

Code	Description	Department	Full Price	Self Pay	Slide 1
0001A	Pfizer COV Admin 1	Injectibles	\$42	\$0	\$0
0002A	Pfizer COV Admin 2	Injectibles	\$42	\$0	\$0
0003A	Pfizer COV Admin 3	Injectibles	\$42	\$0	\$0
0004A	Pfizer COV Admin 4	Injectibles	\$42	\$0	\$0
0011A	COVModerna1 Admin	Injectibles	\$42	\$0	\$0
0012A	COVModerna2 Admin	Injectibles	\$42	\$0	\$0
0013A	COVModerna3 Admin	Injectibles	\$42	\$0	\$0
0031A	Admin Janssen COVID	Injectibles	\$42	\$0	\$0
0064A	Admin Moderna Low Dose	Injectibles	\$42	\$0	\$0
0071A	Pfizer COV Admin Pediatric	Injectibles	\$42	\$0	\$0
10040	ACNE SURGERY	Procedure	\$221	\$221	\$20
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE	Procedure	\$233	\$233	\$20
10061	DRAINAGE OF SKIN ABSCESS, COMPLEX	Procedure	\$396	\$396	\$20
10080	DRAINAGE OF PILONIDAL CYST	Procedure	\$470	\$470	\$20
10120	REMOVE FOREIGN BODY	Procedure	\$290	\$290	\$20
10121	REMOVE FOREIGN BODY	Procedure	\$510	\$510	\$20
10140	DRAINAGE OF HEMATOMA/FLUID	Procedure	\$324	\$324	\$20
10160	PUNCTURE DRAINAGE OF LESION	Procedure	\$246	\$246	\$20
10SOB	Subsequent Obstetric Care	Office Visit	\$0	\$0	\$0
11000	DEBRIDE INFECTED SKIN	Procedure	\$109	\$109	\$20
11042	DEBRIDE SKIN/TISSUE	Procedure	\$246	\$246	\$20
11045	Each Add 20 Sq Cm, Or Part Thereof	Procedure	\$77	\$77	\$20
11046	Each Add 20 Sq Cm, Or Part Thereof	Procedure	\$137	\$137	\$20
11055	TRIM SKIN LESION	Procedure	\$134	\$134	\$20
11056	TRIM SKIN LESIONS, 2 TO 4	Procedure	\$153	\$153	\$20
11057	TRIM SKIN LESIONS, OVER 4	Procedure	\$167	\$167	\$20
11102	TANGNTL BX SKIN SINGLE LES	Procedure	\$198	\$198	\$20
11103	TANGNTL BX SKIN EA SEP/ADDL	Procedure	\$101	\$101	\$20
11104	PUNCH BX SKIN SINGLE LESION	Procedure	\$248	\$248	\$20
11105	PUNCH BX SKIN EA SEP/ADDL	Procedure	\$116	\$116	\$20
11106	INCAL BX SKN SINGLE LES	Procedure	\$303	\$303	\$20
11107	INCAL BX SKN EA SEP/ADDL	Procedure	\$139	\$139	\$20
11200	REMOVAL OF SKIN TAGS	Procedure	\$169	\$169	\$20
11201	REMOVE SKIN TAGS ADD-ON	Procedure	\$34	\$34	\$0
11300	SHAVE SKIN LESION- Trunk, Arms Or Legs - .5	Procedure	\$197	\$197	\$20
11301	SHAVE SKIN LESION -Trunk, Arms Or Legs- Dia	Procedure	\$237	\$237	\$20
11302	SHAVE SKIN LESION	Procedure	\$270	\$270	\$20
11303	SHAVE SKIN LESION	Procedure	\$297	\$297	\$20
11305	SHAVE SKIN LESION	Procedure	\$206	\$206	\$20
11306	SHAVE SKIN LESION	Procedure	\$238	\$238	\$20
11307	SHAVE SKIN LESION	Procedure	\$275	\$275	\$20
11308	SHAVE SKIN LESION	Procedure	\$291	\$291	\$20
11310	SHAVE SKIN LESION	Procedure	\$226	\$226	\$20
11311	SHAVE SKIN LESION-Face, Ears, Eyelids, Nose-	Procedure	\$266	\$266	\$20
11312	SHAVE SKIN LESION	Procedure	\$303	\$303	\$20
11313	SHAVE SKIN LESION	Procedure	\$351	\$351	\$20

11400	EXCISION BENIGN LESION - Trunk, Arms Or Le	Procedure	\$245	\$245	\$20
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Procedure	\$297	\$297	\$20
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Procedure	\$328	\$328	\$20
11403	EXC TR-EXT B9+MARG 2.1-3 CM	Procedure	\$375	\$375	\$20
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Procedure	\$426	\$426	\$20
11406	EXC TR-EXT B9+MARG > 4.0 CM	Procedure	\$600	\$600	\$20
11420	EXC H-F-NK-SP B9+MARG 0.5 <	Procedure	\$245	\$245	\$20
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Procedure	\$304	\$304	\$20
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Procedure	\$342	\$342	\$20
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Procedure	\$388	\$388	\$20
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Procedure	\$444	\$444	\$20
11426	EXC H-F-NK-SP B9+MARG > 4 CM	Procedure	\$631	\$631	\$20
11440	EXC FACE-MM B9+MARG 0.5 < CM	Procedure	\$274	\$274	\$20
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Procedure	\$331	\$331	\$20
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Procedure	\$366	\$366	\$20
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Procedure	\$432	\$432	\$20
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Procedure	\$536	\$536	\$20
11446	EXC FACE-MM B9+MARG > 4 CM	Procedure	\$729	\$729	\$20
11600	EXC TR-EXT MLG+MARG 0.5 < CM	Procedure	\$381	\$381	\$20
11601	EXC TR-EXT MLG+MARG 0.6-1 CM	Procedure	\$438	\$438	\$20
11602	EXC TR-EXT MLG+MARG 1.1-2 CM	Procedure	\$468	\$468	\$20
11603	EXC TR-EXT MLG+MARG 2.1-3 CM	Procedure	\$530	\$530	\$20
11604	EXC TR-EXT MLG+MARG 3.1-4 CM	Procedure	\$590	\$590	\$20
11606	EXC TR-EXT MLG+MARG > 4 CM	Procedure	\$840	\$840	\$20
11620	EXC H-F-NK-SP MLG+MARG 0.5 <	Procedure	\$383	\$383	\$20
11621	EXC H-F-NK-SP MLG+MARG 0.6-1	Procedure	\$439	\$439	\$20
11622	EXC H-F-NK-SP MLG+MARG 1.1-2	Procedure	\$482	\$482	\$20
11624	EXC H-F-NK-SP MLG+MARG 3.1-4	Procedure	\$637	\$637	\$20
11626	EXC H-F-NK-SP MLG+MAR > 4 CM	Procedure	\$766	\$766	\$20
11640	EXC FACE-MM MALIG+MARG 0.5 <	Procedure	\$391	\$391	\$20
11641	EXC FACE-MM MALIG+MARG 0.6-1	Procedure	\$453	\$453	\$20
11642	EXC FACE-MM MALIG+MARG 1.1-2	Procedure	\$510	\$510	\$20
11643	EXC FACE-MM MALIG+MARG 2.1-3	Procedure	\$597	\$597	\$20
11644	EXC FACE-MM MALIG+MARG 3.1-4	Procedure	\$734	\$734	\$20
11646	EXC FACE-MM MLG+MARG > 4 CM	Procedure	\$949	\$949	\$20
11719	TRIM NAIL(S)	Procedure	\$27	\$27	\$20
11720	DEBRIDE NAIL, 1-5	Procedure	\$63	\$63	\$20
11721	DEBRIDE NAIL, 6 OR MORE	Procedure	\$84	\$84	\$20
11730	REMOVAL OF NAIL PLATE	Procedure	\$221	\$221	\$20
11732	REMOVE NAIL PLATE, ADD-ON	Procedure	\$64	\$64	\$0
11740	DRAIN BLOOD FROM UNDER NAIL	Procedure	\$107	\$107	\$20
11750	REMOVAL OF NAIL BED	Procedure	\$307	\$307	\$20
11760	REPAIR OF NAIL BED	Procedure	\$370	\$370	\$20
11765	EXCISION OF NAIL FOLD, TOE	Procedure	\$323	\$323	\$20
11900	INJECTION INTO SKIN LESIONS	Procedure	\$107	\$107	\$20
11901	ADDED SKIN LESIONS INJECTION	Procedure	\$132	\$132	\$20
11976	Removal, implantable contraceptive capsules	Procedure	\$271	\$271	\$20

11981	INSERT DRUG IMPLANT DEVICE	Procedure	\$194	\$194	\$20
11982	REMOVE DRUG IMPLANT DEVICE	Procedure	\$218	\$218	\$20
11983	REMOVE/INSERT DRUG IMPLANT	Procedure	\$269	\$269	\$20
12001	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$177	\$177	\$20
12002	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$213	\$213	\$20
12004	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$247	\$247	\$20
12005	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$329	\$329	\$20
12006	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$384	\$384	\$20
12007	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$436	\$436	\$20
12011	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$213	\$213	\$20
12013	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$221	\$221	\$20
12014	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$270	\$270	\$20
12015	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$323	\$323	\$20
12016	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$411	\$411	\$20
12017	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$275	\$275	\$20
12018	REPAIR SUPERFICIAL WOUND(S)	Procedure	\$312	\$312	\$20
12031	LAYER CLOSURE OF WOUND(S)	Procedure	\$503	\$503	\$20
12032	LAYER CLOSURE OF WOUND(S)	Procedure	\$584	\$584	\$20
12034	LAYER CLOSURE OF WOUND(S)	Procedure	\$636	\$636	\$20
12035	LAYER CLOSURE OF WOUND(S)	Procedure	\$750	\$750	\$20
12036	LAYER CLOSURE OF WOUND(S)	Procedure	\$824	\$824	\$20
12037	LAYER CLOSURE OF WOUND(S)	Procedure	\$920	\$920	\$20
12041	LAYER CLOSURE OF WOUND(S)	Procedure	\$504	\$504	\$20
12042	LAYER CLOSURE OF WOUND(S)	Procedure	\$589	\$589	\$20
12044	LAYER CLOSURE OF WOUND(S)	Procedure	\$728	\$728	\$20
12045	LAYER CLOSURE OF WOUND(S)	Procedure	\$773	\$773	\$20
12046	LAYER CLOSURE OF WOUND(S)	Procedure	\$957	\$957	\$20
12047	LAYER CLOSURE OF WOUND(S)	Procedure	\$1,045	\$1,045	\$20
12051	LAYER CLOSURE OF WOUND(S)	Procedure	\$539	\$539	\$20
12052	LAYER CLOSURE OF WOUND(S)	Procedure	\$598	\$598	\$20
12053	LAYER CLOSURE OF WOUND(S)	Procedure	\$699	\$699	\$20
12054	LAYER CLOSURE OF WOUND(S)	Procedure	\$736	\$736	\$20
12055	LAYER CLOSURE OF WOUND(S)	Procedure	\$961	\$961	\$20
12056	LAYER CLOSURE OF WOUND(S)	Procedure	\$1,106	\$1,106	\$20
12057	LAYER CLOSURE OF WOUND(S)	Procedure	\$1,169	\$1,169	\$20
13100	REPAIR OF WOUND OR LESION	Procedure	\$659	\$659	\$20
13131	REPAIR OF WOUND OR LESION	Procedure	\$746	\$746	\$20
13151	REPAIR OF WOUND OR LESION	Procedure	\$810	\$810	\$20
15830	Excision, Excessive Skin; Abdomen	Procedure	\$2,157	\$2,157	\$20
15839	EXCISE EXCESSIVE SKIN TISSUE	Procedure	\$1,666	\$1,666	\$20
16000	INITIAL TREATMENT OF BURN(S)	Procedure	\$139	\$139	\$20
16020	TREATMENT OF BURN(S)	Procedure	\$161	\$161	\$20
16025	TREATMENT OF BURN(S)	Procedure	\$292	\$292	\$20
16030	TREATMENT OF BURN(S)	Procedure	\$365	\$365	\$20
17000	DESTROY BENIGN/PREMLG LESION	Procedure	\$125	\$125	\$20
17003	DESTROY LESIONS, 2-14	Procedure	\$13	\$13	\$0
17004	DESTROY LESIONS, 15 OR MORE	Procedure	\$313	\$313	\$20

17110	DESTRUCT LESION, 1-14	Procedure	\$216	\$216	\$20
17111	DESTRUCT LESION, 15 OR MORE	Procedure	\$253	\$253	\$20
17260	DESTRUCTION OF SKIN LESIONS	Procedure	\$187	\$187	\$20
17340	CRYOTHERAPY OF SKIN	Procedure	\$97	\$97	\$20
20103	EXPLORE WOUND, EXTREMITY	Procedure	\$1,096	\$1,096	\$20
20520	REMOVAL OF FOREIGN BODY	Procedure	\$412	\$412	\$20
20525	REMOVAL OF FOREIGN BODY	Procedure	\$916	\$916	\$20
20526	THER INJECTION, CARP TUNNEL	Procedure	\$151	\$151	\$20
20550	INJ TENDON SHEATH/LIGAMENT	Procedure	\$105	\$105	\$20
20551	INJ TENDON ORIGIN/INSERTION	Procedure	\$107	\$107	\$20
20552	INJ TRIGGER POINT, 1/2 MUSCL	Procedure	\$102	\$102	\$20
20553	INJECT TRIGGER POINTS, =/> 3	Procedure	\$116	\$116	\$20
20600	DRAIN/INJECT, JOINT/BURSA	Procedure	\$97	\$97	\$20
20605	DRAIN/INJECT, JOINT/BURSA	Procedure	\$101	\$101	\$20
20610	DRAIN/INJECT, JOINT/BURSA	Procedure	\$120	\$120	\$20
20612	ASPIRATE/INJ GANGLION CYST	Procedure	\$119	\$119	\$20
20615	TREATMENT OF BONE CYST	Procedure	\$484	\$484	\$20
21930	REMOVE LESION, BACK OR FLANK	Procedure	\$949	\$949	\$20
23500	FRACTURE CLAVICLE	Procedure	\$421	\$421	\$20
24530	FRACTURE HUMERUS	Procedure	\$724	\$724	\$20
24600	TREAT ELBOW DISLOCATION	Procedure	\$699	\$699	\$20
24640	TREAT ELBOW DISLOCATION	Procedure	\$195	\$195	\$20
25111	Excision Of Ganglion, Wrist (dorsal Or Volar);	Procedure	\$609	\$609	\$20
25500	TREAT FRACTURE OF RADIUS	Procedure	\$538	\$538	\$20
25530	TREAT FRACTURE OF ULNA	Procedure	\$504	\$504	\$20
25600	TREAT FRACTURE RADIUS/ULNA	Procedure	\$642	\$642	\$20
25622	TREAT WRIST BONE FRACTURE	Procedure	\$583	\$583	\$20
25630	TREAT WRIST BONE FRACTURE	Procedure	\$580	\$580	\$20
26010	DRAINAGE OF FINGER ABSCESS	Procedure	\$648	\$648	\$20
26600	TREAT METACARPAL FRACTURE	Procedure	\$570	\$570	\$20
26605	TREAT METACARPAL FRACTURE	Procedure	\$625	\$625	\$20
26720	TREAT FINGER FRACTURE, EACH	Procedure	\$379	\$379	\$20
26750	TREAT FINGER FRACTURE, EACH	Procedure	\$354	\$354	\$20
27230	TREAT THIGH FRACTURE	Procedure	\$910	\$910	\$20
27530	TREAT KNEE FRACTURE	Procedure	\$584	\$584	\$20
27760	TREATMENT OF ANKLE FRACTURE	Procedure	\$632	\$632	\$20
27786	TREATMENT OF ANKLE FRACTURE	Procedure	\$597	\$597	\$20
27816	TREATMENT OF ANKLE FRACTURE	Procedure	\$626	\$626	\$20
28190	REMOVAL OF FOOT FOREIGN BODY	Procedure	\$480	\$480	\$20
28470	TREAT METATARSAL FRACTURE	Procedure	\$414	\$414	\$20
28490	TREAT BIG TOE FRACTURE	Procedure	\$267	\$267	\$20
28510	TREATMENT OF TOE FRACTURE	Procedure	\$229	\$229	\$20
28660	TREAT TOE DISLOCATION	Procedure	\$228	\$228	\$20
29055	APPLICATION OF SHOULDER CAST	Procedure	\$403	\$403	\$20
29065	APPLICATION OF LONG ARM CAST	Procedure	\$178	\$178	\$20
29075	APPLICATION OF FOREARM CAST	Procedure	\$163	\$163	\$20
29085	APPLY HAND/WRIST CAST	Procedure	\$178	\$178	\$20

29086	APPLY FINGER CAST	Procedure	\$139	\$139	\$20
29105	APPLY LONG ARM SPLINT	Procedure	\$153	\$153	\$20
29125	STATIC FOREARM SPLINT	Procedure	\$122	\$122	\$20
29126	DYNAMIC FOREARM SPLINT	Procedure	\$142	\$142	\$20
29130	STATIC FINGER SPLINT	Procedure	\$76	\$76	\$20
29131	DYNAMIC FINGER SPLINT	Procedure	\$97	\$97	\$20
29240	STRAPPING OF SHOULDER	Procedure	\$58	\$58	\$20
29260	STRAPPING OF ELBOW OR WRIST	Procedure	\$57	\$57	\$20
29280	STRAPPING OF HAND OR FINGER	Procedure	\$55	\$55	\$20
29345	APPLICATION OF LONG LEG CAST	Procedure	\$250	\$250	\$20
29355	APPLICATION OF LONG LEG CAST	Procedure	\$265	\$265	\$20
29358	APPLY LONG LEG CAST BRACE	Procedure	\$297	\$297	\$20
29365	APPLICATION OF LONG LEG CAST	Procedure	\$226	\$226	\$20
29405	APPLY SHORT LEG CAST	Procedure	\$149	\$149	\$20
29425	APPLY SHORT LEG CAST	Procedure	\$141	\$141	\$20
29435	APPLY SHORT LEG CAST	Procedure	\$211	\$211	\$20
29440	ADDITION OF WALKER TO CAST	Procedure	\$80	\$80	\$20
29445	APPLY RIGID LEG CAST	Procedure	\$240	\$240	\$20
29505	APPLICATION, LONG LEG SPLINT	Procedure	\$163	\$163	\$20
29515	APPLICATION LOWER LEG SPLINT	Procedure	\$132	\$132	\$20
29530	STRAPPING OF KNEE	Procedure	\$58	\$58	\$20
29540	STRAPPING OF ANKLE AND/OR FT	Procedure	\$53	\$53	\$20
29550	STRAPPING OF TOES	Procedure	\$36	\$36	\$20
29580	APPLICATION OF PASTE BOOT (Unna Boot)	Procedure	\$121	\$121	\$20
29700	REMOVAL/REVISION OF CAST	Procedure	\$115	\$115	\$20
29705	Removal Or Repair Of Full Arm Or Full Leg Ca	Procedure	\$119	\$119	\$20
29730	WINDOWING OF CAST	Procedure	\$117	\$117	\$20
29740	WEDGING OF CAST	Procedure	\$183	\$183	\$20
30300	REMOVE NASAL FOREIGN BODY	Procedure	\$393	\$393	\$20
30901	CONTROL OF NOSEBLEED	Procedure	\$299	\$299	\$20
36000	PLACE NEEDLE IN VEIN	Procedure	\$56	\$56	\$20
36415	ROUTINE VENIPUNCTURE	Lab Misc Serv	\$11	\$11	\$0
41800	DRAINAGE OF GUM LESION	Procedure	\$588	\$588	\$20
46060	INCISION OF RECTAL ABSCESS	Procedure	\$905	\$905	\$20
46600	DIAGNOSTIC ANOSCOPY	Procedure	\$232	\$232	\$20
51701	INSERT BLADDER CATHETER	Procedure	\$86	\$86	\$20
54050	DESTRUCTION, PENIS LESION(S)	Procedure	\$265	\$265	\$20
54065	DESTRUCTION, PENIS LESION(S)	Procedure	\$418	\$418	\$20
54150	CIRCUMCISION	Procedure	\$286	\$286	\$20
54160	CIRCUMCISION	Procedure	\$420	\$420	\$20
55250	Vasectomy	Procedure	\$669	\$669	\$20
56420	DRAINAGE OF GLAND ABSCESS	Procedure	\$334	\$334	\$20
56501	DESTROY, VULVA LESIONS, SIM	Procedure	\$347	\$347	\$20
56605	BIOPSY OF VULVA/PERINEUM	Procedure	\$178	\$178	\$20
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Procedure	\$309	\$309	\$20
57160	INSERT PESSARY/OTHER DEVICE	Procedure	\$136	\$136	\$20
57170	FITTING OF DIAPHRAGM/CAP	Procedure	\$143	\$143	\$20

57421	EXAM/BIOPSY OF VAG W/SCOPE	Procedure	\$327	\$327	\$20
57452	EXAM OF CERVIX W/SCOPE	Procedure	\$233	\$233	\$20
57454	BX/CURETT OF CERVIX W/SCOPE	Procedure	\$313	\$313	\$20
57455	BIOPSY OF CERVIX W/SCOPE	Procedure	\$299	\$299	\$20
57456	ENDOCERV CURETTAGE W/SCOPE	Procedure	\$281	\$281	\$20
57460	BX OF CERVIX W/SCOPE, LEEP	Procedure	\$608	\$608	\$20
57500	BIOPSY OF CERVIX	Procedure	\$293	\$293	\$20
57505	ENDOCERVICAL CURETTAGE	Procedure	\$278	\$278	\$20
57511	CRYOCAUTERY OF CERVIX	Procedure	\$362	\$362	\$20
58100	BIOPSY OF UTERUS LINING	Procedure	\$191	\$191	\$20
58300	INSERT INTRAUTERINE DEVICE	Procedure	\$197	\$197	\$20
58301	REMOVE INTRAUTERINE DEVICE	Procedure	\$203	\$203	\$20
59025	FETAL NON-STRESS TEST	Procedure	\$91	\$91	\$20
59200	INSERT CERVICAL DILATOR	Procedure	\$190	\$190	\$20
59409	Vaginal Delivery Only	Hospital Visit	\$1,554	\$1,554	*
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	Office Visit	\$1,800	\$1,800	*
59426	ANTEPARTUM CARE ONLY 7+ Visits	Office Visit	\$2,200	\$2,200	*
59430	CARE AFTER DELIVERY, POSTPARTUM	Office Visit	\$390	\$390	*
59514	CESAREAN DELIVERY ONLY	Hospital Visit	\$1,475	\$1,475	*
65220	REMOVE FOREIGN BODY FROM EYE Without	Procedure	\$113	\$113	\$20
69200	Foreign Body Removal OUTER EAR CANAL	Procedure	\$154	\$154	\$20
69209	REMOVE IMPACTED EAR WAX Lavage, Unilat	Procedure	\$29	\$29	\$20
69210	REMOVE IMPACTED EAR WAX - Requiring Ins	Procedure	\$89	\$89	\$20
76705	Ultrasound, ABDOMEN	Radiology	\$171	\$171	\$150
76801	Ultrasound, OB, < 14 WKS, SINGLE FETUS	Radiology	\$229	\$229	\$150
76802	Ultrasound, OB, < 14 WKS, ADD'L FETUS	Radiology	\$120	\$120	\$120
76805	Ultrasound, OB, >= 14 WKS, SNGL FETUS	Radiology	\$263	\$263	\$150
76810	Ultrasound, OB, >= 14 WKS, ADDL FETUS	Radiology	\$173	\$173	\$150
76811	Ultrasound, OB, DETAILED, SNGL FETUS	Radiology	\$337	\$337	\$150
76812	Ultrasound, OB, DETAILED, ADDL FETUS	Radiology	\$383	\$383	\$150
76813	Ultrasound Fetal Nuchal Transluc Msrmt, Abd	Radiology	\$227	\$227	\$150
76814	Ultrasound,, Each Add Gestation (add On To	Radiology	\$151	\$151	\$150
76815	Ultrasound, OB, LIMITED, FETUS(S)	Radiology	\$158	\$158	\$150
76816	Ultrasound, OB, FOLLOW-UP, PER FETUS	Radiology	\$213	\$213	\$150
76817	ULTRASOUND TRANSVAGINAL OBSTETRIC	Radiology	\$180	\$180	\$150
76830	Ultrasound, TRANSVAGINAL, NON-OB	Radiology	\$232	\$232	\$150
76857	ULTRASOUND PELVIC (Sacral Dimple)	Radiology	\$91	\$91	\$91
80048	BASIC METABOLIC PANEL	Lab Services	\$36	\$3	\$0
80050	GENERAL HEALTH PANEL	Lab Services	\$3	\$3	\$0
80051	ELECTROLYTE PANEL	Lab Services	\$3	\$3	\$0
80053	COMPREHEN METABOLIC PANEL	Lab Services	\$39	\$4	\$0
80055	OBSTETRIC PANEL	Lab Services	\$269	\$18	\$0
80061	LIPID PANEL	Lab Services	\$74	\$3	\$0
80069	RENAL FUNCTION PANEL	Lab Services	\$37	\$4	\$0
80074	ACUTE HEPATITIS PANEL	Lab Services	\$326	\$30	\$0
80076	HEPATIC FUNCTION PANEL	Lab Services	\$35	\$3	\$0
80100	DRUG SCREEN, QUALITATE/MULTI 9 Drugs	Lab Services	\$92	\$92	\$0

80101	DRUG SCREEN,SEVEN, Urine	Lab Services	\$35	\$16	\$0
80101D	Drug Screen Oxycodone	Lab Services	\$62	\$62	\$0
80154	ASSAY OF BENZODIAZEPINES	Lab Services	\$100	\$100	\$0
80154C	Clozapine, Serum	Lab Services	\$117	\$117	\$0
80156	ASSAY, CARBAMAZEPINE, TOTAL	Lab Services	\$96	\$17	\$0
80157	ASSAY, CARBAMAZEPINE, FREE	Lab Services	\$96	\$96	\$0
80162	ASSAY OF DIGOXIN	Lab Services	\$50	\$11	\$0
80164	ASSAY, DIPROPYLACETIC ACID	Lab Services	\$100	\$17	\$0
80175	Lamotrigine Lab	Lab Services	\$42	\$42	\$0
80178	ASSAY OF LITHIUM	Lab Services	\$60	\$15	\$0
80183	DRUG SCR N QUANT OXCARBAZEPIN	Lab Services	\$33	\$27	\$0
80184	ASSAY OF PHENOBARBITAL	Lab Services	\$39	\$39	\$0
80185	ASSAY OF PHENYTOIN, TOTAL	Lab Services	\$98	\$15	\$0
80197	ASSAY OF TACROLIMUS	Lab Services	\$122	\$122	\$0
80198	ASSAY OF THEOPHYLLINE	Lab Services	\$54	\$54	\$0
80202	ASSAY OF VANCOMYCIN	Lab Services	\$22	\$22	\$0
80299	QUANTITATIVE ASSAY, DRUG	Lab Services	\$93	\$93	\$0
80299T	Thiopurine Metabolites	Lab Services	\$256	\$256	\$0
80301	Oxycodone/Oxymorphone, Urine	Lab Services	\$64	\$64	\$0
80305	Drug Screen In House	Lab Services	\$19	\$19	\$0
80307	11 Ak Crt B Medical Prof Drug Screen	Lab Services	\$362	\$16	\$0
80321	Phosphatidylethanol (PEth)	Lab Services	\$151	\$151	\$0
81001	URINALYSIS, AUTO W/SCOPE	Lab Services	\$37	\$37	\$0
81002	UA Dipstick, Manual	Lab Services	\$11	\$11	\$0
81003	UA Dipstick, Machine	Lab Services	\$30	\$4	\$0
81003K	Kidney Stone Urine/Saturation	Lab Services	\$1,206	?	\$0
81005	UA DIPSTICK URINALYSIS	Lab Services	\$11	\$11	\$0
81025	Urine Pregnancy (Hcg)	Lab Services	\$15	\$15	\$15
81241	Factor V Leiden Mutation	Lab Services	\$126	\$126	\$0
81256	HFE GENE	Lab Services	\$96	?	\$0
81332	Alpha 1 Antitrypsin	Lab Services	\$203	\$203	\$0
81381	HLA I TYPING 1 ALLELE HR	Lab Services	\$48	\$48	\$0
81404	MOPATH PROCEDURE LEVEL 5	Lab Services	\$600	\$600	\$0
81507	Fetal Aneuploidy DNA Seq Analysis	Lab Services	\$795	\$795	\$0
82009	Assay Serum ACETONE/KETONES	Lab Services	\$48	\$48	\$0
82024	ASSAY OF ACTH	Lab Services	\$39	\$39	\$0
82040	ASSAY OF SERUM ALBUMIN	Lab Services	\$17	\$3	\$0
82043	MICROALBUMIN, QUANTITATIVE 24hr	Lab Services	\$36	\$36	\$0
82043A	Microalbumin, Random Urine	Lab Services	\$9	\$9	\$0
82043P	Preeclampsia Profile	Lab Services	\$226	\$226	\$0
82043R	Microalbumin:Creatinine Ratio, Random Urin	Lab Services	\$125	\$12	\$0
82055	ASSAY OF ETHANOL	Lab Services	\$37	\$37	\$0
82085	ASSAY OF ALDOLASE	Lab Services	\$75	\$75	\$0
82088	ASSAY OF ALDOSTERONE	Lab Services	\$176	\$176	\$0
82103	ALPHA-1-ANTITRYPSIN, TOTAL	Lab Services	\$67	\$67	\$0
82105	AFP TETRA (ALPHA-FETOPROTEIN, SERUM)	Lab Services	\$57	\$57	\$0
82105A	Alpha-Fetoprotein (AFP). Serum, Tumor Mark	Lab Services	\$53	\$53	\$0

82105B	AFP Serum Open Spina Bifida	Lab Services	\$120	\$120	\$0
82139	AMINO ACIDS, QUAN, 6 OR MORE	Lab Services	\$150	\$150	\$0
82139A	Amino Acid Profile, Qn, Urine	Lab Services	\$30	\$30	\$0
82140	ASSAY OF AMMONIA	Lab Services	\$18	\$18	\$0
82143	Bilirubin, AMNIOTIC FLUID SCAN	Lab Services	\$72	\$3	\$0
82150	AMYLASE SERUM	Lab Services	\$48	\$6	\$0
82175	ASSAY OF ARSENIC	Lab Services	\$182	\$182	\$0
82239	BILE ACIDS, TOTAL	Lab Services	\$25	\$25	\$0
82247	BILIRUBIN, TOTAL	Lab Services	\$31	\$3	\$0
82247A	Bilirubin, Total	Lab Services	\$38	\$3	\$0
82248	BILIRUBIN, DIRECT	Lab Services	\$31	\$3	\$0
82270	Hemocult Card (x3)	Lab Services	\$14	\$14	\$0
82272	Blood, Occult, Feces, Single Spec	Lab Services	\$14	\$14	\$0
82274	ASSAY TEST FOR BLOOD, FECAL	Lab Services	\$26	\$26	\$0
82306	ASSAY OF VITAMIN D	Lab Services	\$186	\$26	\$0
82310	ASSAY OF CALCIUM	Lab Services	\$31	\$3	\$0
82330	ASSAY OF CALCIUM	Lab Services	\$77	\$23	\$0
82340	ASSAY OF CALCIUM IN URINE	Lab Services	\$19	\$19	\$0
82340A	24 Hour Urine Collection	Lab Services	\$121	\$121	\$0
82360	CALCULUS ASSAY, QUANT	Lab Services	\$73	\$73	\$0
82365	CALCULUS SPECTROSCOPY	Lab Services	\$50	\$50	\$0
82374	ASSAY, BLOOD CARBON DIOXIDE	Lab Services	\$31	\$3	\$0
82375	ASSAY, BLOOD CARBON MONOXIDE	Lab Services	\$49	\$49	\$0
82378	CARCINOEMBRYONIC ANTIGEN	Lab Services	\$90	\$90	\$0
82379	ASSAY OF CARNITINE	Lab Services	\$135	\$135	\$0
82390	ASSAY OF CERULOPLASMIN	Lab Services	\$74	\$74	\$0
82397	Anti-Mullerian Hormone (AMH) Lab	Lab Services	\$129	\$129	\$0
82435	ASSAY OF BLOOD CHLORIDE	Lab Services	\$31	\$3	\$0
82465	ASSAY, BLD/SERUM CHOLESTEROL	Lab Services	\$31	\$3	\$0
82491	Keppra Serum	Lab Services	\$122	\$122	\$0
82495	ASSAY OF CHROMIUM	Lab Services	\$105	\$105	\$0
82507	ASSAY OF CITRATE	Lab Services	\$112	\$112	\$0
82523	N- Telopeptide Urine, COLLAGEN CROSSLINKS	Lab Services	\$80	\$80	\$0
82523A	C-Telopeptide, Serum	Lab Services	\$80	\$80	\$0
82530	CORTISOL, FREE	Lab Services	\$58	\$58	\$0
82533	TOTAL CORTISOL	Lab Services	\$30	\$30	\$0
82533A	Cortisol AM	Lab Services	\$30	\$30	\$0
82542	COLUMN CHROMOTOGRAPHY, QUANT	Lab Services	\$42	\$42	\$0
82550	ASSAY OF CK (CPK)	Lab Services	\$12	\$12	\$0
82550A	CK, Total And Isoenzymes	Lab Services	\$26	\$26	\$0
82553	CREATINE, MB FRACTION	Lab Services	\$40	\$40	\$0
82565	ASSAY OF CREATININE	Lab Services	\$31	\$3	\$0
82565PHI	PHI Pregnancy Hypertension Indicator	Lab Services	\$22	\$22	\$0
82570	ASSAY OF URINE CREATININE	Lab Services	\$46	\$11	\$0
82570P	Protein Creatinine Ratio Urine	Lab Services	\$15	\$15	\$0
82570U	Creatinine Urine Random	Lab Services	\$21	\$21	\$0
82575	CREATININE CLEARANCE TEST	Lab Services	\$30	\$30	\$0

82607	VITAMIN B-12	Lab Services	\$14	\$14	\$0
82608	Vit B-12 BINDING CAPACITY	Lab Services	\$120	\$120	\$0
82626	DHEA -DEHYDROEPIANDROSTERONE	Lab Services	\$70	\$70	\$0
82627	DHEAS -DEHYDROEPIANDROSTERONE	Lab Services	\$22	\$22	\$0
82652	ASSAY OF DIHYDROXYVITAMIN D	Lab Services	\$39	\$39	\$0
82656	PANCREATIC ELASTASE, FECAL	Lab Services	?	?	\$0
82657	ENZYME CELL ACTIVITY	Lab Services	\$300	?	\$0
82668	ASSAY OF ERYTHROPOIETIN	Lab Services	\$120	\$120	\$0
82670	ASSAY OF ESTRADIOL	Lab Services	\$59	\$59	\$0
82672	ASSAY OF ESTROGEN	Lab Services	\$125	\$125	\$0
82677	ASSAY OF ESTRIOL	Lab Services	\$125	\$125	\$0
82679	ASSAY OF ESTRONE	Lab Services	?	?	\$0
82728	ASSAY OF FERRITIN	Lab Services	\$67	\$9	\$0
82746	BLOOD FOLIC ACID SERUM	Lab Services	\$184	\$20	\$0
82747	ASSAY OF FOLIC ACID, RBC	Lab Services	\$96	\$96	\$0
82784	ASSAY OF GAMMAGLOBULIN IGM	Lab Services	\$28	\$28	\$0
82784A	Immunoglobulins, Quant, IgA, IgG, IgM	Lab Services	\$224	\$224	\$0
82784B	Immunofixation, Serum	Lab Services	\$38	\$38	\$0
82784C	Celiac Disease Antibodies	Lab Services	\$62	?	\$0
82784CEL	Celiac Disease Antibody Profile	Lab Services	\$70	\$70	\$0
82785	ASSAY OF GAMMAGLOBULIN IGE	Lab Services	\$94	\$94	\$0
82941	ASSAY OF GASTRIN	Lab Services	\$100	\$100	\$0
82945	GLUCOSE OTHER FLUID	Lab Services	\$31	\$3	\$0
82947	ASSAY, GLUCOSE, BLOOD QUANT	Lab Services	\$31	\$3	\$0
82947A	Glucose Tolerance 2 Specimens, Serum DO N	Lab Services	\$23	\$23	\$0
82948	REAGENT STRIP/BLOOD GLUCOSE	Lab Services	\$13	\$13	\$0
82950	GLUCOSE SERUM	Lab Services	\$31	\$5	\$0
82950A	Glucose, Two Hour Postprandial	Lab Services	\$31	\$31	\$0
82951	GLUCOSE TOLERANCE TEST (GTT) 3 HOUR	Lab Services	\$85	\$9	\$0
82952	GTT-ADDED SAMPLES	Lab Services	\$37	\$37	\$0
82955	ASSAY OF G6PD ENZYME	Lab Services	\$57	\$57	\$0
82962	Glucose	Lab Services	\$13	\$13	\$0
82977	ASSAY OF GGT	Lab Services	\$31	\$3	\$0
83001	FSH - GONADOTROPIN	Lab Services	\$108	\$9	\$0
83001C	FSH And LH Combined	Lab Services	\$211	\$18	\$0
83002	LH Serum Gonadotropin	Lab Services	\$111	\$11	\$0
83010	ASSAY OF HAPTOGLOBIN, QUANT	Lab Services	\$70	\$70	\$0
83013	H PYLORI (C-13), BREATH	Lab Services	\$56	\$56	\$0
83018	QUANTITATIVE SCREEN, METALS	Lab Services	?	?	\$0
83021	HEMOGLOBIN CHROMOTOGRAPHY	Lab Services	\$103	\$103	\$0
83021A	HGB Electrophoresis	Lab Services	\$206	\$206	\$0
83036	HEMOGLOBIN A1C TEST	Lab Services	\$63	\$6	\$0
83036A	A1c In House	Lab Services	\$15	\$15	\$15
83045	BLOOD METHEMOGLOBIN TEST	Lab Services	?	?	\$0
83090	ASSAY OF HOMOCYSTEINE	Lab Services	\$165	\$165	\$0
83516	IMMUNOASSAY, NONANTIBODY	Lab Services	\$32	\$32	\$0
83516ANCA	ANCA Panel	Lab Services	\$390	\$390	\$0

83516B	Mitochondrial (M2) Antibody	Lab Services	\$33	\$33	\$0
83516BD	Bowel Disorders Cascade	Lab Services	\$70	?	\$0
83516CEL	Celiac Disease Ab Screen W Frx	Lab Services	\$329	\$329	\$0
83516D	Celiac Disease Combo Screen	Lab Services	\$270	\$270	\$0
83516G	Gluten Sensitivity Screen With Reflex	Lab Services	\$270	\$270	\$0
83516S	Actin Smooth Muscle Anitbody	Lab Services	\$33	\$33	\$0
83519	GAD IMMUNOASSAY, NONANTIBODY	Lab Services	\$53	\$53	\$0
83519A	Acetylocholine Receptor (AChR) Antibodies, C	Lab Services	\$879	\$879	\$0
83520	Anti-Proteinase 3 *PR-3) Abs	Lab Services	\$172	\$172	\$0
83520A	Thyrotropin Receptor	Lab Services	\$21	\$21	\$0
83520B	Alpha Submit	Lab Services	\$81	\$81	\$0
83525	ASSAY OF INSULIN	Lab Services	\$10	\$10	\$0
83540	Iron Total Serum	Lab Services	\$31	\$3	\$0
83550	IRON BINDING TEST	Lab Services	\$54	\$11	\$0
83605	ASSAY OF LACTIC ACID	Lab Services	\$25	\$25	\$0
83612	Russell Viper Venom	Lab Services	\$135	\$135	\$0
83615	LDH Lactic Acid Dehydrogenase	Lab Services	\$31	\$3	\$0
83625	ASSAY OF LDH ENZYMES	Lab Services	\$34	\$34	\$0
83630	LACTOFERRIN, FECAL (QUAL)	Lab Services	?	?	\$0
83655	ASSAY OF LEAD (adult)	Lab Services	\$79	\$8	\$0
83655H	Lead In House	Lab Services	\$11	\$11	\$0
83655P	Lead, Blood (pediatric)	Lab Services	\$67	\$11	\$0
83690	ASSAY OF LIPASE	Lab Services	\$50	\$6	\$0
83718	ASSAY OF LIPOPROTEIN	Lab Services	\$51	\$3	\$0
83721	ASSAY OF BLOOD LIPOPROTEIN	Lab Services	\$59	\$12	\$0
83735	ASSAY OF MAGNESIUM	Lab Services	\$49	\$6	\$0
83825	ASSAY OF MERCURY	Lab Services	\$130	\$130	\$0
83835	ASSAY OF METANEPHRINES	Lab Services	\$109	\$109	\$0
83874	ASSAY OF MYOGLOBIN	Lab Services	\$130	\$130	\$0
83880	B-Type NATRIURETIC PEPTIDE	Lab Services	\$159	\$42	\$0
83880A	ProBNP	Lab Services	\$53	?	\$0
83883	Free Kkappa+Lamda Lt. Chains	Lab Services	\$301	\$301	\$0
83890	MOLECULE ISOLATE	Lab Services	?	?	\$0
83891	MOLECULE ISOLATE NUCLEIC	Lab Services	\$258	\$258	\$0
83894	Hereditary Hemochromatosis, DNA MOLECU	Lab Services	\$204	\$204	\$0
83898	HLA-B27, MOLECULE NUCLEIC AMPLI	Lab Services	\$158	\$158	\$0
83912	Cystic Fibrosis Profile -GENETIC EXAMINATIO	Lab Services	\$297	\$297	\$0
83921	Methylmalonic ORGANIC ACID, SINGLE, QUA	Lab Services	\$175	\$51	\$0
83930	ASSAY OF BLOOD OSMOLALITY	Lab Services	\$20	\$20	\$0
83935	ASSAY OF URINE OSMOLALITY	Lab Services	\$20	\$20	\$0
83945	ASSAY OF OXALATE	Lab Services	\$71	\$71	\$0
83970	ASSAY OF PARATHORMONE	Lab Services	\$173	\$19	\$0
83993	ASSAY FOR CALPROTECTIN FECAL	Lab Services	\$240	\$240	\$0
84030	PKU	Lab Services	\$11	\$11	\$0
84075	ASSAY ALKALINE PHOSPHATASE	Lab Services	\$17	\$3	\$0
84080	ALKALINE PHOSPHATASES, Bone Specific	Lab Services	\$53	\$53	\$0
84100	ASSAY OF PHOSPHORUS	Lab Services	\$31	\$3	\$0

84105	ASSAY OF URINE PHOSPHORUS	Lab Services	\$19	\$19	\$0
84132	ASSAY OF SERUM POTASSIUM	Lab Services	\$31	\$3	\$0
84133	ASSAY OF URINE POTASSIUM	Lab Services	\$41	\$3	\$0
84144	ASSAY OF PROGESTERONE	Lab Services	\$19	\$19	\$0
84145	PROCALCITONIN (PCT)	Lab Services	\$261	\$261	\$0
84146	PROLACTIN SERUM	Lab Services	\$123	\$11	\$0
84153	PSA, TOTAL, Prostatic Specific AG	Lab Services	\$108	\$7	\$0
84155	ASSAY OF PROTEIN, SERUM	Lab Services	\$31	\$3	\$0
84156	ASSAY OF PROTEIN, URINE	Lab Services	\$38	\$8	\$0
84156A	Spot Total Protein	Lab Services	\$12	\$12	\$0
84157	ASSAY OF PROTEIN, OTHER	Lab Services	?	?	\$0
84165	PROTEIN E-PHORESIS, SERUM	Lab Services	\$29	\$29	\$0
84166	PROTEIN E-PHORESIS/URINE/CSF	Lab Services	\$53	\$53	\$0
84244	ASSAY OF RENIN	Lab Services	\$21	\$21	\$0
84255	ASSAY OF SELENIUM	Lab Services	\$128	\$128	\$0
84295	ASSAY OF SERUM SODIUM	Lab Services	\$31	\$3	\$0
84300	ASSAY OF URINE SODIUM	Lab Services	\$19	\$19	\$0
84305	ASSAY OF SOMATOMEDIN	Lab Services	\$295	\$295	\$0
84311	Phospholipids, Serum	Lab Services	\$19	\$19	\$0
84402	ASSAY OF TESTOSTERONE	Lab Services	\$51	\$51	\$0
84402A	Free Testosterone	Lab Services	\$37	\$37	\$0
84403	ASSAY OF TOTAL TESTOSTERONE	Lab Services	\$140	\$17	\$0
84436	ASSAY OF TOTAL THYROXINE	Lab Services	\$41	\$4	\$0
84439	T4 Free THYROXINE Direct	Lab Services	\$101	\$7	\$0
84442	Thyroxine Binding Globulin	Lab Services	\$119	\$119	\$0
84443	TSH THYROID STIM HORMONE	Lab Services	\$88	\$5	\$0
84443A	TSH & Free T4	Lab Services	\$180	\$12	\$0
84443B	Thyroid Profile II (comprehensive)	Lab Services	\$33	\$33	\$0
84443C	Thyroid Cascade Profile Lab	Lab Services	\$12	\$12	\$0
84445	ASSAY OF Thyroid Stim Immunoglo	Lab Services	\$60	\$60	\$0
84450	TRANSFERASE (AST) (SGOT)	Lab Services	\$31	\$3	\$0
84460	ALANINE AMINO (ALT) (SGPT)	Lab Services	\$17	\$3	\$0
84466	ASSAY OF TRANSFERRIN	Lab Services	\$11	\$11	\$0
84478	ASSAY OF TRIGLYCERIDES	Lab Services	\$37	\$3	\$0
84479	T3 Uptake -ASSAY OF THYROID (T3 OR T4)	Lab Services	\$41	\$4	\$0
84479P	Thyroid Panel	Lab Services	\$73	\$7	\$0
84480	ASSAY, TRIIODOTHYRONINE (T3)	Lab Services	\$43	\$43	\$0
84481	FREE ASSAY (FT-3)	Lab Services	\$200	\$27	\$0
84482	T3 REVERSE	Lab Services	\$32	\$32	\$0
84484	ASSAY OF TROPONIN, QUANT	Lab Services	\$31	\$31	\$0
84520	ASSAY OF UREA NITROGEN	Lab Services	\$31	\$3	\$0
84540	24 Hour Urine/urea-Nitrogen	Lab Services	\$17	\$17	\$0
84550	URIC ACID SERUM	Lab Services	\$31	\$3	\$0
84550Arth	Arthritis Panel	Lab Services	\$259	\$13	\$0
84560	ASSAY OF URINE/URIC ACID	Lab Services	\$19	\$19	\$0
84560A	Uric Acid 24 Hr Urine	Lab Services	\$47	\$47	\$0
84585	ASSAY OF URINE VMA	Lab Services	\$113	\$113	\$0

84630	ASSAY OF ZINC	Lab Services	\$145	\$145	\$0
84681	ASSAY OF C-PEPTIDE	Lab Services	\$115	\$115	\$0
84702	Hcg Serum Pregnancy Quant	Lab Services	\$98	\$9	\$0
84703	CHORIONIC GONADOTROPIN ASSAY - Qualita	Lab Services	\$77	\$12	\$0
85007	BL SMEAR W/DIFF WBC COUNT	Lab Services	\$40	\$40	\$0
85014	HEMATOCRIT	Lab Services	\$19	\$19	\$0
85018	Hemoglobin	Lab Services	\$19	\$19	\$0
85025	CBC WITH DIFF AND PLATELET	Lab Services	\$31	\$3	\$0
85027	COMPLETE CBC, AUTOMATED	Lab Services	\$31	\$3	\$0
85041	AUTOMATED RBC COUNT	Lab Services	\$92	\$92	\$0
85045	AUTOMATED RETICULOCYTE COUNT	Lab Services	\$16	\$16	\$0
85049	AUTOMATED PLATELET COUNT	Lab Services	\$30	\$3	\$0
85060	Peripheral Smear, Hematopathology Consulta	Lab Services	\$31	\$31	\$0
85220	BLOOD CLOT FACTOR V TEST	Lab Services	\$213	\$213	\$0
85240	BLOOD CLOT FACTOR VIII TEST	Lab Services	\$693	?	\$0
85244	BLOOD CLOT FACTOR VIII TEST	Lab Services	\$220	\$220	\$0
85270	BLOOD CLOT FACTOR XI TEST	Lab Services	\$213	\$213	\$0
85300	ANTITHROMBIN III TEST	Lab Services	\$148	\$148	\$0
85302	BLOOD CLOT INHIBITOR ANTIGEN	Lab Services	\$169	\$169	\$0
85303	BLOOD CLOT INHIBITOR TEST	Lab Services	\$150	\$150	\$0
85305	BLOOD CLOT INHIBITOR ASSAY	Lab Services	\$257	\$257	\$0
85306	BLOOD CLOT INHIBITOR TEST	Lab Services	\$171	\$171	\$0
85379	D-Dimer, FIBRIN DEGRADATION, QUANT	Lab Services	\$27	\$27	\$0
85384	FIBRINOGEN	Lab Services	\$73	\$73	\$0
85540	WBC ALKALINE PHOSPHATASE	Lab Services	\$25	\$25	\$0
85597	Antiphospholipid Syndrome	Lab Services	\$1,978	\$1,978	\$0
85598L	Lupus Anticoag/Cardioliping Ab Lab	Lab Services	\$1,293	\$1,293	\$0
85610	PROTHROMBIN TIME	Lab Services	\$31	\$2	\$0
85610A	INR	Lab Services	\$19	\$19	\$15
85610B	PT And PTT Lab	Lab Services	\$11	\$11	\$0
85613L	Lupus Anticoagulant	Lab Services	\$139	\$139	\$0
85651	ESR (WESTERGREN SED RATE)	Lab Services	\$35	\$35	\$0
85652	RBC SED RATE, AUTOMATED	Lab Services	?	?	\$0
85660	RBC SICKLE CELL TEST	Lab Services	\$19	\$19	\$0
85730	THROMBOPLASTIN TIME, PARTIAL	Lab Services	\$22	\$22	\$0
85810	BLOOD VISCOSITY EXAMINATION	Lab Services	\$26	?	\$0
86003	ALLERGEN SPECIFIC IGE	Lab Services	\$60	?	\$0
86021	WBC ANTIBODY IDENTIFICATION	Lab Services	\$25	\$25	\$0
86038	ANA ANTINUCLEAR ANTIBODIES	Lab Services	\$45	\$8	\$0
86038A	ANA W/ Reflex	Lab Services	\$86	\$86	\$0
86038B	ANA Reflex Cascade	Lab Services	\$86	\$86	\$0
86038C	ANA W/Reflex If Positive	Lab Services	\$8	\$8	\$0
86060	ANTISTREPTOLYSIN O, TITER	Lab Services	\$47	\$3	\$0
86140	C-REACTIVE PROTEIN	Lab Services	\$58	\$6	\$0
86146	Beta 2 GLYCOPROTEIN ANTIBODY	Lab Services	\$175	\$175	\$0
86147	CARDIOLIPIN ANTIBODY	Lab Services	\$35	\$35	\$0
86147A	Anticardiolip Ab, IgA/G/M	Lab Services	\$44	\$44	\$0

86160	COMPLEMENT, ANTIGEN	Lab Services	\$104	\$104	\$0
86162	COMPLEMENT, TOTAL (CH50)	Lab Services	\$107	\$107	\$0
86200	Cyclic Citrullinated Peptide (CCP), Anitbody	Lab Services	\$22	\$22	\$0
86225	DNA ANTIBODY	Lab Services	\$61	\$61	\$0
86225A	ANA Positive Reflex	Lab Services	\$166	\$166	\$0
86225B	ANA Comprehensive Panel	Lab Services	\$128	\$128	\$0
86225S	SLE Profile C	Lab Services	\$310	\$310	\$0
86226	DNA ANTIBODY, SINGLE STRAND	Lab Services	\$41	\$41	\$0
86235	Antiscleroderma -70	Lab Services	\$96	\$96	\$0
86235A	Systemic Lupus Erythematosus Profile A	Lab Services	\$519	\$519	\$0
86235B	Antihistone Antibodies Lab	Lab Services	\$124	\$124	\$0
86255	Endomysial Antibody, IgA	Lab Services	\$96	\$96	\$0
86256	Antineutrophil Cytoplasmic Antibodies (ANCA)	Lab Services	\$197	\$197	\$0
86256I	Inflammatory Bowel Disease	Lab Services	\$176	?	\$0
86300	IMMUNOASSAY, TUMOR, CA 15-3	Lab Services	\$45	\$45	\$0
86301	IMMUNOASSAY, TUMOR, CA 19-9	Lab Services	\$135	\$135	\$0
86304	IMMUNOASSAY, TUMOR, CA 125	Lab Services	\$19	\$19	\$0
86304A	Cancer Antigen CA 125	Lab Services	\$194	\$194	\$0
86308	Monospot Test	Lab Services	\$24	\$24	\$0
86317	Hep B Surface Ab, Quant Lab	Lab Services	\$93	\$93	\$0
86318	IMMUNOASSAY,INFECTIOUS AGENT	Lab Services	?	?	\$0
86328	IA NFCT AB SARSCOV2 COVID19	Lab Services	?	?	\$0
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	Lab Services	?	?	\$0
86360	CD4:CD8, T CELL, ABSOLUTE COUNT/RATIO	Lab Services	\$233	\$233	\$0
86361	T CELL, ABSOLUTE COUNT	Lab Services	\$37	\$37	\$0
86376	MICROSOMAL ANTIBODY	Lab Services	\$80	\$11	\$0
86379	NK CELLS, TOTAL COUNT	Lab Services	?	?	\$0
86431	RHEUMATOID FACTOR, QUANT	Lab Services	\$46	\$3	\$0
86480	QuantIFERON TB Gold Lab	Lab Services	\$45	\$45	\$0
86580	PPD/TB	Lab Services	\$19	\$16	\$0
86592	RPR Qual (STS)	Lab Services	\$38	\$3	\$0
86593	BLOOD SEROLOGY, QUANTITATIVE	Lab Services	\$33	\$2	\$0
86618	LYME DISEASE ANTIBODY	Lab Services	\$42	\$42	\$0
86622	BRUCELLA ANTIBODY	Lab Services	\$34	\$34	\$0
86632	CHLAMYDIA IGM ANTIBODY	Lab Services	\$101	\$101	\$0
86635	COCCIDIOIDES ANTIBODY	Lab Services	\$246	\$246	\$0
86658	ENTEROVIRUS ANTIBODY	Lab Services	\$365	\$365	\$0
86663	EPSTEIN-BARR ANTIBODY	Lab Services	\$54	?	\$0
86664	EPSTEIN-BARR ANTIBODY	Lab Services	\$37	\$37	\$0
86665	EPSTEIN-BARR ANTIBODY	Lab Services	?	?	\$0
86671	Saccharomyces Cerevisi	Lab Services	\$161	\$161	\$0
86677	HELICOBACTER PYLORI	Lab Services	\$99	\$15	\$0
86689	HTLV/HIV CONFIRMATORY TEST	Lab Services	\$135	\$20	\$0
86694	HERPES SIMPLEX TEST	Lab Services	\$79	\$79	\$0
86694B	HSV 1/2 IgM	Lab Services	\$29	\$29	\$0
86695	HERPES SIMPLEX TEST	Lab Services	\$32	\$32	\$0
86696	HERPES SIMPLEX TYPE 2	Lab Services	\$125	\$125	\$0

86701	HIV-1	Lab Services	\$87	\$35	\$0
86701H	HIV Ab In House	Lab Services	?	?	\$0
86703	HIV-1/HIV-2, SINGLE ASSAY	Lab Services	\$67	\$10	\$0
86704	HEP B CORE ANTIBODY, TOTAL	Lab Services	\$10	\$10	\$0
86704P	Hepatitis Profile IV (Hep A And B Immune Sta	Lab Services	\$96	\$37	\$0
86705	HEP B CORE ANTIBODY, IGM	Lab Services	\$103	\$10	\$0
86706	HEP B SURFACE ANTIBODY	Lab Services	\$74	\$8	\$0
86707	HEP BE ANTIBODY	Lab Services	\$86	\$10	\$0
86708	HEP A ANTIBODY, TOTAL	Lab Services	\$10	\$10	\$0
86709	HEP A ANTIBODY, IGM	Lab Services	\$72	\$72	\$0
86710	INFLUENZA VIRUS ANTIBODY	Lab Services	?	?	\$0
86713	LEGIONELLA ANTIBODY	Lab Services	\$135	\$135	\$0
86735	MUMPS ANTIBODY	Lab Services	\$39	\$39	\$0
86735A	Measles, Mumps, Rubella Immunity Profile	Lab Services	\$36	\$36	\$0
86735B	Mumps Antibody	Lab Services	\$55	\$55	\$0
86747	PARVOVIRUS ANTIBODY	Lab Services	\$79	\$79	\$0
86762	RUBELLA ANTIBODY	Lab Services	\$60	\$4	\$0
86765	RUBEOLA ANTIBODY	Lab Services	\$43	\$43	\$0
86769	SARS-COV-2-COVID-19 ANTIBODY	Lab Services	\$57	?	\$0
86778	TOXOPLASMA ANTIBODY, IGM	Lab Services	?	?	\$0
86780	Traponema Pallidum Antibodies (DTA-ABS)	Lab Services	\$28	\$28	\$0
86781	FTA-abs; TREPONEMA PALLIDUM, CONFIRM	Lab Services	\$98	\$98	\$0
86787	VARICELLA-ZOSTER ANTIBODY	Lab Services	\$19	\$19	\$0
86790	West Nile Virus Antibody NOS	Lab Services	\$155	\$155	\$0
86790B	Hep Be Ag Igg	Lab Services	\$143	\$143	\$0
86790C	Hep Be Ag Igm	Lab Services	\$94	\$94	\$0
86790Z	Zika Virus, MAC ELISA, IgM	Lab Services	\$129	\$129	\$0
86800	Thyroglobulin Reflex Profile	Lab Services	\$156	\$156	\$0
86800A	Thyroid Antibodies	Lab Services	\$24	\$24	\$0
86800B	Thyroglobulin, Quantitative	Lab Services	\$180	\$180	\$0
86800C	Thyroglobulin IMA Or RIA	Lab Services	\$110	\$110	\$0
86803	HEPATITIS AB TO C VIRUS (ANTI-HCV)	Lab Services	\$72	\$12	\$0
86803A	HCV Ab Reflex To RIBA	Lab Services	\$95	\$95	\$0
86804	HEP C AB TEST, CONFIRM	Lab Services	\$121	\$121	\$0
86812	HLA TYPING, A, B, OR C	Lab Services	\$170	\$170	\$0
86849	Prothrombin Abs, IgG	Lab Services	\$88	?	\$0
86850	ANTIBODY SCREEN	Lab Services	\$46	\$3	\$0
86870	RBC ANTIBODY IDENTIFICATION	Lab Services	?	?	\$0
86886	COOMBS TEST, INDIRECT, TITER	Lab Services	?	?	\$0
86900	BLOOD TYPING, ABO	Lab Services	\$40	\$6	\$0
86900A	ABO Grouping	Lab Services	\$3	\$3	\$0
86901	RH Titer	Lab Services	\$3	\$3	\$0
86906	BLOOD TYPING, RH PHENOTYPE	Lab Services	?	?	\$0
87015	SPECIMEN CONCENTRATION	Lab Services	?	?	\$0
87040	BLOOD CULTURE FOR BACTERIA	Lab Services	\$54	\$30	\$0
87045	FECES CULTURE, BACTERIA	Lab Services	\$65	\$65	\$0
87045C	Stool Culture	Lab Services	\$59	\$59	\$0

87046	STOOL CULTR, BACTERIA, EACH	Lab Services	\$65	\$65	\$0
87070	CULTURE, BACTERIA, Genital Routine	Lab Services	\$66	\$8	\$0
87070A	Anaerobic And Aerobic Culture	Lab Services	\$230	\$230	\$0
87070B	Aerobic Bacterial Culture, General	Lab Services	\$27	\$8	\$0
87070C	Anaerobic Bacterial Culture, General	Lab Services	\$66	\$9	\$0
87070D	Anaerobic Bacterial Culture, General	Lab Services	\$76	\$76	\$0
87070E	GC Culture Only	Lab Services	\$82	\$82	\$0
87075	CULTR BACTERIA, EXCEPT BLOOD	Lab Services	\$71	\$71	\$0
87081	GROUP B STREP COLONIZATION DET	Lab Services	\$71	\$7	\$0
87081A	Genital Culture Only	Lab Services	\$96	\$96	\$0
87081H	Helicobacter Pylori Culture	Lab Services	\$74	\$21	\$0
87081M	MRSA Screening Culture	Lab Services	\$132	\$132	\$0
87081TH	Beta Strep Throat Culture, Gp A Only	Lab Services	\$71	\$6	\$0
87086	URINE CULTURE/COLONY COUNT	Lab Services	\$57	\$5	\$0
87086A	Urine Culture And Sensitivity Lab	Lab Services	\$8	\$8	\$0
87088	URINE BACTERIA CULTURE	Lab Services	?	?	\$0
87101	SKIN FUNGI CULTURE	Lab Services	\$105	\$105	\$0
87110	CHLAMYDIA CULTURE	Lab Services	\$22	\$22	\$0
87116	MYCOBACTERIA CULTURE	Lab Services	\$161	\$161	\$0
87118	MYCOBACTERIC IDENTIFICATION	Lab Services	\$38	\$38	\$0
87149	CULTURE TYPE, NUCLEIC ACID	Lab Services	\$140	\$140	\$0
87169	MACROSCOPIC EXAM PARASITE	Lab Services	\$41	\$41	\$0
87177	OVA AND PARASITES SMEARS	Lab Services	\$30	\$30	\$0
87177G	Giardia EIA Ova/Parasite	Lab Services	\$225	\$225	\$0
87186	MICROBE SUSCEPTIBLE, MIC	Lab Services	\$84	\$84	\$0
87205	SMEAR, GRAM STAIN	Lab Services	\$42	\$12	\$0
87206	Cryptosporidium -SMEAR, FLUORESCENT/ACI	Lab Services	\$76	\$76	\$0
87207	Parasite Examination, Blood	Lab Services	\$29	\$29	\$0
87210	WET PREP	Lab Services	\$24	\$24	\$0
87230	C-Diff Toxin B Cytotoxin ASSAY	Lab Services	\$88	\$10	\$0
87252	VIRUS INOCULATION, TISSUE	Lab Services	\$166	\$166	\$0
87255	GENET VIRUS ISOLATE, HSV	Lab Services	\$38	\$38	\$0
87255A	HSV Culture Without Typing	Lab Services	\$98	\$98	\$0
87265	PERTUSSIS AG, IF	Lab Services	?	?	\$0
87274	HERPES SIMPLEX 1, AG, IF	Lab Services	?	?	\$0
87324	CLOSTRIDIUM AG, EIA	Lab Services	\$38	\$38	\$0
87328	CRYPTOSPORIDIUM AG, EIA	Lab Services	\$79	\$79	\$0
87328A	Giardia/Cryptosporidium EIA, Stool	Lab Services	\$137	\$137	\$0
87329	GIARDIA AG, EIA	Lab Services	\$107	\$13	\$0
87338	HPYLORI, STOOL, EIA	Lab Services	\$45	\$45	\$0
87340	HEPATITIS B SURFACE AG, EIA	Lab Services	\$74	\$4	\$0
87340A	HAV/HBV (Profile VII)	Lab Services	\$185	\$185	\$0
87350	HEPATITIS B Profile AG, EIA	Lab Services	\$428	\$428	\$0
87350A	Hep Be Antigen	Lab Services	\$86	\$10	\$0
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	Lab Services	\$87	\$10	\$0
87427	E Coli - SHIGA-LIKE TOXIN AG, EIA	Lab Services	\$58	\$58	\$0
87449	AG DETECT NOS, EIA, MULT	Lab Services	\$23	\$23	\$0

87480	Vaginitis / Vaginosis	Lab Services	\$36	\$36	\$0
87491	Chlamydia	Lab Services	\$50	\$31	\$0
87491N	NuSwab Vaginitis Plus	Lab Services	\$160	\$160	\$0
87496	CYTOMEG, DNA, AMP PROBE	Lab Services	\$95	?	\$0
87507	Gastrointestinal Profile, Stool, PCR	Lab Services	\$300	\$300	\$0
87517	HEPATITIS B, DNA, QUANT	Lab Services	\$427	\$427	\$0
87521	HEPATITIS C, RNA, AMP PROBE	Lab Services	\$252	\$252	\$0
87521A	Hepatitis C Virus (HCV) RNA, Qualitative, NAA	Lab Services	\$415	\$415	\$0
87522	HEPATITIS C, RNA, QUANT	Lab Services	\$141	\$141	\$0
87522A	HCV, Quantitative, RNA W/ Reflexx	Lab Services	\$148	\$148	\$0
87522B	HCV RNA PCR,Qn Rfx Geno(NonGr)	Lab Services	\$386	\$386	\$0
87529A	HSV 1/2 PCR	Lab Services	\$178	\$178	\$0
87536	RNA, PCR (Non Graph) HIV-1, DNA, QUANT	Lab Services	\$470	\$470	\$0
87536H	HIV RNA PCR	Lab Services	\$470	\$470	\$0
87536R	HIV-1, Quant, Reflex To Trofile	Lab Services	\$470	\$470	\$0
87590	N.GONORRHOEAE, DNA, DIR PROB	Lab Services	\$32	\$6	\$0
87591	Gonorrhea	Lab Services	\$49	\$19	\$0
87591C	Chlamydia/Gonorrhea Combo	Lab Services	\$99	\$25	\$0
87621	HPV, DNA, AMP PROBE	Lab Services	\$199	\$30	\$0
87624	Pap IGP, Rfx, Age 30-65	Lab Services	\$55	\$55	\$0
87624C	COBAS HPV Alone	Lab Services	\$127	\$66	\$0
87625	HPV TYPES 16 & 18 ONLY	Lab Services	\$28	\$28	\$0
87641	Staphylococcus Aureus, Methicillin Resistant	Lab Services	\$101	\$101	\$0
87650	STREP A, DNA, DIR PROBE	Lab Services	\$21	\$6	\$0
87661	Trichomonas Vaginalis - Inf Agent Detection	Lab Services	\$170	\$170	\$0
87798	DETECT AGENT NOS, DNA, AMP	Lab Services	\$121	\$121	\$0
87798A	Vaginitis VG And HSV	Lab Services	\$320	\$320	\$0
87798N	Nu Swab BV And Candida	Lab Services	\$110	\$110	\$0
87798T	Trich Vag By NAA	Lab Services	\$42	\$42	\$0
87798V	Vaginitis VG, NuSwab Lab Test	Lab Services	\$239	\$239	\$0
87799	BK Quant PCR Plasma	Lab Services	\$256	\$256	\$0
87802	STREP B ASSAY W/OPTIC	Lab Services	\$52	\$52	\$0
87804	Flu In House	Lab Services	\$31	\$31	\$15
87804AB	Influenza A&B, Direct Immunoassay	Lab Services	\$116	\$116	\$0
87804L	Influenza A Only Direct EIA	Lab Services	\$36	\$36	\$0
87807	RSV ASSAY W/OPTIC	Lab Services	\$102	\$102	\$0
87807H	RSV In House	Lab Services	\$23	\$23	\$15
87880	Strep A In House	Lab Services	\$21	\$21	\$15
87899	AGENT NOS ASSAY W/OPTIC	Lab Services	?	?	\$0
87901	GENOTYPE, DNA, HIV REVERSE T	Lab Services	\$205	\$205	\$0
87902	GENOTYPE, DNA, HEPATITIS C	Lab Services	\$264	\$264	\$0
88112	CYTOPATH, CELL ENHANCE TECH	Lab Services	\$133	\$133	\$0
88141	CYTOPATH, C/V, INTERPRET	Lab Services	\$38	\$8	\$0
88142	PAP THIN PREP	Lab Services	\$78	\$22	\$0
88142A	Pap, Lb, Ct-Ng, HPV High Risk	Lab Services	\$94	\$94	\$0
88142HPV	Liquid Pap Reflex To HR HPV If ASCUS	Lab Services	\$36	\$36	\$0
88161	MISCELLANEOUS SMEAR, OTHER SOURCE	Lab Services	\$113	\$113	\$0

88164	CYTOPATH TBS, C/V, MANUAL	Lab Services	\$60	\$15	\$0
88175	Pap, IGP, Rfx Age 21-29	Lab Services	\$18	\$32	\$0
88184	FLOWCYTOMETRY/ TC, 1 MARKER	Lab Services	\$475	\$475	\$0
88230	TISSUE CULTURE, LYMPHOCYTE	Lab Services	\$828	\$828	\$0
88291	CYTO/MOLECULAR REPORT	Lab Services	\$609	\$609	\$0
88302	TISSUE EXAM BY PATHOLOGIST	Lab Services	\$89	\$89	\$0
88305	TISSUE EXAM BY PATHOLOGIST	Lab Services	\$149	\$41	\$0
88312	SPECIAL STAINS	Lab Services	\$61	\$61	\$0
88313	SPECIAL STAINS	Lab Services	?	?	\$0
88355	ANALYSIS, SKELETAL MUSCLE	Lab Services	\$85	\$85	\$0
89051	BODY FLUID CELL COUNT	Lab Services	\$26	\$26	\$0
89055	WBC - LEUKOCYTE ASSESSMENT, FECAL	Lab Services	\$22	\$22	\$0
89060	EXAM, SYNOVIAL FLUID CRYSTALS	Lab Services	\$30	\$30	\$0
89190	NASAL SMEAR FOR EOSINOPHILS	Lab Services	\$25	\$25	\$0
89300	Semen Analysis In House	Lab Services	?	?	\$0
89320	SEMEN ANALYSIS, COMPLETE	Lab Services	\$130	\$130	\$0
89321	SEMEN ANALYSIS & MOTILITY	Lab Services	\$33	\$33	\$0
90471	IMMUNIZATION ADMIN	Injectibles	\$20	\$20	\$0
90472	IMMUNIZATION ADMIN, EACH ADD	Injectibles	\$20	\$20	\$0
90473	IMMUNE ADMIN ORAL/NASAL	Injectibles	\$20	\$20	\$0
90474	IMMUNE ADMIN ORAL/NASAL ADDL	Injectibles	\$20	\$20	\$0
90632	HEP A VACCINE, ADULT IM	Injectibles	\$84	\$58	\$15
90632ADU	HEP A VACCINE, ADULT IM 317 Program	Injectibles	\$0	\$0	\$0
90632VFC	HEP A VACCINE, ADULT IM	Injectibles	\$0	\$0	\$0
90633	HEP A VACC, PED/ADOL, 2 DOSE	Injectibles	\$42	\$35	\$15
90633VFC	HEP A VACC, PED/ADOL, 2 DOSE	Injectibles	\$0	\$0	\$0
90636	Hep A/Hep B Vacc, Adult IM TWINRIX	Injectibles	\$123	\$103	\$15
90636VFC	HEP A/HEP B VACC, ADULT IM	Injectibles	\$0	\$0	\$0
90645	HIB VACCINE, HBOC, IM	Injectibles	\$75	\$75	\$15
90645VFC	HIB VACCINE, HBOC, IM	Injectibles	\$0	\$0	\$0
90647	HIB VACCINE, PedVAX, IM	Injectibles	\$35	\$32	\$15
90647VFC	HIB VACCINE, PedVAX, IM	Injectibles	\$0	\$0	\$0
90651	Gardasil 9 Valent	Injectibles	\$267	\$236	\$15
90651ADU	Gardasil 9 Valent 317 Program	Injectibles	\$0	\$0	\$0
90651VFC	Gardasil 9 Valent VFC	Injectibles	\$0	\$0	\$0
90669	PNEUMOCOCCAL VACC, PED <5	Injectibles	\$90	\$90	\$15
90669VFC	PNEUMOCOCCAL VACC, PED <5	Injectibles	\$0	\$0	\$0
90670	PNEUMOCOCCAL VACC, 13 Valent	Injectibles	\$121	\$121	\$15
90670ADU	PNEUMOCOCCAL VACC, 13 Valent 317 Program	Injectibles	\$0	\$0	\$0
90670VFC	PNEUMOCOCCAL VACC, 13 Valent	Injectibles	\$0	\$0	\$0
90675	RABIES VACCINE, IM	Injectibles	\$333	\$333	\$15
90675VFC	RABIES VACCINE, IM	Injectibles	\$0	\$0	\$0
90680	ROTOVIRUS VACCINE, ORAL	Injectibles	\$100	\$81	\$15
90680VFC	ROTOVIRUS VACCINE, ORAL	Injectibles	\$0	\$0	\$0
90681	Rotavirus Vaccine (Rotarix)	Injectibles	\$121	\$121	\$15
90681VFC	Rotavirus Vaccine (Rotarix)	Injectibles	\$0	\$0	\$0
90685	Fluzone Quad, Single .25ml, 6-35 mo	Injectibles	\$30	\$30	\$15

90686	Fluzone Quad, Single, 6 Mo And Older	Injectibles	\$30	\$30	\$15
90686VFC	Fluzone Quad, Single VFC 6 Mo And Avoe	Injectibles	\$0	\$0	\$0
90687VFC	Fluzone Quadrivalent 0.25 MDV (6mo - 35mo)	Injectibles	\$0	\$0	\$0
90688VFC	Fluzone Quadrivalent (6mo And Over)	Injectibles	\$0	\$0	\$0
90691	TYPHOID VACCINE, IM	Injectibles	\$133	\$133	\$15
90691VFC	TYPHOID VACCINE, IM	Injectibles	\$0	\$0	\$0
90696	DTap IPV (Kinrix)	Injectibles	\$63	\$52	\$15
90696VFC	DTap IPV (Kinrix)	Injectibles	\$0	\$0	\$0
90698	Dtap-Hib-IPV (Pentacel) Vaccine, IM	Injectibles	\$113	\$104	\$15
90698VFC	DTAP-HIB-IP VACCINE, IM	Injectibles	\$0	\$0	\$0
90700	DTAP VACCINE, < 7 YRS, IM	Injectibles	\$34	\$28	\$15
90700VFC	DTAP VACCINE, < 7 YRS, IM	Injectibles	\$0	\$0	\$0
90701	DTP VACCINE, IM	Injectibles	\$60	\$60	\$15
90701VFC	DTP VACCINE, IM	Injectibles	\$0	\$0	\$0
90702	DT VACCINE < 7, IM	Injectibles	\$20	\$20	\$15
90702VFC	DT VACCINE < 7, IM	Injectibles	\$0	\$0	\$0
90707	MMR VACCINE, SC	Injectibles	\$96	\$84	\$15
90707ADU	MMR VACCINE, SC 317 Program	Injectibles	\$0	\$0	\$0
90707VFC	MMR VACCINE, SC	Injectibles	\$0	\$0	\$0
90710	MMRV VACCINE, SC	Injectibles	\$256	\$230	\$15
90710VFC	MMRV VACCINE, SC	Injectibles	\$0	\$0	\$0
90713	POLIOVIRUS, IPV, SC	Injectibles	\$33	\$33	\$15
90713VFC	POLIOVIRUS, IPV, SC	Injectibles	\$0	\$0	\$0
90714	TD VACCINE >7 IM	Injectibles	\$44	\$39	\$15
90714ADU	TD VACCINE >7 IM 317 Program	Injectibles	\$0	\$0	\$0
90714VFC	TD VACCINE >7 IM	Injectibles	\$0	\$0	\$0
90715	TDAP VACCINE >7 IM	Injectibles	\$50	\$50	\$15
90715ADU	TDAP VACCINE >7 IM 317 Program	Injectibles	\$0	\$0	\$0
90715VFC	TDAP VACCINE >7 IM	Injectibles	\$0	\$0	\$0
90716	CHICKEN POX VACCINE, SC	Injectibles	\$162	\$141	\$15
90716ADU	CHICKEN POX VACCINE, SC 317 Program	Injectibles	\$0	\$0	\$0
90716VFC	CHICKEN POX VACCINE, SC	Injectibles	\$0	\$0	\$0
90717	YELLOW FEVER VACCINE, SC	Injectibles	\$125	\$125	\$15
90717VFC	YELLOW FEVER VACCINE, SC	Injectibles	\$0	\$0	\$0
90720	DTP/HIB VACCINE, IM	Injectibles	\$28	\$28	\$15
90720VFC	DTP/HIB VACCINE, IM	Injectibles	\$0	\$0	\$0
90723	DTAP-HEP B-IPV (Pediarix) VACCINE, IM	Injectibles	\$60	\$60	\$15
90723VFC	DTAP-HEP B-IPV VACCINE, IM	Injectibles	\$0	\$0	\$0
90732	Pneumococcal Vaccine	Injectibles	\$127	\$113	\$15
90732ADU	PNEUMOCOCCAL VACCINE 317 Program	Injectibles	\$0	\$0	\$0
90732VFC	PNEUMOCOCCAL VACCINE	Injectibles	\$0	\$0	\$0
90733	MENINGOCOCCAL VACCINE, SC	Injectibles	\$107	\$107	\$15
90733A	Menomune Vaccine	Injectibles	\$124	\$124	\$15
90733VFC	MENINGOCOCCAL VACCINE, SC	Injectibles	\$0	\$0	\$0
90734	MENINGOCOCCAL VACCINE, IM	Injectibles	\$145	\$138	\$15
90734ADU	MENINGOCOCCAL VACCINE 317 Program	Injectibles	\$0	\$0	\$0
90734VFC	MENINGOCOCCAL VACCINE, IM	Injectibles	\$0	\$0	\$0

90735	Japanese Encephalitis Vaccine, SC	Injectibles	\$220	\$220	\$15
90735VFC	ENCEPHALITIS VACCINE, SC	Injectibles	\$0	\$0	\$0
90736	Zoster (shingles) Vaccine	Injectibles	\$204	\$204	\$15
90736ADU	Zoster (shingles) Vaccine 317 Program	Injectibles	\$0	\$0	\$0
90736VFC	Zoster (shingles) Vaccine	Injectibles	\$0	\$0	\$0
90738	Japenese Encephalitis, IXIARO, IM	Injectibles	\$220	\$220	\$15
90738VFC	Japenese Encephalitis, IXIARO, IM	Injectibles	\$0	\$0	\$0
90743	HEP B VACC, ADOL, 2 DOSE, IM	Injectibles	\$16	\$16	\$15
90743VFC	HEP B VACC, ADOL, 2 DOSE, IM	Injectibles	\$0	\$0	\$0
90744	HEP B VACC PED/ADOL 3 DOSE IM	Injectibles	\$32	\$23	\$15
90744VFC	HEPB VACC PED/ADOL 3 DOSE IM	Injectibles	\$0	\$0	\$0
90746	HEP B VACCINE, ADULT, IM	Injectibles	\$70	\$51	\$15
90746ADU	HEP B VACCINE, ADULT, IM 317 Program	Injectibles	\$0	\$0	\$0
90746VFC	HEP B VACCINE, ADULT, IM	Injectibles	\$0	\$0	\$0
90748	HEP B/HIB VACCINE, IM	Injectibles	\$36	\$36	\$15
90748VFC	HEP B/HIB VACCINE, IM	Injectibles	\$0	\$0	\$0
90791	PSYCH DIAGNOSTIC EVALUATION	Behav Health	\$328	\$60	\$10
90792	PSYCH DIAG EVAL W/MED SRVCS	Behav Health	\$366	\$60	\$10
90832	Psychotherapy, 30 Min W/ Patient And/or Fa	Behav Health	\$141	\$60	\$10
90832T	BH Telehealth 30 Min W/patient And/or Fam	Behav Health	\$141	\$48	\$8
90833	Psychotherapy, 30 Min W/Pat And/or Family	Behav Health	\$0	\$0	\$0
90834	Psychotherapy, 45 Min W/Pat And/or Family	Behav Health	\$187	\$60	\$10
90834T	BH Telehealth 45 Min W/patient And/or Fam	Behav Health	\$187	\$48	\$8
90836	Psychotherapy, 45 Min W/Pat And/or Family	Behav Health	\$0	\$0	\$0
90837	Psychotherapy, 60 Min W/pat And/or Family	Behav Health	\$276	\$60	\$10
90837T	BH Telehealth 60 Min W/patient And/or Fam	Behav Health	\$276	\$48	\$8
90838	Psychotherapy, 60 Min, W/pat And/or Family	Behav Health	\$0	\$0	\$0
90846	FAMILY PSYTX W/O PATIENT	Behav Health	\$179	\$60	\$10
90847	FAMILY PSYTX W/PATIENT	Behav Health	\$185	\$48	\$8
90853	GROUP PSYCHOTHERAPY	Behav Health	\$0	\$0	\$0
90863	PHARMACOLOGIC MGMT W/PSYTX	Behav Health	\$0	\$0	\$0
90882	Case Management	Behav Health	\$0	\$0	\$0
91300	COVID 19 Pfizer 30mcg/0.3mL	Injectibles	\$0	\$0	\$0
91301	COVID-19 Moderna 100mcg/0.5ml PRES Free	Injectibles	\$0	\$0	\$0
91302	COVID 19 AstraZeneca	Injectibles	\$0	\$0	\$0
91303	COVID 19 Janssen .5ML IM	Injectibles	\$0	\$0	\$0
91306	COVID-19 Moderna 50mcg/0.25ml Low Dose	Injectibles	\$0	\$0	\$0
91307	COVID 19 Pfizer 30mcg/0.3mL	Injectibles	\$0	\$0	\$0
92250	Eye Exam, Retinal Photo (internal)	Procedure	\$74	\$74	\$0
92551	AUDIOMETRY	Procedure	\$28	\$28	\$0
92552	PURE TONE AUDIOMETRY, AIR	Procedure	\$60	\$60	\$0
92553	AUDIOMETRY, AIR & BONE	Procedure	\$73	\$73	\$0
92564	HEARING TEST SISI Short Increment Sensitive	Procedure	\$52	\$52	\$0
92567	TYMPANOMETRY	Procedure	\$30	\$30	\$0
92587	EVOKED AUDITORY TEST	Procedure	\$42	\$42	\$0
92950	HEART/LUNG RESUSCITATION CPR	Therapeutic S	\$603	\$603	\$0
93000	ELECTROCARDIOGRAM, COMPLETE	Therapeutic S	\$32	\$32	\$0

93005	ELECTROCARDIOGRAM, TRACING	Therapeutic S	\$17	\$17	\$0
93010	ELECTROCARDIOGRAM REPORT	Therapeutic S	\$16	\$16	\$0
93040	RHYTHM STRIP ECG WITH REPORT	Therapeutic S	\$24	\$24	\$0
94010	PFT Simple Spirometry Complete	Therapeutic S	\$67	\$67	\$0
94150	PEAK FLOW METER	Therapeutic S	\$48	\$48	\$0
94150BR	Peak Flow Pre & Post Bronchodilator	Therapeutic S	\$48	\$48	\$0
94640	Nebulizer Treatment Saline	Therapeutic S	\$34	\$34	\$0
94640AB	Nebulizer Treatment Albuterol	Therapeutic S	\$34	\$34	\$0
94640DUO	Nebulizer Treatment Duoneb	Therapeutic S	\$34	\$34	\$0
94760	OXIMETRY	Therapeutic S	\$0	\$0	\$0
94761	3 Part Walking O2 Test	Therapeutic S	\$8	\$8	\$0
95115	IMMUNOTHERAPY, ONE INJECTION	Therapeutic S	\$18	\$18	\$0
95117	IMMUNOTHERAPY INJECTIONS	Therapeutic S	\$21	\$21	\$0
96110	DEVELOPMENTAL TEST, LIM	Therapeutic S	\$19	\$19	\$0
96127	BRIEF EMOTIONAL/BEHAV ASSMT	Office Visit	\$11	\$11	\$0
96150	ASSESS HLTH/BEHAVE, INIT	Behav Health	\$0	\$0	\$0
96151	ASSESS HLTH/BEHAVE, SUBSEQ	Behav Health	\$0	\$0	\$0
96152	INTERVENE HLTH/BEHAVE, INDIV	Behav Health	\$0	\$0	\$0
96153	INTERVENE HLTH/BEHAVE, GROUP	Behav Health	\$0	\$0	\$0
96154	INTERV HLTH/BEHAV, FAM W/PT	Behav Health	\$0	\$0	\$0
96155	INTERV HLTH/BEHAV FAM NO PT	Behav Health	\$0	\$0	\$0
96160	PT-FOCUSED HLTH RISK ASSMT	Office Visit	\$6	\$6	\$0
96360	Intravenous Infusion, Hydration; Initial, 31 M	Therapeutic S	\$64	\$64	\$0
96361	Intravenous Infusion, Hydration, Each Additio	Therapeutic S	\$26	\$26	\$0
96365	Intravenous Infusion, For Therapy, Prophylax	Therapeutic S	\$134	\$134	\$0
96366	Intravenous Infusion, Therapy, Each Addition	Therapeutic S	\$41	\$41	\$0
96372	Injection Fee Therapeutic, Prophylactic, Or D	Therapeutic S	\$27	\$27	\$0
96374	Intravenous Push, Single Or Initial Substance/	Therapeutic S	\$74	\$74	\$0
97024	DIATHERMY TREATMENT	Therapeutic S	\$14	\$14	\$0
97602	WOUND(S) CARE NON-SELECTIVE	Procedure	\$0	\$0	\$0
97802	MEDICAL NUTRITION, INDIV, Initial	Miscellaneous	\$64	\$64	\$0
97803	MED NUTRITION, INDIV, SUBSEQ	Miscellaneous	\$56	\$56	\$0
98925	OSTEOPATHIC OMT 1-2 Regions	Office Visit	\$59	\$59	\$20
98926	OSTEOPATHIC OMT, 3-4 Regions	Office Visit	\$85	\$85	\$20
98927	OSTEOPATHIC OMT, 5-6 Regions	Office Visit	\$111	\$111	\$20
98928	OSTEOPATHIC OMT, 7-8 Regions	Office Visit	\$135	\$135	\$20
98929	OSTEOPATHIC OMT, 9-10 Regions	Office Visit	\$161	\$161	\$20
98960	Complex Care Visit	Miscellaneous	\$0	\$0	\$0
98960B	BH Education And Training For Patient Self M	Behav Health	\$0	\$0	\$0
98966	NON-PHYSTelephone Serv, 5-10 Min	Miscellaneous	\$0	\$0	\$0
98967	NON-PHYS Telephone Serv; 11-20 Min	Miscellaneous	\$0	\$0	\$0
98968	NON-PHYS Telephone Serv; 21-30 Min	Miscellaneous	\$0	\$0	\$0
99000	SPECIMEN HANDLING	Lab Misc Serv	\$10	\$10	\$15
99000A	Specimen Handling	Lab Misc Serv	\$0	\$0	\$0
99024	PROCEDURE FOLLOW-UP VISIT	Office Visit	\$0	\$0	\$0
99058	OFFICE EMERGENCY CARE	Office Visit	\$0	\$0	\$0
99080	SPECIAL REPORTS OR FORMS	Miscellaneous	\$0	\$0	\$0

99080P	Special Reports/Forms For Patients	Miscellaneous	\$0	\$0	\$0
99173	VISUAL ACUITY SCREEN	Procedure	\$6	\$6	\$0
99188	FLUORIDE	Lab Services	\$42	\$42	\$0
99195	PHLEBOTOMY	Therapeutic S	\$191	\$191	\$0
99202	OV FOCUSED, NEW	Office Visit	\$141	\$141	\$20
99202T	New Telehealth Visit, Focused	Telehealth	\$141	\$113	\$16
99203	OV EXPANDED, NEW	Office Visit	\$208	\$208	\$20
99203T	New Telehealth Visit, Expanded	Telehealth	\$208	\$166	\$16
99204	OV DETAILED, NEW	Office Visit	\$309	\$309	\$20
99204T	New Telehealth Visit, Detailed	Telehealth	\$309	\$247	\$16
99205	OV COMPREHENSIVE, NEW	Office Visit	\$408	\$408	\$20
99205T	New Telehealth Visit, Comprehensive	Telehealth	\$408	\$307	\$16
99211	OV MINIMAL/NURSE, EST	Office Visit	\$44	\$44	\$20
99212	OV FOCUSED, EST	Office Visit	\$105	\$105	\$20
99212T	Telehealth Visit Focused	Telehealth	\$105	\$84	\$16
99213	OV EXPANDED, EST	Office Visit	\$169	\$169	\$20
99213T	Telehealth Visit Expanded	Telehealth	\$169	\$135	\$16
99214	OFFICE VISIT, EST	Office Visit	\$240	\$240	\$20
99214T	Telehealth Visit Detailed	Telehealth	\$240	\$192	\$16
99215	OV COMPREHENSIVE, EST	Office Visit	\$334	\$334	\$20
99215T	Telehealth Visit Comprehensive	Telehealth	\$334	\$267	\$16
99241	OFFICE CONSULTATION	Office Visit	\$90	\$90	\$20
99242	OFFICE CONSULTATION	Office Visit	\$168	\$168	\$20
99243	OFFICE CONSULTATION	Office Visit	\$229	\$229	\$20
99244	OFFICE CONSULTATION	Office Visit	\$343	\$343	\$20
99245	OFFICE CONSULTATION	Office Visit	\$417	\$417	\$20
99339	Care Plan Oversight (Pt Not Present) 15-29 M	Office Visit	\$144	\$144	\$20
99340	Care Plan Oversight (Pt Not Present) 30 Min C	Office Visit	\$200	\$200	\$20
99354	PROLONGED SERVICE, OFFICE (Add-on To E&	Office Visit	\$240	\$240	\$20
99358	PROLONGED SERV, W/O CONTACT (Add On 1	Office Visit	\$206	\$206	\$20
99359	PROLONGED SERV, W/O CONTACT Add-on Ac	Office Visit	\$101	\$101	\$20
99381	PREV VISIT, NEW, INFANT	Office Visit	\$206	\$206	\$20
99382	PREV VISIT, NEW, AGE 1-4	Office Visit	\$216	\$216	\$20
99383	PREV VISIT, NEW, AGE 5-11	Office Visit	\$225	\$225	\$20
99384	PREV VISIT, NEW, AGE 12-17	Office Visit	\$255	\$255	\$20
99385	PREV VISIT, NEW, AGE 18-39	Office Visit	\$247	\$247	\$20
99386	PREV VISIT, NEW, AGE 40-64	Office Visit	\$285	\$285	\$20
99387	PREV VISIT, NEW, 65 & OVER	Office Visit	\$310	\$310	\$20
99391	PREV VISIT, EST, INFANT	Office Visit	\$187	\$187	\$20
99392	PREV VISIT, EST, AGE 1-4	Office Visit	\$198	\$198	\$20
99393	PREV VISIT, EST, AGE 5-11	Office Visit	\$198	\$198	\$20
99394	PREV VISIT, EST, AGE 12-17	Office Visit	\$217	\$217	\$20
99395	PREV VISIT, EST, AGE 18-39	Office Visit	\$222	\$222	\$20
99396	PREV VISIT, EST, AGE 40-64	Office Visit	\$237	\$237	\$20
99397	PREV VISIT, EST, 65 & OVER	Office Visit	\$255	\$255	\$20
99401	PREVENTIVE COUNSELING, INDIV	Office Visit	\$74	\$74	\$20
99402	PREVENTIVE COUNSELING, INDIV	Office Visit	\$122	\$122	\$20

99403	PREVENTIVE COUNSELING, INDIV	Office Visit	\$166	\$166	\$20
99404	PREVENTIVE COUNSELING, INDIV	Office Visit	\$212	\$212	\$20
99406	Smoking And Tobacco Use Cessation Counsel	Office Visit	\$29	\$29	\$0
99407	Smoking And Tobacco Use Cessation Counsel	Office Visit	\$54	\$54	\$0
99408	Alcohol And/or Substance Abuse Screening, 1	Office Visit	\$67	\$67	\$0
99409	Alcohol And/or Substance Abuse Screening >	Office Visit	\$130	\$130	\$0
99417	Prolonged Service	Office Visit	\$61	\$61	\$0
99420	HEALTH RISK ASSESSMENT TEST	Office Visit	\$0	\$0	\$0
99441	Telephone Eval & Mgmt 5-10 Minutes	Telehealth	\$26	\$0	\$0
99442	Telephone Eval & Mgmt 11-20 Minutes	Telehealth	\$51	\$0	\$0
99443	Telephone Eval & Mngmt 21-30 Minutes	Telehealth	\$74	\$0	\$0
99450	LIFE/DISABILITY EVALUATION	Office Visit	\$0	\$0	\$0
99455	DISABILITY EXAMINATION - Physician	Office Visit	\$0	\$0	\$0
99456	DISABILITY EXAMINATION - Non Treating Phy	Office Visit	\$0	\$0	\$0
99497	ADVNC D CARE PLAN 30 MIN	Office Visit	\$158	\$158	\$0
99499	UNLISTED E&M SERVICE	Office Visit	\$0	\$0	\$0
99960	Forms For Work Comp	Miscellaneous	\$42	\$42	\$0
A4267	Male condom	Pharmacy	\$0	\$0	\$0
A4466	Ankle Support	Supplies/DME	\$0	\$0	\$0
A4550	Surgical trays	Supplies/DME	\$0	\$0	\$0
A4565	ARM SLINGS	Supplies/DME	\$0	\$0	\$0
A4580	Cast supplies (plaster)	Supplies/DME	\$0	\$0	\$0
A4590	Special casting material	Supplies/DME	\$0	\$0	\$0
ACET	Acetaminophen, Oral Administration	Pharmacy	\$0	\$0	\$0
Aspirin	Chewable Aspirin	Pharmacy	\$0	\$0	\$0
ATTACH	Attach Documentation Or Narrative Or Both	Dental	\$0	\$0	\$0
BF	Balance Forward	Miscellaneous	\$0	\$0	\$0
BH Info	Beh Health Info Given To Patient	Behav Health	\$0	\$0	\$0
BH Intern	Beh Health Intern Service	Behav Health	\$0	\$0	\$0
BP Chk	BP Blood Pressure Check	Miscellaneous	\$0	\$0	\$0
CCare	Coordinated Care Visit	Behav Health	\$0	\$0	\$0
COVID	COVID Test Done By Nurse	Lab Misc Serv	\$0	\$0	\$0
CV Lab	Confidential Visit Lab	Lab Services	\$0	\$0	\$0
CV Office	Confidential Visit - Office	Office Visit	\$0	\$0	\$0
CV Pharm	Confidential Vist - Pharmacy	Pharmacy	\$0	\$0	\$0
CV Procedu	Confidential Visit - Procedure	Procedure	\$0	\$0	\$0
D0120	Periodic Oral Evaluation And Established Pati	Dental	\$63	\$63	\$20
D0120SM	Periodic Oral Evaluation And Established Pati	Dental	\$0	\$0	\$0
D0130	Emergency Oral Evaluation Problem Focused	Dental	\$93	\$93	\$20
D0140	Limited Oral Evaluation - Problem Focused	Dental	\$93	\$93	\$20
D0140T	Limited Oral Evaluation Telehealth	Dental	\$93	\$74	\$20
D0145	Oral Evaluation For A Patient Under Three Ye	Dental	\$84	\$84	\$20
D0150	Comprehensive Oral Evaluation - New Or Est	Dental	\$111	\$111	\$20
D0150SM	Comprehensive Oral Evaluation û New Or Est	Dental	\$0	\$0	\$0
D0170	Re-Evaluation û Limited, Problem Focused	Dental	\$85	\$85	\$20
D0180	Comprehensive Periodontal Evaluation û Nev	Dental	\$119	\$119	\$20
D0190	Screening Of Dental Patient	Dental	\$104	\$104	\$20

D0190CO	Screening Of Dental Patient CO-MDI	Dental	\$0	\$0	\$0
D0210	Intraoral û Complete Series (Including Bitewing)	Dental	\$157	\$157	\$20
D0220	Intraoral-Periapical First Film	Dental	\$36	\$36	\$20
D0230	Intraoral -Periapical Each Additional Film	Dental	\$31	\$31	\$20
D0240	Intraoral û Occlusal Film	Dental	\$48	\$48	\$20
D0250	Extraoral û First Film	Dental	\$73	\$73	\$20
D0270	Bitewing - Single Film	Dental	\$35	\$35	\$20
D0272	Bitewings - Two Films	Dental	\$56	\$56	\$20
D0273	Bitewings û Three Films	Dental	\$67	\$67	\$20
D0274	Bitewings - Four Films	Dental	\$79	\$79	\$20
D0330	Panoramic Film	Dental	\$136	\$136	\$20
D0350	Oral/Facial Photographic Images	Dental	\$0	\$0	\$0
D0391	Interpretation Of Diagnostic Image	Dental	\$0	\$347	\$20
D0411	HbA1c In Office Point Of Service Testing	Dental	\$15	\$15	\$15
D0460	Pulp Vitality Tests	Dental	\$69	\$69	\$20
D0601	Low Risk Caries	Dental	\$0	\$0	\$0
D0602	Moderate Risk Caries	Dental	\$0	\$0	\$0
D0603	High Risk Caries	Dental	\$0	\$0	\$0
D1110	Prophylaxis - Adult	Dental	\$109	\$109	\$20
D1120	Prophylaxis - Child	Dental	\$82	\$82	\$20
D1206	Topical Fluoride Varnish	Dental	\$50	\$50	\$20
D1206A	Topical Fluoride Varnish (medical)	Miscellaneous	\$0	\$0	\$0
D1310	Nutritional Counseling For Control Of Dental	Dental	\$75	\$75	\$20
D1320	Tobacco Counseling For The Control And Prev	Dental	\$0	\$0	\$0
D1330	Oral Hygiene Instructions	Dental	\$0	\$0	\$0
D1351	Sealant - Per Tooth	Dental	\$67	\$67	\$20
D1351ONE	Sealant û Per Tooth First Permanent Molar C	Dental	\$67	\$67	\$20
D1351TWO	Sealant û Per Tooth Second Permanent Mola	Dental	\$67	\$67	\$20
D1352	Preventive Resin Restoration	Dental	\$138	\$138	\$20
D1353	Sealant Repair, Per Tooth	Dental	\$69	\$69	\$20
D1354	Interim Caries Arresting Medicament Applicat	Dental	\$100	\$100	\$20
D1510	Space Maintainer - Fixed - Unilateral	Dental	\$370	\$370	\$50
D1515	Space Maintainer - Fixed - Bilateral	Dental	\$429	\$429	\$50
D1550	Re-Cementation Of Space Maintainer	Dental	\$84	\$84	\$50
D1555	Removal Of Fixed Space Maintainer	Dental	\$84	\$84	\$50
D2140	Amalgam - One Surface, Primary Or Permane	Dental	\$174	\$174	\$50
D2150	Amalgam - Two Surfaces, Primary Or Perman	Dental	\$222	\$222	\$50
D2160	Amalgam - Three Surfaces, Primary Or Perma	Dental	\$269	\$269	\$50
D2161	Amalgam - Four Or More Surfaces, Primary O	Dental	\$322	\$322	\$50
D2330	Resin-Based Composite - One Surface, Anteri	Dental	\$205	\$205	\$50
D2331	Resin-Based Composite - Two Surfaces, Anter	Dental	\$245	\$245	\$50
D2332	Resin-Based Composite - Three Surfaces, Ant	Dental	\$301	\$301	\$50
D2335	Resin-Based Composite - Four Or More Surfa	Dental	\$374	\$374	\$50
D2391	Resin-Based Composite - One Surface, Poster	Dental	\$220	\$220	\$50
D2392	Resin-Based Composite - Two Surfaces, Poste	Dental	\$282	\$282	\$50
D2393	Resin-Based Composite - Three Surfaces, Pos	Dental	\$347	\$347	\$50
D2394	Resin-Based Composite - Four Or More Surfa	Dental	\$404	\$404	\$50

D2663	Onlay û Resin-Based Composite û Three Surfa	Dental	\$1,158	\$1,158	\$50
D2710	Crown û Resin-Based Composite (Indirect)	Dental	\$1,150	\$1,150	\$100 **
D2712	Crown û 3/4 Resin-Based Composite (Indirect)	Dental	\$1,201	\$1,201	\$100 **
D2720	Crown û Resin With High Noble Metal	Dental	\$1,250	\$1,250	\$100 **
D2721	Crown û Resin With Predominantly Base Met	Dental	\$1,193	\$1,193	\$100 **
D2722	Crown û Resin With Noble Metal	Dental	\$1,203	\$1,203	\$100 **
D2740	Crown û Porcelain/Ceramic	Dental	\$1,332	\$1,332	\$100 **
D2750	Crown û Porcelain Fused To High Noble Meta	Dental	\$1,320	\$1,320	\$100 **
D2751	Crown - Porcelain Fused To Predominantly Ba	Dental	\$1,240	\$1,240	\$100 **
D2752	Crown û Porcelain Fused To Noble Metal	Dental	\$1,259	\$1,259	\$100 **
D2780	Crown û 3/4 Cast High Noble Metal	Dental	\$1,296	\$1,296	\$100 **
D2781	Crown û 3/4 Cast Predominantly Base Metal	Dental	\$1,226	\$1,226	\$100 **
D2782	Crown û 3/4 Cast Noble Metal	Dental	\$1,235	\$1,235	\$100 **
D2783	Crown û 3/4 Porcelain/Ceramic	Dental	\$1,277	\$1,277	\$100 **
D2790	Crown û Full Cast High Noble Metal	Dental	\$1,384	\$1,384	\$100 **
D2791	Crown û Full Cast Predominantly Base Metal	Dental	\$1,208	\$1,208	\$100 **
D2792	Crown û Full Cast Noble Metal	Dental	\$1,276	\$1,276	\$100 **
D2799	Provisional Crown	Dental	\$532	\$532	\$100 **
There is an extra charge for lab fees for DS1 patients*					
D2920	Recement Crown	Dental	\$140	\$140	\$50
D2930	Prefabricated Stainless Steel Crown - Primary	Dental	\$324	\$324	\$50
D2931	Prefabricated Stainless Steel Crown û Permar	Dental	\$389	\$389	\$50
D2932	Prefabricated Resin Crown	Dental	\$419	\$419	\$50
D2934	Prefabricated Esthetic Coated Stainless Steel	Dental	\$430	\$430	\$50
D2940	Protective Restoration	Dental	\$155	\$155	\$50
D2940SM	Protective Restoration	Dental	\$155	\$155	\$50
D2941	Interim Therapeutic Restoration	Dental	\$238	\$238	\$50
D2941SM	Interim Therapeutic Restoration	Dental	\$238	\$238	\$50
D2950	Core Buildup, Including Any Pins	Dental	\$324	\$324	\$50
D2951	Pin Retention û Per Tooth, In Addition To Res	Dental	\$96	\$96	\$50
D2952	Post And Core In Addition To Crown, Indirect	Dental	\$486	\$486	\$50
D2954	Prefabricated Post And Core In Addition To C	Dental	\$396	\$396	\$50
D2955	Post Removal (Not In Conjunction With Endo	Dental	\$350	\$350	\$50
D2960	Labial Veneer (Resin Laminate) û Chairside	Dental	\$807	\$807	\$100 **
D2961	Labial Veneer (Resin Laminate) û Laboratory	Dental	\$1,204	\$1,204	\$100 **
D2962	Labial Veneer (Porcelain Laminate) û Laborat	Dental	\$1,389	\$1,389	\$100 **
D2990	Resin Infiltration, Incipient Smooth Lesions	Dental	\$193	\$193	\$100 **
There is an extra charge for lab fees for DS1 patients*					
D3110	Pulp Cap - Direct (Excluding Final Restoration)	Dental	\$102	\$102	\$50
D3120	Pulp Cap - Indirect (Excluding Final Restorati	Dental	\$102	\$102	\$50
D3220	Therapeutic Pulpotomy (Excluding Final Resto	Dental	\$255	\$255	\$50
D3221	Pulpal Debridement, Primary And Permanent	Dental	\$277	\$277	\$50
D3230	Pulpal Therapy (Resorbable Filling) û Anterior	Dental	\$332	\$332	\$50
D3240	Pulpal Therapy (Resorbable Filling) - Posterior	Dental	\$357	\$357	\$50
D3310	Anterior (Excluding Final Restoration)	Dental	\$889	\$889	\$100 **
D3320	Bicuspid (Excluding Final Restoration)	Dental	\$1,019	\$1,019	\$100 **
D3330	Molar (Excluding Final Restoration)	Dental	\$1,227	\$1,227	\$100 **

D3346	Retreatment Of Previous Root Canal Therapy	Dental	\$1,036	\$1,036	\$100 **
D3460	Endodontic Endosseous Implant	Dental	\$1,721	\$1,721	\$100 **
There is an extra charge for lab fees for DS1 patients					
D4210	Gingivectomy Or Gingivoplasty - Four Or More	Dental	\$747	\$747	\$50
D4245	Apically Positioned Flap	Dental	\$977	\$977	\$50
D4249	Clinical Crown Lengthening û Hard Tissue	Dental	\$929	\$929	\$50
D4320	Provisional Splinting û Intracoronal	Dental	\$627	\$627	\$50
D4321	Provisional Splinting-Extracoronal	Dental	\$556	\$556	\$50
D4341	Periodontal Scaling And Root Planing	Dental	\$306	\$306	\$50
D4342	Periodontal Scaling And Root Planing û One T	Dental	\$232	\$232	\$50
D4346	Scaling, Presence Of Inflammation, After Eval	Dental	\$198	\$198	\$50
D4355	Full Mouth Debridement To Enable Compreh	Dental	\$219	\$219	\$50
D4381	Localized Delivery Of Antimicrobial Agents Vi	Dental	\$153	\$153	\$50
D4910	Periodontal Maintenance	Dental	\$162	\$162	\$50
D5110	Complete Denture û Maxillary	Dental	\$2,113	\$2,113	\$100 **
D5120	Complete Denture û Mandibular	Dental	\$2,120	\$2,120	\$100 **
D5130	Immediate Denture û Maxillary	Dental	\$2,206	\$2,206	\$100 **
D5140	Immediate Denture û Mandibular	Dental	\$2,222	\$2,222	\$100 **
D5211	Maxillary Partial Denture û Resin Base (Includ	Dental	\$1,658	\$1,658	\$100 **
D5212	Mandibular Partial Denture û Resin Base (Incl	Dental	\$1,644	\$1,644	\$100 **
D5213	Maxillary Partial Denture û Cast Metal Frame	Dental	\$2,158	\$2,158	\$100 **
D5214	Mandibular Partial Denture û Cast Metal Fram	Dental	\$2,173	\$2,173	\$100 **
D5225	Maxillary Partial Denture û Flexible Base (Incl	Dental	\$1,847	\$1,847	\$100 **
D5226	Mandibular Partial Denture û Flexible Base (In	Dental	\$1,821	\$1,821	\$100 **
D5281	Removable Unilateral Partial Denture û One P	Dental	\$1,014	\$1,014	\$100 **
D5410	Adjust Complete Denture û Maxillary	Dental	\$111	\$111	\$100 **
D5411	Adjust Complete Denture û Mandibular	Dental	\$111	\$111	\$100 **
D5421	Adjust Partial Denture û Maxillary	Dental	\$111	\$111	\$100 **
D5422	Adjust Partial Denture û Mandibular	Dental	\$111	\$111	\$100 **
There is an extra charge for lab fees for DS1 patients					
D5511	Repair broken complete denture base, mand	Dental	\$266	\$266	\$50
D5512	Repair broken complete denture base, maxill	Dental	\$269	\$269	\$50
D5520	Replace Missing Or Broken Teeth û Complete	Dental	\$232	\$232	\$50
D5610	Repair Resin Denture Base	Dental	\$211	\$211	\$50
D5611	Repair Resin Partial Denture Base, Mandibula	Dental	\$260	\$260	\$50
D5612	Repair Resin Partial Denture Base Maxillary	Dental	\$266	\$266	\$50
D5620	Repair Cast Framework	Dental	\$289	\$289	\$50
D5630	Repair Or Replace Broken Clasp	Dental	\$315	\$315	\$50
D5640	Replace Broken Teeth û Per Tooth	Dental	\$237	\$237	\$50
D5650	Add Tooth To Existing Partial Denture	Dental	\$273	\$273	\$50
D5660	Add Clasp To Existing Partial Denture	Dental	\$317	\$317	\$50
D5671	Replace All Teeth And Acrylic On Cast Metal F	Dental	\$896	\$896	\$50
D5710	Rebase Complete Maxillary Denture	Dental	\$712	\$712	\$100 **
D5730	Reline Complete Maxillary Denture (Chairside	Dental	\$457	\$457	\$100 **
D5731	Reline Complete Mandibular Denture (Chairs	Dental	\$453	\$453	\$100 **
D5740	Reline Maxillary Partial Denture (Chairside)	Dental	\$435	\$435	\$100 **
D5741	Reline Mandibular Partial Denture (Chairside)	Dental	\$440	\$440	\$100 **

D5750	Reline Complete Maxillary Denture (Laboratory)	Dental	\$556	\$556	\$100 **
D5751	Reline Complete Mandibular Denture (Laboratory)	Dental	\$555	\$555	\$100 **
D5760	Reline Maxillary Partial Denture (Laboratory)	Dental	\$549	\$549	\$100 **
D5761	Reline Mandibular Partial Denture (Laboratory)	Dental	\$549	\$549	\$100 **
D5820	Interim Partial Denture (Maxillary)	Dental	\$831	\$831	\$100 **
D5821	Interim Partial Denture (Mandibular)	Dental	\$820	\$820	\$100 **
D5850	Tissue Conditioning, Maxillary	Dental	\$255	\$255	\$100 **
D5851	Tissue Conditioning, Mandibular	Dental	\$248	\$248	\$100 **
D5860	Overdenture - Complete, By Report	Dental	\$1,765	\$1,765	\$100 **
D6056	Prefabricated Abutment - Includes Placement	Dental	\$865	\$865	\$100 **
D6057	Custom Abutment - Includes Placement	Dental	\$1,032	\$1,032	\$100 **
D6058	Abutment Supported Porcelain/Ceramic Crown	Dental	\$1,628	\$1,628	\$100 **
D6059	Abutment Supported Porcelain Fused To Metal	Dental	\$1,635	\$1,635	\$100 **
D6060	Abutment Supported Porcelain Fused To Metal	Dental	\$1,528	\$1,528	\$100 **
D6061	Abutment Supported Porcelain Fused To Metal	Dental	\$1,575	\$1,575	\$100 **
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	Dental	\$1,643	\$1,643	\$100 **
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	Dental	\$1,589	\$1,589	\$100 **
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	Dental	\$1,597	\$1,597	\$100 **
D6068	Abutment Supported Retainer For Porcelain/Ceramic	Dental	\$1,639	\$1,639	\$100 **
D6069	Abutment Supported Retainer For Porcelain/Ceramic	Dental	\$1,631	\$1,631	\$100 **
D6073	Abutment Supported Retainer For Cast Metal	Dental	\$1,621	\$1,621	\$100 **
D6205	Pontic - Indirect Resin Based Composite	Dental	\$1,170	\$1,170	\$100 **
D6210	Pontic - Cast High Noble Metal	Dental	\$1,302	\$1,302	\$100 **
D6211	Pontic - Cast Predominantly Base Metal	Dental	\$1,221	\$1,221	\$100 **
D6212	Pontic - Cast Noble Metal	Dental	\$1,211	\$1,211	\$100 **
D6214	Pontic - Titanium	Dental	\$1,260	\$1,260	\$100 **
D6240	Pontic - Porcelain Fused To High Noble Metal	Dental	\$1,303	\$1,303	\$100 **
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	Dental	\$1,252	\$1,252	\$100 **
D6242	Pontic - Porcelain Fused To Noble Metal	Dental	\$1,254	\$1,254	\$100 **
D6245	Pontic - Porcelain/Ceramic	Dental	\$1,335	\$1,335	\$100 **
D6253	Provisional Pontic	Dental	\$853	\$853	\$100 **
D6545	Retainer - Cast Metal For Resin Bonded Fixed	Dental	\$1,074	\$1,074	\$100 **
D6548	Retainer - Porcelain/Ceramic For Resin Bonded	Dental	\$1,149	\$1,149	\$100 **
D6614	Onlay - Cast Noble Metal, Two Surfaces	Dental	\$1,192	\$1,192	\$100 **
D6710	Crown - Indirect Resin Based Composite	Dental	\$1,198	\$1,198	\$100 **
D6720	Crown - Resin With High Noble Metal	Dental	\$1,246	\$1,246	\$100 **
D6721	Crown - Resin With Predominantly Base Metal	Dental	\$1,204	\$1,204	\$100 **
D6722	Crown - Resin With Noble Metal	Dental	\$1,204	\$1,204	\$100 **
D6740	Abutment Crown - Porcelain/Ceramic	Dental	\$1,343	\$1,343	\$100 **
D6750	Crown - Porcelain Fused To High Noble Metal	Dental	\$1,343	\$1,343	\$100 **
D6751	Crown - Porcelain Fused To Predominantly Base Metal	Dental	\$1,221	\$1,221	\$100 **
D6752	Crown - Porcelain Fused To Noble Metal	Dental	\$1,265	\$1,265	\$100 **
D6780	Crown - 3/4 Cast High Noble Metal	Dental	\$1,292	\$1,292	\$100 **
D6781	Crown - 3/4 Cast Predominantly Base Metal	Dental	\$1,223	\$1,223	\$100 **
D6782	Crown - 3/4 Cast Noble Metal	Dental	\$1,243	\$1,243	\$100 **
D6783	Crown - 3/4 Porcelain/Ceramic	Dental	\$1,272	\$1,272	\$100 **
D6790	Crown - Full Cast High Noble Metal	Dental	\$1,327	\$1,327	\$100 **

D6791	Crown û Full Cast Predominantly Base Metal	Dental	\$1,214	\$1,214	\$100 **
D6792	Crown û Full Cast Noble Metal	Dental	\$1,237	\$1,237	\$100 **
D6793	Provisional Retainer Crown	Dental	\$646	\$646	\$100 **
D6794	Crown û Titanium	Dental	\$1,283	\$1,283	\$100 **
There is an extra charge for lab fees for DS1 patients*					
D6930	Recement Fixed Partial Denture	Dental	\$212	\$212	\$50
D6980	Fixed Partial Denture Repair, By Report	Dental	\$452	\$452	\$50
D7111	Primary Coronal Remnants	Dental	\$164	\$164	\$50
D7140	Erupted Tooth Or Exposed Root	Dental	\$232	\$232	\$50
D7210	Erupted Tooth, Removal Of Bone And/or Sec	Dental	\$341	\$341	\$50
D7220	Soft Tissue Impacted	Dental	\$386	\$386	\$50
D7230	Partial Bony Impacted	Dental	\$482	\$482	\$50
D7240	Removal Of Impacted Tooth û Completely Bo	Dental	\$590	\$590	\$50
D7250	Residual Roots, Covered	Dental	\$370	\$370	\$50
D7251	Coronectomy	Dental	\$551	\$551	\$50
D7285	Biopsy Of Oral Tissue û Hard (Bone, Tooth)	Dental	\$655	\$655	\$50
D7286	Biopsy Of Oral Tissue û Soft	Dental	\$427	\$427	\$50
D7288	Brush Biopsy û Transepithelial Sample Collect	Dental	\$258	\$258	\$50
D7310	Alveoplasty In Conjunction With Extractions	Dental	\$380	\$380	\$50
D7311	Alveoplasty In Conjunction With Extractions	Dental	\$366	\$366	\$50
D7320	Alveoplasty Not In Conjunction With Extrac	Dental	\$537	\$537	\$50
D7321	Alveoplasty Not In Conjunction With Extrac	Dental	\$492	\$492	\$50
D7410	Excision Of Benign Lesion Up To 1.25 Cm	Dental	\$520	\$520	\$50
D7411	Excision Of Benign Lesion Greater Than 1.25 C	Dental	\$774	\$774	\$50
D7450	Removal Of Benign Odontogenic Cyst Or Tum	Dental	\$758	\$758	\$50
D7473	Removal Of Torus Mandibularis	Dental	\$995	\$995	\$50
D7510	Incision And Drainage Of Abscess û Intraoral	Dental	\$297	\$297	\$50
D7530	Removal Of Foreign Body From Mucosa, Skin	Dental	\$417	\$417	\$50
D7550	Partial Ostectomy/Sequestrectomy For Remo	Dental	\$662	\$662	\$50
D7910	Suture Of Recent Small Wounds Up To 5 Cm	Dental	\$355	\$355	\$50
D7953	Bone Replacement Graft For Ridge Preservati	Dental	\$833	\$833	\$50
D7960	Frenulectomy (Frenectomy Or Frenotomy) û	Dental	\$527	\$527	\$50
D7971	Excision Of Pericoronal Gingiva	Dental	\$338	\$338	\$50
D8220	Fixed Appliance Therapy	Dental	\$1,114	\$1,114	\$50
D8693	Rebonding Or Recementing; And/Or Repair, A	Dental	\$313	\$313	\$50
D8695	Removal Of Fixed Orthodontic Appliances For	Dental	\$375	\$375	\$50
D9215	Local Anesthesia	Dental	\$77	\$77	\$20
D9230	Analgesia, Anxiolysis, Inhalation Of Nitrous O	Dental	\$101	\$101	\$20
D9248	Non-Intravenous Conscious Sedation	Dental	\$356	\$356	\$20
D9310	Consultation û Diagnostic Service Provided By	Dental	\$162	\$162	\$20
D9430	Office Visit For Observation (During Regularly	Dental	\$93	\$93	\$20
D9910	Application Of Desensitizing Medicament	Dental	\$78	\$78	\$20
D9920	Behavior Management, By Report	Dental	\$198	\$198	\$20
D9930	Treatment Of Complications (Post-Surgical) û	Dental	\$147	\$147	\$50
D9940	Occlusal Guard, By Report	Dental	\$581	\$581	\$50
D9941	Fabrication Of Athletic Mouthguard	Dental	\$327	\$327	\$50
D9944	Occlusal Guard Hard Appliance, Full Arch	Dental	\$698	\$698	\$50

D9945	Occlusal Guard Soft Appliance, Full Arch	Dental	\$649	\$649	\$50
D9946	Occlusal Guard Hard Appliance, Partial	Dental	\$625	\$625	\$50
D9950	Occlusion Analysis û Mounted Case	Dental	\$441	\$441	\$50
D9951	Occlusal Adjustment û Limited	Dental	\$228	\$228	\$20
D9974	Internal Bleaching û Per Tooth	Dental	\$353	\$353	\$50
D9995	Teledentistry, Synchronous	Dental	\$0	\$0	\$0
D9996	Teledentistry Asynchronous	Dental	\$0	\$0	\$0
D9999	Unspecified Adjunctive Procedure, By Report	Dental	\$0	\$0	\$0
DADJM	Adjustment (Dentures, Crowns, Fillings)	Dental	\$0	\$0	\$0
DD0001	Completed Dental Referral	Dental	\$0	\$0	\$0
DD0002	Any Dental Decay Already Treated	Dental	\$0	\$0	\$0
DD0003	Any Untreated Dental Decay	Dental	\$0	\$0	\$0
DD0005	Any Periodontal Disease	Dental	\$0	\$0	\$0
DD0006	New MDI Patient	Dental	\$0	\$0	\$0
DD0007	Established MDI Patient	Dental	\$0	\$0	\$0
DD0008	Pregnant MDI Patient	Dental	\$0	\$0	\$0
DD5678	Dental Referral For Untreated Dental Decay	Dental	\$0	\$0	\$0
DD6to9	Child 6-9 Years With Sealable Molar	Dental	\$0	\$0	\$0
DDLKY	Dental Supply Delivery	Dental	\$0	\$0	\$0
DEX	Dexamethasone, Oral Administration	Pharmacy	\$0	\$0	\$0
DEXCL	Excluded To Do Sealants	Dental	\$0	\$0	\$0
DFTNG	Dental Fitting	Dental	\$0	\$0	\$0
DHRC1	High Caries Risk	Dental	\$0	\$0	\$0
DIMPR	Dental Impressions	Dental	\$0	\$0	\$0
DINFO	Dental Information Given	Dental	\$0	\$0	\$0
DIPH	Diphenhydramine, Oral Administration	Pharmacy	\$0	\$0	\$0
DLRC3	Low Caries Risk	Dental	\$0	\$0	\$0
DM Beh	DM Behavior Health	Miscellaneous	\$0	\$0	\$0
DM New	Diabetes New Education	Miscellaneous	\$0	\$0	\$0
DM New Edu	Diabetes New Education	Miscellaneous	\$0	\$0	\$0
DM Office	Diabetes Office Education	Miscellaneous	\$0	\$0	\$0
DM Office Ed	Diabetes Office Education	Miscellaneous	\$0	\$0	\$0
DM Phone	Diabetes Phone Education	Miscellaneous	\$0	\$0	\$0
DM Phone Ed	Diabetes Phone Education	Miscellaneous	\$0	\$0	\$0
DMRC2	Moderate Caries Risk	Dental	\$0	\$0	\$0
DPOCU	Post Op Check Up	Dental	\$0	\$0	\$0
DPOST	Dental Post Op Visit	Dental	\$0	\$0	\$0
DSEALD	Sealant Not Done Due To Decay	Dental	\$0	\$0	\$0
DSEALNO	Not Eligible For Sealants	Dental	\$0	\$0	\$0
DSEALU	Unerrupted Sealant	Dental	\$0	\$0	\$0
DSEALX	Sealant Completed	Dental	\$0	\$0	\$0
DSMEST	Smiles Established Patient	Dental	\$0	\$0	\$0
DSMNEW	Smiles New Patient	Dental	\$0	\$0	\$0
DSMREF	SMILES Referral To Dentist	Dental	\$0	\$0	\$0
DSMTX	SMILES Treatment Plan Established	Dental	\$0	\$0	\$0
DSMTXC	SMILES Treatment Plan Completed	Dental	\$0	\$0	\$0
DSMTXS	SMILES Treatment Plan Started	Dental	\$0	\$0	\$0

DSMV<6	Dental Visit In Last 6 Months	Dental	\$0	\$0	\$0
DSMV>12	Dental Visit More Than 12 Months	Dental	\$0	\$0	\$0
DSMV6-12	Dental Visit In Last 6-12 Months	Dental	\$0	\$0	\$0
DSMVNR	Patient Doesn't Remember When Last Denta	Dental	\$0	\$0	\$0
DSMVNV	Patient NEVER Had A Dental Visit	Dental	\$0	\$0	\$0
DSUPPLY	Dental Supply/Lab Cost	Dental	\$0	\$0	\$0
DTEST	Dental Test Code	Dental	\$0	\$0	\$0
G0008	Admin influenza virus vac	Therapeutic S	\$20	\$20	*
G0009	Admin pneumococcal vaccine	Therapeutic S	\$20	\$20	*
G0010	Admin hepatitis b vaccine	Therapeutic S	\$20	\$20	*
G0071	Communication By FQHC 5 Min	Telehealth	\$25	\$0	*
G0127	Trim nail(s)	Procedure	\$45	\$45	*
G0168	Wound closure by adhesive	Procedure	\$203	\$203	*
G0396	SA Structured Assessment And Brief Interven	Behav Health	\$67	\$67	*
G0397	SA Structured Assessment, Intervention > 30	Behav Health	\$130	\$130	*
G0402	Initial Preventative Exam (IPPE)	Office Visit	\$310	\$310	*
G0404	ECG, Tracing Only, Screening IPPE	Procedure	\$17	\$17	*
G0405	ECG Interpretation And Report, IPPE	Therapeutic S	\$16	\$16	*
G0438	Annual Well Visit Initial	Office Visit	\$316	\$316	*
G0439	Annual Well Visit - Subseq	Office Visit	\$245	\$245	*
G0466	FQHC Visit, New Patient	Office Visit	\$267	\$257	*
G0467	FQHC Visit, Established Patient	Office Visit	\$212	\$174	*
G0468	FQHC Visit, Preventative	Office Visit	\$290	\$280	*
G0469	Fqhc visit, mh new pt	Office Visit	\$233	\$185	*
G0470	FQHC Visit, Mental Health, Est Patient	Office Visit	\$233	\$185	*
G2025	Medicare Telehealth Distant Site	Telehealth	\$99	\$99	*
G8431	Pos clin depres scrn f/u doc	Miscellaneous	\$0	\$0	\$0
G8510	Scr dep neg, no plan reqd	Miscellaneous	\$0	\$0	\$0
G8553	Electronic Rx Encounter	Pharmacy	\$0	\$0	\$0
G9141	Influenza A (H1N1) Vaccine Administration	Therapeutic S	\$10	\$10	\$0
G9142	Influenza A (H1N1) Vaccine	Therapeutic S	\$0	\$0	\$0
Glucose	Glucose, Oral Administration	Pharmacy	\$0	\$0	\$0
H0001	Alcohol and/or drug Brief assessment	Behav Health	\$15	\$15	\$0
H0002	Alcohol and/or drug FULL screening For IOP	Behav Health	\$150	\$150	\$10
H0004	15 Min Alcohol and/or drug services Ind Ther	Behav Health	\$25	\$25	\$10
H0004.30	Alcohol and/or drug services 30 Min	Behav Health	\$50	\$50	\$10
H0004.60	Alcohol and/or drug services 60 Min	Behav Health	\$100	\$100	\$10
H0004FO	45 Min Alcohol and/or drug services Ind Ther	Behav Health	\$75	\$75	\$10
H0004SI	Alcohol and/or drug services 60 Min	Behav Health	\$100	\$100	\$10
H0004TH	30 Min Alcohol and/or drug services Ind Ther	Behav Health	\$50	\$50	\$10
H0005	Alcohol and/or drug services Group Visit	Behav Health	\$25	\$25	\$10
H0005ReCo	Recovery Court Substance Abuse Group	Behav Health	\$39	\$39	\$10
H0005Rise	RISE DUI Substance Abuse Group	Behav Health	\$35	\$35	\$10
H0005RP	Relapse Prevention Substance Abuse Group	Behav Health	\$25	\$25	\$10
H0005TH	30 Min Alcohol and/or drug services	Behav Health	\$30	\$30	\$10
H0031	MH health assess by non-md	Behav Health	\$20	\$20	\$0
H0031T	MH health assess by non-md Telehealth	Telehealth	\$20	\$16	\$0

H0032	MH svc plan dev by non-md	Behav Health	\$150	\$150	\$10
H0049	Medicaid RAE Alcohol/drug screening	Behav Health	\$0	\$0	\$0
IBU	Ibuprofen, Oral Administration	Pharmacy	\$0	\$0	\$0
IOProg	Intensive Outpatient Program	Behav Health	\$300	\$300	\$10
J0171	Adrenalin epinephrin inject .1mg	Injectibles	\$408	\$6	\$6
J0456	Azithromycin 250mg	Pharmacy	\$0	\$0	\$0
J0558	Penicillin G Benzathine And G Procaine	Injectibles	\$187	\$6	\$6
J0561	Penicillin g benzathine inj, 100,000 Units	Injectibles	\$461	\$6	\$6
J0561A	Pencillin G Benzathine Inj (Adult)	Injectibles	\$461	\$6	\$6
J0561P	Penicillin G Benzathine Injection (Ped)	Injectibles	\$136	\$6	\$6
J0690	Cefazolin sodium injection	Injectibles	\$7	\$7	\$7
J0696	Rocephine Sodium Injectable	Injectibles	\$8	\$7	\$7
J0702	Betamethasone acet&sod phosph	Injectibles	\$5	\$5	\$5
J0715	Ceftizoxime sodium / 500 MG	Injectibles	\$16	\$16	\$15
J0735	Clonidine hydrochloride 0.1mg	Pharmacy	\$0	\$0	\$0
J1000	Depo-estradiol cypionate inj	Injectibles	\$23	\$23	\$15
J1020	Methylprednisolone 20 MG inj	Injectibles	\$8	\$8	\$8
J1030	Methylprednisolone 40 MG inj	Injectibles	\$16	\$16	\$15
J1040	Methylprednisolone 80 MG inj	Injectibles	\$32	\$32	\$15
J1050	Depoprovera Injection 150 Mg/1 Mls	Injectibles	\$84	\$29	\$15
J1070	Testosterone cypionat 100 MG	Injectibles	\$13	\$13	\$13
J1100	Dexamethasone sodium phos	Injectibles	\$14	\$9	\$9
J1200	Benadryl Injection	Injectibles	\$7	\$6	\$6
J1380	Estradiol valerate 10 MG inj	Injectibles	\$41	\$41	\$15
J1815	Insulin injection Per 5 Units	Injectibles	\$384	\$6	\$6
J1885	Toradol -Ketorolac tromethamine inj	Injectibles	\$8	\$7	\$7
J1950	Lupron - Leuprolide acetate /3.75 MG	Injectibles	\$0	\$0	\$0
J2001	Lidocaine injection	Injectibles	\$0	\$0	\$0
J2405	Zofran Ondansetron hcl injection, Per 1 Mg	Injectibles	\$6	\$6	\$6
J2550	Phenergan Promethazine hcl injection	Injectibles	\$7	\$7	\$7
J2590	Oxytocin injection	Injectibles	\$11	\$6	\$6
J2790	Rho d immune globulin inj	Injectibles	\$110	\$65	\$15
J2930	Methylprednisolone injection	Injectibles	\$19	\$7	\$7
J2950	Promazine hcl injection	Injectibles	\$7	\$7	\$7
J3301	Kenalog -Triamcinolone acetone inj	Injectibles	\$69	\$7	\$7
J3420	Vitamin B-12 injection	Injectibles	\$14	\$6	\$6
J7030	Normal saline solution infus	Injectibles	\$8	\$8	\$8
J7120	Ringers lactate infusion	Injectibles	\$8	\$8	\$8
J7297	Liletta 52 Mg, 3 Year	Pharmacy	\$850	\$100	\$40
J7298	Mirena Levonorgestrel iu contracept	Pharmacy	\$955	\$335	\$134
J7298Free	FREE Mirena Levonorgestrel iu contracept	Pharmacy	\$0	\$0	\$0
J7300	IUD - Intrauterine Copper Device	Pharmacy	\$885	\$265	\$106
J7303	Contraceptive vaginal ring	Pharmacy	\$656	\$6	\$2
J7307	Nexplanon Etonogestrel Implant System	Pharmacy	\$935	\$399	\$160
J7637	Dexamethasone inhal sol con	Injectibles	\$15	\$15	\$15
J8499PlanB	Plan B Levonorgesterol 1.5 Mg	Pharmacy	\$4	\$4	\$4
L1810	Ko elastic with joints	Supplies/DME	\$0	\$0	\$0

L1825	Ko elastic knee cap	Supplies/DME	\$0	\$0	\$0
L3650	SLING, CLAVICLE	Supplies/DME	\$0	\$0	\$0
L3908	Wrist cock-up non-molded	Supplies/DME	\$0	\$0	\$0
L3923	Hand Finger Orthosis (HFO,) no joint, prefabr	Supplies/DME	\$0	\$0	\$0
L4350	Ankle control orthosi prefab	Supplies/DME	\$0	\$0	\$0
MAP	Medication Assistance Program	Pharmacy	\$10	\$10	\$10
MAPMAIL	Med Ass Program Mailing Fee	Pharmacy	\$5	\$5	\$5
MAPMIRENA	MAP MIRENA	Pharmacy	\$10	\$10	\$10
MtNGt	Meet And Greet - No Charge	Miscellaneous	\$0	\$0	\$0
NBvisit	Non-Billable Visit For MA/Nurse	Miscellaneous	\$0	\$0	\$0
NITRO	Nitroglycerin, Oral Administration	Pharmacy	\$0	\$0	\$0
Not Complete	Provider Did Not Finalize	Miscellaneous	\$0	\$0	\$0
Not Seen	Patient Not Seen By Provider	Miscellaneous	\$0	\$0	\$0
Nrsvst	Nurse Visit	Miscellaneous	\$0	\$0	\$0
Nsf	Insufficient Funds Charge	Miscellaneous	\$15	\$15	\$15
Pharm	Pharmacy comp/disp serv	Pharmacy	\$0	\$0	\$0
PPD Read	PPD Reading	Miscellaneous	\$0	\$0	\$0
PRED	Prednisone, Oral Administration	Pharmacy	\$0	\$0	\$0
Q0144Z250	Azithromycin 250mg	Pharmacy	\$0	\$0	\$0
Q0144Z500	Azithromycin 500mg	Pharmacy	\$0	\$0	\$0
Q0162	Ondansetron 1 Mg, Oral	Injectibles	\$0	\$0	\$0
Q0169	Promethazine HCl 12.5mg oral	Injectibles	\$0	\$0	\$0
Q2038	Influenza Vaccine MEDICARE	Injectibles	\$30	\$30	\$15
Q2039	Influenza MEDICARE (Fluzone)	Injectibles	\$30	\$30	\$15
Q3014	Telehealth facility fee	Behav Health	\$0	\$0	\$0
RCOVID	FREE Rapid COVID 19 Antigen	Lab Services	\$0	\$0	\$0
S0119	Zofran, Ondansetron, Oral, 4mg	Pharmacy	\$0	\$0	\$0
S4993M3	Micronor 3 Month Supply	Pharmacy	\$4	\$4	\$4
S4993M6	Micronor 6 Month Supply	Pharmacy	\$8	\$8	\$8
S4993O3	Orthocept 3 Month Supply	Pharmacy	\$6	\$6	\$6
S4993O6	Orthocept 6 Month Supply	Pharmacy	\$12	\$12	\$12
S4993T3	Tricyclen 3 Month Supply	Pharmacy	\$7	\$7	\$7
S4993T6	Tricyclen 6 Month Supply	Pharmacy	\$14	\$14	\$14
S4993TL3	Tricyclen Lo 3 Month Supply	Pharmacy	\$7	\$7	\$7
S4993TL6	Tricyclen Lo 6 Month Supply	Pharmacy	\$14	\$14	\$14
S5190	Wellness assessment by nonph	Behav Health	\$0	\$0	\$0
S8096	Portable peak flow meter	Supplies/DME	\$0	\$0	\$0
S9445	PT education noc individ	Miscellaneous	\$0	\$0	\$0
S9452	Nutrition class, Nonphysician Provider	Miscellaneous	\$0	\$0	\$0
Sports	Sports Physical	Office Visit	\$40	\$40	\$15
T1016	CM Beh Health With Patient	Behav Health	\$0	\$0	\$0
Triage	Triage By Nurse	Miscellaneous	\$0	\$0	\$0
U0002	Novel Coronavirus (Covid-19), NAA	Lab Services	\$57	\$0	\$0
U0002C	Novel Coronavirus CDPHE Test	Lab Services	\$0	\$0	\$0

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\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
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\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$30	\$40	\$50	\$60	\$75
\$30	\$40	\$50	\$60	\$75
\$30	\$40	\$50	\$60	\$75
\$30	\$40	\$50	\$60	\$75
\$30	\$40	\$50	\$60	\$75
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\$30	\$40	\$50	\$60	\$75
\$30	\$40	\$50	\$60	\$75
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Prenatal is a special program with a slide of it's own.

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\$160	\$170	\$171	\$171	\$171
\$160	\$170	\$180	\$190	\$200
\$120	\$120	\$120	\$120	\$120
\$160	\$170	\$180	\$190	\$200
\$160	\$170	\$173	\$173	\$173
\$160	\$170	\$180	\$190	\$200
\$160	\$170	\$180	\$190	\$200
\$160	\$170	\$180	\$190	\$200
\$151	\$151	\$151	\$151	\$151
\$158	\$158	\$158	\$158	\$158
\$160	\$170	\$180	\$190	\$200
\$160	\$170	\$180	\$183	\$183
\$160	\$170	\$180	\$190	\$200
\$91	\$91	\$91	\$91	\$91
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Prenatal is a special program with a slide of it's own.

The Prenatal program in Edwards is the place these happen. If an ultrasound is done for a non-pregnant woman, these are the slide amounts following our Compass Peak imaging contract.

Labs. It's complicated All labs are covered when you have a slide. The lab copay is what is charged. Question marks mean I was unable to find a price but the code

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lab happens during the same visit, this is to be adjusted off. Only one lab copay is due/visit.

Labs. It's complicated
 All labs are covered when you have a slide.
 The lab copay is what is charged.
 Question marks mean I was unable to find a price but the code was needed for an order.

There is the Full Price because that is what a patient would be charged directly from LabCorp. Some labs are discounted to MFHC because we have a contract with them.

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\$25	\$30	\$40	\$50	\$60
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\$25	\$30	\$32	\$32	\$32
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\$25	\$30	\$30	\$30	\$30

Vaccines have commercial pricing and 340B pricing. Medicaid and uninsured receive the self pay price. Commercial payers will receive the Full Price.

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\$30	\$40	\$50	\$60	\$75
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\$30	\$40	\$50	\$60	\$75
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\$31	\$31	\$31	\$31	\$31
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\$35	\$50	\$60	\$73	\$73
\$35	\$35	\$35	\$35	\$35
\$35	\$50	\$56	\$56	\$56
\$35	\$50	\$60	\$67	\$67
\$35	\$50	\$60	\$79	\$79
\$35	\$50	\$60	\$80	\$100
\$0	\$0	\$0	\$0	\$0
\$35	\$50	\$60	\$80	\$100
\$15	\$15	\$15	\$15	\$15
\$35	\$50	\$60	\$69	\$69
\$0	\$0	\$0	\$0	\$0
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\$35	\$50	\$60	\$80	\$100
\$35	\$50	\$60	\$80	\$82
\$35	\$50	\$50	\$50	\$50
\$0	\$0	\$0	\$0	\$0
\$35	\$50	\$60	\$75	\$75
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\$0	\$0	\$0	\$0	\$0
\$35	\$50	\$60	\$67	\$67
\$35	\$50	\$60	\$67	\$67
\$35	\$50	\$60	\$67	\$67
\$35	\$50	\$60	\$80	\$100
\$35	\$50	\$60	\$69	\$69
\$35	\$50	\$60	\$80	\$100
\$222	\$259	\$296	\$333	\$352
\$257	\$300	\$343	\$386	\$408
\$50	\$59	\$67	\$76	\$80
\$50	\$59	\$67	\$76	\$80
\$104	\$122	\$139	\$157	\$165
\$133	\$156	\$178	\$200	\$211
\$162	\$189	\$216	\$243	\$256
\$193	\$226	\$258	\$290	\$306
\$123	\$143	\$164	\$184	\$194
\$147	\$172	\$196	\$221	\$233
\$181	\$211	\$241	\$271	\$286
\$224	\$262	\$299	\$337	\$355
\$132	\$154	\$176	\$198	\$209
\$169	\$198	\$226	\$254	\$268
\$208	\$243	\$278	\$313	\$330
\$242	\$283	\$323	\$363	\$384

**Dental Codes
break down into
3 sections :**

Dental Level 1 (Telehealth & Preventative)

Dental Level 2 (Restorative & Surgical)

Dental Level 3 (Prosthetic & Endo)*

\$695	\$810	\$926	\$1,042	\$1,100
\$690	\$805	\$920	\$1,035	\$1,093
\$721	\$841	\$961	\$1,081	\$1,141
\$750	\$875	\$1,000	\$1,125	\$1,188
\$716	\$835	\$954	\$1,073	\$1,133
\$722	\$842	\$962	\$1,083	\$1,143
\$799	\$932	\$1,065	\$1,198	\$1,265
\$792	\$924	\$1,056	\$1,188	\$1,254
\$744	\$868	\$992	\$1,116	\$1,178
\$756	\$882	\$1,007	\$1,133	\$1,196
\$778	\$907	\$1,037	\$1,167	\$1,232
\$736	\$858	\$981	\$1,103	\$1,165
\$741	\$865	\$988	\$1,112	\$1,174
\$766	\$894	\$1,022	\$1,149	\$1,213
\$831	\$969	\$1,107	\$1,246	\$1,315
\$725	\$846	\$967	\$1,088	\$1,148
\$766	\$893	\$1,021	\$1,148	\$1,212
\$319	\$373	\$426	\$479	\$506
\$84	\$98	\$112	\$126	\$133
\$194	\$227	\$259	\$292	\$308
\$233	\$272	\$311	\$350	\$369
\$252	\$294	\$336	\$378	\$399
\$258	\$301	\$344	\$387	\$408
\$93	\$108	\$124	\$139	\$147
\$93	\$108	\$124	\$139	\$147
\$143	\$167	\$190	\$214	\$226
\$143	\$167	\$190	\$214	\$226
\$194	\$227	\$259	\$292	\$308
\$58	\$67	\$77	\$87	\$91
\$292	\$340	\$389	\$438	\$462
\$238	\$277	\$317	\$357	\$377
\$210	\$245	\$280	\$315	\$333
\$484	\$565	\$646	\$727	\$767
\$722	\$843	\$963	\$1,083	\$1,144
\$833	\$972	\$1,111	\$1,250	\$1,320
\$116	\$135	\$154	\$174	\$183
\$61	\$71	\$81	\$92	\$97
\$61	\$71	\$81	\$92	\$97
\$153	\$178	\$204	\$229	\$242
\$166	\$194	\$221	\$249	\$263
\$199	\$233	\$266	\$299	\$316
\$214	\$250	\$285	\$321	\$339
\$533	\$622	\$711	\$800	\$845
\$611	\$713	\$815	\$917	\$968
\$736	\$859	\$982	\$1,104	\$1,166

**Dental Codes
break down into
3 sections :**

Dental Level 1 (Telehealth & Preventative)

Dental Level 2 (Restorative & Surgical)

Dental Level 3 (Prosthetic & Endo)*

\$622	\$725	\$829	\$933	\$984
\$1,032	\$1,204	\$1,376	\$1,548	\$1,634
\$448	\$523	\$598	\$673	\$710
\$586	\$684	\$782	\$879	\$928
\$557	\$650	\$743	\$836	\$882
\$376	\$439	\$502	\$564	\$596
\$333	\$389	\$444	\$500	\$528
\$183	\$214	\$244	\$275	\$290
\$139	\$163	\$186	\$209	\$221
\$119	\$139	\$159	\$178	\$188
\$131	\$153	\$175	\$197	\$208
\$92	\$107	\$122	\$138	\$145
\$97	\$113	\$130	\$146	\$154
\$1,268	\$1,479	\$1,691	\$1,902	\$2,007
\$1,272	\$1,484	\$1,696	\$1,908	\$2,014
\$1,323	\$1,544	\$1,765	\$1,985	\$2,095
\$1,333	\$1,556	\$1,778	\$2,000	\$2,111
\$995	\$1,161	\$1,327	\$1,493	\$1,576
\$986	\$1,151	\$1,315	\$1,479	\$1,561
\$1,295	\$1,510	\$1,726	\$1,942	\$2,050
\$1,304	\$1,521	\$1,739	\$1,956	\$2,065
\$1,108	\$1,293	\$1,478	\$1,663	\$1,755
\$1,093	\$1,275	\$1,457	\$1,639	\$1,730
\$608	\$710	\$811	\$913	\$963
\$67	\$78	\$89	\$100	\$106
\$67	\$78	\$89	\$100	\$106
\$67	\$78	\$89	\$100	\$106
\$67	\$78	\$89	\$100	\$106
\$160	\$186	\$213	\$239	\$253
\$161	\$188	\$215	\$242	\$256
\$139	\$162	\$186	\$209	\$220
\$127	\$148	\$169	\$190	\$200
\$156	\$182	\$208	\$234	\$247
\$160	\$186	\$213	\$239	\$253
\$173	\$202	\$231	\$260	\$275
\$189	\$220	\$252	\$283	\$299
\$142	\$166	\$190	\$213	\$225
\$164	\$191	\$219	\$246	\$260
\$190	\$222	\$253	\$285	\$301
\$538	\$627	\$717	\$807	\$852
\$427	\$498	\$570	\$641	\$676
\$274	\$320	\$366	\$412	\$435
\$272	\$317	\$362	\$408	\$430
\$261	\$305	\$348	\$392	\$413
\$264	\$308	\$352	\$396	\$418

\$333	\$389	\$444	\$500	\$528
\$333	\$388	\$444	\$499	\$527
\$329	\$384	\$439	\$494	\$522
\$329	\$384	\$439	\$494	\$522
\$498	\$581	\$664	\$748	\$789
\$492	\$574	\$656	\$738	\$779
\$153	\$178	\$204	\$229	\$242
\$149	\$174	\$199	\$223	\$236
\$1,059	\$1,236	\$1,412	\$1,589	\$1,677
\$519	\$605	\$692	\$778	\$822
\$619	\$722	\$825	\$928	\$980
\$977	\$1,140	\$1,302	\$1,465	\$1,547
\$981	\$1,145	\$1,308	\$1,472	\$1,554
\$917	\$1,070	\$1,222	\$1,375	\$1,452
\$945	\$1,103	\$1,260	\$1,418	\$1,496
\$986	\$1,150	\$1,314	\$1,478	\$1,561
\$953	\$1,112	\$1,271	\$1,430	\$1,510
\$958	\$1,118	\$1,278	\$1,438	\$1,517
\$983	\$1,147	\$1,311	\$1,475	\$1,557
\$978	\$1,141	\$1,305	\$1,468	\$1,549
\$972	\$1,134	\$1,296	\$1,458	\$1,539
\$702	\$819	\$936	\$1,053	\$1,112
\$781	\$911	\$1,042	\$1,172	\$1,237
\$733	\$855	\$977	\$1,099	\$1,160
\$727	\$848	\$969	\$1,090	\$1,151
\$756	\$882	\$1,008	\$1,134	\$1,197
\$782	\$912	\$1,042	\$1,173	\$1,238
\$751	\$876	\$1,002	\$1,127	\$1,189
\$752	\$878	\$1,003	\$1,128	\$1,191
\$801	\$935	\$1,068	\$1,202	\$1,269
\$512	\$597	\$682	\$768	\$810
\$644	\$752	\$859	\$967	\$1,020
\$689	\$804	\$919	\$1,034	\$1,092
\$715	\$834	\$953	\$1,073	\$1,132
\$719	\$839	\$959	\$1,078	\$1,138
\$748	\$872	\$997	\$1,122	\$1,184
\$722	\$843	\$963	\$1,083	\$1,144
\$722	\$843	\$963	\$1,083	\$1,144
\$806	\$940	\$1,074	\$1,208	\$1,276
\$806	\$940	\$1,074	\$1,208	\$1,276
\$733	\$855	\$977	\$1,099	\$1,160
\$759	\$885	\$1,012	\$1,138	\$1,202
\$775	\$904	\$1,033	\$1,163	\$1,227
\$734	\$856	\$979	\$1,101	\$1,162
\$746	\$870	\$994	\$1,118	\$1,181
\$763	\$891	\$1,018	\$1,145	\$1,209
\$796	\$929	\$1,062	\$1,194	\$1,261

Dental Codes

break down into

3 sections :

Dental Level 1 (Telehealth & Preventative)

Dental Level 2 (Restorative & Surgical)

Dental Level 3 (Prosthetic & Endo)*

\$728	\$850	\$971	\$1,093	\$1,153
\$742	\$866	\$990	\$1,113	\$1,175
\$388	\$452	\$517	\$582	\$614
\$770	\$898	\$1,027	\$1,155	\$1,219
\$127	\$148	\$170	\$191	\$201
\$271	\$316	\$362	\$407	\$429
\$98	\$115	\$131	\$148	\$156
\$139	\$162	\$185	\$208	\$220
\$204	\$239	\$273	\$307	\$324
\$232	\$270	\$309	\$348	\$367
\$289	\$337	\$385	\$433	\$457
\$354	\$413	\$472	\$531	\$560
\$222	\$259	\$296	\$333	\$352
\$331	\$386	\$441	\$496	\$523
\$393	\$458	\$524	\$589	\$622
\$256	\$299	\$342	\$384	\$406
\$155	\$181	\$207	\$233	\$245
\$228	\$266	\$304	\$342	\$361
\$219	\$256	\$293	\$329	\$347
\$322	\$376	\$430	\$483	\$510
\$295	\$344	\$393	\$443	\$467
\$312	\$364	\$416	\$468	\$494
\$464	\$542	\$619	\$697	\$735
\$455	\$531	\$607	\$683	\$720
\$597	\$696	\$796	\$895	\$945
\$178	\$208	\$238	\$268	\$282
\$250	\$292	\$333	\$375	\$396
\$397	\$463	\$530	\$596	\$629
\$213	\$248	\$284	\$319	\$337
\$500	\$583	\$667	\$750	\$792
\$316	\$369	\$422	\$474	\$501
\$203	\$237	\$270	\$304	\$321
\$668	\$780	\$891	\$1,003	\$1,058
\$188	\$219	\$250	\$282	\$297
\$225	\$263	\$300	\$338	\$356
\$35	\$50	\$60	\$77	\$77
\$35	\$50	\$60	\$80	\$100
\$35	\$50	\$60	\$80	\$100
\$35	\$50	\$60	\$80	\$100
\$35	\$50	\$60	\$80	\$93
\$35	\$50	\$60	\$78	\$78
\$35	\$50	\$60	\$80	\$100
\$88	\$103	\$118	\$133	\$140
\$349	\$407	\$465	\$523	\$552
\$196	\$229	\$262	\$294	\$311
\$419	\$489	\$558	\$628	\$663

**Dental Codes
break down into
3 sections :**

- Dental Level 1 (Telehealth & Preventative)
- Dental Level 2 (Restorative & Surgical)
- Dental Level 3 (Prosthetic & Endo)*

\$0	\$0	\$0	\$0	\$0
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*	*	*	*	*
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*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$2	\$3	\$4	\$5	\$6
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$25	\$25	\$25
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$30	\$40	\$50
\$15	\$25	\$25	\$25	\$25
\$15	\$25	\$30	\$39	\$39
\$15	\$25	\$30	\$35	\$35
\$15	\$25	\$25	\$25	\$25
\$15	\$25	\$30	\$30	\$30
\$2	\$3	\$4	\$5	\$6
\$2	\$3	\$4	\$5	\$6

* G codes = Medicare
 * Adjustment would be done manually as slide would occur secondary to Medicare primary payment

\$15	\$25	\$30	\$40	\$50
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$15	\$25	\$30	\$40	\$50
\$6	\$6	\$6	\$6	\$6
\$0	\$0	\$0	\$0	\$0
\$6	\$6	\$6	\$6	\$6
\$6	\$6	\$6	\$6	\$6
\$6	\$6	\$6	\$6	\$6
\$6	\$6	\$6	\$6	\$6
\$7	\$7	\$7	\$7	\$7
\$7	\$7	\$7	\$7	\$7
\$5	\$5	\$5	\$5	\$5
\$16	\$16	\$16	\$16	\$16
\$0	\$0	\$0	\$0	\$0
\$23	\$23	\$23	\$23	\$23
\$8	\$8	\$8	\$8	\$8
\$16	\$16	\$16	\$16	\$16
\$25	\$30	\$32	\$32	\$32
\$25	\$29	\$29	\$29	\$29
\$13	\$13	\$13	\$13	\$13
\$9	\$9	\$9	\$9	\$9
\$6	\$6	\$6	\$6	\$6
\$25	\$30	\$40	\$41	\$41
\$6	\$6	\$6	\$6	\$6
\$7	\$7	\$7	\$7	\$7
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$6	\$6	\$6	\$6	\$6
\$7	\$7	\$7	\$7	\$7
\$6	\$6	\$6	\$6	\$6
\$25	\$30	\$40	\$50	\$60
\$7	\$7	\$7	\$7	\$7
\$7	\$7	\$7	\$7	\$7
\$7	\$7	\$7	\$7	\$7
\$6	\$6	\$6	\$6	\$6
\$8	\$8	\$8	\$8	\$8
\$8	\$8	\$8	\$8	\$8
\$50	\$60	\$70	\$80	\$90
\$168	\$201	\$235	\$268	\$302
\$0	\$0	\$0	\$0	\$0
\$133	\$159	\$186	\$212	\$238
\$3	\$4	\$5	\$6	\$6
\$200	\$239	\$279	\$319	\$359
\$15	\$15	\$15	\$15	\$15
\$4	\$4	\$4	\$4	\$4
\$0	\$0	\$0	\$0	\$0

Injections have commercial pricing and 340B pricing. Medicaid and uninsured receive the self pay price. Commercial payers will receive the Full Price.

\$0	\$0	\$0	\$0	\$0
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\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$10	\$10	\$10	\$10	\$10
\$5	\$5	\$5	\$5	\$5
\$10	\$10	\$10	\$10	\$10
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
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\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$15	\$15	\$15	\$15	\$15
\$0	\$0	\$0	\$0	\$0
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\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$25	\$30	\$30	\$30	\$30
\$25	\$30	\$30	\$30	\$30
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$4	\$4	\$4	\$4	\$4
\$8	\$8	\$8	\$8	\$8
\$6	\$6	\$6	\$6	\$6
\$12	\$12	\$12	\$12	\$12
\$7	\$7	\$7	\$7	\$7
\$14	\$14	\$14	\$14	\$14
\$7	\$7	\$7	\$7	\$7
\$14	\$14	\$14	\$14	\$14
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$25	\$30	\$40	\$40	\$40
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0