTE IMMUNE GLOBULIN	fee schedule	10,354.7
facility	outpatient	CPT/HCP…	J7511	PR ANTITHYMOCYTE GLOBULN RABBIT	fee schedule	2,485.6
facility	outpatient	CPT/HCP…	J7519	PR INJ. MYCOPHENOLATE MOFETIL	fee schedule	1.4
facility	outpatient	CPT/HCP…	J7525	PR TACROLIMUS INJECTION	fee schedule	659.4
facility	outpatient	CPT/HCP…	J8560	PR ETOPOSIDE ORAL 50 MG	fee schedule	197.0
facility	outpatient	CPT/HCP…	J8611	PR METHOTREXATE (JYLAMVO), ORAL, 2.5 MG	fee schedule	50.3
facility	outpatient	CPT/HCP…	J8612	PR METHOTREXATE (XATMEP), ORAL, 2.5 MG	fee schedule	52.7
facility	outpatient	CPT/HCP…	J8655	PR NETUPITANT AND PALONSETRON	fee schedule	1,024.0
facility	outpatient	CPT/HCP…	J8670	PR ROLAPITANT, ORAL, 1MG	fee schedule	4.6
facility	outpatient	CPT/HCP…	J8705	PR TOPOTECAN ORAL	fee schedule	297.2
facility	outpatient	CPT/HCP…	J9015	PR ALDESLEUKIN/SINGLE USE VIAL	fee schedule	10,251.8
facility	outpatient	CPT/HCP…	J9017	PR ARSENIC TRIOXIDE	fee schedule	27.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J9021	PR INJ, ASPARA, RYLAZE, 0.1 MG	fee schedule	136.8
facility	outpatient	CPT/HCP…	J9022	PR INJ, ATEZOLIZUMAB,10 MG	fee schedule	223.0
facility	outpatient	CPT/HCP…	J9023	PR INJ, AVELUMAB, 10 MG	fee schedule	246.3
facility	outpatient	CPT/HCP…	J9027	PR CLOFARABINE INJECTION	fee schedule	23.9
facility	outpatient	CPT/HCP…	J9029	PR INJ, ADSTILADRIN, PER TX DOS	fee schedule	165,098.3
facility	outpatient	CPT/HCP…	J9032	PR INJECTION, BELINOSTAT	fee schedule	129.9
facility	outpatient	CPT/HCP…	J9033	PR BENDAMUSTINE INJECTION	fee schedule	13.9
facility	outpatient	CPT/HCP…	J9034	PR INJ., BENDEKA 1 MG	fee schedule	35.4
facility	outpatient	CPT/HCP…	J9035	PR BEVACIZUMAB INJECTION	fee schedule	188.4
facility	outpatient	CPT/HCP…	J9036	PR INJ. BELRAPZO/BENDAMUSTINE	fee schedule	9.3
facility	outpatient	CPT/HCP…	J9037	PR INJ BELANTAMAB MAFODONT BLMF	fee schedule	121.6
facility	outpatient	CPT/HCP…	J9039	PR INJECTION, BLINATUMOMAB	fee schedule	395.1
facility	outpatient	CPT/HCP…	J9041	PR INJECTION, BORTEZOMIB, 0.1MG	fee schedule	4.5
facility	outpatient	CPT/HCP…	J9042	PR BRENTUXIMAB VEDOTIN 1MG INJ	fee schedule	623.0
facility	outpatient	CPT/HCP…	J9043	PR CABAZITAXEL 1MG INJ	fee schedule	560.3
facility	outpatient	CPT/HCP…	J9046	PR INJ BORTEZOMIB (DR. REDDY'S) 0.1MG	fee schedule	126.2
facility	outpatient	CPT/HCP…	J9047	PR INJECTION, CARFILZOMIB, 1 MG	fee schedule	129.0
facility	outpatient	CPT/HCP…	J9048	PR INJ BORTEZOMIB (FRESENIUS KABI) 0.1MG	fee schedule	13.1
facility	outpatient	CPT/HCP…	J9049	PR INJ BORTEZOMIB (HOSPIRA) 0.1MG	fee schedule	5.0
facility	outpatient	CPT/HCP…	J9050	PR CARMUS BISCHL NITRO INJ	fee schedule	983.3
facility	outpatient	CPT/HCP…	J9052	PR INJ, CARMUSTINE (ACCORD)	fee schedule	675.2
facility	outpatient	CPT/HCP…	J9055	PR CETUXIMAB INJECTION	fee schedule	196.6
facility	outpatient	CPT/HCP…	J9056	PR INJ, BENDAMUSTINE HCL, (VIVIMUSTA),1 MG	fee schedule	77.1
facility	outpatient	CPT/HCP…	J9057	PR INJ., COPANLISIB, 1 MG	fee schedule	231.8
facility	outpatient	CPT/HCP…	J9058	PR INJ APOTEX/BENDAMUSTINE 1 MG	fee schedule	48.9
facility	outpatient	CPT/HCP…	J9059	PR INJ BENDAMUSTINE, BAXTER 1MG	fee schedule	48.9
facility	outpatient	CPT/HCP…	J9061	PR INJ, AMIVANTAMAB-VMJW	fee schedule	53.5
facility	outpatient	CPT/HCP…	J9063	PR INJ, ELAHERE, 1 MG	fee schedule	173.9
facility	outpatient	CPT/HCP…	J9065	PR INJ CLADRIBINE PER 1 MG	fee schedule	34.5
facility	outpatient	CPT/HCP…	J9071	PR CYCLOPHOSPHAMIDE (AUROMEDICS) 5MG INJ	fee schedule	3.2
facility	outpatient	CPT/HCP…	J9072	PR INJ CYCLOPHOS DR.REDDY'S 5MG	fee schedule	10.1
facility	outpatient	CPT/HCP…	J9073	PR INJ CYCLOPHOSPHAMD (INGENUS)	fee schedule	2.1
facility	outpatient	CPT/HCP…	J9075	PR INJ, CYCLOPHOSPHAMIDE, NOS	fee schedule	2.9
facility	outpatient	CPT/HCP…	J9119	PR INJ., CEMIPLIMAB-RWLC, 1 MG	fee schedule	72.0
facility	outpatient	CPT/HCP…	J9120	PR DACTINOMYCIN ACTINOMYCIN D	fee schedule	1,033.5
facility	outpatient	CPT/HCP…	J9144	PR DARATUMUMAB, HYALURONIDASE	fee schedule	132.6
facility	outpatient	CPT/HCP…	J9145	PR INJECTION, DARATUMUMAB 10 MG	fee schedule	167.4
facility	outpatient	CPT/HCP…	J9150	PR DAUNORUBICIN	fee schedule	69.3
facility	outpatient	CPT/HCP…	J9153	PR INJ DAUNORUBICIN, CYTARABINE	fee schedule	628.2
facility	outpatient	CPT/HCP…	J9155	PR DEGARELIX INJECTION	fee schedule	11.1
facility	outpatient	CPT/HCP…	J9173	PR INJ., DURVALUMAB, 10 MG	fee schedule	212.9
facility	outpatient	CPT/HCP…	J9176	PR INJECTION, ELOTUZUMAB, 1MG	fee schedule	19.7
facility	outpatient	CPT/HCP…	J9177	PR ENFORT VEDO-EJFV 0.25MG INJ	fee schedule	93.9
facility	outpatient	CPT/HCP…	J9179	PR ERIBULIN 0.1MG INJ	fee schedule	367.4
facility	outpatient	CPT/HCP…	J9185	PR FLUDARABINE PHOSPHATE INJ	fee schedule	596.2
facility	outpatient	CPT/HCP…	J9196	PR INJ., GEMCITABINE HCL (ACCORD), 200 MG	fee schedule	20.2
facility	outpatient	CPT/HCP…	J9198	PR GEMCITABINE HYDROCHL (INFUGEM) 100 MG INJ	fee schedule	104.7
facility	outpatient	CPT/HCP…	J9200	PR FLOXURIDINE INJECTION	fee schedule	10,028.5
facility	outpatient	CPT/HCP…	J9202	PR GOSERELIN ACETATE IMPLANT	fee schedule	1,714.8
facility	outpatient	CPT/HCP…	J9203	PR INJ, GEMTUZUMAB OZOGAMICIN 0.1 MG	fee schedule	597.1
facility	outpatient	CPT/HCP…	J9204	PR INJ MOGAMULIZUMAB-KPKC, 1 MG	fee schedule	620.2
facility	outpatient	CPT/HCP…	J9205	PR INJ IRINOTECAN LIPOSOME 1 MG	fee schedule	164.8
facility	outpatient	CPT/HCP…	J9207	PR IXABEPILONE INJECTION	fee schedule	346.2
facility	outpatient	CPT/HCP…	J9210	PR INJ., EMAPALUMAB-LZSG, 1 MG	fee schedule	953.3
facility	outpatient	CPT/HCP…	J9214	PR INTERFERON ALFA-2B INJ	fee schedule	74.5
facility	outpatient	CPT/HCP…	J9217	PR LEUPROLIDE ACETATE SUSPNSION	fee schedule	469.4
facility	outpatient	CPT/HCP…	J9218	PR LEUPROLIDE ACETATE INJECITON	fee schedule	12.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J9223	PR INJ. LURBINECTEDIN, 0.1 MG	fee schedule	527.2
facility	outpatient	CPT/HCP…	J9225	PR VANTAS IMPLANT	fee schedule	4,076.7
facility	outpatient	CPT/HCP…	J9226	PR SUPPRELIN LA IMPLANT	fee schedule	114,811.4
facility	outpatient	CPT/HCP…	J9227	PR ISATUXIMAB-IRFC 10 MG INJ	fee schedule	202.8
facility	outpatient	CPT/HCP…	J9228	PR IPILIMUMAB 1MG INJ	fee schedule	459.6
facility	outpatient	CPT/HCP…	J9229	PR INJ INOTUZUMAB OZOGAM 0.1 MG	fee schedule	6,809.0
facility	outpatient	CPT/HCP…	J9245	PR INJ MELPHALAN HYDROCHL 50 MG	fee schedule	403.9
facility	outpatient	CPT/HCP…	J9246	PR MELPHALAN (EVOMELA) 1 MG	fee schedule	39.2
facility	outpatient	CPT/HCP…	J9247	PR MELPHALAN FLUFENAMIDE 1MG INJ	fee schedule	1,109.9
facility	outpatient	CPT/HCP…	J9248	PR INJ MELPHALAN (DELCATH) 1 MG	fee schedule	2,011.9
facility	outpatient	CPT/HCP…	J9259	PR PACLITAXEL (AMERICAN REGENT), 1 MG	fee schedule	40.0
facility	outpatient	CPT/HCP…	J9261	PR NELARABINE INJECTION	fee schedule	190.6
facility	outpatient	CPT/HCP…	J9262	PR INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	fee schedule	10.5
facility	outpatient	CPT/HCP…	J9264	PR PACLITAXEL PROTEIN BOUND	fee schedule	34.4
facility	outpatient	CPT/HCP…	J9266	PR PEGASPARGASE/SINGL DOSE VIAL	fee schedule	70,238.6
facility	outpatient	CPT/HCP…	J9268	PR PENTOSTATIN INJECTION	fee schedule	6,596.4
facility	outpatient	CPT/HCP…	J9269	PR INJ. TAGRAXOFUSP-ERZS 10 MCG	fee schedule	849.0
facility	outpatient	CPT/HCP…	J9271	PR INJECTION, PEMBROLIZUMAB	fee schedule	147.3
facility	outpatient	CPT/HCP…	J9272	PR INJ, DOSTARLIMAB-GXLY, 10 MG	fee schedule	614.8
facility	outpatient	CPT/HCP…	J9273	PR TISOTUMAB VEDOTIN-TFTV IMG INJ	fee schedule	454.9
facility	outpatient	CPT/HCP…	J9274	PR INJ, TEBENTAFUSP-TEBN, 1 MCG	fee schedule	557.9
facility	outpatient	CPT/HCP…	J9280	PR MITOMYCIN 5 MG INJ	fee schedule	140.8
facility	outpatient	CPT/HCP…	J9281	PR MITOMYCIN INSTILLATION	fee schedule	797.3
facility	outpatient	CPT/HCP…	J9286	PR INJ GLOFITAMAB GXBM, 2.5 MG	fee schedule	7,037.2
facility	outpatient	CPT/HCP…	J9293	PR MITOXANTRONE HYDROCHL / 5 MG	fee schedule	143.3
facility	outpatient	CPT/HCP…	J9294	PR INJ., PEMETREXED (HOSPIRA), 10 MG	fee schedule	5.1
facility	outpatient	CPT/HCP…	J9295	PR INJECTION, NECITUMUMAB, 1 MG	fee schedule	14.9
facility	outpatient	CPT/HCP…	J9296	PR INJ., PEMETREXED (ACCORD), 10 MG	fee schedule	25.1
facility	outpatient	CPT/HCP…	J9297	PR INJ., PEMETREXED (SANDOZ), 10 MG	fee schedule	2.9
facility	outpatient	CPT/HCP…	J9298	PR INJ NIVOL RELATLIMAB 3MG/1MG	fee schedule	495.3
facility	outpatient	CPT/HCP…	J9299	PR INJECTION, NIVOLUMAB	fee schedule	82.2
facility	outpatient	CPT/HCP…	J9301	PR OBINUTUZUMAB INJ, 10 MG	fee schedule	192.8
facility	outpatient	CPT/HCP…	J9302	PR OFATUMUMAB INJECTION	fee schedule	166.3
facility	outpatient	CPT/HCP…	J9303	PR PANITUMUMAB INJECTION	fee schedule	412.6
facility	outpatient	CPT/HCP…	J9304	PR PEMETREXED, 10 MG INJ	fee schedule	137.7
facility	outpatient	CPT/HCP…	J9305	PR PEMETREXED INJECTION	fee schedule	14.6
facility	outpatient	CPT/HCP…	J9306	PR INJECTION, PERTUZUMAB, 1 MG	fee schedule	41.5
facility	outpatient	CPT/HCP…	J9307	PR PRALATREXATE INJECTION	fee schedule	777.7
facility	outpatient	CPT/HCP…	J9308	PR INJECTION, RAMUCIRUMAB	fee schedule	185.3
facility	outpatient	CPT/HCP…	J9309	PR INJ, POLATUZUMAB VEDOTIN 1MG	fee schedule	337.9
facility	outpatient	CPT/HCP…	J9311	PR INJ RITUXIMAB, HYALURONIDASE	fee schedule	95.0
facility	outpatient	CPT/HCP…	J9312	PR INJ., RITUXIMAB, 10 MG	fee schedule	202.0
facility	outpatient	CPT/HCP…	J9313	PR INJ., LUMOXITI, 0.01 MG	fee schedule	60.8
facility	outpatient	CPT/HCP…	J9314	PR INJ PEMETREXED (TEVA) 10MG	fee schedule	28.6
facility	outpatient	CPT/HCP…	J9316	PR PERTUZU, TRASTUZU, 10 MG	fee schedule	172.4
facility	outpatient	CPT/HCP…	J9317	PR SACITUZUMAB GOVITECAN-HZIY	fee schedule	90.8
facility	outpatient	CPT/HCP…	J9318	PR ROMIDEPSIN NON-LYOPHILIZED 0.1 MG INJ	fee schedule	88.2
facility	outpatient	CPT/HCP…	J9319	PR ROMIDEPSIN LYOPHILIZED 0.1 MG INJ	fee schedule	77.4
facility	outpatient	CPT/HCP…	J9320	PR STREPTOZOCIN INJECTION	fee schedule	962.5
facility	outpatient	CPT/HCP…	J9321	PR INJ EPCORITAMAB-BYSP 0.16 MG	fee schedule	141.5
facility	outpatient	CPT/HCP…	J9323	PR INJ, PEMETREXED DITROMETHAMINE, 10 MG	fee schedule	12.2
facility	outpatient	CPT/HCP…	J9324	PR INJ, PEMRYDI RTU, 10 MG	fee schedule	220.2
facility	outpatient	CPT/HCP…	J9325	PR INJ TALIMOGENE LAHERPAREPVEC	fee schedule	181.9
facility	outpatient	CPT/HCP…	J9328	PR TEMOZOLOMIDE INJECTION	fee schedule	27.0
facility	outpatient	CPT/HCP…	J9330	PR TEMSIROLIMUS INJECTION	fee schedule	80.0
facility	outpatient	CPT/HCP…	J9331	PR INJ SIROLIMUS PROT PART 1 MG	fee schedule	295.7
facility	outpatient	CPT/HCP…	J9332	PR INJ EFGARTIGIMOD 2MG	fee schedule	83.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	J9333	PR INJ RONZANOLIXIZUM-NOLI 1 MG	fee schedule	59.4
facility	outpatient	CPT/HCP…	J9334	PR INJ EFGART-ALFA 2MG HYA-QVFC	fee schedule	86.1
facility	outpatient	CPT/HCP…	J9340	PR THIOTEPA INJECTION	fee schedule	590.9
facility	outpatient	CPT/HCP…	J9345	PR INJ, RETIFANLIMAB-DLWR, 1 MG	fee schedule	76.3
facility	outpatient	CPT/HCP…	J9347	PR INJ, TREMELIMUMAB-ACTL, 1 MG	fee schedule	352.5
facility	outpatient	CPT/HCP…	J9348	PR INJ. NAXITAMAB-GQGK, 1 MG	fee schedule	1,583.8
facility	outpatient	CPT/HCP…	J9349	PR INJ., TAFASITAMAB-CXIX	fee schedule	35.8
facility	outpatient	CPT/HCP…	J9350	PR INJ MOSUNETUZUMAB-AXGB, 1 MG	fee schedule	1,656.7
facility	outpatient	CPT/HCP…	J9352	PR INJECTION TRABECTEDIN 0.1MG	fee schedule	923.9
facility	outpatient	CPT/HCP…	J9353	PR INJ. MARGETUXIMAB-CMKB, 5 MG	fee schedule	125.2
facility	outpatient	CPT/HCP…	J9354	PR INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	fee schedule	104.1
facility	outpatient	CPT/HCP…	J9355	PR INJ TRASTUZUMAB EXCL BIOSIMI	fee schedule	203.0
facility	outpatient	CPT/HCP…	J9356	PR INJ. HERCEPTIN HYLECTA, 10MG	fee schedule	168.0
facility	outpatient	CPT/HCP…	J9357	PR VALRUBICIN, 200 MG	fee schedule	3,779.9
facility	outpatient	CPT/HCP…	J9358	PR FAM-TRASTU DERU-NXKI 1MG INJ	fee schedule	72.2
facility	outpatient	CPT/HCP…	J9359	PR LONCASTUXIMAB TESIRINE-LPYL 0.075MG INJ	fee schedule	536.7
facility	outpatient	CPT/HCP…	J9380	PR INJ TECLISTAMAB CQYV 0.5 MG	fee schedule	82.5
facility	outpatient	CPT/HCP…	J9381	PR INJ TEPLIZUMAB MZWV 5 MCG	fee schedule	96.1
facility	outpatient	CPT/HCP…	J9393	PR INJ FULVESTRANT (TEVA) 25MG	fee schedule	55.1
facility	outpatient	CPT/HCP…	J9394	PR INJ FULVESTRANT (FRESENIUS KABI) 25MG	fee schedule	31.9
facility	outpatient	CPT/HCP…	J9395	PR INJECTION, FULVESTRANT	fee schedule	22.7
facility	outpatient	CPT/HCP…	J9400	PR INJECTION, ZIV-AFLIBERCEPT, 1 MG	fee schedule	18.4
facility	outpatient	CPT/HCP…	J9600	PR PORFIMER SODIUM	fee schedule	61,144.6
facility	outpatient	CPT/HCP…	M0201	PR COVID-19 VACCINE HOME ADMINISTRATION	fee schedule	95.8
facility	outpatient	CPT/HCP…	M0220	PR INJ TIXAGEV AND CILGAV AND POST ADMIN MNITRING	fee schedule	391.3
facility	outpatient	CPT/HCP…	M0221	PR TIXAGEV AND CILGAV INJ HM	fee schedule	651.3
facility	outpatient	CPT/HCP…	M0222	PR BEBTELOVIMAB INJ AND POST ADMIN MNITRING	fee schedule	911.3
facility	outpatient	CPT/HCP…	M0223	PR BEBTELOVIMAB INJECTION HOME	fee schedule	1,431.3
facility	outpatient	CPT/HCP…	M0224	PR PEMIVIBART INFUSION	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0240	PR CASIRI AND IMDEV REPEAT	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0241	PR CASIRI AND IMDEV REPEAT HM	fee schedule	1,951.3
facility	outpatient	CPT/HCP…	M0243	PR CASIRIVI AND IMDEVI INFUSION	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0244	PR CASIRIVI AND IMDEVI INJ HM	fee schedule	1,951.3
facility	outpatient	CPT/HCP…	M0245	PR INTRAVENOUS INFSN, BAMLANIVIMAB/ETESEVIMAB, INFSN & P…	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0246	PR BAMLAN AND ETESEV INFUS HOME	fee schedule	1,951.3
facility	outpatient	CPT/HCP…	M0247	PR SOTROVIMAB INFUSION	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0248	PR SOTROVIMAB INF, HOME ADMIN	fee schedule	1,951.3
facility	outpatient	CPT/HCP…	M0249	PR INTRAVENOUS INFSN TOCILIZUMAB COVID-19 1ST DOSE	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	M0250	PR INTRAVENOUS INFSN TOCILIZUMAB COVID-19 2ND DOSE	fee schedule	1,171.3
facility	outpatient	CPT/HCP…	P9010	PR WHOLE BLOOD FOR TRANSFUSION	fee schedule	528.1
facility	outpatient	CPT/HCP…	P9011	PR BLOOD SPLIT UNIT	fee schedule	387.6
facility	outpatient	CPT/HCP…	P9012	PR CRYOPRECIPITATE EACH UNIT	fee schedule	155.7
facility	outpatient	CPT/HCP…	P9016	PR RBC LEUKOCYTES REDUCED	fee schedule	470.1
facility	outpatient	CPT/HCP…	P9017	PR PLASMA 1 DONOR FRZ W/IN 8 HR	fee schedule	207.9
facility	outpatient	CPT/HCP…	P9019	PR PLATELETS, EACH UNIT	fee schedule	169.1
facility	outpatient	CPT/HCP…	P9020	PR PLAELET RICH PLASMA UNIT	fee schedule	1,426.9
facility	outpatient	CPT/HCP…	P9021	PR RED BLOOD CELLS UNIT	fee schedule	354.9
facility	outpatient	CPT/HCP…	P9022	PR WASHED RED BLOOD CELLS UNIT	fee schedule	1,032.5
facility	outpatient	CPT/HCP…	P9023	PR FROZEN PLASMA, POOLED, SD	fee schedule	157.2
facility	outpatient	CPT/HCP…	P9025	PR PLASMA CRYO REDU PATH EACH	fee schedule	805.1
facility	outpatient	CPT/HCP…	P9026	PR CRYO FIB COMP PATH REDU EACH	fee schedule	206.3
facility	outpatient	CPT/HCP…	P9031	PR PLATELETS LEUKOCYTES REDUCED	fee schedule	340.3
facility	outpatient	CPT/HCP…	P9032	PR PLATELETS, IRRADIATED	fee schedule	346.7
facility	outpatient	CPT/HCP…	P9033	PR PLATELETS LEUKOREDUCED IRRAD	fee schedule	599.6
facility	outpatient	CPT/HCP…	P9034	PR PLATELETS, PHERESIS	fee schedule	836.8
facility	outpatient	CPT/HCP…	P9035	PR PLATELET PHERES LEUKOREDUCED	fee schedule	1,228.1
facility	outpatient	CPT/HCP…	P9036	PR PLATELET PHERESIS IRRADIATED	fee schedule	1,455.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	P9037	PR PLATE PHERES LEUKOREDU IRRAD	fee schedule	1,748.4
facility	outpatient	CPT/HCP…	P9038	PR RBC IRRADIATED	fee schedule	563.5
facility	outpatient	CPT/HCP…	P9039	PR RBC DEGLYCEROLIZED	fee schedule	808.9
facility	outpatient	CPT/HCP…	P9040	PR RBC LEUKOREDUCED IRRADIATED	fee schedule	656.4
facility	outpatient	CPT/HCP…	P9041	PR ALBUMIN (HUMAN),5%, 50ML	fee schedule	27.6
facility	outpatient	CPT/HCP…	P9043	PR PLASMA PROTEIN FRACT,5%,50ML	fee schedule	20.7
facility	outpatient	CPT/HCP…	P9044	PR CRYOPRECIPITATEREDUCEDPLASMA	fee schedule	179.8
facility	outpatient	CPT/HCP…	P9045	PR ALBUMIN (HUMAN), 5%, 250 ML	fee schedule	138.0
facility	outpatient	CPT/HCP…	P9046	PR ALBUMIN (HUMAN), 25%, 20 ML	fee schedule	55.2
facility	outpatient	CPT/HCP…	P9047	PR ALBUMIN (HUMAN), 25%, 50ML	fee schedule	138.0
facility	outpatient	CPT/HCP…	P9048	PR PLASMAPROTEIN FRACT,5%,250ML	fee schedule	265.3
facility	outpatient	CPT/HCP…	P9051	PR BLOOD, L/R, CMV-NEG	fee schedule	434.9
facility	outpatient	CPT/HCP…	P9052	PR PLATELETS, HLA-M, L/R, UNIT	fee schedule	1,873.7
facility	outpatient	CPT/HCP…	P9053	PR PLT, PHER, L/R CMV-NEG, IRR	fee schedule	1,347.3
facility	outpatient	CPT/HCP…	P9054	PR BLOOD, L/R, FROZ/DEGLY/WASH	fee schedule	559.5
facility	outpatient	CPT/HCP…	P9055	PR PLT, APH/PHER, L/R, CMV-NEG	fee schedule	652.1
facility	outpatient	CPT/HCP…	P9056	PR BLOOD, L/R, IRRADIATED	fee schedule	239.2
facility	outpatient	CPT/HCP…	P9057	PR RBC, FRZ/DEG/WSH, L/R, IRRAD	fee schedule	1,281.0
facility	outpatient	CPT/HCP…	P9058	PR RBC, L/R, CMV-NEG, IRRAD	fee schedule	628.8
facility	outpatient	CPT/HCP…	P9059	PR PLASMA, FRZ BETWEEN 8-24HOUR	fee schedule	188.7
facility	outpatient	CPT/HCP…	P9060	PR FR FRZ PLASMA DONOR RETESTED	fee schedule	151.0
facility	outpatient	CPT/HCP…	P9070	PR PATHOGEN REDUCED PLASMA POOL	fee schedule	81.2
facility	outpatient	CPT/HCP…	P9071	PR PATHOGEN REDUCED PLASMA SING	fee schedule	602.1
facility	outpatient	CPT/HCP…	P9073	PR PLATELETS, PATHOGEN REDUCED	fee schedule	1,433.3
facility	outpatient	CPT/HCP…	P9099	PR BLOOD COMPONENT/PRODUCT NOC	fee schedule	81.2
facility	outpatient	CPT/HCP…	P9100	PR PATHOGEN TEST FOR PLATELETS	fee schedule	151.5
facility	outpatient	CPT/HCP…	Q0035	PR CARDIOKYMOGRAPHY	fee schedule	99.3
facility	outpatient	CPT/HCP…	Q0091	PR OBTAINING SCREEN PAP SMEAR	fee schedule	73.8
facility	outpatient	CPT/HCP…	Q0138	PR FERUMOXYTOL, NON-ESRD	fee schedule	0.9
facility	outpatient	CPT/HCP…	Q0139	PR FERUMOXYTOL, ESRD USE	fee schedule	0.9
facility	outpatient	CPT/HCP…	Q0222	PR BEBTELOVIMAB 175 MG INJ	fee schedule	6,224.4
facility	outpatient	CPT/HCP…	Q2004	PR BLADDER CALCULI IRRIG SOL	fee schedule	382.0
facility	outpatient	CPT/HCP…	Q2009	PR FOSPHENYTOIN INJ PE	fee schedule	8.0
facility	outpatient	CPT/HCP…	Q2026	PR RADIESSE INJECTION	fee schedule	776.7
facility	outpatient	CPT/HCP…	Q2028	PR INJ, SCULPTRA, 0.5MG	fee schedule	3.6
facility	outpatient	CPT/HCP…	Q2041	PR AXICABTAGENE CILOLEUCEL CAR+	fee schedule	1,271,756.0
facility	outpatient	CPT/HCP…	Q2042	PR TISAGENLECLEUCEL CAR-POS T	fee schedule	1,360,976.7
facility	outpatient	CPT/HCP…	Q2043	PR SIPULEUCEL-T CD54- 250ML BAG	fee schedule	144,333.2
facility	outpatient	CPT/HCP…	Q2049	PR INJECTION,DOXORUBICIN HYDROCHLORIDE,LIPOSOMAL, IMP LI…	fee schedule	1,017.7
facility	outpatient	CPT/HCP…	Q2050	PR DOXORUBICIN HCL, LIPO, NOS 10MG INJ	fee schedule	354.2
facility	outpatient	CPT/HCP…	Q2053	PR BREXUCABTAGENE CAR POS T	fee schedule	1,168,544.0
facility	outpatient	CPT/HCP…	Q2054	PR LISOCABTAGENE MARA CAR POS T	fee schedule	1,290,614.5
facility	outpatient	CPT/HCP…	Q2055	PR IDECABTAGENE VICLEUCEL CAR	fee schedule	1,308,981.8
facility	outpatient	CPT/HCP…	Q2056	PR CILTACABTAGENE CAR-POS T	fee schedule	1,319,986.2
facility	outpatient	CPT/HCP…	Q3027	PR INJECTION, INTERFERON BETA-1A, 1 MCG FOR IM USE	fee schedule	148.5
facility	outpatient	CPT/HCP…	Q5101	PR INJECTION, ZARXIO, 1 MICROGRAM	fee schedule	0.7
facility	outpatient	CPT/HCP…	Q5103	PR INJECTION, INFLECTRA	fee schedule	27.7
facility	outpatient	CPT/HCP…	Q5104	PR INJECTION, RENFLEXIS	fee schedule	77.8
facility	outpatient	CPT/HCP…	Q5105	PR INJ RETACRIT ESRD ON DIALYSI	fee schedule	1.8
facility	outpatient	CPT/HCP…	Q5106	PR INJ RETACRIT NON-ESRD USE	fee schedule	17.7
facility	outpatient	CPT/HCP…	Q5107	PR INJ MVASI 10 MG	fee schedule	69.2
facility	outpatient	CPT/HCP…	Q5108	PR INJECTION, FULPHILA	fee schedule	384.2
facility	outpatient	CPT/HCP…	Q5110	PR NIVESTYM	fee schedule	0.7
facility	outpatient	CPT/HCP…	Q5111	PR INJECTION, UDENYCA 0.5 MG	fee schedule	431.7
facility	outpatient	CPT/HCP…	Q5112	PR INJ ONTRUZANT 10 MG	fee schedule	84.4
facility	outpatient	CPT/HCP…	Q5113	PR INJ HERZUMA 10 MG	fee schedule	162.8
facility	outpatient	CPT/HCP…	Q5114	PR INJ OGIVRI 10 MG	fee schedule	145.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	outpatient	CPT/HCP…	Q5115	PR INJ TRUXIMA 10 MG	fee schedule	87.6
facility	outpatient	CPT/HCP…	Q5116	PR INJ., TRAZIMERA, 10 MG	fee schedule	32.9
facility	outpatient	CPT/HCP…	Q5117	PR INJ., KANJINTI, 10 MG	fee schedule	50.3
facility	outpatient	CPT/HCP…	Q5118	PR INJ., ZIRABEV, 10 MG	fee schedule	54.5
facility	outpatient	CPT/HCP…	Q5119	PR RITUXIMAB-PVVR (RUXIENCE) 10 MG INJ	fee schedule	50.1
facility	outpatient	CPT/HCP…	Q5120	PR PEGFILGRASTIM-BMEZ (ZIEXTENZO) 0.5MG INJ	fee schedule	901.6
facility	outpatient	CPT/HCP…	Q5121	PR INFLIXIMAB-AXXQ (AVSOLA) 10 MG INJ	fee schedule	56.9
facility	outpatient	CPT/HCP…	Q5122	PR INJ, NYVEPRIA	fee schedule	207.0
facility	outpatient	CPT/HCP…	Q5123	PR INJ RITUXIMAB-ARRX (RIABNI), 10 MG	fee schedule	105.0
facility	outpatient	CPT/HCP…	Q5124	PR RANIBIZUMAB-NUNA BIOSIMILAR, (BYOOVIZ) 0.1MG INJ	fee schedule	410.0
facility	outpatient	CPT/HCP…	Q5125	PR INJ, RELEUKO 1 MCG	fee schedule	1.1
facility	outpatient	CPT/HCP…	Q5126	PR INJ ALYMSYS 10 MG	fee schedule	150.1
facility	outpatient	CPT/HCP…	Q5127	PR INJ., PEGFILGRASTIM-FPGK (STIMUFEND), 0.5 MG	fee schedule	872.0
facility	outpatient	CPT/HCP…	Q5128	PR INJ., RANIBIXUMAB-EQRN (CIMERLI), 0.1 MG	fee schedule	531.9
facility	outpatient	CPT/HCP…	Q5129	PR INJ., BEVACIZUMAB-ADCD (VEGZELMA), 10 MG	fee schedule	159.2
facility	outpatient	CPT/HCP…	Q5130	PR INJ., PEGFILGRASTIM-PBBK (FYLNETRA), 0.5 MG	fee schedule	504.6
facility	outpatient	CPT/HCP…	Q9968	PR VISUALIZATION ADJUNCT	fee schedule	22.0
facility	outpatient	CPT/HCP…	Q9969	PR NON-HEU TC-99M ADD-ON/DOSE	fee schedule	26.0
facility	outpatient	CPT/HCP…	Q9991	PR BUPRENORPH XR 100 MG OR LESS	fee schedule	5,100.1
facility	outpatient	CPT/HCP…	Q9992	PR BUPRENORPHINE XR OVER 100 MG	fee schedule	5,100.1
facility	lab	CPT/HCP…	0001U	PR RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	fee schedule	1,728.0
facility	lab	CPT/HCP…	0002M	PR LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	fee schedule	1,208.2
facility	lab	CPT/HCP…	0002U	PR ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	fee schedule	60.0
facility	lab	CPT/HCP…	0003M	PR LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH	fee schedule	1,208.2
facility	lab	CPT/HCP…	0003U	PR ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	fee schedule	2,280.0
facility	lab	CPT/HCP…	0004M	PR SCOLIOSIS DNA ALYS SALIVA ALGORITHM	fee schedule	189.6
facility	lab	CPT/HCP…	0005U	PR ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0006M	PR ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	fee schedule	360.0
facility	lab	CPT/HCP…	0007M	PR ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	fee schedule	900.0
facility	lab	CPT/HCP…	0007U	PR RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	fee schedule	274.6
facility	lab	CPT/HCP…	0008U	PR HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	fee schedule	1,435.0
facility	lab	CPT/HCP…	0009U	PR ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	fee schedule	256.8
facility	lab	CPT/HCP…	0010U	PR NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	fee schedule	1,025.4
facility	lab	CPT/HCP…	0011M	PR ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0011U	PR RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	fee schedule	274.6
facility	lab	CPT/HCP…	0012M	PR ONC URTHL MRNA 5 GENES UR ALG RISK UROTHELIAL CA	fee schedule	1,824.0
facility	lab	CPT/HCP…	0013M	PR ONC URTHL MRNA 5 GENES UR ALG RSK RECR URTHL CA	fee schedule	1,824.0
facility	lab	CPT/HCP…	0015M	PR ADRENAL CORTICAL TUM BIOCHEM ASSAY 25 STRD MRK	fee schedule	3,132.9
facility	lab	CPT/HCP…	0016M	PR ONC BLADDER MRNA MICRORA GEN XPRSN PRFLG 219 ALG	fee schedule	8,375.1
facility	lab	CPT/HCP…	0016U	PR ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	fee schedule	393.5
facility	lab	CPT/HCP…	0017M	PR ONC DLBCL MRNA FLUOR PRB HYBRDZTN 20 GENES ALG	fee schedule	6,024.5
facility	lab	CPT/HCP…	0017U	PR ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	fee schedule	220.0
facility	lab	CPT/HCP…	0018M	PR TRNSPLJ RNL RJCTN MEAS CD154+T CLL WHL PRPH BLD	fee schedule	1,537.8
facility	lab	CPT/HCP…	0018U	PR ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL	fee schedule	7,205.0
facility	lab	CPT/HCP…	0019M	PR CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA&ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0019U	PR ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG	fee schedule	8,820.0
facility	lab	CPT/HCP…	0021U	PR ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0022U	PR TGSAP NONSMALL CELL LUNG NEO DNA&RNA 23 GENES	fee schedule	4,680.0
facility	lab	CPT/HCP…	0023U	PR ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	fee schedule	596.4
facility	lab	CPT/HCP…	0024U	PR GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	fee schedule	82.1
facility	lab	CPT/HCP…	0025U	PR TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	fee schedule	274.6
facility	lab	CPT/HCP…	0026U	PR ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	fee schedule	8,640.0
facility	lab	CPT/HCP…	0027U	PR JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	fee schedule	292.6
facility	lab	CPT/HCP…	0029U	PR RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	fee schedule	1,781.5
facility	lab	CPT/HCP…	0030U	PR RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	fee schedule	321.9
facility	lab	CPT/HCP…	0031U	PR CYP1A2 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	0032U	PR COMT GENE ANALYSIS C.472G>A VARIANT	fee schedule	419.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0033U	PR HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	fee schedule	839.1
facility	lab	CPT/HCP…	0034U	PR TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	fee schedule	1,118.8
facility	lab	CPT/HCP…	0035U	PR NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	fee schedule	1,298.4
facility	lab	CPT/HCP…	0036U	PR EXOME TUMOR TISSUE & NORMAL SPECIMEN SEQ ALYS	fee schedule	11,472.0
facility	lab	CPT/HCP…	0037U	PR TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	fee schedule	8,400.0
facility	lab	CPT/HCP…	0038U	PR VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	fee schedule	71.0
facility	lab	CPT/HCP…	0039U	PR DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	fee schedule	33.0
facility	lab	CPT/HCP…	0040U	PR BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	fee schedule	983.8
facility	lab	CPT/HCP…	0041U	PR B BURGDORFERI ANTB 5 PRTN GRP IMMUNOBLOT IGM	fee schedule	41.3
facility	lab	CPT/HCP…	0042U	PR B BURGDORFERI ANTB 12 PRTN GRP IMMUNOBLOT IGG	fee schedule	41.3
facility	lab	CPT/HCP…	0043U	PR TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGM	fee schedule	35.7
facility	lab	CPT/HCP…	0044U	PR TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGG	fee schedule	35.7
facility	lab	CPT/HCP…	0045U	PR ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	fee schedule	9,295.2
facility	lab	CPT/HCP…	0046U	PR FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	fee schedule	977.8
facility	lab	CPT/HCP…	0047U	PR ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	fee schedule	9,295.2
facility	lab	CPT/HCP…	0048U	PR ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	fee schedule	7,007.0
facility	lab	CPT/HCP…	0049U	PR NPM1 GENE ANALYSIS QUANTITATIVE	fee schedule	977.8
facility	lab	CPT/HCP…	0050U	PR TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	fee schedule	6,999.8
facility	lab	CPT/HCP…	0051U	PR RX MNTR DRUGS PRESENT LC-MS/MS UR/BLD 31 RX PNL	fee schedule	592.6
facility	lab	CPT/HCP…	0052U	PR LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENTRFUGTN	fee schedule	81.3
facility	lab	CPT/HCP…	0054U	PR RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	fee schedule	477.0
facility	lab	CPT/HCP…	0055U	PR CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	fee schedule	7,776.0
facility	lab	CPT/HCP…	0058U	PR ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	fee schedule	775.1
facility	lab	CPT/HCP…	0059U	PR ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD +/-	fee schedule	775.1
facility	lab	CPT/HCP…	0060U	PR TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	fee schedule	1,821.7
facility	lab	CPT/HCP…	0061U	PR TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	fee schedule	60.2
facility	lab	CPT/HCP…	0062U	PR AI SLE IGG & IGM ALYS 80 BMRK SRM ALG RSK SCORE	fee schedule	913.7
facility	lab	CPT/HCP…	0063U	PR NEURO AUTISM 32 AMINES PLSM ALG METAB SIGNATURE	fee schedule	1,800.0
facility	lab	CPT/HCP…	0064U	PR ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	fee schedule	75.2
facility	lab	CPT/HCP…	0065U	PR SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	fee schedule	43.4
facility	lab	CPT/HCP…	0066U	PR PAMG-1 IA W/DIR OPT OBS CERVICO-VAG FLU EA SPEC	fee schedule	36.7
facility	lab	CPT/HCP…	0067U	PR ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	fee schedule	4,552.8
facility	lab	CPT/HCP…	0068U	PR CANDIDA SPECIES PANEL AMP PRB TQ W/QUAL REPORT	fee schedule	342.3
facility	lab	CPT/HCP…	0069U	PR ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	fee schedule	912.0
facility	lab	CPT/HCP…	0070U	PR CYP2D6 GENE ANALYSIS COMMON & SELECT RARE VRNTS	fee schedule	1,623.3
facility	lab	CPT/HCP…	0071U	PR CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	0072U	PR CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	fee schedule	1,082.2
facility	lab	CPT/HCP…	0073U	PR CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	fee schedule	1,082.2
facility	lab	CPT/HCP…	0074U	PR CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL/MLT TRANS	fee schedule	1,082.2
facility	lab	CPT/HCP…	0075U	PR CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL/MLT	fee schedule	1,082.2
facility	lab	CPT/HCP…	0076U	PR CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT	fee schedule	1,082.2
facility	lab	CPT/HCP…	0077U	PR IG PARAPROTEIN QUAL IMPRCIP&MS BLD/UR W/ISOTYPE	fee schedule	104.2
facility	lab	CPT/HCP…	0078U	PR PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS	fee schedule	1,082.2
facility	lab	CPT/HCP…	0080U	PR ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL	fee schedule	8,448.0
facility	lab	CPT/HCP…	0082U	PR RX TST DEF 90+ RX/SBSTS UR REPRT PRES/ABS EA RX	fee schedule	592.6
facility	lab	CPT/HCP…	0083U	PR ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY	fee schedule	401.6
facility	lab	CPT/HCP…	0084U	PR RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	fee schedule	1,728.0
facility	lab	CPT/HCP…	0086U	PR NFCT DS BACT&FNG ORG ID BLD CUL RRNA FISH 6+TRGT	fee schedule	480.0
facility	lab	CPT/HCP…	0087U	PR CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	fee schedule	7,582.6
facility	lab	CPT/HCP…	0088U	PR TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	fee schedule	7,582.6
facility	lab	CPT/HCP…	0089U	PR ONC MLNMA GEN XPRS PRFL RTQPCR PRAME & LINC00518	fee schedule	1,824.0
facility	lab	CPT/HCP…	0090U	PR ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	fee schedule	4,680.0
facility	lab	CPT/HCP…	0092U	PR ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	fee schedule	5,971.2
facility	lab	CPT/HCP…	0093U	PR RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	fee schedule	149.1
facility	lab	CPT/HCP…	0094U	PR GENOME RAPID SEQUENCE ANALYSIS	fee schedule	18,197.3
facility	lab	CPT/HCP…	0095U	PR EE&MAJ BASIC PRTN ELISA ESOPHGL STRING TST DEV	fee schedule	1,852.8
facility	lab	CPT/HCP…	0096U	PR HPV HIGH RISK TYPES MALE URINE	fee schedule	84.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0101U	PR HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	fee schedule	4,185.5
facility	lab	CPT/HCP…	0102U	PR HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	fee schedule	3,129.5
facility	lab	CPT/HCP…	0103U	PR HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	fee schedule	4,185.5
facility	lab	CPT/HCP…	0105U	PR NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	fee schedule	2,280.0
facility	lab	CPT/HCP…	0106U	PR GASTRIC EMPTYING SERIAL COLLJ 7 TIMED BRTH SPEC	fee schedule	2,098.8
facility	lab	CPT/HCP…	0107U	PR C DIFF TOXIN ANTIGEN DETCJ IA TECH STOOL QUAL	fee schedule	38.4
facility	lab	CPT/HCP…	0108U	PR GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	fee schedule	11,880.0
facility	lab	CPT/HCP…	0109U	PR ID ASPERGILLUS DNA 4 SPECIES BLD LVG FLU/TISS	fee schedule	342.3
facility	lab	CPT/HCP…	0110U	PR RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	fee schedule	65.1
facility	lab	CPT/HCP…	0111U	PR ONCOLOGY COLON CANCER TRGT KRAS&NRAS GENE ALYS	fee schedule	1,637.5
facility	lab	CPT/HCP…	0112U	PR IADI TRGT SEQ ALYS 16S&18S RRNA GENES	fee schedule	854.7
facility	lab	CPT/HCP…	0113U	PR ONCOLOGY PRST8 MEAS PCA3&TMPRSS2-ERG UR&PSA SRM	fee schedule	1,824.0
facility	lab	CPT/HCP…	0114U	PR GI BARRETTS ESOPHAGUS VIM&CCNA1 MTHYLTN ALYS ALG	fee schedule	4,651.2
facility	lab	CPT/HCP…	0115U	PR RESPIR IADNA 18 VIRAL TYPE&SUBTYPE & 2 BACT TRGT	fee schedule	660.8
facility	lab	CPT/HCP…	0116U	PR RX MNTR NZM IA 35+DRUGS LC-MS/MS ORAL FLUID ALG	fee schedule	592.6
facility	lab	CPT/HCP…	0117U	PR PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	fee schedule	2,017.6
facility	lab	CPT/HCP…	0118U	PR TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	fee schedule	6,607.8
facility	lab	CPT/HCP…	0119U	PR CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA	fee schedule	201.0
facility	lab	CPT/HCP…	0120U	PR ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	fee schedule	6,024.5
facility	lab	CPT/HCP…	0121U	PR SICKLE CELL DISEASE VCAM-1 WHOLE BLOOD	fee schedule	1,222.1
facility	lab	CPT/HCP…	0122U	PR SICKLE CELL DISEASE P-SELECTIN WHOLE BLOOD	fee schedule	1,263.0
facility	lab	CPT/HCP…	0123U	PR MCHNL FRGLTY RBC SHEAR STRS&SPECTRAL ALYS PRFLG	fee schedule	858.3
facility	lab	CPT/HCP…	0129U	PR HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL	fee schedule	3,129.5
facility	lab	CPT/HCP…	0130U	PR HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL	fee schedule	1,403.8
facility	lab	CPT/HCP…	0131U	PR HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE	fee schedule	1,704.0
facility	lab	CPT/HCP…	0132U	PR HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE	fee schedule	1,779.9
facility	lab	CPT/HCP…	0133U	PR HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN	fee schedule	1,656.7
facility	lab	CPT/HCP…	0134U	PR HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE	fee schedule	1,796.1
facility	lab	CPT/HCP…	0135U	PR HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE	fee schedule	1,681.3
facility	lab	CPT/HCP…	0136U	PR ATM MRNA SEQUENCE ANALYSIS	fee schedule	977.8
facility	lab	CPT/HCP…	0137U	PR PALB2 MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0138U	PR BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	fee schedule	1,124.0
facility	lab	CPT/HCP…	0140U	PR NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	fee schedule	376.2
facility	lab	CPT/HCP…	0141U	PR NFCT DS BACT&FNG GRAM POS ORG ID & RX RESIST DNA	fee schedule	376.2
facility	lab	CPT/HCP…	0142U	PR NFCT DS BACT&FNG GRAM NEG ORG ID & RX RESIST DNA	fee schedule	376.2
facility	lab	CPT/HCP…	0152U	PR NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	fee schedule	5,102.9
facility	lab	CPT/HCP…	0153U	PR ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	fee schedule	7,582.6
facility	lab	CPT/HCP…	0154U	CHG ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	fee schedule	1,157.1
facility	lab	CPT/HCP…	0155U	CHG ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	fee schedule	659.6
facility	lab	CPT/HCP…	0156U	PR COPY NUMBER SEQUENCE ANALYSIS	fee schedule	4,176.0
facility	lab	CPT/HCP…	0157U	PR APC GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0158U	PR MLH1 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0159U	PR MSH2 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0160U	PR MSH6 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0161U	PR PMS2 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0162U	PR HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	fee schedule	1,167.7
facility	lab	CPT/HCP…	0163U	PR ONC CLRCT SCR BIOCHEM ELISA 3 PLSM/SRM PRTN ALG	fee schedule	937.8
facility	lab	CPT/HCP…	0164U	PR GI IBS IA ANTI-CDTB&ANTI-VINCULIN ANTB PLSM ALG	fee schedule	268.9
facility	lab	CPT/HCP…	0165U	PR PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD PROB ALL	fee schedule	1,113.0
facility	lab	CPT/HCP…	0166U	PR LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG	fee schedule	1,208.2
facility	lab	CPT/HCP…	0167U	PR CHORIONIC GONADOTROPIN HCG IA DIR OPT OBS BLD	fee schedule	18.1
facility	lab	CPT/HCP…	0169U	PR NUDT15 & TPMT GENE ANALYSIS COMMON VARIANTS	fee schedule	1,118.8
facility	lab	CPT/HCP…	0170U	PR NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS	fee schedule	4,680.0
facility	lab	CPT/HCP…	0171U	PR TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES	fee schedule	3,645.7
facility	lab	CPT/HCP…	0172U	PR ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	fee schedule	7,272.0
facility	lab	CPT/HCP…	0173U	PR PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	fee schedule	1,118.8
facility	lab	CPT/HCP…	0174U	PR ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	fee schedule	3,132.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0175U	PR PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0176U	PR CDTB & VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	fee schedule	154.1
facility	lab	CPT/HCP…	0177U	PR ONC BRST CA DNA PIK3CA GEN ALYS 11 GEN VRNT PLSM	fee schedule	659.6
facility	lab	CPT/HCP…	0178U	PR PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD CLIN RXN	fee schedule	1,103.7
facility	lab	CPT/HCP…	0179U	PR ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	fee schedule	4,663.7
facility	lab	CPT/HCP…	0180U	PR ABO GNOTYP ALYS SANGER/CHAIN SEQ ABO 7 EXONS	fee schedule	659.6
facility	lab	CPT/HCP…	0181U	PR CO GNOTYP GENE ANALYSIS AQP1 EXON 1	fee schedule	444.5
facility	lab	CPT/HCP…	0182U	PR CROM GNOTYP GENE ANALYSIS CD55 EXONS 1-10	fee schedule	723.2
facility	lab	CPT/HCP…	0183U	PR DI GNOTYP GENE ANALYSIS SLC4A1 EXON 19	fee schedule	444.5
facility	lab	CPT/HCP…	0184U	PR DO GNOTYP GENE ANALYSIS ART4 EXON 2	fee schedule	444.5
facility	lab	CPT/HCP…	0185U	PR FUT1 GNOTYP GENE ANALYSIS FUT1 EXON 4	fee schedule	444.5
facility	lab	CPT/HCP…	0186U	PR FUT2 GNOTYP GENE ANALYSIS FUT2 EXON 2	fee schedule	444.5
facility	lab	CPT/HCP…	0187U	PR FY GNOTYP GENE ANALYSIS ACKR1 EXONS 1-2	fee schedule	659.6
facility	lab	CPT/HCP…	0188U	PR GE GNOTYP GENE ANALYSIS GYPC EXONS 1-4	fee schedule	659.6
facility	lab	CPT/HCP…	0189U	PR GYPA GNOTYP GENE ALYS GYPA INTRONS 1 5 EXON 2	fee schedule	659.6
facility	lab	CPT/HCP…	0190U	PR GYPB GNOTYP ALYS GYPB INTRON 1 5 PSEUDOEXON 3	fee schedule	659.6
facility	lab	CPT/HCP…	0191U	PR IN GNOTYP GENE ANALYSIS CD44 EXONS 2 3 6	fee schedule	659.6
facility	lab	CPT/HCP…	0192U	PR JK GNOTYP GENE ANALYSIS SLC14A1 GEN PRMTR EXON 9	fee schedule	659.6
facility	lab	CPT/HCP…	0193U	PR JR GNOTYP GENE ANALYSIS ABCG2 EXONS 2-26	fee schedule	678.9
facility	lab	CPT/HCP…	0194U	PR KEL GNOTYP GENE ANALYSIS KEL EXON 8	fee schedule	444.5
facility	lab	CPT/HCP…	0195U	PR KLF1 TARGETED SEQUENCING	fee schedule	900.6
facility	lab	CPT/HCP…	0196U	PR LU GNOTYP GENE ANALYSIS BCAM EXON 3	fee schedule	444.5
facility	lab	CPT/HCP…	0197U	PR LW GNOTYP GENE ANALYSIS ICAM4 EXON 1	fee schedule	444.5
facility	lab	CPT/HCP…	0198U	PR RHD&RHCE GNOTYP SANGER/CHAIN SEQ RHD 1-10&RHCE 5	fee schedule	678.9
facility	lab	CPT/HCP…	0199U	PR SC GNOTYP GENE ANALYSIS ERMAP EXONS 4 12	fee schedule	659.6
facility	lab	CPT/HCP…	0200U	PR XK GNOTYP GENE ANALYSIS XK EXONS 1-3	fee schedule	659.6
facility	lab	CPT/HCP…	0201U	PR YT GNOTYP GENE ANALYSIS ACHE EXON 2	fee schedule	444.5
facility	lab	CPT/HCP…	0202U	PR NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	fee schedule	1,000.3
facility	lab	CPT/HCP…	0203U	PR AUTOIMMUN IBD MRNA GEN XPRSN PRFL 17 GEN WHL BLD	fee schedule	1,824.0
facility	lab	CPT/HCP…	0205U	PR OPH AGE-RELATED MAC DEGENERATION ALYS 3 GEN VRNT	fee schedule	112.8
facility	lab	CPT/HCP…	0206U	PR NEUROLOGY ALZHEIMER DISEASE CELL AGGREGATION	fee schedule	5,317.0
facility	lab	CPT/HCP…	0207U	PR NEUROLOGY ALZHEIMER DISEASE QUANTITATIVE IMAGING	fee schedule	1,226.9
facility	lab	CPT/HCP…	0209U	PR CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER	fee schedule	1,889.2
facility	lab	CPT/HCP…	0210U	PR SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAN RPR	fee schedule	44.7
facility	lab	CPT/HCP…	0211U	PR ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	fee schedule	20,292.0
facility	lab	CPT/HCP…	0212U	PR RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS PROBAND	fee schedule	13,140.5
facility	lab	CPT/HCP…	0213U	PR RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS EA CMPRTR	fee schedule	6,503.9
facility	lab	CPT/HCP…	0214U	PR RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS PROBAND	fee schedule	12,539.0
facility	lab	CPT/HCP…	0215U	PR RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS EA CMPRTR	fee schedule	6,179.2
facility	lab	CPT/HCP…	0216U	PR NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV	fee schedule	3,688.8
facility	lab	CPT/HCP…	0217U	PR NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV	fee schedule	5,276.0
facility	lab	CPT/HCP…	0218U	PR NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA	fee schedule	5,469.6
facility	lab	CPT/HCP…	0219U	PR NFCT AGENT HIV TRGT VIRAL NEXT-GNRJ SEQ ALYS ALG	fee schedule	1,740.0
facility	lab	CPT/HCP…	0220U	PR ONC BRST CA IMAGE ALYS W/AI ASSMT 12 FEATURES	fee schedule	1,695.0
facility	lab	CPT/HCP…	0221U	PR ABO GNOTYP GENE ALYS NEXT-GENERATION SEQ ABO GEN	fee schedule	659.6
facility	lab	CPT/HCP…	0222U	PR RHD&RHCE GNOTYP NEXT-GNRJ SEQ RH PROX PROMOTER	fee schedule	678.9
facility	lab	CPT/HCP…	0223U	CHG NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	fee schedule	1,000.3
facility	lab	CPT/HCP…	0224U	CHG ANTB SEV AQT RESPIR SYND CORONAVIRUS 2 TITER(S)	fee schedule	123.4
facility	lab	CPT/HCP…	0225U	CHG NFCT DS DNA&RNA 21 TARGETS SARS-COV-2 AMP PROBE	fee schedule	1,000.3
facility	lab	CPT/HCP…	0226U	CHG SUROGAT VIR NEUTRLZJ TST SARSCOV2 ELISA PLSM SRM	fee schedule	101.5
facility	lab	CPT/HCP…	0227U	PR RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM	fee schedule	149.1
facility	lab	CPT/HCP…	0228U	PR ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	fee schedule	415.3
facility	lab	CPT/HCP…	0229U	PR BCAT1&IKZF1 PROMOTER METHYLATION ANALYSIS	fee schedule	921.6
facility	lab	CPT/HCP…	0230U	PR AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	fee schedule	723.2
facility	lab	CPT/HCP…	0231U	PR CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	fee schedule	2,031.0
facility	lab	CPT/HCP…	0232U	PR CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	fee schedule	659.6
facility	lab	CPT/HCP…	0233U	PR FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	fee schedule	659.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0234U	PR MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	fee schedule	1,266.9
facility	lab	CPT/HCP…	0235U	PR PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	fee schedule	1,440.0
facility	lab	CPT/HCP…	0236U	PR SMN1&SMN2 FUL GEN ALYS CHNG DUPL&DELET&INSJ	fee schedule	1,446.5
facility	lab	CPT/HCP…	0237U	PR CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	fee schedule	1,403.8
facility	lab	CPT/HCP…	0238U	PR ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	fee schedule	1,403.8
facility	lab	CPT/HCP…	0239U	PR TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+	fee schedule	8,400.0
facility	lab	CPT/HCP…	0240U	PR NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0240U	PR NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0241U	PR NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0241U	PR NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0242U	PR TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74	fee schedule	12,000.0
facility	lab	CPT/HCP…	0243U	PR OB PE BIOCHEM ASY PLCNTL GRWTH FACTR MAT SRM ALG	fee schedule	154.6
facility	lab	CPT/HCP…	0244U	PR ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE	fee schedule	8,400.0
facility	lab	CPT/HCP…	0245U	PR ONC THYR MUT ALYS 10 GEN 37 RNA FSN XPRSN 4 MRNA	fee schedule	3,038.6
facility	lab	CPT/HCP…	0246U	PR RBC DNA GNOTYP 16 BLD GRP PHNT PREDICT 51 RBC AG	fee schedule	1,728.0
facility	lab	CPT/HCP…	0247U	PR OB PRETERM BIRTH IBP4 SHBG QUAN MEAS MAT SRM PRS	fee schedule	1,800.0
facility	lab	CPT/HCP…	0248U	PR ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE	fee schedule	7,281.3
facility	lab	CPT/HCP…	0249U	PR ONC BRST SEMIQ ALYS 32 PHSPRTN&PRTN ANALYTE ALG	fee schedule	5,325.9
facility	lab	CPT/HCP…	0250U	PR ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES	fee schedule	7,007.0
facility	lab	CPT/HCP…	0251U	PR HEPCIDIN-25 ELISA SERUM OR PLASMA	fee schedule	41.5
facility	lab	CPT/HCP…	0252U	PR FTL ANEUPLOIDY STR CMPRTV ALYS FTL DNA PRDC CNCP	fee schedule	1,821.7
facility	lab	CPT/HCP…	0253U	PR REPRDTVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS	fee schedule	7,582.6
facility	lab	CPT/HCP…	0254U	PR REPRDTVE MED ALYS 24 CHRMSM EMBRY& MITOCHDRL DNA	fee schedule	1,821.7
facility	lab	CPT/HCP…	0255U	PR ANDROLOGY INFERTILITY SPERM CAPACITATION ASSMT	fee schedule	75.8
facility	lab	CPT/HCP…	0256U	PR TMA/TMAO PROFILE MS/MS URINE ALG ALYS&REPORT	fee schedule	383.9
facility	lab	CPT/HCP…	0257U	PR VLCAD LEUKOCYTE ENZYME ACTIVITY WHOLE BLOOD	fee schedule	1,709.9
facility	lab	CPT/HCP…	0258U	PR AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG	fee schedule	8,820.0
facility	lab	CPT/HCP…	0259U	PR NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	fee schedule	126.5
facility	lab	CPT/HCP…	0260U	PR RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	fee schedule	3,032.5
facility	lab	CPT/HCP…	0261U	PR ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES	fee schedule	6,031.8
facility	lab	CPT/HCP…	0262U	PR ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY	fee schedule	7,680.0
facility	lab	CPT/HCP…	0263U	PR NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES	fee schedule	1,800.0
facility	lab	CPT/HCP…	0264U	PR RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	fee schedule	3,032.5
facility	lab	CPT/HCP…	0265U	PR RARE DO WHL GENOME& MITOCHDRL DNA SEQ ALYS	fee schedule	13,141.9
facility	lab	CPT/HCP…	0266U	PR UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN	fee schedule	7,680.0
facility	lab	CPT/HCP…	0267U	PR RARE DO ID VARIATIONS OPT GEN MAP&WHL GEN SEQ	fee schedule	16,174.4
facility	lab	CPT/HCP…	0268U	PR HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0269U	PR HEM AUTO DOM CGEN THRMBCTPNA GEN SEQ ALYS 22 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0270U	PR HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0271U	PR HEM CGEN NEUTROPENIA GEN SEQ ALYS 24 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0272U	PR HEM GEN BLD DO GEN SEQ ALYS 60 GENE&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0273U	PR HEM GEN HYPRFIBRNLYSIS DLYD BLD ALYS 9 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0274U	PR HEM GEN PLTLT DO GEN SEQ ALY 62 GEN&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0275U	PR HEM HEPARIN INDUCD TRMBCTPNA PLTLT ANTB REAC SRM	fee schedule	44.1
facility	lab	CPT/HCP…	0276U	PR HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 42 GENES	fee schedule	5,876.5
facility	lab	CPT/HCP…	0277U	PR HEM GEN PLTL FUNC DO GEN SEQ ALY 40&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0278U	PR HEM GEN THROMBOSIS GEN SEQ ALYS 14 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0279U	PR HEM VW DS VW FACTOR & COLLAGEN III BINDING ELISA	fee schedule	27.7
facility	lab	CPT/HCP…	0280U	PR HEM VW DS VW FACTOR & COLLAGEN IV BINDING ELISA	fee schedule	41.5
facility	lab	CPT/HCP…	0281U	PR HEM VW DS VW PROPEPTIDE ELISA AG LEVEL	fee schedule	41.5
facility	lab	CPT/HCP…	0282U	PR RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT	fee schedule	1,728.0
facility	lab	CPT/HCP…	0283U	PR VON WILLEBRAND FACTOR TYPE 2B PLASMA	fee schedule	44.2
facility	lab	CPT/HCP…	0284U	PR VON WILLEBRAND FACTOR TYPE 2N FACTOR VIII PLASMA	fee schedule	41.5
facility	lab	CPT/HCP…	0285U	PR ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE	fee schedule	1,063.9
facility	lab	CPT/HCP…	0286U	PR CEP72 NUDT15&TPMT GENE ANALYSIS COMMON VARIANTS	fee schedule	321.9
facility	lab	CPT/HCP…	0287U	PR ONC THYR DNA&MRNA NEXT-GEN SEQ ALYS 112 GEN ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	0288U	PR ONC LUNG MRNA QUAN PCR ALYS 11 GEN&3 REF GEN ALG	fee schedule	9,295.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0289U	PR NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24	fee schedule	1,824.0
facility	lab	CPT/HCP…	0290U	PR PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES	fee schedule	1,824.0
facility	lab	CPT/HCP…	0291U	PR PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN	fee schedule	4,212.0
facility	lab	CPT/HCP…	0292U	PR PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN	fee schedule	4,212.0
facility	lab	CPT/HCP…	0293U	PR PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54	fee schedule	1,824.0
facility	lab	CPT/HCP…	0294U	PR LNGVTY&MRTLTY RSK MRNA GEN XPRSN PRFL RNA 18 GEN	fee schedule	1,824.0
facility	lab	CPT/HCP…	0295U	PR ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN	fee schedule	13,044.0
facility	lab	CPT/HCP…	0296U	PR ONC ORL&/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT	fee schedule	4,680.0
facility	lab	CPT/HCP…	0297U	PR ONC PAN TUM WHL GEN SEQ PAIRED MAL&NML DNA SPEC	fee schedule	7,007.0
facility	lab	CPT/HCP…	0298U	PR ONC PAN TUM WHL TRNS SEQ PAIRED MAL&NML RNA SPEC	fee schedule	7,007.0
facility	lab	CPT/HCP…	0299U	PR ONC PAN TUM WHL GEN OPT MAPG MAL&NML DNA SPEC	fee schedule	4,471.7
facility	lab	CPT/HCP…	0300U	PR ONC PAN TUM WHL GEN SEQ&OPT GEN MAPG MAL&NML DNA	fee schedule	10,039.5
facility	lab	CPT/HCP…	0301U	PR IADNA BARTONELLA HENSELAE & QUINTANA DDPCR	fee schedule	630.5
facility	lab	CPT/HCP…	0302U	PR IADNA BRTNLA HNSLAE&QUINTN DDPCR FLWG LIQ NRCHMT	fee schedule	867.3
facility	lab	CPT/HCP…	0303U	PR HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC HYPOXIC	fee schedule	5,283.9
facility	lab	CPT/HCP…	0304U	PR HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC NORMOXIC	fee schedule	4,981.9
facility	lab	CPT/HCP…	0305U	PR HEM RBC FNCLTY&DFRM FUNCJ SHEAR STRS WHL BLOOD	fee schedule	1,590.2
facility	lab	CPT/HCP…	0306U	PR ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST	fee schedule	9,308.3
facility	lab	CPT/HCP…	0307U	PR ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ	fee schedule	1,906.8
facility	lab	CPT/HCP…	0308U	PR CRD CAD ALYS 3 PRTN 3 CLIN PARAM PLSM OBSTR CAD	fee schedule	937.8
facility	lab	CPT/HCP…	0309U	PR CRD CV DS ALYS 4 PRTN PLSM ALG RSK MAJ CAR EVENT	fee schedule	937.8
facility	lab	CPT/HCP…	0310U	PR PED VSCLTS KD ALYS 3 BMRK PLSM ALG RSK SCORE KD	fee schedule	937.8
facility	lab	CPT/HCP…	0311U	PR NFCT DS BCT QUAN ANTMCRB SC MIC EA ORG ID	fee schedule	19.4
facility	lab	CPT/HCP…	0312U	PR AI DS SLE ALYS 8 IGG AUTOANT&2 CLL BOUND PRDCTS	fee schedule	2,017.6
facility	lab	CPT/HCP…	0313U	PR ONC PNCRS DNA&MRNA NXT-GNRJ SEQ ALYS 74 GEN&CEA	fee schedule	8,640.0
facility	lab	CPT/HCP…	0314U	PR ONC CUTAN MLNMA MRNA GEN XPRSN PRFL 35 GENES ALG	fee schedule	4,680.0
facility	lab	CPT/HCP…	0315U	PR ONC CUTAN SQ CLL CARC MRNA GEN XPRSN PRFL 40 ALG	fee schedule	20,400.0
facility	lab	CPT/HCP…	0316U	PR BORRELIA BURGDORFERI LYME DS OSPA PRTN EVAL UR	fee schedule	44.8
facility	lab	CPT/HCP…	0317U	PR ONC LUNG CA 4-PRB FISH ASY WHL BLD PREDICTIV ALG	fee schedule	4,872.0
facility	lab	CPT/HCP…	0318U	PR PED WHL GENOME MTHYLTN ALYS MICRORA 50+GENES BLD	fee schedule	4,249.1
facility	lab	CPT/HCP…	0319U	PR NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG	fee schedule	6,360.0
facility	lab	CPT/HCP…	0320U	PR NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG	fee schedule	6,360.0
facility	lab	CPT/HCP…	0321U	PR IADNA GU PTHGN 20BCT&FNGL ORG&ID 16 ABX RSIST GN	fee schedule	1,523.6
facility	lab	CPT/HCP…	0322U	PR NEURO ASD QUAN MEAS 14 ACYL CARNITINES & METABLT	fee schedule	1,800.0
facility	lab	CPT/HCP…	0323U	PR IADNA CNS PATHOGEN NEXT-GENERATION SEQUENCING	fee schedule	5,102.9
facility	lab	CPT/HCP…	0326U	PR TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83+	fee schedule	12,000.0
facility	lab	CPT/HCP…	0327U	PR FTL ANEUPLOIDY TRSMY DNA SEQ ALYS MAT PLSM RSK	fee schedule	1,908.0
facility	lab	CPT/HCP…	0328U	PR DRUG ASSAY DEF 120+ RX&METABOLITES UR W/LC-MS/MS	fee schedule	274.6
facility	lab	CPT/HCP…	0329U	PR ONC NEOPLASIA XOME&TRNS SEQ ALYS DNA&RNA TUMOR	fee schedule	8,251.1
facility	lab	CPT/HCP…	0330U	PR IADNA VAG PTHGN PNL 27 ORG AMP PROBE VAG SWAB	fee schedule	1,000.3
facility	lab	CPT/HCP…	0331U	PR ONC HL NEO OPT GEN MAPPING W/DNA BLD/BONE MARROW	fee schedule	4,471.7
facility	lab	CPT/HCP…	0332U	PR ONC PAN TUM GENETIC PRFLG 8 DNA QUAN PCR WHL BLD	fee schedule	2,740.9
facility	lab	CPT/HCP…	0333U	PR ONC LVR SRVLNC HCC ALYS METHYLTN PATTERNS CFDNA	fee schedule	1,589.6
facility	lab	CPT/HCP…	0334U	PR ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/+ GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0335U	PR RARE DISEASES WHOLE GENOME SEQ ALYS FETAL SAMPLE	fee schedule	12,539.0
facility	lab	CPT/HCP…	0336U	PR RARE DISEASES WHOLE GENOME SEQ ALYS BLOOD/SALIVA	fee schedule	6,179.2
facility	lab	CPT/HCP…	0337U	PR ONC PLSM CLL DO&MYLOMA CRCG PLSM CLL IMMLG SLCTN	fee schedule	5,844.0
facility	lab	CPT/HCP…	0338U	PR ONC SLD TUM CRCG TUMOR CELL SELECTION	fee schedule	5,844.0
facility	lab	CPT/HCP…	0339U	PR ONC PROSTATE MRNA XPRSN PRFLG HOXC6 &DLX1 RT-PCR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0340U	PR ONC PAN CANCER ANALYSIS MRD FROM PLASMA	fee schedule	8,616.0
facility	lab	CPT/HCP…	0341U	PR FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ALYS	fee schedule	4,560.5
facility	lab	CPT/HCP…	0342U	PR ONC PNCRTC CA MULT IA ECLIA SRM ALG	fee schedule	2,152.8
facility	lab	CPT/HCP…	0343U	PR ONC PRST8 XOME BASED ALYS 442 SNCRNA RT-QPCR UR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0344U	PR HEP NAFLD SEMIQ EVAL 28 LIPID MRK SRM NASH/XNASH	fee schedule	1,901.2
facility	lab	CPT/HCP…	0345U	PR PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0346U	PR BETA AMYLOID AB40&AB42 LC-MS/MS RATIO PLASMA	fee schedule	223.8
facility	lab	CPT/HCP…	0347U	PR RX METAB/PCX DNA 16 GENE VRNT ALYS&REPRTD PHNT	fee schedule	3,206.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0348U	PR RX METAB/PCX DNA 25 GENE VRNT ALYS&REPRTD PHNT	fee schedule	1,781.5
facility	lab	CPT/HCP…	0349U	PR RX METAB/PCX DNA 27 GEN VRNT ALYS&PHNT GEN-RX IA	fee schedule	1,781.5
facility	lab	CPT/HCP…	0350U	PR RX METAB/PCX DNA 27 GENE VRNT ALYS&REPRTD PHNT	fee schedule	3,206.6
facility	lab	CPT/HCP…	0351U	PR NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	fee schedule	625.2
facility	lab	CPT/HCP…	0352U	PR NFCT DS BCT VAGINOSIS&VAGINITIS MULT AMP PROBE	fee schedule	342.3
facility	lab	CPT/HCP…	0355U	PR APOL1 RISK VARIANTS	fee schedule	328.8
facility	lab	CPT/HCP…	0356U	PR ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	fee schedule	4,320.0
facility	lab	CPT/HCP…	0358U	PR NEURO MLD COG IMPAIRMNT ALYS B-AMYLOID 1-42&1-40	fee schedule	625.2
facility	lab	CPT/HCP…	0359U	PR ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	fee schedule	1,824.0
facility	lab	CPT/HCP…	0360U	PR ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	fee schedule	2,017.6
facility	lab	CPT/HCP…	0361U	PR NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0362U	PR ONC PAP THYR CA RNA SEQ 82CNT&10HSKP GEN FNA ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	0363U	PR ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	fee schedule	1,824.0
facility	lab	CPT/HCP…	0364U	PR ONC HL NEO GEN SEQ ALYS ALG QUAN DMT CLNL SEQ	fee schedule	n/a
facility	lab	CPT/HCP…	0365U	PR ONC BLDR ALYS 10 PRTN BMRK ALG PRB BLDR CA	fee schedule	2,152.8
facility	lab	CPT/HCP…	0366U	PR ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA	fee schedule	2,152.8
facility	lab	CPT/HCP…	0367U	PR ONC BLDR 10PRTN BMRK ALG PRB CA FLWG TRURL RESCJ	fee schedule	2,165.2
facility	lab	CPT/HCP…	0368U	PR ONC CLRCT CA EVAL MUT&MTHYLTN MRK MULT QPCR	fee schedule	n/a
facility	lab	CPT/HCP…	0369U	PR IADNA GI PTHGN 31ORG& ID 21 ARG MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0370U	PR IADNA SURG WND PTHGN 34 MICROORG&ID 21 ARG	fee schedule	1,000.3
facility	lab	CPT/HCP…	0371U	PR IADNA GU PTHGN SEMIQ ID DNA 16 BCT&1FNGL ORG UR	fee schedule	1,000.3
facility	lab	CPT/HCP…	0372U	PR NFCT DS GU PTHGN ARG DETCJ MULT AMP PRB TQ UR	fee schedule	1,000.3
facility	lab	CPT/HCP…	0373U	PR IADNA RESP TRC NFCTJ 17 8 13&16 MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0374U	PR IADNA GU PTHGN ID 21 ORG&21 ARG MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0375U	PR ONC OVARIAN BIOCHEM ASSAY 7 PRTNS ALG RSK SCOR	fee schedule	2,152.8
facility	lab	CPT/HCP…	0376U	PR ONC PRST8 CA IMG ALYS 128 HLOG FEAT&CLIN FCTR	fee schedule	1,695.0
facility	lab	CPT/HCP…	0377U	PR CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT	fee schedule	114.2
facility	lab	CPT/HCP…	0378U	PR RFC1 REPEAT XPNSJ VRNT ALY TRAD&REPEAT PRIME PCR	fee schedule	328.8
facility	lab	CPT/HCP…	0379U	PR TGSAP SLD ORG NEO DNA 523&RNA 55 NEXT GNRJ SEQ	fee schedule	n/a
facility	lab	CPT/HCP…	0380U	PR RX METAB ADVRS RX RXN&RSPSE TRGT SEQ ALYS 20 GEN	fee schedule	1,000.3
facility	lab	CPT/HCP…	0381U	PR MAPLE SYRUP UR DS MNTR BLD CARD SAMP QUAN MEAS	fee schedule	n/a
facility	lab	CPT/HCP…	0382U	PR HYPERPHENYLALANINEMIA MNTR BLD CARD SAMP QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0383U	PR TYROSINEMIA TYPE 1 MNTR BLD CARD SAMP QUAN MEAS	fee schedule	n/a
facility	lab	CPT/HCP…	0384U	PR NEPH CKD RSK SCOR PREDICTIVE PRGSN HI STG KDN DS	fee schedule	1,800.0
facility	lab	CPT/HCP…	0385U	PR NEPH CKD PLSM ALG RSK SCORE DIABETIC KDN DS	fee schedule	937.8
facility	lab	CPT/HCP…	0387U	PR ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	fee schedule	2,276.4
facility	lab	CPT/HCP…	0388U	PR ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0389U	PR PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	fee schedule	n/a
facility	lab	CPT/HCP…	0390U	PR OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	fee schedule	154.6
facility	lab	CPT/HCP…	0391U	PR ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	fee schedule	8,640.0
facility	lab	CPT/HCP…	0392U	PR RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	fee schedule	3,206.6
facility	lab	CPT/HCP…	0393U	PR NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	fee schedule	1,298.4
facility	lab	CPT/HCP…	0394U	PR PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	fee schedule	477.0
facility	lab	CPT/HCP…	0395U	PR ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	fee schedule	n/a
facility	lab	CPT/HCP…	0396U	PR OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	fee schedule	n/a
facility	lab	CPT/HCP…	0398U	PR GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	fee schedule	n/a
facility	lab	CPT/HCP…	0399U	PR NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0400U	PR OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	fee schedule	n/a
facility	lab	CPT/HCP…	0401U	PR CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0402U	PR NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	fee schedule	342.3
facility	lab	CPT/HCP…	0403U	PR ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0404U	PR ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	fee schedule	775.1
facility	lab	CPT/HCP…	0405U	PR ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	fee schedule	4,249.1
facility	lab	CPT/HCP…	0406U	PR ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0407U	PR NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	fee schedule	2,280.0
facility	lab	CPT/HCP…	0408U	PR IAAD BULK ACOUSTIC WAVE BIOSENSOR IA SARS-COV-2	fee schedule	n/a
facility	lab	CPT/HCP…	0409U	PR ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	fee schedule	7,007.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0410U	PR ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTOSN	fee schedule	2,784.0
facility	lab	CPT/HCP…	0411U	PR PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0412U	PR BETA AMYLOID AB42/40 IMPRCIP QUAN LC-MS/MS ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0413U	PR ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	fee schedule	3,032.5
facility	lab	CPT/HCP…	0414U	PR ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	fee schedule	1,695.0
facility	lab	CPT/HCP…	0415U	PR CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	fee schedule	937.8
facility	lab	CPT/HCP…	0417U	PR RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0418U	PR ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	fee schedule	1,695.0
facility	lab	CPT/HCP…	0419U	PR NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	fee schedule	3,206.6
facility	lab	CPT/HCP…	0420U	PR ONC URTHL MRNA XPRSN PRFL RT QUAN PCR DDPCR 6SNP	fee schedule	n/a
facility	lab	CPT/HCP…	0421U	PR ONC CLRCT SCR QUAN RT TRGT & SGL AMP 8 RNA MRK	fee schedule	n/a
facility	lab	CPT/HCP…	0422U	PR ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER	fee schedule	n/a
facility	lab	CPT/HCP…	0423U	PR PSYC GENOMIC ALYS PNL VRNT ALYS 26 GEN BUCC SWAB	fee schedule	n/a
facility	lab	CPT/HCP…	0424U	PR ONC PRST8 XOME BASED ALYS 53 SNCRNA RT-QPCR UR	fee schedule	n/a
facility	lab	CPT/HCP…	0425U	PR GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME	fee schedule	n/a
facility	lab	CPT/HCP…	0426U	PR GENOME ULTRA-RAPID SEQUENCE ANALYSIS	fee schedule	n/a
facility	lab	CPT/HCP…	0427U	PR MONOCYTE DISTRIBUTION WIDTH WHOLE BLOOD	fee schedule	n/a
facility	lab	CPT/HCP…	0428U	PR ONC BRST TRGT GENOMIC SEQ CTDNA ALYS 56/> GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0429U	PR HPV OROPHARYNGEAL SWAB 14 HIGH-RISK TYPES	fee schedule	n/a
facility	lab	CPT/HCP…	0430U	PR GI MALABS EVAL AAT CALPROTECTIN PNCRTC ELASTASE	fee schedule	n/a
facility	lab	CPT/HCP…	0431U	PR GLYCINE RECEPTOR ALPHA1 IGG SERUM/CSF LCBA QUAL	fee schedule	n/a
facility	lab	CPT/HCP…	0432U	PR KLHL11 ANTB SERUM/CSF CELL BINDING ASSAY QUAL	fee schedule	n/a
facility	lab	CPT/HCP…	0433U	PR ONC PROSTATE 5 DNA REG MRK QUAN PCR WHL BLD ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0434U	PR RX METAB ADVRS RX RXN&RSPSE VARIANT ALYS 25 GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0435U	PR ONC CHEMO CYTOX ASY CSC RX RSPSE MIN 14 RX/CMBN	fee schedule	n/a
facility	lab	CPT/HCP…	0436U	PR ONC LNG PLSM ALYS 388 PRTN APTMR BSD PRTOMC TECH	fee schedule	n/a
facility	lab	CPT/HCP…	0437U	PR PSYC ANXIETY DO MRNA GEN XPRSN PRFL RNA 15 BMRK	fee schedule	n/a
facility	lab	CPT/HCP…	0438U	PR RX METAB ADVRS RX RXN&RSPSE VRNT ALYS 33 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0439U	PR CRD CHD DNA ALYS 5 SNP 3 DNA	fee schedule	n/a
facility	lab	CPT/HCP…	0440U	PR CRD CHD DNA ALYS 10 SNP 6DNA	fee schedule	n/a
facility	lab	CPT/HCP…	0441U	PR NFCT DS BCT FNGL/VIRAL SEMIQ	fee schedule	n/a
facility	lab	CPT/HCP…	0442U	PR NFCT DS RESPIR NFCTJ MXA&CRP	fee schedule	n/a
facility	lab	CPT/HCP…	0443U	PR NEURFLMNT LT CHN ULTRSENS IA	fee schedule	n/a
facility	lab	CPT/HCP…	0444U	PR ONC SLD ORGN NEO TGSAP 361	fee schedule	n/a
facility	lab	CPT/HCP…	0445U	PR ABETA42 & PTAU181 ECLIA CSF	fee schedule	n/a
facility	lab	CPT/HCP…	0446U	PR AI DS SLE ALYS 10 CYTOKINE	fee schedule	n/a
facility	lab	CPT/HCP…	0447U	PR AI DS SLE ALYS 11 CYTOKINE	fee schedule	n/a
facility	lab	CPT/HCP…	0448U	PR ONC LNG&CLN CA DNA QUAL NGS	fee schedule	n/a
facility	lab	CPT/HCP…	0449U	PR CAR SCR SEV INH COND 5 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0450U	PR ONC MM LC-MS/MS MONOC P-PRTN	fee schedule	n/a
facility	lab	CPT/HCP…	0451U	PR ONC MM LC-MS/MS PEP ION QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0452U	PR ONC BLDR MTHYL PENK LTE-QMSP	fee schedule	n/a
facility	lab	CPT/HCP…	0453U	PR ONC CLRCT CA CFDNA QPCR ASY	fee schedule	n/a
facility	lab	CPT/HCP…	0454U	PR RARE DS ID OPT GENOME MAPG	fee schedule	n/a
facility	lab	CPT/HCP…	0455U	PR NFCT AGT STI MULT AMP PRB UR	fee schedule	n/a
facility	lab	CPT/HCP…	0456U	PR AI RA NGS 19 GENES ANTI-CCP	fee schedule	n/a
facility	lab	CPT/HCP…	0457U	PR PFAS 9 CMPND LC-MS/MS PLS/SR	fee schedule	n/a
facility	lab	CPT/HCP…	0458U	PR ONC BRST CA S100 A8&A9 ELISA	fee schedule	n/a
facility	lab	CPT/HCP…	0459U	PR ABETA42 & TTAU ECLIA CSF	fee schedule	n/a
facility	lab	CPT/HCP…	0460U	PR ONC WHL BLD/BUCC RTPCR 24GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0461U	PR ONC RXGENOM ALYS RTPCR 24GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0462U	PR MELATONIN LVL TST SLP STD7/9	fee schedule	n/a
facility	lab	CPT/HCP…	0463U	PR ONC CRVX MRNA GENXPRSN 14BMK	fee schedule	n/a
facility	lab	CPT/HCP…	0464U	PR ONC CLRCT SCR QRTSA DNA MRK	fee schedule	n/a
facility	lab	CPT/HCP…	0465U	PR ONC URTHL CARC DNA QMSP 2GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0466U	PR CRD CAD DNA GWAS 564856 SNP	fee schedule	n/a
facility	lab	CPT/HCP…	0467U	PR ONC BLDR DNA NGS 60GEN&ANEUP	fee schedule	n/a

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0468U	PR HEP NASH MIR-34A5P A2M YKL40	fee schedule	n/a
facility	lab	CPT/HCP…	0469U	PR RARE DS WHL GEN SEQ FTL SAMP	fee schedule	n/a
facility	lab	CPT/HCP…	0470U	PR ONC OROP DETCJ MRD 8 DNA HPV	fee schedule	n/a
facility	lab	CPT/HCP…	0471U	PR ONC CLRC CA 35 VRN KRAS&NRAS	fee schedule	n/a
facility	lab	CPT/HCP…	0472U	PR CA VI PSP&SP1 ANTB SJÃ–GREN	fee schedule	n/a
facility	lab	CPT/HCP…	0473U	PR ONC SLD TUM BLD/SLV 648 GENE	fee schedule	n/a
facility	lab	CPT/HCP…	0474U	PR HERED PAN CA GSAP 88GENE NGS	fee schedule	n/a
facility	lab	CPT/HCP…	0475U	PR HERED PRST8 CA GSAP 23 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	fee schedule	21.2
facility	lab	CPT/HCP…	78267	PR UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	fee schedule	26.5
facility	lab	CPT/HCP…	78268	PR UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	fee schedule	226.6
facility	lab	CPT/HCP…	80047	PR BASIC METABOLIC PANEL CALCIUM IONIZED	fee schedule	33.0
facility	lab	CPT/HCP…	80047	PR BASIC METABOLIC PANEL CALCIUM IONIZED	fee schedule	33.0
facility	lab	CPT/HCP…	80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	fee schedule	20.3
facility	lab	CPT/HCP…	80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	fee schedule	20.3
facility	lab	CPT/HCP…	80051	PR ELECTROLYTE PANEL	fee schedule	16.8
facility	lab	CPT/HCP…	80051	PR ELECTROLYTE PANEL	fee schedule	16.8
facility	lab	CPT/HCP…	80053	PR COMPREHENSIVE METABOLIC PANEL	fee schedule	25.3
facility	lab	CPT/HCP…	80053	PR COMPREHENSIVE METABOLIC PANEL	fee schedule	25.3
facility	lab	CPT/HCP…	80055	PR OBSTETRIC PANEL	fee schedule	114.7
facility	lab	CPT/HCP…	80061	PR LIPID PANEL	fee schedule	32.1
facility	lab	CPT/HCP…	80061	PR LIPID PANEL	fee schedule	32.1
facility	lab	CPT/HCP…	80069	PR RENAL FUNCTION PANEL	fee schedule	20.8
facility	lab	CPT/HCP…	80069	PR RENAL FUNCTION PANEL	fee schedule	20.8
facility	lab	CPT/HCP…	80074	PR ACUTE HEPATITIS PANEL	fee schedule	114.3
facility	lab	CPT/HCP…	80076	PR HEPATIC FUNCTION PANEL	fee schedule	19.6
facility	lab	CPT/HCP…	80081	PR OBSTETRIC PANEL	fee schedule	179.7
facility	lab	CPT/HCP…	80143	PR DRUG ASSAY ACETAMINOPHEN	fee schedule	44.7
facility	lab	CPT/HCP…	80145	PR DRUG ASSAY ADALIMUMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80150	PR DRUG SCREEN QUANTITATIVE AMIKACIN	fee schedule	36.2
facility	lab	CPT/HCP…	80151	PR DRUG ASSAY AMIODARONE	fee schedule	44.7
facility	lab	CPT/HCP…	80155	PR DRUG ASSAY CAFFEINE	fee schedule	92.6
facility	lab	CPT/HCP…	80156	PR DRUG ASSAY CARBAMAZEPINE TOTAL	fee schedule	35.0
facility	lab	CPT/HCP…	80157	PR DRUG ASSAY CARBAMAZEPINE FREE	fee schedule	31.8
facility	lab	CPT/HCP…	80158	PR DRUG ASSAY CYCLOSPORINE	fee schedule	43.3
facility	lab	CPT/HCP…	80159	PR DRUG ASSAY CLOZAPINE	fee schedule	48.4
facility	lab	CPT/HCP…	80161	PR DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	fee schedule	44.7
facility	lab	CPT/HCP…	80162	PR DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	fee schedule	31.9
facility	lab	CPT/HCP…	80163	PR DRUG SCREEN QUANTITATIVE DIGOXIN FREE	fee schedule	31.9
facility	lab	CPT/HCP…	80164	PR DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	fee schedule	32.5
facility	lab	CPT/HCP…	80165	PR DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	fee schedule	32.5
facility	lab	CPT/HCP…	80167	PR DRUG ASSAY FELBAMATE	fee schedule	44.7
facility	lab	CPT/HCP…	80168	PR DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	fee schedule	39.2
facility	lab	CPT/HCP…	80169	PR DRUG ASSAY EVEROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80170	PR DRUG SCREEN QUANTITATIVE GENTAMICIN	fee schedule	39.3
facility	lab	CPT/HCP…	80171	PR DRUG SCREEN QUANTITATIVE GABAPENTIN	fee schedule	52.0
facility	lab	CPT/HCP…	80173	PR DRUG SCREEN QUANTITATIVE HALOPRIDOL	fee schedule	37.9
facility	lab	CPT/HCP…	80175	PR DRUG SCREEN QUANTITATIVE LAMOTRIGINE	fee schedule	31.8
facility	lab	CPT/HCP…	80176	PR DRUG SCREEN QUANTITATIVE LIDOCAINE	fee schedule	35.3
facility	lab	CPT/HCP…	80177	PR DRUG SCREEN QUANTITATIVE LEVETIRACETAM	fee schedule	31.8
facility	lab	CPT/HCP…	80178	PR DRUG SCREEN QUANTITATIVE LITHIUM	fee schedule	15.9
facility	lab	CPT/HCP…	80178	PR DRUG SCREEN QUANTITATIVE LITHIUM	fee schedule	15.9
facility	lab	CPT/HCP…	80179	PR DRUG ASSAY SALICYLATE	fee schedule	44.7
facility	lab	CPT/HCP…	80180	PR DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	fee schedule	43.3
facility	lab	CPT/HCP…	80181	PR DRUG ASSAY FLECAINIDE	fee schedule	44.7
facility	lab	CPT/HCP…	80183	PR DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	fee schedule	31.8
facility	lab	CPT/HCP…	80184	PR DRUG SCREEN QUANTITATIVE PHENOBARBITAL	fee schedule	36.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	80185	PR DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	fee schedule	31.8
facility	lab	CPT/HCP…	80186	PR DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	fee schedule	33.0
facility	lab	CPT/HCP…	80187	PR DRUG ASSAY POSACONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80188	PR DRUG SCREEN QUANTITATIVE PRIMIDONE	fee schedule	39.8
facility	lab	CPT/HCP…	80189	PR DRUG ASSAY ITRACONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80190	PR DRUG SCREEN QUANTITATIVE PROCAINAMIDE	fee schedule	144.0
facility	lab	CPT/HCP…	80192	PR DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	fee schedule	40.2
facility	lab	CPT/HCP…	80193	PR DRUG ASSAY LEFLUNOMIDE	fee schedule	92.6
facility	lab	CPT/HCP…	80194	PR DRUG SCREEN QUANTITATIVE QUINIDINE	fee schedule	35.0
facility	lab	CPT/HCP…	80195	PR DRUG SCREEN QUANTITATIVE SIROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80197	PR DRUG SCREEN QUANTITATIVE TACROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80198	PR DRUG SCREEN QUANTITATIVE THEOPHYLLINE	fee schedule	33.9
facility	lab	CPT/HCP…	80199	PR DRUG SCREEN QUANTITATIVE TIAGABINE	fee schedule	65.1
facility	lab	CPT/HCP…	80200	PR DRUG SCREEN QUANTITATIVE TOBRAMYCIN	fee schedule	38.7
facility	lab	CPT/HCP…	80201	PR DRUG SCREEN QUANTITATIVE TOPIRAMATE	fee schedule	28.6
facility	lab	CPT/HCP…	80202	PR DRUG SCREEN QUANTITATIVE VANCOMYCIN	fee schedule	32.5
facility	lab	CPT/HCP…	80203	PR DRUG SCREEN QUANTITATIVE ZONISAMIDE	fee schedule	31.8
facility	lab	CPT/HCP…	80204	PR DRUG ASSAY METHOTREXATE	fee schedule	92.6
facility	lab	CPT/HCP…	80210	PR DRUG ASSAY RUFINAMIDE	fee schedule	65.1
facility	lab	CPT/HCP…	80220	PR DRUG ASSAY HYDROXYCHLOROQUINE	fee schedule	44.7
facility	lab	CPT/HCP…	80230	PR DRUG ASSAY INFLIXIMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80235	PR DRUG ASSAY LACOSAMIDE	fee schedule	65.1
facility	lab	CPT/HCP…	80280	PR DRUG ASSAY VEDOLIZUMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80285	PR DRUG ASSAY VORICONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80299	PR QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	fee schedule	44.7
facility	lab	CPT/HCP…	80305	PR DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	fee schedule	30.2
facility	lab	CPT/HCP…	80305	PR DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	fee schedule	30.2
facility	lab	CPT/HCP…	80306	PR DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	fee schedule	41.1
facility	lab	CPT/HCP…	80307	PR DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	fee schedule	149.1
facility	lab	CPT/HCP…	80400	PR ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	fee schedule	78.3
facility	lab	CPT/HCP…	80402	PR ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	fee schedule	208.7
facility	lab	CPT/HCP…	80406	PR ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	fee schedule	187.8
facility	lab	CPT/HCP…	80408	PR ALDOSTERONE SUPPRESSION EVALUATION PANEL	fee schedule	301.2
facility	lab	CPT/HCP…	80410	PR CALCITONIN STIMULATION PANEL	fee schedule	192.9
facility	lab	CPT/HCP…	80412	PR CORTICOTROPIC RELEASING HORM STIMJ PANEL	fee schedule	1,923.9
facility	lab	CPT/HCP…	80414	PR CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	fee schedule	123.9
facility	lab	CPT/HCP…	80415	PR CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	fee schedule	134.1
facility	lab	CPT/HCP…	80416	PR RENAL VEIN RENIN STIMULATION PANEL	fee schedule	502.4
facility	lab	CPT/HCP…	80417	PR PERIPHERAL VEIN RENIN STIMULATION PANEL	fee schedule	105.6
facility	lab	CPT/HCP…	80418	PR COMBINED RAPID ANT PITUITARY EVALUATION PANEL	fee schedule	1,390.8
facility	lab	CPT/HCP…	80420	PR DEXMETHASONE SUPPRESSION PANEL 48 HR	fee schedule	388.5
facility	lab	CPT/HCP…	80422	PR GLUCOSE TOLERANCE PANEL INSULINOMA	fee schedule	110.6
facility	lab	CPT/HCP…	80424	PR GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	fee schedule	121.2
facility	lab	CPT/HCP…	80426	PR GONADOTROPIN RELEASING HORMONE STIMJ PANEL	fee schedule	356.2
facility	lab	CPT/HCP…	80428	PR GROWTH HORMONE STIMULATION PANEL	fee schedule	160.1
facility	lab	CPT/HCP…	80430	PR GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	fee schedule	310.4
facility	lab	CPT/HCP…	80432	PR INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	fee schedule	397.5
facility	lab	CPT/HCP…	80434	PR INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	fee schedule	684.1
facility	lab	CPT/HCP…	80435	PR INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	fee schedule	247.2
facility	lab	CPT/HCP…	80436	PR METYRAPONE PANEL	fee schedule	218.8
facility	lab	CPT/HCP…	80438	PR THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	fee schedule	121.0
facility	lab	CPT/HCP…	80439	PR THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	fee schedule	161.3
facility	lab	CPT/HCP…	81000	PR URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	fee schedule	9.7
facility	lab	CPT/HCP…	81001	PR URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	fee schedule	7.6
facility	lab	CPT/HCP…	81002	PR URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	fee schedule	8.3
facility	lab	CPT/HCP…	81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	fee schedule	5.4
facility	lab	CPT/HCP…	81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	fee schedule	5.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81005	PR URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	fee schedule	5.2
facility	lab	CPT/HCP…	81007	PR URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	fee schedule	72.0
facility	lab	CPT/HCP…	81007	PR URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	fee schedule	72.0
facility	lab	CPT/HCP…	81015	PR URINALYSIS MICROSCOPIC ONLY	fee schedule	7.3
facility	lab	CPT/HCP…	81020	PR URINALYSIS 2/3 GLASS TEST	fee schedule	11.3
facility	lab	CPT/HCP…	81025	PR URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	fee schedule	20.7
facility	lab	CPT/HCP…	81050	PR VOLUME MEASUREMENT TIMED COLLECTION EACH	fee schedule	8.7
facility	lab	CPT/HCP…	81105	PR HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81106	PR HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81107	PR HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81108	PR HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81109	PR HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81110	PR HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81111	PR HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81112	PR HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81120	PR IDH1 COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81121	PR IDH2 COMMON VARIANTS	fee schedule	709.9
facility	lab	CPT/HCP…	81161	PR DMD DUPLICATION/DELETION ANALYSIS	fee schedule	669.6
facility	lab	CPT/HCP…	81162	PR BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	fee schedule	4,379.7
facility	lab	CPT/HCP…	81163	PR BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,123.2
facility	lab	CPT/HCP…	81164	PR BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	1,402.2
facility	lab	CPT/HCP…	81165	PR BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	81166	PR BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	723.2
facility	lab	CPT/HCP…	81167	PR BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	81168	PR CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81170	PR ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	fee schedule	720.0
facility	lab	CPT/HCP…	81171	PR AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81172	PR AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81173	PR AR GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	723.2
facility	lab	CPT/HCP…	81174	PR AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	444.5
facility	lab	CPT/HCP…	81175	PR ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81176	PR ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	fee schedule	580.6
facility	lab	CPT/HCP…	81177	PR ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81178	PR ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81179	PR ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81180	PR ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81181	PR ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81182	PR ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81183	PR ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81184	PR CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81185	PR CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	2,031.0
facility	lab	CPT/HCP…	81186	PR CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	444.5
facility	lab	CPT/HCP…	81187	PR CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81188	PR CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81189	PR CSTB GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	659.6
facility	lab	CPT/HCP…	81190	PR CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81191	PR NTRK1 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81192	PR NTRK2 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81193	PR NTRK3 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81194	PR NTRK TRANSLOCATION ANALYSIS	fee schedule	1,243.9
facility	lab	CPT/HCP…	81200	PR ASPA GENE ANALYSIS COMMON VARIANTS	fee schedule	113.4
facility	lab	CPT/HCP…	81201	PR APC GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,872.0
facility	lab	CPT/HCP…	81202	PR APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	672.0
facility	lab	CPT/HCP…	81203	PR APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	480.0
facility	lab	CPT/HCP…	81204	PR AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81205	PR BCKDHB GENE ANALYSIS COMMON VARIANTS	fee schedule	228.0
facility	lab	CPT/HCP…	81206	PR BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	393.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81207	PR BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	347.6
facility	lab	CPT/HCP…	81208	PR BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	515.1
facility	lab	CPT/HCP…	81209	PR BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	fee schedule	94.3
facility	lab	CPT/HCP…	81210	PR BRAF GENE ANALYSIS V600 VARIANT(S)	fee schedule	421.0
facility	lab	CPT/HCP…	81212	PR BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	fee schedule	1,056.0
facility	lab	CPT/HCP…	81215	PR BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81216	PR BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	444.3
facility	lab	CPT/HCP…	81217	PR BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81218	PR CEBPA GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	580.6
facility	lab	CPT/HCP…	81219	PR CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	fee schedule	291.9
facility	lab	CPT/HCP…	81220	PR CFTR GENE ANALYSIS COMMON VARIANTS	fee schedule	1,335.8
facility	lab	CPT/HCP…	81221	PR CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	233.3
facility	lab	CPT/HCP…	81222	PR CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	1,044.2
facility	lab	CPT/HCP…	81223	PR CFTR GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,197.6
facility	lab	CPT/HCP…	81224	PR CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	fee schedule	405.0
facility	lab	CPT/HCP…	81225	PR CYP2C19 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81226	PR CYP2D6 GENE ANALYSIS COMMON VARIANTS	fee schedule	1,082.2
facility	lab	CPT/HCP…	81227	PR CYP2C9 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81228	PR CYTOG ALYS CHRMOML ABNOR COPY NUMBER VRNT CGH	fee schedule	2,160.0
facility	lab	CPT/HCP…	81229	PR CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	fee schedule	2,784.0
facility	lab	CPT/HCP…	81230	PR CYP3A4 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81231	PR CYP3A5 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81232	PR DPYD GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81233	PR BTK GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81234	PR DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81235	PR EGFR GENE ANALYSIS COMMON VARIANTS	fee schedule	779.0
facility	lab	CPT/HCP…	81236	PR EZH2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	678.9
facility	lab	CPT/HCP…	81237	PR EZH2 GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81238	PR F9 FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81239	PR DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81240	PR F2 GENE ANALYSIS 20210G >A VARIANT	fee schedule	157.7
facility	lab	CPT/HCP…	81241	PR F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	fee schedule	176.1
facility	lab	CPT/HCP…	81242	PR FANCC GENE ANALYSIS COMMON VARIANT	fee schedule	87.9
facility	lab	CPT/HCP…	81243	PR FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	fee schedule	136.9
facility	lab	CPT/HCP…	81244	PR FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	107.7
facility	lab	CPT/HCP…	81245	PR FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	fee schedule	397.2
facility	lab	CPT/HCP…	81246	PR FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	fee schedule	199.2
facility	lab	CPT/HCP…	81247	PR G6PD GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81248	PR G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	900.6
facility	lab	CPT/HCP…	81249	PR G6PD GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81250	PR G6PC GENE ANALYSIS COMMON VARIANTS	fee schedule	140.4
facility	lab	CPT/HCP…	81251	PR GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	fee schedule	113.4
facility	lab	CPT/HCP…	81252	PR GJB2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	242.7
facility	lab	CPT/HCP…	81253	PR GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	147.7
facility	lab	CPT/HCP…	81254	PR GJB6 GENE ANALYSIS COMMON VARIANTS	fee schedule	84.0
facility	lab	CPT/HCP…	81255	PR HEXA GENE ANALYSIS COMMON VARIANTS	fee schedule	123.5
facility	lab	CPT/HCP…	81256	PR HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	fee schedule	156.9
facility	lab	CPT/HCP…	81257	PR HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	fee schedule	245.4
facility	lab	CPT/HCP…	81258	PR HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81259	PR HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81260	PR IKBKAP GENE ANALYSIS COMMON VARIANTS	fee schedule	94.3
facility	lab	CPT/HCP…	81261	PR IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	fee schedule	475.2
facility	lab	CPT/HCP…	81262	PR IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	fee schedule	164.5
facility	lab	CPT/HCP…	81263	PR IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	fee schedule	706.9
facility	lab	CPT/HCP…	81264	PR IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	fee schedule	414.6
facility	lab	CPT/HCP…	81265	PR COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	fee schedule	559.4
facility	lab	CPT/HCP…	81266	PR COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	fee schedule	731.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81267	PR CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	fee schedule	497.9
facility	lab	CPT/HCP…	81268	PR CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	fee schedule	625.9
facility	lab	CPT/HCP…	81269	PR HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81270	PR JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	fee schedule	220.0
facility	lab	CPT/HCP…	81271	PR HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81272	PR KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81273	PR KIT GENE ANALYSIS D816 VARIANT(S)	fee schedule	299.7
facility	lab	CPT/HCP…	81274	PR HTT GENE ANALYSIS CHARACTERIZATION ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81275	PR KRAS GENE ANALYSIS VARIANTS IN EXON 2	fee schedule	463.8
facility	lab	CPT/HCP…	81276	PR KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	fee schedule	463.8
facility	lab	CPT/HCP…	81277	PR CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	fee schedule	2,784.0
facility	lab	CPT/HCP…	81278	PR IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81279	PR JAK2 TARGETED SEQUENCE ANALYSIS	fee schedule	444.5
facility	lab	CPT/HCP…	81283	PR IFNL3 GENE ANALYSIS RS12979860 VARIANT	fee schedule	176.1
facility	lab	CPT/HCP…	81284	PR FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81285	PR FXN GENE ANALYSIS CHARACTERIZATION ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81286	PR FXN GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	659.6
facility	lab	CPT/HCP…	81287	PR MGMT GENE PROMOTER METHYLATION ANALYSIS	fee schedule	299.1
facility	lab	CPT/HCP…	81288	PR MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	fee schedule	461.6
facility	lab	CPT/HCP…	81289	PR FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81290	PR MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	fee schedule	94.3
facility	lab	CPT/HCP…	81291	PR MTHFR GENE ANALYSIS COMMON VARIANTS	fee schedule	156.8
facility	lab	CPT/HCP…	81292	PR MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,621.0
facility	lab	CPT/HCP…	81293	PR MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	794.4
facility	lab	CPT/HCP…	81294	PR MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81295	PR MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	916.1
facility	lab	CPT/HCP…	81296	PR MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	810.5
facility	lab	CPT/HCP…	81297	PR MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	511.9
facility	lab	CPT/HCP…	81298	PR MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,540.4
facility	lab	CPT/HCP…	81299	PR MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	739.2
facility	lab	CPT/HCP…	81300	PR MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	fee schedule	571.2
facility	lab	CPT/HCP…	81301	PR MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	fee schedule	836.5
facility	lab	CPT/HCP…	81302	PR MECP2 GENE ANALYSIS FULL SEQUENCE	fee schedule	1,266.9
facility	lab	CPT/HCP…	81303	PR MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	288.0
facility	lab	CPT/HCP…	81304	PR MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	fee schedule	360.0
facility	lab	CPT/HCP…	81305	PR MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	fee schedule	421.0
facility	lab	CPT/HCP…	81306	PR NUDT15 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81307	PR PALB2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81308	PR PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	723.2
facility	lab	CPT/HCP…	81309	PR PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	659.6
facility	lab	CPT/HCP…	81310	PR NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	fee schedule	591.6
facility	lab	CPT/HCP…	81311	PR NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	fee schedule	709.9
facility	lab	CPT/HCP…	81312	PR PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81313	PR PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	fee schedule	612.1
facility	lab	CPT/HCP…	81314	PR PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	fee schedule	790.8
facility	lab	CPT/HCP…	81315	PR PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	fee schedule	497.5
facility	lab	CPT/HCP…	81316	PR PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81317	PR PMS2 GENE ANALYSIS FULL SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81318	PR PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	794.4
facility	lab	CPT/HCP…	81319	PR PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	488.4
facility	lab	CPT/HCP…	81320	PR PLCG2 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81321	PR PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,440.0
facility	lab	CPT/HCP…	81322	PR PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	111.8
facility	lab	CPT/HCP…	81323	PR PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	fee schedule	720.0
facility	lab	CPT/HCP…	81324	PR PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	fee schedule	1,820.1
facility	lab	CPT/HCP…	81325	PR PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,847.0
facility	lab	CPT/HCP…	81326	PR PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	111.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81327	PR SEPT9 GENE PROMOTER METHYLATION ANALYSIS	fee schedule	460.8
facility	lab	CPT/HCP…	81328	PR SLCO1B1 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81329	PR SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	fee schedule	328.8
facility	lab	CPT/HCP…	81330	PR SMPD1 GENE ANALYSIS COMMON VARIANTS	fee schedule	112.8
facility	lab	CPT/HCP…	81331	PR SNRPN/UBE3A METHYLATION ANALYSIS	fee schedule	122.6
facility	lab	CPT/HCP…	81332	PR SERPINA1 GENE ANALYSIS COMMON VARIANTS	fee schedule	104.8
facility	lab	CPT/HCP…	81333	PR TGFBI GENE ANALYSIS COMMON VARIANTS	fee schedule	328.8
facility	lab	CPT/HCP…	81334	PR RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81335	PR TPMT GENE ANALAYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81336	PR SMN1 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	723.2
facility	lab	CPT/HCP…	81337	PR SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81338	PR MPL GENE ANALYSIS COMMON VARIANTS	fee schedule	360.8
facility	lab	CPT/HCP…	81339	PR MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	fee schedule	444.5
facility	lab	CPT/HCP…	81340	PR TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	fee schedule	501.4
facility	lab	CPT/HCP…	81341	PR TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	fee schedule	119.0
facility	lab	CPT/HCP…	81342	PR TRG@ GENE REARRANGEMENT ANALYSIS	fee schedule	483.6
facility	lab	CPT/HCP…	81343	PR PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81344	PR TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81345	PR TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	444.5
facility	lab	CPT/HCP…	81346	PR TYMS GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81347	PR SF3B1 GENE ANALYSIS COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81348	PR SRSF2 GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81349	PR CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	fee schedule	2,875.1
facility	lab	CPT/HCP…	81350	PR UGT1A1 GENE ANALYSIS COMMON VARIANTS	fee schedule	561.6
facility	lab	CPT/HCP…	81351	PR TP53 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,540.4
facility	lab	CPT/HCP…	81352	PR TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81353	PR TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	739.2
facility	lab	CPT/HCP…	81355	PR VKORC1 GENE ANALYSIS COMMON VARIANT(S)	fee schedule	211.7
facility	lab	CPT/HCP…	81357	PR U2AF1 GENE ANALYSIS COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81360	PR ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	fee schedule	463.8
facility	lab	CPT/HCP…	81361	PR HBB COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81362	PR HBB KNOWN FAMILIAL VARIANTS	fee schedule	900.6
facility	lab	CPT/HCP…	81363	PR HBB DUPLICATION/DELETION VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81364	PR HBB FULL GENE SEQUENCE	fee schedule	779.0
facility	lab	CPT/HCP…	81370	PR HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	fee schedule	965.1
facility	lab	CPT/HCP…	81371	PR HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	fee schedule	970.9
facility	lab	CPT/HCP…	81372	PR HLA CLASS I TYPING LOW RESOLUTION COMPLETE	fee schedule	968.6
facility	lab	CPT/HCP…	81373	PR HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	fee schedule	305.8
facility	lab	CPT/HCP…	81374	PR HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	fee schedule	178.4
facility	lab	CPT/HCP…	81375	PR HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	fee schedule	529.8
facility	lab	CPT/HCP…	81376	PR HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	fee schedule	293.3
facility	lab	CPT/HCP…	81377	PR HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	fee schedule	227.4
facility	lab	CPT/HCP…	81378	PR HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	fee schedule	829.4
facility	lab	CPT/HCP…	81379	PR HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	fee schedule	804.9
facility	lab	CPT/HCP…	81380	PR HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	fee schedule	425.4
facility	lab	CPT/HCP…	81381	PR HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	fee schedule	407.8
facility	lab	CPT/HCP…	81382	PR HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	fee schedule	296.8
facility	lab	CPT/HCP…	81383	PR HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	fee schedule	261.9
facility	lab	CPT/HCP…	81400	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	fee schedule	153.5
facility	lab	CPT/HCP…	81401	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	fee schedule	328.8
facility	lab	CPT/HCP…	81402	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	fee schedule	360.8
facility	lab	CPT/HCP…	81403	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	fee schedule	444.5
facility	lab	CPT/HCP…	81404	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	fee schedule	659.6
facility	lab	CPT/HCP…	81405	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	fee schedule	723.2
facility	lab	CPT/HCP…	81406	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	fee schedule	678.9
facility	lab	CPT/HCP…	81407	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	fee schedule	2,031.0
facility	lab	CPT/HCP…	81408	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	fee schedule	4,800.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81410	PR AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	fee schedule	1,209.6
facility	lab	CPT/HCP…	81411	PR AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	fee schedule	3,240.5
facility	lab	CPT/HCP…	81412	PR ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	fee schedule	5,876.5
facility	lab	CPT/HCP…	81413	PR CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	fee schedule	1,403.8
facility	lab	CPT/HCP…	81414	PR CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	fee schedule	1,403.8
facility	lab	CPT/HCP…	81415	PR EXOME SEQUENCE ANALYSIS	fee schedule	11,472.0
facility	lab	CPT/HCP…	81416	PR EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	fee schedule	28,800.0
facility	lab	CPT/HCP…	81417	PR EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	fee schedule	768.0
facility	lab	CPT/HCP…	81418	CHG RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	fee schedule	2,201.0
facility	lab	CPT/HCP…	81419	PR EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	fee schedule	5,876.5
facility	lab	CPT/HCP…	81420	PR FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	fee schedule	1,821.7
facility	lab	CPT/HCP…	81422	PR FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	fee schedule	1,821.7
facility	lab	CPT/HCP…	81425	PR GENOME SEQUENCE ANALYSIS	fee schedule	12,074.9
facility	lab	CPT/HCP…	81426	PR GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	fee schedule	6,503.9
facility	lab	CPT/HCP…	81427	PR GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	fee schedule	5,610.4
facility	lab	CPT/HCP…	81430	PR HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	fee schedule	3,900.0
facility	lab	CPT/HCP…	81431	PR HEARING LOSS DUP/DEL ANALYSIS	fee schedule	1,631.0
facility	lab	CPT/HCP…	81432	PR HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	fee schedule	1,629.7
facility	lab	CPT/HCP…	81433	PR HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	fee schedule	1,053.4
facility	lab	CPT/HCP…	81434	PR HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	fee schedule	1,435.0
facility	lab	CPT/HCP…	81435	PR HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81436	PR HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81437	PR HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	fee schedule	1,053.4
facility	lab	CPT/HCP…	81438	PR HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	fee schedule	1,053.4
facility	lab	CPT/HCP…	81439	PR HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81440	PR NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	fee schedule	7,977.6
facility	lab	CPT/HCP…	81441	CHG IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	fee schedule	5,876.5
facility	lab	CPT/HCP…	81442	PR NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	fee schedule	5,144.6
facility	lab	CPT/HCP…	81443	PR GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	fee schedule	5,876.5
facility	lab	CPT/HCP…	81445	PR SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	fee schedule	1,435.0
facility	lab	CPT/HCP…	81448	PR HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	fee schedule	1,403.8
facility	lab	CPT/HCP…	81449	PR SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	fee schedule	1,435.0
facility	lab	CPT/HCP…	81450	PR HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	fee schedule	1,822.9
facility	lab	CPT/HCP…	81451	PR HEMATOLYMPHOID NEO/DO GSAP 5-50 RNA ANALYSIS	fee schedule	1,822.9
facility	lab	CPT/HCP…	81455	PR SO/HEMATOLYMPHOID NEO/DO 51/>GSAP DNA/DNA&RNA	fee schedule	7,007.0
facility	lab	CPT/HCP…	81456	PR SO/HEMATOLYMPHOID NEO/DO 51/>RNA ANALYSIS	fee schedule	7,007.0
facility	lab	CPT/HCP…	81457	PR SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY	fee schedule	n/a
facility	lab	CPT/HCP…	81458	PR SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS	fee schedule	n/a
facility	lab	CPT/HCP…	81459	PR SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS	fee schedule	n/a
facility	lab	CPT/HCP…	81460	PR WHOLE MITOCHONDRIAL GENOME	fee schedule	3,088.8
facility	lab	CPT/HCP…	81462	PR SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT	fee schedule	n/a
facility	lab	CPT/HCP…	81463	PR SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS	fee schedule	n/a
facility	lab	CPT/HCP…	81464	PR SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS	fee schedule	n/a
facility	lab	CPT/HCP…	81465	PR WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	fee schedule	2,246.4
facility	lab	CPT/HCP…	81470	PR X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	fee schedule	2,193.6
facility	lab	CPT/HCP…	81471	PR X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	fee schedule	2,193.6
facility	lab	CPT/HCP…	81490	PR AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	fee schedule	2,017.6
facility	lab	CPT/HCP…	81493	PR COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	fee schedule	2,520.0
facility	lab	CPT/HCP…	81500	PR ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	fee schedule	625.2
facility	lab	CPT/HCP…	81503	PR ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	fee schedule	2,152.8
facility	lab	CPT/HCP…	81504	PR ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	fee schedule	1,248.0
facility	lab	CPT/HCP…	81506	PR ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	fee schedule	165.4
facility	lab	CPT/HCP…	81507	PR FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	fee schedule	1,908.0
facility	lab	CPT/HCP…	81508	PR FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	fee schedule	130.3
facility	lab	CPT/HCP…	81509	PR FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	fee schedule	3,569.7
facility	lab	CPT/HCP…	81510	PR FETAL CONGENITAL ABNOR ASSAY THREE ANAL	fee schedule	133.3
facility	lab	CPT/HCP…	81511	PR FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	fee schedule	368.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81512	PR FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	fee schedule	166.8
facility	lab	CPT/HCP…	81513	PR NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	fee schedule	342.3
facility	lab	CPT/HCP…	81514	PR NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	fee schedule	631.2
facility	lab	CPT/HCP…	81517	PR LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	fee schedule	422.9
facility	lab	CPT/HCP…	81518	PR ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81519	PR ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81520	PR ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	fee schedule	6,024.5
facility	lab	CPT/HCP…	81521	PR ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81522	PR ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81523	PR ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	fee schedule	9,295.2
facility	lab	CPT/HCP…	81525	PR ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	fee schedule	7,478.4
facility	lab	CPT/HCP…	81528	PR ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	fee schedule	1,221.3
facility	lab	CPT/HCP…	81529	PR ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	fee schedule	17,263.2
facility	lab	CPT/HCP…	81535	PR ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	fee schedule	1,390.7
facility	lab	CPT/HCP…	81536	PR ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	fee schedule	426.1
facility	lab	CPT/HCP…	81538	PR ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	fee schedule	6,890.4
facility	lab	CPT/HCP…	81539	PR ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	fee schedule	1,824.0
facility	lab	CPT/HCP…	81540	PR ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	fee schedule	9,000.0
facility	lab	CPT/HCP…	81541	PR ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81542	PR ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81546	PR ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	81551	PR ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	fee schedule	4,872.0
facility	lab	CPT/HCP…	81552	PR ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	fee schedule	18,662.4
facility	lab	CPT/HCP…	81554	PR PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	fee schedule	13,200.0
facility	lab	CPT/HCP…	81560	PR TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	fee schedule	1,537.8
facility	lab	CPT/HCP…	81595	PR CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	fee schedule	7,776.0
facility	lab	CPT/HCP…	81596	PR NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	fee schedule	173.3
facility	lab	CPT/HCP…	82009	PR KETONE BODIES SERUM QUALITATIVE	fee schedule	10.8
facility	lab	CPT/HCP…	82010	PR KETONE BODIES SERUM QUANTITATIVE	fee schedule	19.6
facility	lab	CPT/HCP…	82010	PR KETONE BODIES SERUM QUANTITATIVE	fee schedule	19.6
facility	lab	CPT/HCP…	82013	PR ASSAY OF ACETYLCHOLINESTERASE	fee schedule	29.5
facility	lab	CPT/HCP…	82016	PR ACYLCARNITINES QUALITATIVE EACH SPECIMEN	fee schedule	39.6
facility	lab	CPT/HCP…	82017	PR ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	fee schedule	40.5
facility	lab	CPT/HCP…	82024	PR ADRENOCORTICOTROPIC HORMONE ACTH	fee schedule	92.7
facility	lab	CPT/HCP…	82030	PR ADENOSINE 5-MONOPHOSPHATE CYCLIC	fee schedule	61.9
facility	lab	CPT/HCP…	82040	PR ALBUMIN SERUM PLASMA/WHOLE BLOOD	fee schedule	11.9
facility	lab	CPT/HCP…	82040	PR ALBUMIN SERUM PLASMA/WHOLE BLOOD	fee schedule	11.9
facility	lab	CPT/HCP…	82042	PR OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	fee schedule	18.7
facility	lab	CPT/HCP…	82042	PR OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	fee schedule	18.7
facility	lab	CPT/HCP…	82043	PR URINE ALBUMIN QUANTITATIVE	fee schedule	13.9
facility	lab	CPT/HCP…	82043	PR URINE ALBUMIN QUANTITATIVE	fee schedule	13.9
facility	lab	CPT/HCP…	82044	PR URINE ALBUMIN SEMIQUANTITATIVE	fee schedule	14.9
facility	lab	CPT/HCP…	82044	PR URINE ALBUMIN SEMIQUANTITATIVE	fee schedule	14.9
facility	lab	CPT/HCP…	82045	PR ALBUMIN ISCHEMIA MODIFIED	fee schedule	81.5
facility	lab	CPT/HCP…	82075	PR ASSAY OF ALCOHOL (ETHANOL) BREATH	fee schedule	72.0
facility	lab	CPT/HCP…	82077	PR ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	fee schedule	41.5
facility	lab	CPT/HCP…	82085	PR ASSAY OF ALDOLASE	fee schedule	23.3
facility	lab	CPT/HCP…	82088	PR ASSAY OF ALDOSTERONE	fee schedule	97.8
facility	lab	CPT/HCP…	82103	PR ALPHA-1-ANTITRYPSIN TOTAL	fee schedule	32.3
facility	lab	CPT/HCP…	82104	PR ALPHA-1-ANTITRYPSIN PHENOTYPE	fee schedule	34.7
facility	lab	CPT/HCP…	82105	PR ALPHA-FETOPROTEIN SERUM	fee schedule	40.2
facility	lab	CPT/HCP…	82106	PR ALPHA-FETOPROTEIN AMNIOTIC FLUID	fee schedule	40.8
facility	lab	CPT/HCP…	82107	PR AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	fee schedule	154.6
facility	lab	CPT/HCP…	82108	PR ASSAY OF ALUMINUM	fee schedule	61.1
facility	lab	CPT/HCP…	82120	PR AMINES VAGINAL FLUID QUALITATIVE	fee schedule	14.4
facility	lab	CPT/HCP…	82120	PR AMINES VAGINAL FLUID QUALITATIVE	fee schedule	14.4
facility	lab	CPT/HCP…	82127	PR AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	fee schedule	34.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82128	PR AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	fee schedule	33.3
facility	lab	CPT/HCP…	82131	PR AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	fee schedule	55.1
facility	lab	CPT/HCP…	82135	PR AMINOLEVULINIC ACID DELTA	fee schedule	39.5
facility	lab	CPT/HCP…	82136	PR AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	fee schedule	47.1
facility	lab	CPT/HCP…	82139	PR AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	fee schedule	40.5
facility	lab	CPT/HCP…	82140	PR ASSAY OF AMMONIA	fee schedule	35.0
facility	lab	CPT/HCP…	82143	PR AMNIOTIC FLU SCAN	fee schedule	22.4
facility	lab	CPT/HCP…	82150	PR ASSAY OF AMYLASE	fee schedule	15.6
facility	lab	CPT/HCP…	82150	PR ASSAY OF AMYLASE	fee schedule	15.6
facility	lab	CPT/HCP…	82154	PR ANDROSTANEDIOL GLUCURONIDE	fee schedule	69.2
facility	lab	CPT/HCP…	82157	PR ANDROSTENEDIONE	fee schedule	70.3
facility	lab	CPT/HCP…	82160	PR ANDROSTERONE	fee schedule	61.3
facility	lab	CPT/HCP…	82163	PR ANGIOTENSIN II	fee schedule	49.2
facility	lab	CPT/HCP…	82164	PR ANGIOTENSIN I-CONVERTING ENZYME	fee schedule	35.0
facility	lab	CPT/HCP…	82166	PR ASSAY OF ANTI-MULLERIAN HORMONE	fee schedule	92.7
facility	lab	CPT/HCP…	82172	PR APOLIPOPROTEIN EACH	fee schedule	50.6
facility	lab	CPT/HCP…	82175	PR ASSAY OF ARSENIC	fee schedule	45.5
facility	lab	CPT/HCP…	82180	PR ASSAY OF ASCORBIC ACID BLOOD	fee schedule	23.7
facility	lab	CPT/HCP…	82190	PR ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	fee schedule	38.2
facility	lab	CPT/HCP…	82232	PR BETA-2 MICROGLOBULIN	fee schedule	38.8
facility	lab	CPT/HCP…	82239	PR BILE ACIDS TOTAL	fee schedule	41.1
facility	lab	CPT/HCP…	82240	PR BILE ACIDS CHOLYLGLYCINE	fee schedule	63.8
facility	lab	CPT/HCP…	82247	PR BILIRUBIN TOTAL	fee schedule	12.1
facility	lab	CPT/HCP…	82247	PR BILIRUBIN TOTAL	fee schedule	12.1
facility	lab	CPT/HCP…	82248	PR BILIRUBIN DIRECT	fee schedule	12.1
facility	lab	CPT/HCP…	82252	PR BILIRUBIN FECES QUALITATIVE	fee schedule	10.9
facility	lab	CPT/HCP…	82261	PR BIOTINIDASE EACH SPECIMEN	fee schedule	40.5
facility	lab	CPT/HCP…	82270	PR BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	fee schedule	10.5
facility	lab	CPT/HCP…	82271	PR BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	fee schedule	12.8
facility	lab	CPT/HCP…	82271	PR BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	fee schedule	12.8
facility	lab	CPT/HCP…	82272	PR BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	fee schedule	10.2
facility	lab	CPT/HCP…	82274	PR BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	fee schedule	38.2
facility	lab	CPT/HCP…	82274	PR BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	fee schedule	38.2
facility	lab	CPT/HCP…	82286	PR BRADYKININ	fee schedule	12.4
facility	lab	CPT/HCP…	82300	PR CADMIUM	fee schedule	56.7
facility	lab	CPT/HCP…	82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	fee schedule	71.0
facility	lab	CPT/HCP…	82308	PR CALCITONIN	fee schedule	64.3
facility	lab	CPT/HCP…	82310	PR CALCIUM TOTAL	fee schedule	12.4
facility	lab	CPT/HCP…	82310	PR CALCIUM TOTAL	fee schedule	12.4
facility	lab	CPT/HCP…	82330	PR CALCIUM IONIZED	fee schedule	32.8
facility	lab	CPT/HCP…	82330	PR CALCIUM IONIZED	fee schedule	32.8
facility	lab	CPT/HCP…	82331	PR CALCIUM AFTER CALCIUM INFUSION TEST	fee schedule	32.0
facility	lab	CPT/HCP…	82340	PR CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	fee schedule	14.5
facility	lab	CPT/HCP…	82355	PR CALCULUS QUALITATIVE ANALYSIS	fee schedule	27.8
facility	lab	CPT/HCP…	82360	PR CALCULUS QUANTITATIVE CHEMICAL	fee schedule	30.9
facility	lab	CPT/HCP…	82365	PR CALCULUS INFRARED SPECTROSCOPY	fee schedule	31.0
facility	lab	CPT/HCP…	82370	PR CALCULUS XRAY DIFFRACTION	fee schedule	30.1
facility	lab	CPT/HCP…	82373	PR CARBOHYDRATE DEFICIENT TRANSFERRIN	fee schedule	43.3
facility	lab	CPT/HCP…	82374	PR CARBON DIOXIDE BICARBONATE	fee schedule	11.7
facility	lab	CPT/HCP…	82374	PR CARBON DIOXIDE BICARBONATE	fee schedule	11.7
facility	lab	CPT/HCP…	82375	PR CARBOXYHEMOGLOBIN QUANTITATIVE	fee schedule	29.6
facility	lab	CPT/HCP…	82376	PR CARBOXYHEMOGLOBIN QUALITATIVE	fee schedule	33.8
facility	lab	CPT/HCP…	82378	PR CARCINOEMBRYONIC ANTIGEN CEA	fee schedule	45.5
facility	lab	CPT/HCP…	82379	PR CARNITINE QUANTITATIVE EACH SPECIMEN	fee schedule	40.5
facility	lab	CPT/HCP…	82380	PR CAROTENE	fee schedule	22.1
facility	lab	CPT/HCP…	82382	PR CATECHOLAMINES TOTAL URINE	fee schedule	65.5
facility	lab	CPT/HCP…	82383	PR CATECHOLAMINES BLOOD	fee schedule	69.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82384	PR CATECHOLAMINES FRACTIONATED	fee schedule	60.6
facility	lab	CPT/HCP…	82387	PR CATHEPSIN-D	fee schedule	43.3
facility	lab	CPT/HCP…	82390	PR CERULOPLASMIN	fee schedule	25.8
facility	lab	CPT/HCP…	82397	PR CHEMILUMINESCENT ASSAY	fee schedule	33.9
facility	lab	CPT/HCP…	82415	PR CHLORAMPHENICOL	fee schedule	30.4
facility	lab	CPT/HCP…	82435	PR CHLORIDE BLD	fee schedule	11.0
facility	lab	CPT/HCP…	82435	PR CHLORIDE BLD	fee schedule	11.0
facility	lab	CPT/HCP…	82436	PR CHLORIDE URINE	fee schedule	13.8
facility	lab	CPT/HCP…	82438	PR CHLORIDE OTHER SOURCE	fee schedule	12.0
facility	lab	CPT/HCP…	82441	PR CHLORINATED HYDROCARBONS SCREEN	fee schedule	14.4
facility	lab	CPT/HCP…	82465	PR CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	fee schedule	10.4
facility	lab	CPT/HCP…	82465	PR CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	fee schedule	10.4
facility	lab	CPT/HCP…	82480	PR CHOLINESTERASE SERUM	fee schedule	18.9
facility	lab	CPT/HCP…	82482	PR CHOLINESTERASE RBC	fee schedule	23.5
facility	lab	CPT/HCP…	82485	PR CHONDROITIN B SULFATE QUANTITATIVE	fee schedule	49.6
facility	lab	CPT/HCP…	82495	PR ASSAY OF CHROMIUM	fee schedule	48.7
facility	lab	CPT/HCP…	82507	PR ASSAY OF CITRATE	fee schedule	66.7
facility	lab	CPT/HCP…	82523	PR COLLAGEN CROSS LINKS ANY METHOD	fee schedule	44.8
facility	lab	CPT/HCP…	82523	PR COLLAGEN CROSS LINKS ANY METHOD	fee schedule	44.8
facility	lab	CPT/HCP…	82525	PR ASSAY OF COPPER	fee schedule	29.8
facility	lab	CPT/HCP…	82528	PR CORTICOSTERONE	fee schedule	54.0
facility	lab	CPT/HCP…	82530	PR CORTISOL FREE	fee schedule	40.1
facility	lab	CPT/HCP…	82533	PR CORTISOL TOTAL	fee schedule	39.1
facility	lab	CPT/HCP…	82540	PR ASSAY OF CREATINE	fee schedule	11.1
facility	lab	CPT/HCP…	82542	PR COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	fee schedule	57.8
facility	lab	CPT/HCP…	82550	PR CREATINE KINASE TOTAL	fee schedule	15.6
facility	lab	CPT/HCP…	82550	PR CREATINE KINASE TOTAL	fee schedule	15.6
facility	lab	CPT/HCP…	82552	PR CREATINE KINASE ISOENZYMES	fee schedule	32.1
facility	lab	CPT/HCP…	82553	PR CREATINE KINASE MB FRACTION ONLY	fee schedule	27.7
facility	lab	CPT/HCP…	82554	PR CREATINE KINASE ISOFORMS	fee schedule	28.5
facility	lab	CPT/HCP…	82565	PR CREATININE BLOOD	fee schedule	12.3
facility	lab	CPT/HCP…	82565	PR CREATININE BLOOD	fee schedule	12.3
facility	lab	CPT/HCP…	82570	PR CREATININE OTHER SOURCE	fee schedule	12.4
facility	lab	CPT/HCP…	82570	PR CREATININE OTHER SOURCE	fee schedule	12.4
facility	lab	CPT/HCP…	82575	PR CREATININE CLEARANCE	fee schedule	22.7
facility	lab	CPT/HCP…	82585	PR ASSAY OF CRYOFIBRN	fee schedule	33.9
facility	lab	CPT/HCP…	82595	PR CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	fee schedule	15.5
facility	lab	CPT/HCP…	82600	PR ASSAY OF CYANIDE	fee schedule	46.6
facility	lab	CPT/HCP…	82607	PR CYANOCOBALAMIN VITAMIN B-12	fee schedule	36.2
facility	lab	CPT/HCP…	82608	PR CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	fee schedule	34.4
facility	lab	CPT/HCP…	82610	PR CYSTATIN C	fee schedule	44.5
facility	lab	CPT/HCP…	82615	PR CSTINE&HOMOCSTINE URINE QUALITATIVE	fee schedule	22.9
facility	lab	CPT/HCP…	82626	PR DEHYDROEPIANDROSTERONE	fee schedule	60.6
facility	lab	CPT/HCP…	82627	PR DEHYDROEPIANDROSTERONE-SULFATE	fee schedule	53.4
facility	lab	CPT/HCP…	82633	PR DESOXYCORTICOSTERONE 11-	fee schedule	74.3
facility	lab	CPT/HCP…	82634	PR DEOXYCORTISOL 11-	fee schedule	70.3
facility	lab	CPT/HCP…	82638	PR ASSAY OF DIBUCAINE NUMBER	fee schedule	29.4
facility	lab	CPT/HCP…	82642	PR DIHYDROTESTOSTERONE (DHT)	fee schedule	70.3
facility	lab	CPT/HCP…	82652	PR 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	fee schedule	92.4
facility	lab	CPT/HCP…	82653	PR ELASTASE PANCREATIC FECAL QUANTITATIVE	fee schedule	55.1
facility	lab	CPT/HCP…	82656	PR ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	fee schedule	27.7
facility	lab	CPT/HCP…	82657	PR NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	fee schedule	53.2
facility	lab	CPT/HCP…	82658	PR NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	fee schedule	105.7
facility	lab	CPT/HCP…	82664	PR ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	fee schedule	147.6
facility	lab	CPT/HCP…	82668	PR ASSAY OF ERYTHROPOIETIN	fee schedule	45.1
facility	lab	CPT/HCP…	82670	PR ASSAY OF TOTAL ESTRADIOL	fee schedule	67.1
facility	lab	CPT/HCP…	82671	PR ASSAY OF ESTROGENS FRACTIONATED	fee schedule	77.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82672	PR ASSAY OF ESTROGENS TOTAL	fee schedule	52.1
facility	lab	CPT/HCP…	82677	PR ASSAY OF ESTRIOL	fee schedule	58.0
facility	lab	CPT/HCP…	82679	PR ASSAY OF ESTRONE	fee schedule	59.9
facility	lab	CPT/HCP…	82679	PR ASSAY OF ESTRONE	fee schedule	59.9
facility	lab	CPT/HCP…	82681	PR ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	fee schedule	67.1
facility	lab	CPT/HCP…	82693	PR ASSAY OF ETHYLENE GLYCOL	fee schedule	35.8
facility	lab	CPT/HCP…	82696	PR ASSAY OF ETIOCHOLANOLONE	fee schedule	63.0
facility	lab	CPT/HCP…	82705	PR FAT/LIPIDS FECES QUALITATIVE	fee schedule	12.2
facility	lab	CPT/HCP…	82710	PR FAT/LIPIDS FECES QUANTITATIVE	fee schedule	40.3
facility	lab	CPT/HCP…	82715	PR FAT DIFFIAL FECES QUANTITATIVE	fee schedule	55.1
facility	lab	CPT/HCP…	82725	PR FATTY ACIDS NONESTERIFIED	fee schedule	45.0
facility	lab	CPT/HCP…	82726	PR VERY LONG CHAIN FATTY ACIDS	fee schedule	47.4
facility	lab	CPT/HCP…	82728	PR ASSAY OF FERRITIN	fee schedule	32.7
facility	lab	CPT/HCP…	82731	PR FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	fee schedule	154.6
facility	lab	CPT/HCP…	82735	PR ASSAY OF FLUORIDE	fee schedule	44.5
facility	lab	CPT/HCP…	82746	PR ASSAY OF FOLIC ACID SERUM	fee schedule	35.3
facility	lab	CPT/HCP…	82747	PR ASSAY OF FOLIC ACID RBC	fee schedule	42.4
facility	lab	CPT/HCP…	82757	PR ASSAY OF FRUCTOSE SEMEN	fee schedule	41.6
facility	lab	CPT/HCP…	82759	PR ASSAY OF GALACTOKINASE RBC	fee schedule	51.5
facility	lab	CPT/HCP…	82760	PR ASSAY OF GALACTOSE	fee schedule	26.9
facility	lab	CPT/HCP…	82775	PR GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	fee schedule	50.6
facility	lab	CPT/HCP…	82776	PR GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	fee schedule	28.2
facility	lab	CPT/HCP…	82777	PR GALECTIN-3	fee schedule	106.2
facility	lab	CPT/HCP…	82784	PR ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	fee schedule	22.3
facility	lab	CPT/HCP…	82785	PR ASSAY OF GAMMAGLOBULIN IGE	fee schedule	39.5
facility	lab	CPT/HCP…	82787	PR GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	fee schedule	19.2
facility	lab	CPT/HCP…	82800	PR GASES BLOOD PH ONLY	fee schedule	26.4
facility	lab	CPT/HCP…	82803	PR BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	fee schedule	62.6
facility	lab	CPT/HCP…	82805	PR GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	fee schedule	189.1
facility	lab	CPT/HCP…	82810	PR GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	fee schedule	23.4
facility	lab	CPT/HCP…	82820	PR HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	fee schedule	32.0
facility	lab	CPT/HCP…	82930	PR GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	fee schedule	16.1
facility	lab	CPT/HCP…	82938	PR GASTRIN AFTER SECRETIN STIMULATION	fee schedule	42.5
facility	lab	CPT/HCP…	82941	PR ASSAY OF GASTRIN	fee schedule	42.3
facility	lab	CPT/HCP…	82943	PR ASSAY OF GLUCAGON	fee schedule	34.3
facility	lab	CPT/HCP…	82945	PR GLUCOSE BODY FLUID OTHER THAN BLOOD	fee schedule	9.4
facility	lab	CPT/HCP…	82946	PR GLUCOSE TOLERANCE TEST	fee schedule	42.6
facility	lab	CPT/HCP…	82947	PR GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	fee schedule	9.4
facility	lab	CPT/HCP…	82947	PR GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	fee schedule	9.4
facility	lab	CPT/HCP…	82948	PR GLUCOSE BLOOD REAGENT STRIP	fee schedule	12.1
facility	lab	CPT/HCP…	82950	PR GLUCOSE POST GLUCOSE DOSE	fee schedule	11.4
facility	lab	CPT/HCP…	82950	PR GLUCOSE POST GLUCOSE DOSE	fee schedule	11.4
facility	lab	CPT/HCP…	82951	PR GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	fee schedule	30.9
facility	lab	CPT/HCP…	82951	PR GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	fee schedule	30.9
facility	lab	CPT/HCP…	82952	PR GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	fee schedule	9.4
facility	lab	CPT/HCP…	82952	PR GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	fee schedule	9.4
facility	lab	CPT/HCP…	82955	PR GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	fee schedule	23.3
facility	lab	CPT/HCP…	82960	PR GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	fee schedule	14.5
facility	lab	CPT/HCP…	82962	PR GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	fee schedule	7.9
facility	lab	CPT/HCP…	82963	PR ASSAY OF GLUCOSIDASE BETA	fee schedule	51.5
facility	lab	CPT/HCP…	82965	PR ASSAY OF GLUTAMATE DEHYDROGENASE	fee schedule	31.6
facility	lab	CPT/HCP…	82977	PR ASSAY OF GLUTAMYLTRASE GAMMA	fee schedule	17.3
facility	lab	CPT/HCP…	82977	PR ASSAY OF GLUTAMYLTRASE GAMMA	fee schedule	17.3
facility	lab	CPT/HCP…	82978	PR ASSAY OF GLUTATHIONE	fee schedule	37.1
facility	lab	CPT/HCP…	82979	PR ASSAY OF GLUTATHIONE REDUCTASE RBC	fee schedule	22.7
facility	lab	CPT/HCP…	82985	PR ASSAY OF GLYCATED PROTEIN	fee schedule	40.2
facility	lab	CPT/HCP…	82985	PR ASSAY OF GLYCATED PROTEIN	fee schedule	40.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	83001	PR GONADOTROPIN FOLLICLE STIMULATING HORMONE	fee schedule	44.6
facility	lab	CPT/HCP…	83001	PR GONADOTROPIN FOLLICLE STIMULATING HORMONE	fee schedule	44.6
facility	lab	CPT/HCP…	83002	PR GONADOTROPIN LUTEINIZING HORMONE	fee schedule	44.5
facility	lab	CPT/HCP…	83002	PR GONADOTROPIN LUTEINIZING HORMONE	fee schedule	44.5
facility	lab	CPT/HCP…	83003	PR ASSAY OF GROWTH HORMONE HUMAN	fee schedule	40.0
facility	lab	CPT/HCP…	83006	PR GROWTH STIMULATION EXPRESSED GENE 2	fee schedule	181.4
facility	lab	CPT/HCP…	83009	PR HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	fee schedule	161.7
facility	lab	CPT/HCP…	83010	PR ASSAY OF HAPTOGLOBIN QUANTITATIVE	fee schedule	30.2
facility	lab	CPT/HCP…	83012	PR ASSAY OF HAPTOGLOBIN PHENOTYPES	fee schedule	64.5
facility	lab	CPT/HCP…	83013	PR HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	fee schedule	161.7
facility	lab	CPT/HCP…	83014	PR HPYLORI DRUG ADMINISTRATION	fee schedule	18.9
facility	lab	CPT/HCP…	83015	PR HEAVY METAL QUALITATIVE ANY ANALYTES	fee schedule	50.3
facility	lab	CPT/HCP…	83018	PR HEAVY METAL QUANTIATIVE EACH NES	fee schedule	52.7
facility	lab	CPT/HCP…	83020	PR HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	fee schedule	30.9
facility	lab	CPT/HCP…	83021	PR HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	fee schedule	43.3
facility	lab	CPT/HCP…	83026	PR HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	fee schedule	9.6
facility	lab	CPT/HCP…	83030	PR HEMOGLOBIN F FETAL CHEMICAL	fee schedule	25.8
facility	lab	CPT/HCP…	83033	PR HEMOGLOBIN F FETAL QUALITATIVE	fee schedule	19.2
facility	lab	CPT/HCP…	83036	PR HEMOGLOBIN GLYCOSYLATED A1C	fee schedule	23.3
facility	lab	CPT/HCP…	83036	PR HEMOGLOBIN GLYCOSYLATED A1C	fee schedule	23.3
facility	lab	CPT/HCP…	83037	PR HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	fee schedule	23.3
facility	lab	CPT/HCP…	83037	PR HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	fee schedule	23.3
facility	lab	CPT/HCP…	83045	PR HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	fee schedule	15.6
facility	lab	CPT/HCP…	83050	PR HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	fee schedule	19.7
facility	lab	CPT/HCP…	83051	PR HEMOGLOBIN PLASMA	fee schedule	17.5
facility	lab	CPT/HCP…	83060	PR HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	fee schedule	21.1
facility	lab	CPT/HCP…	83065	PR HEMOGLOBIN THERMOLABILE	fee schedule	21.6
facility	lab	CPT/HCP…	83068	PR HEMOGLOBIN UNSTABLE SCREEN	fee schedule	22.7
facility	lab	CPT/HCP…	83069	PR HEMOGLOBIN URINE	fee schedule	9.5
facility	lab	CPT/HCP…	83070	PR ASSAY OF HEMOSIDERIN QUALITATIVE	fee schedule	11.4
facility	lab	CPT/HCP…	83080	PR ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	fee schedule	40.5
facility	lab	CPT/HCP…	83088	PR ASSAY OF HISTAMINE	fee schedule	70.9
facility	lab	CPT/HCP…	83090	PR ASSAY OF HOMOCYSTEINE	fee schedule	43.0
facility	lab	CPT/HCP…	83150	PR ASSAY OF HOMOVANILLIC ACID	fee schedule	53.8
facility	lab	CPT/HCP…	83491	PR ASSAY OF HYDROXYCORTICOSTEROIDS 17	fee schedule	43.0
facility	lab	CPT/HCP…	83497	PR ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	fee schedule	31.0
facility	lab	CPT/HCP…	83498	PR ASSAY OF HYDROXYPROGESTERONE 17-D	fee schedule	65.2
facility	lab	CPT/HCP…	83500	PR ASSAY OF HYDROXYPROLINE FREE	fee schedule	54.4
facility	lab	CPT/HCP…	83505	PR ASSAY OF TOTAL HYDROXYPROLINE	fee schedule	58.3
facility	lab	CPT/HCP…	83516	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	fee schedule	27.7
facility	lab	CPT/HCP…	83516	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	fee schedule	27.7
facility	lab	CPT/HCP…	83518	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	fee schedule	23.1
facility	lab	CPT/HCP…	83518	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	fee schedule	23.1
facility	lab	CPT/HCP…	83519	PR IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	fee schedule	44.2
facility	lab	CPT/HCP…	83520	PR IMMUNOASSAY ANALYTE QUANTITATIVE NOS	fee schedule	41.5
facility	lab	CPT/HCP…	83520	PR IMMUNOASSAY ANALYTE QUANTITATIVE NOS	fee schedule	41.5
facility	lab	CPT/HCP…	83521	PR IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	fee schedule	41.5
facility	lab	CPT/HCP…	83525	PR ASSAY OF INSULIN TOTAL	fee schedule	27.4
facility	lab	CPT/HCP…	83527	PR ASSAY OF INSULIN FREE	fee schedule	31.1
facility	lab	CPT/HCP…	83528	PR ASSAY OF INTRINSIC FACTOR	fee schedule	47.6
facility	lab	CPT/HCP…	83529	PR ASSAY OF INTERLEUKIN-6 (IL-6)	fee schedule	41.5
facility	lab	CPT/HCP…	83540	PR ASSAY OF IRON	fee schedule	15.5
facility	lab	CPT/HCP…	83550	PR IRON BINDING CAPACITY	fee schedule	21.0
facility	lab	CPT/HCP…	83570	PR ISOCITRIC DEHYDROGENASE	fee schedule	21.2
facility	lab	CPT/HCP…	83582	PR ASSAY OF KETOGENIC STEROIDS FRACTIONATION	fee schedule	37.1
facility	lab	CPT/HCP…	83586	PR ASSAY OF KETOSTEROIDS 17- TOTAL	fee schedule	30.7
facility	lab	CPT/HCP…	83593	PR KETOSTEROIDS 17- FRACTIONATION	fee schedule	68.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	83605	PR ASSAY OF LACTATE	fee schedule	27.8
facility	lab	CPT/HCP…	83605	PR ASSAY OF LACTATE	fee schedule	27.8
facility	lab	CPT/HCP…	83615	PR LACTATE DEHYDROGENASE LDH	fee schedule	14.5
facility	lab	CPT/HCP…	83625	PR LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	fee schedule	30.7
facility	lab	CPT/HCP…	83630	PR LACTOFERRIN FECAL QUALITATIVE	fee schedule	47.3
facility	lab	CPT/HCP…	83631	PR LACTOFERRIN FECAL QUANTITATIVE	fee schedule	47.1
facility	lab	CPT/HCP…	83632	PR LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	fee schedule	48.5
facility	lab	CPT/HCP…	83633	PR LACTOSE URINE QUALITATIVE	fee schedule	27.0
facility	lab	CPT/HCP…	83655	PR ASSAY OF LEAD	fee schedule	29.1
facility	lab	CPT/HCP…	83655	PR ASSAY OF LEAD	fee schedule	29.1
facility	lab	CPT/HCP…	83661	PR FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	fee schedule	52.8
facility	lab	CPT/HCP…	83662	PR FETAL LUNG MATURITY FOAM STABILITY TEST	fee schedule	45.4
facility	lab	CPT/HCP…	83663	PR FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	fee schedule	45.4
facility	lab	CPT/HCP…	83664	PR FETAL LUNG MATURITY LAMELLAR BODY DENSITY	fee schedule	46.4
facility	lab	CPT/HCP…	83670	PR LEUCINE AMINOPEPTIDASE LAP	fee schedule	23.5
facility	lab	CPT/HCP…	83690	PR ASSAY OF LIPASE	fee schedule	16.5
facility	lab	CPT/HCP…	83695	PR LIPOPROTEIN (A)	fee schedule	34.4
facility	lab	CPT/HCP…	83698	PR LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	fee schedule	111.1
facility	lab	CPT/HCP…	83700	PR LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	fee schedule	27.0
facility	lab	CPT/HCP…	83701	PR LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	fee schedule	81.3
facility	lab	CPT/HCP…	83704	PR LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	fee schedule	82.1
facility	lab	CPT/HCP…	83718	PR LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	fee schedule	19.7
facility	lab	CPT/HCP…	83718	PR LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	fee schedule	19.7
facility	lab	CPT/HCP…	83719	PR LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	fee schedule	30.6
facility	lab	CPT/HCP…	83721	PR LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	fee schedule	25.2
facility	lab	CPT/HCP…	83721	PR LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	fee schedule	25.2
facility	lab	CPT/HCP…	83722	PR DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	fee schedule	82.1
facility	lab	CPT/HCP…	83727	PR LUTEINIZING RELEASING FACTOR	fee schedule	41.3
facility	lab	CPT/HCP…	83735	PR ASSAY OF MAGNESIUM	fee schedule	16.1
facility	lab	CPT/HCP…	83775	PR ASSAY OF MALATE DEHYDROGENASE	fee schedule	17.7
facility	lab	CPT/HCP…	83785	PR ASSAY OF MANGANESE	fee schedule	64.0
facility	lab	CPT/HCP…	83789	PR MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	fee schedule	57.9
facility	lab	CPT/HCP…	83825	PR ASSAY OF MERCURY QUANTITATIVE	fee schedule	39.0
facility	lab	CPT/HCP…	83835	PR METANEPHRINES	fee schedule	40.7
facility	lab	CPT/HCP…	83857	PR METHEMALBUMIN	fee schedule	25.8
facility	lab	CPT/HCP…	83861	PR MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	fee schedule	54.0
facility	lab	CPT/HCP…	83861	PR MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	fee schedule	54.0
facility	lab	CPT/HCP…	83864	PR MUCOPOLYSACCHARIDES ACID QUANTITATIVE	fee schedule	68.4
facility	lab	CPT/HCP…	83872	PR MUCIN SYNOVIAL FLUID ROPES TEST	fee schedule	14.1
facility	lab	CPT/HCP…	83873	PR MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	fee schedule	41.3
facility	lab	CPT/HCP…	83874	PR MYOGLOBIN	fee schedule	31.0
facility	lab	CPT/HCP…	83876	PR MYELOPEROXIDASE MPO	fee schedule	122.1
facility	lab	CPT/HCP…	83880	PR NATRIURETIC PEPTIDE	fee schedule	94.2
facility	lab	CPT/HCP…	83880	PR NATRIURETIC PEPTIDE	fee schedule	94.2
facility	lab	CPT/HCP…	83883	PR ASSAY OF NEPHELOMETRY EACH ANALYTE NES	fee schedule	32.6
facility	lab	CPT/HCP…	83885	PR ASSAY OF NICKEL	fee schedule	58.8
facility	lab	CPT/HCP…	83915	PR ASSAY OF NUCLEOTIDASE 5'-	fee schedule	26.8
facility	lab	CPT/HCP…	83916	PR OLIGOCLONAL IMMUNE	fee schedule	65.7
facility	lab	CPT/HCP…	83918	PR ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	fee schedule	56.6
facility	lab	CPT/HCP…	83919	PR ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	fee schedule	39.5
facility	lab	CPT/HCP…	83921	PR ORGANIC ACID 1 QUANTITATIVE	fee schedule	50.9
facility	lab	CPT/HCP…	83930	PR ASSAY OF OSMOLALITY BLOOD	fee schedule	15.9
facility	lab	CPT/HCP…	83935	PR ASSAY OF OSMOLALITY URINE	fee schedule	16.4
facility	lab	CPT/HCP…	83937	PR ASSAY OF OSTEOCALCIN	fee schedule	71.6
facility	lab	CPT/HCP…	83945	PR ASSAY OF OXALATE	fee schedule	34.7
facility	lab	CPT/HCP…	83950	PR ONCOPROTEIN HER-2/NEU	fee schedule	154.6
facility	lab	CPT/HCP…	83951	PR ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	fee schedule	154.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	83970	PR ASSAY OF PARATHORMONE	fee schedule	99.1
facility	lab	CPT/HCP…	83986	PR PH BODY FLUID NOT ELSEWHERE SPECIFIED	fee schedule	8.6
facility	lab	CPT/HCP…	83986	PR PH BODY FLUID NOT ELSEWHERE SPECIFIED	fee schedule	8.6
facility	lab	CPT/HCP…	83987	PR PH EXHALED BREATH CONDENSATE	fee schedule	8.6
facility	lab	CPT/HCP…	83993	PR ASSAY OF CALPROTECTIN FECAL	fee schedule	47.1
facility	lab	CPT/HCP…	84030	PR ASSAY OF PHENYLALANINE BLOOD	fee schedule	13.2
facility	lab	CPT/HCP…	84035	PR ASSAY OF PHENYLKETONES QUALITATIVE	fee schedule	9.6
facility	lab	CPT/HCP…	84060	PR ASSAY OF PHOSPHATASE ACID TOTAL	fee schedule	18.3
facility	lab	CPT/HCP…	84066	PR ASSAY OF PHOSPHATASE ACID PROSTATIC	fee schedule	23.2
facility	lab	CPT/HCP…	84075	PR ASSAY OF PHOSPHATASE ALKALINE	fee schedule	12.4
facility	lab	CPT/HCP…	84075	PR ASSAY OF PHOSPHATASE ALKALINE	fee schedule	12.4
facility	lab	CPT/HCP…	84078	PR ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	fee schedule	19.8
facility	lab	CPT/HCP…	84080	PR ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	fee schedule	35.5
facility	lab	CPT/HCP…	84081	PR PHOSPHATIDYLGLYCEROL	fee schedule	39.6
facility	lab	CPT/HCP…	84085	PR PHOSPHOGLUCONATE 6-DEHYD RBC	fee schedule	22.7
facility	lab	CPT/HCP…	84087	PR ASSAY OF PHOSPHOHEXOSE ISOMERASE	fee schedule	25.8
facility	lab	CPT/HCP…	84100	PR ASSAY OF PHOSPHORUS INORGANIC	fee schedule	11.4
facility	lab	CPT/HCP…	84105	PR ASSAY OF PHOSPHORUS INORGANIC URINE	fee schedule	13.9
facility	lab	CPT/HCP…	84106	PR PORPHOBILINOGEN URINE QUALITATIVE	fee schedule	14.0
facility	lab	CPT/HCP…	84110	PR ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	fee schedule	20.3
facility	lab	CPT/HCP…	84112	PR EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	fee schedule	235.5
facility	lab	CPT/HCP…	84119	PR PORPHYRINS URINE QUALITATAIVE	fee schedule	32.1
facility	lab	CPT/HCP…	84120	PR PORPHYRINS URINE QUANTITATION & FRACTIONATION	fee schedule	35.3
facility	lab	CPT/HCP…	84126	PR PORPHYRINS FECES QUANTITATIVE	fee schedule	93.9
facility	lab	CPT/HCP…	84132	PR POTASSIUM SERUM PLASMA/WHOLE BLOOD	fee schedule	11.4
facility	lab	CPT/HCP…	84132	PR POTASSIUM SERUM PLASMA/WHOLE BLOOD	fee schedule	11.4
facility	lab	CPT/HCP…	84133	PR POTASSIUM URINE	fee schedule	11.3
facility	lab	CPT/HCP…	84134	PR PREALBUMIN	fee schedule	35.0
facility	lab	CPT/HCP…	84135	PR PREGNANEDIOL	fee schedule	51.0
facility	lab	CPT/HCP…	84138	PR PREGNANETRIOL	fee schedule	50.5
facility	lab	CPT/HCP…	84140	PR PREGNENOLONE	fee schedule	49.6
facility	lab	CPT/HCP…	84143	PR 17-HYDROXYPREGNENOLONE	fee schedule	54.7
facility	lab	CPT/HCP…	84144	PR ASSAY OF PROGESTERONE	fee schedule	50.1
facility	lab	CPT/HCP…	84145	PR PROCALCITONIN (PCT)	fee schedule	65.3
facility	lab	CPT/HCP…	84146	PR ASSAY OF PROLACTIN	fee schedule	46.5
facility	lab	CPT/HCP…	84150	PR ASSAY OF PROSTAGLNDIN EACH	fee schedule	100.2
facility	lab	CPT/HCP…	84152	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	fee schedule	44.1
facility	lab	CPT/HCP…	84153	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	fee schedule	44.1
facility	lab	CPT/HCP…	84154	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	fee schedule	44.1
facility	lab	CPT/HCP…	84155	PR PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	fee schedule	8.8
facility	lab	CPT/HCP…	84155	PR PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	fee schedule	8.8
facility	lab	CPT/HCP…	84156	PR PROTEIN TOTAL XCPT REFRACTOMETRY URINE	fee schedule	8.8
facility	lab	CPT/HCP…	84157	PR PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	fee schedule	9.6
facility	lab	CPT/HCP…	84157	PR PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	fee schedule	9.6
facility	lab	CPT/HCP…	84160	PR PROTEIN TOTAL REFRACTOMETRY ANY SRC	fee schedule	13.5
facility	lab	CPT/HCP…	84163	PR PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	fee schedule	36.1
facility	lab	CPT/HCP…	84165	PR PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	fee schedule	25.8
facility	lab	CPT/HCP…	84166	PR PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	fee schedule	42.8
facility	lab	CPT/HCP…	84181	PR PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	fee schedule	40.9
facility	lab	CPT/HCP…	84182	PR PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	fee schedule	70.1
facility	lab	CPT/HCP…	84202	PR PROTOPORPHYRIN RBC QUANTITATIVE	fee schedule	34.4
facility	lab	CPT/HCP…	84203	PR PROTOPORPHYRIN RBC SCREEN	fee schedule	23.4
facility	lab	CPT/HCP…	84206	PR ASSAY OF PROINSULIN	fee schedule	64.1
facility	lab	CPT/HCP…	84207	PR ASSAY OF PYRIDOXAL PHOSPHATE	fee schedule	67.4
facility	lab	CPT/HCP…	84210	PR ASSAY OF PYRUVATE	fee schedule	34.8
facility	lab	CPT/HCP…	84220	PR ASSAY OF PYRUVATE KINASE	fee schedule	22.7
facility	lab	CPT/HCP…	84228	PR ASSAY OF QUININE	fee schedule	27.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	84233	PR ASSAY OF RECEPTOR ASSAY ESTROGEN	fee schedule	210.9
facility	lab	CPT/HCP…	84234	PR ASSAY OF RECEPTOR ASSAY PROGESTERONE	fee schedule	155.7
facility	lab	CPT/HCP…	84235	PR RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	fee schedule	170.9
facility	lab	CPT/HCP…	84238	PR RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	fee schedule	87.8
facility	lab	CPT/HCP…	84244	PR ASSAY OF RENIN	fee schedule	52.8
facility	lab	CPT/HCP…	84252	PR ASSAY OF RIBOFLAVIN-VITAMIN B-2	fee schedule	48.6
facility	lab	CPT/HCP…	84255	PR ASSAY OF SELENIUM	fee schedule	61.3
facility	lab	CPT/HCP…	84260	PR ASSAY OF SEROTONIN	fee schedule	74.3
facility	lab	CPT/HCP…	84270	PR ASSAY OF SEX HORMONE BINDING GLOBULIN	fee schedule	52.1
facility	lab	CPT/HCP…	84275	PR ASSAY OF SIALIC ACID	fee schedule	32.3
facility	lab	CPT/HCP…	84285	PR ASSAY OF SILICA	fee schedule	60.5
facility	lab	CPT/HCP…	84295	PR SODIUM SERUM PLASMA OR WHOLE BLOOD	fee schedule	11.5
facility	lab	CPT/HCP…	84295	PR SODIUM SERUM PLASMA OR WHOLE BLOOD	fee schedule	11.5
facility	lab	CPT/HCP…	84300	PR ASSAY OF URINE SODIUM	fee schedule	12.1
facility	lab	CPT/HCP…	84302	PR ASSAY OF SODIUM OTHER SOURCE	fee schedule	11.7
facility	lab	CPT/HCP…	84305	PR ASSAY OF SOMATOMEDIN	fee schedule	51.0
facility	lab	CPT/HCP…	84307	PR ASSAY OF SOMATOSTATIN	fee schedule	43.9
facility	lab	CPT/HCP…	84311	PR SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	fee schedule	19.4
facility	lab	CPT/HCP…	84315	PR SPECIFIC GRAVITY EXCEPT URINE	fee schedule	7.9
facility	lab	CPT/HCP…	84375	PR SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	fee schedule	93.6
facility	lab	CPT/HCP…	84376	PR SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	fee schedule	13.2
facility	lab	CPT/HCP…	84377	PR SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	fee schedule	13.2
facility	lab	CPT/HCP…	84378	PR SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	fee schedule	27.7
facility	lab	CPT/HCP…	84379	PR SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	fee schedule	27.7
facility	lab	CPT/HCP…	84392	PR ASSAY OF SULFATE URINE	fee schedule	13.2
facility	lab	CPT/HCP…	84402	PR ASSAY OF TESTOSTERONE FREE	fee schedule	61.1
facility	lab	CPT/HCP…	84403	PR ASSAY OF TESTOSTERONE TOTAL	fee schedule	61.9
facility	lab	CPT/HCP…	84410	PR ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	fee schedule	123.1
facility	lab	CPT/HCP…	84425	PR ASSAY OF THIAMINE-VITAMIN B-1	fee schedule	51.0
facility	lab	CPT/HCP…	84430	PR ASSAY OF THIOCYANATE	fee schedule	27.9
facility	lab	CPT/HCP…	84431	PR THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	fee schedule	84.3
facility	lab	CPT/HCP…	84432	PR ASSAY OF THYROGLOBULIN	fee schedule	38.5
facility	lab	CPT/HCP…	84433	CHG ASSAY THIOPURINE S-METHYLTRANSFERASE	fee schedule	53.2
facility	lab	CPT/HCP…	84436	PR ASSAY OF THYROXINE TOTAL	fee schedule	16.5
facility	lab	CPT/HCP…	84437	PR ASSAY OF THYROXINE REQUIRING ELUTION	fee schedule	15.5
facility	lab	CPT/HCP…	84439	PR ASSAY OF FREE THYROXINE	fee schedule	21.6
facility	lab	CPT/HCP…	84442	PR ASSAY OF THYROXINE BINDING GLOBULIN	fee schedule	35.5
facility	lab	CPT/HCP…	84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	fee schedule	40.3
facility	lab	CPT/HCP…	84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	fee schedule	40.3
facility	lab	CPT/HCP…	84445	PR THYROID STIMULATING IMMUNE GLOBULINS TSI	fee schedule	122.1
facility	lab	CPT/HCP…	84446	PR ASSAY OF TOCOPHEROL ALPHA VITAMIN E	fee schedule	34.0
facility	lab	CPT/HCP…	84449	PR ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	fee schedule	43.2
facility	lab	CPT/HCP…	84450	PR TRANSFERASE ASPARTATE AMINO AST SGOT	fee schedule	12.4
facility	lab	CPT/HCP…	84450	PR TRANSFERASE ASPARTATE AMINO AST SGOT	fee schedule	12.4
facility	lab	CPT/HCP…	84460	PR TRANSFERASE ALANINE AMINO ALT SGPT	fee schedule	12.7
facility	lab	CPT/HCP…	84460	PR TRANSFERASE ALANINE AMINO ALT SGPT	fee schedule	12.7
facility	lab	CPT/HCP…	84466	PR ASSAY OF L7383TRANSFERRIN	fee schedule	30.6
facility	lab	CPT/HCP…	84478	PR ASSAY OF TRIGLYCERIDES	fee schedule	13.8
facility	lab	CPT/HCP…	84478	PR ASSAY OF TRIGLYCERIDES	fee schedule	13.8
facility	lab	CPT/HCP…	84479	PR THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	fee schedule	15.5
facility	lab	CPT/HCP…	84480	PR ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	fee schedule	34.0
facility	lab	CPT/HCP…	84481	PR ASSAY OF TRIIODOTHYRONINE T3 FREE	fee schedule	40.7
facility	lab	CPT/HCP…	84482	PR TRIIODOTHYRONINE T3 REVERSE	fee schedule	37.8
facility	lab	CPT/HCP…	84484	PR ASSAY OF TROPONIN QUANTITATIVE	fee schedule	29.9
facility	lab	CPT/HCP…	84485	PR ASSAY OF TRYPSIN DUODENAL FLUID	fee schedule	17.3
facility	lab	CPT/HCP…	84488	PR ASSAY OF TRYPSIN FECES QUALITATIVE	fee schedule	17.5
facility	lab	CPT/HCP…	84490	PR TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	fee schedule	23.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	84510	PR ASSAY OF TYROSINE	fee schedule	25.5
facility	lab	CPT/HCP…	84512	PR ASSAY OF TROPONIN QUALITATIVE	fee schedule	24.2
facility	lab	CPT/HCP…	84520	PR ASSAY OF UREA NITROGEN QUANTITATIVE	fee schedule	9.5
facility	lab	CPT/HCP…	84520	PR ASSAY OF UREA NITROGEN QUANTITATIVE	fee schedule	9.5
facility	lab	CPT/HCP…	84525	PR ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	fee schedule	12.3
facility	lab	CPT/HCP…	84540	PR ASSAY OF UREA NITROGEN URINE	fee schedule	13.3
facility	lab	CPT/HCP…	84545	PR UREA NITROGEN CLEARANCE	fee schedule	17.3
facility	lab	CPT/HCP…	84550	PR ASSAY OF BLOOD/URIC ACID	fee schedule	10.8
facility	lab	CPT/HCP…	84550	PR ASSAY OF BLOOD/URIC ACID	fee schedule	10.8
facility	lab	CPT/HCP…	84560	PR ASSAY OF URIC ACID OTHER SOURCE	fee schedule	12.2
facility	lab	CPT/HCP…	84577	PR ASSAY OF UROBILINOGEN FECES QUANTITATIVE	fee schedule	40.3
facility	lab	CPT/HCP…	84578	PR ASSAY OF UROBILINOGEN URINE QUALITATIVE	fee schedule	10.7
facility	lab	CPT/HCP…	84580	PR UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	fee schedule	22.9
facility	lab	CPT/HCP…	84583	PR ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	fee schedule	14.5
facility	lab	CPT/HCP…	84585	PR ASSAY OF VANILLYLMANDELIC ACID URINE	fee schedule	37.2
facility	lab	CPT/HCP…	84586	PR ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	fee schedule	84.8
facility	lab	CPT/HCP…	84588	PR ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	fee schedule	81.5
facility	lab	CPT/HCP…	84590	PR ASSAY OF VITAMIN A	fee schedule	27.9
facility	lab	CPT/HCP…	84591	PR ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	fee schedule	40.9
facility	lab	CPT/HCP…	84597	PR ASSAY OF VITAMIN K	fee schedule	32.9
facility	lab	CPT/HCP…	84600	PR ASSAY OF VOLATILES	fee schedule	41.1
facility	lab	CPT/HCP…	84620	PR XYLOSE ABSORPTION TEST BLOOD &/URINE	fee schedule	31.0
facility	lab	CPT/HCP…	84630	PR ASSAY OF ZINC	fee schedule	27.3
facility	lab	CPT/HCP…	84681	PR ASSAY OF C-PEPTIDE	fee schedule	49.9
facility	lab	CPT/HCP…	84702	PR GONADOTROPIN CHORIONIC QUANTITATIVE	fee schedule	36.1
facility	lab	CPT/HCP…	84703	PR GONADOTROPIN CHORIONIC QUALITATIVE	fee schedule	18.1
facility	lab	CPT/HCP…	84703	PR GONADOTROPIN CHORIONIC QUALITATIVE	fee schedule	18.1
facility	lab	CPT/HCP…	84704	PR GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	fee schedule	36.7
facility	lab	CPT/HCP…	84830	PR OVULATION TEST VISUAL COLOR COMPARISON HLH	fee schedule	30.5
facility	lab	CPT/HCP…	85002	PR BLEEDING TIME TEST	fee schedule	11.6
facility	lab	CPT/HCP…	85004	PR BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	fee schedule	15.5
facility	lab	CPT/HCP…	85007	PR BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	fee schedule	9.1
facility	lab	CPT/HCP…	85008	PR BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	fee schedule	8.2
facility	lab	CPT/HCP…	85009	PR BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	fee schedule	12.2
facility	lab	CPT/HCP…	85013	PR BLOOD COUNT SPUN MICROHEMATOCRIT	fee schedule	16.8
facility	lab	CPT/HCP…	85014	PR BLOOD COUNT HEMATOCRIT	fee schedule	5.7
facility	lab	CPT/HCP…	85014	PR BLOOD COUNT HEMATOCRIT	fee schedule	5.7
facility	lab	CPT/HCP…	85018	PR BLOOD COUNT HEMOGLOBIN	fee schedule	5.7
facility	lab	CPT/HCP…	85018	PR BLOOD COUNT HEMOGLOBIN	fee schedule	5.7
facility	lab	CPT/HCP…	85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	fee schedule	18.6
facility	lab	CPT/HCP…	85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	fee schedule	18.6
facility	lab	CPT/HCP…	85027	PR BLOOD COUNT COMPLETE AUTOMATED	fee schedule	15.5
facility	lab	CPT/HCP…	85032	PR BLOOD COUNT MANUAL CELL COUNT EACH	fee schedule	10.3
facility	lab	CPT/HCP…	85041	PR BLOOD COUNT RED BLOOD CELL AUTOMATED	fee schedule	7.2
facility	lab	CPT/HCP…	85044	PR BLOOD COUNT RETICULOCYTE MANUAL	fee schedule	10.3
facility	lab	CPT/HCP…	85045	PR BLOOD COUNT RETICULOCYTE AUTOMATED	fee schedule	9.6
facility	lab	CPT/HCP…	85046	PR BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	fee schedule	13.4
facility	lab	CPT/HCP…	85048	PR BLOOD COUNT LEUKOCYTE WBC AUTOMATED	fee schedule	6.1
facility	lab	CPT/HCP…	85049	PR BLOOD COUNT PLATELET AUTOMATED	fee schedule	10.8
facility	lab	CPT/HCP…	85055	PR RETICULATED PLATELET ASSAY	fee schedule	85.8
facility	lab	CPT/HCP…	85130	PR CHROMOGENIC SUBSTRATE ASSAY	fee schedule	28.5
facility	lab	CPT/HCP…	85170	PR BLOOD CLOT RETRACTION	fee schedule	39.1
facility	lab	CPT/HCP…	85175	PR CLOT LYSIS TIME WHOLE BLOOD DILUTION	fee schedule	48.9
facility	lab	CPT/HCP…	85210	PR CLOTTING FACTOR II PROTHROMBIN SPECIFIC	fee schedule	31.1
facility	lab	CPT/HCP…	85220	PR CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	fee schedule	42.4
facility	lab	CPT/HCP…	85230	PR CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	fee schedule	43.0
facility	lab	CPT/HCP…	85240	PR CLOTTING FACTOR VIII AHG 1 STAGE	fee schedule	43.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	85244	PR CLOTTING FACTOR VIII RELATED ANTIGEN	fee schedule	49.0
facility	lab	CPT/HCP…	85245	PR CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	fee schedule	55.1
facility	lab	CPT/HCP…	85246	PR CLOTTING FACTOR VIII VW FACTOR ANTIGEN	fee schedule	55.1
facility	lab	CPT/HCP…	85247	PR CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	fee schedule	55.1
facility	lab	CPT/HCP…	85250	PR CLOTTING FACTOR IX PTC/CHRISTMAS	fee schedule	45.7
facility	lab	CPT/HCP…	85260	PR CLOTTING FACTOR X STUART-PROWER	fee schedule	43.0
facility	lab	CPT/HCP…	85270	PR CLOTTING FACTOR XI PTA	fee schedule	43.0
facility	lab	CPT/HCP…	85280	PR CLOTTING FACTOR XII HAGEMAN	fee schedule	46.4
facility	lab	CPT/HCP…	85290	PR CLOTTING FACTOR XIII FIBRIN STABILIZING	fee schedule	39.2
facility	lab	CPT/HCP…	85291	PR CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	fee schedule	21.9
facility	lab	CPT/HCP…	85292	PR CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	fee schedule	45.4
facility	lab	CPT/HCP…	85293	PR CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	fee schedule	45.4
facility	lab	CPT/HCP…	85300	PR CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	fee schedule	28.4
facility	lab	CPT/HCP…	85301	PR CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	fee schedule	25.9
facility	lab	CPT/HCP…	85302	PR CLOTTING INHIBITORS PROTEIN C ANTIGEN	fee schedule	28.8
facility	lab	CPT/HCP…	85303	PR CLOTTING INHIBITORS PROTEIN C ACTIVITY	fee schedule	33.2
facility	lab	CPT/HCP…	85305	PR CLOTTING INHIBITORS PROTEIN S TOTAL	fee schedule	27.9
facility	lab	CPT/HCP…	85306	PR CLOTTING INHIBITORS PROTEIN S FREE	fee schedule	36.8
facility	lab	CPT/HCP…	85307	PR ACTIVATED PROTEIN C APC RESISTANCE ASSAY	fee schedule	36.8
facility	lab	CPT/HCP…	85335	PR FACTOR INHIBITOR TEST	fee schedule	30.9
facility	lab	CPT/HCP…	85337	PR THROMBOMODULIN	fee schedule	41.5
facility	lab	CPT/HCP…	85345	PR COAGULATION TIME LEE AND WHITE	fee schedule	11.3
facility	lab	CPT/HCP…	85347	PR COAGULATION TIME ACTIVATED	fee schedule	10.3
facility	lab	CPT/HCP…	85348	PR COAGULATION TIME OTHER METHODS	fee schedule	10.8
facility	lab	CPT/HCP…	85360	PR EUGLOBULIN LYSIS	fee schedule	20.2
facility	lab	CPT/HCP…	85362	PR FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	fee schedule	16.5
facility	lab	CPT/HCP…	85366	PR FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	fee schedule	193.1
facility	lab	CPT/HCP…	85370	PR FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	fee schedule	29.8
facility	lab	CPT/HCP…	85378	PR FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	fee schedule	23.3
facility	lab	CPT/HCP…	85379	PR FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	fee schedule	24.4
facility	lab	CPT/HCP…	85380	PR FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	fee schedule	24.4
facility	lab	CPT/HCP…	85384	PR FIBRINOGEN ACTIVITY	fee schedule	23.3
facility	lab	CPT/HCP…	85385	PR FIBRINOGEN ANTIGEN	fee schedule	34.7
facility	lab	CPT/HCP…	85390	PR FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	fee schedule	37.1
facility	lab	CPT/HCP…	85397	PR COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	fee schedule	74.1
facility	lab	CPT/HCP…	85400	PR FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	fee schedule	18.5
facility	lab	CPT/HCP…	85410	PR FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	fee schedule	18.5
facility	lab	CPT/HCP…	85415	PR FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	fee schedule	41.3
facility	lab	CPT/HCP…	85420	PR FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	fee schedule	15.7
facility	lab	CPT/HCP…	85421	PR FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	fee schedule	24.4
facility	lab	CPT/HCP…	85441	PR HEINZ BODIES DIRECT	fee schedule	10.1
facility	lab	CPT/HCP…	85445	PR HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	fee schedule	16.4
facility	lab	CPT/HCP…	85460	PR HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	fee schedule	18.6
facility	lab	CPT/HCP…	85461	PR HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	fee schedule	22.5
facility	lab	CPT/HCP…	85475	PR HEMOLYSIN ACID	fee schedule	21.3
facility	lab	CPT/HCP…	85520	PR HEPARIN ASSAY	fee schedule	31.4
facility	lab	CPT/HCP…	85525	PR HEPARIN NEUTRALIZATION	fee schedule	28.4
facility	lab	CPT/HCP…	85530	PR HEPARIN-PROTAMINE TOLERANCE TST	fee schedule	31.4
facility	lab	CPT/HCP…	85536	PR IRON STAIN PERIPHERAL BLOOD	fee schedule	16.5
facility	lab	CPT/HCP…	85540	PR WBC ALKALINE PHOSPHATASE COUNT	fee schedule	20.6
facility	lab	CPT/HCP…	85547	PR MECHANICAL FRAGILITY RBC	fee schedule	20.6
facility	lab	CPT/HCP…	85549	PR MURAMIDASE	fee schedule	45.0
facility	lab	CPT/HCP…	85555	PR OSMOTIC FRAGILITY RBC UNINCUBATED	fee schedule	17.9
facility	lab	CPT/HCP…	85557	PR OSMOTIC FRAGILITY RBC INCUBATED	fee schedule	32.1
facility	lab	CPT/HCP…	85576	PR PLATELET AGGREGATION IN VITRO EACH AGENT	fee schedule	59.8
facility	lab	CPT/HCP…	85576	PR PLATELET AGGREGATION IN VITRO EACH AGENT	fee schedule	59.8
facility	lab	CPT/HCP…	85597	PR PHOSPHOLIPID NEUTRALIZATION PLATELET	fee schedule	43.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	85598	PR PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	fee schedule	43.1
facility	lab	CPT/HCP…	85610	PR PROTHROMBIN TIME	fee schedule	10.3
facility	lab	CPT/HCP…	85610	PR PROTHROMBIN TIME	fee schedule	10.3
facility	lab	CPT/HCP…	85611	PR PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	fee schedule	9.5
facility	lab	CPT/HCP…	85612	PR RUSSELL VIPER VENON TIME UNDILUTED	fee schedule	42.0
facility	lab	CPT/HCP…	85613	PR RUSSELL VIPER VENOM TIME DILUTED	fee schedule	23.0
facility	lab	CPT/HCP…	85635	PR REPTILASE TEST	fee schedule	23.6
facility	lab	CPT/HCP…	85651	PR SEDIMENTATION RATE RBC NON-AUTOMATED	fee schedule	10.2
facility	lab	CPT/HCP…	85652	PR SEDIMENTATION RATE RBC AUTOMATED	fee schedule	6.5
facility	lab	CPT/HCP…	85660	PR SICKLING RBC REDUCTION	fee schedule	13.2
facility	lab	CPT/HCP…	85670	PR THROMBIN TIME PLASMA	fee schedule	13.8
facility	lab	CPT/HCP…	85675	PR THROMBIN TIME TITER	fee schedule	16.4
facility	lab	CPT/HCP…	85705	PR THROMBOPLASTIN INHIBITION TISSUE	fee schedule	23.1
facility	lab	CPT/HCP…	85730	PR THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	fee schedule	14.4
facility	lab	CPT/HCP…	85732	PR THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	fee schedule	15.5
facility	lab	CPT/HCP…	85810	PR VISCOSITY	fee schedule	28.0
facility	lab	CPT/HCP…	86000	PR AGGLUTININS FEBRILE EACH ANTIGEN	fee schedule	16.8
facility	lab	CPT/HCP…	86001	PR ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	fee schedule	18.8
facility	lab	CPT/HCP…	86003	PR ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	fee schedule	12.5
facility	lab	CPT/HCP…	86005	PR ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	fee schedule	19.1
facility	lab	CPT/HCP…	86008	PR ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	fee schedule	43.0
facility	lab	CPT/HCP…	86015	PR ACTIN SMOOTH MUSCLE ANTIBODY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86021	PR ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	fee schedule	36.1
facility	lab	CPT/HCP…	86022	PR ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	fee schedule	44.1
facility	lab	CPT/HCP…	86023	PR ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	fee schedule	29.9
facility	lab	CPT/HCP…	86036	PR ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	fee schedule	28.9
facility	lab	CPT/HCP…	86037	PR ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	fee schedule	28.9
facility	lab	CPT/HCP…	86038	PR ANTINUCLEAR ANTIBODIES ANA	fee schedule	29.0
facility	lab	CPT/HCP…	86039	PR ANTINUCLEAR ANTIBODIES ANA TITER	fee schedule	26.8
facility	lab	CPT/HCP…	86041	PR ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86042	PR ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86043	PR ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	fee schedule	28.9
facility	lab	CPT/HCP…	86051	PR AQUAPORIN-4 ANTIBODY ELISA	fee schedule	27.7
facility	lab	CPT/HCP…	86052	PR AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	fee schedule	28.9
facility	lab	CPT/HCP…	86053	PR AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	fee schedule	90.5
facility	lab	CPT/HCP…	86060	PR ANTISTREPTOLYSIN O TITER	fee schedule	17.5
facility	lab	CPT/HCP…	86063	PR ANTISTREPTOLYSIN O SCREEN	fee schedule	13.8
facility	lab	CPT/HCP…	86140	PR C-REACTIVE PROTEIN	fee schedule	12.4
facility	lab	CPT/HCP…	86141	PR C-REACTIVE PROTEIN HIGH SENSITIVITY	fee schedule	31.1
facility	lab	CPT/HCP…	86146	PR BETA 2 GLYCOPROTEIN I ANTIBODY EACH	fee schedule	61.1
facility	lab	CPT/HCP…	86147	PR CARDIOLIPIN ANTIBODY EACH IG CLASS	fee schedule	61.1
facility	lab	CPT/HCP…	86148	PR ANTI-PHOSPHATIDYLSERINE ANTIBODY	fee schedule	38.6
facility	lab	CPT/HCP…	86152	PR CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	fee schedule	601.9
facility	lab	CPT/HCP…	86155	PR CHEMOTAXIS ASSAY SPECIFY METHOD	fee schedule	38.4
facility	lab	CPT/HCP…	86156	PR COLD AGGLUTININ SCREEN	fee schedule	19.4
facility	lab	CPT/HCP…	86157	PR COLD AGGLUTININ TITER	fee schedule	19.3
facility	lab	CPT/HCP…	86160	PR COMPLEMENT ANTIGEN EACH COMPONENT	fee schedule	28.8
facility	lab	CPT/HCP…	86161	PR COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	fee schedule	28.8
facility	lab	CPT/HCP…	86162	PR COMPLEMENT TOTAL HEMOLYTIC	fee schedule	48.8
facility	lab	CPT/HCP…	86171	PR COMPLEMENT FIXATION TESTS EACH ANTIGEN	fee schedule	24.0
facility	lab	CPT/HCP…	86200	PR CYCLIC CITRULLINATED PEPTIDE ANTIBODY	fee schedule	31.1
facility	lab	CPT/HCP…	86215	PR DEOXYRIBONUCLEASE ANTIBODY	fee schedule	31.8
facility	lab	CPT/HCP…	86225	PR DNA ANTIBODY NATIVE/DOUBLE STRANDED	fee schedule	33.0
facility	lab	CPT/HCP…	86226	PR DNA ANTIBODY SINGLE STRANDED	fee schedule	29.1
facility	lab	CPT/HCP…	86231	PR ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	fee schedule	29.0
facility	lab	CPT/HCP…	86235	PR EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	fee schedule	43.0
facility	lab	CPT/HCP…	86255	PR FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	fee schedule	28.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86256	PR FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	fee schedule	28.9
facility	lab	CPT/HCP…	86258	PR GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	fee schedule	28.9
facility	lab	CPT/HCP…	86277	PR GROWTH HORMONE HUMAN ANTIBODY	fee schedule	37.8
facility	lab	CPT/HCP…	86280	PR HEMAGGLUTINATION INHIBITION TEST HAI	fee schedule	19.7
facility	lab	CPT/HCP…	86294	PR IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	fee schedule	61.4
facility	lab	CPT/HCP…	86294	PR IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	fee schedule	61.4
facility	lab	CPT/HCP…	86300	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	fee schedule	49.9
facility	lab	CPT/HCP…	86301	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	fee schedule	49.9
facility	lab	CPT/HCP…	86304	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	fee schedule	49.9
facility	lab	CPT/HCP…	86305	PR HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	fee schedule	49.9
facility	lab	CPT/HCP…	86308	PR HETEROPHILE ANTIBODIES SCREEN	fee schedule	12.4
facility	lab	CPT/HCP…	86308	PR HETEROPHILE ANTIBODIES SCREEN	fee schedule	12.4
facility	lab	CPT/HCP…	86309	PR HETEROPHILE ANTIBODIES TITER	fee schedule	15.5
facility	lab	CPT/HCP…	86310	PR HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	fee schedule	17.7
facility	lab	CPT/HCP…	86316	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	fee schedule	49.9
facility	lab	CPT/HCP…	86317	PR IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	fee schedule	36.0
facility	lab	CPT/HCP…	86318	PR IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	fee schedule	43.4
facility	lab	CPT/HCP…	86318	PR IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	fee schedule	43.4
facility	lab	CPT/HCP…	86320	PR IMMUNOELECTROPHORESIS SERUM	fee schedule	71.8
facility	lab	CPT/HCP…	86325	PR IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	fee schedule	55.5
facility	lab	CPT/HCP…	86327	PR IMMUNOELECTROPHORESIS CROSSED	fee schedule	71.8
facility	lab	CPT/HCP…	86328	PR IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	fee schedule	108.7
facility	lab	CPT/HCP…	86328	PR IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	fee schedule	108.7
facility	lab	CPT/HCP…	86329	PR IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	fee schedule	33.7
facility	lab	CPT/HCP…	86331	PR IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	fee schedule	28.8
facility	lab	CPT/HCP…	86332	PR IMMUNE COMPLEX ASSAY	fee schedule	58.5
facility	lab	CPT/HCP…	86334	PR IMMUNOFIXJ ELECTROPHORESIS SERUM	fee schedule	53.6
facility	lab	CPT/HCP…	86335	PR IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	fee schedule	70.4
facility	lab	CPT/HCP…	86336	PR INHIBIN A	fee schedule	37.4
facility	lab	CPT/HCP…	86337	PR INSULIN ANTIBODIES	fee schedule	51.4
facility	lab	CPT/HCP…	86340	PR INTRINSIC FACTOR ANTIBODIES	fee schedule	36.2
facility	lab	CPT/HCP…	86341	PR ISLET CELL ANTIBODY	fee schedule	56.6
facility	lab	CPT/HCP…	86343	PR LEUKOCYTE HISTAMINE RELEASE TEST LHR	fee schedule	29.9
facility	lab	CPT/HCP…	86344	PR LEUKOCYTE PHAGOCYTOSIS	fee schedule	24.9
facility	lab	CPT/HCP…	86352	PR CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	fee schedule	326.1
facility	lab	CPT/HCP…	86353	PR LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	fee schedule	117.7
facility	lab	CPT/HCP…	86355	PR B CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86356	PR MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	fee schedule	64.3
facility	lab	CPT/HCP…	86357	PR NATURAL KILLER CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86359	PR T CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86360	PR T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	fee schedule	112.8
facility	lab	CPT/HCP…	86361	PR T CELLS ABSOLUTE CD4 COUNT	fee schedule	64.3
facility	lab	CPT/HCP…	86362	PR MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86363	PR MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	fee schedule	90.5
facility	lab	CPT/HCP…	86364	PR TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	fee schedule	27.7
facility	lab	CPT/HCP…	86366	PR MUSCLE-SPECIFIC KINASE ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86367	PR STEM CELLS TOTAL COUNT	fee schedule	186.7
facility	lab	CPT/HCP…	86376	PR MICROSOMAL ANTIBODIES EACH	fee schedule	34.9
facility	lab	CPT/HCP…	86381	PR MITOCHONDRIAL ANTIBODY EACH	fee schedule	61.1
facility	lab	CPT/HCP…	86382	PR NEUTRALIZATION TEST VIRAL	fee schedule	40.6
facility	lab	CPT/HCP…	86384	PR NITROBLUE TETRAZOLIUM DYE TEST NTD	fee schedule	32.7
facility	lab	CPT/HCP…	86386	PR NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	fee schedule	52.3
facility	lab	CPT/HCP…	86386	PR NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	fee schedule	52.3
facility	lab	CPT/HCP…	86403	PR PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	fee schedule	27.7
facility	lab	CPT/HCP…	86406	PR PARTICLE AGGLUTINATION TITER EACH ANTIBODY	fee schedule	25.5
facility	lab	CPT/HCP…	86408	CHG NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	fee schedule	101.1
facility	lab	CPT/HCP…	86409	PR NEUTRALIZING ANTIBODY SARS-COV-2 TITER	fee schedule	191.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86413	PR SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	fee schedule	123.4
facility	lab	CPT/HCP…	86430	PR RHEUMATOID FACTOR QUALITATIVE	fee schedule	14.7
facility	lab	CPT/HCP…	86431	PR RHEUMATOID FACTOR QUANTITATIVE	fee schedule	13.6
facility	lab	CPT/HCP…	86480	PR TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	fee schedule	148.8
facility	lab	CPT/HCP…	86481	PR TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	fee schedule	240.0
facility	lab	CPT/HCP…	86590	PR STREPTOKINASE ANTIBODY	fee schedule	30.4
facility	lab	CPT/HCP…	86592	PR SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	fee schedule	10.2
facility	lab	CPT/HCP…	86593	PR SYPHILIS TEST QUANTITATIVE	fee schedule	10.6
facility	lab	CPT/HCP…	86596	PR VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86602	PR ANTIBODY ACTINOMYCES	fee schedule	24.4
facility	lab	CPT/HCP…	86603	PR ANTIBODY ADENOVIRUS	fee schedule	30.9
facility	lab	CPT/HCP…	86606	PR ANTIBODY ASPERGILLUS	fee schedule	36.1
facility	lab	CPT/HCP…	86609	PR ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	fee schedule	30.9
facility	lab	CPT/HCP…	86611	PR ANTIBODY BARTONELLA	fee schedule	24.4
facility	lab	CPT/HCP…	86612	PR ANTIBODY BLASTOMYCES	fee schedule	31.0
facility	lab	CPT/HCP…	86615	PR ANTIBODY BORDETELLA	fee schedule	31.7
facility	lab	CPT/HCP…	86617	PR ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	fee schedule	37.2
facility	lab	CPT/HCP…	86618	PR ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	fee schedule	40.9
facility	lab	CPT/HCP…	86618	PR ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	fee schedule	40.9
facility	lab	CPT/HCP…	86619	PR ANTIBODY BORRELIA RELAPSING FEVER	fee schedule	32.1
facility	lab	CPT/HCP…	86622	PR ANTIBODY BRUCELLA	fee schedule	21.4
facility	lab	CPT/HCP…	86625	PR ANTIBODY CAMPYLOBACTER	fee schedule	31.5
facility	lab	CPT/HCP…	86628	PR ANTIBODY CANDIDA	fee schedule	28.8
facility	lab	CPT/HCP…	86631	PR ANTIBODY CHLAMYDIA	fee schedule	28.4
facility	lab	CPT/HCP…	86632	PR ANTIBODY CHLAMYDIA IGM	fee schedule	30.4
facility	lab	CPT/HCP…	86635	PR ANTIBODY COCCIDIOIDES	fee schedule	27.5
facility	lab	CPT/HCP…	86638	PR ANTIBODY COXIELLA BURNETII Q FEVER	fee schedule	29.1
facility	lab	CPT/HCP…	86641	PR ANTIBODY CRYPTOCOCCUS	fee schedule	34.6
facility	lab	CPT/HCP…	86644	PR ANTIBODY CYTOMEGALOVIRUS CMV	fee schedule	34.5
facility	lab	CPT/HCP…	86645	PR ANTIBODY CYTOMEGALOVIRUS CMV IGM	fee schedule	40.4
facility	lab	CPT/HCP…	86648	PR ANTIBODY DIPHTHERIA	fee schedule	36.5
facility	lab	CPT/HCP…	86651	PR ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	fee schedule	31.7
facility	lab	CPT/HCP…	86652	PR ANTIBODY ENCEPHALITIS EASTERN EQUINE	fee schedule	31.7
facility	lab	CPT/HCP…	86653	PR ANTIBODY ENCEPHALITIS ST. LOUIS	fee schedule	31.7
facility	lab	CPT/HCP…	86654	PR ANTIBODY ENCEPHALITIS WESTRN EQUINE	fee schedule	31.7
facility	lab	CPT/HCP…	86658	PR ANTIBODY ENTEROVIRUS	fee schedule	31.3
facility	lab	CPT/HCP…	86663	PR ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	fee schedule	31.5
facility	lab	CPT/HCP…	86664	PR ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	fee schedule	36.7
facility	lab	CPT/HCP…	86665	PR ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	fee schedule	43.5
facility	lab	CPT/HCP…	86666	PR ANTIBODY EHRLICHIA	fee schedule	24.4
facility	lab	CPT/HCP…	86668	PR ANTIBODY FRANCISELLA TULARENSIS	fee schedule	34.0
facility	lab	CPT/HCP…	86671	PR ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	fee schedule	29.4
facility	lab	CPT/HCP…	86674	PR ANTIBODY GIARDIA LAMBLIA	fee schedule	35.3
facility	lab	CPT/HCP…	86677	PR ANTIBODY HELICOBACTER PYLORI	fee schedule	40.4
facility	lab	CPT/HCP…	86682	PR ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	fee schedule	31.2
facility	lab	CPT/HCP…	86684	PR ANTIBODY HAEMOPHILUS INFLUENZA	fee schedule	38.0
facility	lab	CPT/HCP…	86687	PR ANTIBODY HTLV-I	fee schedule	21.8
facility	lab	CPT/HCP…	86688	PR ANTIBODY HTLV-II	fee schedule	33.6
facility	lab	CPT/HCP…	86689	PR ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	fee schedule	46.4
facility	lab	CPT/HCP…	86692	PR ANTIBODY HEP DELTA AGENT	fee schedule	41.2
facility	lab	CPT/HCP…	86694	PR ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	fee schedule	34.5
facility	lab	CPT/HCP…	86695	PR ANTIBODY HERPES SMPLX TYPE 1	fee schedule	31.7
facility	lab	CPT/HCP…	86696	PR ANTIBODY HERPES SMPLX TYPE 2	fee schedule	46.4
facility	lab	CPT/HCP…	86698	PR ANTIBODY HISTOPLASMA	fee schedule	33.1
facility	lab	CPT/HCP…	86701	PR ANTIBODY HIV-1	fee schedule	21.3
facility	lab	CPT/HCP…	86701	PR ANTIBODY HIV-1	fee schedule	21.3
facility	lab	CPT/HCP…	86702	PR ANTIBODY HIV-2	fee schedule	32.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86703	PR ANTIBODY HIV-1&HIV-2 SINGLE RESULT	fee schedule	32.9
facility	lab	CPT/HCP…	86704	PR HEPATITIS B CORE ANTIBODY HBCAB TOTAL	fee schedule	28.9
facility	lab	CPT/HCP…	86705	PR HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	fee schedule	28.2
facility	lab	CPT/HCP…	86706	PR HEPATITIS B SURF ANTIBODY HBSAB	fee schedule	25.8
facility	lab	CPT/HCP…	86707	PR HEPATITIS BE ANTIBODY HBEAB	fee schedule	27.8
facility	lab	CPT/HCP…	86708	PR HEPATITIS A ANTIBODY HAAB	fee schedule	29.7
facility	lab	CPT/HCP…	86709	PR HEPATITIS ANTIBODY HAAB IGM ANTIBODY	fee schedule	27.0
facility	lab	CPT/HCP…	86710	PR ANTIBODY INFLUENZA VIRUS	fee schedule	32.5
facility	lab	CPT/HCP…	86711	PR ANTIBODY JOHN CUNNINGHAM VIRUS	fee schedule	40.5
facility	lab	CPT/HCP…	86713	PR ANTIBODY LEGIONELLA	fee schedule	36.7
facility	lab	CPT/HCP…	86717	PR ANTIBODY LEISHMANIA	fee schedule	29.4
facility	lab	CPT/HCP…	86720	PR ANTIBODY LEPTOSPIRA	fee schedule	38.9
facility	lab	CPT/HCP…	86723	PR ANTIBODY LISTERIA MONOCYTOGENES	fee schedule	31.7
facility	lab	CPT/HCP…	86727	PR ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	fee schedule	30.9
facility	lab	CPT/HCP…	86732	PR ANTIBODY MUCORMYCOSIS	fee schedule	36.0
facility	lab	CPT/HCP…	86735	PR ANTIBODY MUMPS	fee schedule	31.3
facility	lab	CPT/HCP…	86738	PR ANTIBODY MYCOPLSM	fee schedule	31.8
facility	lab	CPT/HCP…	86741	PR ANTIBODY NEISSERIA MENINGITIDIS	fee schedule	31.7
facility	lab	CPT/HCP…	86744	PR ANTIBODY NOCARDIA	fee schedule	38.4
facility	lab	CPT/HCP…	86747	PR ANTIBODY PARVOVIRUS	fee schedule	36.1
facility	lab	CPT/HCP…	86750	PR ANTIBODY PLASMODIUM MALARIA	fee schedule	31.7
facility	lab	CPT/HCP…	86753	PR ANTIBODY PROTOZOA NES	fee schedule	29.7
facility	lab	CPT/HCP…	86756	PR ANTIBODY RESPIRATORY SYNCTIAL VIRUS	fee schedule	38.1
facility	lab	CPT/HCP…	86757	PR ANTIBODY RICKETTSIA	fee schedule	46.4
facility	lab	CPT/HCP…	86759	PR ANTIBODY ROTAVIRUS	fee schedule	43.8
facility	lab	CPT/HCP…	86762	PR ANTIBODY RUBELLA	fee schedule	34.5
facility	lab	CPT/HCP…	86765	PR ANTIBODY RUBEOLA	fee schedule	30.9
facility	lab	CPT/HCP…	86768	PR ANTIBODY SALMONELLA	fee schedule	31.7
facility	lab	CPT/HCP…	86769	PR ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	fee schedule	101.1
facility	lab	CPT/HCP…	86771	PR ANTIBODY SHIGELLA	fee schedule	58.8
facility	lab	CPT/HCP…	86774	PR ANTIBODY TETANUS	fee schedule	35.5
facility	lab	CPT/HCP…	86777	PR ANTIBODY TOXOPLASMA	fee schedule	34.5
facility	lab	CPT/HCP…	86778	PR ANTIBODY TOXOPLASMA IGM	fee schedule	34.6
facility	lab	CPT/HCP…	86780	PR ANTIBODY TREPONEMA PALLIDUM	fee schedule	31.8
facility	lab	CPT/HCP…	86780	PR ANTIBODY TREPONEMA PALLIDUM	fee schedule	31.8
facility	lab	CPT/HCP…	86784	PR ANTIBODY TRICHINELLA	fee schedule	30.1
facility	lab	CPT/HCP…	86787	PR ANTIBODY VARICELLA-ZOSTER	fee schedule	30.9
facility	lab	CPT/HCP…	86788	PR ANTIBODY WEST NILE VIRUS IGM	fee schedule	40.4
facility	lab	CPT/HCP…	86789	PR ANTIBODY WEST NILE VIRUS	fee schedule	34.5
facility	lab	CPT/HCP…	86790	PR ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	fee schedule	30.9
facility	lab	CPT/HCP…	86793	PR ANTIBODY YERSINIA	fee schedule	31.7
facility	lab	CPT/HCP…	86794	PR ZIKA VIRUS IGM ANTIBODY	fee schedule	40.4
facility	lab	CPT/HCP…	86800	PR THYROGLOBULIN ANTIBODY	fee schedule	38.2
facility	lab	CPT/HCP…	86803	PR HEPATITIS C ANTIBODY	fee schedule	34.2
facility	lab	CPT/HCP…	86803	PR HEPATITIS C ANTIBODY	fee schedule	34.2
facility	lab	CPT/HCP…	86804	PR HEPATITIS C ANTIBODY CONFIRMATORY TEST	fee schedule	37.2
facility	lab	CPT/HCP…	86805	PR LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	fee schedule	454.8
facility	lab	CPT/HCP…	86806	PR LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	fee schedule	114.2
facility	lab	CPT/HCP…	86807	PR SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	fee schedule	188.8
facility	lab	CPT/HCP…	86808	PR SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	fee schedule	71.2
facility	lab	CPT/HCP…	86812	PR HLA TYPING A/B/C SINGLE ANTIGEN	fee schedule	61.9
facility	lab	CPT/HCP…	86813	PR HLA TYPING A/B/C MULTIPLE ANTIGENS	fee schedule	139.2
facility	lab	CPT/HCP…	86816	PR HLA TYPING DR/DQ SINGLE ANTIGEN	fee schedule	72.4
facility	lab	CPT/HCP…	86817	PR HLA TYPING DR/DQ MULTIPLE ANTIGENS	fee schedule	254.7
facility	lab	CPT/HCP…	86821	PR HLA TYPING LYMPHOCYTE CULTURE MIXED	fee schedule	87.7
facility	lab	CPT/HCP…	86825	PR HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	fee schedule	262.8
facility	lab	CPT/HCP…	86826	PR HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	fee schedule	87.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86828	PR ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	fee schedule	154.1
facility	lab	CPT/HCP…	86829	PR ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	fee schedule	154.1
facility	lab	CPT/HCP…	86830	PR ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	fee schedule	229.2
facility	lab	CPT/HCP…	86831	PR ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	fee schedule	196.5
facility	lab	CPT/HCP…	86832	PR ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	fee schedule	777.0
facility	lab	CPT/HCP…	86833	PR ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	fee schedule	781.9
facility	lab	CPT/HCP…	86834	PR ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	fee schedule	858.1
facility	lab	CPT/HCP…	86835	PR ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	fee schedule	775.1
facility	lab	CPT/HCP…	86850	PR ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	fee schedule	23.4
facility	lab	CPT/HCP…	86880	PR ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	fee schedule	12.9
facility	lab	CPT/HCP…	86885	PR ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	fee schedule	13.7
facility	lab	CPT/HCP…	86886	PR ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	fee schedule	12.4
facility	lab	CPT/HCP…	86900	PR BLOOD TYPING SEROLOGIC ABO	fee schedule	7.2
facility	lab	CPT/HCP…	86901	PR BLOOD TYPING SEROLOGIC RH (D)	fee schedule	7.2
facility	lab	CPT/HCP…	86902	PR BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	fee schedule	15.2
facility	lab	CPT/HCP…	86904	PR BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	fee schedule	39.2
facility	lab	CPT/HCP…	86905	PR BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	fee schedule	9.2
facility	lab	CPT/HCP…	86906	PR BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	fee schedule	18.6
facility	lab	CPT/HCP…	86940	PR HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	fee schedule	21.1
facility	lab	CPT/HCP…	86941	PR HEMOLYSINS&AGGLUTININS INCUBATED	fee schedule	29.1
facility	lab	CPT/HCP…	87003	PR ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	fee schedule	40.4
facility	lab	CPT/HCP…	87015	PR CONCENTRATION INFECTIOUS AGENTS	fee schedule	16.0
facility	lab	CPT/HCP…	87040	PR CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	fee schedule	24.8
facility	lab	CPT/HCP…	87045	PR CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	fee schedule	22.7
facility	lab	CPT/HCP…	87046	PR CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	fee schedule	22.7
facility	lab	CPT/HCP…	87070	PR CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	fee schedule	20.7
facility	lab	CPT/HCP…	87071	PR CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	fee schedule	23.7
facility	lab	CPT/HCP…	87073	PR CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	fee schedule	23.2
facility	lab	CPT/HCP…	87075	PR CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	fee schedule	22.7
facility	lab	CPT/HCP…	87076	PR CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87077	PR CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87077	PR CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87081	PR CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	fee schedule	15.9
facility	lab	CPT/HCP…	87084	PR CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	fee schedule	65.0
facility	lab	CPT/HCP…	87086	PR CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	fee schedule	19.4
facility	lab	CPT/HCP…	87088	PR CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	fee schedule	19.4
facility	lab	CPT/HCP…	87101	PR CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	fee schedule	18.5
facility	lab	CPT/HCP…	87102	PR CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	fee schedule	20.2
facility	lab	CPT/HCP…	87103	PR CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	fee schedule	49.1
facility	lab	CPT/HCP…	87106	PR CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	fee schedule	24.8
facility	lab	CPT/HCP…	87107	PR CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	fee schedule	24.8
facility	lab	CPT/HCP…	87109	PR CULTURE MYCOPLASMA ANY SOURCE	fee schedule	36.9
facility	lab	CPT/HCP…	87110	PR CULTURE CHLAMYDIA ANY SOURCE	fee schedule	47.0
facility	lab	CPT/HCP…	87116	PR CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	fee schedule	25.9
facility	lab	CPT/HCP…	87118	PR CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	fee schedule	35.1
facility	lab	CPT/HCP…	87140	PR CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	fee schedule	13.4
facility	lab	CPT/HCP…	87143	PR CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	fee schedule	30.1
facility	lab	CPT/HCP…	87147	PR CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	fee schedule	12.4
facility	lab	CPT/HCP…	87149	PR CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	fee schedule	48.1
facility	lab	CPT/HCP…	87150	PR CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	fee schedule	84.2
facility	lab	CPT/HCP…	87152	PR CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	fee schedule	18.6
facility	lab	CPT/HCP…	87153	PR CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	fee schedule	276.9
facility	lab	CPT/HCP…	87154	PR CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	fee schedule	523.3
facility	lab	CPT/HCP…	87158	PR CULTURE TYPING OTHER METHODS	fee schedule	18.6
facility	lab	CPT/HCP…	87164	PR DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	fee schedule	25.8
facility	lab	CPT/HCP…	87166	PR DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	fee schedule	27.1
facility	lab	CPT/HCP…	87168	PR MACROSCOPIC EXAMINATION ARTHROPOD	fee schedule	10.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87169	PR MACROSCOPIC EXAMINATION PARASITE	fee schedule	10.3
facility	lab	CPT/HCP…	87172	PR PINWORM EXAMINATION	fee schedule	10.2
facility	lab	CPT/HCP…	87176	PR HOMOGENIZATION TISSUE CULTURE	fee schedule	14.1
facility	lab	CPT/HCP…	87177	PR OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	fee schedule	21.4
facility	lab	CPT/HCP…	87181	PR SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	fee schedule	11.4
facility	lab	CPT/HCP…	87184	PR SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	fee schedule	17.9
facility	lab	CPT/HCP…	87185	PR SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	fee schedule	11.4
facility	lab	CPT/HCP…	87186	PR SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	fee schedule	20.8
facility	lab	CPT/HCP…	87187	PR SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	fee schedule	96.4
facility	lab	CPT/HCP…	87188	PR SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	fee schedule	15.9
facility	lab	CPT/HCP…	87190	PR SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	fee schedule	17.5
facility	lab	CPT/HCP…	87197	PR SERUM BACTERICIDAL TITER	fee schedule	36.0
facility	lab	CPT/HCP…	87205	PR SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	fee schedule	10.2
facility	lab	CPT/HCP…	87206	PR SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	fee schedule	12.9
facility	lab	CPT/HCP…	87207	PR SMR PRIM SRC SPEC STAIN BODIES/PARASITS	fee schedule	14.4
facility	lab	CPT/HCP…	87209	PR SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	fee schedule	43.1
facility	lab	CPT/HCP…	87210	PR SMR PRIM SRC WET MOUNT NFCT AGT	fee schedule	14.0
facility	lab	CPT/HCP…	87210	PR SMR PRIM SRC WET MOUNT NFCT AGT	fee schedule	14.0
facility	lab	CPT/HCP…	87220	PR TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	fee schedule	10.2
facility	lab	CPT/HCP…	87230	PR TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	fee schedule	47.4
facility	lab	CPT/HCP…	87250	PR VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	fee schedule	46.9
facility	lab	CPT/HCP…	87252	PR VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	fee schedule	62.6
facility	lab	CPT/HCP…	87253	PR VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	fee schedule	48.5
facility	lab	CPT/HCP…	87254	PR VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	fee schedule	46.9
facility	lab	CPT/HCP…	87255	PR VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	fee schedule	81.3
facility	lab	CPT/HCP…	87260	PR IAADI ADENOVIRUS	fee schedule	34.6
facility	lab	CPT/HCP…	87265	PR IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	fee schedule	28.8
facility	lab	CPT/HCP…	87267	PR IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	fee schedule	32.2
facility	lab	CPT/HCP…	87269	PR IAADI GIARDIA	fee schedule	32.7
facility	lab	CPT/HCP…	87270	PR IAADI CHLAMYDIA TRACHOMATIS	fee schedule	28.8
facility	lab	CPT/HCP…	87271	PR IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	fee schedule	32.2
facility	lab	CPT/HCP…	87272	PR IAADI CRYPTOSPORIDIUM	fee schedule	28.8
facility	lab	CPT/HCP…	87273	PR IAADI HERPES SMPLX VIRUS TYPE 2	fee schedule	28.8
facility	lab	CPT/HCP…	87274	PR IAADI HERPES SMPLX VIRUS TYPE 1	fee schedule	28.8
facility	lab	CPT/HCP…	87275	PR IAADI INFLUENZA B VIRUS	fee schedule	29.4
facility	lab	CPT/HCP…	87276	PR IAADI INFFLUENZA A VIRUS	fee schedule	38.6
facility	lab	CPT/HCP…	87278	PR IAADI LEGIONELLA PNEUMOPHILA	fee schedule	37.4
facility	lab	CPT/HCP…	87279	PR IAADI PARAINFLUENZA VIRUS EACH TYPE	fee schedule	39.4
facility	lab	CPT/HCP…	87280	PR IAADI RESPIRATORY SYNCTIAL VIRUS	fee schedule	32.2
facility	lab	CPT/HCP…	87281	PR IAADI PNEUMOCUSTIS CARINII	fee schedule	28.8
facility	lab	CPT/HCP…	87283	PR IAADI RUBEOLA	fee schedule	145.9
facility	lab	CPT/HCP…	87285	PR IAADI TREPONEMA PALLIDUM	fee schedule	29.2
facility	lab	CPT/HCP…	87290	PR IAADI VARICELLA ZOSTER VIRUS	fee schedule	32.2
facility	lab	CPT/HCP…	87299	PR IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	38.6
facility	lab	CPT/HCP…	87300	PR IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	fee schedule	28.8
facility	lab	CPT/HCP…	87301	PR IAAD IA ADENOVIRUS ENTERIC TYP 40/41	fee schedule	28.8
facility	lab	CPT/HCP…	87305	PR IAAD IA ASPERGILLUS	fee schedule	28.8
facility	lab	CPT/HCP…	87320	PR IAAD IA CHLAMYDIA TRACHOMATIS	fee schedule	36.0
facility	lab	CPT/HCP…	87324	PR IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	fee schedule	28.8
facility	lab	CPT/HCP…	87327	PR IAAD IA CRYPTOCOCCUS NEOFORMANS	fee schedule	32.2
facility	lab	CPT/HCP…	87328	PR IAAD IA CRYPTOSPORIDIUM	fee schedule	33.2
facility	lab	CPT/HCP…	87329	PR IAAD IA GIARDIA	fee schedule	28.8
facility	lab	CPT/HCP…	87332	PR IAAD IA CYTOMEGALOVIRUS	fee schedule	28.8
facility	lab	CPT/HCP…	87335	PR IAAD IA ESCHERICHIA COLI 0157	fee schedule	30.4
facility	lab	CPT/HCP…	87336	PR IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	fee schedule	38.4
facility	lab	CPT/HCP…	87337	PR IAAD IA ENTAMOEBA HISTOLYTICA GRP	fee schedule	28.8
facility	lab	CPT/HCP…	87338	PR IAAD IA HPYLORI STOOL	fee schedule	34.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87338	PR IAAD IA HPYLORI STOOL	fee schedule	34.5
facility	lab	CPT/HCP…	87339	PR IAAD IA HPYLORI	fee schedule	38.4
facility	lab	CPT/HCP…	87340	PR IAAD IA HEPATITIS B SURFACE ANTIGEN	fee schedule	24.8
facility	lab	CPT/HCP…	87341	PR IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	fee schedule	24.8
facility	lab	CPT/HCP…	87350	PR IAAD IA HEPATITIS BE ANTIGEN	fee schedule	27.7
facility	lab	CPT/HCP…	87380	PR IAAD IA HEPATITIS DELTA ANTIGEN	fee schedule	44.1
facility	lab	CPT/HCP…	87385	PR IAAD IA HISTOPLASM CAPSULATUM	fee schedule	31.8
facility	lab	CPT/HCP…	87389	PR IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	fee schedule	57.8
facility	lab	CPT/HCP…	87389	PR IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	fee schedule	57.8
facility	lab	CPT/HCP…	87390	PR IAAD IA HIV-1	fee schedule	57.7
facility	lab	CPT/HCP…	87391	PR IAAD IA HIV-2	fee schedule	52.6
facility	lab	CPT/HCP…	87400	PR IAAD IA INFLUENZA A/B EACH	fee schedule	33.9
facility	lab	CPT/HCP…	87400	PR IAAD IA INFLUENZA A/B EACH	fee schedule	33.9
facility	lab	CPT/HCP…	87420	PR IAAD IA RESPIRATORY SYNCTIAL VIRUS	fee schedule	33.4
facility	lab	CPT/HCP…	87420	PR IAAD IA RESPIRATORY SYNCTIAL VIRUS	fee schedule	33.4
facility	lab	CPT/HCP…	87425	PR IAAD IA ROTAVIRUS	fee schedule	28.8
facility	lab	CPT/HCP…	87426	PR IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	84.8
facility	lab	CPT/HCP…	87426	PR IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	84.8
facility	lab	CPT/HCP…	87427	PR IAAD IA SHIGA-LIKE TOXIN	fee schedule	28.8
facility	lab	CPT/HCP…	87428	PR IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	fee schedule	168.7
facility	lab	CPT/HCP…	87428	PR IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	fee schedule	168.7
facility	lab	CPT/HCP…	87430	PR IAAD IA STREPTOCOCCUS GROUP A	fee schedule	40.3
facility	lab	CPT/HCP…	87430	PR IAAD IA STREPTOCOCCUS GROUP A	fee schedule	40.3
facility	lab	CPT/HCP…	87449	PR IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	28.8
facility	lab	CPT/HCP…	87449	PR IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	28.8
facility	lab	CPT/HCP…	87451	PR IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	fee schedule	25.2
facility	lab	CPT/HCP…	87467	PR HEPATITIS B SURFACE ANTIGEN QUANTITATIVE	fee schedule	n/a
facility	lab	CPT/HCP…	87468	CHG IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFED PRB TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87469	CHG IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87471	PR IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87472	PR IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	fee schedule	102.8
facility	lab	CPT/HCP…	87475	PR IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87476	PR IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87478	CHG IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87480	PR IADNA CANDIDA SPECIES DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87481	PR IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87482	PR IADNA CANDIDA SPECIES QUANTIFICATION	fee schedule	133.8
facility	lab	CPT/HCP…	87483	PR CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	fee schedule	1,000.3
facility	lab	CPT/HCP…	87484	CHG IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87485	PR IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87486	PR IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87487	PR IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87490	PR IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	fee schedule	54.6
facility	lab	CPT/HCP…	87491	PR IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87492	PR IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	fee schedule	128.3
facility	lab	CPT/HCP…	87493	PR INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	fee schedule	89.5
facility	lab	CPT/HCP…	87495	PR IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	fee schedule	72.1
facility	lab	CPT/HCP…	87496	PR IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87497	PR IADNA CYTOMEGALOVIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87498	PR IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	fee schedule	84.2
facility	lab	CPT/HCP…	87500	PR INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	fee schedule	84.2
facility	lab	CPT/HCP…	87501	PR INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	fee schedule	123.1
facility	lab	CPT/HCP…	87502	PR INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	fee schedule	229.9
facility	lab	CPT/HCP…	87502	PR INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	fee schedule	229.9
facility	lab	CPT/HCP…	87503	PR NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	fee schedule	70.1
facility	lab	CPT/HCP…	87505	PR NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	fee schedule	307.9
facility	lab	CPT/HCP…	87506	PR IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	fee schedule	631.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87507	PR IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	fee schedule	1,000.3
facility	lab	CPT/HCP…	87510	PR IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87511	PR IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87512	PR IADNA GARDNERELLA VAGINALIS QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87516	PR IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87517	PR IADNA HEPATITIS B VIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87520	PR IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	fee schedule	74.9
facility	lab	CPT/HCP…	87521	PR IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	fee schedule	84.2
facility	lab	CPT/HCP…	87522	PR IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	fee schedule	102.8
facility	lab	CPT/HCP…	87523	PR IADNA HEPATITIS D DELTA QUAN W/REV TRANSCRIPTION	fee schedule	102.8
facility	lab	CPT/HCP…	87525	PR IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	fee schedule	71.5
facility	lab	CPT/HCP…	87526	PR IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	fee schedule	94.2
facility	lab	CPT/HCP…	87527	PR IADNA HEPATITIS G QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87528	PR IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87529	PR IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87530	PR IADNA HERPES SOMPLX VIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87531	PR IADNA HERPES VIRUS-6 DIRECT PROBE TQ	fee schedule	139.2
facility	lab	CPT/HCP…	87532	PR IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87533	PR IADNA HERPES VIRUS-6 QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87534	PR IADNA HIV-1 DIRECT PROBE TECHNIQUE	fee schedule	52.6
facility	lab	CPT/HCP…	87535	PR IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	fee schedule	84.2
facility	lab	CPT/HCP…	87536	PR IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	fee schedule	204.2
facility	lab	CPT/HCP…	87537	PR IADNA HIV-2 DIRECT PROBE TECHNIQUE	fee schedule	52.6
facility	lab	CPT/HCP…	87538	PR IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	fee schedule	84.2
facility	lab	CPT/HCP…	87539	PR IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	fee schedule	140.7
facility	lab	CPT/HCP…	87540	PR IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87541	PR IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87542	PR IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87550	PR IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87551	PR IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	fee schedule	115.8
facility	lab	CPT/HCP…	87552	PR IADNA MYCOBACTERIA SPECIES QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87555	PR IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	fee schedule	64.5
facility	lab	CPT/HCP…	87556	PR IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	fee schedule	100.0
facility	lab	CPT/HCP…	87557	PR IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87560	PR IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	fee schedule	65.5
facility	lab	CPT/HCP…	87561	PR IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	fee schedule	84.2
facility	lab	CPT/HCP…	87562	PR IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	fee schedule	102.8
facility	lab	CPT/HCP…	87563	PR IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	fee schedule	84.2
facility	lab	CPT/HCP…	87580	PR IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87581	PR IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87582	PR IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	fee schedule	726.3
facility	lab	CPT/HCP…	87590	PR IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	fee schedule	64.5
facility	lab	CPT/HCP…	87591	PR IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87592	PR IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87593	PR IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	fee schedule	n/a
facility	lab	CPT/HCP…	87623	PR IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	fee schedule	84.2
facility	lab	CPT/HCP…	87624	PR IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	fee schedule	84.2
facility	lab	CPT/HCP…	87625	PR IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	fee schedule	97.3
facility	lab	CPT/HCP…	87631	PR IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	fee schedule	342.3
facility	lab	CPT/HCP…	87631	PR IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	fee schedule	342.3
facility	lab	CPT/HCP…	87632	PR IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	fee schedule	523.3
facility	lab	CPT/HCP…	87633	PR IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	fee schedule	1,000.3
facility	lab	CPT/HCP…	87633	PR IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	fee schedule	1,000.3
facility	lab	CPT/HCP…	87634	PR IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	fee schedule	168.5
facility	lab	CPT/HCP…	87634	PR IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	fee schedule	168.5
facility	lab	CPT/HCP…	87635	PR IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	fee schedule	123.1
facility	lab	CPT/HCP…	87635	PR IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	fee schedule	123.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87636	PR IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87636	PR IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87637	PR IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87637	PR IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87640	PR IADNA S AUREUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87641	PR IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87650	PR IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87650	PR IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87652	PR IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87653	PR IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87660	PR IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87661	PR IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	fee schedule	84.2
facility	lab	CPT/HCP…	87662	PR IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	fee schedule	123.1
facility	lab	CPT/HCP…	87797	PR IADNA NOS DIRECT PROBE TQ EACH ORGANISM	fee schedule	72.1
facility	lab	CPT/HCP…	87798	PR IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	fee schedule	84.2
facility	lab	CPT/HCP…	87799	PR IADNA NOS QUANTIFICATION EACH ORGANISM	fee schedule	102.8
facility	lab	CPT/HCP…	87800	PR IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	fee schedule	104.8
facility	lab	CPT/HCP…	87801	PR IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	fee schedule	168.5
facility	lab	CPT/HCP…	87801	PR IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	fee schedule	168.5
facility	lab	CPT/HCP…	87802	PR IAADIADOO STREPTOCOCCUS GROUP B	fee schedule	30.6
facility	lab	CPT/HCP…	87803	PR IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	fee schedule	38.4
facility	lab	CPT/HCP…	87804	PR IAADIADOO INFLUENZA	fee schedule	39.7
facility	lab	CPT/HCP…	87804	PR IAADIADOO INFLUENZA	fee schedule	39.7
facility	lab	CPT/HCP…	87806	PR IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	fee schedule	78.7
facility	lab	CPT/HCP…	87806	PR IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	fee schedule	78.7
facility	lab	CPT/HCP…	87807	PR IAADIADOO RESPIRATORY SYNCTIAL VIRUS	fee schedule	31.4
facility	lab	CPT/HCP…	87807	PR IAADIADOO RESPIRATORY SYNCTIAL VIRUS	fee schedule	31.4
facility	lab	CPT/HCP…	87808	PR IAADIADOO TRICHOMONAS VAGINALIS	fee schedule	36.7
facility	lab	CPT/HCP…	87808	PR IAADIADOO TRICHOMONAS VAGINALIS	fee schedule	36.7
facility	lab	CPT/HCP…	87809	PR IAADIADOO ADENOVIRUS	fee schedule	52.2
facility	lab	CPT/HCP…	87809	PR IAADIADOO ADENOVIRUS	fee schedule	52.2
facility	lab	CPT/HCP…	87810	PR IAADIADOO CHLAMYDIA TRACHOMATIS	fee schedule	84.7
facility	lab	CPT/HCP…	87811	PR IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	99.3
facility	lab	CPT/HCP…	87811	PR IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	99.3
facility	lab	CPT/HCP…	87850	PR IAADIADOO NEISSERIA GONORRHOEAE	fee schedule	58.9
facility	lab	CPT/HCP…	87880	PR IAADIADOO STREPTOCOCCUS GROUP A	fee schedule	39.7
facility	lab	CPT/HCP…	87880	PR IAADIADOO STREPTOCOCCUS GROUP A	fee schedule	39.7
facility	lab	CPT/HCP…	87899	PR IAADIADOO NOT OTHERWISE SPECIFIED	fee schedule	38.6
facility	lab	CPT/HCP…	87899	PR IAADIADOO NOT OTHERWISE SPECIFIED	fee schedule	38.6
facility	lab	CPT/HCP…	87900	PR NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	fee schedule	312.8
facility	lab	CPT/HCP…	87901	PR NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	fee schedule	617.9
facility	lab	CPT/HCP…	87902	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	fee schedule	617.9
facility	lab	CPT/HCP…	87903	PR NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	fee schedule	1,172.8
facility	lab	CPT/HCP…	87904	PR NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	fee schedule	62.6
facility	lab	CPT/HCP…	87905	PR INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	fee schedule	29.3
facility	lab	CPT/HCP…	87905	PR INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	fee schedule	29.3
facility	lab	CPT/HCP…	87906	PR NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	fee schedule	308.9
facility	lab	CPT/HCP…	87910	PR NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	fee schedule	617.9
facility	lab	CPT/HCP…	87912	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	fee schedule	617.9
facility	lab	CPT/HCP…	87913	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	fee schedule	617.9
facility	lab	CPT/HCP…	88130	PR SEX CHROMATIN IDENTIFICATION BARR BODIES	fee schedule	43.1
facility	lab	CPT/HCP…	88140	PR SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	fee schedule	19.2
facility	lab	CPT/HCP…	88142	PR CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	fee schedule	48.6
facility	lab	CPT/HCP…	88143	PR CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	fee schedule	55.3
facility	lab	CPT/HCP…	88147	PR CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	fee schedule	121.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	88148	PR CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	fee schedule	42.6
facility	lab	CPT/HCP…	88150	PR CYTP SLIDES C/V MNL SCR UNDER PHYS	fee schedule	42.6
facility	lab	CPT/HCP…	88152	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	fee schedule	66.3
facility	lab	CPT/HCP…	88153	PR CYTP SLIDES C/V MNL SCR&RESCR PHYS	fee schedule	57.7
facility	lab	CPT/HCP…	88155	PR CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	fee schedule	35.2
facility	lab	CPT/HCP…	88164	PR CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	88165	PR CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	fee schedule	101.3
facility	lab	CPT/HCP…	88166	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	88167	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	fee schedule	42.6
facility	lab	CPT/HCP…	88174	PR CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	fee schedule	60.9
facility	lab	CPT/HCP…	88175	PR CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	fee schedule	63.9
facility	lab	CPT/HCP…	88230	PR TISS CUL NON-NEO DISORDERS LYMPHOCYTE	fee schedule	279.6
facility	lab	CPT/HCP…	88233	PR TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	fee schedule	337.8
facility	lab	CPT/HCP…	88235	PR TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	fee schedule	360.7
facility	lab	CPT/HCP…	88237	PR TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	fee schedule	345.0
facility	lab	CPT/HCP…	88239	PR TISS CUL NEO DISORDERS SOLID TUMOR	fee schedule	354.1
facility	lab	CPT/HCP…	88240	PR CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	fee schedule	31.4
facility	lab	CPT/HCP…	88241	PR THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	fee schedule	29.0
facility	lab	CPT/HCP…	88245	PR CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88248	PR CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88249	PR CHRMSM BREAKAGE SYNDS SCORE 100 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88261	PR CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	fee schedule	634.4
facility	lab	CPT/HCP…	88262	PR CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	fee schedule	301.2
facility	lab	CPT/HCP…	88263	PR CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	fee schedule	360.7
facility	lab	CPT/HCP…	88264	PR CHRMSM ANALYZE 20-25 CELLS	fee schedule	347.1
facility	lab	CPT/HCP…	88267	PR CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	fee schedule	452.6
facility	lab	CPT/HCP…	88269	PR CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	fee schedule	416.8
facility	lab	CPT/HCP…	88271	PR MOLECULAR CYTOGENETICS DNA PROBE EACH	fee schedule	51.4
facility	lab	CPT/HCP…	88272	PR MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	fee schedule	97.7
facility	lab	CPT/HCP…	88273	PR MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	fee schedule	83.5
facility	lab	CPT/HCP…	88274	PR MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	fee schedule	101.7
facility	lab	CPT/HCP…	88275	PR MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	fee schedule	122.9
facility	lab	CPT/HCP…	88280	PR CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	fee schedule	80.3
facility	lab	CPT/HCP…	88283	PR CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	fee schedule	164.6
facility	lab	CPT/HCP…	88285	PR CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	fee schedule	64.6
facility	lab	CPT/HCP…	88289	PR CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	fee schedule	82.6
facility	lab	CPT/HCP…	88371	PR PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	fee schedule	53.4
facility	lab	CPT/HCP…	88372	PR PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	fee schedule	62.9
facility	lab	CPT/HCP…	88720	PR BILIRUBIN TOTAL TRANSCUTANEOUS	fee schedule	12.1
facility	lab	CPT/HCP…	88738	PR HGB QUANTITATIVE TRANSCUTANEOUS	fee schedule	12.1
facility	lab	CPT/HCP…	88740	PR HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	fee schedule	22.5
facility	lab	CPT/HCP…	88741	PR HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	fee schedule	22.5
facility	lab	CPT/HCP…	89050	PR CELL COUNT MISCELLANEOUS BODY FLUIDS	fee schedule	11.3
facility	lab	CPT/HCP…	89051	PR CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	fee schedule	13.4
facility	lab	CPT/HCP…	89055	PR LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	fee schedule	10.2
facility	lab	CPT/HCP…	89060	PR CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	fee schedule	17.6
facility	lab	CPT/HCP…	89125	PR FAT STAIN FECES URINE/RESPIR SECRETIONS	fee schedule	14.1
facility	lab	CPT/HCP…	89160	PR MEAT FIBERS FECES	fee schedule	11.6
facility	lab	CPT/HCP…	89190	PR NASAL SMEAR EOSINOPHILS	fee schedule	13.9
facility	lab	CPT/HCP…	89300	PR SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	fee schedule	23.6
facility	lab	CPT/HCP…	89300	PR SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	fee schedule	23.6
facility	lab	CPT/HCP…	89310	PR SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	fee schedule	20.7
facility	lab	CPT/HCP…	89320	PR SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	fee schedule	29.5
facility	lab	CPT/HCP…	89321	PR SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	fee schedule	28.9
facility	lab	CPT/HCP…	89321	PR SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	fee schedule	28.9
facility	lab	CPT/HCP…	89322	PR SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	fee schedule	37.2
facility	lab	CPT/HCP…	89325	PR SPERM ANTIBODIES	fee schedule	25.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	89329	PR SPERM EVALUATION HAMSTER PENETRATION TEST	fee schedule	47.0
facility	lab	CPT/HCP…	89330	PR SPERM EVALUATION CERVICAL MUCOUS PENETRATION	fee schedule	24.9
facility	lab	CPT/HCP…	89331	PR SPERM EVALUATION RETROGRADE EJACULATION URINE	fee schedule	47.0
facility	lab	CPT/HCP…	G0027	PR SEMEN ANALYSIS	fee schedule	15.6
facility	lab	CPT/HCP…	G0103	PR PSA, TOTAL SCREENING	fee schedule	46.3
facility	lab	CPT/HCP…	G0123	PR SCREEN CERV/VAG THIN LAYER	fee schedule	48.6
facility	lab	CPT/HCP…	G0143	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	64.9
facility	lab	CPT/HCP…	G0144	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	105.5
facility	lab	CPT/HCP…	G0145	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	63.6
facility	lab	CPT/HCP…	G0147	PR SCR C/V CYTO, AUTOMATED SYS	fee schedule	42.6
facility	lab	CPT/HCP…	G0148	PR SCR C/V CYTO, AUTOSYS, RESCR	fee schedule	76.7
facility	lab	CPT/HCP…	G0306	PR CBC/DIFFWBC W/O PLATELET	fee schedule	18.6
facility	lab	CPT/HCP…	G0307	PR CBC WITHOUT PLATELET	fee schedule	15.5
facility	lab	CPT/HCP…	G0327	PR COLON CA SCRN;BLD-BSD BIOMRK	fee schedule	n/a
facility	lab	CPT/HCP…	G0328	PR FECAL BLOOD SCRN IMMUNOASSAY	fee schedule	43.3
facility	lab	CPT/HCP…	G0328	PR FECAL BLOOD SCRN IMMUNOASSAY	fee schedule	43.3
facility	lab	CPT/HCP…	G0432	PR EIA HIV-1/HIV-2 SCREEN	fee schedule	47.0
facility	lab	CPT/HCP…	G0433	PR ELISA HIV-1/HIV-2 SCREEN	fee schedule	43.9
facility	lab	CPT/HCP…	G0433	PR ELISA HIV-1/HIV-2 SCREEN	fee schedule	43.9
facility	lab	CPT/HCP…	G0435	PR ORAL HIV-1/HIV-2 SCREEN	fee schedule	28.8
facility	lab	CPT/HCP…	G0471	PR VEN BLOOD COLL SNF/HHA	fee schedule	26.0
facility	lab	CPT/HCP…	G0472	PR HEP C SCREEN HIGH RISK/OTHER	fee schedule	111.2
facility	lab	CPT/HCP…	G0472	PR HEP C SCREEN HIGH RISK/OTHER	fee schedule	111.2
facility	lab	CPT/HCP…	G0475	PR HIV COMBINATION ASSAY	fee schedule	57.8
facility	lab	CPT/HCP…	G0475	PR HIV COMBINATION ASSAY	fee schedule	57.8
facility	lab	CPT/HCP…	G0476	PR HPV COMBO ASSAY CA SCREEN	fee schedule	84.2
facility	lab	CPT/HCP…	G0480	PR DRUG TEST DEF 1-7 CLASSES	fee schedule	274.6
facility	lab	CPT/HCP…	G0481	PR DRUG TEST DEF 8-14 CLASSES	fee schedule	375.8
facility	lab	CPT/HCP…	G0482	PR DRUG TEST DEF 15-21 CLASSES	fee schedule	477.0
facility	lab	CPT/HCP…	G0483	PR DRUG TEST DEF 22+ CLASSES	fee schedule	592.6
facility	lab	CPT/HCP…	G0499	PR HEPB SCREEN HIGH RISK INDIV	fee schedule	67.8
facility	lab	CPT/HCP…	G0659	PR DRUG TEST DEF SIMPLE ALL CL	fee schedule	149.1
facility	lab	CPT/HCP…	G9143	PR WARFARIN RESPON GENETIC TEST	fee schedule	289.7
facility	lab	CPT/HCP…	P2028	PR CEPHALIN FLOCULATION TEST	fee schedule	11.9
facility	lab	CPT/HCP…	P2029	PR CONGO RED BLOOD TEST	fee schedule	11.9
facility	lab	CPT/HCP…	P2031	PR HAIR ANALYSIS	fee schedule	11.9
facility	lab	CPT/HCP…	P2033	PR BLOOD THYMOL TURBIDITY	fee schedule	11.9
facility	lab	CPT/HCP…	P2038	PR BLOOD MUCOPROTEIN	fee schedule	11.9
facility	lab	CPT/HCP…	P3000	PR SCREEN PAP BY TECH W MD SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	P9612	PR CATHETERIZE FOR URINE SPEC	fee schedule	21.2
facility	lab	CPT/HCP…	P9615	PR URINE SPECIMEN COLLECT MULT	fee schedule	21.2
facility	lab	CPT/HCP…	Q0111	PR WET MOUNTS/ W PREPARATIONS	fee schedule	42.6
facility	lab	CPT/HCP…	Q0112	PR POTASSIUM HYDROXIDE PREPS	fee schedule	14.0
facility	lab	CPT/HCP…	Q0113	PR PINWORM EXAMINATIONS	fee schedule	10.2
facility	lab	CPT/HCP…	Q0114	PR FERN TEST	fee schedule	23.4
facility	lab	CPT/HCP…	Q0115	PR POST-COITAL MUCOUS EXAM	fee schedule	60.0
facility	lab	CPT/HCP…	U0001	PR 2019-NCOV DIAGNOSTIC P	fee schedule	86.2
facility	lab	CPT/HCP…	U0002	PR COVID-19 LAB TEST NON-CDC	fee schedule	123.1
facility	lab	CPT/HCP…	U0002	PR COVID-19 LAB TEST NON-CDC	fee schedule	123.1
facility	setting		CPT/HCP…	Description		Rate
facility	lab	CPT/HCP…	0001U	PR RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	fee schedule	1,728.0
facility	lab	CPT/HCP…	0002M	PR LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	fee schedule	1,208.2
facility	lab	CPT/HCP…	0002U	PR ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	fee schedule	60.0
facility	lab	CPT/HCP…	0003M	PR LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH	fee schedule	1,208.2
facility	lab	CPT/HCP…	0003U	PR ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	fee schedule	2,280.0
facility	lab	CPT/HCP…	0004M	PR SCOLIOSIS DNA ALYS SALIVA ALGORITHM	fee schedule	189.6
facility	lab	CPT/HCP…	0005U	PR ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	fee schedule	1,824.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0006M	PR ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	fee schedule	360.0
facility	lab	CPT/HCP…	0007M	PR ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	fee schedule	900.0
facility	lab	CPT/HCP…	0007U	PR RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	fee schedule	274.6
facility	lab	CPT/HCP…	0008U	PR HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	fee schedule	1,435.0
facility	lab	CPT/HCP…	0009U	PR ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	fee schedule	256.8
facility	lab	CPT/HCP…	0010U	PR NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	fee schedule	1,025.4
facility	lab	CPT/HCP…	0011M	PR ONC PRST8 CA MRNA 12 GENES BLD PLSM &/UR ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0011U	PR RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	fee schedule	274.6
facility	lab	CPT/HCP…	0012M	PR ONC URTHL MRNA 5 GENES UR ALG RISK UROTHELIAL CA	fee schedule	1,824.0
facility	lab	CPT/HCP…	0013M	PR ONC URTHL MRNA 5 GENES UR ALG RSK RECR URTHL CA	fee schedule	1,824.0
facility	lab	CPT/HCP…	0015M	PR ADRENAL CORTICAL TUM BIOCHEM ASSAY 25 STRD MRK	fee schedule	3,132.9
facility	lab	CPT/HCP…	0016M	PR ONC BLADDER MRNA MICRORA GEN XPRSN PRFLG 219 ALG	fee schedule	8,375.1
facility	lab	CPT/HCP…	0016U	PR ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	fee schedule	393.5
facility	lab	CPT/HCP…	0017M	PR ONC DLBCL MRNA FLUOR PRB HYBRDZTN 20 GENES ALG	fee schedule	6,024.5
facility	lab	CPT/HCP…	0017U	PR ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	fee schedule	220.0
facility	lab	CPT/HCP…	0018M	PR TRNSPLJ RNL RJCTN MEAS CD154+T CLL WHL PRPH BLD	fee schedule	1,537.8
facility	lab	CPT/HCP…	0018U	PR ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL	fee schedule	7,205.0
facility	lab	CPT/HCP…	0019M	PR CV DS PLSM ALYS PRTN BMRK APTAMR-BSD MICRORA&ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0019U	PR ONC RNA WHL TRANSCIPTOME SEQ TISS PREDCT ALG	fee schedule	8,820.0
facility	lab	CPT/HCP…	0021U	PR ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0022U	PR TGSAP NONSMALL CELL LUNG NEO DNA&RNA 23 GENES	fee schedule	4,680.0
facility	lab	CPT/HCP…	0023U	PR ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	fee schedule	596.4
facility	lab	CPT/HCP…	0024U	PR GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	fee schedule	82.1
facility	lab	CPT/HCP…	0025U	PR TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	fee schedule	274.6
facility	lab	CPT/HCP…	0026U	PR ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	fee schedule	8,640.0
facility	lab	CPT/HCP…	0027U	PR JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	fee schedule	292.6
facility	lab	CPT/HCP…	0029U	PR RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	fee schedule	1,781.5
facility	lab	CPT/HCP…	0030U	PR RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	fee schedule	321.9
facility	lab	CPT/HCP…	0031U	PR CYP1A2 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	0032U	PR COMT GENE ANALYSIS C.472G>A VARIANT	fee schedule	419.5
facility	lab	CPT/HCP…	0033U	PR HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	fee schedule	839.1
facility	lab	CPT/HCP…	0034U	PR TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	fee schedule	1,118.8
facility	lab	CPT/HCP…	0035U	PR NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	fee schedule	1,298.4
facility	lab	CPT/HCP…	0036U	PR EXOME TUMOR TISSUE & NORMAL SPECIMEN SEQ ALYS	fee schedule	11,472.0
facility	lab	CPT/HCP…	0037U	PR TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	fee schedule	8,400.0
facility	lab	CPT/HCP…	0038U	PR VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	fee schedule	71.0
facility	lab	CPT/HCP…	0039U	PR DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	fee schedule	33.0
facility	lab	CPT/HCP…	0040U	PR BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	fee schedule	983.8
facility	lab	CPT/HCP…	0041U	PR B BURGDORFERI ANTB 5 PRTN GRP IMMUNOBLOT IGM	fee schedule	41.3
facility	lab	CPT/HCP…	0042U	PR B BURGDORFERI ANTB 12 PRTN GRP IMMUNOBLOT IGG	fee schedule	41.3
facility	lab	CPT/HCP…	0043U	PR TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGM	fee schedule	35.7
facility	lab	CPT/HCP…	0044U	PR TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGG	fee schedule	35.7
facility	lab	CPT/HCP…	0045U	PR ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	fee schedule	9,295.2
facility	lab	CPT/HCP…	0046U	PR FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	fee schedule	977.8
facility	lab	CPT/HCP…	0047U	PR ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	fee schedule	9,295.2
facility	lab	CPT/HCP…	0048U	PR ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	fee schedule	7,007.0
facility	lab	CPT/HCP…	0049U	PR NPM1 GENE ANALYSIS QUANTITATIVE	fee schedule	977.8
facility	lab	CPT/HCP…	0050U	PR TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	fee schedule	6,999.8
facility	lab	CPT/HCP…	0051U	PR RX MNTR DRUGS PRESENT LC-MS/MS UR/BLD 31 RX PNL	fee schedule	592.6
facility	lab	CPT/HCP…	0052U	PR LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENTRFUGTN	fee schedule	81.3
facility	lab	CPT/HCP…	0054U	PR RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	fee schedule	477.0
facility	lab	CPT/HCP…	0055U	PR CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	fee schedule	7,776.0
facility	lab	CPT/HCP…	0058U	PR ONC MERKEL CELL CARC DETCJ ANTB SERUM QUAN	fee schedule	775.1
facility	lab	CPT/HCP…	0059U	PR ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD +/-	fee schedule	775.1
facility	lab	CPT/HCP…	0060U	PR TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	fee schedule	1,821.7
facility	lab	CPT/HCP…	0061U	PR TC MEAS 5 BIOMARKERS W/SFDI MULTI-SPECTRAL ALYS	fee schedule	60.2
facility	lab	CPT/HCP…	0062U	PR AI SLE IGG & IGM ALYS 80 BMRK SRM ALG RSK SCORE	fee schedule	913.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0063U	PR NEURO AUTISM 32 AMINES PLSM ALG METAB SIGNATURE	fee schedule	1,800.0
facility	lab	CPT/HCP…	0064U	PR ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	fee schedule	75.2
facility	lab	CPT/HCP…	0065U	PR SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	fee schedule	43.4
facility	lab	CPT/HCP…	0066U	PR PAMG-1 IA W/DIR OPT OBS CERVICO-VAG FLU EA SPEC	fee schedule	36.7
facility	lab	CPT/HCP…	0067U	PR ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN	fee schedule	4,552.8
facility	lab	CPT/HCP…	0068U	PR CANDIDA SPECIES PANEL AMP PRB TQ W/QUAL REPORT	fee schedule	342.3
facility	lab	CPT/HCP…	0069U	PR ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG	fee schedule	912.0
facility	lab	CPT/HCP…	0070U	PR CYP2D6 GENE ANALYSIS COMMON & SELECT RARE VRNTS	fee schedule	1,623.3
facility	lab	CPT/HCP…	0071U	PR CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	0072U	PR CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE	fee schedule	1,082.2
facility	lab	CPT/HCP…	0073U	PR CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE	fee schedule	1,082.2
facility	lab	CPT/HCP…	0074U	PR CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL/MLT TRANS	fee schedule	1,082.2
facility	lab	CPT/HCP…	0075U	PR CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL/MLT	fee schedule	1,082.2
facility	lab	CPT/HCP…	0076U	PR CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT	fee schedule	1,082.2
facility	lab	CPT/HCP…	0077U	PR IG PARAPROTEIN QUAL IMPRCIP&MS BLD/UR W/ISOTYPE	fee schedule	104.2
facility	lab	CPT/HCP…	0078U	PR PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS	fee schedule	1,082.2
facility	lab	CPT/HCP…	0080U	PR ONC LUNG 5 CLINICAL RISK FACTORS ALG PRBLTY MAL	fee schedule	8,448.0
facility	lab	CPT/HCP…	0082U	PR RX TST DEF 90+ RX/SBSTS UR REPRT PRES/ABS EA RX	fee schedule	592.6
facility	lab	CPT/HCP…	0083U	PR ONC RSPSE CHEMOTX RX MOTILITY CNTRST TOMOGRAPHY	fee schedule	401.6
facility	lab	CPT/HCP…	0084U	PR RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	fee schedule	1,728.0
facility	lab	CPT/HCP…	0086U	PR NFCT DS BACT&FNG ORG ID BLD CUL RRNA FISH 6+TRGT	fee schedule	480.0
facility	lab	CPT/HCP…	0087U	PR CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	fee schedule	7,582.6
facility	lab	CPT/HCP…	0088U	PR TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	fee schedule	7,582.6
facility	lab	CPT/HCP…	0089U	PR ONC MLNMA GEN XPRS PRFL RTQPCR PRAME & LINC00518	fee schedule	1,824.0
facility	lab	CPT/HCP…	0090U	PR ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	fee schedule	4,680.0
facility	lab	CPT/HCP…	0092U	PR ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	fee schedule	5,971.2
facility	lab	CPT/HCP…	0093U	PR RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	fee schedule	149.1
facility	lab	CPT/HCP…	0094U	PR GENOME RAPID SEQUENCE ANALYSIS	fee schedule	18,197.3
facility	lab	CPT/HCP…	0095U	PR EE&MAJ BASIC PRTN ELISA ESOPHGL STRING TST DEV	fee schedule	1,852.8
facility	lab	CPT/HCP…	0096U	PR HPV HIGH RISK TYPES MALE URINE	fee schedule	84.2
facility	lab	CPT/HCP…	0101U	PR HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	fee schedule	4,185.5
facility	lab	CPT/HCP…	0102U	PR HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	fee schedule	3,129.5
facility	lab	CPT/HCP…	0103U	PR HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	fee schedule	4,185.5
facility	lab	CPT/HCP…	0105U	PR NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	fee schedule	2,280.0
facility	lab	CPT/HCP…	0106U	PR GASTRIC EMPTYING SERIAL COLLJ 7 TIMED BRTH SPEC	fee schedule	2,098.8
facility	lab	CPT/HCP…	0107U	PR C DIFF TOXIN ANTIGEN DETCJ IA TECH STOOL QUAL	fee schedule	38.4
facility	lab	CPT/HCP…	0108U	PR GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	fee schedule	11,880.0
facility	lab	CPT/HCP…	0109U	PR ID ASPERGILLUS DNA 4 SPECIES BLD LVG FLU/TISS	fee schedule	342.3
facility	lab	CPT/HCP…	0110U	PR RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	fee schedule	65.1
facility	lab	CPT/HCP…	0111U	PR ONCOLOGY COLON CANCER TRGT KRAS&NRAS GENE ALYS	fee schedule	1,637.5
facility	lab	CPT/HCP…	0112U	PR IADI TRGT SEQ ALYS 16S&18S RRNA GENES	fee schedule	854.7
facility	lab	CPT/HCP…	0113U	PR ONCOLOGY PRST8 MEAS PCA3&TMPRSS2-ERG UR&PSA SRM	fee schedule	1,824.0
facility	lab	CPT/HCP…	0114U	PR GI BARRETTS ESOPHAGUS VIM&CCNA1 MTHYLTN ALYS ALG	fee schedule	4,651.2
facility	lab	CPT/HCP…	0115U	PR RESPIR IADNA 18 VIRAL TYPE&SUBTYPE & 2 BACT TRGT	fee schedule	660.8
facility	lab	CPT/HCP…	0116U	PR RX MNTR NZM IA 35+DRUGS LC-MS/MS ORAL FLUID ALG	fee schedule	592.6
facility	lab	CPT/HCP…	0117U	PR PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	fee schedule	2,017.6
facility	lab	CPT/HCP…	0118U	PR TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	fee schedule	6,607.8
facility	lab	CPT/HCP…	0119U	PR CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA	fee schedule	201.0
facility	lab	CPT/HCP…	0120U	PR ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	fee schedule	6,024.5
facility	lab	CPT/HCP…	0121U	PR SICKLE CELL DISEASE VCAM-1 WHOLE BLOOD	fee schedule	1,222.1
facility	lab	CPT/HCP…	0122U	PR SICKLE CELL DISEASE P-SELECTIN WHOLE BLOOD	fee schedule	1,263.0
facility	lab	CPT/HCP…	0123U	PR MCHNL FRGLTY RBC SHEAR STRS&SPECTRAL ALYS PRFLG	fee schedule	858.3
facility	lab	CPT/HCP…	0129U	PR HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL	fee schedule	3,129.5
facility	lab	CPT/HCP…	0130U	PR HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL	fee schedule	1,403.8
facility	lab	CPT/HCP…	0131U	PR HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE	fee schedule	1,704.0
facility	lab	CPT/HCP…	0132U	PR HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE	fee schedule	1,779.9
facility	lab	CPT/HCP…	0133U	PR HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN	fee schedule	1,656.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0134U	PR HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE	fee schedule	1,796.1
facility	lab	CPT/HCP…	0135U	PR HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE	fee schedule	1,681.3
facility	lab	CPT/HCP…	0136U	PR ATM MRNA SEQUENCE ANALYSIS	fee schedule	977.8
facility	lab	CPT/HCP…	0137U	PR PALB2 MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0138U	PR BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	fee schedule	1,124.0
facility	lab	CPT/HCP…	0140U	PR NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	fee schedule	376.2
facility	lab	CPT/HCP…	0141U	PR NFCT DS BACT&FNG GRAM POS ORG ID & RX RESIST DNA	fee schedule	376.2
facility	lab	CPT/HCP…	0142U	PR NFCT DS BACT&FNG GRAM NEG ORG ID & RX RESIST DNA	fee schedule	376.2
facility	lab	CPT/HCP…	0152U	PR NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	fee schedule	5,102.9
facility	lab	CPT/HCP…	0153U	PR ONC BREAST MRNA GENE EXPRESSION PRFL 101 GENES	fee schedule	7,582.6
facility	lab	CPT/HCP…	0154U	CHG ONC UROTHELIAL CANCER RNA RT-PCR FGFR3 GENE ALYS	fee schedule	1,157.1
facility	lab	CPT/HCP…	0155U	CHG ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	fee schedule	659.6
facility	lab	CPT/HCP…	0156U	PR COPY NUMBER SEQUENCE ANALYSIS	fee schedule	4,176.0
facility	lab	CPT/HCP…	0157U	PR APC GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0158U	PR MLH1 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0159U	PR MSH2 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0160U	PR MSH6 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0161U	PR PMS2 GENE MRNA SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	0162U	PR HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL	fee schedule	1,167.7
facility	lab	CPT/HCP…	0163U	PR ONC CLRCT SCR BIOCHEM ELISA 3 PLSM/SRM PRTN ALG	fee schedule	937.8
facility	lab	CPT/HCP…	0164U	PR GI IBS IA ANTI-CDTB&ANTI-VINCULIN ANTB PLSM ALG	fee schedule	268.9
facility	lab	CPT/HCP…	0165U	PR PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD PROB ALL	fee schedule	1,113.0
facility	lab	CPT/HCP…	0166U	PR LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG	fee schedule	1,208.2
facility	lab	CPT/HCP…	0167U	PR CHORIONIC GONADOTROPIN HCG IA DIR OPT OBS BLD	fee schedule	18.1
facility	lab	CPT/HCP…	0169U	PR NUDT15 & TPMT GENE ANALYSIS COMMON VARIANTS	fee schedule	1,118.8
facility	lab	CPT/HCP…	0170U	PR NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS	fee schedule	4,680.0
facility	lab	CPT/HCP…	0171U	PR TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES	fee schedule	3,645.7
facility	lab	CPT/HCP…	0172U	PR ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	fee schedule	7,272.0
facility	lab	CPT/HCP…	0173U	PR PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	fee schedule	1,118.8
facility	lab	CPT/HCP…	0174U	PR ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	fee schedule	3,132.9
facility	lab	CPT/HCP…	0175U	PR PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0176U	PR CDTB & VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	fee schedule	154.1
facility	lab	CPT/HCP…	0177U	PR ONC BRST CA DNA PIK3CA GEN ALYS 11 GEN VRNT PLSM	fee schedule	659.6
facility	lab	CPT/HCP…	0178U	PR PEANUT ALLG SPEC ASMT MLT EPI ELISA BLD CLIN RXN	fee schedule	1,103.7
facility	lab	CPT/HCP…	0179U	PR ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	fee schedule	4,663.7
facility	lab	CPT/HCP…	0180U	PR ABO GNOTYP ALYS SANGER/CHAIN SEQ ABO 7 EXONS	fee schedule	659.6
facility	lab	CPT/HCP…	0181U	PR CO GNOTYP GENE ANALYSIS AQP1 EXON 1	fee schedule	444.5
facility	lab	CPT/HCP…	0182U	PR CROM GNOTYP GENE ANALYSIS CD55 EXONS 1-10	fee schedule	723.2
facility	lab	CPT/HCP…	0183U	PR DI GNOTYP GENE ANALYSIS SLC4A1 EXON 19	fee schedule	444.5
facility	lab	CPT/HCP…	0184U	PR DO GNOTYP GENE ANALYSIS ART4 EXON 2	fee schedule	444.5
facility	lab	CPT/HCP…	0185U	PR FUT1 GNOTYP GENE ANALYSIS FUT1 EXON 4	fee schedule	444.5
facility	lab	CPT/HCP…	0186U	PR FUT2 GNOTYP GENE ANALYSIS FUT2 EXON 2	fee schedule	444.5
facility	lab	CPT/HCP…	0187U	PR FY GNOTYP GENE ANALYSIS ACKR1 EXONS 1-2	fee schedule	659.6
facility	lab	CPT/HCP…	0188U	PR GE GNOTYP GENE ANALYSIS GYPC EXONS 1-4	fee schedule	659.6
facility	lab	CPT/HCP…	0189U	PR GYPA GNOTYP GENE ALYS GYPA INTRONS 1 5 EXON 2	fee schedule	659.6
facility	lab	CPT/HCP…	0190U	PR GYPB GNOTYP ALYS GYPB INTRON 1 5 PSEUDOEXON 3	fee schedule	659.6
facility	lab	CPT/HCP…	0191U	PR IN GNOTYP GENE ANALYSIS CD44 EXONS 2 3 6	fee schedule	659.6
facility	lab	CPT/HCP…	0192U	PR JK GNOTYP GENE ANALYSIS SLC14A1 GEN PRMTR EXON 9	fee schedule	659.6
facility	lab	CPT/HCP…	0193U	PR JR GNOTYP GENE ANALYSIS ABCG2 EXONS 2-26	fee schedule	678.9
facility	lab	CPT/HCP…	0194U	PR KEL GNOTYP GENE ANALYSIS KEL EXON 8	fee schedule	444.5
facility	lab	CPT/HCP…	0195U	PR KLF1 TARGETED SEQUENCING	fee schedule	900.6
facility	lab	CPT/HCP…	0196U	PR LU GNOTYP GENE ANALYSIS BCAM EXON 3	fee schedule	444.5
facility	lab	CPT/HCP…	0197U	PR LW GNOTYP GENE ANALYSIS ICAM4 EXON 1	fee schedule	444.5
facility	lab	CPT/HCP…	0198U	PR RHD&RHCE GNOTYP SANGER/CHAIN SEQ RHD 1-10&RHCE 5	fee schedule	678.9
facility	lab	CPT/HCP…	0199U	PR SC GNOTYP GENE ANALYSIS ERMAP EXONS 4 12	fee schedule	659.6
facility	lab	CPT/HCP…	0200U	PR XK GNOTYP GENE ANALYSIS XK EXONS 1-3	fee schedule	659.6
facility	lab	CPT/HCP…	0201U	PR YT GNOTYP GENE ANALYSIS ACHE EXON 2	fee schedule	444.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0202U	PR NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	fee schedule	1,000.3
facility	lab	CPT/HCP…	0203U	PR AUTOIMMUN IBD MRNA GEN XPRSN PRFL 17 GEN WHL BLD	fee schedule	1,824.0
facility	lab	CPT/HCP…	0205U	PR OPH AGE-RELATED MAC DEGENERATION ALYS 3 GEN VRNT	fee schedule	112.8
facility	lab	CPT/HCP…	0206U	PR NEUROLOGY ALZHEIMER DISEASE CELL AGGREGATION	fee schedule	5,317.0
facility	lab	CPT/HCP…	0207U	PR NEUROLOGY ALZHEIMER DISEASE QUANTITATIVE IMAGING	fee schedule	1,226.9
facility	lab	CPT/HCP…	0209U	PR CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER	fee schedule	1,889.2
facility	lab	CPT/HCP…	0210U	PR SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAN RPR	fee schedule	44.7
facility	lab	CPT/HCP…	0211U	PR ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING	fee schedule	20,292.0
facility	lab	CPT/HCP…	0212U	PR RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS PROBAND	fee schedule	13,140.5
facility	lab	CPT/HCP…	0213U	PR RARE DS WHL GEN&MITOCHDRL DNA SEQ ALYS EA CMPRTR	fee schedule	6,503.9
facility	lab	CPT/HCP…	0214U	PR RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS PROBAND	fee schedule	12,539.0
facility	lab	CPT/HCP…	0215U	PR RARE DS WHL XOM&MITOCHDRL DNA SEQ ALYS EA CMPRTR	fee schedule	6,179.2
facility	lab	CPT/HCP…	0216U	PR NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV	fee schedule	3,688.8
facility	lab	CPT/HCP…	0217U	PR NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV	fee schedule	5,276.0
facility	lab	CPT/HCP…	0218U	PR NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA	fee schedule	5,469.6
facility	lab	CPT/HCP…	0219U	PR NFCT AGENT HIV TRGT VIRAL NEXT-GNRJ SEQ ALYS ALG	fee schedule	1,740.0
facility	lab	CPT/HCP…	0220U	PR ONC BRST CA IMAGE ALYS W/AI ASSMT 12 FEATURES	fee schedule	1,695.0
facility	lab	CPT/HCP…	0221U	PR ABO GNOTYP GENE ALYS NEXT-GENERATION SEQ ABO GEN	fee schedule	659.6
facility	lab	CPT/HCP…	0222U	PR RHD&RHCE GNOTYP NEXT-GNRJ SEQ RH PROX PROMOTER	fee schedule	678.9
facility	lab	CPT/HCP…	0223U	CHG NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	fee schedule	1,000.3
facility	lab	CPT/HCP…	0224U	CHG ANTB SEV AQT RESPIR SYND CORONAVIRUS 2 TITER(S)	fee schedule	123.4
facility	lab	CPT/HCP…	0225U	CHG NFCT DS DNA&RNA 21 TARGETS SARS-COV-2 AMP PROBE	fee schedule	1,000.3
facility	lab	CPT/HCP…	0226U	CHG SUROGAT VIR NEUTRLZJ TST SARSCOV2 ELISA PLSM SRM	fee schedule	101.5
facility	lab	CPT/HCP…	0227U	PR RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM	fee schedule	149.1
facility	lab	CPT/HCP…	0228U	PR ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	fee schedule	415.3
facility	lab	CPT/HCP…	0229U	PR BCAT1&IKZF1 PROMOTER METHYLATION ANALYSIS	fee schedule	921.6
facility	lab	CPT/HCP…	0230U	PR AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	fee schedule	723.2
facility	lab	CPT/HCP…	0231U	PR CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	fee schedule	2,031.0
facility	lab	CPT/HCP…	0232U	PR CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	fee schedule	659.6
facility	lab	CPT/HCP…	0233U	PR FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	fee schedule	659.6
facility	lab	CPT/HCP…	0234U	PR MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	fee schedule	1,266.9
facility	lab	CPT/HCP…	0235U	PR PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	fee schedule	1,440.0
facility	lab	CPT/HCP…	0236U	PR SMN1&SMN2 FUL GEN ALYS CHNG DUPL&DELET&INSJ	fee schedule	1,446.5
facility	lab	CPT/HCP…	0237U	PR CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	fee schedule	1,403.8
facility	lab	CPT/HCP…	0238U	PR ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	fee schedule	1,403.8
facility	lab	CPT/HCP…	0239U	PR TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+	fee schedule	8,400.0
facility	lab	CPT/HCP…	0240U	PR NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0240U	PR NFCT DS RNA 3 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0241U	PR NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0241U	PR NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	fee schedule	342.3
facility	lab	CPT/HCP…	0242U	PR TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74	fee schedule	12,000.0
facility	lab	CPT/HCP…	0243U	PR OB PE BIOCHEM ASY PLCNTL GRWTH FACTR MAT SRM ALG	fee schedule	154.6
facility	lab	CPT/HCP…	0244U	PR ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE	fee schedule	8,400.0
facility	lab	CPT/HCP…	0245U	PR ONC THYR MUT ALYS 10 GEN 37 RNA FSN XPRSN 4 MRNA	fee schedule	3,038.6
facility	lab	CPT/HCP…	0246U	PR RBC DNA GNOTYP 16 BLD GRP PHNT PREDICT 51 RBC AG	fee schedule	1,728.0
facility	lab	CPT/HCP…	0247U	PR OB PRETERM BIRTH IBP4 SHBG QUAN MEAS MAT SRM PRS	fee schedule	1,800.0
facility	lab	CPT/HCP…	0248U	PR ONC BRAIN SPHRD CLL CUL 12 RX PNL TUMOR RESPONSE	fee schedule	7,281.3
facility	lab	CPT/HCP…	0249U	PR ONC BRST SEMIQ ALYS 32 PHSPRTN&PRTN ANALYTE ALG	fee schedule	5,325.9
facility	lab	CPT/HCP…	0250U	PR ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES	fee schedule	7,007.0
facility	lab	CPT/HCP…	0251U	PR HEPCIDIN-25 ELISA SERUM OR PLASMA	fee schedule	41.5
facility	lab	CPT/HCP…	0252U	PR FTL ANEUPLOIDY STR CMPRTV ALYS FTL DNA PRDC CNCP	fee schedule	1,821.7
facility	lab	CPT/HCP…	0253U	PR REPRDTVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS	fee schedule	7,582.6
facility	lab	CPT/HCP…	0254U	PR REPRDTVE MED ALYS 24 CHRMSM EMBRY& MITOCHDRL DNA	fee schedule	1,821.7
facility	lab	CPT/HCP…	0255U	PR ANDROLOGY INFERTILITY SPERM CAPACITATION ASSMT	fee schedule	75.8
facility	lab	CPT/HCP…	0256U	PR TMA/TMAO PROFILE MS/MS URINE ALG ALYS&REPORT	fee schedule	383.9
facility	lab	CPT/HCP…	0257U	PR VLCAD LEUKOCYTE ENZYME ACTIVITY WHOLE BLOOD	fee schedule	1,709.9
facility	lab	CPT/HCP…	0258U	PR AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG	fee schedule	8,820.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0259U	PR NEPHROLOGY CKD NUCLEAR MRS MEAS GFR SRM QUAN	fee schedule	126.5
facility	lab	CPT/HCP…	0260U	PR RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	fee schedule	3,032.5
facility	lab	CPT/HCP…	0261U	PR ONC CLRCT CA IMG ANALYSIS W/AI ASSMT 4 FEATURES	fee schedule	6,031.8
facility	lab	CPT/HCP…	0262U	PR ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY	fee schedule	7,680.0
facility	lab	CPT/HCP…	0263U	PR NEURO AUTISM QUAN MEAS 16 CTR CARBON METABOLITES	fee schedule	1,800.0
facility	lab	CPT/HCP…	0264U	PR RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG	fee schedule	3,032.5
facility	lab	CPT/HCP…	0265U	PR RARE DO WHL GENOME& MITOCHDRL DNA SEQ ALYS	fee schedule	13,141.9
facility	lab	CPT/HCP…	0266U	PR UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN	fee schedule	7,680.0
facility	lab	CPT/HCP…	0267U	PR RARE DO ID VARIATIONS OPT GEN MAP&WHL GEN SEQ	fee schedule	16,174.4
facility	lab	CPT/HCP…	0268U	PR HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0269U	PR HEM AUTO DOM CGEN THRMBCTPNA GEN SEQ ALYS 22 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0270U	PR HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0271U	PR HEM CGEN NEUTROPENIA GEN SEQ ALYS 24 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0272U	PR HEM GEN BLD DO GEN SEQ ALYS 60 GENE&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0273U	PR HEM GEN HYPRFIBRNLYSIS DLYD BLD ALYS 9 GEN	fee schedule	1,459.6
facility	lab	CPT/HCP…	0274U	PR HEM GEN PLTLT DO GEN SEQ ALY 62 GEN&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0275U	PR HEM HEPARIN INDUCD TRMBCTPNA PLTLT ANTB REAC SRM	fee schedule	44.1
facility	lab	CPT/HCP…	0276U	PR HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 42 GENES	fee schedule	5,876.5
facility	lab	CPT/HCP…	0277U	PR HEM GEN PLTL FUNC DO GEN SEQ ALY 40&DUP/DEL PLAU	fee schedule	1,459.6
facility	lab	CPT/HCP…	0278U	PR HEM GEN THROMBOSIS GEN SEQ ALYS 14 GENES	fee schedule	1,459.6
facility	lab	CPT/HCP…	0279U	PR HEM VW DS VW FACTOR & COLLAGEN III BINDING ELISA	fee schedule	27.7
facility	lab	CPT/HCP…	0280U	PR HEM VW DS VW FACTOR & COLLAGEN IV BINDING ELISA	fee schedule	41.5
facility	lab	CPT/HCP…	0281U	PR HEM VW DS VW PROPEPTIDE ELISA AG LEVEL	fee schedule	41.5
facility	lab	CPT/HCP…	0282U	PR RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT	fee schedule	1,728.0
facility	lab	CPT/HCP…	0283U	PR VON WILLEBRAND FACTOR TYPE 2B PLASMA	fee schedule	44.2
facility	lab	CPT/HCP…	0284U	PR VON WILLEBRAND FACTOR TYPE 2N FACTOR VIII PLASMA	fee schedule	41.5
facility	lab	CPT/HCP…	0285U	PR ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE	fee schedule	1,063.9
facility	lab	CPT/HCP…	0286U	PR CEP72 NUDT15&TPMT GENE ANALYSIS COMMON VARIANTS	fee schedule	321.9
facility	lab	CPT/HCP…	0287U	PR ONC THYR DNA&MRNA NEXT-GEN SEQ ALYS 112 GEN ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	0288U	PR ONC LUNG MRNA QUAN PCR ALYS 11 GEN&3 REF GEN ALG	fee schedule	9,295.2
facility	lab	CPT/HCP…	0289U	PR NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24	fee schedule	1,824.0
facility	lab	CPT/HCP…	0290U	PR PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES	fee schedule	1,824.0
facility	lab	CPT/HCP…	0291U	PR PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN	fee schedule	4,212.0
facility	lab	CPT/HCP…	0292U	PR PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN	fee schedule	4,212.0
facility	lab	CPT/HCP…	0293U	PR PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54	fee schedule	1,824.0
facility	lab	CPT/HCP…	0294U	PR LNGVTY&MRTLTY RSK MRNA GEN XPRSN PRFL RNA 18 GEN	fee schedule	1,824.0
facility	lab	CPT/HCP…	0295U	PR ONC BRST DUX CARC PRTN XPRSN PRFL IMHCHEM 7 PRTN	fee schedule	13,044.0
facility	lab	CPT/HCP…	0296U	PR ONC ORL&/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT	fee schedule	4,680.0
facility	lab	CPT/HCP…	0297U	PR ONC PAN TUM WHL GEN SEQ PAIRED MAL&NML DNA SPEC	fee schedule	7,007.0
facility	lab	CPT/HCP…	0298U	PR ONC PAN TUM WHL TRNS SEQ PAIRED MAL&NML RNA SPEC	fee schedule	7,007.0
facility	lab	CPT/HCP…	0299U	PR ONC PAN TUM WHL GEN OPT MAPG MAL&NML DNA SPEC	fee schedule	4,471.7
facility	lab	CPT/HCP…	0300U	PR ONC PAN TUM WHL GEN SEQ&OPT GEN MAPG MAL&NML DNA	fee schedule	10,039.5
facility	lab	CPT/HCP…	0301U	PR IADNA BARTONELLA HENSELAE & QUINTANA DDPCR	fee schedule	630.5
facility	lab	CPT/HCP…	0302U	PR IADNA BRTNLA HNSLAE&QUINTN DDPCR FLWG LIQ NRCHMT	fee schedule	867.3
facility	lab	CPT/HCP…	0303U	PR HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC HYPOXIC	fee schedule	5,283.9
facility	lab	CPT/HCP…	0304U	PR HEM RBC ADS NDOTHL/SUBNDOTHL ADS MOLEC NORMOXIC	fee schedule	4,981.9
facility	lab	CPT/HCP…	0305U	PR HEM RBC FNCLTY&DFRM FUNCJ SHEAR STRS WHL BLOOD	fee schedule	1,590.2
facility	lab	CPT/HCP…	0306U	PR ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST	fee schedule	9,308.3
facility	lab	CPT/HCP…	0307U	PR ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ	fee schedule	1,906.8
facility	lab	CPT/HCP…	0308U	PR CRD CAD ALYS 3 PRTN 3 CLIN PARAM PLSM OBSTR CAD	fee schedule	937.8
facility	lab	CPT/HCP…	0309U	PR CRD CV DS ALYS 4 PRTN PLSM ALG RSK MAJ CAR EVENT	fee schedule	937.8
facility	lab	CPT/HCP…	0310U	PR PED VSCLTS KD ALYS 3 BMRK PLSM ALG RSK SCORE KD	fee schedule	937.8
facility	lab	CPT/HCP…	0311U	PR NFCT DS BCT QUAN ANTMCRB SC MIC EA ORG ID	fee schedule	19.4
facility	lab	CPT/HCP…	0312U	PR AI DS SLE ALYS 8 IGG AUTOANT&2 CLL BOUND PRDCTS	fee schedule	2,017.6
facility	lab	CPT/HCP…	0313U	PR ONC PNCRS DNA&MRNA NXT-GNRJ SEQ ALYS 74 GEN&CEA	fee schedule	8,640.0
facility	lab	CPT/HCP…	0314U	PR ONC CUTAN MLNMA MRNA GEN XPRSN PRFL 35 GENES ALG	fee schedule	4,680.0
facility	lab	CPT/HCP…	0315U	PR ONC CUTAN SQ CLL CARC MRNA GEN XPRSN PRFL 40 ALG	fee schedule	20,400.0

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0316U	PR BORRELIA BURGDORFERI LYME DS OSPA PRTN EVAL UR	fee schedule	44.8
facility	lab	CPT/HCP…	0317U	PR ONC LUNG CA 4-PRB FISH ASY WHL BLD PREDICTIV ALG	fee schedule	4,872.0
facility	lab	CPT/HCP…	0318U	PR PED WHL GENOME MTHYLTN ALYS MICRORA 50+GENES BLD	fee schedule	4,249.1
facility	lab	CPT/HCP…	0319U	PR NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG	fee schedule	6,360.0
facility	lab	CPT/HCP…	0320U	PR NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG	fee schedule	6,360.0
facility	lab	CPT/HCP…	0321U	PR IADNA GU PTHGN 20BCT&FNGL ORG&ID 16 ABX RSIST GN	fee schedule	1,523.6
facility	lab	CPT/HCP…	0322U	PR NEURO ASD QUAN MEAS 14 ACYL CARNITINES & METABLT	fee schedule	1,800.0
facility	lab	CPT/HCP…	0323U	PR IADNA CNS PATHOGEN NEXT-GENERATION SEQUENCING	fee schedule	5,102.9
facility	lab	CPT/HCP…	0326U	PR TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83+	fee schedule	12,000.0
facility	lab	CPT/HCP…	0327U	PR FTL ANEUPLOIDY TRSMY DNA SEQ ALYS MAT PLSM RSK	fee schedule	1,908.0
facility	lab	CPT/HCP…	0328U	PR DRUG ASSAY DEF 120+ RX&METABOLITES UR W/LC-MS/MS	fee schedule	274.6
facility	lab	CPT/HCP…	0329U	PR ONC NEOPLASIA XOME&TRNS SEQ ALYS DNA&RNA TUMOR	fee schedule	8,251.1
facility	lab	CPT/HCP…	0330U	PR IADNA VAG PTHGN PNL 27 ORG AMP PROBE VAG SWAB	fee schedule	1,000.3
facility	lab	CPT/HCP…	0331U	PR ONC HL NEO OPT GEN MAPPING W/DNA BLD/BONE MARROW	fee schedule	4,471.7
facility	lab	CPT/HCP…	0332U	PR ONC PAN TUM GENETIC PRFLG 8 DNA QUAN PCR WHL BLD	fee schedule	2,740.9
facility	lab	CPT/HCP…	0333U	PR ONC LVR SRVLNC HCC ALYS METHYLTN PATTERNS CFDNA	fee schedule	1,589.6
facility	lab	CPT/HCP…	0334U	PR ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/+ GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0335U	PR RARE DISEASES WHOLE GENOME SEQ ALYS FETAL SAMPLE	fee schedule	12,539.0
facility	lab	CPT/HCP…	0336U	PR RARE DISEASES WHOLE GENOME SEQ ALYS BLOOD/SALIVA	fee schedule	6,179.2
facility	lab	CPT/HCP…	0337U	PR ONC PLSM CLL DO&MYLOMA CRCG PLSM CLL IMMLG SLCTN	fee schedule	5,844.0
facility	lab	CPT/HCP…	0338U	PR ONC SLD TUM CRCG TUMOR CELL SELECTION	fee schedule	5,844.0
facility	lab	CPT/HCP…	0339U	PR ONC PROSTATE MRNA XPRSN PRFLG HOXC6 &DLX1 RT-PCR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0340U	PR ONC PAN CANCER ANALYSIS MRD FROM PLASMA	fee schedule	8,616.0
facility	lab	CPT/HCP…	0341U	PR FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ALYS	fee schedule	4,560.5
facility	lab	CPT/HCP…	0342U	PR ONC PNCRTC CA MULT IA ECLIA SRM ALG	fee schedule	2,152.8
facility	lab	CPT/HCP…	0343U	PR ONC PRST8 XOME BASED ALYS 442 SNCRNA RT-QPCR UR	fee schedule	1,824.0
facility	lab	CPT/HCP…	0344U	PR HEP NAFLD SEMIQ EVAL 28 LIPID MRK SRM NASH/XNASH	fee schedule	1,901.2
facility	lab	CPT/HCP…	0345U	PR PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0346U	PR BETA AMYLOID AB40&AB42 LC-MS/MS RATIO PLASMA	fee schedule	223.8
facility	lab	CPT/HCP…	0347U	PR RX METAB/PCX DNA 16 GENE VRNT ALYS&REPRTD PHNT	fee schedule	3,206.6
facility	lab	CPT/HCP…	0348U	PR RX METAB/PCX DNA 25 GENE VRNT ALYS&REPRTD PHNT	fee schedule	1,781.5
facility	lab	CPT/HCP…	0349U	PR RX METAB/PCX DNA 27 GEN VRNT ALYS&PHNT GEN-RX IA	fee schedule	1,781.5
facility	lab	CPT/HCP…	0350U	PR RX METAB/PCX DNA 27 GENE VRNT ALYS&REPRTD PHNT	fee schedule	3,206.6
facility	lab	CPT/HCP…	0351U	PR NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	fee schedule	625.2
facility	lab	CPT/HCP…	0352U	PR NFCT DS BCT VAGINOSIS&VAGINITIS MULT AMP PROBE	fee schedule	342.3
facility	lab	CPT/HCP…	0355U	PR APOL1 RISK VARIANTS	fee schedule	328.8
facility	lab	CPT/HCP…	0356U	PR ONC OROPHARYNGEAL 17 BMRK CLL FREE DNA DDPCR ALG	fee schedule	4,320.0
facility	lab	CPT/HCP…	0358U	PR NEURO MLD COG IMPAIRMNT ALYS B-AMYLOID 1-42&1-40	fee schedule	625.2
facility	lab	CPT/HCP…	0359U	PR ONC PRST8 CA ALYS ALL PSA STRUCTURAL ISOFORMS	fee schedule	1,824.0
facility	lab	CPT/HCP…	0360U	PR ONCOLOGY LUNG ELISA 7 AUTOANTIBODIES PLASMA ALG	fee schedule	2,017.6
facility	lab	CPT/HCP…	0361U	PR NEUROFILAMENT LIGHT CHAIN DIGITAL IA PLASMA QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0362U	PR ONC PAP THYR CA RNA SEQ 82CNT&10HSKP GEN FNA ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	0363U	PR ONC URTHL MRNA GEN XPRSN PRFLG RT QUAN PCR 5 GEN	fee schedule	1,824.0
facility	lab	CPT/HCP…	0364U	PR ONC HL NEO GEN SEQ ALYS ALG QUAN DMT CLNL SEQ	fee schedule	n/a
facility	lab	CPT/HCP…	0365U	PR ONC BLDR ALYS 10 PRTN BMRK ALG PRB BLDR CA	fee schedule	2,152.8
facility	lab	CPT/HCP…	0366U	PR ONC BLDR ALYS 10 PRTN BMRK ALG PRB RECR BLDR CA	fee schedule	2,152.8
facility	lab	CPT/HCP…	0367U	PR ONC BLDR 10PRTN BMRK ALG PRB CA FLWG TRURL RESCJ	fee schedule	2,165.2
facility	lab	CPT/HCP…	0368U	PR ONC CLRCT CA EVAL MUT&MTHYLTN MRK MULT QPCR	fee schedule	n/a
facility	lab	CPT/HCP…	0369U	PR IADNA GI PTHGN 31ORG& ID 21 ARG MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0370U	PR IADNA SURG WND PTHGN 34 MICROORG&ID 21 ARG	fee schedule	1,000.3
facility	lab	CPT/HCP…	0371U	PR IADNA GU PTHGN SEMIQ ID DNA 16 BCT&1FNGL ORG UR	fee schedule	1,000.3
facility	lab	CPT/HCP…	0372U	PR NFCT DS GU PTHGN ARG DETCJ MULT AMP PRB TQ UR	fee schedule	1,000.3
facility	lab	CPT/HCP…	0373U	PR IADNA RESP TRC NFCTJ 17 8 13&16 MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0374U	PR IADNA GU PTHGN ID 21 ORG&21 ARG MULT AMP PRB TQ	fee schedule	1,000.3
facility	lab	CPT/HCP…	0375U	PR ONC OVARIAN BIOCHEM ASSAY 7 PRTNS ALG RSK SCOR	fee schedule	2,152.8
facility	lab	CPT/HCP…	0376U	PR ONC PRST8 CA IMG ALYS 128 HLOG FEAT&CLIN FCTR	fee schedule	1,695.0
facility	lab	CPT/HCP…	0377U	PR CV DS QUAN ADV SRM/PLSM LPOPRTN PRFL NMR SPECT	fee schedule	114.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0378U	PR RFC1 REPEAT XPNSJ VRNT ALY TRAD&REPEAT PRIME PCR	fee schedule	328.8
facility	lab	CPT/HCP…	0379U	PR TGSAP SLD ORG NEO DNA 523&RNA 55 NEXT GNRJ SEQ	fee schedule	n/a
facility	lab	CPT/HCP…	0380U	PR RX METAB ADVRS RX RXN&RSPSE TRGT SEQ ALYS 20 GEN	fee schedule	1,000.3
facility	lab	CPT/HCP…	0381U	PR MAPLE SYRUP UR DS MNTR BLD CARD SAMP QUAN MEAS	fee schedule	n/a
facility	lab	CPT/HCP…	0382U	PR HYPERPHENYLALANINEMIA MNTR BLD CARD SAMP QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0383U	PR TYROSINEMIA TYPE 1 MNTR BLD CARD SAMP QUAN MEAS	fee schedule	n/a
facility	lab	CPT/HCP…	0384U	PR NEPH CKD RSK SCOR PREDICTIVE PRGSN HI STG KDN DS	fee schedule	1,800.0
facility	lab	CPT/HCP…	0385U	PR NEPH CKD PLSM ALG RSK SCORE DIABETIC KDN DS	fee schedule	937.8
facility	lab	CPT/HCP…	0387U	PR ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	fee schedule	2,276.4
facility	lab	CPT/HCP…	0388U	PR ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0389U	PR PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	fee schedule	n/a
facility	lab	CPT/HCP…	0390U	PR OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	fee schedule	154.6
facility	lab	CPT/HCP…	0391U	PR ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437	fee schedule	8,640.0
facility	lab	CPT/HCP…	0392U	PR RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	fee schedule	3,206.6
facility	lab	CPT/HCP…	0393U	PR NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL	fee schedule	1,298.4
facility	lab	CPT/HCP…	0394U	PR PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	fee schedule	477.0
facility	lab	CPT/HCP…	0395U	PR ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	fee schedule	n/a
facility	lab	CPT/HCP…	0396U	PR OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE	fee schedule	n/a
facility	lab	CPT/HCP…	0398U	PR GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	fee schedule	n/a
facility	lab	CPT/HCP…	0399U	PR NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0400U	PR OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	fee schedule	n/a
facility	lab	CPT/HCP…	0401U	PR CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0402U	PR NFCT AGT STI MULT AMP PRB TQ VAG ENDOCRV/MALE UR	fee schedule	342.3
facility	lab	CPT/HCP…	0403U	PR ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0404U	PR ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	fee schedule	775.1
facility	lab	CPT/HCP…	0405U	PR ONC PNCRTC 59 MTHYLTN HAPLOTYPE BLOCK MRK PLSM	fee schedule	4,249.1
facility	lab	CPT/HCP…	0406U	PR ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	fee schedule	1,824.0
facility	lab	CPT/HCP…	0407U	PR NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	fee schedule	2,280.0
facility	lab	CPT/HCP…	0408U	PR IAAD BULK ACOUSTIC WAVE BIOSENSOR IA SARS-COV-2	fee schedule	n/a
facility	lab	CPT/HCP…	0409U	PR ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM	fee schedule	7,007.0
facility	lab	CPT/HCP…	0410U	PR ONC PNCRTC DNA WHL GN SEQ 5-HYDROXYMETHYLCYTOSN	fee schedule	2,784.0
facility	lab	CPT/HCP…	0411U	PR PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	fee schedule	3,206.6
facility	lab	CPT/HCP…	0412U	PR BETA AMYLOID AB42/40 IMPRCIP QUAN LC-MS/MS ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0413U	PR ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	fee schedule	3,032.5
facility	lab	CPT/HCP…	0414U	PR ONC LUNG AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8 GEN	fee schedule	1,695.0
facility	lab	CPT/HCP…	0415U	PR CV DS ACS IA ALG BLOOD 5 YEAR DEL RISK SCORE ACS	fee schedule	937.8
facility	lab	CPT/HCP…	0417U	PR RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0418U	PR ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	fee schedule	1,695.0
facility	lab	CPT/HCP…	0419U	PR NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	fee schedule	3,206.6
facility	lab	CPT/HCP…	0420U	PR ONC URTHL MRNA XPRSN PRFL RT QUAN PCR DDPCR 6SNP	fee schedule	n/a
facility	lab	CPT/HCP…	0421U	PR ONC CLRCT SCR QUAN RT TRGT & SGL AMP 8 RNA MRK	fee schedule	n/a
facility	lab	CPT/HCP…	0422U	PR ONC PAN SOLID TUM ALYS DNA BMRK RSPSE ANTCA THER	fee schedule	n/a
facility	lab	CPT/HCP…	0423U	PR PSYC GENOMIC ALYS PNL VRNT ALYS 26 GEN BUCC SWAB	fee schedule	n/a
facility	lab	CPT/HCP…	0424U	PR ONC PRST8 XOME BASED ALYS 53 SNCRNA RT-QPCR UR	fee schedule	n/a
facility	lab	CPT/HCP…	0425U	PR GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME	fee schedule	n/a
facility	lab	CPT/HCP…	0426U	PR GENOME ULTRA-RAPID SEQUENCE ANALYSIS	fee schedule	n/a
facility	lab	CPT/HCP…	0427U	PR MONOCYTE DISTRIBUTION WIDTH WHOLE BLOOD	fee schedule	n/a
facility	lab	CPT/HCP…	0428U	PR ONC BRST TRGT GENOMIC SEQ CTDNA ALYS 56/> GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0429U	PR HPV OROPHARYNGEAL SWAB 14 HIGH-RISK TYPES	fee schedule	n/a
facility	lab	CPT/HCP…	0430U	PR GI MALABS EVAL AAT CALPROTECTIN PNCRTC ELASTASE	fee schedule	n/a
facility	lab	CPT/HCP…	0431U	PR GLYCINE RECEPTOR ALPHA1 IGG SERUM/CSF LCBA QUAL	fee schedule	n/a
facility	lab	CPT/HCP…	0432U	PR KLHL11 ANTB SERUM/CSF CELL BINDING ASSAY QUAL	fee schedule	n/a
facility	lab	CPT/HCP…	0433U	PR ONC PROSTATE 5 DNA REG MRK QUAN PCR WHL BLD ALG	fee schedule	n/a
facility	lab	CPT/HCP…	0434U	PR RX METAB ADVRS RX RXN&RSPSE VARIANT ALYS 25 GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0435U	PR ONC CHEMO CYTOX ASY CSC RX RSPSE MIN 14 RX/CMBN	fee schedule	n/a
facility	lab	CPT/HCP…	0436U	PR ONC LNG PLSM ALYS 388 PRTN APTMR BSD PRTOMC TECH	fee schedule	n/a
facility	lab	CPT/HCP…	0437U	PR PSYC ANXIETY DO MRNA GEN XPRSN PRFL RNA 15 BMRK	fee schedule	n/a

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	0438U	PR RX METAB ADVRS RX RXN&RSPSE VRNT ALYS 33 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0439U	PR CRD CHD DNA ALYS 5 SNP 3 DNA	fee schedule	n/a
facility	lab	CPT/HCP…	0440U	PR CRD CHD DNA ALYS 10 SNP 6DNA	fee schedule	n/a
facility	lab	CPT/HCP…	0441U	PR NFCT DS BCT FNGL/VIRAL SEMIQ	fee schedule	n/a
facility	lab	CPT/HCP…	0442U	PR NFCT DS RESPIR NFCTJ MXA&CRP	fee schedule	n/a
facility	lab	CPT/HCP…	0443U	PR NEURFLMNT LT CHN ULTRSENS IA	fee schedule	n/a
facility	lab	CPT/HCP…	0444U	PR ONC SLD ORGN NEO TGSAP 361	fee schedule	n/a
facility	lab	CPT/HCP…	0445U	PR ABETA42 & PTAU181 ECLIA CSF	fee schedule	n/a
facility	lab	CPT/HCP…	0446U	PR AI DS SLE ALYS 10 CYTOKINE	fee schedule	n/a
facility	lab	CPT/HCP…	0447U	PR AI DS SLE ALYS 11 CYTOKINE	fee schedule	n/a
facility	lab	CPT/HCP…	0448U	PR ONC LNG&CLN CA DNA QUAL NGS	fee schedule	n/a
facility	lab	CPT/HCP…	0449U	PR CAR SCR SEV INH COND 5 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	0450U	PR ONC MM LC-MS/MS MONOC P-PRTN	fee schedule	n/a
facility	lab	CPT/HCP…	0451U	PR ONC MM LC-MS/MS PEP ION QUAN	fee schedule	n/a
facility	lab	CPT/HCP…	0452U	PR ONC BLDR MTHYL PENK LTE-QMSP	fee schedule	n/a
facility	lab	CPT/HCP…	0453U	PR ONC CLRCT CA CFDNA QPCR ASY	fee schedule	n/a
facility	lab	CPT/HCP…	0454U	PR RARE DS ID OPT GENOME MAPG	fee schedule	n/a
facility	lab	CPT/HCP…	0455U	PR NFCT AGT STI MULT AMP PRB UR	fee schedule	n/a
facility	lab	CPT/HCP…	0456U	PR AI RA NGS 19 GENES ANTI-CCP	fee schedule	n/a
facility	lab	CPT/HCP…	0457U	PR PFAS 9 CMPND LC-MS/MS PLS/SR	fee schedule	n/a
facility	lab	CPT/HCP…	0458U	PR ONC BRST CA S100 A8&A9 ELISA	fee schedule	n/a
facility	lab	CPT/HCP…	0459U	PR ABETA42 & TTAU ECLIA CSF	fee schedule	n/a
facility	lab	CPT/HCP…	0460U	PR ONC WHL BLD/BUCC RTPCR 24GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0461U	PR ONC RXGENOM ALYS RTPCR 24GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0462U	PR MELATONIN LVL TST SLP STD7/9	fee schedule	n/a
facility	lab	CPT/HCP…	0463U	PR ONC CRVX MRNA GENXPRSN 14BMK	fee schedule	n/a
facility	lab	CPT/HCP…	0464U	PR ONC CLRCT SCR QRTSA DNA MRK	fee schedule	n/a
facility	lab	CPT/HCP…	0465U	PR ONC URTHL CARC DNA QMSP 2GEN	fee schedule	n/a
facility	lab	CPT/HCP…	0466U	PR CRD CAD DNA GWAS 564856 SNP	fee schedule	n/a
facility	lab	CPT/HCP…	0467U	PR ONC BLDR DNA NGS 60GEN&ANEUP	fee schedule	n/a
facility	lab	CPT/HCP…	0468U	PR HEP NASH MIR-34A5P A2M YKL40	fee schedule	n/a
facility	lab	CPT/HCP…	0469U	PR RARE DS WHL GEN SEQ FTL SAMP	fee schedule	n/a
facility	lab	CPT/HCP…	0470U	PR ONC OROP DETCJ MRD 8 DNA HPV	fee schedule	n/a
facility	lab	CPT/HCP…	0471U	PR ONC CLRC CA 35 VRN KRAS&NRAS	fee schedule	n/a
facility	lab	CPT/HCP…	0472U	PR CA VI PSP&SP1 ANTB SJÃ–GREN	fee schedule	n/a
facility	lab	CPT/HCP…	0473U	PR ONC SLD TUM BLD/SLV 648 GENE	fee schedule	n/a
facility	lab	CPT/HCP…	0474U	PR HERED PAN CA GSAP 88GENE NGS	fee schedule	n/a
facility	lab	CPT/HCP…	0475U	PR HERED PRST8 CA GSAP 23 GENES	fee schedule	n/a
facility	lab	CPT/HCP…	36415	PR COLLECTION VENOUS BLOOD VENIPUNCTURE	fee schedule	21.2
facility	lab	CPT/HCP…	78267	PR UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	fee schedule	26.5
facility	lab	CPT/HCP…	78268	PR UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	fee schedule	226.6
facility	lab	CPT/HCP…	80047	PR BASIC METABOLIC PANEL CALCIUM IONIZED	fee schedule	33.0
facility	lab	CPT/HCP…	80047	PR BASIC METABOLIC PANEL CALCIUM IONIZED	fee schedule	33.0
facility	lab	CPT/HCP…	80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	fee schedule	20.3
facility	lab	CPT/HCP…	80048	PR BASIC METABOLIC PANEL CALCIUM TOTAL	fee schedule	20.3
facility	lab	CPT/HCP…	80051	PR ELECTROLYTE PANEL	fee schedule	16.8
facility	lab	CPT/HCP…	80051	PR ELECTROLYTE PANEL	fee schedule	16.8
facility	lab	CPT/HCP…	80053	PR COMPREHENSIVE METABOLIC PANEL	fee schedule	25.3
facility	lab	CPT/HCP…	80053	PR COMPREHENSIVE METABOLIC PANEL	fee schedule	25.3
facility	lab	CPT/HCP…	80055	PR OBSTETRIC PANEL	fee schedule	114.7
facility	lab	CPT/HCP…	80061	PR LIPID PANEL	fee schedule	32.1
facility	lab	CPT/HCP…	80061	PR LIPID PANEL	fee schedule	32.1
facility	lab	CPT/HCP…	80069	PR RENAL FUNCTION PANEL	fee schedule	20.8
facility	lab	CPT/HCP…	80069	PR RENAL FUNCTION PANEL	fee schedule	20.8
facility	lab	CPT/HCP…	80074	PR ACUTE HEPATITIS PANEL	fee schedule	114.3
facility	lab	CPT/HCP…	80076	PR HEPATIC FUNCTION PANEL	fee schedule	19.6
facility	lab	CPT/HCP…	80081	PR OBSTETRIC PANEL	fee schedule	179.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	80143	PR DRUG ASSAY ACETAMINOPHEN	fee schedule	44.7
facility	lab	CPT/HCP…	80145	PR DRUG ASSAY ADALIMUMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80150	PR DRUG SCREEN QUANTITATIVE AMIKACIN	fee schedule	36.2
facility	lab	CPT/HCP…	80151	PR DRUG ASSAY AMIODARONE	fee schedule	44.7
facility	lab	CPT/HCP…	80155	PR DRUG ASSAY CAFFEINE	fee schedule	92.6
facility	lab	CPT/HCP…	80156	PR DRUG ASSAY CARBAMAZEPINE TOTAL	fee schedule	35.0
facility	lab	CPT/HCP…	80157	PR DRUG ASSAY CARBAMAZEPINE FREE	fee schedule	31.8
facility	lab	CPT/HCP…	80158	PR DRUG ASSAY CYCLOSPORINE	fee schedule	43.3
facility	lab	CPT/HCP…	80159	PR DRUG ASSAY CLOZAPINE	fee schedule	48.4
facility	lab	CPT/HCP…	80161	PR DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	fee schedule	44.7
facility	lab	CPT/HCP…	80162	PR DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	fee schedule	31.9
facility	lab	CPT/HCP…	80163	PR DRUG SCREEN QUANTITATIVE DIGOXIN FREE	fee schedule	31.9
facility	lab	CPT/HCP…	80164	PR DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	fee schedule	32.5
facility	lab	CPT/HCP…	80165	PR DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	fee schedule	32.5
facility	lab	CPT/HCP…	80167	PR DRUG ASSAY FELBAMATE	fee schedule	44.7
facility	lab	CPT/HCP…	80168	PR DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	fee schedule	39.2
facility	lab	CPT/HCP…	80169	PR DRUG ASSAY EVEROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80170	PR DRUG SCREEN QUANTITATIVE GENTAMICIN	fee schedule	39.3
facility	lab	CPT/HCP…	80171	PR DRUG SCREEN QUANTITATIVE GABAPENTIN	fee schedule	52.0
facility	lab	CPT/HCP…	80173	PR DRUG SCREEN QUANTITATIVE HALOPRIDOL	fee schedule	37.9
facility	lab	CPT/HCP…	80175	PR DRUG SCREEN QUANTITATIVE LAMOTRIGINE	fee schedule	31.8
facility	lab	CPT/HCP…	80176	PR DRUG SCREEN QUANTITATIVE LIDOCAINE	fee schedule	35.3
facility	lab	CPT/HCP…	80177	PR DRUG SCREEN QUANTITATIVE LEVETIRACETAM	fee schedule	31.8
facility	lab	CPT/HCP…	80178	PR DRUG SCREEN QUANTITATIVE LITHIUM	fee schedule	15.9
facility	lab	CPT/HCP…	80178	PR DRUG SCREEN QUANTITATIVE LITHIUM	fee schedule	15.9
facility	lab	CPT/HCP…	80179	PR DRUG ASSAY SALICYLATE	fee schedule	44.7
facility	lab	CPT/HCP…	80180	PR DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	fee schedule	43.3
facility	lab	CPT/HCP…	80181	PR DRUG ASSAY FLECAINIDE	fee schedule	44.7
facility	lab	CPT/HCP…	80183	PR DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	fee schedule	31.8
facility	lab	CPT/HCP…	80184	PR DRUG SCREEN QUANTITATIVE PHENOBARBITAL	fee schedule	36.7
facility	lab	CPT/HCP…	80185	PR DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	fee schedule	31.8
facility	lab	CPT/HCP…	80186	PR DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	fee schedule	33.0
facility	lab	CPT/HCP…	80187	PR DRUG ASSAY POSACONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80188	PR DRUG SCREEN QUANTITATIVE PRIMIDONE	fee schedule	39.8
facility	lab	CPT/HCP…	80189	PR DRUG ASSAY ITRACONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80190	PR DRUG SCREEN QUANTITATIVE PROCAINAMIDE	fee schedule	144.0
facility	lab	CPT/HCP…	80192	PR DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	fee schedule	40.2
facility	lab	CPT/HCP…	80193	PR DRUG ASSAY LEFLUNOMIDE	fee schedule	92.6
facility	lab	CPT/HCP…	80194	PR DRUG SCREEN QUANTITATIVE QUINIDINE	fee schedule	35.0
facility	lab	CPT/HCP…	80195	PR DRUG SCREEN QUANTITATIVE SIROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80197	PR DRUG SCREEN QUANTITATIVE TACROLIMUS	fee schedule	33.0
facility	lab	CPT/HCP…	80198	PR DRUG SCREEN QUANTITATIVE THEOPHYLLINE	fee schedule	33.9
facility	lab	CPT/HCP…	80199	PR DRUG SCREEN QUANTITATIVE TIAGABINE	fee schedule	65.1
facility	lab	CPT/HCP…	80200	PR DRUG SCREEN QUANTITATIVE TOBRAMYCIN	fee schedule	38.7
facility	lab	CPT/HCP…	80201	PR DRUG SCREEN QUANTITATIVE TOPIRAMATE	fee schedule	28.6
facility	lab	CPT/HCP…	80202	PR DRUG SCREEN QUANTITATIVE VANCOMYCIN	fee schedule	32.5
facility	lab	CPT/HCP…	80203	PR DRUG SCREEN QUANTITATIVE ZONISAMIDE	fee schedule	31.8
facility	lab	CPT/HCP…	80204	PR DRUG ASSAY METHOTREXATE	fee schedule	92.6
facility	lab	CPT/HCP…	80210	PR DRUG ASSAY RUFINAMIDE	fee schedule	65.1
facility	lab	CPT/HCP…	80220	PR DRUG ASSAY HYDROXYCHLOROQUINE	fee schedule	44.7
facility	lab	CPT/HCP…	80230	PR DRUG ASSAY INFLIXIMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80235	PR DRUG ASSAY LACOSAMIDE	fee schedule	65.1
facility	lab	CPT/HCP…	80280	PR DRUG ASSAY VEDOLIZUMAB	fee schedule	92.6
facility	lab	CPT/HCP…	80285	PR DRUG ASSAY VORICONAZOLE	fee schedule	65.1
facility	lab	CPT/HCP…	80299	PR QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	fee schedule	44.7
facility	lab	CPT/HCP…	80305	PR DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	fee schedule	30.2
facility	lab	CPT/HCP…	80305	PR DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	fee schedule	30.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	80306	PR DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	fee schedule	41.1
facility	lab	CPT/HCP…	80307	PR DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	fee schedule	149.1
facility	lab	CPT/HCP…	80400	PR ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	fee schedule	78.3
facility	lab	CPT/HCP…	80402	PR ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	fee schedule	208.7
facility	lab	CPT/HCP…	80406	PR ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	fee schedule	187.8
facility	lab	CPT/HCP…	80408	PR ALDOSTERONE SUPPRESSION EVALUATION PANEL	fee schedule	301.2
facility	lab	CPT/HCP…	80410	PR CALCITONIN STIMULATION PANEL	fee schedule	192.9
facility	lab	CPT/HCP…	80412	PR CORTICOTROPIC RELEASING HORM STIMJ PANEL	fee schedule	1,923.9
facility	lab	CPT/HCP…	80414	PR CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	fee schedule	123.9
facility	lab	CPT/HCP…	80415	PR CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	fee schedule	134.1
facility	lab	CPT/HCP…	80416	PR RENAL VEIN RENIN STIMULATION PANEL	fee schedule	502.4
facility	lab	CPT/HCP…	80417	PR PERIPHERAL VEIN RENIN STIMULATION PANEL	fee schedule	105.6
facility	lab	CPT/HCP…	80418	PR COMBINED RAPID ANT PITUITARY EVALUATION PANEL	fee schedule	1,390.8
facility	lab	CPT/HCP…	80420	PR DEXMETHASONE SUPPRESSION PANEL 48 HR	fee schedule	388.5
facility	lab	CPT/HCP…	80422	PR GLUCOSE TOLERANCE PANEL INSULINOMA	fee schedule	110.6
facility	lab	CPT/HCP…	80424	PR GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	fee schedule	121.2
facility	lab	CPT/HCP…	80426	PR GONADOTROPIN RELEASING HORMONE STIMJ PANEL	fee schedule	356.2
facility	lab	CPT/HCP…	80428	PR GROWTH HORMONE STIMULATION PANEL	fee schedule	160.1
facility	lab	CPT/HCP…	80430	PR GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	fee schedule	310.4
facility	lab	CPT/HCP…	80432	PR INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	fee schedule	397.5
facility	lab	CPT/HCP…	80434	PR INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	fee schedule	684.1
facility	lab	CPT/HCP…	80435	PR INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	fee schedule	247.2
facility	lab	CPT/HCP…	80436	PR METYRAPONE PANEL	fee schedule	218.8
facility	lab	CPT/HCP…	80438	PR THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	fee schedule	121.0
facility	lab	CPT/HCP…	80439	PR THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	fee schedule	161.3
facility	lab	CPT/HCP…	81000	PR URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	fee schedule	9.7
facility	lab	CPT/HCP…	81001	PR URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	fee schedule	7.6
facility	lab	CPT/HCP…	81002	PR URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	fee schedule	8.3
facility	lab	CPT/HCP…	81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	fee schedule	5.4
facility	lab	CPT/HCP…	81003	PR URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	fee schedule	5.4
facility	lab	CPT/HCP…	81005	PR URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	fee schedule	5.2
facility	lab	CPT/HCP…	81007	PR URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	fee schedule	72.0
facility	lab	CPT/HCP…	81007	PR URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	fee schedule	72.0
facility	lab	CPT/HCP…	81015	PR URINALYSIS MICROSCOPIC ONLY	fee schedule	7.3
facility	lab	CPT/HCP…	81020	PR URINALYSIS 2/3 GLASS TEST	fee schedule	11.3
facility	lab	CPT/HCP…	81025	PR URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	fee schedule	20.7
facility	lab	CPT/HCP…	81050	PR VOLUME MEASUREMENT TIMED COLLECTION EACH	fee schedule	8.7
facility	lab	CPT/HCP…	81105	PR HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81106	PR HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81107	PR HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81108	PR HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81109	PR HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81110	PR HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81111	PR HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81112	PR HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	fee schedule	293.3
facility	lab	CPT/HCP…	81120	PR IDH1 COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81121	PR IDH2 COMMON VARIANTS	fee schedule	709.9
facility	lab	CPT/HCP…	81161	PR DMD DUPLICATION/DELETION ANALYSIS	fee schedule	669.6
facility	lab	CPT/HCP…	81162	PR BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	fee schedule	4,379.7
facility	lab	CPT/HCP…	81163	PR BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,123.2
facility	lab	CPT/HCP…	81164	PR BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	1,402.2
facility	lab	CPT/HCP…	81165	PR BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	81166	PR BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	723.2
facility	lab	CPT/HCP…	81167	PR BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	fee schedule	678.9
facility	lab	CPT/HCP…	81168	PR CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81170	PR ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	fee schedule	720.0
facility	lab	CPT/HCP…	81171	PR AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81172	PR AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81173	PR AR GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	723.2
facility	lab	CPT/HCP…	81174	PR AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	444.5
facility	lab	CPT/HCP…	81175	PR ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81176	PR ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	fee schedule	580.6
facility	lab	CPT/HCP…	81177	PR ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81178	PR ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81179	PR ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81180	PR ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81181	PR ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81182	PR ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81183	PR ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81184	PR CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81185	PR CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	2,031.0
facility	lab	CPT/HCP…	81186	PR CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	444.5
facility	lab	CPT/HCP…	81187	PR CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81188	PR CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81189	PR CSTB GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	659.6
facility	lab	CPT/HCP…	81190	PR CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81191	PR NTRK1 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81192	PR NTRK2 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81193	PR NTRK3 TRANSLOCATION ANALYSIS	fee schedule	497.5
facility	lab	CPT/HCP…	81194	PR NTRK TRANSLOCATION ANALYSIS	fee schedule	1,243.9
facility	lab	CPT/HCP…	81200	PR ASPA GENE ANALYSIS COMMON VARIANTS	fee schedule	113.4
facility	lab	CPT/HCP…	81201	PR APC GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,872.0
facility	lab	CPT/HCP…	81202	PR APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	672.0
facility	lab	CPT/HCP…	81203	PR APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	480.0
facility	lab	CPT/HCP…	81204	PR AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81205	PR BCKDHB GENE ANALYSIS COMMON VARIANTS	fee schedule	228.0
facility	lab	CPT/HCP…	81206	PR BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	393.5
facility	lab	CPT/HCP…	81207	PR BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	347.6
facility	lab	CPT/HCP…	81208	PR BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	fee schedule	515.1
facility	lab	CPT/HCP…	81209	PR BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	fee schedule	94.3
facility	lab	CPT/HCP…	81210	PR BRAF GENE ANALYSIS V600 VARIANT(S)	fee schedule	421.0
facility	lab	CPT/HCP…	81212	PR BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	fee schedule	1,056.0
facility	lab	CPT/HCP…	81215	PR BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81216	PR BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	444.3
facility	lab	CPT/HCP…	81217	PR BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81218	PR CEBPA GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	580.6
facility	lab	CPT/HCP…	81219	PR CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	fee schedule	291.9
facility	lab	CPT/HCP…	81220	PR CFTR GENE ANALYSIS COMMON VARIANTS	fee schedule	1,335.8
facility	lab	CPT/HCP…	81221	PR CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	233.3
facility	lab	CPT/HCP…	81222	PR CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	1,044.2
facility	lab	CPT/HCP…	81223	PR CFTR GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,197.6
facility	lab	CPT/HCP…	81224	PR CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	fee schedule	405.0
facility	lab	CPT/HCP…	81225	PR CYP2C19 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81226	PR CYP2D6 GENE ANALYSIS COMMON VARIANTS	fee schedule	1,082.2
facility	lab	CPT/HCP…	81227	PR CYP2C9 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81228	PR CYTOG ALYS CHRMOML ABNOR COPY NUMBER VRNT CGH	fee schedule	2,160.0
facility	lab	CPT/HCP…	81229	PR CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	fee schedule	2,784.0
facility	lab	CPT/HCP…	81230	PR CYP3A4 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81231	PR CYP3A5 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81232	PR DPYD GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81233	PR BTK GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81234	PR DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81235	PR EGFR GENE ANALYSIS COMMON VARIANTS	fee schedule	779.0
facility	lab	CPT/HCP…	81236	PR EZH2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	678.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81237	PR EZH2 GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81238	PR F9 FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81239	PR DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81240	PR F2 GENE ANALYSIS 20210G >A VARIANT	fee schedule	157.7
facility	lab	CPT/HCP…	81241	PR F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	fee schedule	176.1
facility	lab	CPT/HCP…	81242	PR FANCC GENE ANALYSIS COMMON VARIANT	fee schedule	87.9
facility	lab	CPT/HCP…	81243	PR FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	fee schedule	136.9
facility	lab	CPT/HCP…	81244	PR FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	fee schedule	107.7
facility	lab	CPT/HCP…	81245	PR FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	fee schedule	397.2
facility	lab	CPT/HCP…	81246	PR FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	fee schedule	199.2
facility	lab	CPT/HCP…	81247	PR G6PD GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81248	PR G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	900.6
facility	lab	CPT/HCP…	81249	PR G6PD GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81250	PR G6PC GENE ANALYSIS COMMON VARIANTS	fee schedule	140.4
facility	lab	CPT/HCP…	81251	PR GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	fee schedule	113.4
facility	lab	CPT/HCP…	81252	PR GJB2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	242.7
facility	lab	CPT/HCP…	81253	PR GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	147.7
facility	lab	CPT/HCP…	81254	PR GJB6 GENE ANALYSIS COMMON VARIANTS	fee schedule	84.0
facility	lab	CPT/HCP…	81255	PR HEXA GENE ANALYSIS COMMON VARIANTS	fee schedule	123.5
facility	lab	CPT/HCP…	81256	PR HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	fee schedule	156.9
facility	lab	CPT/HCP…	81257	PR HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	fee schedule	245.4
facility	lab	CPT/HCP…	81258	PR HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	900.6
facility	lab	CPT/HCP…	81259	PR HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,440.0
facility	lab	CPT/HCP…	81260	PR IKBKAP GENE ANALYSIS COMMON VARIANTS	fee schedule	94.3
facility	lab	CPT/HCP…	81261	PR IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	fee schedule	475.2
facility	lab	CPT/HCP…	81262	PR IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	fee schedule	164.5
facility	lab	CPT/HCP…	81263	PR IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	fee schedule	706.9
facility	lab	CPT/HCP…	81264	PR IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	fee schedule	414.6
facility	lab	CPT/HCP…	81265	PR COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	fee schedule	559.4
facility	lab	CPT/HCP…	81266	PR COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	fee schedule	731.5
facility	lab	CPT/HCP…	81267	PR CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	fee schedule	497.9
facility	lab	CPT/HCP…	81268	PR CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	fee schedule	625.9
facility	lab	CPT/HCP…	81269	PR HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81270	PR JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	fee schedule	220.0
facility	lab	CPT/HCP…	81271	PR HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81272	PR KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81273	PR KIT GENE ANALYSIS D816 VARIANT(S)	fee schedule	299.7
facility	lab	CPT/HCP…	81274	PR HTT GENE ANALYSIS CHARACTERIZATION ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81275	PR KRAS GENE ANALYSIS VARIANTS IN EXON 2	fee schedule	463.8
facility	lab	CPT/HCP…	81276	PR KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	fee schedule	463.8
facility	lab	CPT/HCP…	81277	PR CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	fee schedule	2,784.0
facility	lab	CPT/HCP…	81278	PR IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81279	PR JAK2 TARGETED SEQUENCE ANALYSIS	fee schedule	444.5
facility	lab	CPT/HCP…	81283	PR IFNL3 GENE ANALYSIS RS12979860 VARIANT	fee schedule	176.1
facility	lab	CPT/HCP…	81284	PR FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81285	PR FXN GENE ANALYSIS CHARACTERIZATION ALLELES	fee schedule	659.6
facility	lab	CPT/HCP…	81286	PR FXN GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	659.6
facility	lab	CPT/HCP…	81287	PR MGMT GENE PROMOTER METHYLATION ANALYSIS	fee schedule	299.1
facility	lab	CPT/HCP…	81288	PR MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	fee schedule	461.6
facility	lab	CPT/HCP…	81289	PR FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81290	PR MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	fee schedule	94.3
facility	lab	CPT/HCP…	81291	PR MTHFR GENE ANALYSIS COMMON VARIANTS	fee schedule	156.8
facility	lab	CPT/HCP…	81292	PR MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,621.0
facility	lab	CPT/HCP…	81293	PR MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	794.4
facility	lab	CPT/HCP…	81294	PR MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81295	PR MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	916.1
facility	lab	CPT/HCP…	81296	PR MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	810.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81297	PR MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	511.9
facility	lab	CPT/HCP…	81298	PR MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,540.4
facility	lab	CPT/HCP…	81299	PR MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	739.2
facility	lab	CPT/HCP…	81300	PR MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	fee schedule	571.2
facility	lab	CPT/HCP…	81301	PR MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	fee schedule	836.5
facility	lab	CPT/HCP…	81302	PR MECP2 GENE ANALYSIS FULL SEQUENCE	fee schedule	1,266.9
facility	lab	CPT/HCP…	81303	PR MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	288.0
facility	lab	CPT/HCP…	81304	PR MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	fee schedule	360.0
facility	lab	CPT/HCP…	81305	PR MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	fee schedule	421.0
facility	lab	CPT/HCP…	81306	PR NUDT15 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81307	PR PALB2 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81308	PR PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	723.2
facility	lab	CPT/HCP…	81309	PR PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	659.6
facility	lab	CPT/HCP…	81310	PR NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	fee schedule	591.6
facility	lab	CPT/HCP…	81311	PR NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	fee schedule	709.9
facility	lab	CPT/HCP…	81312	PR PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81313	PR PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	fee schedule	612.1
facility	lab	CPT/HCP…	81314	PR PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	fee schedule	790.8
facility	lab	CPT/HCP…	81315	PR PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	fee schedule	497.5
facility	lab	CPT/HCP…	81316	PR PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	fee schedule	497.5
facility	lab	CPT/HCP…	81317	PR PMS2 GENE ANALYSIS FULL SEQUENCE	fee schedule	1,623.6
facility	lab	CPT/HCP…	81318	PR PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	fee schedule	794.4
facility	lab	CPT/HCP…	81319	PR PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	fee schedule	488.4
facility	lab	CPT/HCP…	81320	PR PLCG2 GENE ANALYSIS COMMON VARIANTS	fee schedule	699.3
facility	lab	CPT/HCP…	81321	PR PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,440.0
facility	lab	CPT/HCP…	81322	PR PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	111.8
facility	lab	CPT/HCP…	81323	PR PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	fee schedule	720.0
facility	lab	CPT/HCP…	81324	PR PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	fee schedule	1,820.1
facility	lab	CPT/HCP…	81325	PR PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	fee schedule	1,847.0
facility	lab	CPT/HCP…	81326	PR PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	111.8
facility	lab	CPT/HCP…	81327	PR SEPT9 GENE PROMOTER METHYLATION ANALYSIS	fee schedule	460.8
facility	lab	CPT/HCP…	81328	PR SLCO1B1 GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81329	PR SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	fee schedule	328.8
facility	lab	CPT/HCP…	81330	PR SMPD1 GENE ANALYSIS COMMON VARIANTS	fee schedule	112.8
facility	lab	CPT/HCP…	81331	PR SNRPN/UBE3A METHYLATION ANALYSIS	fee schedule	122.6
facility	lab	CPT/HCP…	81332	PR SERPINA1 GENE ANALYSIS COMMON VARIANTS	fee schedule	104.8
facility	lab	CPT/HCP…	81333	PR TGFBI GENE ANALYSIS COMMON VARIANTS	fee schedule	328.8
facility	lab	CPT/HCP…	81334	PR RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81335	PR TPMT GENE ANALAYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81336	PR SMN1 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	723.2
facility	lab	CPT/HCP…	81337	PR SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	fee schedule	444.5
facility	lab	CPT/HCP…	81338	PR MPL GENE ANALYSIS COMMON VARIANTS	fee schedule	360.8
facility	lab	CPT/HCP…	81339	PR MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	fee schedule	444.5
facility	lab	CPT/HCP…	81340	PR TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	fee schedule	501.4
facility	lab	CPT/HCP…	81341	PR TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	fee schedule	119.0
facility	lab	CPT/HCP…	81342	PR TRG@ GENE REARRANGEMENT ANALYSIS	fee schedule	483.6
facility	lab	CPT/HCP…	81343	PR PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81344	PR TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	fee schedule	328.8
facility	lab	CPT/HCP…	81345	PR TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	444.5
facility	lab	CPT/HCP…	81346	PR TYMS GENE ANALYSIS COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81347	PR SF3B1 GENE ANALYSIS COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81348	PR SRSF2 GENE ANALYSIS COMMON VARIANTS	fee schedule	421.0
facility	lab	CPT/HCP…	81349	PR CYTOG ALYS CHRMOML ABNOR LOW-PASS SEQ ALYS	fee schedule	2,875.1
facility	lab	CPT/HCP…	81350	PR UGT1A1 GENE ANALYSIS COMMON VARIANTS	fee schedule	561.6
facility	lab	CPT/HCP…	81351	PR TP53 GENE ANALYSIS FULL GENE SEQUENCE	fee schedule	1,540.4
facility	lab	CPT/HCP…	81352	PR TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	fee schedule	790.8
facility	lab	CPT/HCP…	81353	PR TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	fee schedule	739.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81355	PR VKORC1 GENE ANALYSIS COMMON VARIANT(S)	fee schedule	211.7
facility	lab	CPT/HCP…	81357	PR U2AF1 GENE ANALYSIS COMMON VARIANTS	fee schedule	463.8
facility	lab	CPT/HCP…	81360	PR ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	fee schedule	463.8
facility	lab	CPT/HCP…	81361	PR HBB COMMON VARIANTS	fee schedule	419.5
facility	lab	CPT/HCP…	81362	PR HBB KNOWN FAMILIAL VARIANTS	fee schedule	900.6
facility	lab	CPT/HCP…	81363	PR HBB DUPLICATION/DELETION VARIANTS	fee schedule	485.8
facility	lab	CPT/HCP…	81364	PR HBB FULL GENE SEQUENCE	fee schedule	779.0
facility	lab	CPT/HCP…	81370	PR HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	fee schedule	965.1
facility	lab	CPT/HCP…	81371	PR HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	fee schedule	970.9
facility	lab	CPT/HCP…	81372	PR HLA CLASS I TYPING LOW RESOLUTION COMPLETE	fee schedule	968.6
facility	lab	CPT/HCP…	81373	PR HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	fee schedule	305.8
facility	lab	CPT/HCP…	81374	PR HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	fee schedule	178.4
facility	lab	CPT/HCP…	81375	PR HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	fee schedule	529.8
facility	lab	CPT/HCP…	81376	PR HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	fee schedule	293.3
facility	lab	CPT/HCP…	81377	PR HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	fee schedule	227.4
facility	lab	CPT/HCP…	81378	PR HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	fee schedule	829.4
facility	lab	CPT/HCP…	81379	PR HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	fee schedule	804.9
facility	lab	CPT/HCP…	81380	PR HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	fee schedule	425.4
facility	lab	CPT/HCP…	81381	PR HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	fee schedule	407.8
facility	lab	CPT/HCP…	81382	PR HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	fee schedule	296.8
facility	lab	CPT/HCP…	81383	PR HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	fee schedule	261.9
facility	lab	CPT/HCP…	81400	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	fee schedule	153.5
facility	lab	CPT/HCP…	81401	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	fee schedule	328.8
facility	lab	CPT/HCP…	81402	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	fee schedule	360.8
facility	lab	CPT/HCP…	81403	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	fee schedule	444.5
facility	lab	CPT/HCP…	81404	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	fee schedule	659.6
facility	lab	CPT/HCP…	81405	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	fee schedule	723.2
facility	lab	CPT/HCP…	81406	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	fee schedule	678.9
facility	lab	CPT/HCP…	81407	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	fee schedule	2,031.0
facility	lab	CPT/HCP…	81408	PR MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	fee schedule	4,800.0
facility	lab	CPT/HCP…	81410	PR AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	fee schedule	1,209.6
facility	lab	CPT/HCP…	81411	PR AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	fee schedule	3,240.5
facility	lab	CPT/HCP…	81412	PR ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	fee schedule	5,876.5
facility	lab	CPT/HCP…	81413	PR CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	fee schedule	1,403.8
facility	lab	CPT/HCP…	81414	PR CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	fee schedule	1,403.8
facility	lab	CPT/HCP…	81415	PR EXOME SEQUENCE ANALYSIS	fee schedule	11,472.0
facility	lab	CPT/HCP…	81416	PR EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	fee schedule	28,800.0
facility	lab	CPT/HCP…	81417	PR EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	fee schedule	768.0
facility	lab	CPT/HCP…	81418	CHG RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	fee schedule	2,201.0
facility	lab	CPT/HCP…	81419	PR EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	fee schedule	5,876.5
facility	lab	CPT/HCP…	81420	PR FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	fee schedule	1,821.7
facility	lab	CPT/HCP…	81422	PR FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	fee schedule	1,821.7
facility	lab	CPT/HCP…	81425	PR GENOME SEQUENCE ANALYSIS	fee schedule	12,074.9
facility	lab	CPT/HCP…	81426	PR GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	fee schedule	6,503.9
facility	lab	CPT/HCP…	81427	PR GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	fee schedule	5,610.4
facility	lab	CPT/HCP…	81430	PR HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	fee schedule	3,900.0
facility	lab	CPT/HCP…	81431	PR HEARING LOSS DUP/DEL ANALYSIS	fee schedule	1,631.0
facility	lab	CPT/HCP…	81432	PR HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	fee schedule	1,629.7
facility	lab	CPT/HCP…	81433	PR HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	fee schedule	1,053.4
facility	lab	CPT/HCP…	81434	PR HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	fee schedule	1,435.0
facility	lab	CPT/HCP…	81435	PR HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81436	PR HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81437	PR HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	fee schedule	1,053.4
facility	lab	CPT/HCP…	81438	PR HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	fee schedule	1,053.4
facility	lab	CPT/HCP…	81439	PR HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	fee schedule	1,403.8
facility	lab	CPT/HCP…	81440	PR NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	fee schedule	7,977.6
facility	lab	CPT/HCP…	81441	CHG IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	fee schedule	5,876.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	81442	PR NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	fee schedule	5,144.6
facility	lab	CPT/HCP…	81443	PR GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	fee schedule	5,876.5
facility	lab	CPT/HCP…	81445	PR SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	fee schedule	1,435.0
facility	lab	CPT/HCP…	81448	PR HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	fee schedule	1,403.8
facility	lab	CPT/HCP…	81449	PR SOLID ORGAN NEOPLASM GSAP 5-50 RNA ANALYSIS	fee schedule	1,435.0
facility	lab	CPT/HCP…	81450	PR HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	fee schedule	1,822.9
facility	lab	CPT/HCP…	81451	PR HEMATOLYMPHOID NEO/DO GSAP 5-50 RNA ANALYSIS	fee schedule	1,822.9
facility	lab	CPT/HCP…	81455	PR SO/HEMATOLYMPHOID NEO/DO 51/>GSAP DNA/DNA&RNA	fee schedule	7,007.0
facility	lab	CPT/HCP…	81456	PR SO/HEMATOLYMPHOID NEO/DO 51/>RNA ANALYSIS	fee schedule	7,007.0
facility	lab	CPT/HCP…	81457	PR SO NEO GSAP DNA ALYS MICROSATELLITE INSTABILITY	fee schedule	n/a
facility	lab	CPT/HCP…	81458	PR SO NEO GSAP DNA ALY CPY NMBR&MICROSATELLITE INS	fee schedule	n/a
facility	lab	CPT/HCP…	81459	PR SO NEO GSAP DNA ALYS/DNA&RNA CPY NMBR MCRSTL INS	fee schedule	n/a
facility	lab	CPT/HCP…	81460	PR WHOLE MITOCHONDRIAL GENOME	fee schedule	3,088.8
facility	lab	CPT/HCP…	81462	PR SO NEO GSAP CLL FR DNA/DNA&RNA CPY NMBR&REARGMT	fee schedule	n/a
facility	lab	CPT/HCP…	81463	PR SO NEO GSAP CLL FR DNA ALYS CPY NMBR&MCRSTL INS	fee schedule	n/a
facility	lab	CPT/HCP…	81464	PR SO NEO GSAP CL FR DNA/DNA&RNA CPY NMBR MCRST INS	fee schedule	n/a
facility	lab	CPT/HCP…	81465	PR WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	fee schedule	2,246.4
facility	lab	CPT/HCP…	81470	PR X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	fee schedule	2,193.6
facility	lab	CPT/HCP…	81471	PR X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	fee schedule	2,193.6
facility	lab	CPT/HCP…	81490	PR AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	fee schedule	2,017.6
facility	lab	CPT/HCP…	81493	PR COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	fee schedule	2,520.0
facility	lab	CPT/HCP…	81500	PR ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	fee schedule	625.2
facility	lab	CPT/HCP…	81503	PR ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	fee schedule	2,152.8
facility	lab	CPT/HCP…	81504	PR ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	fee schedule	1,248.0
facility	lab	CPT/HCP…	81506	PR ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	fee schedule	165.4
facility	lab	CPT/HCP…	81507	PR FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	fee schedule	1,908.0
facility	lab	CPT/HCP…	81508	PR FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	fee schedule	130.3
facility	lab	CPT/HCP…	81509	PR FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	fee schedule	3,569.7
facility	lab	CPT/HCP…	81510	PR FETAL CONGENITAL ABNOR ASSAY THREE ANAL	fee schedule	133.3
facility	lab	CPT/HCP…	81511	PR FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	fee schedule	368.4
facility	lab	CPT/HCP…	81512	PR FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	fee schedule	166.8
facility	lab	CPT/HCP…	81513	PR NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG	fee schedule	342.3
facility	lab	CPT/HCP…	81514	PR NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	fee schedule	631.2
facility	lab	CPT/HCP…	81517	PR LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	fee schedule	422.9
facility	lab	CPT/HCP…	81518	PR ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81519	PR ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81520	PR ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	fee schedule	6,024.5
facility	lab	CPT/HCP…	81521	PR ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81522	PR ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81523	PR ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	fee schedule	9,295.2
facility	lab	CPT/HCP…	81525	PR ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	fee schedule	7,478.4
facility	lab	CPT/HCP…	81528	PR ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	fee schedule	1,221.3
facility	lab	CPT/HCP…	81529	PR ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	fee schedule	17,263.2
facility	lab	CPT/HCP…	81535	PR ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	fee schedule	1,390.7
facility	lab	CPT/HCP…	81536	PR ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	fee schedule	426.1
facility	lab	CPT/HCP…	81538	PR ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	fee schedule	6,890.4
facility	lab	CPT/HCP…	81539	PR ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	fee schedule	1,824.0
facility	lab	CPT/HCP…	81540	PR ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	fee schedule	9,000.0
facility	lab	CPT/HCP…	81541	PR ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81542	PR ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	fee schedule	9,295.2
facility	lab	CPT/HCP…	81546	PR ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	fee schedule	8,640.0
facility	lab	CPT/HCP…	81551	PR ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	fee schedule	4,872.0
facility	lab	CPT/HCP…	81552	PR ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	fee schedule	18,662.4
facility	lab	CPT/HCP…	81554	PR PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	fee schedule	13,200.0
facility	lab	CPT/HCP…	81560	PR TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	fee schedule	1,537.8
facility	lab	CPT/HCP…	81595	PR CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	fee schedule	7,776.0
facility	lab	CPT/HCP…	81596	PR NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	fee schedule	173.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82009	PR KETONE BODIES SERUM QUALITATIVE	fee schedule	10.8
facility	lab	CPT/HCP…	82010	PR KETONE BODIES SERUM QUANTITATIVE	fee schedule	19.6
facility	lab	CPT/HCP…	82010	PR KETONE BODIES SERUM QUANTITATIVE	fee schedule	19.6
facility	lab	CPT/HCP…	82013	PR ASSAY OF ACETYLCHOLINESTERASE	fee schedule	29.5
facility	lab	CPT/HCP…	82016	PR ACYLCARNITINES QUALITATIVE EACH SPECIMEN	fee schedule	39.6
facility	lab	CPT/HCP…	82017	PR ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	fee schedule	40.5
facility	lab	CPT/HCP…	82024	PR ADRENOCORTICOTROPIC HORMONE ACTH	fee schedule	92.7
facility	lab	CPT/HCP…	82030	PR ADENOSINE 5-MONOPHOSPHATE CYCLIC	fee schedule	61.9
facility	lab	CPT/HCP…	82040	PR ALBUMIN SERUM PLASMA/WHOLE BLOOD	fee schedule	11.9
facility	lab	CPT/HCP…	82040	PR ALBUMIN SERUM PLASMA/WHOLE BLOOD	fee schedule	11.9
facility	lab	CPT/HCP…	82042	PR OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	fee schedule	18.7
facility	lab	CPT/HCP…	82042	PR OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	fee schedule	18.7
facility	lab	CPT/HCP…	82043	PR URINE ALBUMIN QUANTITATIVE	fee schedule	13.9
facility	lab	CPT/HCP…	82043	PR URINE ALBUMIN QUANTITATIVE	fee schedule	13.9
facility	lab	CPT/HCP…	82044	PR URINE ALBUMIN SEMIQUANTITATIVE	fee schedule	14.9
facility	lab	CPT/HCP…	82044	PR URINE ALBUMIN SEMIQUANTITATIVE	fee schedule	14.9
facility	lab	CPT/HCP…	82045	PR ALBUMIN ISCHEMIA MODIFIED	fee schedule	81.5
facility	lab	CPT/HCP…	82075	PR ASSAY OF ALCOHOL (ETHANOL) BREATH	fee schedule	72.0
facility	lab	CPT/HCP…	82077	PR ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	fee schedule	41.5
facility	lab	CPT/HCP…	82085	PR ASSAY OF ALDOLASE	fee schedule	23.3
facility	lab	CPT/HCP…	82088	PR ASSAY OF ALDOSTERONE	fee schedule	97.8
facility	lab	CPT/HCP…	82103	PR ALPHA-1-ANTITRYPSIN TOTAL	fee schedule	32.3
facility	lab	CPT/HCP…	82104	PR ALPHA-1-ANTITRYPSIN PHENOTYPE	fee schedule	34.7
facility	lab	CPT/HCP…	82105	PR ALPHA-FETOPROTEIN SERUM	fee schedule	40.2
facility	lab	CPT/HCP…	82106	PR ALPHA-FETOPROTEIN AMNIOTIC FLUID	fee schedule	40.8
facility	lab	CPT/HCP…	82107	PR AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	fee schedule	154.6
facility	lab	CPT/HCP…	82108	PR ASSAY OF ALUMINUM	fee schedule	61.1
facility	lab	CPT/HCP…	82120	PR AMINES VAGINAL FLUID QUALITATIVE	fee schedule	14.4
facility	lab	CPT/HCP…	82120	PR AMINES VAGINAL FLUID QUALITATIVE	fee schedule	14.4
facility	lab	CPT/HCP…	82127	PR AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	fee schedule	34.0
facility	lab	CPT/HCP…	82128	PR AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	fee schedule	33.3
facility	lab	CPT/HCP…	82131	PR AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	fee schedule	55.1
facility	lab	CPT/HCP…	82135	PR AMINOLEVULINIC ACID DELTA	fee schedule	39.5
facility	lab	CPT/HCP…	82136	PR AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	fee schedule	47.1
facility	lab	CPT/HCP…	82139	PR AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	fee schedule	40.5
facility	lab	CPT/HCP…	82140	PR ASSAY OF AMMONIA	fee schedule	35.0
facility	lab	CPT/HCP…	82143	PR AMNIOTIC FLU SCAN	fee schedule	22.4
facility	lab	CPT/HCP…	82150	PR ASSAY OF AMYLASE	fee schedule	15.6
facility	lab	CPT/HCP…	82150	PR ASSAY OF AMYLASE	fee schedule	15.6
facility	lab	CPT/HCP…	82154	PR ANDROSTANEDIOL GLUCURONIDE	fee schedule	69.2
facility	lab	CPT/HCP…	82157	PR ANDROSTENEDIONE	fee schedule	70.3
facility	lab	CPT/HCP…	82160	PR ANDROSTERONE	fee schedule	61.3
facility	lab	CPT/HCP…	82163	PR ANGIOTENSIN II	fee schedule	49.2
facility	lab	CPT/HCP…	82164	PR ANGIOTENSIN I-CONVERTING ENZYME	fee schedule	35.0
facility	lab	CPT/HCP…	82166	PR ASSAY OF ANTI-MULLERIAN HORMONE	fee schedule	92.7
facility	lab	CPT/HCP…	82172	PR APOLIPOPROTEIN EACH	fee schedule	50.6
facility	lab	CPT/HCP…	82175	PR ASSAY OF ARSENIC	fee schedule	45.5
facility	lab	CPT/HCP…	82180	PR ASSAY OF ASCORBIC ACID BLOOD	fee schedule	23.7
facility	lab	CPT/HCP…	82190	PR ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	fee schedule	38.2
facility	lab	CPT/HCP…	82232	PR BETA-2 MICROGLOBULIN	fee schedule	38.8
facility	lab	CPT/HCP…	82239	PR BILE ACIDS TOTAL	fee schedule	41.1
facility	lab	CPT/HCP…	82240	PR BILE ACIDS CHOLYLGLYCINE	fee schedule	63.8
facility	lab	CPT/HCP…	82247	PR BILIRUBIN TOTAL	fee schedule	12.1
facility	lab	CPT/HCP…	82247	PR BILIRUBIN TOTAL	fee schedule	12.1
facility	lab	CPT/HCP…	82248	PR BILIRUBIN DIRECT	fee schedule	12.1
facility	lab	CPT/HCP…	82252	PR BILIRUBIN FECES QUALITATIVE	fee schedule	10.9
facility	lab	CPT/HCP…	82261	PR BIOTINIDASE EACH SPECIMEN	fee schedule	40.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82270	PR BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	fee schedule	10.5
facility	lab	CPT/HCP…	82271	PR BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	fee schedule	12.8
facility	lab	CPT/HCP…	82271	PR BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	fee schedule	12.8
facility	lab	CPT/HCP…	82272	PR BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	fee schedule	10.2
facility	lab	CPT/HCP…	82274	PR BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	fee schedule	38.2
facility	lab	CPT/HCP…	82274	PR BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	fee schedule	38.2
facility	lab	CPT/HCP…	82286	PR BRADYKININ	fee schedule	12.4
facility	lab	CPT/HCP…	82300	PR CADMIUM	fee schedule	56.7
facility	lab	CPT/HCP…	82306	PR 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	fee schedule	71.0
facility	lab	CPT/HCP…	82308	PR CALCITONIN	fee schedule	64.3
facility	lab	CPT/HCP…	82310	PR CALCIUM TOTAL	fee schedule	12.4
facility	lab	CPT/HCP…	82310	PR CALCIUM TOTAL	fee schedule	12.4
facility	lab	CPT/HCP…	82330	PR CALCIUM IONIZED	fee schedule	32.8
facility	lab	CPT/HCP…	82330	PR CALCIUM IONIZED	fee schedule	32.8
facility	lab	CPT/HCP…	82331	PR CALCIUM AFTER CALCIUM INFUSION TEST	fee schedule	32.0
facility	lab	CPT/HCP…	82340	PR CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	fee schedule	14.5
facility	lab	CPT/HCP…	82355	PR CALCULUS QUALITATIVE ANALYSIS	fee schedule	27.8
facility	lab	CPT/HCP…	82360	PR CALCULUS QUANTITATIVE CHEMICAL	fee schedule	30.9
facility	lab	CPT/HCP…	82365	PR CALCULUS INFRARED SPECTROSCOPY	fee schedule	31.0
facility	lab	CPT/HCP…	82370	PR CALCULUS XRAY DIFFRACTION	fee schedule	30.1
facility	lab	CPT/HCP…	82373	PR CARBOHYDRATE DEFICIENT TRANSFERRIN	fee schedule	43.3
facility	lab	CPT/HCP…	82374	PR CARBON DIOXIDE BICARBONATE	fee schedule	11.7
facility	lab	CPT/HCP…	82374	PR CARBON DIOXIDE BICARBONATE	fee schedule	11.7
facility	lab	CPT/HCP…	82375	PR CARBOXYHEMOGLOBIN QUANTITATIVE	fee schedule	29.6
facility	lab	CPT/HCP…	82376	PR CARBOXYHEMOGLOBIN QUALITATIVE	fee schedule	33.8
facility	lab	CPT/HCP…	82378	PR CARCINOEMBRYONIC ANTIGEN CEA	fee schedule	45.5
facility	lab	CPT/HCP…	82379	PR CARNITINE QUANTITATIVE EACH SPECIMEN	fee schedule	40.5
facility	lab	CPT/HCP…	82380	PR CAROTENE	fee schedule	22.1
facility	lab	CPT/HCP…	82382	PR CATECHOLAMINES TOTAL URINE	fee schedule	65.5
facility	lab	CPT/HCP…	82383	PR CATECHOLAMINES BLOOD	fee schedule	69.8
facility	lab	CPT/HCP…	82384	PR CATECHOLAMINES FRACTIONATED	fee schedule	60.6
facility	lab	CPT/HCP…	82387	PR CATHEPSIN-D	fee schedule	43.3
facility	lab	CPT/HCP…	82390	PR CERULOPLASMIN	fee schedule	25.8
facility	lab	CPT/HCP…	82397	PR CHEMILUMINESCENT ASSAY	fee schedule	33.9
facility	lab	CPT/HCP…	82415	PR CHLORAMPHENICOL	fee schedule	30.4
facility	lab	CPT/HCP…	82435	PR CHLORIDE BLD	fee schedule	11.0
facility	lab	CPT/HCP…	82435	PR CHLORIDE BLD	fee schedule	11.0
facility	lab	CPT/HCP…	82436	PR CHLORIDE URINE	fee schedule	13.8
facility	lab	CPT/HCP…	82438	PR CHLORIDE OTHER SOURCE	fee schedule	12.0
facility	lab	CPT/HCP…	82441	PR CHLORINATED HYDROCARBONS SCREEN	fee schedule	14.4
facility	lab	CPT/HCP…	82465	PR CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	fee schedule	10.4
facility	lab	CPT/HCP…	82465	PR CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	fee schedule	10.4
facility	lab	CPT/HCP…	82480	PR CHOLINESTERASE SERUM	fee schedule	18.9
facility	lab	CPT/HCP…	82482	PR CHOLINESTERASE RBC	fee schedule	23.5
facility	lab	CPT/HCP…	82485	PR CHONDROITIN B SULFATE QUANTITATIVE	fee schedule	49.6
facility	lab	CPT/HCP…	82495	PR ASSAY OF CHROMIUM	fee schedule	48.7
facility	lab	CPT/HCP…	82507	PR ASSAY OF CITRATE	fee schedule	66.7
facility	lab	CPT/HCP…	82523	PR COLLAGEN CROSS LINKS ANY METHOD	fee schedule	44.8
facility	lab	CPT/HCP…	82523	PR COLLAGEN CROSS LINKS ANY METHOD	fee schedule	44.8
facility	lab	CPT/HCP…	82525	PR ASSAY OF COPPER	fee schedule	29.8
facility	lab	CPT/HCP…	82528	PR CORTICOSTERONE	fee schedule	54.0
facility	lab	CPT/HCP…	82530	PR CORTISOL FREE	fee schedule	40.1
facility	lab	CPT/HCP…	82533	PR CORTISOL TOTAL	fee schedule	39.1
facility	lab	CPT/HCP…	82540	PR ASSAY OF CREATINE	fee schedule	11.1
facility	lab	CPT/HCP…	82542	PR COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	fee schedule	57.8
facility	lab	CPT/HCP…	82550	PR CREATINE KINASE TOTAL	fee schedule	15.6
facility	lab	CPT/HCP…	82550	PR CREATINE KINASE TOTAL	fee schedule	15.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82552	PR CREATINE KINASE ISOENZYMES	fee schedule	32.1
facility	lab	CPT/HCP…	82553	PR CREATINE KINASE MB FRACTION ONLY	fee schedule	27.7
facility	lab	CPT/HCP…	82554	PR CREATINE KINASE ISOFORMS	fee schedule	28.5
facility	lab	CPT/HCP…	82565	PR CREATININE BLOOD	fee schedule	12.3
facility	lab	CPT/HCP…	82565	PR CREATININE BLOOD	fee schedule	12.3
facility	lab	CPT/HCP…	82570	PR CREATININE OTHER SOURCE	fee schedule	12.4
facility	lab	CPT/HCP…	82570	PR CREATININE OTHER SOURCE	fee schedule	12.4
facility	lab	CPT/HCP…	82575	PR CREATININE CLEARANCE	fee schedule	22.7
facility	lab	CPT/HCP…	82585	PR ASSAY OF CRYOFIBRN	fee schedule	33.9
facility	lab	CPT/HCP…	82595	PR CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	fee schedule	15.5
facility	lab	CPT/HCP…	82600	PR ASSAY OF CYANIDE	fee schedule	46.6
facility	lab	CPT/HCP…	82607	PR CYANOCOBALAMIN VITAMIN B-12	fee schedule	36.2
facility	lab	CPT/HCP…	82608	PR CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	fee schedule	34.4
facility	lab	CPT/HCP…	82610	PR CYSTATIN C	fee schedule	44.5
facility	lab	CPT/HCP…	82615	PR CSTINE&HOMOCSTINE URINE QUALITATIVE	fee schedule	22.9
facility	lab	CPT/HCP…	82626	PR DEHYDROEPIANDROSTERONE	fee schedule	60.6
facility	lab	CPT/HCP…	82627	PR DEHYDROEPIANDROSTERONE-SULFATE	fee schedule	53.4
facility	lab	CPT/HCP…	82633	PR DESOXYCORTICOSTERONE 11-	fee schedule	74.3
facility	lab	CPT/HCP…	82634	PR DEOXYCORTISOL 11-	fee schedule	70.3
facility	lab	CPT/HCP…	82638	PR ASSAY OF DIBUCAINE NUMBER	fee schedule	29.4
facility	lab	CPT/HCP…	82642	PR DIHYDROTESTOSTERONE (DHT)	fee schedule	70.3
facility	lab	CPT/HCP…	82652	PR 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	fee schedule	92.4
facility	lab	CPT/HCP…	82653	PR ELASTASE PANCREATIC FECAL QUANTITATIVE	fee schedule	55.1
facility	lab	CPT/HCP…	82656	PR ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	fee schedule	27.7
facility	lab	CPT/HCP…	82657	PR NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	fee schedule	53.2
facility	lab	CPT/HCP…	82658	PR NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	fee schedule	105.7
facility	lab	CPT/HCP…	82664	PR ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	fee schedule	147.6
facility	lab	CPT/HCP…	82668	PR ASSAY OF ERYTHROPOIETIN	fee schedule	45.1
facility	lab	CPT/HCP…	82670	PR ASSAY OF TOTAL ESTRADIOL	fee schedule	67.1
facility	lab	CPT/HCP…	82671	PR ASSAY OF ESTROGENS FRACTIONATED	fee schedule	77.5
facility	lab	CPT/HCP…	82672	PR ASSAY OF ESTROGENS TOTAL	fee schedule	52.1
facility	lab	CPT/HCP…	82677	PR ASSAY OF ESTRIOL	fee schedule	58.0
facility	lab	CPT/HCP…	82679	PR ASSAY OF ESTRONE	fee schedule	59.9
facility	lab	CPT/HCP…	82679	PR ASSAY OF ESTRONE	fee schedule	59.9
facility	lab	CPT/HCP…	82681	PR ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	fee schedule	67.1
facility	lab	CPT/HCP…	82693	PR ASSAY OF ETHYLENE GLYCOL	fee schedule	35.8
facility	lab	CPT/HCP…	82696	PR ASSAY OF ETIOCHOLANOLONE	fee schedule	63.0
facility	lab	CPT/HCP…	82705	PR FAT/LIPIDS FECES QUALITATIVE	fee schedule	12.2
facility	lab	CPT/HCP…	82710	PR FAT/LIPIDS FECES QUANTITATIVE	fee schedule	40.3
facility	lab	CPT/HCP…	82715	PR FAT DIFFIAL FECES QUANTITATIVE	fee schedule	55.1
facility	lab	CPT/HCP…	82725	PR FATTY ACIDS NONESTERIFIED	fee schedule	45.0
facility	lab	CPT/HCP…	82726	PR VERY LONG CHAIN FATTY ACIDS	fee schedule	47.4
facility	lab	CPT/HCP…	82728	PR ASSAY OF FERRITIN	fee schedule	32.7
facility	lab	CPT/HCP…	82731	PR FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	fee schedule	154.6
facility	lab	CPT/HCP…	82735	PR ASSAY OF FLUORIDE	fee schedule	44.5
facility	lab	CPT/HCP…	82746	PR ASSAY OF FOLIC ACID SERUM	fee schedule	35.3
facility	lab	CPT/HCP…	82747	PR ASSAY OF FOLIC ACID RBC	fee schedule	42.4
facility	lab	CPT/HCP…	82757	PR ASSAY OF FRUCTOSE SEMEN	fee schedule	41.6
facility	lab	CPT/HCP…	82759	PR ASSAY OF GALACTOKINASE RBC	fee schedule	51.5
facility	lab	CPT/HCP…	82760	PR ASSAY OF GALACTOSE	fee schedule	26.9
facility	lab	CPT/HCP…	82775	PR GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	fee schedule	50.6
facility	lab	CPT/HCP…	82776	PR GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	fee schedule	28.2
facility	lab	CPT/HCP…	82777	PR GALECTIN-3	fee schedule	106.2
facility	lab	CPT/HCP…	82784	PR ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	fee schedule	22.3
facility	lab	CPT/HCP…	82785	PR ASSAY OF GAMMAGLOBULIN IGE	fee schedule	39.5
facility	lab	CPT/HCP…	82787	PR GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	fee schedule	19.2
facility	lab	CPT/HCP…	82800	PR GASES BLOOD PH ONLY	fee schedule	26.4

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	82803	PR BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	fee schedule	62.6
facility	lab	CPT/HCP…	82805	PR GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	fee schedule	189.1
facility	lab	CPT/HCP…	82810	PR GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	fee schedule	23.4
facility	lab	CPT/HCP…	82820	PR HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	fee schedule	32.0
facility	lab	CPT/HCP…	82930	PR GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	fee schedule	16.1
facility	lab	CPT/HCP…	82938	PR GASTRIN AFTER SECRETIN STIMULATION	fee schedule	42.5
facility	lab	CPT/HCP…	82941	PR ASSAY OF GASTRIN	fee schedule	42.3
facility	lab	CPT/HCP…	82943	PR ASSAY OF GLUCAGON	fee schedule	34.3
facility	lab	CPT/HCP…	82945	PR GLUCOSE BODY FLUID OTHER THAN BLOOD	fee schedule	9.4
facility	lab	CPT/HCP…	82946	PR GLUCOSE TOLERANCE TEST	fee schedule	42.6
facility	lab	CPT/HCP…	82947	PR GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	fee schedule	9.4
facility	lab	CPT/HCP…	82947	PR GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	fee schedule	9.4
facility	lab	CPT/HCP…	82948	PR GLUCOSE BLOOD REAGENT STRIP	fee schedule	12.1
facility	lab	CPT/HCP…	82950	PR GLUCOSE POST GLUCOSE DOSE	fee schedule	11.4
facility	lab	CPT/HCP…	82950	PR GLUCOSE POST GLUCOSE DOSE	fee schedule	11.4
facility	lab	CPT/HCP…	82951	PR GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	fee schedule	30.9
facility	lab	CPT/HCP…	82951	PR GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	fee schedule	30.9
facility	lab	CPT/HCP…	82952	PR GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	fee schedule	9.4
facility	lab	CPT/HCP…	82952	PR GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	fee schedule	9.4
facility	lab	CPT/HCP…	82955	PR GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	fee schedule	23.3
facility	lab	CPT/HCP…	82960	PR GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	fee schedule	14.5
facility	lab	CPT/HCP…	82962	PR GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	fee schedule	7.9
facility	lab	CPT/HCP…	82963	PR ASSAY OF GLUCOSIDASE BETA	fee schedule	51.5
facility	lab	CPT/HCP…	82965	PR ASSAY OF GLUTAMATE DEHYDROGENASE	fee schedule	31.6
facility	lab	CPT/HCP…	82977	PR ASSAY OF GLUTAMYLTRASE GAMMA	fee schedule	17.3
facility	lab	CPT/HCP…	82977	PR ASSAY OF GLUTAMYLTRASE GAMMA	fee schedule	17.3
facility	lab	CPT/HCP…	82978	PR ASSAY OF GLUTATHIONE	fee schedule	37.1
facility	lab	CPT/HCP…	82979	PR ASSAY OF GLUTATHIONE REDUCTASE RBC	fee schedule	22.7
facility	lab	CPT/HCP…	82985	PR ASSAY OF GLYCATED PROTEIN	fee schedule	40.2
facility	lab	CPT/HCP…	82985	PR ASSAY OF GLYCATED PROTEIN	fee schedule	40.2
facility	lab	CPT/HCP…	83001	PR GONADOTROPIN FOLLICLE STIMULATING HORMONE	fee schedule	44.6
facility	lab	CPT/HCP…	83001	PR GONADOTROPIN FOLLICLE STIMULATING HORMONE	fee schedule	44.6
facility	lab	CPT/HCP…	83002	PR GONADOTROPIN LUTEINIZING HORMONE	fee schedule	44.5
facility	lab	CPT/HCP…	83002	PR GONADOTROPIN LUTEINIZING HORMONE	fee schedule	44.5
facility	lab	CPT/HCP…	83003	PR ASSAY OF GROWTH HORMONE HUMAN	fee schedule	40.0
facility	lab	CPT/HCP…	83006	PR GROWTH STIMULATION EXPRESSED GENE 2	fee schedule	181.4
facility	lab	CPT/HCP…	83009	PR HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	fee schedule	161.7
facility	lab	CPT/HCP…	83010	PR ASSAY OF HAPTOGLOBIN QUANTITATIVE	fee schedule	30.2
facility	lab	CPT/HCP…	83012	PR ASSAY OF HAPTOGLOBIN PHENOTYPES	fee schedule	64.5
facility	lab	CPT/HCP…	83013	PR HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	fee schedule	161.7
facility	lab	CPT/HCP…	83014	PR HPYLORI DRUG ADMINISTRATION	fee schedule	18.9
facility	lab	CPT/HCP…	83015	PR HEAVY METAL QUALITATIVE ANY ANALYTES	fee schedule	50.3
facility	lab	CPT/HCP…	83018	PR HEAVY METAL QUANTIATIVE EACH NES	fee schedule	52.7
facility	lab	CPT/HCP…	83020	PR HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	fee schedule	30.9
facility	lab	CPT/HCP…	83021	PR HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	fee schedule	43.3
facility	lab	CPT/HCP…	83026	PR HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	fee schedule	9.6
facility	lab	CPT/HCP…	83030	PR HEMOGLOBIN F FETAL CHEMICAL	fee schedule	25.8
facility	lab	CPT/HCP…	83033	PR HEMOGLOBIN F FETAL QUALITATIVE	fee schedule	19.2
facility	lab	CPT/HCP…	83036	PR HEMOGLOBIN GLYCOSYLATED A1C	fee schedule	23.3
facility	lab	CPT/HCP…	83036	PR HEMOGLOBIN GLYCOSYLATED A1C	fee schedule	23.3
facility	lab	CPT/HCP…	83037	PR HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	fee schedule	23.3
facility	lab	CPT/HCP…	83037	PR HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	fee schedule	23.3
facility	lab	CPT/HCP…	83045	PR HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	fee schedule	15.6
facility	lab	CPT/HCP…	83050	PR HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	fee schedule	19.7
facility	lab	CPT/HCP…	83051	PR HEMOGLOBIN PLASMA	fee schedule	17.5
facility	lab	CPT/HCP…	83060	PR HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	fee schedule	21.1
facility	lab	CPT/HCP…	83065	PR HEMOGLOBIN THERMOLABILE	fee schedule	21.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	83068	PR HEMOGLOBIN UNSTABLE SCREEN	fee schedule	22.7
facility	lab	CPT/HCP…	83069	PR HEMOGLOBIN URINE	fee schedule	9.5
facility	lab	CPT/HCP…	83070	PR ASSAY OF HEMOSIDERIN QUALITATIVE	fee schedule	11.4
facility	lab	CPT/HCP…	83080	PR ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	fee schedule	40.5
facility	lab	CPT/HCP…	83088	PR ASSAY OF HISTAMINE	fee schedule	70.9
facility	lab	CPT/HCP…	83090	PR ASSAY OF HOMOCYSTEINE	fee schedule	43.0
facility	lab	CPT/HCP…	83150	PR ASSAY OF HOMOVANILLIC ACID	fee schedule	53.8
facility	lab	CPT/HCP…	83491	PR ASSAY OF HYDROXYCORTICOSTEROIDS 17	fee schedule	43.0
facility	lab	CPT/HCP…	83497	PR ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	fee schedule	31.0
facility	lab	CPT/HCP…	83498	PR ASSAY OF HYDROXYPROGESTERONE 17-D	fee schedule	65.2
facility	lab	CPT/HCP…	83500	PR ASSAY OF HYDROXYPROLINE FREE	fee schedule	54.4
facility	lab	CPT/HCP…	83505	PR ASSAY OF TOTAL HYDROXYPROLINE	fee schedule	58.3
facility	lab	CPT/HCP…	83516	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	fee schedule	27.7
facility	lab	CPT/HCP…	83516	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	fee schedule	27.7
facility	lab	CPT/HCP…	83518	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	fee schedule	23.1
facility	lab	CPT/HCP…	83518	PR IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	fee schedule	23.1
facility	lab	CPT/HCP…	83519	PR IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	fee schedule	44.2
facility	lab	CPT/HCP…	83520	PR IMMUNOASSAY ANALYTE QUANTITATIVE NOS	fee schedule	41.5
facility	lab	CPT/HCP…	83520	PR IMMUNOASSAY ANALYTE QUANTITATIVE NOS	fee schedule	41.5
facility	lab	CPT/HCP…	83521	PR IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	fee schedule	41.5
facility	lab	CPT/HCP…	83525	PR ASSAY OF INSULIN TOTAL	fee schedule	27.4
facility	lab	CPT/HCP…	83527	PR ASSAY OF INSULIN FREE	fee schedule	31.1
facility	lab	CPT/HCP…	83528	PR ASSAY OF INTRINSIC FACTOR	fee schedule	47.6
facility	lab	CPT/HCP…	83529	PR ASSAY OF INTERLEUKIN-6 (IL-6)	fee schedule	41.5
facility	lab	CPT/HCP…	83540	PR ASSAY OF IRON	fee schedule	15.5
facility	lab	CPT/HCP…	83550	PR IRON BINDING CAPACITY	fee schedule	21.0
facility	lab	CPT/HCP…	83570	PR ISOCITRIC DEHYDROGENASE	fee schedule	21.2
facility	lab	CPT/HCP…	83582	PR ASSAY OF KETOGENIC STEROIDS FRACTIONATION	fee schedule	37.1
facility	lab	CPT/HCP…	83586	PR ASSAY OF KETOSTEROIDS 17- TOTAL	fee schedule	30.7
facility	lab	CPT/HCP…	83593	PR KETOSTEROIDS 17- FRACTIONATION	fee schedule	68.4
facility	lab	CPT/HCP…	83605	PR ASSAY OF LACTATE	fee schedule	27.8
facility	lab	CPT/HCP…	83605	PR ASSAY OF LACTATE	fee schedule	27.8
facility	lab	CPT/HCP…	83615	PR LACTATE DEHYDROGENASE LDH	fee schedule	14.5
facility	lab	CPT/HCP…	83625	PR LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	fee schedule	30.7
facility	lab	CPT/HCP…	83630	PR LACTOFERRIN FECAL QUALITATIVE	fee schedule	47.3
facility	lab	CPT/HCP…	83631	PR LACTOFERRIN FECAL QUANTITATIVE	fee schedule	47.1
facility	lab	CPT/HCP…	83632	PR LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	fee schedule	48.5
facility	lab	CPT/HCP…	83633	PR LACTOSE URINE QUALITATIVE	fee schedule	27.0
facility	lab	CPT/HCP…	83655	PR ASSAY OF LEAD	fee schedule	29.1
facility	lab	CPT/HCP…	83655	PR ASSAY OF LEAD	fee schedule	29.1
facility	lab	CPT/HCP…	83661	PR FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	fee schedule	52.8
facility	lab	CPT/HCP…	83662	PR FETAL LUNG MATURITY FOAM STABILITY TEST	fee schedule	45.4
facility	lab	CPT/HCP…	83663	PR FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	fee schedule	45.4
facility	lab	CPT/HCP…	83664	PR FETAL LUNG MATURITY LAMELLAR BODY DENSITY	fee schedule	46.4
facility	lab	CPT/HCP…	83670	PR LEUCINE AMINOPEPTIDASE LAP	fee schedule	23.5
facility	lab	CPT/HCP…	83690	PR ASSAY OF LIPASE	fee schedule	16.5
facility	lab	CPT/HCP…	83695	PR LIPOPROTEIN (A)	fee schedule	34.4
facility	lab	CPT/HCP…	83698	PR LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	fee schedule	111.1
facility	lab	CPT/HCP…	83700	PR LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	fee schedule	27.0
facility	lab	CPT/HCP…	83701	PR LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	fee schedule	81.3
facility	lab	CPT/HCP…	83704	PR LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	fee schedule	82.1
facility	lab	CPT/HCP…	83718	PR LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	fee schedule	19.7
facility	lab	CPT/HCP…	83718	PR LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	fee schedule	19.7
facility	lab	CPT/HCP…	83719	PR LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	fee schedule	30.6
facility	lab	CPT/HCP…	83721	PR LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	fee schedule	25.2
facility	lab	CPT/HCP…	83721	PR LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	fee schedule	25.2
facility	lab	CPT/HCP…	83722	PR DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	fee schedule	82.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	83727	PR LUTEINIZING RELEASING FACTOR	fee schedule	41.3
facility	lab	CPT/HCP…	83735	PR ASSAY OF MAGNESIUM	fee schedule	16.1
facility	lab	CPT/HCP…	83775	PR ASSAY OF MALATE DEHYDROGENASE	fee schedule	17.7
facility	lab	CPT/HCP…	83785	PR ASSAY OF MANGANESE	fee schedule	64.0
facility	lab	CPT/HCP…	83789	PR MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	fee schedule	57.9
facility	lab	CPT/HCP…	83825	PR ASSAY OF MERCURY QUANTITATIVE	fee schedule	39.0
facility	lab	CPT/HCP…	83835	PR METANEPHRINES	fee schedule	40.7
facility	lab	CPT/HCP…	83857	PR METHEMALBUMIN	fee schedule	25.8
facility	lab	CPT/HCP…	83861	PR MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	fee schedule	54.0
facility	lab	CPT/HCP…	83861	PR MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	fee schedule	54.0
facility	lab	CPT/HCP…	83864	PR MUCOPOLYSACCHARIDES ACID QUANTITATIVE	fee schedule	68.4
facility	lab	CPT/HCP…	83872	PR MUCIN SYNOVIAL FLUID ROPES TEST	fee schedule	14.1
facility	lab	CPT/HCP…	83873	PR MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	fee schedule	41.3
facility	lab	CPT/HCP…	83874	PR MYOGLOBIN	fee schedule	31.0
facility	lab	CPT/HCP…	83876	PR MYELOPEROXIDASE MPO	fee schedule	122.1
facility	lab	CPT/HCP…	83880	PR NATRIURETIC PEPTIDE	fee schedule	94.2
facility	lab	CPT/HCP…	83880	PR NATRIURETIC PEPTIDE	fee schedule	94.2
facility	lab	CPT/HCP…	83883	PR ASSAY OF NEPHELOMETRY EACH ANALYTE NES	fee schedule	32.6
facility	lab	CPT/HCP…	83885	PR ASSAY OF NICKEL	fee schedule	58.8
facility	lab	CPT/HCP…	83915	PR ASSAY OF NUCLEOTIDASE 5'-	fee schedule	26.8
facility	lab	CPT/HCP…	83916	PR OLIGOCLONAL IMMUNE	fee schedule	65.7
facility	lab	CPT/HCP…	83918	PR ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	fee schedule	56.6
facility	lab	CPT/HCP…	83919	PR ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	fee schedule	39.5
facility	lab	CPT/HCP…	83921	PR ORGANIC ACID 1 QUANTITATIVE	fee schedule	50.9
facility	lab	CPT/HCP…	83930	PR ASSAY OF OSMOLALITY BLOOD	fee schedule	15.9
facility	lab	CPT/HCP…	83935	PR ASSAY OF OSMOLALITY URINE	fee schedule	16.4
facility	lab	CPT/HCP…	83937	PR ASSAY OF OSTEOCALCIN	fee schedule	71.6
facility	lab	CPT/HCP…	83945	PR ASSAY OF OXALATE	fee schedule	34.7
facility	lab	CPT/HCP…	83950	PR ONCOPROTEIN HER-2/NEU	fee schedule	154.6
facility	lab	CPT/HCP…	83951	PR ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	fee schedule	154.6
facility	lab	CPT/HCP…	83970	PR ASSAY OF PARATHORMONE	fee schedule	99.1
facility	lab	CPT/HCP…	83986	PR PH BODY FLUID NOT ELSEWHERE SPECIFIED	fee schedule	8.6
facility	lab	CPT/HCP…	83986	PR PH BODY FLUID NOT ELSEWHERE SPECIFIED	fee schedule	8.6
facility	lab	CPT/HCP…	83987	PR PH EXHALED BREATH CONDENSATE	fee schedule	8.6
facility	lab	CPT/HCP…	83993	PR ASSAY OF CALPROTECTIN FECAL	fee schedule	47.1
facility	lab	CPT/HCP…	84030	PR ASSAY OF PHENYLALANINE BLOOD	fee schedule	13.2
facility	lab	CPT/HCP…	84035	PR ASSAY OF PHENYLKETONES QUALITATIVE	fee schedule	9.6
facility	lab	CPT/HCP…	84060	PR ASSAY OF PHOSPHATASE ACID TOTAL	fee schedule	18.3
facility	lab	CPT/HCP…	84066	PR ASSAY OF PHOSPHATASE ACID PROSTATIC	fee schedule	23.2
facility	lab	CPT/HCP…	84075	PR ASSAY OF PHOSPHATASE ALKALINE	fee schedule	12.4
facility	lab	CPT/HCP…	84075	PR ASSAY OF PHOSPHATASE ALKALINE	fee schedule	12.4
facility	lab	CPT/HCP…	84078	PR ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	fee schedule	19.8
facility	lab	CPT/HCP…	84080	PR ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	fee schedule	35.5
facility	lab	CPT/HCP…	84081	PR PHOSPHATIDYLGLYCEROL	fee schedule	39.6
facility	lab	CPT/HCP…	84085	PR PHOSPHOGLUCONATE 6-DEHYD RBC	fee schedule	22.7
facility	lab	CPT/HCP…	84087	PR ASSAY OF PHOSPHOHEXOSE ISOMERASE	fee schedule	25.8
facility	lab	CPT/HCP…	84100	PR ASSAY OF PHOSPHORUS INORGANIC	fee schedule	11.4
facility	lab	CPT/HCP…	84105	PR ASSAY OF PHOSPHORUS INORGANIC URINE	fee schedule	13.9
facility	lab	CPT/HCP…	84106	PR PORPHOBILINOGEN URINE QUALITATIVE	fee schedule	14.0
facility	lab	CPT/HCP…	84110	PR ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	fee schedule	20.3
facility	lab	CPT/HCP…	84112	PR EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	fee schedule	235.5
facility	lab	CPT/HCP…	84119	PR PORPHYRINS URINE QUALITATAIVE	fee schedule	32.1
facility	lab	CPT/HCP…	84120	PR PORPHYRINS URINE QUANTITATION & FRACTIONATION	fee schedule	35.3
facility	lab	CPT/HCP…	84126	PR PORPHYRINS FECES QUANTITATIVE	fee schedule	93.9
facility	lab	CPT/HCP…	84132	PR POTASSIUM SERUM PLASMA/WHOLE BLOOD	fee schedule	11.4
facility	lab	CPT/HCP…	84132	PR POTASSIUM SERUM PLASMA/WHOLE BLOOD	fee schedule	11.4
facility	lab	CPT/HCP…	84133	PR POTASSIUM URINE	fee schedule	11.3

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	84134	PR PREALBUMIN	fee schedule	35.0
facility	lab	CPT/HCP…	84135	PR PREGNANEDIOL	fee schedule	51.0
facility	lab	CPT/HCP…	84138	PR PREGNANETRIOL	fee schedule	50.5
facility	lab	CPT/HCP…	84140	PR PREGNENOLONE	fee schedule	49.6
facility	lab	CPT/HCP…	84143	PR 17-HYDROXYPREGNENOLONE	fee schedule	54.7
facility	lab	CPT/HCP…	84144	PR ASSAY OF PROGESTERONE	fee schedule	50.1
facility	lab	CPT/HCP…	84145	PR PROCALCITONIN (PCT)	fee schedule	65.3
facility	lab	CPT/HCP…	84146	PR ASSAY OF PROLACTIN	fee schedule	46.5
facility	lab	CPT/HCP…	84150	PR ASSAY OF PROSTAGLNDIN EACH	fee schedule	100.2
facility	lab	CPT/HCP…	84152	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	fee schedule	44.1
facility	lab	CPT/HCP…	84153	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	fee schedule	44.1
facility	lab	CPT/HCP…	84154	PR ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	fee schedule	44.1
facility	lab	CPT/HCP…	84155	PR PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	fee schedule	8.8
facility	lab	CPT/HCP…	84155	PR PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	fee schedule	8.8
facility	lab	CPT/HCP…	84156	PR PROTEIN TOTAL XCPT REFRACTOMETRY URINE	fee schedule	8.8
facility	lab	CPT/HCP…	84157	PR PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	fee schedule	9.6
facility	lab	CPT/HCP…	84157	PR PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	fee schedule	9.6
facility	lab	CPT/HCP…	84160	PR PROTEIN TOTAL REFRACTOMETRY ANY SRC	fee schedule	13.5
facility	lab	CPT/HCP…	84163	PR PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	fee schedule	36.1
facility	lab	CPT/HCP…	84165	PR PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	fee schedule	25.8
facility	lab	CPT/HCP…	84166	PR PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	fee schedule	42.8
facility	lab	CPT/HCP…	84181	PR PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	fee schedule	40.9
facility	lab	CPT/HCP…	84182	PR PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	fee schedule	70.1
facility	lab	CPT/HCP…	84202	PR PROTOPORPHYRIN RBC QUANTITATIVE	fee schedule	34.4
facility	lab	CPT/HCP…	84203	PR PROTOPORPHYRIN RBC SCREEN	fee schedule	23.4
facility	lab	CPT/HCP…	84206	PR ASSAY OF PROINSULIN	fee schedule	64.1
facility	lab	CPT/HCP…	84207	PR ASSAY OF PYRIDOXAL PHOSPHATE	fee schedule	67.4
facility	lab	CPT/HCP…	84210	PR ASSAY OF PYRUVATE	fee schedule	34.8
facility	lab	CPT/HCP…	84220	PR ASSAY OF PYRUVATE KINASE	fee schedule	22.7
facility	lab	CPT/HCP…	84228	PR ASSAY OF QUININE	fee schedule	27.9
facility	lab	CPT/HCP…	84233	PR ASSAY OF RECEPTOR ASSAY ESTROGEN	fee schedule	210.9
facility	lab	CPT/HCP…	84234	PR ASSAY OF RECEPTOR ASSAY PROGESTERONE	fee schedule	155.7
facility	lab	CPT/HCP…	84235	PR RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	fee schedule	170.9
facility	lab	CPT/HCP…	84238	PR RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	fee schedule	87.8
facility	lab	CPT/HCP…	84244	PR ASSAY OF RENIN	fee schedule	52.8
facility	lab	CPT/HCP…	84252	PR ASSAY OF RIBOFLAVIN-VITAMIN B-2	fee schedule	48.6
facility	lab	CPT/HCP…	84255	PR ASSAY OF SELENIUM	fee schedule	61.3
facility	lab	CPT/HCP…	84260	PR ASSAY OF SEROTONIN	fee schedule	74.3
facility	lab	CPT/HCP…	84270	PR ASSAY OF SEX HORMONE BINDING GLOBULIN	fee schedule	52.1
facility	lab	CPT/HCP…	84275	PR ASSAY OF SIALIC ACID	fee schedule	32.3
facility	lab	CPT/HCP…	84285	PR ASSAY OF SILICA	fee schedule	60.5
facility	lab	CPT/HCP…	84295	PR SODIUM SERUM PLASMA OR WHOLE BLOOD	fee schedule	11.5
facility	lab	CPT/HCP…	84295	PR SODIUM SERUM PLASMA OR WHOLE BLOOD	fee schedule	11.5
facility	lab	CPT/HCP…	84300	PR ASSAY OF URINE SODIUM	fee schedule	12.1
facility	lab	CPT/HCP…	84302	PR ASSAY OF SODIUM OTHER SOURCE	fee schedule	11.7
facility	lab	CPT/HCP…	84305	PR ASSAY OF SOMATOMEDIN	fee schedule	51.0
facility	lab	CPT/HCP…	84307	PR ASSAY OF SOMATOSTATIN	fee schedule	43.9
facility	lab	CPT/HCP…	84311	PR SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	fee schedule	19.4
facility	lab	CPT/HCP…	84315	PR SPECIFIC GRAVITY EXCEPT URINE	fee schedule	7.9
facility	lab	CPT/HCP…	84375	PR SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	fee schedule	93.6
facility	lab	CPT/HCP…	84376	PR SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	fee schedule	13.2
facility	lab	CPT/HCP…	84377	PR SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	fee schedule	13.2
facility	lab	CPT/HCP…	84378	PR SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	fee schedule	27.7
facility	lab	CPT/HCP…	84379	PR SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	fee schedule	27.7
facility	lab	CPT/HCP…	84392	PR ASSAY OF SULFATE URINE	fee schedule	13.2
facility	lab	CPT/HCP…	84402	PR ASSAY OF TESTOSTERONE FREE	fee schedule	61.1
facility	lab	CPT/HCP…	84403	PR ASSAY OF TESTOSTERONE TOTAL	fee schedule	61.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	84410	PR ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	fee schedule	123.1
facility	lab	CPT/HCP…	84425	PR ASSAY OF THIAMINE-VITAMIN B-1	fee schedule	51.0
facility	lab	CPT/HCP…	84430	PR ASSAY OF THIOCYANATE	fee schedule	27.9
facility	lab	CPT/HCP…	84431	PR THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	fee schedule	84.3
facility	lab	CPT/HCP…	84432	PR ASSAY OF THYROGLOBULIN	fee schedule	38.5
facility	lab	CPT/HCP…	84433	CHG ASSAY THIOPURINE S-METHYLTRANSFERASE	fee schedule	53.2
facility	lab	CPT/HCP…	84436	PR ASSAY OF THYROXINE TOTAL	fee schedule	16.5
facility	lab	CPT/HCP…	84437	PR ASSAY OF THYROXINE REQUIRING ELUTION	fee schedule	15.5
facility	lab	CPT/HCP…	84439	PR ASSAY OF FREE THYROXINE	fee schedule	21.6
facility	lab	CPT/HCP…	84442	PR ASSAY OF THYROXINE BINDING GLOBULIN	fee schedule	35.5
facility	lab	CPT/HCP…	84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	fee schedule	40.3
facility	lab	CPT/HCP…	84443	PR ASSAY OF THYROID STIMULATING HORMONE TSH	fee schedule	40.3
facility	lab	CPT/HCP…	84445	PR THYROID STIMULATING IMMUNE GLOBULINS TSI	fee schedule	122.1
facility	lab	CPT/HCP…	84446	PR ASSAY OF TOCOPHEROL ALPHA VITAMIN E	fee schedule	34.0
facility	lab	CPT/HCP…	84449	PR ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	fee schedule	43.2
facility	lab	CPT/HCP…	84450	PR TRANSFERASE ASPARTATE AMINO AST SGOT	fee schedule	12.4
facility	lab	CPT/HCP…	84450	PR TRANSFERASE ASPARTATE AMINO AST SGOT	fee schedule	12.4
facility	lab	CPT/HCP…	84460	PR TRANSFERASE ALANINE AMINO ALT SGPT	fee schedule	12.7
facility	lab	CPT/HCP…	84460	PR TRANSFERASE ALANINE AMINO ALT SGPT	fee schedule	12.7
facility	lab	CPT/HCP…	84466	PR ASSAY OF L7383TRANSFERRIN	fee schedule	30.6
facility	lab	CPT/HCP…	84478	PR ASSAY OF TRIGLYCERIDES	fee schedule	13.8
facility	lab	CPT/HCP…	84478	PR ASSAY OF TRIGLYCERIDES	fee schedule	13.8
facility	lab	CPT/HCP…	84479	PR THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	fee schedule	15.5
facility	lab	CPT/HCP…	84480	PR ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	fee schedule	34.0
facility	lab	CPT/HCP…	84481	PR ASSAY OF TRIIODOTHYRONINE T3 FREE	fee schedule	40.7
facility	lab	CPT/HCP…	84482	PR TRIIODOTHYRONINE T3 REVERSE	fee schedule	37.8
facility	lab	CPT/HCP…	84484	PR ASSAY OF TROPONIN QUANTITATIVE	fee schedule	29.9
facility	lab	CPT/HCP…	84485	PR ASSAY OF TRYPSIN DUODENAL FLUID	fee schedule	17.3
facility	lab	CPT/HCP…	84488	PR ASSAY OF TRYPSIN FECES QUALITATIVE	fee schedule	17.5
facility	lab	CPT/HCP…	84490	PR TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	fee schedule	23.8
facility	lab	CPT/HCP…	84510	PR ASSAY OF TYROSINE	fee schedule	25.5
facility	lab	CPT/HCP…	84512	PR ASSAY OF TROPONIN QUALITATIVE	fee schedule	24.2
facility	lab	CPT/HCP…	84520	PR ASSAY OF UREA NITROGEN QUANTITATIVE	fee schedule	9.5
facility	lab	CPT/HCP…	84520	PR ASSAY OF UREA NITROGEN QUANTITATIVE	fee schedule	9.5
facility	lab	CPT/HCP…	84525	PR ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	fee schedule	12.3
facility	lab	CPT/HCP…	84540	PR ASSAY OF UREA NITROGEN URINE	fee schedule	13.3
facility	lab	CPT/HCP…	84545	PR UREA NITROGEN CLEARANCE	fee schedule	17.3
facility	lab	CPT/HCP…	84550	PR ASSAY OF BLOOD/URIC ACID	fee schedule	10.8
facility	lab	CPT/HCP…	84550	PR ASSAY OF BLOOD/URIC ACID	fee schedule	10.8
facility	lab	CPT/HCP…	84560	PR ASSAY OF URIC ACID OTHER SOURCE	fee schedule	12.2
facility	lab	CPT/HCP…	84577	PR ASSAY OF UROBILINOGEN FECES QUANTITATIVE	fee schedule	40.3
facility	lab	CPT/HCP…	84578	PR ASSAY OF UROBILINOGEN URINE QUALITATIVE	fee schedule	10.7
facility	lab	CPT/HCP…	84580	PR UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	fee schedule	22.9
facility	lab	CPT/HCP…	84583	PR ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	fee schedule	14.5
facility	lab	CPT/HCP…	84585	PR ASSAY OF VANILLYLMANDELIC ACID URINE	fee schedule	37.2
facility	lab	CPT/HCP…	84586	PR ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	fee schedule	84.8
facility	lab	CPT/HCP…	84588	PR ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	fee schedule	81.5
facility	lab	CPT/HCP…	84590	PR ASSAY OF VITAMIN A	fee schedule	27.9
facility	lab	CPT/HCP…	84591	PR ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	fee schedule	40.9
facility	lab	CPT/HCP…	84597	PR ASSAY OF VITAMIN K	fee schedule	32.9
facility	lab	CPT/HCP…	84600	PR ASSAY OF VOLATILES	fee schedule	41.1
facility	lab	CPT/HCP…	84620	PR XYLOSE ABSORPTION TEST BLOOD &/URINE	fee schedule	31.0
facility	lab	CPT/HCP…	84630	PR ASSAY OF ZINC	fee schedule	27.3
facility	lab	CPT/HCP…	84681	PR ASSAY OF C-PEPTIDE	fee schedule	49.9
facility	lab	CPT/HCP…	84702	PR GONADOTROPIN CHORIONIC QUANTITATIVE	fee schedule	36.1
facility	lab	CPT/HCP…	84703	PR GONADOTROPIN CHORIONIC QUALITATIVE	fee schedule	18.1
facility	lab	CPT/HCP…	84703	PR GONADOTROPIN CHORIONIC QUALITATIVE	fee schedule	18.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	84704	PR GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	fee schedule	36.7
facility	lab	CPT/HCP…	84830	PR OVULATION TEST VISUAL COLOR COMPARISON HLH	fee schedule	30.5
facility	lab	CPT/HCP…	85002	PR BLEEDING TIME TEST	fee schedule	11.6
facility	lab	CPT/HCP…	85004	PR BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	fee schedule	15.5
facility	lab	CPT/HCP…	85007	PR BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	fee schedule	9.1
facility	lab	CPT/HCP…	85008	PR BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	fee schedule	8.2
facility	lab	CPT/HCP…	85009	PR BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	fee schedule	12.2
facility	lab	CPT/HCP…	85013	PR BLOOD COUNT SPUN MICROHEMATOCRIT	fee schedule	16.8
facility	lab	CPT/HCP…	85014	PR BLOOD COUNT HEMATOCRIT	fee schedule	5.7
facility	lab	CPT/HCP…	85014	PR BLOOD COUNT HEMATOCRIT	fee schedule	5.7
facility	lab	CPT/HCP…	85018	PR BLOOD COUNT HEMOGLOBIN	fee schedule	5.7
facility	lab	CPT/HCP…	85018	PR BLOOD COUNT HEMOGLOBIN	fee schedule	5.7
facility	lab	CPT/HCP…	85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	fee schedule	18.6
facility	lab	CPT/HCP…	85025	PR BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	fee schedule	18.6
facility	lab	CPT/HCP…	85027	PR BLOOD COUNT COMPLETE AUTOMATED	fee schedule	15.5
facility	lab	CPT/HCP…	85032	PR BLOOD COUNT MANUAL CELL COUNT EACH	fee schedule	10.3
facility	lab	CPT/HCP…	85041	PR BLOOD COUNT RED BLOOD CELL AUTOMATED	fee schedule	7.2
facility	lab	CPT/HCP…	85044	PR BLOOD COUNT RETICULOCYTE MANUAL	fee schedule	10.3
facility	lab	CPT/HCP…	85045	PR BLOOD COUNT RETICULOCYTE AUTOMATED	fee schedule	9.6
facility	lab	CPT/HCP…	85046	PR BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	fee schedule	13.4
facility	lab	CPT/HCP…	85048	PR BLOOD COUNT LEUKOCYTE WBC AUTOMATED	fee schedule	6.1
facility	lab	CPT/HCP…	85049	PR BLOOD COUNT PLATELET AUTOMATED	fee schedule	10.8
facility	lab	CPT/HCP…	85055	PR RETICULATED PLATELET ASSAY	fee schedule	85.8
facility	lab	CPT/HCP…	85130	PR CHROMOGENIC SUBSTRATE ASSAY	fee schedule	28.5
facility	lab	CPT/HCP…	85170	PR BLOOD CLOT RETRACTION	fee schedule	39.1
facility	lab	CPT/HCP…	85175	PR CLOT LYSIS TIME WHOLE BLOOD DILUTION	fee schedule	48.9
facility	lab	CPT/HCP…	85210	PR CLOTTING FACTOR II PROTHROMBIN SPECIFIC	fee schedule	31.1
facility	lab	CPT/HCP…	85220	PR CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	fee schedule	42.4
facility	lab	CPT/HCP…	85230	PR CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	fee schedule	43.0
facility	lab	CPT/HCP…	85240	PR CLOTTING FACTOR VIII AHG 1 STAGE	fee schedule	43.0
facility	lab	CPT/HCP…	85244	PR CLOTTING FACTOR VIII RELATED ANTIGEN	fee schedule	49.0
facility	lab	CPT/HCP…	85245	PR CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	fee schedule	55.1
facility	lab	CPT/HCP…	85246	PR CLOTTING FACTOR VIII VW FACTOR ANTIGEN	fee schedule	55.1
facility	lab	CPT/HCP…	85247	PR CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	fee schedule	55.1
facility	lab	CPT/HCP…	85250	PR CLOTTING FACTOR IX PTC/CHRISTMAS	fee schedule	45.7
facility	lab	CPT/HCP…	85260	PR CLOTTING FACTOR X STUART-PROWER	fee schedule	43.0
facility	lab	CPT/HCP…	85270	PR CLOTTING FACTOR XI PTA	fee schedule	43.0
facility	lab	CPT/HCP…	85280	PR CLOTTING FACTOR XII HAGEMAN	fee schedule	46.4
facility	lab	CPT/HCP…	85290	PR CLOTTING FACTOR XIII FIBRIN STABILIZING	fee schedule	39.2
facility	lab	CPT/HCP…	85291	PR CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	fee schedule	21.9
facility	lab	CPT/HCP…	85292	PR CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	fee schedule	45.4
facility	lab	CPT/HCP…	85293	PR CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	fee schedule	45.4
facility	lab	CPT/HCP…	85300	PR CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	fee schedule	28.4
facility	lab	CPT/HCP…	85301	PR CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	fee schedule	25.9
facility	lab	CPT/HCP…	85302	PR CLOTTING INHIBITORS PROTEIN C ANTIGEN	fee schedule	28.8
facility	lab	CPT/HCP…	85303	PR CLOTTING INHIBITORS PROTEIN C ACTIVITY	fee schedule	33.2
facility	lab	CPT/HCP…	85305	PR CLOTTING INHIBITORS PROTEIN S TOTAL	fee schedule	27.9
facility	lab	CPT/HCP…	85306	PR CLOTTING INHIBITORS PROTEIN S FREE	fee schedule	36.8
facility	lab	CPT/HCP…	85307	PR ACTIVATED PROTEIN C APC RESISTANCE ASSAY	fee schedule	36.8
facility	lab	CPT/HCP…	85335	PR FACTOR INHIBITOR TEST	fee schedule	30.9
facility	lab	CPT/HCP…	85337	PR THROMBOMODULIN	fee schedule	41.5
facility	lab	CPT/HCP…	85345	PR COAGULATION TIME LEE AND WHITE	fee schedule	11.3
facility	lab	CPT/HCP…	85347	PR COAGULATION TIME ACTIVATED	fee schedule	10.3
facility	lab	CPT/HCP…	85348	PR COAGULATION TIME OTHER METHODS	fee schedule	10.8
facility	lab	CPT/HCP…	85360	PR EUGLOBULIN LYSIS	fee schedule	20.2
facility	lab	CPT/HCP…	85362	PR FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	fee schedule	16.5
facility	lab	CPT/HCP…	85366	PR FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	fee schedule	193.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	85370	PR FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	fee schedule	29.8
facility	lab	CPT/HCP…	85378	PR FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	fee schedule	23.3
facility	lab	CPT/HCP…	85379	PR FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	fee schedule	24.4
facility	lab	CPT/HCP…	85380	PR FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	fee schedule	24.4
facility	lab	CPT/HCP…	85384	PR FIBRINOGEN ACTIVITY	fee schedule	23.3
facility	lab	CPT/HCP…	85385	PR FIBRINOGEN ANTIGEN	fee schedule	34.7
facility	lab	CPT/HCP…	85390	PR FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	fee schedule	37.1
facility	lab	CPT/HCP…	85397	PR COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	fee schedule	74.1
facility	lab	CPT/HCP…	85400	PR FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	fee schedule	18.5
facility	lab	CPT/HCP…	85410	PR FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	fee schedule	18.5
facility	lab	CPT/HCP…	85415	PR FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	fee schedule	41.3
facility	lab	CPT/HCP…	85420	PR FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	fee schedule	15.7
facility	lab	CPT/HCP…	85421	PR FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	fee schedule	24.4
facility	lab	CPT/HCP…	85441	PR HEINZ BODIES DIRECT	fee schedule	10.1
facility	lab	CPT/HCP…	85445	PR HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	fee schedule	16.4
facility	lab	CPT/HCP…	85460	PR HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	fee schedule	18.6
facility	lab	CPT/HCP…	85461	PR HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	fee schedule	22.5
facility	lab	CPT/HCP…	85475	PR HEMOLYSIN ACID	fee schedule	21.3
facility	lab	CPT/HCP…	85520	PR HEPARIN ASSAY	fee schedule	31.4
facility	lab	CPT/HCP…	85525	PR HEPARIN NEUTRALIZATION	fee schedule	28.4
facility	lab	CPT/HCP…	85530	PR HEPARIN-PROTAMINE TOLERANCE TST	fee schedule	31.4
facility	lab	CPT/HCP…	85536	PR IRON STAIN PERIPHERAL BLOOD	fee schedule	16.5
facility	lab	CPT/HCP…	85540	PR WBC ALKALINE PHOSPHATASE COUNT	fee schedule	20.6
facility	lab	CPT/HCP…	85547	PR MECHANICAL FRAGILITY RBC	fee schedule	20.6
facility	lab	CPT/HCP…	85549	PR MURAMIDASE	fee schedule	45.0
facility	lab	CPT/HCP…	85555	PR OSMOTIC FRAGILITY RBC UNINCUBATED	fee schedule	17.9
facility	lab	CPT/HCP…	85557	PR OSMOTIC FRAGILITY RBC INCUBATED	fee schedule	32.1
facility	lab	CPT/HCP…	85576	PR PLATELET AGGREGATION IN VITRO EACH AGENT	fee schedule	59.8
facility	lab	CPT/HCP…	85576	PR PLATELET AGGREGATION IN VITRO EACH AGENT	fee schedule	59.8
facility	lab	CPT/HCP…	85597	PR PHOSPHOLIPID NEUTRALIZATION PLATELET	fee schedule	43.1
facility	lab	CPT/HCP…	85598	PR PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	fee schedule	43.1
facility	lab	CPT/HCP…	85610	PR PROTHROMBIN TIME	fee schedule	10.3
facility	lab	CPT/HCP…	85610	PR PROTHROMBIN TIME	fee schedule	10.3
facility	lab	CPT/HCP…	85611	PR PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	fee schedule	9.5
facility	lab	CPT/HCP…	85612	PR RUSSELL VIPER VENON TIME UNDILUTED	fee schedule	42.0
facility	lab	CPT/HCP…	85613	PR RUSSELL VIPER VENOM TIME DILUTED	fee schedule	23.0
facility	lab	CPT/HCP…	85635	PR REPTILASE TEST	fee schedule	23.6
facility	lab	CPT/HCP…	85651	PR SEDIMENTATION RATE RBC NON-AUTOMATED	fee schedule	10.2
facility	lab	CPT/HCP…	85652	PR SEDIMENTATION RATE RBC AUTOMATED	fee schedule	6.5
facility	lab	CPT/HCP…	85660	PR SICKLING RBC REDUCTION	fee schedule	13.2
facility	lab	CPT/HCP…	85670	PR THROMBIN TIME PLASMA	fee schedule	13.8
facility	lab	CPT/HCP…	85675	PR THROMBIN TIME TITER	fee schedule	16.4
facility	lab	CPT/HCP…	85705	PR THROMBOPLASTIN INHIBITION TISSUE	fee schedule	23.1
facility	lab	CPT/HCP…	85730	PR THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	fee schedule	14.4
facility	lab	CPT/HCP…	85732	PR THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	fee schedule	15.5
facility	lab	CPT/HCP…	85810	PR VISCOSITY	fee schedule	28.0
facility	lab	CPT/HCP…	86000	PR AGGLUTININS FEBRILE EACH ANTIGEN	fee schedule	16.8
facility	lab	CPT/HCP…	86001	PR ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	fee schedule	18.8
facility	lab	CPT/HCP…	86003	PR ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	fee schedule	12.5
facility	lab	CPT/HCP…	86005	PR ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	fee schedule	19.1
facility	lab	CPT/HCP…	86008	PR ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	fee schedule	43.0
facility	lab	CPT/HCP…	86015	PR ACTIN SMOOTH MUSCLE ANTIBODY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86021	PR ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	fee schedule	36.1
facility	lab	CPT/HCP…	86022	PR ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	fee schedule	44.1
facility	lab	CPT/HCP…	86023	PR ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	fee schedule	29.9
facility	lab	CPT/HCP…	86036	PR ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	fee schedule	28.9
facility	lab	CPT/HCP…	86037	PR ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	fee schedule	28.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86038	PR ANTINUCLEAR ANTIBODIES ANA	fee schedule	29.0
facility	lab	CPT/HCP…	86039	PR ANTINUCLEAR ANTIBODIES ANA TITER	fee schedule	26.8
facility	lab	CPT/HCP…	86041	PR ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86042	PR ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86043	PR ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	fee schedule	28.9
facility	lab	CPT/HCP…	86051	PR AQUAPORIN-4 ANTIBODY ELISA	fee schedule	27.7
facility	lab	CPT/HCP…	86052	PR AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	fee schedule	28.9
facility	lab	CPT/HCP…	86053	PR AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	fee schedule	90.5
facility	lab	CPT/HCP…	86060	PR ANTISTREPTOLYSIN O TITER	fee schedule	17.5
facility	lab	CPT/HCP…	86063	PR ANTISTREPTOLYSIN O SCREEN	fee schedule	13.8
facility	lab	CPT/HCP…	86140	PR C-REACTIVE PROTEIN	fee schedule	12.4
facility	lab	CPT/HCP…	86141	PR C-REACTIVE PROTEIN HIGH SENSITIVITY	fee schedule	31.1
facility	lab	CPT/HCP…	86146	PR BETA 2 GLYCOPROTEIN I ANTIBODY EACH	fee schedule	61.1
facility	lab	CPT/HCP…	86147	PR CARDIOLIPIN ANTIBODY EACH IG CLASS	fee schedule	61.1
facility	lab	CPT/HCP…	86148	PR ANTI-PHOSPHATIDYLSERINE ANTIBODY	fee schedule	38.6
facility	lab	CPT/HCP…	86152	PR CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	fee schedule	601.9
facility	lab	CPT/HCP…	86155	PR CHEMOTAXIS ASSAY SPECIFY METHOD	fee schedule	38.4
facility	lab	CPT/HCP…	86156	PR COLD AGGLUTININ SCREEN	fee schedule	19.4
facility	lab	CPT/HCP…	86157	PR COLD AGGLUTININ TITER	fee schedule	19.3
facility	lab	CPT/HCP…	86160	PR COMPLEMENT ANTIGEN EACH COMPONENT	fee schedule	28.8
facility	lab	CPT/HCP…	86161	PR COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	fee schedule	28.8
facility	lab	CPT/HCP…	86162	PR COMPLEMENT TOTAL HEMOLYTIC	fee schedule	48.8
facility	lab	CPT/HCP…	86171	PR COMPLEMENT FIXATION TESTS EACH ANTIGEN	fee schedule	24.0
facility	lab	CPT/HCP…	86200	PR CYCLIC CITRULLINATED PEPTIDE ANTIBODY	fee schedule	31.1
facility	lab	CPT/HCP…	86215	PR DEOXYRIBONUCLEASE ANTIBODY	fee schedule	31.8
facility	lab	CPT/HCP…	86225	PR DNA ANTIBODY NATIVE/DOUBLE STRANDED	fee schedule	33.0
facility	lab	CPT/HCP…	86226	PR DNA ANTIBODY SINGLE STRANDED	fee schedule	29.1
facility	lab	CPT/HCP…	86231	PR ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	fee schedule	29.0
facility	lab	CPT/HCP…	86235	PR EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	fee schedule	43.0
facility	lab	CPT/HCP…	86255	PR FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	fee schedule	28.9
facility	lab	CPT/HCP…	86256	PR FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	fee schedule	28.9
facility	lab	CPT/HCP…	86258	PR GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	fee schedule	28.9
facility	lab	CPT/HCP…	86277	PR GROWTH HORMONE HUMAN ANTIBODY	fee schedule	37.8
facility	lab	CPT/HCP…	86280	PR HEMAGGLUTINATION INHIBITION TEST HAI	fee schedule	19.7
facility	lab	CPT/HCP…	86294	PR IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	fee schedule	61.4
facility	lab	CPT/HCP…	86294	PR IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	fee schedule	61.4
facility	lab	CPT/HCP…	86300	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	fee schedule	49.9
facility	lab	CPT/HCP…	86301	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	fee schedule	49.9
facility	lab	CPT/HCP…	86304	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	fee schedule	49.9
facility	lab	CPT/HCP…	86305	PR HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	fee schedule	49.9
facility	lab	CPT/HCP…	86308	PR HETEROPHILE ANTIBODIES SCREEN	fee schedule	12.4
facility	lab	CPT/HCP…	86308	PR HETEROPHILE ANTIBODIES SCREEN	fee schedule	12.4
facility	lab	CPT/HCP…	86309	PR HETEROPHILE ANTIBODIES TITER	fee schedule	15.5
facility	lab	CPT/HCP…	86310	PR HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	fee schedule	17.7
facility	lab	CPT/HCP…	86316	PR IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	fee schedule	49.9
facility	lab	CPT/HCP…	86317	PR IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	fee schedule	36.0
facility	lab	CPT/HCP…	86318	PR IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	fee schedule	43.4
facility	lab	CPT/HCP…	86318	PR IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	fee schedule	43.4
facility	lab	CPT/HCP…	86320	PR IMMUNOELECTROPHORESIS SERUM	fee schedule	71.8
facility	lab	CPT/HCP…	86325	PR IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	fee schedule	55.5
facility	lab	CPT/HCP…	86327	PR IMMUNOELECTROPHORESIS CROSSED	fee schedule	71.8
facility	lab	CPT/HCP…	86328	PR IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	fee schedule	108.7
facility	lab	CPT/HCP…	86328	PR IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	fee schedule	108.7
facility	lab	CPT/HCP…	86329	PR IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	fee schedule	33.7
facility	lab	CPT/HCP…	86331	PR IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	fee schedule	28.8
facility	lab	CPT/HCP…	86332	PR IMMUNE COMPLEX ASSAY	fee schedule	58.5
facility	lab	CPT/HCP…	86334	PR IMMUNOFIXJ ELECTROPHORESIS SERUM	fee schedule	53.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86335	PR IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	fee schedule	70.4
facility	lab	CPT/HCP…	86336	PR INHIBIN A	fee schedule	37.4
facility	lab	CPT/HCP…	86337	PR INSULIN ANTIBODIES	fee schedule	51.4
facility	lab	CPT/HCP…	86340	PR INTRINSIC FACTOR ANTIBODIES	fee schedule	36.2
facility	lab	CPT/HCP…	86341	PR ISLET CELL ANTIBODY	fee schedule	56.6
facility	lab	CPT/HCP…	86343	PR LEUKOCYTE HISTAMINE RELEASE TEST LHR	fee schedule	29.9
facility	lab	CPT/HCP…	86344	PR LEUKOCYTE PHAGOCYTOSIS	fee schedule	24.9
facility	lab	CPT/HCP…	86352	PR CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	fee schedule	326.1
facility	lab	CPT/HCP…	86353	PR LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	fee schedule	117.7
facility	lab	CPT/HCP…	86355	PR B CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86356	PR MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	fee schedule	64.3
facility	lab	CPT/HCP…	86357	PR NATURAL KILLER CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86359	PR T CELLS TOTAL COUNT	fee schedule	90.5
facility	lab	CPT/HCP…	86360	PR T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	fee schedule	112.8
facility	lab	CPT/HCP…	86361	PR T CELLS ABSOLUTE CD4 COUNT	fee schedule	64.3
facility	lab	CPT/HCP…	86362	PR MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86363	PR MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	fee schedule	90.5
facility	lab	CPT/HCP…	86364	PR TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	fee schedule	27.7
facility	lab	CPT/HCP…	86366	PR MUSCLE-SPECIFIC KINASE ANTIBODY	fee schedule	44.2
facility	lab	CPT/HCP…	86367	PR STEM CELLS TOTAL COUNT	fee schedule	186.7
facility	lab	CPT/HCP…	86376	PR MICROSOMAL ANTIBODIES EACH	fee schedule	34.9
facility	lab	CPT/HCP…	86381	PR MITOCHONDRIAL ANTIBODY EACH	fee schedule	61.1
facility	lab	CPT/HCP…	86382	PR NEUTRALIZATION TEST VIRAL	fee schedule	40.6
facility	lab	CPT/HCP…	86384	PR NITROBLUE TETRAZOLIUM DYE TEST NTD	fee schedule	32.7
facility	lab	CPT/HCP…	86386	PR NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	fee schedule	52.3
facility	lab	CPT/HCP…	86386	PR NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	fee schedule	52.3
facility	lab	CPT/HCP…	86403	PR PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	fee schedule	27.7
facility	lab	CPT/HCP…	86406	PR PARTICLE AGGLUTINATION TITER EACH ANTIBODY	fee schedule	25.5
facility	lab	CPT/HCP…	86408	CHG NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	fee schedule	101.1
facility	lab	CPT/HCP…	86409	PR NEUTRALIZING ANTIBODY SARS-COV-2 TITER	fee schedule	191.1
facility	lab	CPT/HCP…	86413	PR SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	fee schedule	123.4
facility	lab	CPT/HCP…	86430	PR RHEUMATOID FACTOR QUALITATIVE	fee schedule	14.7
facility	lab	CPT/HCP…	86431	PR RHEUMATOID FACTOR QUANTITATIVE	fee schedule	13.6
facility	lab	CPT/HCP…	86480	PR TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	fee schedule	148.8
facility	lab	CPT/HCP…	86481	PR TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	fee schedule	240.0
facility	lab	CPT/HCP…	86590	PR STREPTOKINASE ANTIBODY	fee schedule	30.4
facility	lab	CPT/HCP…	86592	PR SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	fee schedule	10.2
facility	lab	CPT/HCP…	86593	PR SYPHILIS TEST QUANTITATIVE	fee schedule	10.6
facility	lab	CPT/HCP…	86596	PR VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	fee schedule	28.9
facility	lab	CPT/HCP…	86602	PR ANTIBODY ACTINOMYCES	fee schedule	24.4
facility	lab	CPT/HCP…	86603	PR ANTIBODY ADENOVIRUS	fee schedule	30.9
facility	lab	CPT/HCP…	86606	PR ANTIBODY ASPERGILLUS	fee schedule	36.1
facility	lab	CPT/HCP…	86609	PR ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	fee schedule	30.9
facility	lab	CPT/HCP…	86611	PR ANTIBODY BARTONELLA	fee schedule	24.4
facility	lab	CPT/HCP…	86612	PR ANTIBODY BLASTOMYCES	fee schedule	31.0
facility	lab	CPT/HCP…	86615	PR ANTIBODY BORDETELLA	fee schedule	31.7
facility	lab	CPT/HCP…	86617	PR ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	fee schedule	37.2
facility	lab	CPT/HCP…	86618	PR ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	fee schedule	40.9
facility	lab	CPT/HCP…	86618	PR ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	fee schedule	40.9
facility	lab	CPT/HCP…	86619	PR ANTIBODY BORRELIA RELAPSING FEVER	fee schedule	32.1
facility	lab	CPT/HCP…	86622	PR ANTIBODY BRUCELLA	fee schedule	21.4
facility	lab	CPT/HCP…	86625	PR ANTIBODY CAMPYLOBACTER	fee schedule	31.5
facility	lab	CPT/HCP…	86628	PR ANTIBODY CANDIDA	fee schedule	28.8
facility	lab	CPT/HCP…	86631	PR ANTIBODY CHLAMYDIA	fee schedule	28.4
facility	lab	CPT/HCP…	86632	PR ANTIBODY CHLAMYDIA IGM	fee schedule	30.4
facility	lab	CPT/HCP…	86635	PR ANTIBODY COCCIDIOIDES	fee schedule	27.5
facility	lab	CPT/HCP…	86638	PR ANTIBODY COXIELLA BURNETII Q FEVER	fee schedule	29.1

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86641	PR ANTIBODY CRYPTOCOCCUS	fee schedule	34.6
facility	lab	CPT/HCP…	86644	PR ANTIBODY CYTOMEGALOVIRUS CMV	fee schedule	34.5
facility	lab	CPT/HCP…	86645	PR ANTIBODY CYTOMEGALOVIRUS CMV IGM	fee schedule	40.4
facility	lab	CPT/HCP…	86648	PR ANTIBODY DIPHTHERIA	fee schedule	36.5
facility	lab	CPT/HCP…	86651	PR ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	fee schedule	31.7
facility	lab	CPT/HCP…	86652	PR ANTIBODY ENCEPHALITIS EASTERN EQUINE	fee schedule	31.7
facility	lab	CPT/HCP…	86653	PR ANTIBODY ENCEPHALITIS ST. LOUIS	fee schedule	31.7
facility	lab	CPT/HCP…	86654	PR ANTIBODY ENCEPHALITIS WESTRN EQUINE	fee schedule	31.7
facility	lab	CPT/HCP…	86658	PR ANTIBODY ENTEROVIRUS	fee schedule	31.3
facility	lab	CPT/HCP…	86663	PR ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	fee schedule	31.5
facility	lab	CPT/HCP…	86664	PR ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	fee schedule	36.7
facility	lab	CPT/HCP…	86665	PR ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	fee schedule	43.5
facility	lab	CPT/HCP…	86666	PR ANTIBODY EHRLICHIA	fee schedule	24.4
facility	lab	CPT/HCP…	86668	PR ANTIBODY FRANCISELLA TULARENSIS	fee schedule	34.0
facility	lab	CPT/HCP…	86671	PR ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	fee schedule	29.4
facility	lab	CPT/HCP…	86674	PR ANTIBODY GIARDIA LAMBLIA	fee schedule	35.3
facility	lab	CPT/HCP…	86677	PR ANTIBODY HELICOBACTER PYLORI	fee schedule	40.4
facility	lab	CPT/HCP…	86682	PR ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	fee schedule	31.2
facility	lab	CPT/HCP…	86684	PR ANTIBODY HAEMOPHILUS INFLUENZA	fee schedule	38.0
facility	lab	CPT/HCP…	86687	PR ANTIBODY HTLV-I	fee schedule	21.8
facility	lab	CPT/HCP…	86688	PR ANTIBODY HTLV-II	fee schedule	33.6
facility	lab	CPT/HCP…	86689	PR ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	fee schedule	46.4
facility	lab	CPT/HCP…	86692	PR ANTIBODY HEP DELTA AGENT	fee schedule	41.2
facility	lab	CPT/HCP…	86694	PR ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	fee schedule	34.5
facility	lab	CPT/HCP…	86695	PR ANTIBODY HERPES SMPLX TYPE 1	fee schedule	31.7
facility	lab	CPT/HCP…	86696	PR ANTIBODY HERPES SMPLX TYPE 2	fee schedule	46.4
facility	lab	CPT/HCP…	86698	PR ANTIBODY HISTOPLASMA	fee schedule	33.1
facility	lab	CPT/HCP…	86701	PR ANTIBODY HIV-1	fee schedule	21.3
facility	lab	CPT/HCP…	86701	PR ANTIBODY HIV-1	fee schedule	21.3
facility	lab	CPT/HCP…	86702	PR ANTIBODY HIV-2	fee schedule	32.5
facility	lab	CPT/HCP…	86703	PR ANTIBODY HIV-1&HIV-2 SINGLE RESULT	fee schedule	32.9
facility	lab	CPT/HCP…	86704	PR HEPATITIS B CORE ANTIBODY HBCAB TOTAL	fee schedule	28.9
facility	lab	CPT/HCP…	86705	PR HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	fee schedule	28.2
facility	lab	CPT/HCP…	86706	PR HEPATITIS B SURF ANTIBODY HBSAB	fee schedule	25.8
facility	lab	CPT/HCP…	86707	PR HEPATITIS BE ANTIBODY HBEAB	fee schedule	27.8
facility	lab	CPT/HCP…	86708	PR HEPATITIS A ANTIBODY HAAB	fee schedule	29.7
facility	lab	CPT/HCP…	86709	PR HEPATITIS ANTIBODY HAAB IGM ANTIBODY	fee schedule	27.0
facility	lab	CPT/HCP…	86710	PR ANTIBODY INFLUENZA VIRUS	fee schedule	32.5
facility	lab	CPT/HCP…	86711	PR ANTIBODY JOHN CUNNINGHAM VIRUS	fee schedule	40.5
facility	lab	CPT/HCP…	86713	PR ANTIBODY LEGIONELLA	fee schedule	36.7
facility	lab	CPT/HCP…	86717	PR ANTIBODY LEISHMANIA	fee schedule	29.4
facility	lab	CPT/HCP…	86720	PR ANTIBODY LEPTOSPIRA	fee schedule	38.9
facility	lab	CPT/HCP…	86723	PR ANTIBODY LISTERIA MONOCYTOGENES	fee schedule	31.7
facility	lab	CPT/HCP…	86727	PR ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	fee schedule	30.9
facility	lab	CPT/HCP…	86732	PR ANTIBODY MUCORMYCOSIS	fee schedule	36.0
facility	lab	CPT/HCP…	86735	PR ANTIBODY MUMPS	fee schedule	31.3
facility	lab	CPT/HCP…	86738	PR ANTIBODY MYCOPLSM	fee schedule	31.8
facility	lab	CPT/HCP…	86741	PR ANTIBODY NEISSERIA MENINGITIDIS	fee schedule	31.7
facility	lab	CPT/HCP…	86744	PR ANTIBODY NOCARDIA	fee schedule	38.4
facility	lab	CPT/HCP…	86747	PR ANTIBODY PARVOVIRUS	fee schedule	36.1
facility	lab	CPT/HCP…	86750	PR ANTIBODY PLASMODIUM MALARIA	fee schedule	31.7
facility	lab	CPT/HCP…	86753	PR ANTIBODY PROTOZOA NES	fee schedule	29.7
facility	lab	CPT/HCP…	86756	PR ANTIBODY RESPIRATORY SYNCTIAL VIRUS	fee schedule	38.1
facility	lab	CPT/HCP…	86757	PR ANTIBODY RICKETTSIA	fee schedule	46.4
facility	lab	CPT/HCP…	86759	PR ANTIBODY ROTAVIRUS	fee schedule	43.8
facility	lab	CPT/HCP…	86762	PR ANTIBODY RUBELLA	fee schedule	34.5
facility	lab	CPT/HCP…	86765	PR ANTIBODY RUBEOLA	fee schedule	30.9

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	86768	PR ANTIBODY SALMONELLA	fee schedule	31.7
facility	lab	CPT/HCP…	86769	PR ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	fee schedule	101.1
facility	lab	CPT/HCP…	86771	PR ANTIBODY SHIGELLA	fee schedule	58.8
facility	lab	CPT/HCP…	86774	PR ANTIBODY TETANUS	fee schedule	35.5
facility	lab	CPT/HCP…	86777	PR ANTIBODY TOXOPLASMA	fee schedule	34.5
facility	lab	CPT/HCP…	86778	PR ANTIBODY TOXOPLASMA IGM	fee schedule	34.6
facility	lab	CPT/HCP…	86780	PR ANTIBODY TREPONEMA PALLIDUM	fee schedule	31.8
facility	lab	CPT/HCP…	86780	PR ANTIBODY TREPONEMA PALLIDUM	fee schedule	31.8
facility	lab	CPT/HCP…	86784	PR ANTIBODY TRICHINELLA	fee schedule	30.1
facility	lab	CPT/HCP…	86787	PR ANTIBODY VARICELLA-ZOSTER	fee schedule	30.9
facility	lab	CPT/HCP…	86788	PR ANTIBODY WEST NILE VIRUS IGM	fee schedule	40.4
facility	lab	CPT/HCP…	86789	PR ANTIBODY WEST NILE VIRUS	fee schedule	34.5
facility	lab	CPT/HCP…	86790	PR ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	fee schedule	30.9
facility	lab	CPT/HCP…	86793	PR ANTIBODY YERSINIA	fee schedule	31.7
facility	lab	CPT/HCP…	86794	PR ZIKA VIRUS IGM ANTIBODY	fee schedule	40.4
facility	lab	CPT/HCP…	86800	PR THYROGLOBULIN ANTIBODY	fee schedule	38.2
facility	lab	CPT/HCP…	86803	PR HEPATITIS C ANTIBODY	fee schedule	34.2
facility	lab	CPT/HCP…	86803	PR HEPATITIS C ANTIBODY	fee schedule	34.2
facility	lab	CPT/HCP…	86804	PR HEPATITIS C ANTIBODY CONFIRMATORY TEST	fee schedule	37.2
facility	lab	CPT/HCP…	86805	PR LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	fee schedule	454.8
facility	lab	CPT/HCP…	86806	PR LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	fee schedule	114.2
facility	lab	CPT/HCP…	86807	PR SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	fee schedule	188.8
facility	lab	CPT/HCP…	86808	PR SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	fee schedule	71.2
facility	lab	CPT/HCP…	86812	PR HLA TYPING A/B/C SINGLE ANTIGEN	fee schedule	61.9
facility	lab	CPT/HCP…	86813	PR HLA TYPING A/B/C MULTIPLE ANTIGENS	fee schedule	139.2
facility	lab	CPT/HCP…	86816	PR HLA TYPING DR/DQ SINGLE ANTIGEN	fee schedule	72.4
facility	lab	CPT/HCP…	86817	PR HLA TYPING DR/DQ MULTIPLE ANTIGENS	fee schedule	254.7
facility	lab	CPT/HCP…	86821	PR HLA TYPING LYMPHOCYTE CULTURE MIXED	fee schedule	87.7
facility	lab	CPT/HCP…	86825	PR HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	fee schedule	262.8
facility	lab	CPT/HCP…	86826	PR HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	fee schedule	87.7
facility	lab	CPT/HCP…	86828	PR ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	fee schedule	154.1
facility	lab	CPT/HCP…	86829	PR ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	fee schedule	154.1
facility	lab	CPT/HCP…	86830	PR ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	fee schedule	229.2
facility	lab	CPT/HCP…	86831	PR ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	fee schedule	196.5
facility	lab	CPT/HCP…	86832	PR ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	fee schedule	777.0
facility	lab	CPT/HCP…	86833	PR ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	fee schedule	781.9
facility	lab	CPT/HCP…	86834	PR ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	fee schedule	858.1
facility	lab	CPT/HCP…	86835	PR ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	fee schedule	775.1
facility	lab	CPT/HCP…	86850	PR ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	fee schedule	23.4
facility	lab	CPT/HCP…	86880	PR ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	fee schedule	12.9
facility	lab	CPT/HCP…	86885	PR ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	fee schedule	13.7
facility	lab	CPT/HCP…	86886	PR ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	fee schedule	12.4
facility	lab	CPT/HCP…	86900	PR BLOOD TYPING SEROLOGIC ABO	fee schedule	7.2
facility	lab	CPT/HCP…	86901	PR BLOOD TYPING SEROLOGIC RH (D)	fee schedule	7.2
facility	lab	CPT/HCP…	86902	PR BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	fee schedule	15.2
facility	lab	CPT/HCP…	86904	PR BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	fee schedule	39.2
facility	lab	CPT/HCP…	86905	PR BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	fee schedule	9.2
facility	lab	CPT/HCP…	86906	PR BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	fee schedule	18.6
facility	lab	CPT/HCP…	86940	PR HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	fee schedule	21.1
facility	lab	CPT/HCP…	86941	PR HEMOLYSINS&AGGLUTININS INCUBATED	fee schedule	29.1
facility	lab	CPT/HCP…	87003	PR ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	fee schedule	40.4
facility	lab	CPT/HCP…	87015	PR CONCENTRATION INFECTIOUS AGENTS	fee schedule	16.0
facility	lab	CPT/HCP…	87040	PR CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	fee schedule	24.8
facility	lab	CPT/HCP…	87045	PR CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	fee schedule	22.7
facility	lab	CPT/HCP…	87046	PR CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	fee schedule	22.7
facility	lab	CPT/HCP…	87070	PR CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	fee schedule	20.7
facility	lab	CPT/HCP…	87071	PR CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	fee schedule	23.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87073	PR CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	fee schedule	23.2
facility	lab	CPT/HCP…	87075	PR CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	fee schedule	22.7
facility	lab	CPT/HCP…	87076	PR CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87077	PR CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87077	PR CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	fee schedule	19.4
facility	lab	CPT/HCP…	87081	PR CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	fee schedule	15.9
facility	lab	CPT/HCP…	87084	PR CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	fee schedule	65.0
facility	lab	CPT/HCP…	87086	PR CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	fee schedule	19.4
facility	lab	CPT/HCP…	87088	PR CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	fee schedule	19.4
facility	lab	CPT/HCP…	87101	PR CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	fee schedule	18.5
facility	lab	CPT/HCP…	87102	PR CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	fee schedule	20.2
facility	lab	CPT/HCP…	87103	PR CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	fee schedule	49.1
facility	lab	CPT/HCP…	87106	PR CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	fee schedule	24.8
facility	lab	CPT/HCP…	87107	PR CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	fee schedule	24.8
facility	lab	CPT/HCP…	87109	PR CULTURE MYCOPLASMA ANY SOURCE	fee schedule	36.9
facility	lab	CPT/HCP…	87110	PR CULTURE CHLAMYDIA ANY SOURCE	fee schedule	47.0
facility	lab	CPT/HCP…	87116	PR CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	fee schedule	25.9
facility	lab	CPT/HCP…	87118	PR CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	fee schedule	35.1
facility	lab	CPT/HCP…	87140	PR CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	fee schedule	13.4
facility	lab	CPT/HCP…	87143	PR CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	fee schedule	30.1
facility	lab	CPT/HCP…	87147	PR CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	fee schedule	12.4
facility	lab	CPT/HCP…	87149	PR CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	fee schedule	48.1
facility	lab	CPT/HCP…	87150	PR CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	fee schedule	84.2
facility	lab	CPT/HCP…	87152	PR CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	fee schedule	18.6
facility	lab	CPT/HCP…	87153	PR CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	fee schedule	276.9
facility	lab	CPT/HCP…	87154	PR CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	fee schedule	523.3
facility	lab	CPT/HCP…	87158	PR CULTURE TYPING OTHER METHODS	fee schedule	18.6
facility	lab	CPT/HCP…	87164	PR DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	fee schedule	25.8
facility	lab	CPT/HCP…	87166	PR DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	fee schedule	27.1
facility	lab	CPT/HCP…	87168	PR MACROSCOPIC EXAMINATION ARTHROPOD	fee schedule	10.2
facility	lab	CPT/HCP…	87169	PR MACROSCOPIC EXAMINATION PARASITE	fee schedule	10.3
facility	lab	CPT/HCP…	87172	PR PINWORM EXAMINATION	fee schedule	10.2
facility	lab	CPT/HCP…	87176	PR HOMOGENIZATION TISSUE CULTURE	fee schedule	14.1
facility	lab	CPT/HCP…	87177	PR OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	fee schedule	21.4
facility	lab	CPT/HCP…	87181	PR SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	fee schedule	11.4
facility	lab	CPT/HCP…	87184	PR SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	fee schedule	17.9
facility	lab	CPT/HCP…	87185	PR SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	fee schedule	11.4
facility	lab	CPT/HCP…	87186	PR SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	fee schedule	20.8
facility	lab	CPT/HCP…	87187	PR SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	fee schedule	96.4
facility	lab	CPT/HCP…	87188	PR SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	fee schedule	15.9
facility	lab	CPT/HCP…	87190	PR SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	fee schedule	17.5
facility	lab	CPT/HCP…	87197	PR SERUM BACTERICIDAL TITER	fee schedule	36.0
facility	lab	CPT/HCP…	87205	PR SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	fee schedule	10.2
facility	lab	CPT/HCP…	87206	PR SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	fee schedule	12.9
facility	lab	CPT/HCP…	87207	PR SMR PRIM SRC SPEC STAIN BODIES/PARASITS	fee schedule	14.4
facility	lab	CPT/HCP…	87209	PR SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	fee schedule	43.1
facility	lab	CPT/HCP…	87210	PR SMR PRIM SRC WET MOUNT NFCT AGT	fee schedule	14.0
facility	lab	CPT/HCP…	87210	PR SMR PRIM SRC WET MOUNT NFCT AGT	fee schedule	14.0
facility	lab	CPT/HCP…	87220	PR TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	fee schedule	10.2
facility	lab	CPT/HCP…	87230	PR TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	fee schedule	47.4
facility	lab	CPT/HCP…	87250	PR VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	fee schedule	46.9
facility	lab	CPT/HCP…	87252	PR VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	fee schedule	62.6
facility	lab	CPT/HCP…	87253	PR VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	fee schedule	48.5
facility	lab	CPT/HCP…	87254	PR VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	fee schedule	46.9
facility	lab	CPT/HCP…	87255	PR VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	fee schedule	81.3
facility	lab	CPT/HCP…	87260	PR IAADI ADENOVIRUS	fee schedule	34.6
facility	lab	CPT/HCP…	87265	PR IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	fee schedule	28.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87267	PR IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	fee schedule	32.2
facility	lab	CPT/HCP…	87269	PR IAADI GIARDIA	fee schedule	32.7
facility	lab	CPT/HCP…	87270	PR IAADI CHLAMYDIA TRACHOMATIS	fee schedule	28.8
facility	lab	CPT/HCP…	87271	PR IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	fee schedule	32.2
facility	lab	CPT/HCP…	87272	PR IAADI CRYPTOSPORIDIUM	fee schedule	28.8
facility	lab	CPT/HCP…	87273	PR IAADI HERPES SMPLX VIRUS TYPE 2	fee schedule	28.8
facility	lab	CPT/HCP…	87274	PR IAADI HERPES SMPLX VIRUS TYPE 1	fee schedule	28.8
facility	lab	CPT/HCP…	87275	PR IAADI INFLUENZA B VIRUS	fee schedule	29.4
facility	lab	CPT/HCP…	87276	PR IAADI INFFLUENZA A VIRUS	fee schedule	38.6
facility	lab	CPT/HCP…	87278	PR IAADI LEGIONELLA PNEUMOPHILA	fee schedule	37.4
facility	lab	CPT/HCP…	87279	PR IAADI PARAINFLUENZA VIRUS EACH TYPE	fee schedule	39.4
facility	lab	CPT/HCP…	87280	PR IAADI RESPIRATORY SYNCTIAL VIRUS	fee schedule	32.2
facility	lab	CPT/HCP…	87281	PR IAADI PNEUMOCUSTIS CARINII	fee schedule	28.8
facility	lab	CPT/HCP…	87283	PR IAADI RUBEOLA	fee schedule	145.9
facility	lab	CPT/HCP…	87285	PR IAADI TREPONEMA PALLIDUM	fee schedule	29.2
facility	lab	CPT/HCP…	87290	PR IAADI VARICELLA ZOSTER VIRUS	fee schedule	32.2
facility	lab	CPT/HCP…	87299	PR IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	38.6
facility	lab	CPT/HCP…	87300	PR IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	fee schedule	28.8
facility	lab	CPT/HCP…	87301	PR IAAD IA ADENOVIRUS ENTERIC TYP 40/41	fee schedule	28.8
facility	lab	CPT/HCP…	87305	PR IAAD IA ASPERGILLUS	fee schedule	28.8
facility	lab	CPT/HCP…	87320	PR IAAD IA CHLAMYDIA TRACHOMATIS	fee schedule	36.0
facility	lab	CPT/HCP…	87324	PR IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	fee schedule	28.8
facility	lab	CPT/HCP…	87327	PR IAAD IA CRYPTOCOCCUS NEOFORMANS	fee schedule	32.2
facility	lab	CPT/HCP…	87328	PR IAAD IA CRYPTOSPORIDIUM	fee schedule	33.2
facility	lab	CPT/HCP…	87329	PR IAAD IA GIARDIA	fee schedule	28.8
facility	lab	CPT/HCP…	87332	PR IAAD IA CYTOMEGALOVIRUS	fee schedule	28.8
facility	lab	CPT/HCP…	87335	PR IAAD IA ESCHERICHIA COLI 0157	fee schedule	30.4
facility	lab	CPT/HCP…	87336	PR IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	fee schedule	38.4
facility	lab	CPT/HCP…	87337	PR IAAD IA ENTAMOEBA HISTOLYTICA GRP	fee schedule	28.8
facility	lab	CPT/HCP…	87338	PR IAAD IA HPYLORI STOOL	fee schedule	34.5
facility	lab	CPT/HCP…	87338	PR IAAD IA HPYLORI STOOL	fee schedule	34.5
facility	lab	CPT/HCP…	87339	PR IAAD IA HPYLORI	fee schedule	38.4
facility	lab	CPT/HCP…	87340	PR IAAD IA HEPATITIS B SURFACE ANTIGEN	fee schedule	24.8
facility	lab	CPT/HCP…	87341	PR IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	fee schedule	24.8
facility	lab	CPT/HCP…	87350	PR IAAD IA HEPATITIS BE ANTIGEN	fee schedule	27.7
facility	lab	CPT/HCP…	87380	PR IAAD IA HEPATITIS DELTA ANTIGEN	fee schedule	44.1
facility	lab	CPT/HCP…	87385	PR IAAD IA HISTOPLASM CAPSULATUM	fee schedule	31.8
facility	lab	CPT/HCP…	87389	PR IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	fee schedule	57.8
facility	lab	CPT/HCP…	87389	PR IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	fee schedule	57.8
facility	lab	CPT/HCP…	87390	PR IAAD IA HIV-1	fee schedule	57.7
facility	lab	CPT/HCP…	87391	PR IAAD IA HIV-2	fee schedule	52.6
facility	lab	CPT/HCP…	87400	PR IAAD IA INFLUENZA A/B EACH	fee schedule	33.9
facility	lab	CPT/HCP…	87400	PR IAAD IA INFLUENZA A/B EACH	fee schedule	33.9
facility	lab	CPT/HCP…	87420	PR IAAD IA RESPIRATORY SYNCTIAL VIRUS	fee schedule	33.4
facility	lab	CPT/HCP…	87420	PR IAAD IA RESPIRATORY SYNCTIAL VIRUS	fee schedule	33.4
facility	lab	CPT/HCP…	87425	PR IAAD IA ROTAVIRUS	fee schedule	28.8
facility	lab	CPT/HCP…	87426	PR IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	84.8
facility	lab	CPT/HCP…	87426	PR IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	84.8
facility	lab	CPT/HCP…	87427	PR IAAD IA SHIGA-LIKE TOXIN	fee schedule	28.8
facility	lab	CPT/HCP…	87428	PR IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	fee schedule	168.7
facility	lab	CPT/HCP…	87428	PR IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	fee schedule	168.7
facility	lab	CPT/HCP…	87430	PR IAAD IA STREPTOCOCCUS GROUP A	fee schedule	40.3
facility	lab	CPT/HCP…	87430	PR IAAD IA STREPTOCOCCUS GROUP A	fee schedule	40.3
facility	lab	CPT/HCP…	87449	PR IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	28.8
facility	lab	CPT/HCP…	87449	PR IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	fee schedule	28.8
facility	lab	CPT/HCP…	87451	PR IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	fee schedule	25.2
facility	lab	CPT/HCP…	87467	PR HEPATITIS B SURFACE ANTIGEN QUANTITATIVE	fee schedule	n/a

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87468	CHG IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFED PRB TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87469	CHG IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87471	PR IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87472	PR IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	fee schedule	102.8
facility	lab	CPT/HCP…	87475	PR IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87476	PR IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87478	CHG IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	fee schedule	84.2
facility	lab	CPT/HCP…	87480	PR IADNA CANDIDA SPECIES DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87481	PR IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87482	PR IADNA CANDIDA SPECIES QUANTIFICATION	fee schedule	133.8
facility	lab	CPT/HCP…	87483	PR CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	fee schedule	1,000.3
facility	lab	CPT/HCP…	87484	CHG IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87485	PR IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87486	PR IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87487	PR IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87490	PR IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	fee schedule	54.6
facility	lab	CPT/HCP…	87491	PR IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87492	PR IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	fee schedule	128.3
facility	lab	CPT/HCP…	87493	PR INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	fee schedule	89.5
facility	lab	CPT/HCP…	87495	PR IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	fee schedule	72.1
facility	lab	CPT/HCP…	87496	PR IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87497	PR IADNA CYTOMEGALOVIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87498	PR IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	fee schedule	84.2
facility	lab	CPT/HCP…	87500	PR INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	fee schedule	84.2
facility	lab	CPT/HCP…	87501	PR INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	fee schedule	123.1
facility	lab	CPT/HCP…	87502	PR INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	fee schedule	229.9
facility	lab	CPT/HCP…	87502	PR INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	fee schedule	229.9
facility	lab	CPT/HCP…	87503	PR NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	fee schedule	70.1
facility	lab	CPT/HCP…	87505	PR NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	fee schedule	307.9
facility	lab	CPT/HCP…	87506	PR IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	fee schedule	631.2
facility	lab	CPT/HCP…	87507	PR IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	fee schedule	1,000.3
facility	lab	CPT/HCP…	87510	PR IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87511	PR IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87512	PR IADNA GARDNERELLA VAGINALIS QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87516	PR IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87517	PR IADNA HEPATITIS B VIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87520	PR IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	fee schedule	74.9
facility	lab	CPT/HCP…	87521	PR IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	fee schedule	84.2
facility	lab	CPT/HCP…	87522	PR IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	fee schedule	102.8
facility	lab	CPT/HCP…	87523	PR IADNA HEPATITIS D DELTA QUAN W/REV TRANSCRIPTION	fee schedule	102.8
facility	lab	CPT/HCP…	87525	PR IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	fee schedule	71.5
facility	lab	CPT/HCP…	87526	PR IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	fee schedule	94.2
facility	lab	CPT/HCP…	87527	PR IADNA HEPATITIS G QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87528	PR IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87529	PR IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87530	PR IADNA HERPES SOMPLX VIRUS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87531	PR IADNA HERPES VIRUS-6 DIRECT PROBE TQ	fee schedule	139.2
facility	lab	CPT/HCP…	87532	PR IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87533	PR IADNA HERPES VIRUS-6 QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87534	PR IADNA HIV-1 DIRECT PROBE TECHNIQUE	fee schedule	52.6
facility	lab	CPT/HCP…	87535	PR IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	fee schedule	84.2
facility	lab	CPT/HCP…	87536	PR IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	fee schedule	204.2
facility	lab	CPT/HCP…	87537	PR IADNA HIV-2 DIRECT PROBE TECHNIQUE	fee schedule	52.6
facility	lab	CPT/HCP…	87538	PR IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	fee schedule	84.2
facility	lab	CPT/HCP…	87539	PR IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	fee schedule	140.7
facility	lab	CPT/HCP…	87540	PR IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87541	PR IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	fee schedule	84.2

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87542	PR IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87550	PR IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87551	PR IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	fee schedule	115.8
facility	lab	CPT/HCP…	87552	PR IADNA MYCOBACTERIA SPECIES QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87555	PR IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	fee schedule	64.5
facility	lab	CPT/HCP…	87556	PR IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	fee schedule	100.0
facility	lab	CPT/HCP…	87557	PR IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87560	PR IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	fee schedule	65.5
facility	lab	CPT/HCP…	87561	PR IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	fee schedule	84.2
facility	lab	CPT/HCP…	87562	PR IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	fee schedule	102.8
facility	lab	CPT/HCP…	87563	PR IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	fee schedule	84.2
facility	lab	CPT/HCP…	87580	PR IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87581	PR IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87582	PR IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	fee schedule	726.3
facility	lab	CPT/HCP…	87590	PR IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	fee schedule	64.5
facility	lab	CPT/HCP…	87591	PR IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87592	PR IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	fee schedule	102.8
facility	lab	CPT/HCP…	87593	PR IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	fee schedule	n/a
facility	lab	CPT/HCP…	87623	PR IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	fee schedule	84.2
facility	lab	CPT/HCP…	87624	PR IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	fee schedule	84.2
facility	lab	CPT/HCP…	87625	PR IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	fee schedule	97.3
facility	lab	CPT/HCP…	87631	PR IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	fee schedule	342.3
facility	lab	CPT/HCP…	87631	PR IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	fee schedule	342.3
facility	lab	CPT/HCP…	87632	PR IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	fee schedule	523.3
facility	lab	CPT/HCP…	87633	PR IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	fee schedule	1,000.3
facility	lab	CPT/HCP…	87633	PR IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	fee schedule	1,000.3
facility	lab	CPT/HCP…	87634	PR IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	fee schedule	168.5
facility	lab	CPT/HCP…	87634	PR IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	fee schedule	168.5
facility	lab	CPT/HCP…	87635	PR IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	fee schedule	123.1
facility	lab	CPT/HCP…	87635	PR IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	fee schedule	123.1
facility	lab	CPT/HCP…	87636	PR IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87636	PR IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87637	PR IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87637	PR IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	fee schedule	342.3
facility	lab	CPT/HCP…	87640	PR IADNA S AUREUS AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87641	PR IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87650	PR IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87650	PR IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87651	PR IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87652	PR IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	fee schedule	100.2
facility	lab	CPT/HCP…	87653	PR IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	fee schedule	84.2
facility	lab	CPT/HCP…	87660	PR IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	fee schedule	48.1
facility	lab	CPT/HCP…	87661	PR IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	fee schedule	84.2
facility	lab	CPT/HCP…	87662	PR IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	fee schedule	123.1
facility	lab	CPT/HCP…	87797	PR IADNA NOS DIRECT PROBE TQ EACH ORGANISM	fee schedule	72.1
facility	lab	CPT/HCP…	87798	PR IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	fee schedule	84.2
facility	lab	CPT/HCP…	87799	PR IADNA NOS QUANTIFICATION EACH ORGANISM	fee schedule	102.8
facility	lab	CPT/HCP…	87800	PR IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	fee schedule	104.8
facility	lab	CPT/HCP…	87801	PR IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	fee schedule	168.5
facility	lab	CPT/HCP…	87801	PR IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	fee schedule	168.5
facility	lab	CPT/HCP…	87802	PR IAADIADOO STREPTOCOCCUS GROUP B	fee schedule	30.6
facility	lab	CPT/HCP…	87803	PR IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	fee schedule	38.4
facility	lab	CPT/HCP…	87804	PR IAADIADOO INFLUENZA	fee schedule	39.7
facility	lab	CPT/HCP…	87804	PR IAADIADOO INFLUENZA	fee schedule	39.7
facility	lab	CPT/HCP…	87806	PR IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	fee schedule	78.7
facility	lab	CPT/HCP…	87806	PR IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	fee schedule	78.7

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	87807	PR IAADIADOO RESPIRATORY SYNCTIAL VIRUS	fee schedule	31.4
facility	lab	CPT/HCP…	87807	PR IAADIADOO RESPIRATORY SYNCTIAL VIRUS	fee schedule	31.4
facility	lab	CPT/HCP…	87808	PR IAADIADOO TRICHOMONAS VAGINALIS	fee schedule	36.7
facility	lab	CPT/HCP…	87808	PR IAADIADOO TRICHOMONAS VAGINALIS	fee schedule	36.7
facility	lab	CPT/HCP…	87809	PR IAADIADOO ADENOVIRUS	fee schedule	52.2
facility	lab	CPT/HCP…	87809	PR IAADIADOO ADENOVIRUS	fee schedule	52.2
facility	lab	CPT/HCP…	87810	PR IAADIADOO CHLAMYDIA TRACHOMATIS	fee schedule	84.7
facility	lab	CPT/HCP…	87811	PR IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	99.3
facility	lab	CPT/HCP…	87811	PR IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	fee schedule	99.3
facility	lab	CPT/HCP…	87850	PR IAADIADOO NEISSERIA GONORRHOEAE	fee schedule	58.9
facility	lab	CPT/HCP…	87880	PR IAADIADOO STREPTOCOCCUS GROUP A	fee schedule	39.7
facility	lab	CPT/HCP…	87880	PR IAADIADOO STREPTOCOCCUS GROUP A	fee schedule	39.7
facility	lab	CPT/HCP…	87899	PR IAADIADOO NOT OTHERWISE SPECIFIED	fee schedule	38.6
facility	lab	CPT/HCP…	87899	PR IAADIADOO NOT OTHERWISE SPECIFIED	fee schedule	38.6
facility	lab	CPT/HCP…	87900	PR NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	fee schedule	312.8
facility	lab	CPT/HCP…	87901	PR NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	fee schedule	617.9
facility	lab	CPT/HCP…	87902	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	fee schedule	617.9
facility	lab	CPT/HCP…	87903	PR NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	fee schedule	1,172.8
facility	lab	CPT/HCP…	87904	PR NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	fee schedule	62.6
facility	lab	CPT/HCP…	87905	PR INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	fee schedule	29.3
facility	lab	CPT/HCP…	87905	PR INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	fee schedule	29.3
facility	lab	CPT/HCP…	87906	PR NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	fee schedule	308.9
facility	lab	CPT/HCP…	87910	PR NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	fee schedule	617.9
facility	lab	CPT/HCP…	87912	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	fee schedule	617.9
facility	lab	CPT/HCP…	87913	PR NFCT AGENT GENOTYPE ALYS NUCLEIC ACID SARSCOV2	fee schedule	617.9
facility	lab	CPT/HCP…	88130	PR SEX CHROMATIN IDENTIFICATION BARR BODIES	fee schedule	43.1
facility	lab	CPT/HCP…	88140	PR SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	fee schedule	19.2
facility	lab	CPT/HCP…	88142	PR CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	fee schedule	48.6
facility	lab	CPT/HCP…	88143	PR CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	fee schedule	55.3
facility	lab	CPT/HCP…	88147	PR CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	fee schedule	121.3
facility	lab	CPT/HCP…	88148	PR CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	fee schedule	42.6
facility	lab	CPT/HCP…	88150	PR CYTP SLIDES C/V MNL SCR UNDER PHYS	fee schedule	42.6
facility	lab	CPT/HCP…	88152	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	fee schedule	66.3
facility	lab	CPT/HCP…	88153	PR CYTP SLIDES C/V MNL SCR&RESCR PHYS	fee schedule	57.7
facility	lab	CPT/HCP…	88155	PR CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	fee schedule	35.2
facility	lab	CPT/HCP…	88164	PR CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	88165	PR CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	fee schedule	101.3
facility	lab	CPT/HCP…	88166	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	88167	PR CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	fee schedule	42.6
facility	lab	CPT/HCP…	88174	PR CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	fee schedule	60.9
facility	lab	CPT/HCP…	88175	PR CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	fee schedule	63.9
facility	lab	CPT/HCP…	88230	PR TISS CUL NON-NEO DISORDERS LYMPHOCYTE	fee schedule	279.6
facility	lab	CPT/HCP…	88233	PR TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	fee schedule	337.8
facility	lab	CPT/HCP…	88235	PR TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	fee schedule	360.7
facility	lab	CPT/HCP…	88237	PR TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	fee schedule	345.0
facility	lab	CPT/HCP…	88239	PR TISS CUL NEO DISORDERS SOLID TUMOR	fee schedule	354.1
facility	lab	CPT/HCP…	88240	PR CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	fee schedule	31.4
facility	lab	CPT/HCP…	88241	PR THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	fee schedule	29.0
facility	lab	CPT/HCP…	88245	PR CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88248	PR CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88249	PR CHRMSM BREAKAGE SYNDS SCORE 100 CLL	fee schedule	415.6
facility	lab	CPT/HCP…	88261	PR CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	fee schedule	634.4
facility	lab	CPT/HCP…	88262	PR CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	fee schedule	301.2
facility	lab	CPT/HCP…	88263	PR CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	fee schedule	360.7
facility	lab	CPT/HCP…	88264	PR CHRMSM ANALYZE 20-25 CELLS	fee schedule	347.1
facility	lab	CPT/HCP…	88267	PR CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	fee schedule	452.6
facility	lab	CPT/HCP…	88269	PR CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	fee schedule	416.8

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	88271	PR MOLECULAR CYTOGENETICS DNA PROBE EACH	fee schedule	51.4
facility	lab	CPT/HCP…	88272	PR MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	fee schedule	97.7
facility	lab	CPT/HCP…	88273	PR MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	fee schedule	83.5
facility	lab	CPT/HCP…	88274	PR MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	fee schedule	101.7
facility	lab	CPT/HCP…	88275	PR MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	fee schedule	122.9
facility	lab	CPT/HCP…	88280	PR CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	fee schedule	80.3
facility	lab	CPT/HCP…	88283	PR CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	fee schedule	164.6
facility	lab	CPT/HCP…	88285	PR CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	fee schedule	64.6
facility	lab	CPT/HCP…	88289	PR CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	fee schedule	82.6
facility	lab	CPT/HCP…	88371	PR PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	fee schedule	53.4
facility	lab	CPT/HCP…	88372	PR PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	fee schedule	62.9
facility	lab	CPT/HCP…	88720	PR BILIRUBIN TOTAL TRANSCUTANEOUS	fee schedule	12.1
facility	lab	CPT/HCP…	88738	PR HGB QUANTITATIVE TRANSCUTANEOUS	fee schedule	12.1
facility	lab	CPT/HCP…	88740	PR HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	fee schedule	22.5
facility	lab	CPT/HCP…	88741	PR HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	fee schedule	22.5
facility	lab	CPT/HCP…	89050	PR CELL COUNT MISCELLANEOUS BODY FLUIDS	fee schedule	11.3
facility	lab	CPT/HCP…	89051	PR CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	fee schedule	13.4
facility	lab	CPT/HCP…	89055	PR LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	fee schedule	10.2
facility	lab	CPT/HCP…	89060	PR CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	fee schedule	17.6
facility	lab	CPT/HCP…	89125	PR FAT STAIN FECES URINE/RESPIR SECRETIONS	fee schedule	14.1
facility	lab	CPT/HCP…	89160	PR MEAT FIBERS FECES	fee schedule	11.6
facility	lab	CPT/HCP…	89190	PR NASAL SMEAR EOSINOPHILS	fee schedule	13.9
facility	lab	CPT/HCP…	89300	PR SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	fee schedule	23.6
facility	lab	CPT/HCP…	89300	PR SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	fee schedule	23.6
facility	lab	CPT/HCP…	89310	PR SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	fee schedule	20.7
facility	lab	CPT/HCP…	89320	PR SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	fee schedule	29.5
facility	lab	CPT/HCP…	89321	PR SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	fee schedule	28.9
facility	lab	CPT/HCP…	89321	PR SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	fee schedule	28.9
facility	lab	CPT/HCP…	89322	PR SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	fee schedule	37.2
facility	lab	CPT/HCP…	89325	PR SPERM ANTIBODIES	fee schedule	25.6
facility	lab	CPT/HCP…	89329	PR SPERM EVALUATION HAMSTER PENETRATION TEST	fee schedule	47.0
facility	lab	CPT/HCP…	89330	PR SPERM EVALUATION CERVICAL MUCOUS PENETRATION	fee schedule	24.9
facility	lab	CPT/HCP…	89331	PR SPERM EVALUATION RETROGRADE EJACULATION URINE	fee schedule	47.0
facility	lab	CPT/HCP…	G0027	PR SEMEN ANALYSIS	fee schedule	15.6
facility	lab	CPT/HCP…	G0103	PR PSA, TOTAL SCREENING	fee schedule	46.3
facility	lab	CPT/HCP…	G0123	PR SCREEN CERV/VAG THIN LAYER	fee schedule	48.6
facility	lab	CPT/HCP…	G0143	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	64.9
facility	lab	CPT/HCP…	G0144	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	105.5
facility	lab	CPT/HCP…	G0145	PR SCR C/V CYTO,THINLAYER,RESCR	fee schedule	63.6
facility	lab	CPT/HCP…	G0147	PR SCR C/V CYTO, AUTOMATED SYS	fee schedule	42.6
facility	lab	CPT/HCP…	G0148	PR SCR C/V CYTO, AUTOSYS, RESCR	fee schedule	76.7
facility	lab	CPT/HCP…	G0306	PR CBC/DIFFWBC W/O PLATELET	fee schedule	18.6
facility	lab	CPT/HCP…	G0307	PR CBC WITHOUT PLATELET	fee schedule	15.5
facility	lab	CPT/HCP…	G0327	PR COLON CA SCRN;BLD-BSD BIOMRK	fee schedule	n/a
facility	lab	CPT/HCP…	G0328	PR FECAL BLOOD SCRN IMMUNOASSAY	fee schedule	43.3
facility	lab	CPT/HCP…	G0328	PR FECAL BLOOD SCRN IMMUNOASSAY	fee schedule	43.3
facility	lab	CPT/HCP…	G0432	PR EIA HIV-1/HIV-2 SCREEN	fee schedule	47.0
facility	lab	CPT/HCP…	G0433	PR ELISA HIV-1/HIV-2 SCREEN	fee schedule	43.9
facility	lab	CPT/HCP…	G0433	PR ELISA HIV-1/HIV-2 SCREEN	fee schedule	43.9
facility	lab	CPT/HCP…	G0435	PR ORAL HIV-1/HIV-2 SCREEN	fee schedule	28.8
facility	lab	CPT/HCP…	G0471	PR VEN BLOOD COLL SNF/HHA	fee schedule	26.0
facility	lab	CPT/HCP…	G0472	PR HEP C SCREEN HIGH RISK/OTHER	fee schedule	111.2
facility	lab	CPT/HCP…	G0472	PR HEP C SCREEN HIGH RISK/OTHER	fee schedule	111.2
facility	lab	CPT/HCP…	G0475	PR HIV COMBINATION ASSAY	fee schedule	57.8
facility	lab	CPT/HCP…	G0475	PR HIV COMBINATION ASSAY	fee schedule	57.8
facility	lab	CPT/HCP…	G0476	PR HPV COMBO ASSAY CA SCREEN	fee schedule	84.2
facility	lab	CPT/HCP…	G0480	PR DRUG TEST DEF 1-7 CLASSES	fee schedule	274.6

category	setting	code_type	code	description	charge_type	$charge ($)
facility	lab	CPT/HCP…	G0481	PR DRUG TEST DEF 8-14 CLASSES	fee schedule	375.8
facility	lab	CPT/HCP…	G0482	PR DRUG TEST DEF 15-21 CLASSES	fee schedule	477.0
facility	lab	CPT/HCP…	G0483	PR DRUG TEST DEF 22+ CLASSES	fee schedule	592.6
facility	lab	CPT/HCP…	G0499	PR HEPB SCREEN HIGH RISK INDIV	fee schedule	67.8
facility	lab	CPT/HCP…	G0659	PR DRUG TEST DEF SIMPLE ALL CL	fee schedule	149.1
facility	lab	CPT/HCP…	G9143	PR WARFARIN RESPON GENETIC TEST	fee schedule	289.7
facility	lab	CPT/HCP…	P2028	PR CEPHALIN FLOCULATION TEST	fee schedule	11.9
facility	lab	CPT/HCP…	P2029	PR CONGO RED BLOOD TEST	fee schedule	11.9
facility	lab	CPT/HCP…	P2031	PR HAIR ANALYSIS	fee schedule	11.9
facility	lab	CPT/HCP…	P2033	PR BLOOD THYMOL TURBIDITY	fee schedule	11.9
facility	lab	CPT/HCP…	P2038	PR BLOOD MUCOPROTEIN	fee schedule	11.9
facility	lab	CPT/HCP…	P3000	PR SCREEN PAP BY TECH W MD SUPV	fee schedule	42.6
facility	lab	CPT/HCP…	P9612	PR CATHETERIZE FOR URINE SPEC	fee schedule	21.2
facility	lab	CPT/HCP…	P9615	PR URINE SPECIMEN COLLECT MULT	fee schedule	21.2
facility	lab	CPT/HCP…	Q0111	PR WET MOUNTS/ W PREPARATIONS	fee schedule	42.6
facility	lab	CPT/HCP…	Q0112	PR POTASSIUM HYDROXIDE PREPS	fee schedule	14.0
facility	lab	CPT/HCP…	Q0113	PR PINWORM EXAMINATIONS	fee schedule	10.2
facility	lab	CPT/HCP…	Q0114	PR FERN TEST	fee schedule	23.4
facility	lab	CPT/HCP…	Q0115	PR POST-COITAL MUCOUS EXAM	fee schedule	60.0
facility	lab	CPT/HCP…	U0001	PR 2019-NCOV DIAGNOSTIC P	fee schedule	86.2
facility	lab	CPT/HCP…	U0002	PR COVID-19 LAB TEST NON-CDC	fee schedule	123.1
facility	lab	CPT/HCP…	U0002	PR COVID-19 LAB TEST NON-CDC	fee schedule	123.1
facility	physician	CPT/HCP…	20974	PR ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	fee schedule	76.5
facility	physician	CPT/HCP…	77063	PR SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	fee schedule	36.2
facility	physician	CPT/HCP…	77065	PR DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	fee schedule	131.7
facility	physician	CPT/HCP…	77066	PR DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	fee schedule	168.8
facility	physician	CPT/HCP…	77067	PR SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	fee schedule	139.2
facility	physician	CPT/HCP…	90901	PR BIOFEEDBACK TRAINING ANY MODALITY	fee schedule	28.6
facility	physician	CPT/HCP…	90912	PR BFB TRAING W/EMG &/MANOMETRY 1ST 15 MIN CNTCT	fee schedule	63.2
facility	physician	CPT/HCP…	90913	PR BFB TRAING W/EMG&/MANOMETRY EA ADDL 15 MIN CNTCT	fee schedule	35.6
facility	physician	CPT/HCP…	92610	PR EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	fee schedule	105.6
facility	physician	CPT/HCP…	92612	PR FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	fee schedule	98.9
facility	physician	CPT/HCP…	92614	PR FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	fee schedule	97.3
facility	physician	CPT/HCP…	92616	PR FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	fee schedule	148.1
facility	physician	CPT/HCP…	95851	PR ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	fee schedule	11.5
facility	physician	CPT/HCP…	95852	PR ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	fee schedule	8.0
facility	physician	CPT/HCP…	95992	PR CANALITH REPOSITIONING PROCEDURE	fee schedule	53.2
facility	physician	CPT/HCP…	96202	PR MLT FAM GROUP BHV MGMT/MODIFICAJ TRAING 1ST 60	fee schedule	31.7
facility	physician	CPT/HCP…	97129	PR THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	fee schedule	33.2
facility	physician	CPT/HCP…	97130	PR THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	fee schedule	31.7
facility	physician	CPT/HCP…	97550	PR CAREGIVER TRAINING STRATEGIES&TQ 1ST 30 MINUTES	fee schedule	68.4
facility	physician	CPT/HCP…	97551	PR CAREGIVER TRAINING STRATEGIES&TQ EA ADDL 15 MIN	fee schedule	36.8
facility	physician	CPT/HCP…	97552	PR GROUP CAREGIVER TRAINING STRATEGIES & TECHNIQUE	fee schedule	16.1
facility	physician	CPT/HCP…	97802	PR MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	fee schedule	47.8
facility	physician	CPT/HCP…	97803	PR MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	fee schedule	40.8
facility	physician	CPT/HCP…	97804	PR MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	fee schedule	23.1
facility	physician	CPT/HCP…	98966	PR NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	fee schedule	17.1
facility	physician	CPT/HCP…	98967	PR NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	fee schedule	33.1
facility	physician	CPT/HCP…	98968	PR NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	fee schedule	46.3
facility	physician	CPT/HCP…	98972	PR QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN	fee schedule	45.8
facility	physician	CPT/HCP…	G0270	PR MNT SUBS TX FOR CHANGE DX	fee schedule	40.8
facility	physician	CPT/HCP…	G0271	PR GROUP MNT 2 OR MORE 30 MINS	fee schedule	23.1
facility	physician	CPT/HCP…	G0279	PR CHG 3D TOMOSYNTHESIS DX BILATERAL	fee schedule	29.2
facility	physician	CPT/HCP…	G2250	PR REMOT IMG SUB BY PT, NON E/M	fee schedule	13.6
facility	physician	CPT/HCP…	G2251	PR BRIEF CHKIN, 5-10, NON-E/M	fee schedule	19.0
facility	physician	CPT/HCP…	G2252	PR BRIEF CHKIN BY MD/QHP, 11-20	fee schedule	37.1
facility	therapy	CPT	97010	Hot or cold packs therapy	fee schedule	19.5

category	setting	code_type	code	description	charge_type	$charge ($)
facility	therapy	CPT	97012	Mechanical traction therapy	fee schedule	43.0
facility	therapy	CPT	97014	Electric stimulation therapy	fee schedule	45.4
facility	therapy	CPT	97016	Vasopneumatic device therapy	fee schedule	35.1
facility	therapy	CPT	97018	Paraffin bath therapy	fee schedule	18.4
facility	therapy	CPT	97022	Whirlpool therapy	fee schedule	46.8
facility	therapy	CPT	97024	Diathermy eg microwave	fee schedule	21.4
facility	therapy	CPT	97026	Infrared therapy	fee schedule	20.4
facility	therapy	CPT	97028	Ultraviolet therapy	fee schedule	24.3
facility	therapy	CPT	97032	Electrical stimulation	fee schedule	43.0
facility	therapy	CPT	97033	Electric current therapy	fee schedule	56.6
facility	therapy	CPT	97034	Contrast bath therapy	fee schedule	41.0
facility	therapy	CPT	97035	Ultrasound therapy	fee schedule	42.0
facility	therapy	CPT	97036	Hydrotherapy	fee schedule	103.6
facility	therapy	CPT	97039	Physical therapy treatment	fee schedule	33.5
facility	therapy	CPT	97110	Therapeutic exercises	fee schedule	87.0
facility	therapy	CPT	97112	Neuromuscular reeducation	fee schedule	96.8
facility	therapy	CPT	97113	Aquatic therapy/exercises	fee schedule	110.5
facility	therapy	CPT	97116	Gait training therapy	fee schedule	87.0
facility	therapy	CPT	97124	Massage therapy	fee schedule	89.9
facility	therapy	CPT	97129	Ther ivntj 1st 15 min	fee schedule	64.6
facility	therapy	CPT	97130	Ther ivntj ea addl 15 min	fee schedule	62.6
facility	therapy	CPT	97139	Physical medicine procedure	fee schedule	45.4
facility	therapy	CPT	97140	Manual therapy 1/> regions	fee schedule	82.1
facility	therapy	CPT	97150	Group therapeutic procedures	fee schedule	52.7
facility	therapy	CPT	97161	Pt eval low complex 20 min	fee schedule	296.2
facility	therapy	CPT	97162	Pt eval mod complex 30 min	fee schedule	296.2
facility	therapy	CPT	97163	Pt eval high complex 45 min	fee schedule	296.2
facility	therapy	CPT	97164	Pt re-eval est plan care	fee schedule	204.4
facility	therapy	CPT	97165	Ot eval low complex 30 min	fee schedule	304.0
facility	therapy	CPT	97166	Ot eval mod complex 45 min	fee schedule	304.0
facility	therapy	CPT	97167	Ot eval high complex 60 min	fee schedule	304.0
facility	therapy	CPT	97168	Ot re-eval est plan care	fee schedule	210.1
facility	therapy	CPT	97169	Athletic trn eval low cmplx	fee schedule	154.6
facility	therapy	CPT	97170	Athletic trn eval mod cmplx	fee schedule	241.1
facility	therapy	CPT	97171	Athletic trn eval high cmplx	fee schedule	471.4
facility	therapy	CPT	97172	Athletic trn re-eval plan cr	fee schedule	154.6
facility	therapy	CPT	97530	Therapeutic activities	fee schedule	104.6
facility	therapy	CPT	97533	Sensory integration	fee schedule	182.8
facility	therapy	CPT	97535	Self care mngment training	fee schedule	96.8
facility	therapy	CPT	97537	Community/work reintegration	fee schedule	95.8
facility	therapy	CPT	97542	Wheelchair mngment training	fee schedule	92.9
facility	therapy	CPT	97545	Work hardening	fee schedule	281.1
facility	therapy	CPT	97546	Work hardening add-on	fee schedule	141.6
facility	therapy	CPT	97597	Rmvl devital tis 20 cm/<	fee schedule	291.8
facility	therapy	CPT	97598	Rmvl devital tis addl 20cm/<	fee schedule	130.5
facility	therapy	CPT	97602	Wound(s) care non-selective	fee schedule	524.2
facility	therapy	CPT	97605	Neg press wound tx <=50 cm	fee schedule	127.1
facility	therapy	CPT	97606	Neg press wound tx >50 cm	fee schedule	151.6
facility	therapy	CPT	97607	Neg press wnd tx <=50 sq cm	fee schedule	975.8
facility	therapy	CPT	97608	Neg press wound tx >50 cm	fee schedule	1,017.4
facility	therapy	CPT	97610	Low frequency non-thermal us	fee schedule	1,200.0
facility	therapy	CPT	97750	Physical performance test	fee schedule	100.7
facility	therapy	CPT	97755	Assistive technology assess	fee schedule	113.3
facility	therapy	CPT	97760	Orthotic mgmt&traing 1st enc	fee schedule	138.8
facility	therapy	CPT	97761	Prosthetic traing 1st enc	fee schedule	122.2
facility	therapy	CPT	97763	Orthc/prostc mgmt sbsq enc	fee schedule	151.5