

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

hospital_name	last_updated_on	version	location_name	hospital_address	license_number FL	type_2_npi	TRUE	attester_name	Claudia Fernandez
Starkey Hospital, LLC	4/1/2026	3.0.0	Starkey Ranch ER & Hospital	2253 Heart Pine Ave Odessa, FL 33556	4561	1114659612			
description	code 1	code 1 type	modifiers	setting	1	unit	standard_charge gross	standard_charge discounted_cash	additional_generic_notes
SILVER NITRATE APPLI 100/EA	J3490	CPT		both		1 unit	\$ 195.12	\$ 87.80	Out-of-Network
COLLES SPLINT	L3763	CPT		both		1 unit	\$ 32.21	\$ 14.49	Out-of-Network
THORACENTESIS TRAY W/CATH	C1729	CPT		both		1 unit	\$ 258.21	\$ 116.19	Out-of-Network
CAST BOOT-ADULT	Q4038	CPT		both		1 unit	\$ 34.48	\$ 15.52	Out-of-Network
SHOULDER IMMOBILIZER	L3670	CPT		both		1 unit	\$ 31.15	\$ 14.02	Out-of-Network
MARCAINE (Epidural; Intracaudal; Perineural) 5mg/mL Injection	J0665	CPT		both		1 unit	\$ 19.39	\$ 8.73	Out-of-Network
SILVADENE (silver sulfadiazine) Cream 10mg/g	A6250	CPT		both		1 unit	\$ 486.00	\$ 218.70	Out-of-Network
CLAVICLE SPLINT UNIV	L3660	CPT		both		1 unit	\$ 70.93	\$ 31.92	Out-of-Network
SOLU CORTEF SDV 100MG	J1720	CPT		both		1 unit	\$ 36.26	\$ 16.32	Out-of-Network
SODIUM BICARB up to 84mg/mL	J3490	CPT		both		1 unit	\$ 303.50	\$ 136.58	Out-of-Network
PEDIA-LAX (ENEMA pediatric-Saline Laxative 2.25 oz) BOTTLE	A4649	CPT		both		1 unit	\$ 1.47	\$ 0.66	Out-of-Network
NITROSTAT .4MG TABS 25/BT	J8499	CPT		both		1 unit	\$ 96.43	\$ 43.39	Out-of-Network
QUELICIN 20MG/ML 10ML	J0330	CPT		both		1 unit	\$ 94.91	\$ 42.71	Out-of-Network
NOVOLIN R INSLN 100U/ML 10ML	J1817	CPT		both		1 unit	\$ 770.86	\$ 346.89	Out-of-Network
ACETAMINOPHEN 120MG SUPP 12BX	J3490	CPT		both		1 unit	\$ 44.30	\$ 19.94	Out-of-Network
GLUCAGON 1MG EMERG KIT 1ML	J1610	CPT		both		1 unit	\$ 1,440.42	\$ 648.19	Out-of-Network
KNEE IMMOBILIZER 20	L1830	CPT		both		1 unit	\$ 129.85	\$ 58.43	Out-of-Network
Timolol 0.25% Oph Drops	J3490	CPT		both		1 unit	\$ 55.10	\$ 24.80	Out-of-Network
INTEGRILIN 2MG/ML 10ML VL	J3490	CPT		both		1 unit	\$ 1,073.63	\$ 483.13	Out-of-Network
INTEGRILIN .75MG/ML 100ML VL	J3490	CPT		both		1 unit	\$ 3,354.37	\$ 1,509.47	Out-of-Network
Injection, furosemide (furoscix), 20 mg	J1941	CPT		both		1 unit	\$ 16.68	\$ 7.51	Out-of-Network
Injection, furosemide (furoscix), 20 mg	J1941	CPT		both		1 unit	\$ 16.68	\$ 7.51	Out-of-Network
DEXTROSE 50% 18G SYR L/S 50M	J3490	CPT		both		1 unit	\$ 68.54	\$ 30.84	Out-of-Network
DEXTROSE 50% 18G SYR L/S 50M	J3490	CPT		both		1 unit	\$ 68.54	\$ 30.84	Out-of-Network
ACTIDOSE/SORB 25GM LIQ 120ML	J8499	CPT		both		1 unit	\$ 252.00	\$ 113.40	Out-of-Network
METRONIDAZOLE 500mg; Tab	J8499	CPT		both		1 unit	\$ 6.49	\$ 2.92	Out-of-Network
C-COLLAR PEDI PERFIT 20/CS	L0150	CPT		both		1 unit	\$ 1,114.21	\$ 501.39	Out-of-Network
INFUVITE MULT VIT VL 5X2X5ML	J8499	CPT		both		1 unit	\$ 307.96	\$ 138.58	Out-of-Network
CIPRODEX OTIC SUS 7.5ML	J8499	CPT	QW	both		1 unit	\$ 7.97	\$ 3.59	Out-of-Network
FOLIC ACID 5MG 10ML	J3490	CPT		both		1 unit	\$ 175.54	\$ 78.99	Out-of-Network
INFLUENZA A	87804	CPT		both		1 unit	\$ 131.71	\$ 59.27	Out-of-Network
DEXAMETHASONE 10MG/ML VL 1ML	J3490	CPT		both		1 unit	\$ 10.76	\$ 4.84	Out-of-Network
LABETALOL HCL 5MG/ML MDV 20M	J1920	CPT		both		1 unit	\$ 15.48	\$ 6.97	Out-of-Network
MILK OF MAGNESIA up to 480mg/5mL	J8499	CPT		both		1 unit	\$ 15.48	\$ 6.97	Out-of-Network
DOXYCYCLINE 100MG CAP 50/BT	J8499	CPT		both		1 unit	\$ 32.59	\$ 14.67	Out-of-Network
CIPROFLOXACIN .3% O/S 5ML	J7342	CPT		both		1 unit	\$ 27.90	\$ 12.56	Out-of-Network

IBUPROFEN 100MG/5ML SUS (5 mL UD cup)	J8499	CPT		both		1 unit	\$ 39.05	\$ 17.57	Out-of-Network
DEXTROSE 25% ANSYER 10ML	J7042	CPT		both		1 unit	\$ 64.49	\$ 29.02	Out-of-Network
K-PHOS Potassium up to 750mg/1; Tab	J8499	CPT		both		1 unit	\$ 5.80	\$ 2.61	Out-of-Network
Bacitracin-Neomycin-Polymixin Topical Ointment	J3490	CPT		both		1 unit	\$ 186.70	\$ 84.02	Out-of-Network
Bacitracin-Neomycin-Polymixin Topical Ointment	A6250	CPT		both		1 unit	\$ 186.70	\$ 84.02	Out-of-Network
ERYTHROMYCIN 0.5% 3.5GM OINT	A6250	CPT		both		1 unit	\$ 84.69	\$ 38.11	Out-of-Network
CALCIUM CHLORIDE IV	J3490	CPT		both		1 unit	\$ 148.80	\$ 66.96	Out-of-Network
FLUMAZENIL .1MG/ML MDV 5ML	J3490	CPT		both		1 unit	\$ 30.15	\$ 13.57	Out-of-Network
Methylprednisolone (Medrol) 4mg/1 Tab	J7509	CPT		both		1 unit	\$ 73.70	\$ 33.17	Out-of-Network
NITRO-BID 2% OINT 30GM	A6250	CPT		both		1 unit	\$ 260.54	\$ 117.24	Out-of-Network
PROPRANOLOL 1MG SDV 1ML	J1800	CPT		both		1 unit	\$ 18.80	\$ 8.46	Out-of-Network
METOPROLOL 25MG TABS	J8499	CPT		both		1 unit	\$ 22.05	\$ 9.92	Out-of-Network
Vecuronium Bromide 1mg/mL	J3490	CPT		both		1 unit	\$ 86.50	\$ 38.93	Out-of-Network
LEVAQUIN (Levofloxacin) 500MG TABS 50/BT	J8499	CPT		both		1 unit	\$ 6.65	\$ 2.99	Out-of-Network
GERI-LANTA LIQ 200MG 12OZ	J8499	CPT		both		1 unit	\$ 12.16	\$ 5.47	Out-of-Network
TYLENOL ACETAMINOPHEN 325MG TAB	J8499	CPT		both		1 unit	\$ 6.24	\$ 2.81	Out-of-Network
TYLENOL ACETAMINOPHEN 325MG TAB	J8499	CPT		both		1 unit	\$ 6.24	\$ 2.81	Out-of-Network
LEVOPHED 1MG/ML 4ML VL	J3490	CPT		both		1 unit	\$ 77.71	\$ 34.97	Out-of-Network
IBUPROFEN 200MG TAB 100/BX	J8499	CPT		both		1 unit	\$ 15.35	\$ 6.91	Out-of-Network
IBUPROFEN 200MG TAB 100/BX	J8499	CPT		both		1 unit	\$ 15.35	\$ 6.91	Out-of-Network
Ipratropium Bromide (nebulizer) .02% SOL .5 mg/2.5 mL	J7644	CPT		both		1 unit	\$ 31.88	\$ 14.35	Out-of-Network
CLOPIDOGREL 75MG TABS 30/BT	J8499	CPT		both		1 unit	\$ 47.15	\$ 21.22	Out-of-Network
Silver Sulfa Topical Cream 10mg/g	A6250	CPT		both		1 unit	\$ 64.10	\$ 28.85	Out-of-Network
PHENYLEPHRINE HYDROCHLORIDE 20 micrograms	J2371	CPT		both		1 unit	\$ 356.60	\$ 160.47	Out-of-Network
Nystatin Topical	J8499	CPT		both		1 unit	\$ 140.40	\$ 63.18	Out-of-Network
CIPROFLOXACIN 250 MG; TAB	J8499	CPT		both		1 unit	\$ 3.53	\$ 1.59	Out-of-Network
CIPROFLOXACIN 500MG TAB	J8499	CPT		both		1 unit	\$ 3.14	\$ 1.41	Out-of-Network
METHOCARBAMOL 750MG	J8499	CPT		both		1 unit	\$ 112.10	\$ 50.45	Out-of-Network
LACTULOSE 10GM/15ML	J8499	CPT		both		1 unit	\$ 116.20	\$ 52.29	Out-of-Network
Amiodarone Hydrochloride 50 mg/3 mL; VL 10/bx	J3490	CPT		both		1 unit	\$ 30.02	\$ 13.51	Out-of-Network
ASPIRIN 325MG TAB 100/BT	J8499	CPT		both		1 unit	\$ 7.77	\$ 3.50	Out-of-Network
FUROSEMIDE 20MG TABS 100/BT	J8499	CPT		both		1 unit	\$ 13.28	\$ 5.98	Out-of-Network
CLONIDINE HCL .1MG TAB 100	J8499	CPT		both		1 unit	\$ 83.35	\$ 37.51	Out-of-Network
PROMETHAZINE 25MG TAB	J8499	CPT		both		1 unit	\$ 112.04	\$ 50.42	Out-of-Network
CEPHALEXIN 500MG CAPS	J8499	CPT		both		1 unit	\$ 96.16	\$ 43.27	Out-of-Network
CEPHALEXIN 500MG CAPS	J8499	CPT		both		1 unit	\$ 96.16	\$ 43.27	Out-of-Network
METOPROLOL 1MG/ML 5ML VL	J3490	CPT		both		1 unit	\$ 6.31	\$ 2.84	Out-of-Network
Methocarbamol 500 mg tab (Robaxin)	J8499	CPT		both		1 unit	\$ 91.48	\$ 41.17	Out-of-Network
Removal, non-biodegradable drug delivery implant	11982	CPT		both		1 unit	\$ 725.07	\$ 326.28	Out-of-Network
Biofire Rsptry Panel 22 TRGT (bacterial or viral resptry infection), naso-swab	0202U	CPT		both		1 unit	\$ 4,167.80	\$ 1,875.51	Out-of-Network
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0223U	CPT		both		1 unit	\$ 4,167.80	\$ 1,875.51	Out-of-Network
Percutaneous lamino/lamine for decompression, any method, image guidan	0275T	CPT		both		1 unit	\$ 68,163.30	\$ 30,673.49	Out-of-Network
NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	0351U	CPT		both		1 unit	\$ 700.00	\$ 315.00	Out-of-Network
FebrIDx (Fingerstick whole blood specimen)	0442U	CPT		both		1 unit	\$ 413.80	\$ 186.21	Out-of-Network
BioFire Pneumonia Panel 18 bacteria,8 viruses,7 antimicrobial	0528U	CPT		both		1 unit	\$ 5,340.00	\$ 2,403.00	Out-of-Network
Infec dis bact vaginosis & vaginitis,herpes simplex virus 1&2	0557U	CPT		both		1 unit	\$ 2,629.90	\$ 1,183.46	Out-of-Network
Cardio acoustic wvfrm rec w/auto anal and gener of CAD risk	0716T	CPT		both		1 unit	\$ 582.80	\$ 262.26	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT		both		1 unit	\$ 759.00	\$ 341.55	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT		both		1 unit	\$ 1,226.00	\$ 551.70	Out-of-Network

RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT		both		1 unit	\$ 1,477.00	\$ 664.65	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT		both		1 unit	\$ 1,721.00	\$ 774.45	Out-of-Network
CT ANGIOGRPHY W/VO CONTRAST UPPER EXTREMITY	73206	CPT		both		1 unit	\$ 4,198.44	\$ 1,889.30	Out-of-Network
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT		both		1 unit	\$ 231.09	\$ 103.99	Out-of-Network
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT		both		1 unit	\$ 656.00	\$ 295.20	Out-of-Network
Drug test(s), read by instrument assisted direct optical observation, include	80306	CPT		both		1 unit	\$ 171.40	\$ 77.13	Out-of-Network
Calculus; infrared spectroscopy	82365	CPT		both		1 unit	\$ 101.72	\$ 45.77	Out-of-Network
Injection, Avastin (Bevacizumab)	J9035	CPT		both		1 unit	\$ 171.50	\$ 77.18	Out-of-Network
Bupivacaine-Epinephrine Epidural (Spinal)	J0665	CPT		both		1 unit	\$ 66.30	\$ 29.84	Out-of-Network
CLINIMIX (Amino Acid) Injection	B4168	CPT		both		1 unit	\$ 418.20	\$ 188.19	Out-of-Network
Injection, Dobutamine hydrochloride, per 250 mg	J1250	CPT		both		1 unit	\$ 187.70	\$ 84.47	Out-of-Network
Desflurane (Inhalation Liquid)	J3490	CPT		both		1 unit	\$ 1,650.60	\$ 742.77	Out-of-Network
Emetrol (phosphorated carbohydrate) Oral Solution	J8499	CPT		both		1 unit	\$ 78.50	\$ 35.33	Out-of-Network
Ergocalciferol (Vitamin D2)	J8499	CPT		both		1 unit	\$ 2.50	\$ 1.13	Out-of-Network
Lacosamide (Vimpat)	J8499	CPT		both		1 unit	\$ 158.10	\$ 71.15	Out-of-Network
Phenol (Chloraseptic Oral Spray)	J8499	CPT		both		1 unit	\$ 57.10	\$ 25.70	Out-of-Network
Rosuvastatin Calcium up to 20mg; Tab	J8499	CPT		both		1 unit	\$ 15.70	\$ 7.07	Out-of-Network
Sildenafil Citrate up to 25mg; Tab	J8499	CPT		both		1 unit	\$ 8.00	\$ 3.60	Out-of-Network
Tobramycin Ophthalmic Drops 0.3 % 5 mL	J3490	CPT		both		1 unit	\$ 113.70	\$ 51.17	Out-of-Network
Tropicamide and Phenylephrine Hydrochloride (combo) Eye Drops	J3490	CPT		both		1 unit	\$ 77.40	\$ 34.83	Out-of-Network
Ultravist (Iopromide) low osmolar contrast 300-399mg/mL iodine	Q9967	CPT		both		1 unit	\$ 7.31	\$ 3.29	Out-of-Network
Ultravist (Iopromide) low osmolar contrast 200-299 mg/mL iodine	Q9966	CPT		both		1 unit	\$ 48.00	\$ 21.60	Out-of-Network
Xifaxan (Rifaximin)	J8499	CPT		both		1 unit	\$ 87.30	\$ 39.29	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT		both		1 unit	\$ 999.00	\$ 449.55	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT		both		1 unit	\$ 677.28	\$ 304.78	Out-of-Network
FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	10021	CPT		both		1 unit	\$ 876.65	\$ 394.49	Out-of-Network
IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	10030	CPT		both		1 unit	\$ 1,583.00	\$ 712.35	Out-of-Network
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT		both		1 unit	\$ 1,287.54	\$ 579.39	Out-of-Network
INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT		both		1 unit	\$ 1,229.37	\$ 553.22	Out-of-Network
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT		both		1 unit	\$ 706.31	\$ 317.84	Out-of-Network
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT		both		1 unit	\$ 1,164.42	\$ 523.99	Out-of-Network
INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	10120	CPT		both		1 unit	\$ 709.02	\$ 319.06	Out-of-Network
INCISION&REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT		both		1 unit	\$ 1,272.06	\$ 572.43	Out-of-Network
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT		both		1 unit	\$ 809.97	\$ 364.49	Out-of-Network
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT		both		1 unit	\$ 1,083.20	\$ 487.44	Out-of-Network
Incision and drainage, complex, postoperative wound infection	10180	CPT		both		1 unit	\$ 1,226.51	\$ 551.93	Out-of-Network
DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	11010	CPT		both		1 unit	\$ 3,727.50	\$ 1,677.38	Out-of-Network
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT		both		1 unit	\$ 397.79	\$ 179.01	Out-of-Network
DEBRIDEMENT SKIN PARTIAL THICKNESS (INVALID AS OF 01/01/2011)	11040	CPT		both		1 unit	\$ 311.16	\$ 140.02	Out-of-Network
REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	11042	CPT		both		1 unit	\$ 388.93	\$ 175.02	Out-of-Network
DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	11043	CPT		both		1 unit	\$ 1,769.90	\$ 796.46	Out-of-Network
DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	11044	CPT		both		1 unit	\$ 2,615.90	\$ 1,177.16	Out-of-Network
DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT		both		1 unit	\$ 293.50	\$ 132.08	Out-of-Network
DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	11046	CPT		both		1 unit	\$ 621.40	\$ 279.63	Out-of-Network
DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	11047	CPT		both		1 unit	\$ 1,086.40	\$ 488.88	Out-of-Network
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT		both		1 unit	\$ 220.25	\$ 99.11	Out-of-Network
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT		both		1 unit	\$ 297.39	\$ 133.83	Out-of-Network
BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	11100	CPT		both		1 unit	\$ 642.39	\$ 289.08	Out-of-Network
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT		both		1 unit	\$ 569.10	\$ 256.10	Out-of-Network

REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA UP&W/15<	11200	CPT		both		1 unit	\$ 443.74	\$ 199.68	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	11401	CPT		both		1 unit	\$ 1,362.06	\$ 612.93	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	11402	CPT		both		1 unit	\$ 1,503.28	\$ 676.48	Out-of-Network
EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	11404	CPT		both		1 unit	\$ 1,262.27	\$ 568.02	Out-of-Network
EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	11406	CPT		both		1 unit	\$ 3,223.22	\$ 1,450.45	Out-of-Network
EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	11420	CPT		both		1 unit	\$ 1,110.53	\$ 499.74	Out-of-Network
EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	11421	CPT		both		1 unit	\$ 1,255.00	\$ 564.75	Out-of-Network
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	11422	CPT		both		1 unit	\$ 880.44	\$ 396.20	Out-of-Network
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	11423	CPT		both		1 unit	\$ 1,025.88	\$ 461.65	Out-of-Network
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	11440	CPT		both		1 unit	\$ 1,355.62	\$ 610.03	Out-of-Network
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	11441	CPT		both		1 unit	\$ 1,790.48	\$ 805.72	Out-of-Network
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	11443	CPT		both		1 unit	\$ 2,337.26	\$ 1,051.77	Out-of-Network
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT		both		1 unit	\$ 163.90	\$ 73.76	Out-of-Network
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT		both		1 unit	\$ 726.34	\$ 326.85	Out-of-Network
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT		both		1 unit	\$ 233.11	\$ 104.90	Out-of-Network
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT		both		1 unit	\$ 458.34	\$ 206.25	Out-of-Network
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT		both		1 unit	\$ 938.76	\$ 422.44	Out-of-Network
REPAIR NAIL BED	11760	CPT		both		1 unit	\$ 804.92	\$ 362.21	Out-of-Network
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT		both		1 unit	\$ 516.24	\$ 232.31	Out-of-Network
EXCISION PILONIDAL CYST/SINUS EXTENSIVE	11771	CPT		both		1 unit	\$ 449.04	\$ 202.07	Out-of-Network
Injection, intralesional; up to and including 7 lesions	11900	CPT		both		1 unit	\$ 296.30	\$ 133.34	Out-of-Network
Injection, intralesional; more than 7 lesions	11901	CPT		both		1 unit	\$ 449.40	\$ 202.23	Out-of-Network
INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	11960	CPT		both		1 unit	\$ 11,016.20	\$ 4,957.29	Out-of-Network
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	12001	CPT		both		1 unit	\$ 643.52	\$ 289.58	Out-of-Network
SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	12002	CPT		both		1 unit	\$ 652.35	\$ 293.56	Out-of-Network
SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	12004	CPT		both		1 unit	\$ 751.36	\$ 338.11	Out-of-Network
SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	12005	CPT		both		1 unit	\$ 997.10	\$ 448.70	Out-of-Network
SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	12006	CPT		both		1 unit	\$ 1,654.60	\$ 744.57	Out-of-Network
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	12007	CPT		both		1 unit	\$ 2,060.92	\$ 927.41	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT		both		1 unit	\$ 757.90	\$ 341.06	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	12013	CPT		both		1 unit	\$ 853.79	\$ 384.21	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	12014	CPT		both		1 unit	\$ 1,083.92	\$ 487.76	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	12015	CPT		both		1 unit	\$ 1,352.42	\$ 608.59	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0CM	12016	CPT		both		1 unit	\$ 1,831.93	\$ 824.37	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0CM	12017	CPT		both		1 unit	\$ 2,118.63	\$ 953.38	Out-of-Network
SIMPLE REPAIR F/E/E/N/L/M >30.0CM	12018	CPT		both		1 unit	\$ 2,405.59	\$ 1,082.52	Out-of-Network
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT		both		1 unit	\$ 2,591.28	\$ 1,166.08	Out-of-Network
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT		both		1 unit	\$ 1,905.64	\$ 857.54	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	12031	CPT		both		1 unit	\$ 2,097.97	\$ 944.09	Out-of-Network
Repair, intermediate, wounds of scalp, axillae, trunk and/or...	12032	CPT		both		1 unit	\$ 2,672.97	\$ 1,202.84	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	12034	CPT		both		1 unit	\$ 2,840.33	\$ 1,278.15	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	12035	CPT		both		1 unit	\$ 3,303.89	\$ 1,486.75	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT		both		1 unit	\$ 3,829.42	\$ 1,723.24	Out-of-Network
REPAIR INTERMEDIATE S/A/T/E > 30.0 CM	12037	CPT		both		1 unit	\$ 4,522.77	\$ 2,035.25	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	12041	CPT		both		1 unit	\$ 2,150.83	\$ 967.87	Out-of-Network
REPAIR (LACERATION)INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	12042	CPT		both		1 unit	\$ 2,745.63	\$ 1,235.53	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	12044	CPT		both		1 unit	\$ 2,960.94	\$ 1,332.42	Out-of-Network
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	12045	CPT		both		1 unit	\$ 3,739.69	\$ 1,682.86	Out-of-Network
RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	12046	CPT		both		1 unit	\$ 4,277.63	\$ 1,924.93	Out-of-Network

REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	12047	CPT		both		1 unit	\$ 5,170.08	\$ 2,326.54	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 2.5 CM/<	12051	CPT		both		1 unit	\$ 2,352.20	\$ 1,058.49	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 2.6-5.0 CM	12052	CPT		both		1 unit	\$ 2,798.09	\$ 1,259.14	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 5.1-7.5 CM	12053	CPT		both		1 unit	\$ 2,989.62	\$ 1,345.33	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 7.6-12.5 CM	12054	CPT		both		1 unit	\$ 3,128.83	\$ 1,407.97	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 12.6-20.0CM	12055	CPT		both		1 unit	\$ 4,147.99	\$ 1,866.60	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC 20.1-30.0CM	12056	CPT		both		1 unit	\$ 4,793.79	\$ 2,157.21	Out-of-Network
REPAIR INTERMEDIATE F/E/E/N/L/M&/MUC > 30.0 CM	12057	CPT		both		1 unit	\$ 5,196.52	\$ 2,338.43	Out-of-Network
REPAIR COMPLEX TRUNK 1.1 CM-2.5 CM	13100	CPT		both		1 unit	\$ 1,345.06	\$ 605.28	Out-of-Network
REPAIR COMPLEX TRUNK 2.6 CM-7.5 CM	13101	CPT		both		1 unit	\$ 1,647.63	\$ 741.43	Out-of-Network
REPAIR COMPLEX TRUNK EA 5 CM/<	13102	CPT		both		1 unit	\$ 486.88	\$ 219.10	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG 1.1 CM-2.5 CM	13120	CPT		both		1 unit	\$ 1,540.57	\$ 693.26	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG 2.6 CM-7.5 CM	13121	CPT		both		1 unit	\$ 1,872.74	\$ 842.73	Out-of-Network
REPAIR COMPLEX SCALP/ARM/LEG EA 5 CM/<	13122	CPT		both		1 unit	\$ 804.92	\$ 362.21	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1 CM-2.5 CM	13131	CPT		both		1 unit	\$ 1,182.72	\$ 532.22	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6 CM-7.5 CM	13132	CPT		both		1 unit	\$ 2,213.41	\$ 996.03	Out-of-Network
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA 5 CM/<	13133	CPT		both		1 unit	\$ 1,154.99	\$ 519.75	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT		both		1 unit	\$ 1,598.18	\$ 719.18	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT		both		1 unit	\$ 2,773.83	\$ 1,248.22	Out-of-Network
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA 5 CM/<	13153	CPT		both		1 unit	\$ 1,013.01	\$ 455.85	Out-of-Network
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT		both		1 unit	\$ 7,201.10	\$ 3,240.50	Out-of-Network
PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT		both		1 unit	\$ 3,056.00	\$ 1,375.20	Out-of-Network
APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	15274	CPT		both		1 unit	\$ 527.40	\$ 237.33	Out-of-Network
SUB GRFT F/S/N/H/F/G/M/D <100SCM 1ST 25 SCM	15275	CPT		both		1 unit	\$ 1,092.10	\$ 491.45	Out-of-Network
IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	15777	CPT		both		1 unit	\$ 2,482.70	\$ 1,117.22	Out-of-Network
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT		both		1 unit	\$ 415.46	\$ 186.96	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT		both		1 unit	\$ 408.39	\$ 183.78	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT		both		1 unit	\$ 501.19	\$ 225.54	Out-of-Network
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT		both		1 unit	\$ 862.30	\$ 388.04	Out-of-Network
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT		both		1 unit	\$ 728.81	\$ 327.96	Out-of-Network
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT		both		1 unit	\$ 448.28	\$ 201.73	Out-of-Network
CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	17340	CPT		both		1 unit	\$ 638.25	\$ 287.21	Out-of-Network
MASTOTOMY W/EXPL/DRAINAGE ABSCESS DEEP	19020	CPT		both		1 unit	\$ 2,084.69	\$ 938.11	Out-of-Network
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT		both		1 unit	\$ 2,206.68	\$ 993.01	Out-of-Network
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT		both		1 unit	\$ 1,113.00	\$ 500.85	Out-of-Network
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT		both		1 unit	\$ 2,073.36	\$ 933.01	Out-of-Network
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT		both		1 unit	\$ 1,048.92	\$ 472.01	Out-of-Network
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION. This service is not	19120	CPT		both		1 unit	\$ 1,431.81	\$ 644.31	Out-of-Network
Amantadine 100mg/1 Capsule	J8499	CPT		both		1 unit	\$ 2.26	\$ 1.02	Out-of-Network
Amoxicillin and Clavulanate 500mg Tablet	J8499	CPT		both		1 unit	\$ 2.75	\$ 1.24	Out-of-Network
CALCIUM ACETATE 667 mg/1 Tablet	J8499	CPT		both		1 unit	\$ 23.42	\$ 10.54	Out-of-Network
HYDROCORTISONE 10mg/1 Tablet	J8499	CPT		both		1 unit	\$ 2.15	\$ 0.97	Out-of-Network
Midazolam 10mg, per 2ml; IM/IV/Intranasal	J2250	CPT		both		1 unit	\$ 21.60	\$ 9.72	Out-of-Network
Atenolol 25mg Qty 100 tabs	J8499	CPT		both		1 unit	\$ 3.22	\$ 1.45	Out-of-Network
Neo-PolyB-Hydrocortisone Otic SusP Bottle 10mg/mL, 3.5 mg/mL, 10000	J3490	CPT		both		1 unit	\$ 66.18	\$ 29.78	Out-of-Network
OxyContin 10MG/1 Tablet	J8499	CPT		both		1 unit	\$ 7.10	\$ 3.20	Out-of-Network
Injection, phentolamine mesylate, up to 5 mg	J2760	CPT		both		1 unit	\$ 495.35	\$ 222.91	Out-of-Network
Prochlorperazine Suppository 25 mg Supp	J3490	CPT		both		1 unit	\$ 7.02	\$ 3.16	Out-of-Network
Urea 20 Topical Cream 3oz (85g) TUBE	J3490	CPT		both		1 unit	\$ 5.34	\$ 2.40	Out-of-Network

Injection, vasopressin, 1 unit 20ML	J2598	CPT		both		1 unit	\$ 15.08	\$ 6.79	Out-of-Network
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT		both		1 unit	\$ 3,999.70	\$ 1,799.87	Out-of-Network
MENTAL STATUS ASSESSED	2014F	CPT		both		1 unit	\$ 1.61	\$ 0.72	Out-of-Network
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT		both		1 unit	\$ 669.80	\$ 301.41	Out-of-Network
BIOPSY BONE TROCAR/NEEDLE DEEP	20225	CPT		both		1 unit	\$ 1,223.80	\$ 550.71	Out-of-Network
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT		both		1 unit	\$ 1,912.57	\$ 860.66	Out-of-Network
RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	20525	CPT		both		1 unit	\$ 3,403.46	\$ 1,531.56	Out-of-Network
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT		both		1 unit	\$ 659.60	\$ 296.82	Out-of-Network
Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	20550	CPT		both		1 unit	\$ 600.00	\$ 270.00	Out-of-Network
INJ TENDON ORIGIN/INSERTION	20551	CPT		both		1 unit	\$ 1,334.05	\$ 600.32	Out-of-Network
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT		both		1 unit	\$ 650.00	\$ 292.50	Out-of-Network
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT		both		1 unit	\$ 750.00	\$ 337.50	Out-of-Network
Arthrocentesis, aspiration and/or injection; small joint or ...	20600	CPT		both		1 unit	\$ 954.66	\$ 429.60	Out-of-Network
ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	20604	CPT		both		1 unit	\$ 514.60	\$ 231.57	Out-of-Network
ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	20605	CPT		both		1 unit	\$ 700.00	\$ 315.00	Out-of-Network
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT		both		1 unit	\$ 609.20	\$ 274.14	Out-of-Network
ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	20610	CPT		both		1 unit	\$ 800.00	\$ 360.00	Out-of-Network
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder	20611	CPT		both		1 unit	\$ 2,951.90	\$ 1,328.36	Out-of-Network
Aspiration and/or injection of ganglion cyst any location	20612	CPT		both		1 unit	\$ 273.36	\$ 123.01	Out-of-Network
ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	20931	CPT		both		1 unit	\$ 1,286.70	\$ 579.02	Out-of-Network
AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	20937	CPT		both		1 unit	\$ 1,931.10	\$ 869.00	Out-of-Network
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT		both		1 unit	\$ 4,212.60	\$ 1,895.67	Out-of-Network
APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	21100	CPT		both		1 unit	\$ 3,932.00	\$ 1,769.40	Out-of-Network
CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	21310	CPT		both		1 unit	\$ 754.89	\$ 339.70	Out-of-Network
CLOSED TX NASAL FRACTURE W/O STABILIZATION	21315	CPT		both		1 unit	\$ 10,216.09	\$ 4,597.24	Out-of-Network
CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	21320	CPT		both		1 unit	\$ 1,529.90	\$ 688.46	Out-of-Network
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT		both		1 unit	\$ 7,518.20	\$ 3,383.19	Out-of-Network
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT		both		1 unit	\$ 10,627.60	\$ 4,782.42	Out-of-Network
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT		both		1 unit	\$ 662.69	\$ 298.21	Out-of-Network
CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	21485	CPT		both		1 unit	\$ 4,070.76	\$ 1,831.84	Out-of-Network
DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	21705	CPT		both		1 unit	\$ 883.95	\$ 397.78	Out-of-Network
CLOSED TX RIB FRACTURE UNCOMPLICATED EACH	21800	CPT		both		1 unit	\$ 643.52	\$ 289.58	Out-of-Network
Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injecti	22510	CPT		both		1 unit	\$ 30,840.30	\$ 13,878.14	Out-of-Network
Percutaneous vertebroplasty (bone biopsy included when performed), 1 ver	22511	CPT		both		1 unit	\$ 30,840.30	\$ 13,878.14	Out-of-Network
Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injecti	22512	CPT		both		1 unit	\$ 2,040.50	\$ 918.23	Out-of-Network
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT		both		1 unit	\$ 5,940.50	\$ 2,673.23	Out-of-Network
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	22514	CPT		both		1 unit	\$ 5,535.60	\$ 2,491.02	Out-of-Network
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	22515	CPT		both		1 unit	\$ 2,563.00	\$ 1,153.35	Out-of-Network
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilater	22526	CPT		both		1 unit	\$ 3,255.50	\$ 1,464.98	Out-of-Network
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilater	22527	CPT		both		1 unit	\$ 1,504.60	\$ 677.07	Out-of-Network
ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	22551	CPT		both		1 unit	\$ 19,625.60	\$ 8,831.52	Out-of-Network
ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	22552	CPT		both		1 unit	\$ 4,596.50	\$ 2,068.43	Out-of-Network
ARTHRODESIS ANTERIOR INTERBODY LUMBAR	22558	CPT		both		1 unit	\$ 17,618.70	\$ 7,928.42	Out-of-Network
ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	22585	CPT		both		1 unit	\$ 3,777.10	\$ 1,699.70	Out-of-Network
ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	22612	CPT		both		1 unit	\$ 18,234.70	\$ 8,205.62	Out-of-Network
ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	22614	CPT		both		1 unit	\$ 4,513.10	\$ 2,030.90	Out-of-Network
ARTHRODESIS POSTERIOR INTERBODY LUMBAR	22630	CPT		both		1 unit	\$ 18,094.60	\$ 8,142.57	Out-of-Network
ARTHRODESIS POSTERIOR INTERBODY EA ADDL	22632	CPT		both		1 unit	\$ 3,710.10	\$ 1,669.55	Out-of-Network
ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	22633	CPT		both		1 unit	\$ 21,299.60	\$ 9,584.82	Out-of-Network

POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22840	CPT		both		1 unit	\$ 8,774.70	\$ 3,948.62	Out-of-Network
POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22842	CPT		both		1 unit	\$ 8,820.50	\$ 3,969.23	Out-of-Network
ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	22845	CPT		both		1 unit	\$ 8,424.70	\$ 3,791.12	Out-of-Network
ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	22846	CPT		both		1 unit	\$ 8,749.00	\$ 3,937.05	Out-of-Network
REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	22852	CPT		both		1 unit	\$ 8,003.20	\$ 3,601.44	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device	22867	CPT		both		1 unit	\$ 177,562.80	\$ 79,903.26	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device	22869	CPT		both		1 unit	\$ 125,398.20	\$ 56,429.19	Out-of-Network
Insertion of interlaminar/interspinous process stabilization/distraction device	22870	CPT		both		1 unit	\$ 1,161.70	\$ 522.77	Out-of-Network
Unlisted procedure, spine	22899	CPT		both		1 unit	\$ 2,246.90	\$ 1,011.11	Out-of-Network
I&D SHOULDER DEEP ABSCESS/HEMATOMA	23030	CPT		both		1 unit	\$ 3,379.85	\$ 1,520.93	Out-of-Network
EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	23075	CPT		both		1 unit	\$ 4,300.54	\$ 1,935.24	Out-of-Network
REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	23330	CPT		both		1 unit	\$ 2,022.39	\$ 910.08	Out-of-Network
REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	23333	CPT		both		1 unit	\$ 5,340.70	\$ 2,403.32	Out-of-Network
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT		both		1 unit	\$ 1,232.23	\$ 554.50	Out-of-Network
CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	23505	CPT		both		1 unit	\$ 3,770.10	\$ 1,696.55	Out-of-Network
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT		both		1 unit	\$ 4,189.43	\$ 1,885.24	Out-of-Network
CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	23570	CPT		both		1 unit	\$ 1,271.12	\$ 572.00	Out-of-Network
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT		both		1 unit	\$ 576.68	\$ 259.51	Out-of-Network
CLTX PROX HUMRL FX W/MANJ W/NO SKELETAL TRACJ	23605	CPT		both		1 unit	\$ 4,845.10	\$ 2,180.30	Out-of-Network
CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	23620	CPT		both		1 unit	\$ 3,472.77	\$ 1,562.75	Out-of-Network
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT		both		1 unit	\$ 1,414.32	\$ 636.44	Out-of-Network
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT		both		1 unit	\$ 2,008.34	\$ 903.75	Out-of-Network
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT		both		1 unit	\$ 2,700.60	\$ 1,215.27	Out-of-Network
I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	23930	CPT		both		1 unit	\$ 1,345.70	\$ 605.57	Out-of-Network
I&D, upper arm or elbow area; bursa	23931	CPT		both		1 unit	\$ 1,199.61	\$ 539.82	Out-of-Network
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT		both		1 unit	\$ 916.30	\$ 412.34	Out-of-Network
REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	24201	CPT		both		1 unit	\$ 4,105.60	\$ 1,847.52	Out-of-Network
TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	24357	CPT		both		1 unit	\$ 2,814.76	\$ 1,266.64	Out-of-Network
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT		both		1 unit	\$ 2,113.18	\$ 950.93	Out-of-Network
CLTX HUMERAL SHFT FX W/MANIPULATION +-SKEL TRACJ	24505	CPT		both		1 unit	\$ 2,935.64	\$ 1,321.04	Out-of-Network
CLTX SPRCONDYLR/TRANSCNDYLR HUMERAL FX+-MNPJ	24530	CPT		both		1 unit	\$ 2,107.34	\$ 948.30	Out-of-Network
CLTX SPRCONDYLR/TRANSCNDYLR HUMERAL FX W/MNPJ	24535	CPT		both		1 unit	\$ 3,681.24	\$ 1,656.56	Out-of-Network
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT		both		1 unit	\$ 2,140.94	\$ 963.42	Out-of-Network
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MNPJ	24565	CPT		both		1 unit	\$ 3,184.68	\$ 1,433.11	Out-of-Network
CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	24576	CPT		both		1 unit	\$ 3,953.13	\$ 1,778.91	Out-of-Network
Treatment of closed elbow dislocation; without anesthesia	24600	CPT		both		1 unit	\$ 976.37	\$ 439.37	Out-of-Network
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT		both		1 unit	\$ 6,101.90	\$ 2,745.86	Out-of-Network
OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	24615	CPT		both		1 unit	\$ 9,731.12	\$ 4,379.00	Out-of-Network
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MNPJ	24620	CPT	59	both		1 unit	\$ 3,550.61	\$ 1,597.77	Out-of-Network
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MNPJ	24640	CPT		both		1 unit	\$ 786.73	\$ 354.03	Out-of-Network
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT		both		1 unit	\$ 1,453.21	\$ 653.94	Out-of-Network
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT		both		1 unit	\$ 3,151.37	\$ 1,418.12	Out-of-Network
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MNPJ	24670	CPT		both		1 unit	\$ 576.69	\$ 259.51	Out-of-Network
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT		both		1 unit	\$ 4,795.00	\$ 2,157.75	Out-of-Network
Excision of Ganglion, wrist (dorsal or volar); primary	25111	CPT		both		1 unit	\$ 2,078.91	\$ 935.51	Out-of-Network
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT		both		1 unit	\$ 2,901.00	\$ 1,305.45	Out-of-Network
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT		both		1 unit	\$ 5,937.22	\$ 2,671.75	Out-of-Network
CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	25520	CPT		both		1 unit	\$ 6,955.55	\$ 3,130.00	Out-of-Network
Closed treatment of ulnar shaft fracture; w/o manipulation	25530	CPT		both		1 unit	\$ 1,761.12	\$ 792.50	Out-of-Network

CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT		both		1 unit	\$ 5,180.60	\$ 2,331.27	Out-of-Network
Closed treatment of radial and ulnar shaft fractures; w/o manipulation	25560	CPT		both		1 unit	\$ 3,101.58	\$ 1,395.71	Out-of-Network
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT		both		1 unit	\$ 2,010.11	\$ 904.55	Out-of-Network
OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	25574	CPT		both		1 unit	\$ 9,173.50	\$ 4,128.08	Out-of-Network
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT		both		1 unit	\$ 572.79	\$ 257.76	Out-of-Network
CLTX DSTL RDL FX/EPIPHYSL SEP +-W/MNPJ	25605	CPT		both		1 unit	\$ 3,017.81	\$ 1,358.01	Out-of-Network
OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	25607	CPT		both		1 unit	\$ 9,585.60	\$ 4,313.52	Out-of-Network
CLOSED TX CARPAL SCAPHOID FRACTURE W/O MNPJ	25622	CPT		both		1 unit	\$ 1,786.36	\$ 803.86	Out-of-Network
CLTX CARPL B1 FX W/MNPJ EA B1	25635	CPT		both		1 unit	\$ 1,642.38	\$ 739.07	Out-of-Network
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT		both		1 unit	\$ 3,409.30	\$ 1,534.19	Out-of-Network
OPEN TREATMENT ULNAR STYLOID FRACTURE	25652	CPT		both		1 unit	\$ 8,129.93	\$ 3,658.47	Out-of-Network
Closed treatment of radiocarpal or intercarpal dislocation, ...	25660	CPT		both		1 unit	\$ 976.37	\$ 439.37	Out-of-Network
CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIP.	25675	CPT		both		1 unit	\$ 2,121.49	\$ 954.67	Out-of-Network
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT		both		1 unit	\$ 450.82	\$ 202.87	Out-of-Network
DRAINAGE OF FINGER ABSCESS	26011	CPT		both		1 unit	\$ 2,120.27	\$ 954.12	Out-of-Network
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT		both		1 unit	\$ 6,842.70	\$ 3,079.22	Out-of-Network
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT		both		1 unit	\$ 7,060.00	\$ 3,177.00	Out-of-Network
Osteotomy; phalanx of finger, each	26567	CPT		both		1 unit	\$ 4,353.38	\$ 1,959.02	Out-of-Network
CLTX MTCRPL FX 1 W/O MNPJ EA B1	26600	CPT		both		1 unit	\$ 1,377.21	\$ 619.74	Out-of-Network
CLTX MTCRPL FX 1 W/MNPJ EA B1	26605	CPT	59	both		1 unit	\$ 1,594.65	\$ 717.59	Out-of-Network
CLTX MTCRPL FX W/MNPJ W/XTRNL FIXJ EA B1	26607	CPT		both		1 unit	\$ 2,529.87	\$ 1,138.44	Out-of-Network
OPEN TX METACARPAL FRACTURE SINGLE EA BONE	26615	CPT		both		1 unit	\$ 7,499.73	\$ 3,374.88	Out-of-Network
TREAT THUMB DISLOCATION	26641	CPT		both		1 unit	\$ 1,645.70	\$ 740.57	Out-of-Network
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	26645	CPT		both		1 unit	\$ 2,628.73	\$ 1,182.93	Out-of-Network
CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES; Closed treatm	26670	CPT		both		1 unit	\$ 2,085.09	\$ 938.29	Out-of-Network
Closed treatment of carpometacarpal dislocation, other than thumb with m	26675	CPT		both		1 unit	\$ 2,861.98	\$ 1,287.89	Out-of-Network
CLTX MTCARPHLNGL DISLC 1 W/MNPJ W/O ANES	26700	CPT		both		1 unit	\$ 929.81	\$ 418.41	Out-of-Network
TREAT KNUCKLE DISLOCATION	26705	CPT		both		1 unit	\$ 976.37	\$ 439.37	Out-of-Network
CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR M	26720	CPT		both		1 unit	\$ 951.13	\$ 428.01	Out-of-Network
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	26725	CPT		both		1 unit	\$ 4,112.02	\$ 1,850.41	Out-of-Network
Open treatment of phalangeal shaft fracture, proximal or middle phalanx, fi	26735	CPT		both		1 unit	\$ 6,103.10	\$ 2,746.40	Out-of-Network
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	26742	CPT		both		1 unit	\$ 2,979.16	\$ 1,340.62	Out-of-Network
OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	26746	CPT		both		1 unit	\$ 5,089.06	\$ 2,290.08	Out-of-Network
CLTX DSTL PHLNGL FX FNGR/THMB W/O MNPJ EA	26750	CPT		both		1 unit	\$ 936.99	\$ 421.65	Out-of-Network
CLTX DSTL PHLNGL FX FNGR/THMB W/MNPJ EA	26755	CPT		both		1 unit	\$ 929.81	\$ 418.41	Out-of-Network
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT		both		1 unit	\$ 3,761.31	\$ 1,692.59	Out-of-Network
CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	26770	CPT		both		1 unit	\$ 848.60	\$ 381.87	Out-of-Network
TREAT FINGER DISLOCATION	26775	CPT		both		1 unit	\$ 1,312.21	\$ 590.49	Out-of-Network
Amputation, finger or thumb, primary or secondary, any joint or phalanx, sin	26951	CPT		both		1 unit	\$ 16,223.00	\$ 7,300.35	Out-of-Network
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT		both		1 unit	\$ 8,265.40	\$ 3,719.43	Out-of-Network
Tenotomy, abductors and/or extensor(s) of hip, open	27006	CPT		both		1 unit	\$ 30,840.30	\$ 13,878.14	Out-of-Network
RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	27086	CPT		both		1 unit	\$ 1,894.60	\$ 852.57	Out-of-Network
REMOVAL FOREIGN BODY PELVIS/HIP DEEP	27087	CPT		both		1 unit	\$ 6,915.10	\$ 3,111.80	Out-of-Network
Injection sacroiliac joint, anesthetic/steroid, with image guidance	27096	CPT		both		1 unit	\$ 3,000.00	\$ 1,350.00	Out-of-Network
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT		both		1 unit	\$ 2,020.40	\$ 909.18	Out-of-Network
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT		both		1 unit	\$ 8,520.00	\$ 3,834.00	Out-of-Network
TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	27256	CPT		both		1 unit	\$ 2,660.80	\$ 1,197.36	Out-of-Network
TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	27257	CPT		both		1 unit	\$ 4,067.50	\$ 1,830.38	Out-of-Network
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT		both		1 unit	\$ 4,582.10	\$ 2,061.95	Out-of-Network

CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT		both		1 unit	\$ 6,591.10	\$ 2,966.00	Out-of-Network
Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with imaging	27279	CPT		both		1 unit	\$ 177,562.80	\$ 79,903.26	Out-of-Network
Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including iliac crest	27280	CPT		both		1 unit	\$ 15,529.30	\$ 6,988.19	Out-of-Network
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT		both		1 unit	\$ 530.37	\$ 238.67	Out-of-Network
RCNSTJ DISLOCATING PATELLA	27420	CPT		both		1 unit	\$ 8,359.20	\$ 3,761.64	Out-of-Network
CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	27500	CPT		both		1 unit	\$ 5,432.20	\$ 2,444.49	Out-of-Network
CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	27501	CPT		both		1 unit	\$ 5,615.20	\$ 2,526.84	Out-of-Network
CLTX FEM SHFT FX W/MNPJ +-SKN/SKEL TRACJ	27502	CPT		both		1 unit	\$ 2,537.06	\$ 1,141.68	Out-of-Network
CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	27503	CPT		both		1 unit	\$ 9,042.20	\$ 4,068.99	Out-of-Network
CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	27508	CPT		both		1 unit	\$ 5,626.60	\$ 2,531.97	Out-of-Network
CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	27510	CPT		both		1 unit	\$ 7,673.70	\$ 3,453.17	Out-of-Network
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT		both		1 unit	\$ 1,824.48	\$ 821.02	Out-of-Network
CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	27550	CPT		both		1 unit	\$ 2,070.21	\$ 931.59	Out-of-Network
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT		both		1 unit	\$ 7,147.60	\$ 3,216.42	Out-of-Network
Closed treatment of patellar dislocation; without anesthesia	27560	CPT		both		1 unit	\$ 928.95	\$ 418.03	Out-of-Network
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT		both		1 unit	\$ 5,523.70	\$ 2,485.67	Out-of-Network
TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	27605	CPT		both		1 unit	\$ 2,135.60	\$ 961.02	Out-of-Network
ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	27610	CPT		both		1 unit	\$ 7,447.30	\$ 3,351.29	Out-of-Network
ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	27620	CPT		both		1 unit	\$ 5,170.80	\$ 2,326.86	Out-of-Network
REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	27658	CPT		both		1 unit	\$ 4,254.30	\$ 1,914.44	Out-of-Network
TENOLYSIS FLXR/XTNRSR TENDON LEG&/ANKLE 1 EACH	27680	CPT		both		1 unit	\$ 4,852.10	\$ 2,183.45	Out-of-Network
GASTROCNEMIUS RECESSION	27687	CPT		both		1 unit	\$ 5,200.40	\$ 2,340.18	Out-of-Network
CLTX TIBL SHFT FX W/O MNPJ	27750	CPT		both		1 unit	\$ 577.23	\$ 259.75	Out-of-Network
Closed treatment of tibial shaft fracture (with or without fixation)	27752	CPT		both		1 unit	\$ 2,980.69	\$ 1,341.31	Out-of-Network
CLTX MEDIAL MALLS FX W/O MNPJ	27760	CPT		both		1 unit	\$ 1,744.92	\$ 785.21	Out-of-Network
CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	27762	CPT		both		1 unit	\$ 2,946.73	\$ 1,326.03	Out-of-Network
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	27767	CPT		both		1 unit	\$ 3,270.80	\$ 1,471.86	Out-of-Network
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	27768	CPT		both		1 unit	\$ 5,047.20	\$ 2,271.24	Out-of-Network
CLTX PROX FIBULA/SHFT FX W/O MNPJ	27780	CPT		both		1 unit	\$ 1,598.18	\$ 719.18	Out-of-Network
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT		both		1 unit	\$ 4,587.90	\$ 2,064.56	Out-of-Network
CLTX DSTL FIBULAR FX LAT MALLS W/O MNPJ	27786	CPT		both		1 unit	\$ 1,504.49	\$ 677.02	Out-of-Network
CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	27788	CPT		both		1 unit	\$ 4,986.29	\$ 2,243.83	Out-of-Network
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT		both		1 unit	\$ 4,073.02	\$ 1,832.86	Out-of-Network
Treatment Of Ankle Fracture	27810	CPT		both		1 unit	\$ 976.37	\$ 439.37	Out-of-Network
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT		both		1 unit	\$ 3,320.30	\$ 1,494.14	Out-of-Network
Closed treatment of trimalleolar ankle fracture; with manipulation	27818	CPT		both		1 unit	\$ 5,903.59	\$ 2,656.62	Out-of-Network
Closed treatment of fracture of weight bearing articular portion of distal tibia	27824	CPT		both		1 unit	\$ 976.37	\$ 439.37	Out-of-Network
CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT		both		1 unit	\$ 5,550.40	\$ 2,497.68	Out-of-Network
Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	27830	CPT		both		1 unit	\$ 2,398.80	\$ 1,079.46	Out-of-Network
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT		both		1 unit	\$ 576.68	\$ 259.51	Out-of-Network
Closed treatment, ankle dislocation; req anesthesia, w/ or w/o percutaneous fixation	27842	CPT		both		1 unit	\$ 3,731.72	\$ 1,679.27	Out-of-Network
INCISION&DRAINAGE BURSA FOOT	28001	CPT		both		1 unit	\$ 2,325.76	\$ 1,046.59	Out-of-Network
FASCIOTOMY FOOT&/TOE	28008	CPT		both		1 unit	\$ 3,373.70	\$ 1,518.17	Out-of-Network
ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	28020	CPT		both		1 unit	\$ 4,144.40	\$ 1,864.98	Out-of-Network
Arthrotomy, including exploration, drainage, or removal of loose or foreign body	28024	CPT		both		1 unit	\$ 2,004.99	\$ 902.25	Out-of-Network
RELEASE TARSAL TUNNEL	28035	CPT		both		1 unit	\$ 4,086.90	\$ 1,839.11	Out-of-Network
FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	28060	CPT		both		1 unit	\$ 4,112.90	\$ 1,850.81	Out-of-Network
EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	28090	CPT		both		1 unit	\$ 3,531.40	\$ 1,589.13	Out-of-Network
EXC/CURTG CST/B9 TUM PHALANGES FOOT	28108	CPT		both		1 unit	\$ 3,309.60	\$ 1,489.32	Out-of-Network

OSTECTOMY PRTL 5TH METAR HEAD SPX	28110	CPT		both		1 unit	\$ 3,336.10	\$ 1,501.25	Out-of-Network
OSTECTOMY CALCANEUS	28118	CPT		both		1 unit	\$ 4,762.60	\$ 2,143.17	Out-of-Network
RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	28171	CPT		both		1 unit	\$ 12,780.70	\$ 5,751.32	Out-of-Network
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT		both		1 unit	\$ 1,127.92	\$ 507.56	Out-of-Network
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT		both		1 unit	\$ 3,465.20	\$ 1,559.34	Out-of-Network
REMOVAL FOREIGN BODY FOOT COMPLICATED	28193	CPT		both		1 unit	\$ 4,086.50	\$ 1,838.93	Out-of-Network
REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	28208	CPT		both		1 unit	\$ 3,621.50	\$ 1,629.68	Out-of-Network
TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	28230	CPT		both		1 unit	\$ 3,257.70	\$ 1,465.97	Out-of-Network
TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	28234	CPT		both		1 unit	\$ 3,025.80	\$ 1,361.61	Out-of-Network
CORRECTION HAMMERTOES	28285	CPT		both		1 unit	\$ 4,349.30	\$ 1,957.19	Out-of-Network
HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	28289	CPT		both		1 unit	\$ 5,290.70	\$ 2,380.82	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	28292	CPT		both		1 unit	\$ 5,577.10	\$ 2,509.70	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	28296	CPT		both		1 unit	\$ 5,910.10	\$ 2,659.55	Out-of-Network
CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	28299	CPT		both		1 unit	\$ 6,695.70	\$ 3,013.07	Out-of-Network
OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	28306	CPT		both		1 unit	\$ 4,622.80	\$ 2,080.26	Out-of-Network
OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	28308	CPT		both		1 unit	\$ 4,351.00	\$ 1,957.95	Out-of-Network
CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	28400	CPT		both		1 unit	\$ 929.81	\$ 418.41	Out-of-Network
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT		both		1 unit	\$ 985.25	\$ 443.36	Out-of-Network
closed treatment of metatarsal fracture;without manipulation	28470	CPT		both		1 unit	\$ 1,272.89	\$ 572.80	Out-of-Network
CLTX METAR FX W/MANJ	28475	CPT		both		1 unit	\$ 3,117.17	\$ 1,402.73	Out-of-Network
CLTX FX GRT TOE PHLX/PHLG W/O MNPJ	28490	CPT		both		1 unit	\$ 899.86	\$ 404.94	Out-of-Network
CLTX FX GRT TOE PHLX/PHLG W/MNPJ	28495	CPT		both		1 unit	\$ 572.79	\$ 257.76	Out-of-Network
OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	28505	CPT		both		1 unit	\$ 3,828.55	\$ 1,722.85	Out-of-Network
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MNPJ	28510	CPT		both		1 unit	\$ 792.03	\$ 356.41	Out-of-Network
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MNPJ	28515	CPT		both		1 unit	\$ 942.29	\$ 424.03	Out-of-Network
OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	28585	CPT		both		1 unit	\$ 7,810.60	\$ 3,514.77	Out-of-Network
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT		both		1 unit	\$ 1,221.32	\$ 549.59	Out-of-Network
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT		both		1 unit	\$ 1,502.25	\$ 676.01	Out-of-Network
CLTX METATARSOPHLNGL JT DISLC REQ ANES	28635	CPT		both		1 unit	\$ 1,502.00	\$ 675.90	Out-of-Network
CLTX IPHAL JT DISLC W/O ANES	28660	CPT		both		1 unit	\$ 929.81	\$ 418.41	Out-of-Network
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT		both		1 unit	\$ 1,723.16	\$ 775.42	Out-of-Network
CAST FIGURE-OF-8	29049	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
Application, cast; shoulder to hand (long arm)	29065	CPT		both		1 unit	\$ 467.81	\$ 210.51	Out-of-Network
Application, cast; elbow to finger (short arm)	29075	CPT		both		1 unit	\$ 861.37	\$ 387.62	Out-of-Network
CAST HAND&LOWER FOREARM GAUNTLET	29085	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
LONG ARM SPLINT SHOULDER HAND	29105	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
SHORT ARM SPLINT DYNAMIC	29126	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
FINGER SPLINT STATIC	29130	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT		both		1 unit	\$ 216.37	\$ 97.37	Out-of-Network
STRAPPING THORAX	29200	CPT		both		1 unit	\$ 215.80	\$ 97.11	Out-of-Network
STRAPPING SHOULDER	29240	CPT		both		1 unit	\$ 392.47	\$ 176.61	Out-of-Network
Strapping Of Elbow Or Wrist	29260	CPT		both		1 unit	\$ 393.98	\$ 177.29	Out-of-Network
STRAPPING HAND/FINGER	29280	CPT		both		1 unit	\$ 362.43	\$ 163.09	Out-of-Network
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT		both		1 unit	\$ 1,109.30	\$ 499.19	Out-of-Network
LONG LEG SPLINT	29355	CPT		both		1 unit	\$ 697.94	\$ 314.07	Out-of-Network
Application of short leg cast (below knee to toes)	29405	CPT		both		1 unit	\$ 651.90	\$ 293.36	Out-of-Network
LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
SHORT LEG SPLINT CALF FOOT	29515	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network

STRAPPING HIP	29520	CPT		both		1 unit	\$ 219.80	\$ 98.91	Out-of-Network
Strapping; knee	29530	CPT		both		1 unit	\$ 267.90	\$ 120.56	Out-of-Network
STRAPPING ANKLE &/FOOT	29540	CPT		both		1 unit	\$ 332.36	\$ 149.56	Out-of-Network
STRAPPING TOES	29550	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
STRAPPING UNNA BOOT	29580	CPT		both		1 unit	\$ 332.36	\$ 149.56	Out-of-Network
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT		both		1 unit	\$ 192.71	\$ 86.72	Out-of-Network
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT		both		1 unit	\$ 495.30	\$ 222.89	Out-of-Network
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS. This service is	29826	CPT		both		1 unit	\$ 587.46	\$ 264.36	Out-of-Network
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG. This service is n	29881	CPT		both		1 unit	\$ 1,863.15	\$ 838.42	Out-of-Network
ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	29891	CPT		both		1 unit	\$ 7,687.90	\$ 3,459.56	Out-of-Network
ENDOSCOPIC PLANTAR FASCIOTOMY	29893	CPT		both		1 unit	\$ 4,919.40	\$ 2,213.73	Out-of-Network
ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	29898	CPT		both		1 unit	\$ 6,437.80	\$ 2,897.01	Out-of-Network
Atenolol 50mg Qty 100 tabs	J8499	CPT		both		1 unit	\$ 3.01	\$ 1.35	Out-of-Network
OXYGEN SATURATION RESULTS DOCUMENTED & REVIEWED	3028F	CPT		both		1 unit	\$ 79.56	\$ 35.80	Out-of-Network
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT		both		1 unit	\$ 751.36	\$ 338.11	Out-of-Network
ABLJT SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	30802	CPT		both		1 unit	\$ 2,453.99	\$ 1,104.30	Out-of-Network
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT		both		1 unit	\$ 198.89	\$ 89.50	Out-of-Network
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT		both		1 unit	\$ 275.95	\$ 124.18	Out-of-Network
Control nasal hemorrhage, posterior, with posterior nasal packs and/or caut	30905	CPT		both		1 unit	\$ 690.43	\$ 310.69	Out-of-Network
Cntrl nasal hemorrhage, posterior,w/ posterior nasal packs and/or cautery,	30906	CPT	59	both		1 unit	\$ 987.49	\$ 444.37	Out-of-Network
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT		both		1 unit	\$ 847.44	\$ 381.35	Out-of-Network
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT		both		1 unit	\$ 864.71	\$ 389.12	Out-of-Network
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT		both		1 unit	\$ 1,348.27	\$ 606.72	Out-of-Network
LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	31505	CPT		both		1 unit	\$ 229.39	\$ 103.23	Out-of-Network
Laryngoscopy direct, with or without tracheoscopy; for aspiration	31515	CPT		both		1 unit	\$ 1,440.03	\$ 648.01	Out-of-Network
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT		both		1 unit	\$ 3,373.00	\$ 1,517.85	Out-of-Network
LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC	31575	CPT		both		1 unit	\$ 1,053.31	\$ 473.99	Out-of-Network
TRACHEOSTOMY PLANNED SPX	31600	CPT		both		1 unit	\$ 6,240.68	\$ 2,808.31	Out-of-Network
TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	31603	CPT		both		1 unit	\$ 41,976.68	\$ 18,889.51	Out-of-Network
TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	31605	CPT		both		1 unit	\$ 1,210.43	\$ 544.69	Out-of-Network
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT		both		1 unit	\$ 637.50	\$ 286.88	Out-of-Network
THORACOTOMY WITH EXPLORATION	32100	CPT		both		1 unit	\$ 8,992.70	\$ 4,046.72	Out-of-Network
THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	32110	CPT		both		1 unit	\$ 16,403.30	\$ 7,381.49	Out-of-Network
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT		both		1 unit	\$ 8,878.30	\$ 3,995.24	Out-of-Network
BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	32405	CPT		both		1 unit	\$ 1,040.80	\$ 468.36	Out-of-Network
INSERT PLEURAL CATH	32550	CPT		both		1 unit	\$ 2,755.40	\$ 1,239.93	Out-of-Network
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT		both		1 unit	\$ 3,408.85	\$ 1,533.98	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	32554	CPT		both		1 unit	\$ 995.00	\$ 447.75	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT		both		1 unit	\$ 1,284.50	\$ 578.03	Out-of-Network
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT		both		1 unit	\$ 1,426.40	\$ 641.88	Out-of-Network
ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED	3293F	CPT		both		1 unit	\$ 247.50	\$ 111.38	Out-of-Network
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT		both		1 unit	\$ 2,626.50	\$ 1,181.93	Out-of-Network
PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	33020	CPT		both		1 unit	\$ 9,221.40	\$ 4,149.63	Out-of-Network
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT		both		1 unit	\$ 27,237.20	\$ 12,256.74	Out-of-Network
RESCJ/INC SUBVALVULAR TISSUE	33415	CPT		both		1 unit	\$ 1,485.03	\$ 668.26	Out-of-Network
INTRO NDL/INTRACATH VEIN	36000	CPT		both		1 unit	\$ 371.25	\$ 167.06	Out-of-Network
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT		both		1 unit	\$ 556.30	\$ 250.34	Out-of-Network
Introduction of catheter, superior or inferior vena cava	36010	CPT		both		1 unit	\$ 1,266.90	\$ 570.11	Out-of-Network
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT		both		1 unit	\$ 1,805.10	\$ 812.30	Out-of-Network

SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT		both		1 unit	\$ 1,999.40	\$ 899.73	Out-of-Network
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT		both		1 unit	\$ 1,401.50	\$ 630.68	Out-of-Network
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT		both		1 unit	\$ 1,742.20	\$ 783.99	Out-of-Network
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT		both		1 unit	\$ 1,038.70	\$ 467.42	Out-of-Network
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT		both		1 unit	\$ 3,635.80	\$ 1,636.11	Out-of-Network
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT		both		1 unit	\$ 3,626.90	\$ 1,632.11	Out-of-Network
SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	36245	CPT		both		1 unit	\$ 2,736.90	\$ 1,231.61	Out-of-Network
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	36247	CPT		both		1 unit	\$ 3,486.60	\$ 1,568.97	Out-of-Network
SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	36248	CPT		both		1 unit	\$ 565.70	\$ 254.57	Out-of-Network
Insertion of implantable intra-arterial infusion pump	36260	CPT		both		1 unit	\$ 52,359.20	\$ 23,561.64	Out-of-Network
VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	36400	CPT		both		1 unit	\$ 216.90	\$ 97.61	Out-of-Network
NON-ROUTINE BLOOD DRAW 3/> YRS	36410	CPT		both		1 unit	\$ 123.17	\$ 55.43	Out-of-Network
VENIPUNCTURE	36415	CPT		both		1 unit	\$ 50.73	\$ 22.83	Out-of-Network
CAPILLARY BLOOD DRAW	36416	CPT		both		1 unit	\$ 61.88	\$ 27.85	Out-of-Network
VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	36420	CPT		both		1 unit	\$ 529.90	\$ 238.46	Out-of-Network
VENIPUNCTURE CUTDOWN AGE 1 YR/>	36425	CPT		both		1 unit	\$ 449.80	\$ 202.41	Out-of-Network
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT		both		1 unit	\$ 393.90	\$ 177.26	Out-of-Network
Inject non-cmpd w/ultra comp; single extremity truncal vein	36465	CPT		both		1 unit	\$ 1,055.50	\$ 474.98	Out-of-Network
Injec non-cmpd w/ultra comp; multi incp truncal veins	36466	CPT		both		1 unit	\$ 1,332.70	\$ 599.72	Out-of-Network
Injection of Sclerosant; single incmp vein	36470	CPT		both		1 unit	\$ 337.30	\$ 151.79	Out-of-Network
Injection of Sclerosant; multiple incmp veins same leg	36471	CPT		both		1 unit	\$ 668.00	\$ 300.60	Out-of-Network
Endovenous ablation therapy incld image guide, 1st vein.	36473	CPT		both		1 unit	\$ 1,583.20	\$ 712.44	Out-of-Network
Endoven ablt therapy incld imge guide, subseq vein	36474	CPT		both		1 unit	\$ 781.60	\$ 351.72	Out-of-Network
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT		both		1 unit	\$ 3,215.80	\$ 1,447.11	Out-of-Network
Endoven ablat therapy incld imge guide, subseq vein	36476	CPT		both		1 unit	\$ 1,175.70	\$ 529.07	Out-of-Network
Endoven ablat therapy incld image guide percu laser; 1st vein	36478	CPT		both		1 unit	\$ 2,712.90	\$ 1,220.81	Out-of-Network
Endoven ablat ther incmpt vein, incld im gd perc laser, subseq vein	36479	CPT		both		1 unit	\$ 1,192.40	\$ 536.58	Out-of-Network
Endoven abltr TDCA w/img guid & montr perc; 1st vein.	36482	CPT		both		1 unit	\$ 1,586.50	\$ 713.93	Out-of-Network
Endoven abltr TDCA w/imge guide& montr,subsq vein.	36483	CPT		both		1 unit	\$ 794.90	\$ 357.71	Out-of-Network
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT		both		1 unit	\$ 12,113.13	\$ 5,450.91	Out-of-Network
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	36555	CPT		both		1 unit	\$ 934.00	\$ 420.30	Out-of-Network
INSJ NON-TUN CTR CVC AGE 5 YR/>	36556	CPT		both		1 unit	\$ 1,329.46	\$ 598.26	Out-of-Network
INSERT TUNNELED CV CATH - INSJ TUN CTR CVC W/O SUBQ PORT/PMP...	36558	CPT		both		1 unit	\$ 3,267.20	\$ 1,470.24	Out-of-Network
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT		both		1 unit	\$ 3,871.00	\$ 1,741.95	Out-of-Network
INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36569	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT		both		1 unit	\$ 3,604.60	\$ 1,622.07	Out-of-Network
INSERTION PICC W/RS&i < 5 YR	36572	CPT		both		1 unit	\$ 911.20	\$ 410.04	Out-of-Network
INSERTION PICC W/RS&i 5 YR/>	36573	CPT		both		1 unit	\$ 4,400.00	\$ 1,980.00	Out-of-Network
COMPLETE REPLACEMENT PICC RS&i	36584	CPT		both		1 unit	\$ 677.50	\$ 304.88	Out-of-Network
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT		both		1 unit	\$ 1,575.50	\$ 708.98	Out-of-Network
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT		both		1 unit	\$ 2,181.40	\$ 981.63	Out-of-Network
COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	36591	CPT		both		1 unit	\$ 221.00	\$ 99.45	Out-of-Network
Collection of blood specimen using established central or peripheral cathet	36592	CPT		both		1 unit	\$ 176.73	\$ 79.53	Out-of-Network
Declotting by thrombolytic agent of implanted vascular access device or ca	36593	CPT		both		1 unit	\$ 346.20	\$ 155.79	Out-of-Network
CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPR	36598	CPT		both		1 unit	\$ 422.60	\$ 190.17	Out-of-Network
Arterial puncture, withdrawal of blood for dx	36600	CPT		both		1 unit	\$ 105.86	\$ 47.64	Out-of-Network
ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	36620	CPT		both		1 unit	\$ 491.80	\$ 221.31	Out-of-Network
Placement of needle for intraosseous infusion	36680	CPT		both		1 unit	\$ 420.79	\$ 189.36	Out-of-Network
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT		both		1 unit	\$ 4,532.40	\$ 2,039.58	Out-of-Network

INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT		both		1 unit	\$ 2,582.00	\$ 1,161.90	Out-of-Network
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT		both		1 unit	\$ 3,949.80	\$ 1,777.41	Out-of-Network
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT		both		1 unit	\$ 4,037.90	\$ 1,817.06	Out-of-Network
Thrombolysis, cerebral, by intravenous infusion	37195	CPT		both		1 unit	\$ 456.04	\$ 205.22	Out-of-Network
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT		both		1 unit	\$ 4,451.30	\$ 2,003.09	Out-of-Network
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT		both		1 unit	\$ 3,898.20	\$ 1,754.19	Out-of-Network
REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	37224	CPT		both		1 unit	\$ 5,128.80	\$ 2,307.96	Out-of-Network
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT		both		1 unit	\$ 6,014.90	\$ 2,706.71	Out-of-Network
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT		both		1 unit	\$ 8,389.10	\$ 3,775.10	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT		both		1 unit	\$ 6,265.80	\$ 2,819.61	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT		both		1 unit	\$ 8,148.90	\$ 3,667.01	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT		both		1 unit	\$ 2,319.60	\$ 1,043.82	Out-of-Network
Open/Perq Place Stent 1st Artery.	37236	CPT		both		1 unit	\$ 3,901.20	\$ 1,755.54	Out-of-Network
Open/Perq placement stent each addtl artery	37237	CPT		both		1 unit	\$ 1,877.10	\$ 844.70	Out-of-Network
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT		both		1 unit	\$ 3,503.40	\$ 1,576.53	Out-of-Network
Open/Perq Placement Stent each additional vein	37239	CPT		both		1 unit	\$ 1,316.00	\$ 592.20	Out-of-Network
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT		both		1 unit	\$ 5,107.70	\$ 2,298.47	Out-of-Network
Vascular Embolization or Occlusion Arterial	37242	CPT		both		1 unit	\$ 4,135.00	\$ 1,860.75	Out-of-Network
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT		both		1 unit	\$ 6,513.20	\$ 2,930.94	Out-of-Network
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT		both		1 unit	\$ 7,699.70	\$ 3,464.87	Out-of-Network
TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	37248	CPT		both		1 unit	\$ 3,444.40	\$ 1,549.98	Out-of-Network
TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	37249	CPT		both		1 unit	\$ 1,678.30	\$ 755.24	Out-of-Network
INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	37252	CPT		both		1 unit	\$ 1,050.20	\$ 472.59	Out-of-Network
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT		both		1 unit	\$ 844.00	\$ 379.80	Out-of-Network
Revas Evasc open or perc IVT Angio SF 1st vessel	37254	CPT		both		1 unit	\$ 3,356.80	\$ 1,510.56	Out-of-Network
Revasc Evasc open or perc IVT Angio SF ea addtl vessel	37255	CPT		both		1 unit	\$ 1,359.40	\$ 611.73	Out-of-Network
Revasc Evasc open or perc IVT Angio unilat, cp lx 1st vessel	37256	CPT		both		1 unit	\$ 4,920.00	\$ 2,214.00	Out-of-Network
Revasc Evasc IVT Angio unilateral cp lx ea add vessel	37257	CPT		both		1 unit	\$ 1,760.20	\$ 792.09	Out-of-Network
Revasc Evasc open or perc IVT Stent SF lesion 1st vessel	37258	CPT		both		1 unit	\$ 4,011.40	\$ 1,805.13	Out-of-Network
Revac Evasc open or perc IVT Stent SF uni ea add vessel	37259	CPT		both		1 unit	\$ 1,813.70	\$ 816.17	Out-of-Network
Revasc Evasc IVT trans stent Unilat complex lx 1st vessel	37260	CPT		both		1 unit	\$ 5,798.40	\$ 2,609.28	Out-of-Network
Revasc Evasc IVT Stent uni complex lesion ea addtl vessel.	37261	CPT		both		1 unit	\$ 1,927.20	\$ 867.24	Out-of-Network
Intravas Lithotrpt IVT w/image guidance sm art	37262	CPT		both		1 unit	\$ 1,359.40	\$ 611.73	Out-of-Network
Revas Envasc open or perc PVT Angio SF sm ar 1st vessel	37263	CPT		both		1 unit	\$ 3,560.50	\$ 1,602.23	Out-of-Network
Revasc Evasc open or perc FPVT Angio SF ea addtl vessel.	37264	CPT		both		1 unit	\$ 1,382.80	\$ 622.26	Out-of-Network
Revasc Evasc open or perc FVT Angio CP LX initial vessel.	37265	CPT		both		1 unit	\$ 4,816.40	\$ 2,167.38	Out-of-Network
Revasc Evasc open or perc FPVT Angio cp lx uni ea add vessel.	37266	CPT		both		1 unit	\$ 1,813.70	\$ 816.17	Out-of-Network
Revasc Evasc open or perc FPVT Stent sm art, SF 1st vessel.	37267	CPT		both		1 unit	\$ 4,014.80	\$ 1,806.66	Out-of-Network
Revasc Evasc open or perc FPVT Stent SF ea addtl vessel	37268	CPT		both		1 unit	\$ 1,696.80	\$ 763.56	Out-of-Network
Revasc Evasc open or perc FPVT stent cp lx 1st vessel.	37269	CPT		both		1 unit	\$ 6,747.00	\$ 3,036.15	Out-of-Network
Revasc Evasc open or perc FPVT ST cp lx ea add vessel	37270	CPT		both		1 unit	\$ 2,277.90	\$ 1,025.06	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC SF 1st vessel	37271	CPT		both		1 unit	\$ 4,115.00	\$ 1,851.75	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC SF ea add vessel	37272	CPT		both		1 unit	\$ 1,813.70	\$ 816.17	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC CP LX 1st vessel	37273	CPT		both		1 unit	\$ 5,761.70	\$ 2,592.77	Out-of-Network
Revasc Evasc open or perc FPVT ATHRC CP LX ea vessel	37274	CPT		both		1 unit	\$ 2,498.40	\$ 1,124.28	Out-of-Network
Revasc Evasc open or perc FPVT ST ATHRC SF 1st vessel	37275	CPT		both		1 unit	\$ 5,013.50	\$ 2,256.08	Out-of-Network
Revasc Evasc open or perc FPVT ST ATHRC ea addtl vessel	37276	CPT		both		1 unit	\$ 1,927.20	\$ 867.24	Out-of-Network
Revasc Evasc open or perc FPVT ST ATHRC CP LX 1st vessel	37277	CPT		both		1 unit	\$ 6,817.10	\$ 3,067.70	Out-of-Network
Revasc Evasc open or perc FPVT st ATH cp lx ea add vessel	37278	CPT		both		1 unit	\$ 2,708.80	\$ 1,218.96	Out-of-Network

Intravsc Lithotrpf PVPT w/image guide sm artery	37279	CPT		both		1 unit	\$ 1,817.00	\$ 817.65	Out-of-Network
Revscl Evsc open or perc TPVT Angio SF 1st vessel	37280	CPT		both		1 unit	\$ 4,475.70	\$ 2,014.07	Out-of-Network
Revscl Evsc open or perc TPVT Angio SF ea add vessel	37281	CPT		both		1 unit	\$ 1,346.10	\$ 605.75	Out-of-Network
Revscl Evsc open or perc TPVT Angio CP LX 1st vessel	37282	CPT		both		1 unit	\$ 5,614.70	\$ 2,526.62	Out-of-Network
Revscl Evsc open or perc TPVT Angio cp lx ea add vessel	37283	CPT		both		1 unit	\$ 1,917.20	\$ 862.74	Out-of-Network
Revscl Evsc open or perc TPVT ST SF 1st vessel	37284	CPT		both		1 unit	\$ 4,616.00	\$ 2,077.20	Out-of-Network
Revscl Evsc open or perc TPVT ST SF ea addtl vessel	37285	CPT		both		1 unit	\$ 1,523.10	\$ 685.40	Out-of-Network
Revscl Evsc open or perc TPVT ST CP LX 1st vessel	37286	CPT		both		1 unit	\$ 6,189.20	\$ 2,785.14	Out-of-Network
Revscl Evsc TPVT ST CMLX LESION EA ADD Vessel	37287	CPT		both		1 unit	\$ 2,291.30	\$ 1,031.09	Out-of-Network
Revscl Evsc open or perc TPVT SF lesion, initial vessel	37288	CPT		both		1 unit	\$ 6,095.70	\$ 2,743.07	Out-of-Network
Revscl Evsc open or perc TPVT ATHRC SF, ea add vessel	37289	CPT		both		1 unit	\$ 2,147.70	\$ 966.47	Out-of-Network
Ather (incl PTA, Cath RSI) tibial, peroneal 1st vessel cmlx lesion.	37290	CPT		both		1 unit	\$ 7,668.80	\$ 3,450.96	Out-of-Network
Revscl Evsc open or perc TPVT ATHRC CPLX ea add vessel.	37291	CPT		both		1 unit	\$ 2,929.30	\$ 1,318.19	Out-of-Network
Revscl Evsc open or perc TPVT ST ATHRC SF, initial vessel	37292	CPT		both		1 unit	\$ 6,790.40	\$ 3,055.68	Out-of-Network
Revscl Evsc open or perc TPVT ST ATHRC SF ea add vessel	37293	CPT		both		1 unit	\$ 2,986.00	\$ 1,343.70	Out-of-Network
Revscl Evsc open or perc TPVT ST ATHRC CP LX 1st vessel	37294	CPT		both		1 unit	\$ 8,139.80	\$ 3,662.91	Out-of-Network
Revscl Evsc opebn or perc TPVT ST ATH CPLX ea add vessel	37295	CPT		both		1 unit	\$ 3,764.30	\$ 1,693.94	Out-of-Network
Revscl Evsc open or perc IMVT Angio SF 1st vessel	37296	CPT		both		1 unit	\$ 5,013.50	\$ 2,256.08	Out-of-Network
Revscl Evsc open or perc IMVT Angio SF ea add vessel	37297	CPT		both		1 unit	\$ 1,797.00	\$ 808.65	Out-of-Network
Revscl Evsc open or perc IMVT Angio CP LX 1st vessel	37298	CPT		both		1 unit	\$ 6,185.80	\$ 2,783.61	Out-of-Network
Revscl Evsc open or perc IMVT Angio CPLX Ea add vessel	37299	CPT		both		1 unit	\$ 2,237.90	\$ 1,007.06	Out-of-Network
Stab Phleb of Varicose Veins, 1 extr, 10-20 stab inc	37765	CPT		both		1 unit	\$ 2,455.00	\$ 1,104.75	Out-of-Network
Stab Phleb of Varicose Veins, 1 extr more than 20 inc	37766	CPT		both		1 unit	\$ 3,016.10	\$ 1,357.25	Out-of-Network
LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTERS	37785	CPT		both		1 unit	\$ 14,308.83	\$ 6,438.97	Out-of-Network
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT		both		1 unit	\$ 791.90	\$ 356.36	Out-of-Network
DRAINAGE LYMPH NODE ABSCL/LYMPHADENITIS SMPL	38300	CPT		both		1 unit	\$ 458.34	\$ 206.25	Out-of-Network
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT		both		1 unit	\$ 805.20	\$ 362.34	Out-of-Network
Atenolol 100mg Qty 100 tabs	J8499	CPT		both		1 unit	\$ 5.28	\$ 2.38	Out-of-Network
RPR LIP FULL THKNS VERMILION ONLY	40650	CPT		both		1 unit	\$ 4,528.92	\$ 2,038.01	Out-of-Network
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT		both		1 unit	\$ 1,702.12	\$ 765.95	Out-of-Network
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT		both		1 unit	\$ 1,633.26	\$ 734.97	Out-of-Network
RMVL EMBEDDED FB VESTIBULE MOUTH COMP	40805	CPT		both		1 unit	\$ 2,230.10	\$ 1,003.55	Out-of-Network
Closure of laceration, vestibule of mouth; 2.5 cm or less	40830	CPT		both		1 unit	\$ 1,273.52	\$ 573.08	Out-of-Network
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT		both		1 unit	\$ 2,994.95	\$ 1,347.73	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	41005	CPT		both		1 unit	\$ 1,325.80	\$ 596.61	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	41007	CPT		both		1 unit	\$ 2,667.10	\$ 1,200.20	Out-of-Network
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT		both		1 unit	\$ 2,990.20	\$ 1,345.59	Out-of-Network
REPAIR TONGUE LACERATION	41250	CPT		both		1 unit	\$ 2,134.26	\$ 960.42	Out-of-Network
RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	41251	CPT		both		1 unit	\$ 2,035.60	\$ 916.02	Out-of-Network
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT		both		1 unit	\$ 2,804.97	\$ 1,262.24	Out-of-Network
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT		both		1 unit	\$ 865.21	\$ 389.34	Out-of-Network
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT		both		1 unit	\$ 233.45	\$ 105.05	Out-of-Network
DRAINAGE ABSCESS PALATE UVULA	42000	CPT		both		1 unit	\$ 1,201.30	\$ 540.59	Out-of-Network
REPAIR LACERATION PALATE </2 CM	42180	CPT		both		1 unit	\$ 2,390.74	\$ 1,075.83	Out-of-Network
REMOVAL OF SALIVARY STONE	42330	CPT		both		1 unit	\$ 2,296.18	\$ 1,033.28	Out-of-Network
BIOPSY SALIVARY GLAND NEEDLE	42400	CPT		both		1 unit	\$ 617.70	\$ 277.97	Out-of-Network
I&D ABSC PRITONSILLAR	42700	CPT		both		1 unit	\$ 2,031.42	\$ 914.14	Out-of-Network
Removal of foreign body from pharynx	42809	CPT		both		1 unit	\$ 362.64	\$ 163.19	Out-of-Network
TONSILLECTOMY & ADENOIDECTOMY <AGE 12. This service is not offered t	42820	CPT		both		1 unit	\$ 997.53	\$ 448.89	Out-of-Network

ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC. This serv	43235	CPT		both		1 unit	\$ 416.04	\$ 187.22	Out-of-Network
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE. This service is not offered by t	43239	CPT		both		1 unit	\$ 468.39	\$ 210.78	Out-of-Network
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDN	43752	CPT		both		1 unit	\$ 603.55	\$ 271.60	Out-of-Network
GASTRIC TUBE PLMT W/ASPIR & LAVAGE	43753	CPT		both		1 unit	\$ 141.46	\$ 63.66	Out-of-Network
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT		both		1 unit	\$ 433.40	\$ 195.03	Out-of-Network
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT		both		1 unit	\$ 958.70	\$ 431.42	Out-of-Network
RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	44050	CPT		both		1 unit	\$ 3,255.15	\$ 1,464.82	Out-of-Network
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD. This service is not o	45378	CPT		both		1 unit	\$ 625.50	\$ 281.48	Out-of-Network
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE. This service is not offered by	45380	CPT		both		1 unit	\$ 679.14	\$ 305.61	Out-of-Network
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ. This service is n	45385	CPT		both		1 unit	\$ 863.16	\$ 388.42	Out-of-Network
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX. This service is n	45391	CPT		both		1 unit	\$ 874.11	\$ 393.35	Out-of-Network
RMVL FECAL IMPACTION/FB SPX UNDER ANES	45915	CPT		both		1 unit	\$ 3,001.62	\$ 1,350.73	Out-of-Network
I&D ISCHIORCT&PRIRCT ABCS SPX	46040	CPT		both		1 unit	\$ 1,748.46	\$ 786.81	Out-of-Network
INCISION OF ANAL ABSCESS	46050	CPT		both		1 unit	\$ 3,209.62	\$ 1,444.33	Out-of-Network
Incision of thrombosed hemorrhoid, external	46083	CPT		both		1 unit	\$ 1,206.59	\$ 542.97	Out-of-Network
ENCL/EXC XTRNL THROMBOTIC HEMORRHOID	46320	CPT		both		1 unit	\$ 926.37	\$ 416.87	Out-of-Network
ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	46600	CPT		both		1 unit	\$ 468.20	\$ 210.69	Out-of-Network
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT		both		1 unit	\$ 1,053.50	\$ 474.08	Out-of-Network
ANOSC RMVL FB	46608	CPT		both		1 unit	\$ 220.56	\$ 99.25	Out-of-Network
Anoscopy; with control of bleeding	46614	CPT		both		1 unit	\$ 642.40	\$ 289.08	Out-of-Network
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT		both		1 unit	\$ 1,028.70	\$ 462.92	Out-of-Network
LAPAROSCOPY SURG CHOLECYSTECTOMY. This service is not offered by th	47562	CPT		both		1 unit	\$ 2,271.60	\$ 1,022.22	Out-of-Network
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT		both		1 unit	\$ 812.00	\$ 365.40	Out-of-Network
Abdominal paracentesis (diagnostic or therapeutic); w/ imaging guidance	49083	CPT		both		1 unit	\$ 1,657.79	\$ 746.01	Out-of-Network
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT		both		1 unit	\$ 1,208.40	\$ 543.78	Out-of-Network
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT		both		1 unit	\$ 981.20	\$ 441.54	Out-of-Network
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT		both		1 unit	\$ 1,104.05	\$ 496.82	Out-of-Network
IMAGE GUIDE FLID COLLXN DRAINAGE CATH PERI PERQ	49406	CPT		both		1 unit	\$ 1,104.05	\$ 496.82	Out-of-Network
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT		both		1 unit	\$ 2,376.10	\$ 1,069.25	Out-of-Network
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT		both		1 unit	\$ 765.40	\$ 344.43	Out-of-Network
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE. This service is not offered	49505	CPT		both		1 unit	\$ 1,801.44	\$ 810.65	Out-of-Network
RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	49585	CPT		both		1 unit	\$ 5,165.30	\$ 2,324.39	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. implant of mesh/oth	49591	CPT		both		1 unit	\$ 3,356.30	\$ 1,510.34	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl impl. of mesh/other p	49592	CPT		both		1 unit	\$ 4,808.60	\$ 2,163.87	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other p	49593	CPT		both		1 unit	\$ 5,791.30	\$ 2,606.09	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other p	49594	CPT		both		1 unit	\$ 7,539.90	\$ 3,392.96	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other p	49595	CPT		both		1 unit	\$ 7,783.90	\$ 3,502.76	Out-of-Network
Repair of ant abd hernia(s), any approach, initial, incl. impl. of mesh/other p	49596	CPT		both		1 unit	\$ 10,335.60	\$ 4,651.02	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49613	CPT		both		1 unit	\$ 4,259.60	\$ 1,916.82	Out-of-Network
Repair of ant. abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49614	CPT		both		1 unit	\$ 5,777.80	\$ 2,600.01	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49615	CPT		both		1 unit	\$ 6,462.30	\$ 2,908.04	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49616	CPT		both		1 unit	\$ 8,678.50	\$ 3,905.33	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49617	CPT		both		1 unit	\$ 8,939.40	\$ 4,022.73	Out-of-Network
Repair of ant abd hernia(s), any approach, recurrent, incl. impl. of mesh/oth	49618	CPT		both		1 unit	\$ 12,524.70	\$ 5,636.12	Out-of-Network
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT		both		1 unit	\$ 1,478.90	\$ 665.51	Out-of-Network
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT		both		1 unit	\$ 622.10	\$ 279.95	Out-of-Network
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT		both		1 unit	\$ 2,384.90	\$ 1,073.21	Out-of-Network
Placement of ureteral stent, percutaneous, including diagnostic nephrostog	50693	CPT		both		1 unit	\$ 33,215.80	\$ 14,947.11	Out-of-Network
Placement of ureteral stent, percutaneous, including diagnostic nephrostog	50694	CPT		both		1 unit	\$ 33,215.80	\$ 14,947.11	Out-of-Network

Placement of ureteral stent, percutaneous, including diagnostic nephrostomy	50695	CPT		both		1 unit	\$ 33,215.80	\$ 14,947.11	Out-of-Network
INJ RETROGRADE URETHROSCOPY	51610	CPT		both		1 unit	\$ 847.09	\$ 381.19	Out-of-Network
BLDR IRRIGATION SMPL LVG&INSTLJ	51700	CPT		both		1 unit	\$ 146.38	\$ 65.87	Out-of-Network
CATHETERIZATION, BLADDER	51701	CPT		both		1 unit	\$ 350.04	\$ 157.52	Out-of-Network
INSJ TEMP NDWELLG BLDR CATH SMPL	51702	CPT		both		1 unit	\$ 546.28	\$ 245.83	Out-of-Network
INSJ TEMP NDWELLG BLDR CATH COMP	51703	CPT		both		1 unit	\$ 860.97	\$ 387.44	Out-of-Network
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT		both		1 unit	\$ 601.00	\$ 270.45	Out-of-Network
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT		both		1 unit	\$ 205.62	\$ 92.53	Out-of-Network
DRG OF SKENES GLAND ABSCESS OR CYST	53060	CPT		both		1 unit	\$ 1,919.40	\$ 863.73	Out-of-Network
SLITTING PREPUCE DORSAL/LAT SPX XCP NB	54001	CPT		both		1 unit	\$ 906.80	\$ 408.06	Out-of-Network
Incision and drainage of penis, deep	54015	CPT		both		1 unit	\$ 2,313.14	\$ 1,040.91	Out-of-Network
test	54112	CPT		both		1 unit	\$ 3.00	\$ 1.35	Out-of-Network
REPAIR INCOMPLETE CIRCUMCISION	54163	CPT		both		1 unit	\$ 2,896.16	\$ 1,303.27	Out-of-Network
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT		both		1 unit	\$ 1,768.70	\$ 795.92	Out-of-Network
NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	54235	CPT		both		1 unit	\$ 966.69	\$ 435.01	Out-of-Network
Corpora cavernosa-glans penis fistulization for priapism	54435	CPT		both		1 unit	\$ 4,151.00	\$ 1,867.95	Out-of-Network
REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	54437	CPT		both		1 unit	\$ 8,941.37	\$ 4,023.62	Out-of-Network
FORESKN MNPJ W/LSS PREPUTIAL ADS&STRETCHING	54450	CPT		both		1 unit	\$ 376.36	\$ 169.36	Out-of-Network
RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	54600	CPT		both		1 unit	\$ 6,001.74	\$ 2,700.78	Out-of-Network
I&D EPIDIDYMS TSTIS&/SCROTAL SPACE	54700	CPT		both		1 unit	\$ 2,474.70	\$ 1,113.62	Out-of-Network
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT		both		1 unit	\$ 2,278.55	\$ 1,025.35	Out-of-Network
Scrotoplasty; simple	55175	CPT		both		1 unit	\$ 4,966.57	\$ 2,234.96	Out-of-Network
PROSTATE NEEDLE BIOPSY ANY APPROACH. This service is not offered by this provider	55700	CPT		both		1 unit	\$ 437.79	\$ 197.01	Out-of-Network
LAPS PROSPECT RETROPUBIC RAD W/NRV SPARING ROBOT. This service is not offered by this provider	55866	CPT		both		1 unit	\$ 4,868.55	\$ 2,190.85	Out-of-Network
I&D VULVA/PRNL ABSC	56405	CPT		both		1 unit	\$ 908.01	\$ 408.60	Out-of-Network
I&D OF BARTHOLINS GLAND ABSC	56420	CPT		both		1 unit	\$ 1,127.36	\$ 507.31	Out-of-Network
VULVECTOMY SIMPLE PARTIAL	56620	CPT		both		1 unit	\$ 6,067.70	\$ 2,730.47	Out-of-Network
COLPORRHAPHY SUTURE INJURY VAGINA	57200	CPT		both		1 unit	\$ 3,925.76	\$ 1,766.59	Out-of-Network
REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	57415	CPT		both		1 unit	\$ 2,078.40	\$ 935.28	Out-of-Network
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT		both		1 unit	\$ 760.60	\$ 342.27	Out-of-Network
FETAL NON-STRESS TEST	59025	CPT		both		1 unit	\$ 908.01	\$ 408.60	Out-of-Network
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM. This service is not offered by this provider	59400	CPT		both		1 unit	\$ 8,169.99	\$ 3,676.50	Out-of-Network
VAG DLVR ONLY	59409	CPT		both		1 unit	\$ 5,389.90	\$ 2,425.46	Out-of-Network
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT		both		1 unit	\$ 1,021.60	\$ 459.72	Out-of-Network
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM. This service is not offered by this provider	59510	CPT		both		1 unit	\$ 9,007.44	\$ 4,053.35	Out-of-Network
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB. This service is not offered by this provider	59610	CPT	59	both		1 unit	\$ 8,528.37	\$ 3,837.77	Out-of-Network
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT		both		1 unit	\$ 904.90	\$ 407.21	Out-of-Network
ASPIRATION AND/OR INJECTION THYROID CYST	60300	CPT		both		1 unit	\$ 573.50	\$ 258.08	Out-of-Network
Puncture of shunt tubing or reservoir for aspiration or injection procedure	61070	CPT		both		1 unit	\$ 6,589.00	\$ 2,965.05	Out-of-Network
Insertion or replacement of cranial neurostimulator pulse generator or receiver	61885	CPT		both		1 unit	\$ 5,392.60	\$ 2,426.67	Out-of-Network
Percutaneous lysis of epidural adhesions using solution injection or mechanical	62263	CPT		both		1 unit	\$ 8,684.50	\$ 3,908.03	Out-of-Network
SPINAL TAP FLUID	62270	CPT		both		1 unit	\$ 1,278.00	\$ 575.10	Out-of-Network
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle)	62272	CPT		both		1 unit	\$ 583.30	\$ 262.49	Out-of-Network
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
Injection procedure for myelography and/or computed tomography, lumbar	62284	CPT		both		1 unit	\$ 3,318.90	\$ 1,493.51	Out-of-Network
DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	62287	CPT		both		1 unit	\$ 6,659.20	\$ 2,996.64	Out-of-Network
INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	62290	CPT		both		1 unit	\$ 1,918.20	\$ 863.19	Out-of-Network
INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	62291	CPT		both		1 unit	\$ 1,854.50	\$ 834.53	Out-of-Network
Myelography via lumbar inj, including radiological supervision and interpretation	62305	CPT		both		1 unit	\$ 3,950.30	\$ 1,777.64	Out-of-Network

Inj, of diagnostic or therapeutic substance(s), incl. needle or catheter placed	62320	CPT		both		1 unit	\$ 957.50	\$ 430.88	Out-of-Network
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT		both		1 unit	\$ 7,500.00	\$ 3,375.00	Out-of-Network
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT		both		1 unit	\$ 4,451.45	\$ 2,003.15	Out-of-Network
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT		both		1 unit	\$ 10,000.00	\$ 4,500.00	Out-of-Network
Implantation, revision or repositioning of tunneled intrathecal or epidural catheter	62350	CPT		both		1 unit	\$ 63,469.70	\$ 28,561.37	Out-of-Network
Removal of previously implanted intrathecal or epidural catheter	62355	CPT		both		1 unit	\$ 18,396.30	\$ 8,278.34	Out-of-Network
Implantation or replacement of device for intrathecal or epidural drug infusion	62362	CPT		both		1 unit	\$ 169,923.80	\$ 76,465.71	Out-of-Network
Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural drug infusion	62365	CPT		both		1 unit	\$ 63,469.70	\$ 28,561.37	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	62367	CPT		both		1 unit	\$ 2,845.90	\$ 1,280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	62368	CPT		both		1 unit	\$ 2,845.90	\$ 1,280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	62369	CPT		both		1 unit	\$ 2,845.90	\$ 1,280.66	Out-of-Network
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion	62370	CPT		both		1 unit	\$ 2,845.90	\$ 1,280.66	Out-of-Network
Endoscopic decompression of spinal cord, nerve root(s), including laminotomy	62380	CPT		both		1 unit	\$ 68,163.30	\$ 30,673.49	Out-of-Network
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBAR	63030	CPT		both		1 unit	\$ 11,155.20	\$ 5,019.84	Out-of-Network
LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	63035	CPT		both		1 unit	\$ 2,205.50	\$ 992.48	Out-of-Network
LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	63042	CPT		both		1 unit	\$ 14,892.10	\$ 6,701.45	Out-of-Network
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	63045	CPT		both		1 unit	\$ 14,770.90	\$ 6,646.91	Out-of-Network
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	63047	CPT		both		1 unit	\$ 12,647.20	\$ 5,691.24	Out-of-Network
LAM FACETECTOMY&FORAMOTOMY 1 SGM EA CRV THRC/LMBR	63048	CPT		both		1 unit	\$ 2,438.30	\$ 1,097.24	Out-of-Network
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	63055	CPT		both		1 unit	\$ 18,745.00	\$ 8,435.25	Out-of-Network
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	63056	CPT		both		1 unit	\$ 17,113.50	\$ 7,701.08	Out-of-Network
TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	63057	CPT		both		1 unit	\$ 3,682.80	\$ 1,657.26	Out-of-Network
DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	63075	CPT		both		1 unit	\$ 15,533.70	\$ 6,990.17	Out-of-Network
DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	63076	CPT		both		1 unit	\$ 2,844.50	\$ 1,280.03	Out-of-Network
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT		both		1 unit	\$ 4,711.90	\$ 2,120.36	Out-of-Network
Laminectomy for implantation of neurostimulator electrodes, plate/paddle	63655	CPT		both		1 unit	\$ 208,428.40	\$ 93,792.78	Out-of-Network
RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	63661	CPT		both		1 unit	\$ 3,704.70	\$ 1,667.12	Out-of-Network
REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	63663	CPT		both		1 unit	\$ 5,155.60	\$ 2,320.02	Out-of-Network
INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	63685	CPT		both		1 unit	\$ 4,128.50	\$ 1,857.83	Out-of-Network
REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	63688	CPT		both		1 unit	\$ 4,257.40	\$ 1,915.83	Out-of-Network
DURAL GRAFT SPINAL	63710	CPT		both		1 unit	\$ 12,500.40	\$ 5,625.18	Out-of-Network
NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	64400	CPT		both		1 unit	\$ 4,500.00	\$ 2,025.00	Out-of-Network
NJX ANES FACIAL NRV	64402	CPT		both		1 unit	\$ 1,519.08	\$ 683.59	Out-of-Network
N BLOCK INJ OCCIPITAL	64405	CPT		both		1 unit	\$ 2,951.90	\$ 1,328.36	Out-of-Network
INJECTION ANESTHETIC AGENT PHRENIC NERVE	64410	CPT		both		1 unit	\$ 958.60	\$ 431.37	Out-of-Network
INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	64413	CPT		both		1 unit	\$ 930.20	\$ 418.59	Out-of-Network
N BLOCK INJ BRACHIAL PLEXUS	64415	CPT		both		1 unit	\$ 857.21	\$ 385.74	Out-of-Network
INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	64418	CPT		both		1 unit	\$ 653.30	\$ 293.99	Out-of-Network
INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	64420	CPT		both		1 unit	\$ 765.50	\$ 344.48	Out-of-Network
MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	64421	CPT		both		1 unit	\$ 1,053.00	\$ 473.85	Out-of-Network
INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	64425	CPT		both		1 unit	\$ 1,084.20	\$ 487.89	Out-of-Network
INJECTION ANESTHETIC AGENT PUDENDAL NERVE	64430	CPT		both		1 unit	\$ 916.80	\$ 412.56	Out-of-Network
INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	64445	CPT		both		1 unit	\$ 832.90	\$ 374.81	Out-of-Network
INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	64447	CPT		both		1 unit	\$ 876.53	\$ 394.44	Out-of-Network
NERVE BLOCK ANES OTHER PRPH NRV/BRANCH	64450	CPT		both		1 unit	\$ 3,462.60	\$ 1,558.17	Out-of-Network
Inj, anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint	64451	CPT		both		1 unit	\$ 3,462.60	\$ 1,558.17	Out-of-Network
Inj, anesthetic agent and steroid; genicular nerve branch, incld imag guid	64454	CPT		both		1 unit	\$ 3,462.60	\$ 1,558.17	Out-of-Network
Inj, anesthetic agent a/o steroid, plantar common digital nerve(s)	64455	CPT		both		1 unit	\$ 1,196.93	\$ 538.62	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	CPT		both		1 unit	\$ 7,600.00	\$ 3,420.00	Out-of-Network

NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	64480	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	64483	CPT		both		1 unit	\$ 7,600.00	\$ 3,420.00	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	64484	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT		both		1 unit	\$ 642.50	\$ 289.13	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT		both		1 unit	\$ 10,100.00	\$ 4,545.00	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT		both		1 unit	\$ 5,500.00	\$ 2,475.00	Out-of-Network
NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	64492	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT		both		1 unit	\$ 7,600.00	\$ 3,420.00	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT		both		1 unit	\$ 3,500.00	\$ 1,575.00	Out-of-Network
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT		both		1 unit	\$ 1,068.60	\$ 480.87	Out-of-Network
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT		both		1 unit	\$ 849.60	\$ 382.32	Out-of-Network
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT		both		1 unit	\$ 1,436.30	\$ 646.34	Out-of-Network
INJECTION ANES LMBR/THRC PARAVERTEBRAL SYMPATHETIC	64520	CPT		both		1 unit	\$ 932.70	\$ 419.72	Out-of-Network
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT		both		1 unit	\$ 1,049.00	\$ 472.05	Out-of-Network
Percutaneous implantation of neurostimulator electrode array; cranial nerve	64553	CPT		both		1 unit	\$ 4,573.70	\$ 2,058.17	Out-of-Network
PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	64555	CPT		both		1 unit	\$ 3,920.50	\$ 1,764.23	Out-of-Network
Percutaneous implantation of neurostimulator electrode array; sacral nerve	64561	CPT		both		1 unit	\$ 3,015.80	\$ 1,357.11	Out-of-Network
Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator	64569	CPT		both		1 unit	\$ 7,815.90	\$ 3,517.16	Out-of-Network
Removal of cranial nerve neurostimulator electrode array and pulse generator	64570	CPT		both		1 unit	\$ 7,523.00	\$ 3,385.35	Out-of-Network
INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	64575	CPT		both		1 unit	\$ 3,807.00	\$ 1,713.15	Out-of-Network
Open implantation of neurostimulator electrode array; sacral nerve (transforaminal)	64581	CPT		both		1 unit	\$ 6,531.00	\$ 2,938.95	Out-of-Network
Revision or removal of peripheral neurostimulator electrode array	64585	CPT		both		1 unit	\$ 1,441.30	\$ 648.59	Out-of-Network
INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	64590	CPT		both		1 unit	\$ 1,847.00	\$ 831.15	Out-of-Network
Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator	64595	CPT		both		1 unit	\$ 2,293.50	\$ 1,032.08	Out-of-Network
Insertion or replacement of percutaneous electrode array, peripheral nerve	64596	CPT		both		1 unit	\$ 129,789.50	\$ 58,405.28	Out-of-Network
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT		both		1 unit	\$ 2,642.50	\$ 1,189.13	Out-of-Network
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT		both		1 unit	\$ 4,007.10	\$ 1,803.20	Out-of-Network
CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT		both		1 unit	\$ 1,414.00	\$ 636.30	Out-of-Network
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT		both		1 unit	\$ 1,256.30	\$ 565.34	Out-of-Network
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT		both		1 unit	\$ 1,993.90	\$ 897.26	Out-of-Network
Destr by neuro agent, geni nerve branc incl image guid, when perf	64624	CPT		both		1 unit	\$ 9,763.85	\$ 4,393.73	Out-of-Network
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT		both		1 unit	\$ 6,000.00	\$ 2,700.00	Out-of-Network
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT		both		1 unit	\$ 3,000.00	\$ 1,350.00	Out-of-Network
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT		both		1 unit	\$ 6,000.00	\$ 2,700.00	Out-of-Network
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT		both		1 unit	\$ 3,000.00	\$ 1,350.00	Out-of-Network
DSTRJ NULYT OTH PRPH NRV/BRANCH	64640	CPT		both		1 unit	\$ 8,902.90	\$ 4,006.31	Out-of-Network
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT		both		1 unit	\$ 1,237.00	\$ 556.65	Out-of-Network
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT		both		1 unit	\$ 825.40	\$ 371.43	Out-of-Network
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT		both		1 unit	\$ 1,858.00	\$ 836.10	Out-of-Network
NEUROPLASTY NERVE HAND/FOOT	64704	CPT		both		1 unit	\$ 3,677.50	\$ 1,654.88	Out-of-Network
NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	64708	CPT		both		1 unit	\$ 5,729.50	\$ 2,578.28	Out-of-Network
NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	64712	CPT		both		1 unit	\$ 6,668.40	\$ 3,000.78	Out-of-Network
EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	64784	CPT		both		1 unit	\$ 8,312.80	\$ 3,740.76	Out-of-Network
NERVE GRAFT 1 STRAND ARM/LEG <4 CM	64892	CPT		both		1 unit	\$ 12,073.50	\$ 5,433.08	Out-of-Network
Unlisted procedure, nervous system	64999	CPT		both		1 unit	\$ 2,822.00	\$ 1,269.90	Out-of-Network
Removal of foreign body, external eye; conjunctival superficial	65205	CPT		both		1 unit	\$ 371.25	\$ 167.06	Out-of-Network
RMVL FB XTRNL EYE EMBEDDED SCJNCL/SCLL NONPRF8	65210	CPT		both		1 unit	\$ 344.55	\$ 155.05	Out-of-Network
RMVL FB XTRNL EYE CRNL W/O SLIT LAMP	65220	CPT		both		1 unit	\$ 574.57	\$ 258.56	Out-of-Network

RMVL FB XTRNL EYE CRNL W/SLIT LAMP	65222	CPT		both		1 unit	\$ 678.87	\$ 305.49	Out-of-Network
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT		both		1 unit	\$ 754.80	\$ 339.66	Out-of-Network
POST-CATARACT LASER SURGERY	66821	CPT		both		1 unit	\$ 3,508.60	\$ 1,578.87	Out-of-Network
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT		both		1 unit	\$ 6,104.50	\$ 2,747.03	Out-of-Network
BLEPHAROTOMY DRG ABSC EYELID	67700	CPT		both		1 unit	\$ 1,172.13	\$ 527.46	Out-of-Network
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT		both		1 unit	\$ 1,564.81	\$ 704.16	Out-of-Network
Drainage external ear, abscess or hematoma; simple	69000	CPT		both		1 unit	\$ 916.47	\$ 412.41	Out-of-Network
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX	69005	CPT		both		1 unit	\$ 2,158.29	\$ 971.23	Out-of-Network
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT		both		1 unit	\$ 1,833.45	\$ 825.05	Out-of-Network
REMOVAL OF FOREIGN BODY OF EAR XTRNL AUD CANAL W/O ANES	69200	CPT		both		1 unit	\$ 576.33	\$ 259.35	Out-of-Network
RMVL FB XTRNL AUD CANAL ANES	69205	CPT		both		1 unit	\$ 618.77	\$ 278.45	Out-of-Network
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT		both		1 unit	\$ 170.87	\$ 76.89	Out-of-Network
RMVL IMPACTED CERUMEN SPX 1/BTH EARS	69210	CPT		both		1 unit	\$ 297.01	\$ 133.65	Out-of-Network
DBRDMT MSTDC CAVITY SMPL	69220	CPT		both		1 unit	\$ 627.15	\$ 282.22	Out-of-Network
RADEX EYE DETCJ FB	70030	CPT		both		1 unit	\$ 885.00	\$ 398.25	Out-of-Network
RADEX MNDBL PRTL LESS THAN < 4 VIEWS	70100	CPT		both		1 unit	\$ 885.00	\$ 398.25	Out-of-Network
RADEX MNDBL COMPL MINIMUM 4 VIEWS	70110	CPT		both		1 unit	\$ 1,618.00	\$ 728.10	Out-of-Network
Radiologic examination, mastoids; less than 3 views per side	70120	CPT		both		1 unit	\$ 1,063.40	\$ 478.53	Out-of-Network
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT		both		1 unit	\$ 531.70	\$ 239.27	Out-of-Network
RADEX FACIAL B1S < 3 VIEWS	70140	CPT		both		1 unit	\$ 1,088.00	\$ 489.60	Out-of-Network
RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	70150	CPT		both		1 unit	\$ 1,324.00	\$ 595.80	Out-of-Network
RADEX NSL B1S COMPL MINIMUM 3 VIEWS	70160	CPT		both		1 unit	\$ 1,080.00	\$ 486.00	Out-of-Network
RADEX OPTIC FORAMINA	70190	CPT		both		1 unit	\$ 442.50	\$ 199.13	Out-of-Network
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT		both		1 unit	\$ 1,035.00	\$ 465.75	Out-of-Network
Radiologic examination, sinuses, paranasal, less than 3 views	70210	CPT		both		1 unit	\$ 913.00	\$ 410.85	Out-of-Network
RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	70220	CPT		both		1 unit	\$ 1,419.00	\$ 638.55	Out-of-Network
RADEX SKL < 4 VIEWS	70250	CPT		both		1 unit	\$ 1,091.00	\$ 490.95	Out-of-Network
RADEX SKL COMPL MINIMUM 4 VIEWS	70260	CPT		both		1 unit	\$ 1,445.00	\$ 650.25	Out-of-Network
RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	70328	CPT		both		1 unit	\$ 1,011.00	\$ 454.95	Out-of-Network
RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	70330	CPT		both		1 unit	\$ 1,178.00	\$ 530.10	Out-of-Network
MRI TEMPOROMANDIBULAR JOINT	70336	CPT		both		1 unit	\$ 3,761.64	\$ 1,692.74	Out-of-Network
CEPHALOGRAM ORTHODONTIC	70350	CPT		both		1 unit	\$ 1,184.00	\$ 532.80	Out-of-Network
RADEX OF NECK SOFT TISSUE	70360	CPT		both		1 unit	\$ 1,573.00	\$ 707.85	Out-of-Network
CT HEAD/BRN C-MATRL	70450	CPT		both		1 unit	\$ 9,416.00	\$ 4,237.20	Out-of-Network
CT HEAD/BRN C+ MATRL	70460	CPT		both		1 unit	\$ 9,131.00	\$ 4,108.95	Out-of-Network
CT HEAD/BRN C-/C+	70470	CPT		both		1 unit	\$ 7,827.00	\$ 3,522.15	Out-of-Network
CTA Head and Neck with IV Contrast	70471	CPT		both		1 unit	\$ 3,767.60	\$ 1,695.42	Out-of-Network
CT Cerebr perf anal w/contrst incl image w/CT or CTA	70472	CPT		both		1 unit	\$ 1,563.20	\$ 703.44	Out-of-Network
CT Cerbr perf anal wo/contrs, w/imge w/o CT or CTA	70473	CPT		both		1 unit	\$ 2,411.50	\$ 1,085.18	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70480	CPT		both		1 unit	\$ 5,381.00	\$ 2,421.45	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL	70481	CPT		both		1 unit	\$ 10,955.00	\$ 4,929.75	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-/C+	70482	CPT		both		1 unit	\$ 8,992.00	\$ 4,046.40	Out-of-Network
CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	70486	CPT		both		1 unit	\$ 8,855.00	\$ 3,984.75	Out-of-Network
CT MAXLFCL AREA C+ MATRL	70487	CPT		both		1 unit	\$ 7,533.00	\$ 3,389.85	Out-of-Network
CT MAXLFCL AREA C-/C+	70488	CPT		both		1 unit	\$ 4,475.00	\$ 2,013.75	Out-of-Network
CT SOFT TISS NCK C-MATRL	70490	CPT		both		1 unit	\$ 4,641.00	\$ 2,088.45	Out-of-Network
CT SOFT TISS NCK C+ MATRL	70491	CPT		both		1 unit	\$ 10,764.00	\$ 4,843.80	Out-of-Network
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT		both		1 unit	\$ 5,435.00	\$ 2,445.75	Out-of-Network
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT		both		1 unit	\$ 5,711.00	\$ 2,569.95	Out-of-Network

Computed tomographic angiography, neck, with contrast materi...	70498	CPT		both		1 unit	\$ 8,278.00	\$ 3,725.10	Out-of-Network
MRI ORBIT FACE &/NECK WITH OUT CONTRAST	70540	CPT		both		1 unit	\$ 3,205.44	\$ 1,442.45	Out-of-Network
Magnetic resonance imaging, orbit, face, and/or neck; w/contrast material(s)	70542	CPT		both		1 unit	\$ 2,629.80	\$ 1,183.41	Out-of-Network
MRI ORBIT FACE & NECK WITH OUT & WITH CONTRAST MATRL	70543	CPT		both		1 unit	\$ 4,809.48	\$ 2,164.27	Out-of-Network
MRA HEAD C-MATRL	70544	CPT		both		1 unit	\$ 3,041.88	\$ 1,368.85	Out-of-Network
MRA HEAD W/CONTRAST MATERIAL	70545	CPT		both		1 unit	\$ 3,214.56	\$ 1,446.55	Out-of-Network
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT		both		1 unit	\$ 4,656.60	\$ 2,095.47	Out-of-Network
MRA NCK C-MATRL	70547	CPT		both		1 unit	\$ 3,046.32	\$ 1,370.84	Out-of-Network
Magnetic resonance angiography, neck; with contrast material(s)	70548	CPT		both		1 unit	\$ 2,490.10	\$ 1,120.55	Out-of-Network
MRA NECK W/O & W/CONTRAST MATERIAL	70549	CPT		both		1 unit	\$ 4,884.48	\$ 2,198.02	Out-of-Network
MRI BRN BRN STEM C-MATRL	70551	CPT		both		1 unit	\$ 5,537.28	\$ 2,491.78	Out-of-Network
MRI BRAIN BRAIN STEM WITH CONTRAST MATERIAL	70552	CPT		both		1 unit	\$ 7,665.36	\$ 3,449.41	Out-of-Network
MRI BRN BRN STEM C-/C+	70553	CPT		both		1 unit	\$ 9,025.20	\$ 4,061.34	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT OBLQ PRJCJ	71022	CPT		both		1 unit	\$ 2,011.00	\$ 904.95	Out-of-Network
RADEX CH COMPL MINIMUM 4 VIEWS	71030	CPT		both		1 unit	\$ 2,416.00	\$ 1,087.20	Out-of-Network
RADEX CHEST 1 VIEW	71045	CPT		both		1 unit	\$ 780.00	\$ 351.00	Out-of-Network
RADEX CHEST 2 VIEWS	71046	CPT		both		1 unit	\$ 1,198.00	\$ 539.10	Out-of-Network
RADEX CHEST 3 VIEWS	71047	CPT		both		1 unit	\$ 958.00	\$ 431.10	Out-of-Network
RADEX CHEST 4+ VIEWS	71048	CPT		both		1 unit	\$ 823.00	\$ 370.35	Out-of-Network
RADEX RIBS UNI 2 VIEWS	71100	CPT		both		1 unit	\$ 1,215.00	\$ 546.75	Out-of-Network
RADEX RIBS UNI W/POSTEROANT; Min of 3 views	71101	CPT		both		1 unit	\$ 1,486.00	\$ 668.70	Out-of-Network
RADEX RIBS BI 3 VIEWS	71110	CPT		both		1 unit	\$ 1,176.00	\$ 529.20	Out-of-Network
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT		both		1 unit	\$ 1,767.00	\$ 795.15	Out-of-Network
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT		both		1 unit	\$ 1,176.00	\$ 529.20	Out-of-Network
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT		both		1 unit	\$ 3,695.00	\$ 1,662.75	Out-of-Network
CT THORAX W/O CONTRAST MATERIAL	71250	CPT		both		1 unit	\$ 9,753.00	\$ 4,388.85	Out-of-Network
CT THORAX C+ MATRL	71260	CPT		both		1 unit	\$ 7,988.00	\$ 3,594.60	Out-of-Network
CT THORAX C-/C+	71270	CPT		both		1 unit	\$ 8,326.00	\$ 3,746.70	Out-of-Network
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT		both		1 unit	\$ 1,935.00	\$ 870.75	Out-of-Network
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT		both		1 unit	\$ 7,877.00	\$ 3,544.65	Out-of-Network
MRI CH C-MATRL	71550	CPT		both		1 unit	\$ 9,619.92	\$ 4,328.96	Out-of-Network
MRI CHEST WITH CONTRAST MATERIAL	71551	CPT		both		1 unit	\$ 10,635.12	\$ 4,785.80	Out-of-Network
MRI CHEST WITH OUT & WITH CONTRAST MATERIAL	71552	CPT		both		1 unit	\$ 13,430.40	\$ 6,043.68	Out-of-Network
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT		both		1 unit	\$ 9,453.12	\$ 4,253.90	Out-of-Network
RADEX SPI 1 VIEW SPEC LVL	72020	CPT		both		1 unit	\$ 906.00	\$ 407.70	Out-of-Network
RADEX SPI CRV 2/3 VIEWS	72040	CPT		both		1 unit	\$ 1,184.00	\$ 532.80	Out-of-Network
RADEX SPI CRV MINIMUM 4 VIEWS	72050	CPT		both		1 unit	\$ 2,260.00	\$ 1,017.00	Out-of-Network
RADEX SPI CRV COMPL W/OBLQ&FLEXION&/XTN STDS	72052	CPT		both		1 unit	\$ 1,937.00	\$ 871.65	Out-of-Network
RADEX SPI THORACOLMBR STANDING SCOLIOSIS	72069	CPT		both		1 unit	\$ 565.73	\$ 254.58	Out-of-Network
RADEX SPI THRC 2 VIEWS	72070	CPT		both		1 unit	\$ 1,250.00	\$ 562.50	Out-of-Network
RADEX SPI THRC 3 VIEWS	72072	CPT		both		1 unit	\$ 1,278.00	\$ 575.10	Out-of-Network
RADEX SPI THRC MINIMUM 4 VIEWS	72074	CPT		both		1 unit	\$ 1,233.00	\$ 554.85	Out-of-Network
X RAY EXAM TRUNK SPINE 2VWS	72080	CPT		both		1 unit	\$ 639.00	\$ 287.55	Out-of-Network
RADEX SPI LUMBOSAC 2/3 VIEWS	72100	CPT		both		1 unit	\$ 1,345.00	\$ 605.25	Out-of-Network
LUMBAR X-RAY 4 VIEWS RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	72110	CPT		both		1 unit	\$ 2,287.00	\$ 1,029.15	Out-of-Network
RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	72114	CPT		both		1 unit	\$ 1,345.00	\$ 605.25	Out-of-Network
RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	72120	CPT		both		1 unit	\$ 1,278.00	\$ 575.10	Out-of-Network
CT CRV SPI C-MATRL	72125	CPT		both		1 unit	\$ 7,072.00	\$ 3,182.40	Out-of-Network
CT CRV SPI C+ MATRL	72126	CPT		both		1 unit	\$ 5,478.00	\$ 2,465.10	Out-of-Network

CT CRV SPI C-/C+	72127	CPT		both		1 unit	\$ 13,841.00	\$ 6,228.45	Out-of-Network
CT THRC SPI C-MATRL	72128	CPT		both		1 unit	\$ 10,286.00	\$ 4,628.70	Out-of-Network
CT THRC SPI C+ MATRL	72129	CPT		both		1 unit	\$ 10,955.00	\$ 4,929.75	Out-of-Network
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT		both		1 unit	\$ 4,037.00	\$ 1,816.65	Out-of-Network
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT		both		1 unit	\$ 8,423.00	\$ 3,790.35	Out-of-Network
CT LMBR SPI C+ MATRL	72132	CPT		both		1 unit	\$ 10,488.00	\$ 4,719.60	Out-of-Network
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT		both		1 unit	\$ 9,936.00	\$ 4,471.20	Out-of-Network
MRI SPI CANAL&CNTS CRV C-MATRL	72141	CPT		both		1 unit	\$ 5,383.68	\$ 2,422.66	Out-of-Network
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT		both		1 unit	\$ 7,798.32	\$ 3,509.24	Out-of-Network
MRI SPI CANAL&CNTS THRC C-MATRL	72146	CPT		both		1 unit	\$ 5,383.68	\$ 2,422.66	Out-of-Network
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT		both		1 unit	\$ 7,735.20	\$ 3,480.84	Out-of-Network
MRI SPI CANAL&CNTS LMBR C-MATRL	72148	CPT		both		1 unit	\$ 5,401.68	\$ 2,430.76	Out-of-Network
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT		both		1 unit	\$ 7,662.96	\$ 3,448.33	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ CRV	72156	CPT		both		1 unit	\$ 9,070.32	\$ 4,081.64	Out-of-Network
MRI SPI CANAL&CNTS C-/C+	72157	CPT		both		1 unit	\$ 9,088.32	\$ 4,089.74	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ LMBR	72158	CPT		both		1 unit	\$ 9,052.32	\$ 4,073.54	Out-of-Network
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT		both		1 unit	\$ 9,804.96	\$ 4,412.23	Out-of-Network
RADEX PELVIS 1/2 VIEWS	72170	CPT		both		1 unit	\$ 1,093.00	\$ 491.85	Out-of-Network
RADEX PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT		both		1 unit	\$ 1,001.00	\$ 450.45	Out-of-Network
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT		both		1 unit	\$ 6,961.00	\$ 3,132.45	Out-of-Network
CT PELVIS C-MATRL	72192	CPT		both		1 unit	\$ 12,811.00	\$ 5,764.95	Out-of-Network
CT PELVIS C+ MATRL	72193	CPT		both		1 unit	\$ 8,452.00	\$ 3,803.40	Out-of-Network
CT PELVIS C-/C+	72194	CPT		both		1 unit	\$ 11,639.00	\$ 5,237.55	Out-of-Network
MRI PELVIS C-MATRL	72195	CPT		both		1 unit	\$ 6,493.92	\$ 2,922.26	Out-of-Network
MRI PELVIS W/CONTRAST MATERIAL	72196	CPT		both		1 unit	\$ 7,626.48	\$ 3,431.92	Out-of-Network
MRI PELVIS WITH OUT & WITH CONTRAST MATERIAL	72197	CPT		both		1 unit	\$ 9,574.08	\$ 4,308.34	Out-of-Network
MRA PELVIS W/WO CONTRAST MATERIAL	72198	CPT		both		1 unit	\$ 9,570.00	\$ 4,306.50	Out-of-Network
RADEX SACROILIAC JNTS <3 VIEWS	72200	CPT		both		1 unit	\$ 2,890.00	\$ 1,300.50	Out-of-Network
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT		both		1 unit	\$ 534.60	\$ 240.57	Out-of-Network
RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	72220	CPT		both		1 unit	\$ 818.00	\$ 368.10	Out-of-Network
MYELOGRAPHY THRC RS&I	72255	CPT		both		1 unit	\$ 6,052.00	\$ 2,723.40	Out-of-Network
MYELOGRAPHY LUMBOSAC RS&I	72265	CPT		both		1 unit	\$ 6,724.00	\$ 3,025.80	Out-of-Network
DISKOGRAPY CERVICAL/THORACIC RS&I	72285	CPT		both		1 unit	\$ 1,324.40	\$ 595.98	Out-of-Network
DISKOGRAPY LUMBAR RS&I	72295	CPT		both		1 unit	\$ 1,156.00	\$ 520.20	Out-of-Network
RADEX CLAV COMPL	73000	CPT		both		1 unit	\$ 1,287.00	\$ 579.15	Out-of-Network
RADEX SCAPULA COMPL	73010	CPT		both		1 unit	\$ 929.00	\$ 418.05	Out-of-Network
RADEX SHO 1 VIEW	73020	CPT		both		1 unit	\$ 666.00	\$ 299.70	Out-of-Network
RADEX SHO COMPL MINIMUM 2 VIEWS	73030	CPT		both		1 unit	\$ 1,125.00	\$ 506.25	Out-of-Network
RADEX ACROMCLAV JTS BI +-W8ED DISTRCJ	73050	CPT		both		1 unit	\$ 856.00	\$ 385.20	Out-of-Network
RADEX HUM MINIMUM 2 VIEWS	73060	CPT		both		1 unit	\$ 1,059.00	\$ 476.55	Out-of-Network
RADEX ELBW 2 VIEWS	73070	CPT		both		1 unit	\$ 1,080.00	\$ 486.00	Out-of-Network
RADEX ELBW COMPL MINIMUM 3 VIEWS	73080	CPT		both		1 unit	\$ 778.00	\$ 350.10	Out-of-Network
RADEX F/ARM 2 VIEWS	73090	CPT		both		1 unit	\$ 807.00	\$ 363.15	Out-of-Network
RADEX UXTR INFT MINIMUM 2 VIEWS	73092	CPT		both		1 unit	\$ 581.00	\$ 261.45	Out-of-Network
RADEX WRST 2 VIEWS	73100	CPT		both		1 unit	\$ 871.00	\$ 391.95	Out-of-Network
RADEX WRST COMPL MINIMUM 3 VIEWS	73110	CPT		both		1 unit	\$ 1,057.00	\$ 475.65	Out-of-Network
RADEX HAND 2 VIEWS	73120	CPT		both		1 unit	\$ 927.00	\$ 417.15	Out-of-Network
RADEX HAND MINIMUM 3 VIEWS	73130	CPT		both		1 unit	\$ 958.00	\$ 431.10	Out-of-Network
RADEX Fingers MINIMUM 2 VIEWS	73140	CPT		both		1 unit	\$ 821.00	\$ 369.45	Out-of-Network

CT UXTR C-MATRL	73200	CPT		both		1 unit	\$ 6,742.00	\$ 3,033.90	Out-of-Network
CT UPPER EXT W/DYE	73201	CPT		both		1 unit	\$ 4,054.00	\$ 1,824.30	Out-of-Network
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT		both		1 unit	\$ 3,695.00	\$ 1,662.75	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT WITH OUT CONTR MATRL	73218	CPT		both		1 unit	\$ 8,643.12	\$ 3,889.40	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT		both		1 unit	\$ 9,440.40	\$ 4,248.18	Out-of-Network
MRI UXTR OTH/THN JT C-/C+	73220	CPT		both		1 unit	\$ 11,668.08	\$ 5,250.64	Out-of-Network
MRI ANY JT UXTR C-MATRL	73221	CPT		both		1 unit	\$ 5,724.72	\$ 2,576.12	Out-of-Network
MRI ANY JT UPPER EXTREMITY WITH CONTRAST MATRL	73222	CPT		both		1 unit	\$ 8,896.32	\$ 4,003.34	Out-of-Network
MRI ANY JT UPPER EXTREMITY WITH OUT & WITH CONTR MATRL	73223	CPT		both		1 unit	\$ 11,018.16	\$ 4,958.17	Out-of-Network
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT		both		1 unit	\$ 9,714.24	\$ 4,371.41	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT		both		1 unit	\$ 1,072.00	\$ 482.40	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT		both		1 unit	\$ 1,050.00	\$ 472.50	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT		both		1 unit	\$ 1,312.00	\$ 590.40	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT		both		1 unit	\$ 804.00	\$ 361.80	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT		both		1 unit	\$ 1,985.00	\$ 893.25	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT		both		1 unit	\$ 850.00	\$ 382.50	Out-of-Network
Radiologic examination, hip, arthrography, radiological supervision and inte	73525	CPT		both		1 unit	\$ 1,331.80	\$ 599.31	Out-of-Network
Radiologic examination, pelvis and hips, infant or child, mi...	73540	CPT		both		1 unit	\$ 695.00	\$ 312.75	Out-of-Network
X-RAY EXAM OF FEMUR 1V	73551	CPT		both		1 unit	\$ 1,130.00	\$ 508.50	Out-of-Network
RADEX, Femur; 2V	73552	CPT		both		1 unit	\$ 2,189.00	\$ 985.05	Out-of-Network
RADEX KNE 1/2 VIEWS	73560	CPT		both		1 unit	\$ 901.00	\$ 405.45	Out-of-Network
RADEX KNE 3 VIEWS	73562	CPT		both		1 unit	\$ 1,200.00	\$ 540.00	Out-of-Network
RADEX KNE COMPL 4/MORE VIEWS	73564	CPT		both		1 unit	\$ 907.00	\$ 408.15	Out-of-Network
RADEX TIBFIB 2 VIEWS	73590	CPT		both		1 unit	\$ 1,096.00	\$ 493.20	Out-of-Network
RADEX LXTR INFT MINIMUM 2 VIEWS	73592	CPT		both		1 unit	\$ 688.00	\$ 309.60	Out-of-Network
RADEX ANKLE 2 VIEWS	73600	CPT		both		1 unit	\$ 1,080.00	\$ 486.00	Out-of-Network
RADEX ANKLE COMPL MINIMUM 3 VIEWS	73610	CPT		both		1 unit	\$ 1,117.00	\$ 502.65	Out-of-Network
RADEX FOOT 2 VIEWS	73620	CPT		both		1 unit	\$ 881.00	\$ 396.45	Out-of-Network
RADEX FOOT COMPL MINIMUM 3 VIEWS	73630	CPT		both		1 unit	\$ 1,238.00	\$ 557.10	Out-of-Network
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT		both		1 unit	\$ 925.00	\$ 416.25	Out-of-Network
RADEX TOE MINIMUM 2 VIEWS	73660	CPT		both		1 unit	\$ 673.00	\$ 302.85	Out-of-Network
CT LXTR C-MATRL	73700	CPT		both		1 unit	\$ 7,043.00	\$ 3,169.35	Out-of-Network
CT LXTR C+ MATRL	73701	CPT		both		1 unit	\$ 11,639.00	\$ 5,237.55	Out-of-Network
CT LOWER EXTREMITY C-/C+	73702	CPT		both		1 unit	\$ 6,766.00	\$ 3,044.70	Out-of-Network
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT		both		1 unit	\$ 8,003.00	\$ 3,601.35	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH OUT CONTR MATRL	73718	CPT		both		1 unit	\$ 6,339.00	\$ 2,852.55	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT		both		1 unit	\$ 7,443.00	\$ 3,349.35	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH OUT & WITH CONTR MATR	73720	CPT		both		1 unit	\$ 13,337.00	\$ 6,001.65	Out-of-Network
MRI ANY JT LXTR C-MATRL	73721	CPT		both		1 unit	\$ 5,716.00	\$ 2,572.20	Out-of-Network
MRI ANY JT LXTR C+ MATRL	73722	CPT		both		1 unit	\$ 8,905.20	\$ 4,007.34	Out-of-Network
MRI ANY JT LXTR C-/C+	73723	CPT		both		1 unit	\$ 10,981.92	\$ 4,941.86	Out-of-Network
MRA LXTR C+-MATRL	73725	CPT		both		1 unit	\$ 9,498.00	\$ 4,274.10	Out-of-Network
RADEX ABD 1 VIEW	74018	CPT		both		1 unit	\$ 1,072.00	\$ 482.40	Out-of-Network
RADEX ABD 2 VIEWS	74019	CPT		both		1 unit	\$ 1,310.00	\$ 589.50	Out-of-Network
RADEX ABD 3+ VIEWS	74021	CPT		both		1 unit	\$ 958.00	\$ 431.10	Out-of-Network
RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	74022	CPT		both		1 unit	\$ 1,314.00	\$ 591.30	Out-of-Network
CT ABD C-MATRL	74150	CPT		both		1 unit	\$ 10,038.00	\$ 4,517.10	Out-of-Network
CT ABD C+ MATRL	74160	CPT		both		1 unit	\$ 11,802.00	\$ 5,310.90	Out-of-Network
CT ABD C-/C+	74170	CPT		both		1 unit	\$ 8,691.00	\$ 3,910.95	Out-of-Network

CT ANGIO ABD&PELV W/ O&W / DYE	74174	CPT		both		1 unit	\$ 5,126.00	\$ 2,306.70	Out-of-Network
CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	74175	CPT		both		1 unit	\$ 7,452.00	\$ 3,353.40	Out-of-Network
Ct Abd & pelvis W/o Contrast	74176	CPT		both		1 unit	\$ 8,071.00	\$ 3,631.95	Out-of-Network
Ct Abdomen&pelvis W/contrast	74177	CPT		both		1 unit	\$ 11,837.00	\$ 5,326.65	Out-of-Network
CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	74178	CPT		both		1 unit	\$ 13,925.00	\$ 6,266.25	Out-of-Network
MRI ABD C-MATRL	74181	CPT		both		1 unit	\$ 5,555.04	\$ 2,499.77	Out-of-Network
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT		both		1 unit	\$ 8,604.00	\$ 3,871.80	Out-of-Network
MRI ABD C-/C+	74183	CPT		both		1 unit	\$ 9,610.08	\$ 4,324.54	Out-of-Network
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT		both		1 unit	\$ 9,552.00	\$ 4,298.40	Out-of-Network
ESOPHOGRAM/ CONTRAST X-RAY ESOPHAGUS	74220	CPT		both		1 unit	\$ 2,016.00	\$ 907.20	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT		both		1 unit	\$ 1,693.68	\$ 762.16	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT		both		1 unit	\$ 1,919.64	\$ 863.84	Out-of-Network
RADEX GI UPR C+ +-GLUC +-DLVD FLMS W/KUB	74247	CPT		both		1 unit	\$ 2,327.00	\$ 1,047.15	Out-of-Network
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT		both		1 unit	\$ 1,138.20	\$ 512.19	Out-of-Network
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT		both		1 unit	\$ 1,684.68	\$ 758.11	Out-of-Network
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT		both		1 unit	\$ 5,907.60	\$ 2,658.42	Out-of-Network
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT		both		1 unit	\$ 9,292.20	\$ 4,181.49	Out-of-Network
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT		both		1 unit	\$ 2,114.16	\$ 951.37	Out-of-Network
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT		both		1 unit	\$ 3,047.16	\$ 1,371.22	Out-of-Network
THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCTJ	74283	CPT		both		1 unit	\$ 2,815.90	\$ 1,267.16	Out-of-Network
Urography (pyelography), intravenous, with or without KUB, w...	74400	CPT		both		1 unit	\$ 2,795.00	\$ 1,257.75	Out-of-Network
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT		both		1 unit	\$ 1,164.10	\$ 523.85	Out-of-Network
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT		both		1 unit	\$ 1,485.30	\$ 668.39	Out-of-Network
CT ANGIO ABDOMINAL ARTERIES	75635	CPT		both		1 unit	\$ 5,269.00	\$ 2,371.05	Out-of-Network
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT		both		1 unit	\$ 1,883.30	\$ 847.49	Out-of-Network
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT		both		1 unit	\$ 2,008.10	\$ 903.65	Out-of-Network
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT		both		1 unit	\$ 1,626.60	\$ 731.97	Out-of-Network
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT		both		1 unit	\$ 1,745.20	\$ 785.34	Out-of-Network
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT		both		1 unit	\$ 1,850.20	\$ 832.59	Out-of-Network
ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	75746	CPT		both		1 unit	\$ 1,658.80	\$ 746.46	Out-of-Network
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT		both		1 unit	\$ 928.30	\$ 417.74	Out-of-Network
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT		both		1 unit	\$ 955.10	\$ 429.80	Out-of-Network
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT		both		1 unit	\$ 1,255.20	\$ 564.84	Out-of-Network
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT		both		1 unit	\$ 1,466.60	\$ 659.97	Out-of-Network
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT		both		1 unit	\$ 1,465.70	\$ 659.57	Out-of-Network
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT		both		1 unit	\$ 1,521.20	\$ 684.54	Out-of-Network
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT		both		1 unit	\$ 1,530.40	\$ 688.68	Out-of-Network
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT		both		1 unit	\$ 1,811.40	\$ 815.13	Out-of-Network
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT		both		1 unit	\$ 529.70	\$ 238.37	Out-of-Network
RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	76010	CPT		both		1 unit	\$ 603.00	\$ 271.35	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITHOUT REQ POSTPCX	76376	CPT		both		1 unit	\$ 249.10	\$ 112.10	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITH REQ POSTPCX	76377	CPT		both		1 unit	\$ 769.80	\$ 346.41	Out-of-Network
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT		both		1 unit	\$ 1,636.70	\$ 736.52	Out-of-Network
MAGNETIC RESONANCE ELASTOGRAPHY	76391	CPT		both		1 unit	\$ 5,730.96	\$ 2,578.93	Out-of-Network
Whole Body (MRI)	76498	CPT		both		1 unit	\$ 9,000.00	\$ 4,050.00	Out-of-Network
OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	76512	CPT		both		1 unit	\$ 1,857.00	\$ 835.65	Out-of-Network
OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	76513	CPT		both		1 unit	\$ 1,130.80	\$ 508.86	Out-of-Network
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT		both		1 unit	\$ 97.60	\$ 43.92	Out-of-Network
US SOFT TISS HEAD&NCK R-T IMG	76536	CPT		both		1 unit	\$ 2,300.00	\$ 1,035.00	Out-of-Network

US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT		both		1 unit	\$ 2,175.00	\$ 978.75	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT		both		1 unit	\$ 2,115.00	\$ 951.75	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT		both		1 unit	\$ 1,812.00	\$ 815.40	Out-of-Network
US ABDOMINAL R-T W/IMAGE DOCUMENTATION	76700	CPT		both		1 unit	\$ 3,331.00	\$ 1,498.95	Out-of-Network
ULTRASOUND ABDOMINAL R-T W/IMAGE LIMITED	76705	CPT		both		1 unit	\$ 2,961.00	\$ 1,332.45	Out-of-Network
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT		both		1 unit	\$ 1,488.00	\$ 669.60	Out-of-Network
US RETROPERITONEAL R-T W/IMAGE COMPL	76770	CPT		both		1 unit	\$ 2,401.00	\$ 1,080.45	Out-of-Network
US RPR B-SCAN&/R-T IMG LMTD	76775	CPT		both		1 unit	\$ 2,161.00	\$ 972.45	Out-of-Network
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT		both		1 unit	\$ 2,019.12	\$ 908.60	Out-of-Network
Ultrasound, spinal canal and contents	76800	CPT		both		1 unit	\$ 1,060.00	\$ 477.00	Out-of-Network
ULTRASOUND 14 WK TABDL 1/1ST GESTATION	76801	CPT		both		1 unit	\$ 1,673.00	\$ 752.85	Out-of-Network
US PREG UTERUS 14 WK TRANSABDL EACH ADDL GESTATION	76802	CPT		both		1 unit	\$ 1,336.00	\$ 601.20	Out-of-Network
ULTRASOUND AFTER 1ST TRI 1/1ST GESTATION	76805	CPT		both		1 unit	\$ 1,906.00	\$ 857.70	Out-of-Network
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT		both		1 unit	\$ 1,923.00	\$ 865.35	Out-of-Network
US OB DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	76811	CPT		both		1 unit	\$ 2,417.20	\$ 1,087.74	Out-of-Network
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT		both		1 unit	\$ 2,604.60	\$ 1,172.07	Out-of-Network
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT		both		1 unit	\$ 2,494.00	\$ 1,122.30	Out-of-Network
Ultrasound, pregnant uterus, real time with image documentat...	76814	CPT		both		1 unit	\$ 718.00	\$ 323.10	Out-of-Network
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT		both		1 unit	\$ 2,166.00	\$ 974.70	Out-of-Network
US, preg uterus, real time w/ image doc, follow-up, transabd approach, per	76816	CPT		both		1 unit	\$ 1,367.00	\$ 615.15	Out-of-Network
US PG UTER R-T IMG TRVG	76817	CPT		both		1 unit	\$ 1,735.00	\$ 780.75	Out-of-Network
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE; Doppler echocardi	76827	CPT		both		1 unit	\$ 1,063.34	\$ 478.50	Out-of-Network
US TRVG	76830	CPT		both		1 unit	\$ 2,082.00	\$ 936.90	Out-of-Network
US PELVIC NONOB REAL-TIME IMG COMPLETE	76856	CPT		both		1 unit	\$ 2,418.00	\$ 1,088.10	Out-of-Network
US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	76857	CPT		both		1 unit	\$ 2,018.00	\$ 908.10	Out-of-Network
US SCROTUM&CNTS	76870	CPT		both		1 unit	\$ 2,197.00	\$ 988.65	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG COMPL	76881	CPT		both		1 unit	\$ 1,554.00	\$ 699.30	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG LMTD	76882	CPT		both		1 unit	\$ 628.00	\$ 282.60	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; dynamic	76885	CPT		both		1 unit	\$ 1,354.80	\$ 609.66	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; limited, stat	76886	CPT		both		1 unit	\$ 880.50	\$ 396.23	Out-of-Network
US GUIDE VASCULAR ACCESS	76937	CPT		both		1 unit	\$ 1,965.00	\$ 884.25	Out-of-Network
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT		both		1 unit	\$ 2,374.40	\$ 1,068.48	Out-of-Network
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT		both		1 unit	\$ 1,417.68	\$ 637.96	Out-of-Network
Unlisted US Procedure	76999	CPT		both		1 unit	\$ 1,925.00	\$ 866.25	Out-of-Network
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT		both		1 unit	\$ 1,016.10	\$ 457.25	Out-of-Network
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT		both		1 unit	\$ 1,140.10	\$ 513.05	Out-of-Network
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT		both		1 unit	\$ 1,104.10	\$ 496.85	Out-of-Network
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT		both		1 unit	\$ 1,703.10	\$ 766.40	Out-of-Network
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT		both		1 unit	\$ 11,629.68	\$ 5,233.36	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT		both		1 unit	\$ 6,005.28	\$ 2,702.38	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT		both		1 unit	\$ 6,223.92	\$ 2,800.76	Out-of-Network
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT		both		1 unit	\$ 9,546.24	\$ 4,295.81	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD BILATERAL	77049	CPT		both		1 unit	\$ 9,747.36	\$ 4,386.31	Out-of-Network
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT		both		1 unit	\$ 1,434.96	\$ 645.73	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	77065	CPT		both		1 unit	\$ 1,702.68	\$ 766.21	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	CPT		both		1 unit	\$ 2,145.72	\$ 965.57	Out-of-Network
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT		both		1 unit	\$ 3,486.48	\$ 1,568.92	Out-of-Network
BONE AGE STUDIES	77072	CPT		both		1 unit	\$ 353.88	\$ 159.25	Out-of-Network
BONE LENGTH STUDIES	77073	CPT		both		1 unit	\$ 612.00	\$ 275.40	Out-of-Network

Radiologic examination, osseous survey; limited (eg, for metastases)	77074	CPT		both		1 unit	\$ 907.00	\$ 408.15	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	77075	CPT		both		1 unit	\$ 1,359.48	\$ 611.77	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT		both		1 unit	\$ 3,786.00	\$ 1,703.70	Out-of-Network
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT		both		1 unit	\$ 3,751.00	\$ 1,687.95	Out-of-Network
CT BONE MINERAL DENSITY STUDY 1+ SITS APPND	77079	CPT		both		1 unit	\$ 1,177.00	\$ 529.65	Out-of-Network
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT		both		1 unit	\$ 516.36	\$ 232.36	Out-of-Network
DXA BONE DENSITY STUDY AXIAL SKELETON	77085	CPT		both		1 unit	\$ 701.76	\$ 315.79	Out-of-Network
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT		both		1 unit	\$ 2,191.92	\$ 986.36	Out-of-Network
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT		both		1 unit	\$ 6,022.80	\$ 2,710.26	Out-of-Network
PARATHYROID PLANAR IMAGING	78070	CPT		both		1 unit	\$ 7,408.32	\$ 3,333.74	Out-of-Network
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT		both		1 unit	\$ 8,848.56	\$ 3,981.85	Out-of-Network
ADRNL IMG CORTEX&/MEDULLA	78075	CPT		both		1 unit	\$ 5,480.50	\$ 2,466.23	Out-of-Network
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT		both		1 unit	\$ 4,993.44	\$ 2,247.05	Out-of-Network
HIDA SCAN - HEPATBL DUX SYS IMG GLBLDR	78223	CPT		both		1 unit	\$ 3,800.99	\$ 1,710.45	Out-of-Network
HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT		both		1 unit	\$ 8,202.24	\$ 3,691.01	Out-of-Network
HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT		both		1 unit	\$ 11,023.44	\$ 4,960.55	Out-of-Network
INTESTINE IMAGING	78290	CPT		both		1 unit	\$ 8,328.24	\$ 3,747.71	Out-of-Network
B1&/JT IMG WHBDY	78306	CPT		both		1 unit	\$ 3,731.40	\$ 1,679.13	Out-of-Network
B1&/JT IMG 3 PHASE STD	78315	CPT		both		1 unit	\$ 4,368.36	\$ 1,965.76	Out-of-Network
B1&/JT IMG TOMOG SPECT	78320	CPT		both		1 unit	\$ 1,398.77	\$ 629.45	Out-of-Network
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT		both		1 unit	\$ 5,930.52	\$ 2,668.73	Out-of-Network
CARD BPI GTD =BRM PLNR 1 STD REST/STRS	78472	CPT		both		1 unit	\$ 2,883.12	\$ 1,297.40	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT	QW	both		1 unit	\$ 2,959.80	\$ 1,331.91	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78708	CPT	QW	both		1 unit	\$ 5,919.60	\$ 2,663.82	Out-of-Network
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT		both		1 unit	\$ 3,189.00	\$ 1,435.05	Out-of-Network
RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	78803	CPT	QW	both		1 unit	\$ 4,806.36	\$ 2,162.86	Out-of-Network
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT	QW	both		1 unit	\$ 8,148.72	\$ 3,666.92	Out-of-Network
NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	78808	CPT		both		1 unit	\$ 1,591.11	\$ 716.00	Out-of-Network
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT	QW	both		1 unit	\$ 386.30	\$ 173.84	Out-of-Network
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT	QW	both		1 unit	\$ 408.39	\$ 183.78	Out-of-Network
GENERAL HLTH PANEL	80050	CPT		both		1 unit	\$ 414.02	\$ 186.31	Out-of-Network
ELECTROLYTE PANEL	80051	CPT		both		1 unit	\$ 421.28	\$ 189.58	Out-of-Network
COMPRE METAB PANEL	80053	CPT		both		1 unit	\$ 823.85	\$ 370.73	Out-of-Network
OBSTETRIC PANEL	80055	CPT		both		1 unit	\$ 478.10	\$ 215.15	Out-of-Network
LIPID PANEL	80061	CPT		both		1 unit	\$ 419.89	\$ 188.95	Out-of-Network
RENAL FUNCTION PANEL	80069	CPT		both		1 unit	\$ 123.28	\$ 55.48	Out-of-Network
AQT HEP PANEL	80074	CPT		both		1 unit	\$ 834.44	\$ 375.50	Out-of-Network
HEPATC FUNCJ PANEL	80076	CPT		both		1 unit	\$ 430.05	\$ 193.52	Out-of-Network
OBSTETRIC PANEL (includes HIV testing)	80081	CPT		both		1 unit	\$ 1,062.83	\$ 478.27	Out-of-Network
DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	80100	CPT		both		1 unit	\$ 348.27	\$ 156.72	Out-of-Network
DRUG ASSAY ACETAMINOPHEN	80143	CPT		both		1 unit	\$ 186.40	\$ 83.88	Out-of-Network
Carbamazepine; total	80156	CPT		both		1 unit	\$ 239.57	\$ 107.81	Out-of-Network
ASSAY OF DIGOXIN	80162	CPT		both		1 unit	\$ 133.33	\$ 60.00	Out-of-Network
Valproic acid (dipropylacetic acid); total	80164	CPT	QW	both		1 unit	\$ 222.90	\$ 100.31	Out-of-Network
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT		both		1 unit	\$ 192.28	\$ 86.53	Out-of-Network
Ethosuximide(Zarontin)	80168	CPT		both		1 unit	\$ 163.40	\$ 73.53	Out-of-Network
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT		both		1 unit	\$ 232.53	\$ 104.64	Out-of-Network
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT		both		1 unit	\$ 103.85	\$ 46.73	Out-of-Network
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT		both		1 unit	\$ 104.54	\$ 47.04	Out-of-Network

LITHIUM	80178	CPT		both		1 unit	\$ 89.46	\$ 40.26	Out-of-Network
DRUG ASSAY SALICYLATE	80179	CPT		both		1 unit	\$ 186.40	\$ 83.88	Out-of-Network
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT		both		1 unit	\$ 188.14	\$ 84.66	Out-of-Network
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT		both		1 unit	\$ 175.95	\$ 79.18	Out-of-Network
ASSAY OF PHENYTOIN TOTAL	80185	CPT		both		1 unit	\$ 218.07	\$ 98.13	Out-of-Network
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT		both		1 unit	\$ 137.60	\$ 61.92	Out-of-Network
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT		both		1 unit	\$ 137.30	\$ 61.79	Out-of-Network
TACROLIMUS	80197	CPT		both		1 unit	\$ 530.37	\$ 238.67	Out-of-Network
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT	QW	both		1 unit	\$ 200.79	\$ 90.36	Out-of-Network
Topiramate	80201	CPT		both		1 unit	\$ 196.10	\$ 88.25	Out-of-Network
DRUG SCREEN QUANT VANCOMYCIN	80202	CPT		both		1 unit	\$ 346.52	\$ 155.93	Out-of-Network
Zonisamide	80203	CPT		both		1 unit	\$ 132.50	\$ 59.63	Out-of-Network
Hydroxychloroquine	80220	CPT		both		1 unit	\$ 186.40	\$ 83.88	Out-of-Network
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT		both		1 unit	\$ 186.40	\$ 83.88	Out-of-Network
DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	80305	CPT		both		1 unit	\$ 345.32	\$ 155.39	Out-of-Network
DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS 14	80307	CPT		both		1 unit	\$ 701.52	\$ 315.68	Out-of-Network
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT		both		1 unit	\$ 339.73	\$ 152.88	Out-of-Network
Alkaloids, not otherwise specified	80323	CPT		both		1 unit	\$ 339.73	\$ 152.88	Out-of-Network
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
Analgesics, non-opioid; 1 or 2	80329	CPT		both		1 unit	\$ 398.51	\$ 179.33	Out-of-Network
DRUG SCREEN ANALGESICS NON-OPIOID 3-5	80330	CPT		both		1 unit	\$ 398.51	\$ 179.33	Out-of-Network
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT		both		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
Antiepileptics, not otherwise specified; 1-3	80339	CPT		both		1 unit	\$ 339.73	\$ 152.88	Out-of-Network
DRUG SCREENING BENZODIAZEPINES 13 OR MORE	80347	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING BUPRENORPHINE	80348	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING COCAINE	80353	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING FENTANYL	80354	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING METHADONE	80358	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING OXYCODONE	80365	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING TAPENTADOL	80372	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG SCREENING TRAMADOL	80373	CPT	QW	both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT		both		1 unit	\$ 345.42	\$ 155.44	Out-of-Network
ACTH stimulation panel; for adrenal insufficiency	80400	CPT		both		1 unit	\$ 326.20	\$ 146.79	Out-of-Network
URNLS DIP STICK/TABLET RGNT NON-AUTO MIC	81000	CPT		both		1 unit	\$ 194.47	\$ 87.51	Out-of-Network
URINALYSIS - URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	CPT		both		1 unit	\$ 117.32	\$ 52.79	Out-of-Network
URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MIC	81002	CPT		both		1 unit	\$ 194.47	\$ 87.51	Out-of-Network
URINALYSIS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	CPT		both		1 unit	\$ 194.47	\$ 87.51	Out-of-Network
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT		both		1 unit	\$ 21.70	\$ 9.77	Out-of-Network
Urinalysis; bacteriuria screen, except by culture or dipstick	81007	CPT		both		1 unit	\$ 299.80	\$ 134.91	Out-of-Network
Urinalysis, microscopic only	81015	CPT		both		1 unit	\$ 100.41	\$ 45.18	Out-of-Network
URINALYSIS 2/3 GLASS TEST	81020	CPT		both		1 unit	\$ 47.00	\$ 21.15	Out-of-Network
URINE PREGNANCY TST VIS COLOR CMPRSN METHS	81025	CPT		both		1 unit	\$ 143.36	\$ 64.51	Out-of-Network
BRCA1 (BRCA1, DNA repair associated)	81215	CPT		both		1 unit	\$ 3,752.50	\$ 1,688.63	Out-of-Network
BRCA2 (BRCA2, DNA repair associated)	81217	CPT		both		1 unit	\$ 3,752.50	\$ 1,688.63	Out-of-Network
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT		both		1 unit	\$ 656.90	\$ 295.61	Out-of-Network
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT		both		1 unit	\$ 843.76	\$ 379.69	Out-of-Network
HFE (hemochromatosis) gene analysis, common variants	81256	CPT		both		1 unit	\$ 653.60	\$ 294.12	Out-of-Network

JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT		both		1 unit	\$ 916.60	\$ 412.47	Out-of-Network
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT		both		1 unit	\$ 653.40	\$ 294.03	Out-of-Network
Hereditary breast cancer-related disorders	81432	CPT		both		1 unit	\$ 10,500.00	\$ 4,725.00	Out-of-Network
Targeted genomic sequence analysis panel, solid organ or hematolymphoid	81455	CPT	QW	both		1 unit	\$ 5,200.00	\$ 2,340.00	Out-of-Network
Infect dis, vagin & vaginitis, quan amp of DNA mrk	81514	CPT		both		1 unit	\$ 1,420.14	\$ 639.06	Out-of-Network
Infect dis,vaginosis& vaginitis, real-time PCR amp of DNA	81515	CPT	QW	both		1 unit	\$ 2,629.90	\$ 1,183.46	Out-of-Network
UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	81599	CPT		both		1 unit	\$ 700.00	\$ 315.00	Out-of-Network
ACETALDEHYDE BLD	82000	CPT	QW	both		1 unit	\$ 90.16	\$ 40.57	Out-of-Network
KETONE BODIES SERUM QUALITATIVE	82009	CPT		both		1 unit	\$ 68.89	\$ 31.00	Out-of-Network
ACETONE/OTH KETONE BODIES SERUM QUAN	82010	CPT		both		1 unit	\$ 54.63	\$ 24.58	Out-of-Network
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT		both		1 unit	\$ 386.20	\$ 173.79	Out-of-Network
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT		both		1 unit	\$ 49.53	\$ 22.29	Out-of-Network
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT		both		1 unit	\$ 77.80	\$ 35.01	Out-of-Network
URINE ALBUMIN QUANTITATIVE	82043	CPT		both		1 unit	\$ 82.11	\$ 36.95	Out-of-Network
ALCOHOL BRTH	82075	CPT		both		1 unit	\$ 152.57	\$ 68.66	Out-of-Network
Alcohol (ethyl); any spec exc U/A & brth immo,enz	82077	CPT		both		1 unit	\$ 173.00	\$ 77.85	Out-of-Network
ASSAY OF ALDOLASE	82085	CPT	QW	both		1 unit	\$ 97.10	\$ 43.70	Out-of-Network
ASSAY OF ALDOSTERONE	82088	CPT		both		1 unit	\$ 407.50	\$ 183.38	Out-of-Network
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT		both		1 unit	\$ 134.40	\$ 60.48	Out-of-Network
ALPHA-FETOPROTEIN SERUM	82105	CPT		both		1 unit	\$ 186.40	\$ 83.88	Out-of-Network
AMINOLEVULINIC ACID DELTA	82135	CPT		both		1 unit	\$ 259.56	\$ 116.80	Out-of-Network
Ammonia	82140	CPT		both		1 unit	\$ 131.70	\$ 59.27	Out-of-Network
AMYLASE	82150	CPT		both		1 unit	\$ 318.23	\$ 143.20	Out-of-Network
ANGIOTENSIN I-CONVERTING ENZYME	82164	CPT		both		1 unit	\$ 146.00	\$ 65.70	Out-of-Network
Anti-mullerian hormone (AMH)	82166	CPT	QW	both		1 unit	\$ 386.20	\$ 173.79	Out-of-Network
APOLIPOPROTEIN EACH	82172	CPT		both		1 unit	\$ 210.90	\$ 94.91	Out-of-Network
ASSAY OF ARSENIC	82175	CPT		both		1 unit	\$ 210.80	\$ 94.86	Out-of-Network
Ascorbic acid (Vitamin C), blood	82180	CPT	QW	both		1 unit	\$ 98.90	\$ 44.51	Out-of-Network
ATOMIC ABSRPJ SPECTROSCOPY EA ANAL	82190	CPT		both		1 unit	\$ 186.60	\$ 83.97	Out-of-Network
Bile acids; total	82239	CPT	QW	both		1 unit	\$ 171.20	\$ 77.04	Out-of-Network
BILIRUBIN TOT	82247	CPT		both		1 unit	\$ 118.00	\$ 53.10	Out-of-Network
Bilirubin; direct	82248	CPT		both		1 unit	\$ 41.24	\$ 18.56	Out-of-Network
BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	82270	CPT		both		1 unit	\$ 229.83	\$ 103.42	Out-of-Network
Blood, occult, by peroxidase activity (eg, guaiac), qualit...	82271	CPT	QW	both		1 unit	\$ 32.73	\$ 14.73	Out-of-Network
BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	82272	CPT	QW	both		1 unit	\$ 176.79	\$ 79.56	Out-of-Network
BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT		both		1 unit	\$ 118.74	\$ 53.43	Out-of-Network
CADMIUM	82300	CPT		both		1 unit	\$ 257.20	\$ 115.74	Out-of-Network
VITAMIN D 25 HYDROXY QUAN D3 and D2	82306	CPT	QW	both		1 unit	\$ 245.59	\$ 110.52	Out-of-Network
ASSAY OF CALCITONIN	82308	CPT		both		1 unit	\$ 267.90	\$ 120.56	Out-of-Network
CALCIUM TOT	82310	CPT		both		1 unit	\$ 134.12	\$ 60.35	Out-of-Network
Calcium; ionized	82330	CPT		both		1 unit	\$ 224.96	\$ 101.23	Out-of-Network
Calculus; qualitative analysis	82355	CPT		both		1 unit	\$ 190.42	\$ 85.69	Out-of-Network
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT	QW	both		1 unit	\$ 180.60	\$ 81.27	Out-of-Network
CARBON DIOXIDE	82374	CPT		both		1 unit	\$ 117.13	\$ 52.71	Out-of-Network
Carboxyhemoglobin; quantitative	82375	CPT	QW	both		1 unit	\$ 202.62	\$ 91.18	Out-of-Network
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT		both		1 unit	\$ 269.22	\$ 121.15	Out-of-Network
CERULOPLASMIN	82390	CPT		both		1 unit	\$ 133.17	\$ 59.93	Out-of-Network
CHEMILUMINESCENT ASSAY	82397	CPT		both		1 unit	\$ 141.20	\$ 63.54	Out-of-Network
CHLORIDE BLD	82435	CPT		both		1 unit	\$ 97.07	\$ 43.68	Out-of-Network

CHLORIDE URINE	82436	CPT		both		1 unit	\$ 57.50	\$ 25.88	Out-of-Network
CHOLESTEROL SERUM/WHL BLD TOT	82465	CPT		both		1 unit	\$ 160.60	\$ 72.27	Out-of-Network
CHROM QUAN COLUMN 1 ANAL NES	82491	CPT		both		1 unit	\$ 75.23	\$ 33.85	Out-of-Network
ASSAY OF COPPER	82525	CPT	QW	both		1 unit	\$ 133.17	\$ 59.93	Out-of-Network
CORTISOL FREE	82530	CPT		both		1 unit	\$ 274.83	\$ 123.67	Out-of-Network
Cortisol; total (Random)	82533	CPT		both		1 unit	\$ 231.38	\$ 104.12	Out-of-Network
CREATINE	82540	CPT		both		1 unit	\$ 103.43	\$ 46.54	Out-of-Network
COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	82541	CPT	QW	both		1 unit	\$ 182.87	\$ 82.29	Out-of-Network
COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT	QW	both		1 unit	\$ 240.90	\$ 108.41	Out-of-Network
CREATINE KINASE TOT	82550	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
CREATINE KINASE ISOENZYMES	82552	CPT		both		1 unit	\$ 264.30	\$ 118.94	Out-of-Network
CKMB - CREATINE KINASE MB FXJ ONLY	82553	CPT		both		1 unit	\$ 397.79	\$ 179.01	Out-of-Network
CREATINE KINASE ISOFORMS	82554	CPT		both		1 unit	\$ 309.21	\$ 139.14	Out-of-Network
Creatinine; blood	82565	CPT		both		1 unit	\$ 221.00	\$ 99.45	Out-of-Network
CREATININE OTHER SOURCE	82570	CPT		both		1 unit	\$ 73.49	\$ 33.07	Out-of-Network
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT		both		1 unit	\$ 64.70	\$ 29.12	Out-of-Network
CYANOCOBALAMIN	82607	CPT		both		1 unit	\$ 111.38	\$ 50.12	Out-of-Network
Dehydroepiandrosterone-sulfate (DHEA-S)	82627	CPT		both		1 unit	\$ 365.75	\$ 164.59	Out-of-Network
DIHYDROTESTOSTERONE (DHT)	82642	CPT		both		1 unit	\$ 292.80	\$ 131.76	Out-of-Network
1 25 DIHYDROXY D3 INCLUDES FRACTIONS IF PERFORMED	82652	CPT		both		1 unit	\$ 427.80	\$ 192.51	Out-of-Network
Elastase, pancreatic (EL-1), fecal; quantitative	82653	CPT		both		1 unit	\$ 229.70	\$ 103.37	Out-of-Network
ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	82656	CPT		both		1 unit	\$ 12.81	\$ 5.76	Out-of-Network
NZM ACTV CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT		both		1 unit	\$ 224.62	\$ 101.08	Out-of-Network
Erythropoietin	82668	CPT		both		1 unit	\$ 187.90	\$ 84.56	Out-of-Network
ASSAY OF ESTRADIOL	82670	CPT		both		1 unit	\$ 220.34	\$ 99.15	Out-of-Network
ASSAY OF ESTROGENS FRACTIONATED	82671	CPT		both		1 unit	\$ 358.90	\$ 161.51	Out-of-Network
ASSAY OF ESTROGENS TOTAL	82672	CPT		both		1 unit	\$ 68.94	\$ 31.02	Out-of-Network
ASSAY OF ESTRIBOL	82677	CPT		both		1 unit	\$ 241.80	\$ 108.81	Out-of-Network
ASSAY OF ESTRONE	82679	CPT		both		1 unit	\$ 249.50	\$ 112.28	Out-of-Network
ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	82681	CPT		both		1 unit	\$ 279.40	\$ 125.73	Out-of-Network
ASSAY OF ETHYLENE GLYCOL	82693	CPT		both		1 unit	\$ 149.00	\$ 67.05	Out-of-Network
FAT/LIPIDS FECES QUALITATIVE	82705	CPT		both		1 unit	\$ 72.34	\$ 32.55	Out-of-Network
Fatty acids, nonesterified	82725	CPT		both		1 unit	\$ 187.70	\$ 84.47	Out-of-Network
ASSAY OF FERRITIN	82728	CPT		both		1 unit	\$ 224.23	\$ 100.90	Out-of-Network
Folic Acid; Serum	82746	CPT		both		1 unit	\$ 241.87	\$ 108.84	Out-of-Network
ASSAY OF FOLIC ACID RBC	82747	CPT		both		1 unit	\$ 192.50	\$ 86.63	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	82784	CPT	QW	both		1 unit	\$ 153.00	\$ 68.85	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGE	82785	CPT		both		1 unit	\$ 164.60	\$ 74.07	Out-of-Network
GASES BLD PH ONLY	82800	CPT	QW	both		1 unit	\$ 197.12	\$ 88.70	Out-of-Network
GASES BLD,any combination including calculated O2 saturation	82803	CPT		both		1 unit	\$ 579.43	\$ 260.74	Out-of-Network
ASSAY OF GASTRIN	82941	CPT	QW	both		1 unit	\$ 290.04	\$ 130.52	Out-of-Network
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT		both		1 unit	\$ 132.54	\$ 59.64	Out-of-Network
GLUC QUAN BLD	82947	CPT	QW	both		1 unit	\$ 166.59	\$ 74.97	Out-of-Network
GLUC BLD RGNT STRIP	82948	CPT	QW	both		1 unit	\$ 116.97	\$ 52.64	Out-of-Network
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT	QW	both		1 unit	\$ 211.67	\$ 95.25	Out-of-Network
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT		both		1 unit	\$ 97.00	\$ 43.65	Out-of-Network
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT		both		1 unit	\$ 104.31	\$ 46.94	Out-of-Network
ASSAY OF GLUCOSIDASE BETA	82963	CPT		both		1 unit	\$ 169.45	\$ 76.25	Out-of-Network
GGT - GLUTAMYLTRASE GAMMA	82977	CPT		both		1 unit	\$ 116.97	\$ 52.64	Out-of-Network

Gonadotropin; follicle stimulating hormone (FSH)	83001	CPT	QW	both		1	unit	\$	305.62	\$	137.53	Out-of-Network
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT		both		1	unit	\$	304.53	\$	137.04	Out-of-Network
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT		both		1	unit	\$	185.20	\$	83.34	Out-of-Network
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT		both		1	unit	\$	125.80	\$	56.61	Out-of-Network
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT	QW	both		1	unit	\$	748.40	\$	336.78	Out-of-Network
HEMOGLOBIN FRACT//QUANTJ ELECTROPHORESIS	83020	CPT		both		1	unit	\$	128.70	\$	57.92	Out-of-Network
Hemoglobin; glycosylated (A1c)	83036	CPT		both		1	unit	\$	97.46	\$	43.86	Out-of-Network
Hemoglobin; plasma	83051	CPT		both		1	unit	\$	73.10	\$	32.90	Out-of-Network
ASSAY OF HOMOCYSTEINE	83090	CPT		both		1	unit	\$	179.20	\$	80.64	Out-of-Network
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT		both		1	unit	\$	129.00	\$	58.05	Out-of-Network
IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	83516	CPT		both		1	unit	\$	163.76	\$	73.69	Out-of-Network
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT		both		1	unit	\$	213.10	\$	95.90	Out-of-Network
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT		both		1	unit	\$	217.28	\$	97.78	Out-of-Network
ASSAY OF INSULIN TOTAL	83525	CPT	QW	both		1	unit	\$	188.00	\$	84.60	Out-of-Network
Iron	83540	CPT		both		1	unit	\$	106.50	\$	47.93	Out-of-Network
IRON BNDNG CAP (Transferrin Saturation)	83550	CPT		both		1	unit	\$	242.21	\$	108.99	Out-of-Network
LACTATE DEHYDROGENASE LD,LDH	83615	CPT		both		1	unit	\$	179.31	\$	80.69	Out-of-Network
LACTOFERRIN FECAL (QUAL)	83630	CPT		both		1	unit	\$	309.70	\$	139.37	Out-of-Network
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT		both		1	unit	\$	278.76	\$	125.44	Out-of-Network
ASSAY OF LEAD	83655	CPT	QW	both		1	unit	\$	134.50	\$	60.53	Out-of-Network
FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	83663	CPT	QW	both		1	unit	\$	189.10	\$	85.10	Out-of-Network
FETAL LUNG MATURITY LAMELLAR BODY DENSITY	83664	CPT		both		1	unit	\$	193.20	\$	86.94	Out-of-Network
LIPASE	83690	CPT		both		1	unit	\$	221.00	\$	99.45	Out-of-Network
ASSAY OF LIPOPROTEIN(A)	83695	CPT		both		1	unit	\$	143.20	\$	64.44	Out-of-Network
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT		both		1	unit	\$	463.10	\$	208.40	Out-of-Network
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT		both		1	unit	\$	116.38	\$	52.37	Out-of-Network
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT		both		1	unit	\$	135.47	\$	60.96	Out-of-Network
MAGNESIUM	83735	CPT		both		1	unit	\$	238.67	\$	107.40	Out-of-Network
Mass spectrometry and tandem mass spectrometry, NES	83789	CPT	QW	both		1	unit	\$	241.10	\$	108.50	Out-of-Network
ASSAY OF MERCURY QUANTITATIVE	83825	CPT		both		1	unit	\$	180.60	\$	81.27	Out-of-Network
ASSAY OF METANEPHRINES	83835	CPT		both		1	unit	\$	188.20	\$	84.69	Out-of-Network
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT		both		1	unit	\$	58.60	\$	26.37	Out-of-Network
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT		both		1	unit	\$	244.26	\$	109.92	Out-of-Network
MYOGLOBIN	83874	CPT		both		1	unit	\$	259.89	\$	116.95	Out-of-Network
BNP - B TYPE NATRIURETIC PEPTIDE	83880	CPT	QW	both		1	unit	\$	486.17	\$	218.78	Out-of-Network
OLIGOCLONAL IMMUNE	83916	CPT		both		1	unit	\$	273.90	\$	123.26	Out-of-Network
ORGANIC ACID 1 QUANTITATIVE	83921	CPT	QW	both		1	unit	\$	212.10	\$	95.45	Out-of-Network
Osmolality: Blood	83930	CPT		both		1	unit	\$	81.03	\$	36.46	Out-of-Network
Osmolality: Urine	83935	CPT		both		1	unit	\$	81.03	\$	36.46	Out-of-Network
ASSAY OF PARATHORMONE	83970	CPT		both		1	unit	\$	586.04	\$	263.72	Out-of-Network
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT		both		1	unit	\$	58.93	\$	26.52	Out-of-Network
ASSAY OF CALPROTECTIN FECAL	83993	CPT		both		1	unit	\$	21.81	\$	9.81	Out-of-Network
Phosphatase, alkaline;	84075	CPT	QW	both		1	unit	\$	51.51	\$	23.18	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT		both		1	unit	\$	82.60	\$	37.17	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT		both		1	unit	\$	164.30	\$	73.94	Out-of-Network
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT		both		1	unit	\$	78.00	\$	35.10	Out-of-Network
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT		both		1	unit	\$	133.17	\$	59.93	Out-of-Network
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT		both		1	unit	\$	116.04	\$	52.22	Out-of-Network
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT		both		1	unit	\$	197.21	\$	88.74	Out-of-Network

POTASSIUM URINE	84133	CPT		both		1	unit	\$	47.90	\$	21.56	Out-of-Network
Prealbumin	84134	CPT		both		1	unit	\$	138.86	\$	62.49	Out-of-Network
PREGNENOLONE	84140	CPT		both		1	unit	\$	229.70	\$	103.37	Out-of-Network
ASSAY OF PROGESTERONE	84144	CPT	QW	both		1	unit	\$	329.13	\$	148.11	Out-of-Network
Procalcitonin (PCT)	84145	CPT		both		1	unit	\$	440.61	\$	198.27	Out-of-Network
Prolactin	84146	CPT	QW	both		1	unit	\$	318.78	\$	143.45	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	84152	CPT		both		1	unit	\$	261.17	\$	117.53	Out-of-Network
Prostate specific antigen (PSA); total	84153	CPT		both		1	unit	\$	224.68	\$	101.11	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT		both		1	unit	\$	235.06	\$	105.78	Out-of-Network
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT		both		1	unit	\$	44.18	\$	19.88	Out-of-Network
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT		both		1	unit	\$	52.10	\$	23.45	Out-of-Network
PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	84157	CPT		both		1	unit	\$	28.29	\$	12.73	Out-of-Network
PROTEIN TOTAL REFRACTOMETRY ANY SRC	84160	CPT		both		1	unit	\$	56.10	\$	25.25	Out-of-Network
PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	84165	CPT		both		1	unit	\$	107.40	\$	48.33	Out-of-Network
PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATION	84166	CPT		both		1	unit	\$	132.60	\$	59.67	Out-of-Network
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT		both		1	unit	\$	170.30	\$	76.64	Out-of-Network
Protoporphyrin, RBC; quantitative	84202	CPT		both		1	unit	\$	143.50	\$	64.58	Out-of-Network
ASSAY OF PROINSULIN	84206	CPT	QW	both		1	unit	\$	266.90	\$	120.11	Out-of-Network
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT		both		1	unit	\$	312.20	\$	140.49	Out-of-Network
Receptor assay; non-endocrine (specify receptor)	84238	CPT		both		1	unit	\$	365.70	\$	164.57	Out-of-Network
ASSAY OF RENIN	84244	CPT		both		1	unit	\$	219.90	\$	98.96	Out-of-Network
Riboflavin (Vitamin B-2)	84252	CPT		both		1	unit	\$	202.40	\$	91.08	Out-of-Network
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT		both		1	unit	\$	241.50	\$	108.68	Out-of-Network
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT		both		1	unit	\$	106.78	\$	48.05	Out-of-Network
ASSAY OF URINE SODIUM	84300	CPT		both		1	unit	\$	69.00	\$	31.05	Out-of-Network
ASSAY OF SOMATOMEDIN	84305	CPT		both		1	unit	\$	271.75	\$	122.29	Out-of-Network
Testosterone; free	84402	CPT		both		1	unit	\$	401.81	\$	180.81	Out-of-Network
Testosterone; total	84403	CPT		both		1	unit	\$	424.67	\$	191.10	Out-of-Network
Testosterone; bioavailable, direct measurement (eg, diff precip)	84410	CPT	QW	both		1	unit	\$	512.80	\$	230.76	Out-of-Network
Thiamine (Vitamin B-1)	84425	CPT		both		1	unit	\$	107.18	\$	48.23	Out-of-Network
ASSAY OF THYROGLOBULIN	84432	CPT		both		1	unit	\$	160.60	\$	72.27	Out-of-Network
Thyroxine; total	84436	CPT		both		1	unit	\$	124.18	\$	55.88	Out-of-Network
THYROXINE FR t4	84439	CPT	QW	both		1	unit	\$	242.21	\$	108.99	Out-of-Network
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT	QW	both		1	unit	\$	164.30	\$	73.94	Out-of-Network
TSH - THYR STIMULATING HORM	84443	CPT		both		1	unit	\$	397.79	\$	179.01	Out-of-Network
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT	QW	both		1	unit	\$	508.60	\$	228.87	Out-of-Network
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT		both		1	unit	\$	141.80	\$	63.81	Out-of-Network
Transcortin (cortisol binding globulin)	84449	CPT		both		1	unit	\$	180.00	\$	81.00	Out-of-Network
TRANSFERASE ASPARTATE AMINO	84450	CPT		both		1	unit	\$	226.18	\$	101.78	Out-of-Network
TRANSFERASE ALANINE AMINO	84460	CPT		both		1	unit	\$	202.47	\$	91.11	Out-of-Network
ASSAY OF TRANSFERRIN	84466	CPT		both		1	unit	\$	181.24	\$	81.56	Out-of-Network
Triglycerides	84478	CPT		both		1	unit	\$	103.87	\$	46.74	Out-of-Network
THYR HORM UPTK/THYR HORM BNDNG RATIO	84479	CPT	QW	both		1	unit	\$	329.91	\$	148.46	Out-of-Network
TRIIODOTHYRO9 T3 TOT	84480	CPT		both		1	unit	\$	240.44	\$	108.20	Out-of-Network
TRIIODOTHYRO9 T3 FR	84481	CPT	QW	both		1	unit	\$	309.38	\$	139.22	Out-of-Network
Triiodothyronine T3; reverse	84482	CPT		both		1	unit	\$	126.55	\$	56.95	Out-of-Network
TROPONIN QUAN	84484	CPT		both		1	unit	\$	397.79	\$	179.01	Out-of-Network
TROPONIN QUAL	84512	CPT		both		1	unit	\$	233.81	\$	105.21	Out-of-Network
Urea nitrogen; quantitative	84520	CPT		both		1	unit	\$	192.73	\$	86.73	Out-of-Network

ASSAY OF UREA NITROGEN URINE	84540	CPT		both		1 unit	\$ 55.60	\$ 25.02	Out-of-Network
URIC ACID BLD	84550	CPT		both		1 unit	\$ 228.06	\$ 102.63	Out-of-Network
URIC ACID OTH SRC	84560	CPT		both		1 unit	\$ 207.37	\$ 93.32	Out-of-Network
ASSAY OF UROBILINOGEN URINE QUALITATIVE	84578	CPT		both		1 unit	\$ 44.70	\$ 20.12	Out-of-Network
UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	84580	CPT		both		1 unit	\$ 95.50	\$ 42.98	Out-of-Network
ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	84583	CPT		both		1 unit	\$ 60.50	\$ 27.23	Out-of-Network
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT		both		1 unit	\$ 377.10	\$ 169.70	Out-of-Network
ASSAY OF VITAMIN A	84590	CPT	QW	both		1 unit	\$ 116.10	\$ 52.25	Out-of-Network
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT		both		1 unit	\$ 170.60	\$ 76.77	Out-of-Network
ASSAY OF VOLATILES	84600	CPT		both		1 unit	\$ 171.10	\$ 77.00	Out-of-Network
ASSAY OF ZINC	84630	CPT		both		1 unit	\$ 126.50	\$ 56.93	Out-of-Network
ASSAY OF C-PEPTIDE	84681	CPT		both		1 unit	\$ 328.33	\$ 147.75	Out-of-Network
Gonadotropin, chorionic (hCG); quantitative	84702	CPT		both		1 unit	\$ 316.19	\$ 142.29	Out-of-Network
Gonadotropin, chorionic (hCG); qualitative	84703	CPT	QW	both		1 unit	\$ 321.75	\$ 144.79	Out-of-Network
BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	85004	CPT	QW	both		1 unit	\$ 64.70	\$ 29.12	Out-of-Network
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT	QW	both		1 unit	\$ 273.87	\$ 123.24	Out-of-Network
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT		both		1 unit	\$ 34.30	\$ 15.44	Out-of-Network
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT		both		1 unit	\$ 50.70	\$ 22.82	Out-of-Network
BLOOD COUNT SPUN MICROHEMATOCRIT	85013	CPT		both		1 unit	\$ 70.00	\$ 31.50	Out-of-Network
BLD# HEMATOCRIT	85014	CPT		both		1 unit	\$ 154.33	\$ 69.45	Out-of-Network
Blood count; hemoglobin (Hgb)	85018	CPT		both		1 unit	\$ 154.33	\$ 69.45	Out-of-Network
CBC-BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	85025	CPT		both		1 unit	\$ 309.38	\$ 139.22	Out-of-Network
Blood count; complete (CBC) w/o diff	85027	CPT		both		1 unit	\$ 224.53	\$ 101.04	Out-of-Network
BLD# MNL C-CNT RBC WBC/PLTLT EA	85032	CPT		both		1 unit	\$ 230.82	\$ 103.87	Out-of-Network
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT		both		1 unit	\$ 33.50	\$ 15.08	Out-of-Network
BLD# RETICULOCYTE MNL	85044	CPT		both		1 unit	\$ 151.51	\$ 68.18	Out-of-Network
Blood count; reticulocyte, automated	85045	CPT		both		1 unit	\$ 140.05	\$ 63.02	Out-of-Network
BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	85046	CPT		both		1 unit	\$ 55.70	\$ 25.07	Out-of-Network
AUTOMATED LEUKOCYTE COUNT	85048	CPT		both		1 unit	\$ 41.78	\$ 18.80	Out-of-Network
BLOOD COUNT PLATELET AUTOMATED	85049	CPT		both		1 unit	\$ 44.80	\$ 20.16	Out-of-Network
Reticulated platelet assay	85055	CPT		both		1 unit	\$ 357.40	\$ 160.83	Out-of-Network
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT		both		1 unit	\$ 339.66	\$ 152.85	Out-of-Network
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT		both		1 unit	\$ 250.59	\$ 112.77	Out-of-Network
CLOTTING FACTOR VIII AHG 1 STAGE	85240	CPT		both		1 unit	\$ 254.15	\$ 114.37	Out-of-Network
CLOTTING FACTOR VIII VW FACTOR ANTIGEN	85246	CPT		both		1 unit	\$ 325.68	\$ 146.56	Out-of-Network
Clotting; factor VIII, von Willebrand factor, multimeric analysis	85247	CPT		both		1 unit	\$ 229.40	\$ 103.23	Out-of-Network
CLOTTING FACTOR XI PTA	85270	CPT		both		1 unit	\$ 294.52	\$ 132.53	Out-of-Network
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT		both		1 unit	\$ 168.25	\$ 75.71	Out-of-Network
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT		both		1 unit	\$ 153.53	\$ 69.09	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT		both		1 unit	\$ 170.55	\$ 76.75	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT		both		1 unit	\$ 196.42	\$ 88.39	Out-of-Network
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT		both		1 unit	\$ 164.80	\$ 74.16	Out-of-Network
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT		both		1 unit	\$ 217.58	\$ 97.91	Out-of-Network
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT		both		1 unit	\$ 170.30	\$ 76.64	Out-of-Network
COAGULATION TIME LEE AND WHITE	85345	CPT		both		1 unit	\$ 61.18	\$ 27.53	Out-of-Network
COAGJ TM ACTIVATED	85347	CPT		both		1 unit	\$ 53.50	\$ 24.08	Out-of-Network
FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	85370	CPT		both		1 unit	\$ 124.30	\$ 55.94	Out-of-Network
D-DIMER - FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	85378	CPT		both		1 unit	\$ 227.71	\$ 102.47	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER QUAN	85379	CPT		both		1 unit	\$ 477.86	\$ 215.04	Out-of-Network

FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	85380	CPT		both		1 unit	\$ 493.80	\$ 222.21	Out-of-Network
Fibrinogen: Activity	85384	CPT		both		1 unit	\$ 139.70	\$ 62.87	Out-of-Network
Coagulation and fibrinolysis, functional activity, not otherwise specified (eg	85397	CPT	QW	both		1 unit	\$ 308.60	\$ 138.87	Out-of-Network
HEMOGLOBIN FETAL (KLEIHAUER-BETKE)	85460	CPT		both		1 unit	\$ 109.83	\$ 49.42	Out-of-Network
HEPARIN ASSAY	85520	CPT		both		1 unit	\$ 130.90	\$ 58.91	Out-of-Network
Muramidase	85549	CPT		both		1 unit	\$ 187.50	\$ 84.38	Out-of-Network
Platelet, aggregation (in vitro), each agent	85576	CPT		both		1 unit	\$ 173.00	\$ 77.85	Out-of-Network
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT		both		1 unit	\$ 229.66	\$ 103.35	Out-of-Network
PT - PROTHROMBIN TIME	85610	CPT		both		1 unit	\$ 259.89	\$ 116.95	Out-of-Network
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT		both		1 unit	\$ 136.05	\$ 61.22	Out-of-Network
SEDIMENTATION RATE RBC NON-AUTO	85651	CPT		both		1 unit	\$ 221.00	\$ 99.45	Out-of-Network
SEDIMENTATION RATE RBC AUTO	85652	CPT		both		1 unit	\$ 141.36	\$ 63.61	Out-of-Network
SICKLING RBC REDUCTION	85660	CPT		both		1 unit	\$ 55.10	\$ 24.80	Out-of-Network
THROMBIN TIME PLASMA	85670	CPT		both		1 unit	\$ 81.88	\$ 36.85	Out-of-Network
Thromboplastin inhibition, tissue	85705	CPT		both		1 unit	\$ 96.30	\$ 43.34	Out-of-Network
THROMBOPLASTIN TM PRTL PLSM/WHL BLD	85730	CPT		both		1 unit	\$ 245.19	\$ 110.34	Out-of-Network
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT		both		1 unit	\$ 64.70	\$ 29.12	Out-of-Network
AGGLUTININS FEBRILE EA AG	86000	CPT		both		1 unit	\$ 86.80	\$ 39.06	Out-of-Network
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT		both		1 unit	\$ 58.00	\$ 26.10	Out-of-Network
Allergen specific IgE; quantitative or semiquantitative, recombinant or purified	86008	CPT		both		1 unit	\$ 179.30	\$ 80.69	Out-of-Network
Actin (smooth muscle) antibody (ASMA), each	86015	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT		both		1 unit	\$ 247.66	\$ 111.45	Out-of-Network
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT		both		1 unit	\$ 204.10	\$ 91.85	Out-of-Network
Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	86036	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
Antinuclear antibodies (ANA)	86038	CPT		both		1 unit	\$ 218.76	\$ 98.44	Out-of-Network
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT		both		1 unit	\$ 183.54	\$ 82.59	Out-of-Network
Acetylcholine receptor (AChR); binding antibody	86041	CPT	QW	both		1 unit	\$ 184.00	\$ 82.80	Out-of-Network
Acetylcholine receptor (AChR); blocking antibody	86042	CPT		both		1 unit	\$ 184.00	\$ 82.80	Out-of-Network
Acetylcholine receptor (AChR); modulating antibody	86043	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based assay (CBA)	86052	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
ANTISTREPTOLYSIN O TITER	86060	CPT		both		1 unit	\$ 120.15	\$ 54.07	Out-of-Network
C-reactive protein	86140	CPT		both		1 unit	\$ 129.87	\$ 58.44	Out-of-Network
C-reactive protein; high sensitivity (hsCRP)	86141	CPT		both		1 unit	\$ 234.04	\$ 105.32	Out-of-Network
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT		both		1 unit	\$ 361.33	\$ 162.60	Out-of-Network
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT		both		1 unit	\$ 361.33	\$ 162.60	Out-of-Network
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT		both		1 unit	\$ 228.16	\$ 102.67	Out-of-Network
COLD AGGLUTININ TITER	86157	CPT		both		1 unit	\$ 63.60	\$ 28.62	Out-of-Network
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT		both		1 unit	\$ 189.29	\$ 85.18	Out-of-Network
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT		both		1 unit	\$ 148.29	\$ 66.73	Out-of-Network
Cyclic citrullinated peptide (CCP), antibody	86200	CPT		both		1 unit	\$ 202.75	\$ 91.24	Out-of-Network
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT		both		1 unit	\$ 225.93	\$ 101.67	Out-of-Network
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT		both		1 unit	\$ 282.90	\$ 127.31	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT	QW	both		1 unit	\$ 95.05	\$ 42.77	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	86256	CPT		both		1 unit	\$ 171.12	\$ 77.00	Out-of-Network
Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	86258	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT		both		1 unit	\$ 295.55	\$ 133.00	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT		both		1 unit	\$ 295.55	\$ 133.00	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT		both		1 unit	\$ 295.55	\$ 133.00	Out-of-Network

MONO - HTROPHL ANTIBODIES SCR	86308	CPT		both		1 unit	\$ 160.61	\$ 72.27	Out-of-Network
Heterophile antibodies; titer	86309	CPT		both		1 unit	\$ 64.70	\$ 29.12	Out-of-Network
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT		both		1 unit	\$ 149.90	\$ 67.46	Out-of-Network
IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	86325	CPT		both		1 unit	\$ 282.87	\$ 127.29	Out-of-Network
IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	86328	CPT		both		1 unit	\$ 450.00	\$ 200.00	Out-of-Network
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT		both		1 unit	\$ 119.80	\$ 53.91	Out-of-Network
IMMUNE COMPLEX ASSAY	86332	CPT		both		1 unit	\$ 243.70	\$ 109.67	Out-of-Network
IMMUNOFIXJ ELECTROPHORESIS SERUM	86334	CPT		both		1 unit	\$ 223.40	\$ 100.53	Out-of-Network
Insulin antibodies	86337	CPT		both		1 unit	\$ 136.45	\$ 61.40	Out-of-Network
ISLET CELL ANTIBODY	86341	CPT		both		1 unit	\$ 272.90	\$ 122.81	Out-of-Network
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT		both		1 unit	\$ 196.54	\$ 88.44	Out-of-Network
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT		both		1 unit	\$ 242.71	\$ 109.22	Out-of-Network
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT		both		1 unit	\$ 522.00	\$ 234.90	Out-of-Network
T CELLS ABSOLUTE CD4 COUNT	86361	CPT		both		1 unit	\$ 380.19	\$ 171.09	Out-of-Network
Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based assa	86362	CPT		both		1 unit	\$ 120.50	\$ 54.23	Out-of-Network
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT		both		1 unit	\$ 115.30	\$ 51.89	Out-of-Network
MICROSOMAL ANTIBODIES EACH	86376	CPT		both		1 unit	\$ 239.33	\$ 107.70	Out-of-Network
Mitochondrial antibody (eg, M2), each	86381	CPT		both		1 unit	\$ 254.50	\$ 114.53	Out-of-Network
NEUTRALIZATION TEST VIRAL	86382	CPT		both		1 unit	\$ 169.10	\$ 76.10	Out-of-Network
PART AGGLUJ SCR EA ANTB	86403	CPT		both		1 unit	\$ 201.94	\$ 90.87	Out-of-Network
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT		both		1 unit	\$ 106.40	\$ 47.88	Out-of-Network
SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	86413	CPT		both		1 unit	\$ 350.00	\$ 200.00	Out-of-Network
RHEUMATOID FACTOR QUAL	86430	CPT		both		1 unit	\$ 111.83	\$ 50.32	Out-of-Network
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT		both		1 unit	\$ 93.33	\$ 42.00	Out-of-Network
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	86480	CPT		both		1 unit	\$ 240.44	\$ 108.20	Out-of-Network
TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	86481	CPT		both		1 unit	\$ 1,000.00	\$ 450.00	Out-of-Network
SKN TST TUBERCULOSIS ID	86580	CPT		both		1 unit	\$ 26.53	\$ 11.94	Out-of-Network
Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoas	86581	CPT		both		1 unit	\$ 32.00	\$ 14.40	Out-of-Network
SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	86592	CPT		both		1 unit	\$ 53.14	\$ 23.91	Out-of-Network
Syphilis test, non-treponemal antibody; quantitative	86593	CPT		both		1 unit	\$ 44.21	\$ 19.89	Out-of-Network
ANTIBODY ACTINOMYCES	86602	CPT	QW	both		1 unit	\$ 101.80	\$ 45.81	Out-of-Network
ANTIBODY ASPERGILLUS	86606	CPT		both		1 unit	\$ 150.50	\$ 67.73	Out-of-Network
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT		both		1 unit	\$ 128.80	\$ 57.96	Out-of-Network
Antibody; Bartonella	86611	CPT		both		1 unit	\$ 129.03	\$ 58.06	Out-of-Network
ANTIBODY BORDETELLA	86615	CPT		both		1 unit	\$ 187.22	\$ 84.25	Out-of-Network
LYME DISEASE ANTIBODY	86617	CPT		both		1 unit	\$ 254.78	\$ 114.65	Out-of-Network
Antibody; Borrelia burgdorferi (Lyme disease)	86618	CPT		both		1 unit	\$ 153.94	\$ 69.27	Out-of-Network
Antibody; Brucella,	86622	CPT		both		1 unit	\$ 134.52	\$ 60.53	Out-of-Network
ANTIBODY CANDIDA	86628	CPT		both		1 unit	\$ 120.10	\$ 54.05	Out-of-Network
ANTB CHLAMYDIA	86631	CPT		both		1 unit	\$ 197.23	\$ 88.75	Out-of-Network
ANTIBODY COCCIDIOIDES	86635	CPT		both		1 unit	\$ 127.50	\$ 57.38	Out-of-Network
Antibody; Coxiella burnetii (Q fever)	86638	CPT		both		1 unit	\$ 134.52	\$ 60.53	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT		both		1 unit	\$ 227.01	\$ 102.15	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT		both		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
Antibody; encephalitis, Eastern equine	86652	CPT		both		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
Antibody; encephalitis, Western equine	86654	CPT		both		1 unit	\$ 129.03	\$ 58.06	Out-of-Network
Antibody; enterovirus (eg, coxsackie, echo, polio)	86658	CPT		both		1 unit	\$ 184.92	\$ 83.21	Out-of-Network
ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	86663	CPT		both		1 unit	\$ 372.05	\$ 167.42	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT		both		1 unit	\$ 241.27	\$ 108.57	Out-of-Network

ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT		both		1 unit	\$ 143.12	\$ 64.40	Out-of-Network
Antibody; Ehrlichia	86666	CPT		both		1 unit	\$ 147.97	\$ 66.59	Out-of-Network
Antibody; Francisella tularensis	86668	CPT		both		1 unit	\$ 171.10	\$ 77.00	Out-of-Network
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT	QW	both		1 unit	\$ 174.00	\$ 78.30	Out-of-Network
Antibody; Helicobacter pylori	86677	CPT		both		1 unit	\$ 238.72	\$ 107.42	Out-of-Network
ANTB HTLV/HIV ANTB CONFIRMATORY TST	86689	CPT		both		1 unit	\$ 325.29	\$ 146.38	Out-of-Network
ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	86694	CPT		both		1 unit	\$ 236.79	\$ 106.56	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 1	86695	CPT		both		1 unit	\$ 216.98	\$ 97.64	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 2	86696	CPT		both		1 unit	\$ 318.41	\$ 143.28	Out-of-Network
ANTB HIV-1	86701	CPT		both		1 unit	\$ 219.21	\$ 98.64	Out-of-Network
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT		both		1 unit	\$ 225.45	\$ 101.45	Out-of-Network
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT		both		1 unit	\$ 190.10	\$ 85.55	Out-of-Network
HEP B CORE ANTIBODY IGM	86705	CPT		both		1 unit	\$ 193.68	\$ 87.16	Out-of-Network
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT		both		1 unit	\$ 176.66	\$ 79.50	Out-of-Network
HEPATITIS A ANTIBODY HAAB	86708	CPT		both		1 unit	\$ 203.71	\$ 91.67	Out-of-Network
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT		both		1 unit	\$ 185.10	\$ 83.30	Out-of-Network
ANTB INF VIRUS	86710	CPT		both		1 unit	\$ 216.58	\$ 97.46	Out-of-Network
Antibody; Leishmania	86717	CPT		both		1 unit	\$ 134.52	\$ 60.53	Out-of-Network
Antibody; Leptospira	86720	CPT		both		1 unit	\$ 134.52	\$ 60.53	Out-of-Network
ANTIBODY MUMPS	86735	CPT		both		1 unit	\$ 214.57	\$ 96.56	Out-of-Network
ANTIBODY MYCOPLSM	86738	CPT		both		1 unit	\$ 132.40	\$ 59.58	Out-of-Network
ANTIBODY PARVOVIRUS	86747	CPT		both		1 unit	\$ 150.30	\$ 67.64	Out-of-Network
ANTIBODY PLASMODIUM MALARIA	86750	CPT		both		1 unit	\$ 131.90	\$ 59.36	Out-of-Network
ANTIBODY PROTOZOA NES	86753	CPT		both		1 unit	\$ 137.60	\$ 61.92	Out-of-Network
Antibody; Rickettsia	86757	CPT		both		1 unit	\$ 350.26	\$ 157.62	Out-of-Network
Antibody; rotavirus	86759	CPT		both		1 unit	\$ 132.45	\$ 59.60	Out-of-Network
Antibody; rubella	86762	CPT	QW	both		1 unit	\$ 236.79	\$ 106.56	Out-of-Network
ANTIBODY RUBEOLA	86765	CPT		both		1 unit	\$ 211.92	\$ 95.36	Out-of-Network
ANTIBODY SALMONELLA	86768	CPT		both		1 unit	\$ 168.48	\$ 75.82	Out-of-Network
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID19	86769	CPT		both		1 unit	\$ 450.00	\$ 200.00	Out-of-Network
ANTIBODY TOXOPLASMA	86777	CPT		both		1 unit	\$ 143.90	\$ 64.76	Out-of-Network
ANTIBODY TOXOPLASMA IGM	86778	CPT		both		1 unit	\$ 144.10	\$ 64.85	Out-of-Network
ANTIBODY TREPONEMA PALLIDUM	86780	CPT		both		1 unit	\$ 132.40	\$ 59.58	Out-of-Network
ANTB VARICELLA-ZOSTER	86787	CPT	QW	both		1 unit	\$ 199.71	\$ 89.87	Out-of-Network
ANTIBODY WEST NILE VIRUS IGM	86788	CPT		both		1 unit	\$ 134.52	\$ 60.53	Out-of-Network
ANTIBODY WEST NILE VIRUS	86789	CPT		both		1 unit	\$ 227.01	\$ 102.15	Out-of-Network
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT		both		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
ZIKA VIRUS IGM ANTIBODY	86794	CPT		both		1 unit	\$ 168.50	\$ 75.83	Out-of-Network
THYROGLOBULIN ANTIBODY	86800	CPT		both		1 unit	\$ 250.93	\$ 112.92	Out-of-Network
HEPATITIS C ANTIBODY	86803	CPT		both		1 unit	\$ 234.74	\$ 105.63	Out-of-Network
HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	86812	CPT		both		1 unit	\$ 203.55	\$ 91.60	Out-of-Network
ANTB SCR RBC EA SERUM TQ	86850	CPT		both		1 unit	\$ 287.29	\$ 129.28	Out-of-Network
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT		both		1 unit	\$ 287.29	\$ 129.28	Out-of-Network
COOMBS TEST DIRECT	86880	CPT		both		1 unit	\$ 88.50	\$ 39.83	Out-of-Network
COOMBS TEST INDIRECT TITER	86886	CPT		both		1 unit	\$ 85.12	\$ 38.30	Out-of-Network
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT		both		1 unit	\$ 143.65	\$ 64.64	Out-of-Network
Blood typing, serologic; ABO	86900	CPT		both		1 unit	\$ 49.15	\$ 22.12	Out-of-Network
BLD TYPING RH D	86901	CPT		both		1 unit	\$ 130.47	\$ 58.71	Out-of-Network
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT		both		1 unit	\$ 73.03	\$ 32.86	Out-of-Network

BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT		both		1 unit	\$ 42.50	\$ 19.13	Out-of-Network
BLD TYPING RH PHEXPING COMPL	86906	CPT		both		1 unit	\$ 130.47	\$ 58.71	Out-of-Network
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT		both		1 unit	\$ 238.30	\$ 107.24	Out-of-Network
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT		both		1 unit	\$ 238.30	\$ 107.24	Out-of-Network
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT		both		1 unit	\$ 238.30	\$ 107.24	Out-of-Network
CONCENTRATION INFECTIOUS AGENTS	87015	CPT		both		1 unit	\$ 109.76	\$ 49.39	Out-of-Network
BLOOD CULTURE - CUL BACT BLD AERC ISOL	87040	CPT		both		1 unit	\$ 397.79	\$ 179.01	Out-of-Network
CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	87045	CPT		both		1 unit	\$ 388.93	\$ 175.02	Out-of-Network
STOOL CULTR AEROBIC BACT EA	87046	CPT	QW	both		1 unit	\$ 94.75	\$ 42.64	Out-of-Network
CUL BACT XCPT URINE BLD/STL AERC ISOL	87070	CPT		both		1 unit	\$ 288.87	\$ 129.99	Out-of-Network
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT		both		1 unit	\$ 104.90	\$ 47.21	Out-of-Network
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT		both		1 unit	\$ 134.09	\$ 60.34	Out-of-Network
CUL BACT BLD ANAERC ISOL	87075	CPT		both		1 unit	\$ 433.15	\$ 194.92	Out-of-Network
CULTURE ANAEROBE IDENT EACH	87076	CPT		both		1 unit	\$ 81.17	\$ 36.53	Out-of-Network
Culture Aerobic Identify	87077	CPT		both		1 unit	\$ 81.17	\$ 36.53	Out-of-Network
CUL PRSMPTV PTHGNC ORGANISMS SCR	87081	CPT		both		1 unit	\$ 306.37	\$ 137.87	Out-of-Network
CUL BACT QUAN COLONY CNT URINE	87086	CPT		both		1 unit	\$ 292.11	\$ 131.45	Out-of-Network
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT		both		1 unit	\$ 60.46	\$ 27.21	Out-of-Network
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT		both		1 unit	\$ 109.37	\$ 49.22	Out-of-Network
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT		both		1 unit	\$ 138.25	\$ 62.21	Out-of-Network
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT		both		1 unit	\$ 235.29	\$ 105.88	Out-of-Network
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT		both		1 unit	\$ 114.70	\$ 51.62	Out-of-Network
Culture, fungi, definitive identification, each organism; mold	87107	CPT		both		1 unit	\$ 103.20	\$ 46.44	Out-of-Network
Vaginal Culture, mycoplasma, any source	87109	CPT		both		1 unit	\$ 153.90	\$ 69.26	Out-of-Network
CUL CHLAMYDIA ANY SRC	87110	CPT		both		1 unit	\$ 392.40	\$ 176.58	Out-of-Network
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT		both		1 unit	\$ 153.41	\$ 69.03	Out-of-Network
CULTURE TYPE IMMUNOFLUORESC	87140	CPT		both		1 unit	\$ 91.66	\$ 41.25	Out-of-Network
Culture, typing; ID of blood path & resistance typing, by nucleic acid probe,	87154	CPT		both		1 unit	\$ 2,180.60	\$ 981.27	Out-of-Network
MACROSCOPIC EXAMINATION PARASITE	87169	CPT		both		1 unit	\$ 43.10	\$ 19.40	Out-of-Network
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT		both		1 unit	\$ 160.85	\$ 72.38	Out-of-Network
Susceptibility studies, antimicrobial agent; disk method, per plate	87184	CPT	QW	both		1 unit	\$ 74.80	\$ 33.66	Out-of-Network
SUSCEPTBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT		both		1 unit	\$ 96.10	\$ 43.25	Out-of-Network
Smear, primary source with interpretation; Gram or Giemsa st...	87205	CPT		both		1 unit	\$ 111.04	\$ 49.97	Out-of-Network
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT		both		1 unit	\$ 59.90	\$ 26.96	Out-of-Network
Smr, prim src, w/ int; spec stain for inclusion bodies or parasites e.g. Malaria	87207	CPT		both		1 unit	\$ 194.86	\$ 87.69	Out-of-Network
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT		both		1 unit	\$ 141.80	\$ 63.81	Out-of-Network
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT		both		1 unit	\$ 139.32	\$ 62.69	Out-of-Network
TISS KOH SLIDE SAMPs SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT		both		1 unit	\$ 42.70	\$ 19.22	Out-of-Network
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT		both		1 unit	\$ 324.82	\$ 146.17	Out-of-Network
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT		both		1 unit	\$ 411.24	\$ 185.06	Out-of-Network
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT		both		1 unit	\$ 195.60	\$ 88.02	Out-of-Network
GENET VIRUS ISOLATE HSV	87255	CPT		both		1 unit	\$ 534.18	\$ 240.38	Out-of-Network
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT		both		1 unit	\$ 216.78	\$ 97.55	Out-of-Network
IAADI CRYPTOSPORIDIUM	87272	CPT		both		1 unit	\$ 189.06	\$ 85.08	Out-of-Network
IAADI HERPES SMPLX VIRUS TYPE 2	87273	CPT		both		1 unit	\$ 197.18	\$ 88.73	Out-of-Network
HERPES SIMPLEX 1 AG	87274	CPT		both		1 unit	\$ 114.99	\$ 51.75	Out-of-Network
LEGION PNEUMOPHILIA AG IF	87278	CPT		both		1 unit	\$ 94.53	\$ 42.54	Out-of-Network
Infectious agent antigen detection by immunofluorescent tech...	87280	CPT		both		1 unit	\$ 150.20	\$ 67.59	Out-of-Network
IAADI VARICELLA ZOSTER VIRUS	87290	CPT		both		1 unit	\$ 189.06	\$ 85.08	Out-of-Network

CLOSTRIDIUM AG EIA	87324	CPT	QW	both		1	unit	\$	216.78	\$	97.55	Out-of-Network
Infectious agent antigen detection .... Cryptococcus neoformans	87327	CPT		both		1	unit	\$	107.92	\$	48.56	Out-of-Network
IAAD IA CRYPTOSPORIDIUM	87328	CPT		both		1	unit	\$	138.20	\$	62.19	Out-of-Network
IAAD IA GIARDIA	87329	CPT		both		1	unit	\$	189.06	\$	85.08	Out-of-Network
IAAD IA ESCHERICHIA COLI 0157	87335	CPT	QW	both		1	unit	\$	170.20	\$	76.59	Out-of-Network
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT	QW:59	both		1	unit	\$	170.20	\$	76.59	Out-of-Network
IAAD IA HPYLORI STOOL	87338	CPT		both		1	unit	\$	177.60	\$	79.92	Out-of-Network
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT		both		1	unit	\$	169.90	\$	76.46	Out-of-Network
IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	87341	CPT	QW	both		1	unit	\$	103.30	\$	46.49	Out-of-Network
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT		both		1	unit	\$	132.50	\$	59.63	Out-of-Network
Infectious agent antigen detection by enzyme immunoassay tec...	87389	CPT	QW	both		1	unit	\$	225.81	\$	101.61	Out-of-Network
INFLUENZA B	87804	CPT		both		1	unit	\$	263.42	\$	118.54	Out-of-Network
IAAD EIA RSV	87420	CPT	QW	both		1	unit	\$	149.20	\$	67.14	Out-of-Network
IAAD IA ROTAVIRUS	87425	CPT		both		1	unit	\$	197.18	\$	88.73	Out-of-Network
IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS (COVID-19)	87426	CPT		both		1	unit	\$	450.00	\$	200.00	Out-of-Network
IAAD IA SHIGA-LIKE TOXIN	87427	CPT		both		1	unit	\$	170.20	\$	76.59	Out-of-Network
IAAD by immunoassay technique and influenza virus types A and B (COVID-	87428	CPT		both		1	unit	\$	750.00	\$	200.00	Out-of-Network
IAAD EIA STREPTOCOCCUS GROUP A	87430	CPT		both		1	unit	\$	354.82	\$	159.67	Out-of-Network
IAAD IA MULT STEP METHOD NOS EACH ORGANISM	87449	CPT		both		1	unit	\$	14.80	\$	6.66	Out-of-Network
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT		both		1	unit	\$	350.90	\$	157.91	Out-of-Network
IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	87469	CPT		both		1	unit	\$	350.90	\$	157.91	Out-of-Network
IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	87478	CPT		both		1	unit	\$	350.90	\$	157.91	Out-of-Network
IADNA CANDIDA SPECIES DIRECT PROBE TQ	87480	CPT		both		1	unit	\$	316.37	\$	142.37	Out-of-Network
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT		both		1	unit	\$	38.99	\$	17.55	Out-of-Network
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT	QW	both		1	unit	\$	3,287.39	\$	1,479.33	Out-of-Network
IADNA EHRlichia CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT		both		1	unit	\$	350.90	\$	157.91	Out-of-Network
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT		both		1	unit	\$	38.99	\$	17.55	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	87490	CPT		both		1	unit	\$	329.89	\$	148.45	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT	QW	both		1	unit	\$	317.18	\$	142.73	Out-of-Network
INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	87493	CPT		both		1	unit	\$	298.77	\$	134.45	Out-of-Network
IADNA-Chlamy Trach & Neiss gonorrh-multi probe.	87494	CPT		both		1	unit	\$	701.80	\$	315.81	Out-of-Network
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT		both		1	unit	\$	498.30	\$	224.24	Out-of-Network
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT		both		1	unit	\$	276.81	\$	124.56	Out-of-Network
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT		both		1	unit	\$	389.90	\$	175.46	Out-of-Network
INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	87502	CPT		both		1	unit	\$	1,208.19	\$	543.69	Out-of-Network
NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	87505	CPT		both		1	unit	\$	1,425.40	\$	641.43	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	87506	CPT		both		1	unit	\$	1,314.95	\$	591.73	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT		both		1	unit	\$	3,287.39	\$	1,479.33	Out-of-Network
IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	87510	CPT		both		1	unit	\$	316.37	\$	142.37	Out-of-Network
IADNA Gardnerella Amplified Probe TQ Male or Female	87511	CPT		both		1	unit	\$	175.45	\$	78.95	Out-of-Network
IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	87516	CPT		both		1	unit	\$	175.45	\$	78.95	Out-of-Network
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT		both		1	unit	\$	428.40	\$	192.78	Out-of-Network
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT		both		1	unit	\$	466.69	\$	210.01	Out-of-Network
IADNA HERPES SMPLEX VIRUS DIR PRB	87528	CPT		both		1	unit	\$	363.93	\$	163.77	Out-of-Network
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT		both		1	unit	\$	577.19	\$	259.74	Out-of-Network
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87535	CPT		both		1	unit	\$	389.90	\$	175.46	Out-of-Network
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT		both		1	unit	\$	945.50	\$	425.48	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified p	87538	CPT		both		1	unit	\$	350.90	\$	157.91	Out-of-Network
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT		both		1	unit	\$	175.45	\$	78.95	Out-of-Network

IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	87542	CPT		both		1 unit	\$ 46.40	\$ 20.88	Out-of-Network
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT		both		1 unit	\$ 350.90	\$ 157.91	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT		both		1 unit	\$ 216.65	\$ 97.49	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	87582	CPT	QW	both		1 unit	\$ 302.62	\$ 136.18	Out-of-Network
IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	87590	CPT		both		1 unit	\$ 329.89	\$ 148.45	Out-of-Network
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	CPT	QW	both		1 unit	\$ 313.94	\$ 141.27	Out-of-Network
IADNA NEISSERIA GONORRHOEAE QUAN	87592	CPT	QW	both		1 unit	\$ 212.14	\$ 95.46	Out-of-Network
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT	QW	both		1 unit	\$ 450.00	\$ 202.50	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); pap...	87621	CPT		both		1 unit	\$ 261.61	\$ 117.72	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT	QW	both		1 unit	\$ 1,821.37	\$ 819.62	Out-of-Network
Infect agent; resp virus; multi rev and amp probe tech, 6-11 targets	87632	CPT	QW	both		1 unit	\$ 2,180.60	\$ 981.27	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT		both		1 unit	\$ 1,500.00	\$ 675.00	Out-of-Network
IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	87634	CPT		both		1 unit	\$ 702.00	\$ 315.90	Out-of-Network
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT		both		1 unit	\$ 450.00	\$ 200.00	Out-of-Network
IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	87636	CPT	QW	both		1 unit	\$ 750.00	\$ 337.50	Out-of-Network
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT		both		1 unit	\$ 750.00	\$ 337.50	Out-of-Network
IADNA S AUREUS AMPLIFIED PROBE TQ	87640	CPT		both		1 unit	\$ 38.99	\$ 17.55	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus a	87641	CPT		both		1 unit	\$ 577.19	\$ 259.74	Out-of-Network
IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	87650	CPT		both		1 unit	\$ 200.50	\$ 90.23	Out-of-Network
IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	87651	CPT		both		1 unit	\$ 43.33	\$ 19.50	Out-of-Network
IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	87653	CPT		both		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	87660	CPT		both		1 unit	\$ 316.37	\$ 142.37	Out-of-Network
IADNA Trichomonas Amplified Probe Tech Male or Female	87661	CPT		both		1 unit	\$ 276.81	\$ 124.56	Out-of-Network
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT	QW	both		1 unit	\$ 361.00	\$ 162.45	Out-of-Network
Infectious agent detection by nucleic acid, not otherwise specified; quantifi	87799	CPT	QW	both		1 unit	\$ 428.40	\$ 192.78	Out-of-Network
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT	QW	both		1 unit	\$ 1,154.61	\$ 519.57	Out-of-Network
IAADIADOO STREPTOCOCCUS GROUP B	87802	CPT		both		1 unit	\$ 189.06	\$ 85.08	Out-of-Network
CLOSTRIDIUM TOXIN A W/OPTIC	87803	CPT		both		1 unit	\$ 216.84	\$ 97.58	Out-of-Network
IAADIADOO INF	87400	CPT		both		1 unit	\$ 256.36	\$ 115.36	Out-of-Network
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	87806	CPT	QW	both		1 unit	\$ 396.06	\$ 178.23	Out-of-Network
IAADIADOO RSV	87807	CPT		both		1 unit	\$ 63.65	\$ 28.64	Out-of-Network
IAADIADOO TRICHOMONAS VAGINALIS	87808	CPT	QW	both		1 unit	\$ 152.90	\$ 68.81	Out-of-Network
INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	87809	CPT	QW	both		1 unit	\$ 217.60	\$ 97.92	Out-of-Network
CHYLMD TRACH ASSAY W/OPTIC (Urine)	87810	CPT		both		1 unit	\$ 189.06	\$ 85.08	Out-of-Network
IAADIDO-Obs; sev rep syn coronavirus; Infl A&B	87812	CPT		both		1 unit	\$ 744.80	\$ 335.16	Out-of-Network
IAADIADOO NEISSERIA GONORRHOEAE	87850	CPT		both		1 unit	\$ 197.23	\$ 88.75	Out-of-Network
IAADIADOO STREPTOCOCCUS GRP	87880	CPT		both		1 unit	\$ 216.58	\$ 97.46	Out-of-Network
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT		both		1 unit	\$ 184.81	\$ 83.16	Out-of-Network
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT		both		1 unit	\$ 704.00	\$ 316.80	Out-of-Network
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT		both		1 unit	\$ 764.60	\$ 344.07	Out-of-Network
Cytopathology, cervical or vaginal	88141	CPT		both		1 unit	\$ 340.99	\$ 153.45	Out-of-Network
Cytopathology, slides, cervical or vaginal; manual screening under physicia	88150	CPT		both		1 unit	\$ 177.60	\$ 79.92	Out-of-Network
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT		both		1 unit	\$ 2,219.96	\$ 998.98	Out-of-Network
CHRSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT		both		1 unit	\$ 1,966.27	\$ 884.82	Out-of-Network
Molecular cytogenetics; DNA probe, each (eg, FISH)	88271	CPT		both		1 unit	\$ 214.20	\$ 96.39	Out-of-Network
Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	88274	CPT		both		1 unit	\$ 423.80	\$ 190.71	Out-of-Network
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT		both		1 unit	\$ 420.56	\$ 189.25	Out-of-Network
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT		both		1 unit	\$ 894.24	\$ 402.41	Out-of-Network
IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	88346	CPT		both		1 unit	\$ 1,217.85	\$ 548.03	Out-of-Network

Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, jt fluid), exce	89050	CPT		both		1 unit	\$ 117.58	\$ 52.91	Out-of-Network
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT		both		1 unit	\$ 55.30	\$ 24.89	Out-of-Network
Leukocyte assessment	89055	CPT		both		1 unit	\$ 42.90	\$ 19.31	Out-of-Network
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT		both		1 unit	\$ 117.74	\$ 52.98	Out-of-Network
SPTM OBTG SPEC AERSL INDUCED SPX	89220	CPT		both		1 unit	\$ 147.61	\$ 66.42	Out-of-Network
HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	90371	CPT		both		1 unit	\$ 7,909.10	\$ 3,559.10	Out-of-Network
RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	90375	CPT		both		1 unit	\$ 2,397.96	\$ 1,079.08	Out-of-Network
Immunization administration through 18 yts of age via any ro...	90460	CPT		both		1 unit	\$ 187.24	\$ 84.26	Out-of-Network
IMADM PRQ ID SUBQ/IM NJXS 1 VACC	90471	CPT		both		1 unit	\$ 263.42	\$ 118.54	Out-of-Network
IMMUNIZATION ADMIN EACH ADD	90472	CPT		both		1 unit	\$ 164.22	\$ 73.90	Out-of-Network
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT		both		1 unit	\$ 191.90	\$ 86.36	Out-of-Network
Imm adm IM, severe resp sym coronavirus: 1st or only	90480	CPT		both		1 unit	\$ 237.10	\$ 106.70	Out-of-Network
Immun admin IM, severe resp syn coronavirus ea addtl	90481	CPT		both		1 unit	\$ 237.10	\$ 106.70	Out-of-Network
Immun couset;not admin on same dos,3min upto 10mins	90482	CPT		both		1 unit	\$ 147.00	\$ 66.15	Out-of-Network
Imm couset nt admn on dos; greater 10mins upto 20mins	90483	CPT		both		1 unit	\$ 283.90	\$ 127.76	Out-of-Network
Immun couset not admin on dos; greater than 20mins	90484	CPT		both		1 unit	\$ 414.20	\$ 186.39	Out-of-Network
Influenza virus vaccine (IIV) H5, pandemic split virus,IM	90631	CPT		both		1 unit	\$ 204.55	\$ 92.05	Out-of-Network
Infleueza virus vaccine, H5N1, cell cultures, adj,IM	90635	CPT		both		1 unit	\$ 204.55	\$ 92.05	Out-of-Network
INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM	90656	CPT		both		1 unit	\$ 176.88	\$ 79.60	Out-of-Network
Influenza virus vaccine, trivalent, split virus, when admini...	90658	CPT		both		1 unit	\$ 204.55	\$ 92.05	Out-of-Network
INFLUENZA VIRUS VACCINE LIVE INTRANASAL	90660	CPT		both		1 unit	\$ 106.08	\$ 47.74	Out-of-Network
CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	90661	CPT		both		1 unit	\$ 204.55	\$ 92.05	Out-of-Network
CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	90674	CPT		both		1 unit	\$ 176.88	\$ 79.60	Out-of-Network
RABIES VACCINE INTRAMUSCULAR	90675	CPT		both		1 unit	\$ 3,747.20	\$ 1,686.24	Out-of-Network
RIV4 VACC RECOMB DNA PRSRV ANTIBIO FREE IM 0.5 mL (18 years or older)	90682	CPT		both		1 unit	\$ 536.13	\$ 241.26	Out-of-Network
IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE 5 mL (6 mths or older)	90688	CPT		both		1 unit	\$ 536.10	\$ 241.25	Out-of-Network
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	90700	CPT		both		1 unit	\$ 48.37	\$ 21.77	Out-of-Network
DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	90702	CPT		both		1 unit		\$ -	Out-of-Network
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT		both		1 unit	\$ 287.72	\$ 129.47	Out-of-Network
TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	90714	CPT		both		1 unit	\$ 217.70	\$ 97.97	Out-of-Network
TDAP VACCINE 7 YR + IM	90715	CPT		both		1 unit	\$ 223.30	\$ 100.49	Out-of-Network
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT		both		1 unit	\$ 280.00	\$ 126.00	Out-of-Network
HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR	90746	CPT		both		1 unit	\$ 120.20	\$ 54.09	Out-of-Network
CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	90756	CPT		both		1 unit	\$ 176.88	\$ 79.60	Out-of-Network
PSYCHOTHERAPY COMPLEX INTERACTIVE	90785	CPT		both		1 unit	\$ 148.90	\$ 67.01	Out-of-Network
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791	CPT		both		1 unit	\$ 1,416.70	\$ 637.52	Out-of-Network
PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	90792	CPT		both		1 unit	\$ 1,982.20	\$ 891.99	Out-of-Network
PSYCHOTHERAPY W/PATIENT 30 MINUTES	90832	CPT		both		1 unit	\$ 772.70	\$ 347.72	Out-of-Network
Psychotherapy, 30 minutes w/patient when performed with an evaluation ar	90833	CPT		both		1 unit	\$ 628.70	\$ 282.92	Out-of-Network
PSYCHOTHERAPY W/PATIENT 45 MINUTES	90834	CPT		both		1 unit	\$ 940.60	\$ 423.27	Out-of-Network
Psychotherapy, 45 minutes with patient when performed with an evaluation	90836	CPT		both		1 unit	\$ 815.90	\$ 367.16	Out-of-Network
PSYCHOTHERAPY W/PATIENT 60 MINUTES	90837	CPT		both		1 unit	\$ 1,412.70	\$ 635.72	Out-of-Network
Psychotherapy, 60 minutes with patient when performed with an evaluation	90838	CPT		both		1 unit	\$ 1,081.60	\$ 486.72	Out-of-Network
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT		both		1 unit	\$ 1,095.40	\$ 492.93	Out-of-Network
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT		both		1 unit	\$ 1,184.60	\$ 533.07	Out-of-Network
GROUP PSYCHOTHERAPY	90853	CPT		both		1 unit	\$ 280.20	\$ 126.09	Out-of-Network
INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	90875	CPT		both		1 unit	\$ 691.00	\$ 310.95	Out-of-Network
INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	90876	CPT		both		1 unit	\$ 1,094.50	\$ 492.53	Out-of-Network
ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	90954	CPT		both		1 unit	\$ 8,630.50	\$ 3,883.73	Out-of-Network

ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	90968	CPT		both		1 unit	\$ 194.40	\$ 87.48	Out-of-Network
HEMOPERFUSION	90997	CPT		both		1 unit	\$ 618.77	\$ 278.45	Out-of-Network
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT		both		1 unit	\$ 825.36	\$ 371.41	Out-of-Network
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCCULAR PRES	92100	CPT		both		1 unit	\$ 445.51	\$ 200.48	Out-of-Network
POSITIONAL NYSTAGMUS TEST	92542	CPT		both		1 unit	\$ 336.90	\$ 151.61	Out-of-Network
CARDIOPULM RESUSCITATION	92950	CPT		both		1 unit	\$ 1,221.46	\$ 549.66	Out-of-Network
TEMPORARY TRANSCUTANEOUS PACING	92953	CPT		both		1 unit	\$ 11.30	\$ 5.09	Out-of-Network
CARDIOVERSION ELECTIVE ARRHYT XTRNL	92960	CPT		both		1 unit	\$ 1,648.85	\$ 741.98	Out-of-Network
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT		both		1 unit	\$ 2,744.70	\$ 1,235.12	Out-of-Network
THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	92977	CPT		both		1 unit	\$ 602.30	\$ 271.04	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	93000	CPT		both		1 unit	\$ 374.80	\$ 168.66	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG W/SI&R	93015	CPT		both		1 unit	\$ 924.37	\$ 415.97	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT		both		1 unit	\$ 446.78	\$ 201.05	Out-of-Network
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT		both		1 unit	\$ 191.02	\$ 85.96	Out-of-Network
RHYTHM ECG 1-3 LDS W/I&R	93040	CPT		both		1 unit	\$ 390.00	\$ 175.50	Out-of-Network
RHYTHM ECG 1-3 LDS TRCG ONLY W/O I&R	93041	CPT		both		1 unit	\$ 336.00	\$ 151.20	Out-of-Network
RHYTHM ECG 1-3 LDS I&R ONLY	93042	CPT		both		1 unit	\$ 66.31	\$ 29.84	Out-of-Network
WEARABLE ECG 24 HR W/VIS SUPIMPOS SCAN PHYS R&I	93224	CPT		both		1 unit	\$ 342.00	\$ 153.90	Out-of-Network
XTRNL ECG & 48 HR RECORDING	93225	CPT		both		1 unit	\$ 519.00	\$ 233.55	Out-of-Network
EXTERNAL ECG SCANNING ANALYSIS REPORT	93226	CPT		both		1 unit	\$ 740.00	\$ 333.00	Out-of-Network
XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	93228	CPT		both		1 unit	\$ 295.60	\$ 133.02	Out-of-Network
XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	93229	CPT		both		1 unit	\$ 7,947.30	\$ 3,576.29	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days	93241	CPT		both		1 unit	\$ 2,579.80	\$ 1,160.91	Out-of-Network
External electrocardiographic recording more than 48 hours up to 7 days co	93242	CPT		both		1 unit	\$ 119.80	\$ 53.91	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days	93243	CPT		both		1 unit	\$ 2,233.60	\$ 1,005.12	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days	93244	CPT		both		1 unit	\$ 226.40	\$ 101.88	Out-of-Network
Extrnl EKG recording for more than 7 days up to 15 days by continuous reco	93245	CPT		both		1 unit	\$ 2,704.20	\$ 1,216.89	Out-of-Network
External electrocardiographic recording more than 7 days up to 15 days con	93246	CPT		both		1 unit	\$ 392.50	\$ 176.63	Out-of-Network
Extrnl EKG rec more than 7-15 days by cont. rhy rec; analy w/report	93247	CPT		both		1 unit	\$ 2,343.40	\$ 1,054.53	Out-of-Network
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT		both		1 unit	\$ 3,649.00	\$ 1,642.05	Out-of-Network
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT		both		1 unit	\$ 4,142.00	\$ 1,863.90	Out-of-Network
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT		both		1 unit	\$ 2,447.00	\$ 1,101.15	Out-of-Network
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT		both		1 unit	\$ 2,447.00	\$ 1,101.15	Out-of-Network
TEE R-T IMG 2D W/PROBE PLMT ONLY	93313	CPT		both		1 unit	\$ 6,051.00	\$ 2,722.95	Out-of-Network
TEE R-T IMG 2D IMG ACQUIS I&R ONLY	93314	CPT		both		1 unit	\$ 6,457.00	\$ 2,905.65	Out-of-Network
Doppler echocardiography, pulsed wave and/or continuous wave with spec	93321	CPT		both		1 unit	\$ 249.70	\$ 112.37	Out-of-Network
ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	93350	CPT		both		1 unit	\$ 2,470.32	\$ 1,111.64	Out-of-Network
ECHO TTHRC R-T 2D --M-MODE REST&STRS CONT ECG	93351	CPT		both		1 unit	\$ 2,363.51	\$ 1,063.58	Out-of-Network
L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	93452	CPT		both		1 unit	\$ 10,838.70	\$ 4,877.42	Out-of-Network
PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	93583	CPT		both		1 unit	\$ 8,249.30	\$ 3,712.19	Out-of-Network
PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	93623	CPT		both		1 unit	\$ 2,184.49	\$ 983.02	Out-of-Network
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT		both		1 unit	\$ 1,800.30	\$ 810.14	Out-of-Network
DUP-SCAN XTRC ART COMPL BI STD	93880	CPT		both		1 unit	\$ 2,595.60	\$ 1,168.02	Out-of-Network
DUP-SCAN XTRC ART UNI/LMTD STD	93882	CPT		both		1 unit	\$ 1,368.35	\$ 615.76	Out-of-Network
TCD STD ICRA ART COMPL STD	93886	CPT		both		1 unit	\$ 1,367.40	\$ 615.33	Out-of-Network
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT		both		1 unit	\$ 1,193.33	\$ 537.00	Out-of-Network
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS; Complete bilate	93923	CPT		both		1 unit	\$ 1,874.43	\$ 843.49	Out-of-Network
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT		both		1 unit	\$ 6,241.51	\$ 2,808.68	Out-of-Network
DOPPLER - DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	93926	CPT		both		1 unit	\$ 1,937.04	\$ 871.67	Out-of-Network

DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT		both		1	unit	\$	2,729.00	\$	1,228.05	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	93931	CPT		both		1	unit	\$	707.16	\$	318.22	Out-of-Network
DUP-SCAN XTR VEINS COMPL BI STD	93970	CPT		both		1	unit	\$	2,558.52	\$	1,151.33	Out-of-Network
DUP-SCAN XTR VEINS UNI/LMTD STD	93971	CPT		both		1	unit	\$	1,620.96	\$	729.43	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT		both		1	unit	\$	3,614.16	\$	1,626.37	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT		both		1	unit	\$	2,208.28	\$	993.73	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT		both		1	unit	\$	2,514.00	\$	1,131.30	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT		both		1	unit	\$	1,557.33	\$	700.80	Out-of-Network
PENILE VASCULAR STUDY	93980	CPT		both		1	unit	\$	1,130.44	\$	508.70	Out-of-Network
US DUPLEX HEMODIALYSIS ACCESS	93990	CPT		both		1	unit	\$	1,403.80	\$	631.71	Out-of-Network
SPMTRY W/VG EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT		both		1	unit	\$	398.40	\$	179.28	Out-of-Network
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT		both		1	unit	\$	322.81	\$	145.26	Out-of-Network
PULM STRS TSTG CPLX	94621	CPT		59 both		1	unit	\$	1,558.94	\$	701.52	Out-of-Network
PROFAIR NEB TREATMENT AIRWAY INHALATION TREATMENT	94640	CPT		both		1	unit	\$	573.00	\$	257.85	Out-of-Network
INHALATION TREATMENT - CONTINUOUS 1ST HR	94644	CPT		both		1	unit	\$	364.00	\$	163.80	Out-of-Network
CONT INHALATION TREATMENT EA ADDL HR	94645	CPT		both		1	unit	\$	311.00	\$	139.95	Out-of-Network
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT		both		1	unit	\$	760.00	\$	342.00	Out-of-Network
Diffusing capacity (eg, CO,membrane)	94729	CPT		both		1	unit	\$	543.40	\$	244.53	Out-of-Network
PULSE OX -N-INVAS EAR/PLS OXIMTRY F/O2 SAT 1 DETER	94760	CPT		both		1	unit	\$	167.77	\$	75.50	Out-of-Network
N-INVAS EAR/PLS OXIMTRY F/O2 SAT MLT DETERS	94761	CPT		both		1	unit	\$	360.92	\$	162.41	Out-of-Network
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT		both		1	unit	\$	12,688.53	\$	5,709.84	Out-of-Network
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT		both		1	unit	\$	1,909.80	\$	859.41	Out-of-Network
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	95801	CPT		both		1	unit	\$	1,025.20	\$	461.34	Out-of-Network
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT		both		1	unit	\$	1,555.40	\$	699.93	Out-of-Network
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT		both		1	unit	\$	6,984.10	\$	3,142.85	Out-of-Network
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT		59 both		1	unit	\$	8,533.69	\$	3,840.16	Out-of-Network
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT		both		1	unit	\$	3,662.80	\$	1,648.26	Out-of-Network
ELECTROENCEPHALOGRAM EXTND MNTR >1 HR	95813	CPT		both		1	unit	\$	4,551.90	\$	2,048.36	Out-of-Network
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT		both		1	unit	\$	4,092.80	\$	1,841.76	Out-of-Network
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT		both		1	unit	\$	4,813.70	\$	2,166.17	Out-of-Network
ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	95827	CPT		both		1	unit	\$	6,271.60	\$	2,822.22	Out-of-Network
TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	95921	CPT		both		1	unit	\$	1,163.66	\$	523.65	Out-of-Network
MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	95950	CPT		both		1	unit	\$	3,296.70	\$	1,483.52	Out-of-Network
DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	95957	CPT		both		1	unit	\$	3,741.87	\$	1,683.84	Out-of-Network
ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG	95971	CPT		both		1	unit	\$	760.83	\$	342.37	Out-of-Network
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT		59 both		1	unit	\$	474.30	\$	213.44	Out-of-Network
CANALITH REPOSITIONING PROCEDURE	95992	CPT		both		1	unit	\$	491.63	\$	221.23	Out-of-Network
COMPRE CPTR MTN ALYS VIDEO TAPING 3-D KINEMATICS	96000	CPT		59 both		1	unit	\$	1,637.69	\$	736.96	Out-of-Network
HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	96150	CPT		both		1	unit	\$	240.00	\$	108.00	Out-of-Network
HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT	96151	CPT		both		1	unit	\$	239.70	\$	107.87	Out-of-Network
HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	96152	CPT		both		1	unit	\$	220.00	\$	99.00	Out-of-Network
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT		both		1	unit	\$	380.11	\$	171.05	Out-of-Network
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT		both		1	unit	\$	353.58	\$	159.11	Out-of-Network
IV THERAPY 1ST >1 HOUR	96365	CPT		both		1	unit	\$	557.00	\$	250.65	Out-of-Network
IV THERAPY, EACH ADDL HOUR	96366	CPT		59 both		1	unit	\$	351.82	\$	158.32	Out-of-Network
IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS >1 HR	96367	CPT		both		1	unit	\$	397.79	\$	179.01	Out-of-Network
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT		59 both		1	unit	\$	380.11	\$	171.05	Out-of-Network
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT		both		1	unit	\$	1,660.50	\$	747.23	Out-of-Network
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT		both		1	unit	\$	174.80	\$	78.66	Out-of-Network

Subcutaneous infusion for therapy or prophylaxis	96371	CPT		both		1 unit	\$ 279.74	\$ 125.88	Out-of-Network
INJECTION, INTRAMUSCULAR OR SUBCUTANEOUS	96372	CPT		both		1 unit	\$ 328.10	\$ 147.65	Out-of-Network
INJECTION, INTRA-ARTERIAL	96373	CPT		both		1 unit	\$ 345.15	\$ 155.32	Out-of-Network
IV PUSH THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT		both		1 unit	\$ 454.35	\$ 204.46	Out-of-Network
IV PUSH ADD DRUG THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	96375	CPT		both		1 unit	\$ 307.61	\$ 138.42	Out-of-Network
SUBCUTANEOUS INFUSION EACH ADDITIONAL IV PUSH	96376	CPT		both		1 unit	\$ 334.14	\$ 150.36	Out-of-Network
INJECTION - UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	96379	CPT		both		1 unit	\$ 322.28	\$ 145.03	Out-of-Network
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT		both		1 unit	\$ 1,580.30	\$ 711.14	Out-of-Network
CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	96415	CPT		both		1 unit	\$ 342.70	\$ 154.22	Out-of-Network
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT		both		1 unit	\$ 1,584.40	\$ 712.98	Out-of-Network
REFILLING & MAINTENANCE PORTABLE PUMP	96521	CPT		both		1 unit	\$ 1,643.90	\$ 739.76	Out-of-Network
IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT		both		1 unit	\$ 306.30	\$ 137.84	Out-of-Network
ICE CAP OR COLLAR	97010	CPT		both		1 unit	\$ 19.44	\$ 8.75	Out-of-Network
APPLICATION MODALITY 1/> AREAS INFRARED	97026	CPT		both		1 unit	\$ 150.00	\$ 67.50	Out-of-Network
APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	97032	CPT		both		1 unit	\$ 167.80	\$ 75.51	Out-of-Network
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT		both		1 unit	\$ 347.50	\$ 156.38	Out-of-Network
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT		both		1 unit	\$ 395.40	\$ 177.93	Out-of-Network
Therapeutic procedure, 1 or more areas, each 15 minutes; gai...	97116	CPT		both		1 unit	\$ 190.87	\$ 85.89	Out-of-Network
MANUAL THERAPY 1/> REGIONS	97140	CPT		both		1 unit	\$ 401.49	\$ 180.67	Out-of-Network
Athletic training evaluation, low complexity (School Physical)	97169	CPT		both		1 unit	\$ 125.00	\$ 56.25	Out-of-Network
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT		both		1 unit	\$ 387.30	\$ 174.29	Out-of-Network
Rmvl devital tis 20 cm/<	97597	CPT		both		1 unit	\$ 178.65	\$ 80.39	Out-of-Network
Debridement, open wound, total wound(s) surface area; each additional 20	97598	CPT		both		1 unit	\$ 243.00	\$ 109.35	Out-of-Network
Removal of devitalized tissue from wound(s), non-selective debridement, w	97602	CPT		both		1 unit	\$ 1,987.00	\$ 894.15	Out-of-Network
Negative pressure wound therapy, utilizing DME, including topical applicati	97605	CPT		both		1 unit	\$ 239.70	\$ 107.87	Out-of-Network
Low frequency, non-contact, non-thermal ultrasound	97610	CPT		both		1 unit	\$ 1,907.50	\$ 858.38	Out-of-Network
MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	97802	CPT		both		1 unit	\$ 386.50	\$ 173.93	Out-of-Network
OSTEOPATH MANJ 1-2 REGIONS	98925	CPT		both		1 unit	\$ 320.47	\$ 144.21	Out-of-Network
CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	98940	CPT		both		1 unit	\$ 255.90	\$ 115.16	Out-of-Network
CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	98941	CPT		both		1 unit	\$ 392.10	\$ 176.45	Out-of-Network
CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	98943	CPT		both		1 unit	\$ 267.50	\$ 120.38	Out-of-Network
Remote therap monitoring w/patient; 1st 10 mins	98979	CPT		both		1 unit	\$ 113.60	\$ 51.12	Out-of-Network
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT		both		1 unit	\$ 27.14	\$ 12.21	Out-of-Network
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT		both		1 unit	\$ 61.88	\$ 27.85	Out-of-Network
POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	99024	CPT		both		1 unit	\$ 400.95	\$ 180.43	Out-of-Network
SUPPLIES&MATERIALS PRV BY PHYS >&ABOVE	99070	CPT		both		1 unit	\$ 79.91	\$ 35.96	Out-of-Network
ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	99072	CPT		both		1 unit	\$ 75.00	\$ 33.75	Out-of-Network
Returned Item Fee	99080	CPT		both		1 unit	\$ 25.00	\$ 11.25	Out-of-Network
M-SEDATION BY PHYS OTH/THN HC PROF PERFRMG 5+	99149	CPT		both		1 unit	\$ 549.82	\$ 247.42	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	99151	CPT		both		1 unit	\$ 664.75	\$ 299.14	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	99152	CPT		both		1 unit	\$ 657.65	\$ 295.94	Out-of-Network
MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	99153	CPT		both		1 unit	\$ 256.36	\$ 115.36	Out-of-Network
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT		both		1 unit	\$ 1,256.26	\$ 565.32	Out-of-Network
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	99156	CPT		both		1 unit	\$ 984.86	\$ 443.19	Out-of-Network
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT		both		1 unit	\$ 751.41	\$ 338.13	Out-of-Network
VISUAL ACUITY SCREENING	99173	CPT		both		1 unit	\$ 441.98	\$ 198.89	Out-of-Network
IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	99175	CPT		both		1 unit	\$ 212.14	\$ 95.46	Out-of-Network
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT		both		1 unit	\$ 1,167.60	\$ 525.42	Out-of-Network
OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	99202	CPT		both		1 unit	\$ 570.30	\$ 256.64	Out-of-Network

OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	99203	CPT		both		1	unit	\$ 857.00	\$ 385.65	Out-of-Network
OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	99204	CPT		both		1	unit	\$ 1,451.70	\$ 653.27	Out-of-Network
OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	99205	CPT		both		1	unit	\$ 1,894.60	\$ 852.57	Out-of-Network
OFFICE OUTPATIENT VISIT 5 MINUTES	99211	CPT		both		1	unit	\$ 103.90	\$ 46.76	Out-of-Network
OFFICE OUTPATIENT VISIT 10 MINUTES	99212	CPT		both		1	unit	\$ 287.20	\$ 129.24	Out-of-Network
OFFICE OUTPATIENT VISIT 15 MINUTES	99213	CPT		both		1	unit	\$ 574.70	\$ 258.62	Out-of-Network
OFFICE OUTPATIENT VISIT 25 MINUTES	99214	CPT		both		1	unit	\$ 886.30	\$ 398.84	Out-of-Network
OFFICE OUTPATIENT VISIT 40 MINUTES	99215	CPT		both		1	unit	\$ 1,249.30	\$ 562.19	Out-of-Network
INITIAL OBSERVATION CARE/DAY 50 MINUTES	99219	CPT		both		1	unit	\$ 2,219.62	\$ 998.83	Out-of-Network
1ST HOSPITAL IP/OBS CARE SF/LOW MDM 40 MINUTES	99221	CPT		both		1	unit	\$ 1,155.10	\$ 519.80	Out-of-Network
1ST HOSPITAL IP/OBS CARE MODERATE MDM 55 MINUTES	99222	CPT		both		1	unit	\$ 1,494.80	\$ 672.66	Out-of-Network
1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES	99223	CPT		both		1	unit	\$ 2,294.20	\$ 1,032.39	Out-of-Network
SBSQ HOSPITAL IP/OBS CARE SF/LOW MDM 25 MINUTES	99231	CPT		both		1	unit	\$ 560.60	\$ 252.27	Out-of-Network
SBSQ HOSPITAL IP/OBS CARE MOD MDM 35 MINUTES	99232	CPT		both		1	unit	\$ 890.40	\$ 400.68	Out-of-Network
SBSQ HOSPITAL IP/OBS CARE HIGH MDM 50 MINUTES	99233	CPT		both		1	unit	\$ 1,339.40	\$ 602.73	Out-of-Network
EM for Observation or inpatient hospital care	99234	CPT		both		1	unit	\$ 2,602.00	\$ 1,170.90	Out-of-Network
EM for Observation or inpatient hospital care	99235	CPT		both		1	unit	\$ 3,447.00	\$ 1,551.15	Out-of-Network
HOSPITAL IP/OBS CARE SAME DATE HIGH MDM 85 MIN	99236	CPT		both		1	unit	\$ 3,504.83	\$ 1,577.17	Out-of-Network
HOSPITAL IP/OBS DISCHARGE DAY MGMT 30 MIN/<	99238	CPT		both		1	unit	\$ 908.50	\$ 408.83	Out-of-Network
HOSPITAL IP/OBS DISCHARGE DAY MGMT > 30 MIN	99239	CPT		both		1	unit	\$ 1,289.40	\$ 580.23	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT SF MDM 20 MINUTES	99242	CPT		both		1	unit	\$ 630.80	\$ 283.86	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT		both		1	unit	\$ 995.80	\$ 448.11	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES	99244	CPT	25	both		1	unit	\$ 1,520.20	\$ 684.09	Out-of-Network
OFFICE/OP CONSLTJ NEW/EST PT HIGH MDM 55 MINUTES	99245	CPT	25	both		1	unit	\$ 2,033.30	\$ 914.99	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT SF MDM 35 MINUTES	99252	CPT	25	both		1	unit	\$ 806.40	\$ 362.88	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT LOW MDM 45 MINUTES	99253	CPT	25	both		1	unit	\$ 1,124.70	\$ 506.12	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT MOD MDM 60 MINUTES	99254	CPT	25	both		1	unit	\$ 1,565.40	\$ 704.43	Out-of-Network
IP/OBS CONSLTJ NEW/EST PT HIGH MDM 80 MINUTES	99255	CPT	25	both		1	unit	\$ 2,097.50	\$ 943.88	Out-of-Network
EMER DEPT SELF LIMITED/MINOR	99281	CPT		both		1	unit	\$ 962.27	\$ 400.00	Out-of-Network
EMER DEPT STRAIGHTFORWARD SEVERITY	99282	CPT		both		1	unit	\$ 1,581.32	\$ 725.00	Out-of-Network
EMER DEPT LOW LEVEL SEVERITY	99283	CPT		both		1	unit	\$ 2,872.68	\$ 1,200.00	Out-of-Network
EMER DEPT MODERATE LEVEL EVAL	99284	CPT		both		1	unit	\$ 3,518.13	\$ 1,725.00	Out-of-Network
EMER DEPT HIGH SEVERITY&THREAT FUNCJ	99285	CPT		both		1	unit	\$ 4,594.21	\$ 2,650.00	Out-of-Network
CC E/M CRITICALLY ILL/INJURED 1ST 30-74 MIN	99291	CPT		both		1	unit	\$ 4,708.00	\$ 2,118.60	Out-of-Network
CC E/M CRITICALLY ILL/INJURED EA 30 MIN	99292	CPT		both		1	unit	\$ 5,313.00	\$ 2,390.85	Out-of-Network
PHYS SUPVJ PT HOME HLTH AGENCY MO 15-29 MINUTES	99374	CPT		both		1	unit	\$ 363.27	\$ 163.47	Out-of-Network
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT		both		1	unit	\$ 1,094.90	\$ 492.71	Out-of-Network
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT		both		1	unit	\$ 1,327.30	\$ 597.29	Out-of-Network
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT		both		1	unit	\$ 122.94	\$ 55.32	Out-of-Network
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT		both		1	unit	\$ 334.88	\$ 150.70	Out-of-Network
ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	99408	CPT		both		1	unit	\$ 381.60	\$ 171.72	Out-of-Network
Needle-free injection device, each	A4210	CPT		both		1	unit	\$ 10.58	\$ 4.76	Out-of-Network
STERILE WATER/SALINE, FLUSH 10 ML	A4216	CPT		both		1	unit	\$ 15.10	\$ 6.80	Out-of-Network
STERILE WATER/SALINE, FLUSH 50 ML (per 10 ml)	A4216	CPT		both		1	unit	\$ 5.30	\$ 2.39	Out-of-Network
STERILE WATER/SALINE, 500 ML	A4217	CPT		both		1	unit	\$ 40.32	\$ 18.14	Out-of-Network
Sterile saline or water, metered dose dispenser, 10 ml	A4218	CPT		both		1	unit	\$ 5.30	\$ 2.39	Out-of-Network
CHLORHEXIDINE (gluconate) ANTISEPT	A4248	CPT		both		1	unit	\$ 88.40	\$ 39.78	Out-of-Network
GLUCOSE TEST STRIP - BLOOD KETONE TEST OR STRIP	A4252	CPT		both		1	unit	\$ 9.14	\$ 4.11	Out-of-Network
CATHETER W/O BAG 2-WAY LATEX	A4311	CPT		both		1	unit	\$ 53.04	\$ 23.87	Out-of-Network

CATHETER W/BAG 3-WAY	A4313	CPT		both		1	unit	\$	42.42	\$	19.09	Out-of-Network
CATH W/DRAINAGE 2-WAY LATEX	A4314	CPT		both		1	unit	\$	19.44	\$	8.75	Out-of-Network
Benzoin - Skin barrier liquid per oz	A4369	CPT		both		1	unit	\$	11.14	\$	5.01	Out-of-Network
SLINGS	A4565	CPT		both		1	unit	\$	221.00	\$	99.45	Out-of-Network
SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR...	A4566	CPT		both		1	unit	\$	182.63	\$	82.18	Out-of-Network
SPLINT	A4570	CPT		both		1	unit	\$	190.06	\$	85.53	Out-of-Network
ORTHO GLASS 4	A4590	CPT		both		1	unit	\$	190.06	\$	85.53	Out-of-Network
ORTHO GLASS 3	A4590	CPT		both		1	unit	\$	127.29	\$	57.28	Out-of-Network
OXYGEN PROBE USED W OXIMETER	A4606	CPT		both		1	unit	\$	192.71	\$	86.72	Out-of-Network
Infant Pulse Oximeter Adhesive Sensor- 300ct/box	A4649	CPT		both		1	unit	\$	172.50	\$	77.63	Out-of-Network
CO2 DETECTOR	A4649	CPT		both		1	unit	\$	27.11	\$	12.20	Out-of-Network
ZOLL ADULT DEFIBRILLATOR PADS	A4649	CPT		both		1	unit	\$	261.51	\$	117.68	Out-of-Network
DIAL A FLOW TUBING	A4649	CPT		both		1	unit	\$	5.21	\$	2.34	Out-of-Network
FLEETS ENEMA (SODIUM PHOSPHATE)	J8498	CPT		both		1	unit	\$	55.96	\$	25.18	Out-of-Network
WOODS LAMP	A4649	CPT		both		1	unit	\$	26.00	\$	11.70	Out-of-Network
ABUTER MASK	A4649	CPT		both		1	unit	\$	17.68	\$	7.96	Out-of-Network
SODIUM CHLORIDE BOTTLE 1000 ML	A4649	CPT		both		1	unit	\$	17.68	\$	7.96	Out-of-Network
Silver SulfADIAZINE 1% topical Cream 20 gm TUBE	A4649	CPT		both		1	unit	\$	61.01	\$	27.45	Out-of-Network
NITRATEST PHENAPHTHAZINE PAPER	A4649	CPT		both		1	unit	\$	3.22	\$	1.45	Out-of-Network
OXYGEN MASK	A4649	CPT		both		1	unit	\$	32.53	\$	14.64	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		both		1	unit	\$	2.85	\$	1.28	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		both		1	unit	\$	2.85	\$	1.28	Out-of-Network
FLUOR-I-STRIP	J8499	CPT		both		1	unit	\$	21.39	\$	9.63	Out-of-Network
SYRINGE WITH OR WITHOUT NEEDLE	A4657	CPT		both		1	unit	\$	10.58	\$	4.76	Out-of-Network
AUTOMATIC BP MONITOR, DIAL	A4670	CPT		both		1	unit	\$	54.10	\$	24.35	Out-of-Network
SALINE LOCK	A4673	CPT		both		1	unit	\$	21.22	\$	9.55	Out-of-Network
BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	A4770	CPT		both		1	unit	\$	9.04	\$	4.07	Out-of-Network
SKIN SEAL PROTECT MOISTURIZER OINTMENT (NEOSPORIN/TRIP ANT)	A6250	CPT		both		1	unit	\$	8.40	\$	3.78	Out-of-Network
Aquaphor Hand and Body Moisturizer	A6250	CPT		both		1	unit	\$	171.70	\$	77.27	Out-of-Network
Benadryl Topical Cream (Diphenhydramine-Zinc Acetate)	A6250	CPT		both		1	unit	\$	15.10	\$	6.80	Out-of-Network
Betamethasone Dipropionate Gel (Diprolene Gel); 15 GM tube	A6250	CPT		both		1	unit	\$	547.00	\$	246.15	Out-of-Network
Capsaicin 0.025% topical cream, 60 gm	A6250	CPT		both		1	unit	\$	107.90	\$	48.56	Out-of-Network
CeraVe Hydrating Cleanser Lotion	A6250	CPT		both		1	unit	\$	120.80	\$	54.36	Out-of-Network
Clobetasol Cream 0.05%; Topical	A6250	CPT		both		1	unit	\$	249.20	\$	112.14	Out-of-Network
Clotrimazole (Canesten) Cream 1%	A6250	CPT		both		1	unit	\$	20.50	\$	9.23	Out-of-Network
Zinc Oxide Ointment 40% (Desitin)	A6250	CPT		both		1	unit	\$	31.10	\$	14.00	Out-of-Network
Diclofenac Sodium 1%; ointment	A6250	CPT		both		1	unit	\$	118.50	\$	53.33	Out-of-Network
Hydrocortisone Cream 2.5% - Topical	A6250	CPT		both		1	unit	\$	22.40	\$	10.08	Out-of-Network
Lidocaine HCL 4% topical; 50mL	A6250	CPT		both		1	unit	\$	91.00	\$	40.95	Out-of-Network
LIDOCAINE 2% VISCOUS 15ML Solution Topical	A6250	CPT		both		1	unit	\$	15.74	\$	7.08	Out-of-Network
Lidocaine 2% Jelly 100mg/5ml (URO-JET)	A6250	CPT		both		1	unit	\$	55.90	\$	25.16	Out-of-Network
LIDOCAINE WITH PRILOCAINE 2.5/2.5 30 GRAM TUBE	A6250	CPT		both		1	unit	\$	135.13	\$	60.81	Out-of-Network
Permethrin Topical Cream; Tube	A6250	CPT		both		1	unit	\$	176.50	\$	79.43	Out-of-Network
Preparation H-Hemorrhoidal Ointment 0.9oz	A6250	CPT		both		1	unit	\$	84.60	\$	38.07	Out-of-Network
SKIN SEAL PROTECT MOISTURIZER OINTMENT (NEOSPORIN/TRIP ANT)	A6250	CPT		both		1	unit	\$	8.40	\$	3.78	Out-of-Network
Voltaren (diclofenac) 1% topical gel 100 gm tube	A6250	CPT		both		1	unit	\$	118.50	\$	53.33	Out-of-Network
WOUND CLEANSER	A6260	CPT		both		1	unit	\$	150.27	\$	67.62	Out-of-Network
WOUND FILLER GEL/PASTE TOPICAL (Iodosorb, Cadexomer)	A6261	CPT		both		1	unit	\$	85.93	\$	38.67	Out-of-Network
ACE WRAP - LT COMPRES BAND >=5	A6450	CPT		both		1	unit	\$	26.53	\$	11.94	Out-of-Network

CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	A7001	CPT		both		1 unit	\$ 15.03	\$ 6.76	Out-of-Network
SUCTION TUBING USED W PUMP	A7002	CPT		both		1 unit	\$ 141.77	\$ 63.80	Out-of-Network
NEBULIZER ADMINISTRATION SET	A7003	CPT		both		1 unit	\$ 85.39	\$ 38.43	Out-of-Network
FILTERED NEBULIZER ADMIN SET	A7006	CPT		both		1 unit	\$ 114.92	\$ 51.71	Out-of-Network
NONDISPOS CORRUGATED TUBING	A7011	CPT		both		1 unit	\$ 19.44	\$ 8.75	Out-of-Network
NEBULIZER MASK USED W NEBULIZER	A7015	CPT		both		1 unit	\$ 85.39	\$ 38.43	Out-of-Network
NEBULIZER DOME & MOUTHPIECE	A7016	CPT		both		1 unit	\$ 35.35	\$ 15.91	Out-of-Network
NEBULIZER MASK NOT USED W OXYGEN	A7017	CPT		both		1 unit	\$ 85.39	\$ 38.43	Out-of-Network
Water, distilled, used with large volume nebulizer, 1000 ml	A7018	CPT		both		1 unit	\$ 76.79	\$ 34.56	Out-of-Network
TRACH/LARYN TUBE NON-CUFFED	A7520	CPT		both		1 unit	\$ 56.13	\$ 25.26	Out-of-Network
Naphcon-A Ophthalmic drops	A9150	CPT		both		1 unit	\$ 12.35	\$ 5.56	Out-of-Network
TYLENOL UP TO 1GM (1000MG)	A9150	CPT		both		1 unit	\$ 3.25	\$ 1.46	Out-of-Network
Zicam	A9150	CPT		both		1 unit	\$ 12.08	\$ 5.44	Out-of-Network
Multivitamin (Single vitamin nos)	A9152	CPT		both		1 unit	\$ 1.05	\$ 0.47	Out-of-Network
Surgicel Absorbable Hemostat Sterile 1/2x2 Patch	A9270	CPT		both		1 unit	\$ 231.20	\$ 104.04	Out-of-Network
Surgicel Absorbable Hemostat Sterile 2x3 Patch	A9270	CPT		both		1 unit	\$ 406.10	\$ 182.75	Out-of-Network
IODINE SOLUTION PREP 1OZ	A9530	CPT		both		1 unit	\$ 1.29	\$ 0.58	Out-of-Network
Injection, gadoterate meglumine, (Dotarem) 0.1 ml	A9575	CPT		both		1 unit	\$ 194.40	\$ 87.48	Out-of-Network
Dotarem Contrast 15 mL vial	A9575	CPT		both		1 unit	\$ 291.70	\$ 131.27	Out-of-Network
Dotarem Contrast 20 mL vial	A9575	CPT		both		1 unit	\$ 390.00	\$ 175.50	Out-of-Network
Prohance Gadoteridol 279.3 mg/mL; injection vial 5 mL	A9576	CPT		both		1 unit	\$ 120.00	\$ 54.00	Out-of-Network
Inj, Gadolinium MRI contrast agent, NOS, per 1 ml	A9579	CPT		both		1 unit	\$ 23.83	\$ 10.72	Out-of-Network
Gadavist (Gadobutrol) 0.1 mL	A9585	CPT		both		1 unit	\$ 10.19	\$ 4.59	Out-of-Network
Bronchoscope Disposable	A9999	CPT		both		1 unit	\$ 1,200.00	\$ 540.00	Out-of-Network
Acetaminophen Suppository 650mg	J8498	CPT		both		1 unit	\$ 16.90	\$ 7.61	Out-of-Network
ACETYLCYSTEINE 200MG, oral solution	J3490	CPT		both		1 unit	\$ 12.79	\$ 5.76	Out-of-Network
Acetaminophen 250mg Aspirin 250mg Caffeine 65mg PO	J8499	CPT		both		1 unit	\$ 4.10	\$ 1.85	Out-of-Network
Acetaminophen 250mg Aspirin 250mg Caffeine 65mg PO	J8499	CPT		both		1 unit	\$ 4.10	\$ 1.85	Out-of-Network
Infusion, albumin (human), 5%, 250 ml	P9045	CPT		both		1 unit	\$ 1,771.12	\$ 797.00	Out-of-Network
AminoProtect - Lysine, Arginine, 1000ml Bag	J3490	CPT		both		1 unit	\$ 1,449.60	\$ 652.32	Out-of-Network
Ampicillin 250mg Injection	J3490	CPT		both		1 unit	\$ 25.65	\$ 11.54	Out-of-Network
Ampicillin 1 GM Injection	J3490	CPT		both		1 unit	\$ 37.95	\$ 17.08	Out-of-Network
ANTACID (ADVANCE), single dose	J8499	CPT		both		1 unit	\$ 1.73	\$ 0.78	Out-of-Network
APRACLONIDINE HYDROCHLORIDE, 5 mg/mL	J8499	CPT		both		1 unit	\$ 1,262.24	\$ 568.01	Out-of-Network
Artificial Tear Drops 1.4%	V2799	CPT		both		1 unit	\$ 17.50	\$ 7.88	Out-of-Network
ATORVASTATIN (LIPITOR) 10 mg TAB	J8499	CPT		both		1 unit	\$ 3.51	\$ 1.58	Out-of-Network
ATORVASTATIN (LIPITOR) 80MG	J8499	CPT		both		1 unit	\$ 28.06	\$ 12.63	Out-of-Network
Augmentin 200 mg/5 ml	J8499	CPT		both		1 unit	\$ 11.65	\$ 5.24	Out-of-Network
Nasogastric tubing with stylet	B4081	CPT		both		1 unit	\$ 186.80	\$ 84.06	Out-of-Network
Nasogastric tubing without stylet	B4082	CPT		both		1 unit	\$ 134.30	\$ 60.44	Out-of-Network
Bethanechol 10mg Tab	J8499	CPT		both		1 unit	\$ 9.70	\$ 4.37	Out-of-Network
Banana Bag IV Solution	J3490	CPT		both		1 unit	\$ 1,967.50	\$ 885.38	Out-of-Network
Benzocaine Topical Spray (Dental Anesthetic)	J3490	CPT		both		1 unit	\$ 678.50	\$ 305.33	Out-of-Network
Brimonidine Tartrate 0.2% drops 5ml	J3490	CPT		both		1 unit	\$ 180.60	\$ 81.27	Out-of-Network
Budesonide Oral Cap 3mg	J8499	CPT		both		1 unit	\$ 34.10	\$ 15.35	Out-of-Network
Cath, inf, per/cent/midline	C1751	CPT		both		1 unit	\$ 200.00	\$ 90.00	Out-of-Network
Infusion pump, programmable (implantable)	C1772	CPT		both		1 unit	\$ 200.00	\$ 90.00	Out-of-Network
Calcium Carbonate Chew (TUMS) 500MG PO	J8499	CPT		both		1 unit	\$ 16.79	\$ 7.56	Out-of-Network
Calcitriol Capsule 0.25mcg/1	J8499	CPT		both		1 unit	\$ 7.10	\$ 3.20	Out-of-Network

Calamine Lotion 160mg/mL	J3490	CPT		both		1 unit	\$ 3.38	\$ 1.52	Out-of-Network
CARAFATE 1GM TAB	J8499	CPT		both		1 unit	\$ 71.85	\$ 32.33	Out-of-Network
Carafate 1GM/10ML Susp	J8499	CPT		both		1 unit	\$ 23.10	\$ 10.40	Out-of-Network
Carbamazepine (Tegretol) 100 MG chew tab	J8499	CPT		both		1 unit	\$ 6.65	\$ 2.99	Out-of-Network
Carbidopa and Levodopa up to 100MG	J8499	CPT		both		1 unit	\$ 7.20	\$ 3.24	Out-of-Network
Cetecoxib 100MG	J8499	CPT		both		1 unit	\$ 6.30	\$ 2.84	Out-of-Network
Cepacol (Benzocaine) PO	J8499	CPT		both		1 unit	\$ 2.83	\$ 1.27	Out-of-Network
Chlordiazepoxide HCL (Librium), 25 mg	J8499	CPT		both		1 unit	\$ 1.47	\$ 0.66	Out-of-Network
Chloraseptic Lozenges 1 unit dose PO	J8499	CPT		both		1 unit	\$ 1.80	\$ 0.81	Out-of-Network
Ciprofloxacin 400mg/200mL Infusion	J3490	CPT		both		1 unit	\$ 34.50	\$ 15.53	Out-of-Network
Clonidine TTS (Catapres-TSS) 0.2mg Patch	J8499	CPT		both		1 unit	\$ 23.71	\$ 10.67	Out-of-Network
Cinacalcet	J8499	CPT		both		1 unit	\$ 5.90	\$ 2.66	Out-of-Network
COLCHICINE - COLCRYS 0.6mg PO	J8499	CPT		both		1 unit	\$ 11.24	\$ 5.06	Out-of-Network
Coly-Mycin S Otic, Ear Drops	J3490	CPT		both		1 unit	\$ 30.14	\$ 13.56	Out-of-Network
Ascorbic Acid 500mg/ml Injection	J3490	CPT		both		1 unit	\$ 144.96	\$ 65.23	Out-of-Network
Citalopram Hydrobromide 10MG	J8499	CPT		both		1 unit	\$ 2.40	\$ 1.08	Out-of-Network
Cyclopentolate 2% eye drops 5ml	J3490	CPT		both		1 unit	\$ 873.60	\$ 393.12	Out-of-Network
D5 1/2 NS 1000mL Infusion	S5010	CPT		both		1 unit	\$ 147.20	\$ 66.24	Out-of-Network
Dabigatran 75mg/1 Capsules	J8499	CPT		both		1 unit	\$ 3.40	\$ 1.53	Out-of-Network
Sennosides and Docusate Sodium TAB	J8499	CPT		both		1 unit	\$ 1.90	\$ 0.86	Out-of-Network
Debrox, Carbamide Peroxide 6.5%, Otic drops	J3490	CPT		both		1 unit	\$ 44.39	\$ 19.98	Out-of-Network
Injection, deferroxamine mesylate, 500 mg	J0895	CPT		both		1 unit	\$ 17.01	\$ 7.65	Out-of-Network
DEXAMETHASONE SODIUM PHOS 4MG	J3490	CPT		both		1 unit	\$ 130.12	\$ 58.55	Out-of-Network
Oral Dexamethasone Per 0.25MG (Tablet)	J8540	CPT		both		1 unit	\$ 1.29	\$ 0.58	Out-of-Network
Dextrose 10% IV solution 1,000 mL	J3490	CPT		both		1 unit	\$ 28.40	\$ 12.78	Out-of-Network
Dextromethorphan ER (Delsym) 30MG/5ML	J8499	CPT		both		1 unit	\$ 6.40	\$ 2.88	Out-of-Network
Diclofenac Sodium 1%; ointment (Medicare)	A6250	CPT		both		1 unit	\$ 118.50	\$ 53.33	Out-of-Network
Dantrolene Sodium (Ryanodex) 20mg/1	J3490	CPT		both		1 unit	\$ 3,474.17	\$ 1,563.38	Out-of-Network
Doxylamine-Pyridoxine (Diclegis) 10-10 MG	J8499	CPT		both		1 unit	\$ 5.21	\$ 2.34	Out-of-Network
Diphenhydramine HCl (Oral Solution) (Benadryl)	J8499	CPT		both		1 unit	\$ 10.10	\$ 4.55	Out-of-Network
Dexmedetomidine, oral, 1 mcg	J1105	CPT		both		1 unit	\$ 1,355.00	\$ 609.75	Out-of-Network
CRUTCH UNDERARM PAIR WOOD	E0112	CPT		both		1 unit	\$ 261.76	\$ 117.79	Out-of-Network
CRUTCH UNDERARM PAIR NO WOOD	E0114	CPT		both		1 unit	\$ 88.40	\$ 39.78	Out-of-Network
CRUTCH UNDERARM EACH NO WOOD	E0116	CPT		both		1 unit	\$ 88.40	\$ 39.78	Out-of-Network
UNDERARM SPRINGASSIST CRUTCH	E0117	CPT		both		1 unit	\$ 182.79	\$ 82.26	Out-of-Network
WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEEL..	E0144	CPT		both		1 unit	\$ 2,171.02	\$ 976.96	Out-of-Network
HOT WATER BOTTLE	E0220	CPT		both		1 unit	\$ 53.04	\$ 23.87	Out-of-Network
BED PAN STANDARD	E0275	CPT		both		1 unit	\$ 17.68	\$ 7.96	Out-of-Network
URINAL MALE JUG-TYPE	E0325	CPT		both		1 unit	\$ 9.73	\$ 4.38	Out-of-Network
DISPOSABLE PACK W/BOWEL SYST (VAG SPECULUM)	E0352	CPT		both		1 unit	\$ 267.50	\$ 120.38	Out-of-Network
OXIMETER NON-INVASIVE	E0445	CPT		both		1 unit	\$ 186.50	\$ 83.93	Out-of-Network
NEBULIZER WITH COMPRESSION	E0570	CPT		both		1 unit	\$ 339.22	\$ 152.65	Out-of-Network
NEBULIZER FOR USE W/ REGULAT	E0580	CPT		both		1 unit	\$ 441.98	\$ 198.89	Out-of-Network
Continuous airway pressure (CPAP) device	E0601	CPT		both		1 unit	\$ 499.45	\$ 224.75	Out-of-Network
EnBrace HR/MF 7mg soft gel capsule	J8499	CPT		both		1 unit	\$ 17.30	\$ 7.79	Out-of-Network
Enlyte-D	B5000	CPT		both		1 unit	\$ 11.70	\$ 5.27	Out-of-Network
Ephedrine Sulfate up to 50mg	J3490	CPT		both		1 unit	\$ 268.50	\$ 120.83	Out-of-Network
Ethyl Chloride Topical Spray, 1 mL/1 spray pump	A6250	CPT		both		1 unit	\$ 4.60	\$ 2.07	Out-of-Network
Fluorescein-Benoxinate Opht Drops 0.25%-0.4%	A9150	CPT		both		1 unit	\$ 229.00	\$ 103.05	Out-of-Network

Fondaparinux Sodium 2.5mg/5ml	J1652	CPT		both		1 unit	\$ 249.40	\$ 112.23	Out-of-Network
Prostate Cancer Screening; Prostate Specific Antigen test (PSA)	G0103	CPT		both		1 unit	\$ 261.17	\$ 117.53	Out-of-Network
DERMABOND - WOUND CLOSURE BY ADHESIVE	G0168	CPT		both		1 unit	\$ 50.51	\$ 22.73	Out-of-Network
REMOVAL OF IMPACTED WAX MD	G0268	CPT		both		1 unit	\$ 275.49	\$ 123.97	Out-of-Network
HOSPITAL OBSERVATION PER HR	G0378	CPT		both		1 unit	\$ 2,443.75	\$ 1,099.69	Out-of-Network
Direct admission of patient for hospital observation care	G0379	CPT		both		1 unit	\$ 950.00	\$ 427.50	Out-of-Network
Drug test presumpt optical	G0477	CPT		both		1 unit	\$ 137.17	\$ 61.73	Out-of-Network
Drug test def 1-7 classes	G0480	CPT		both		1 unit	\$ 1,144.30	\$ 514.94	Out-of-Network
Drug test def 8-14 classes	G0481	CPT		both		1 unit	\$ 1,565.90	\$ 704.66	Out-of-Network
Drug test def 15-21 classes	G0482	CPT		both		1 unit	\$ 1,987.40	\$ 894.33	Out-of-Network
Drug test def 22+ classes	G0483	CPT		both		1 unit	\$ 2,469.20	\$ 1,111.14	Out-of-Network
Drug test def simple all cl	G0659	CPT		both		1 unit	\$ 350.00	\$ 157.50	Out-of-Network
Brief check in by md/ghp	G2012	CPT		both		1 unit	\$ 148.60	\$ 66.87	Out-of-Network
Assay of Salicylate	G6038	CPT		both		1 unit	\$ 128.31	\$ 57.74	Out-of-Network
Assay of Acetaminophen	G6039	CPT		both		1 unit	\$ 91.45	\$ 41.15	Out-of-Network
ANTROM PRESCRIBE	G8895	CPT		both		1 unit	\$ 7.30	\$ 3.29	Out-of-Network
Heparin 25K units/250mL	J1644	CPT		both		1 unit	\$ 131.40	\$ 59.13	Out-of-Network
HYDRALAZINE 50 mg Tab	J8499	CPT		both		1 unit	\$ 1.90	\$ 0.86	Out-of-Network
HYDROCODONE AND ACETAMINOPHEN 2.5-108MG/5ML ELIXIR	J3490	CPT		both		1 unit	\$ 76.02	\$ 34.21	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT		both		1 unit	\$ 604.00	\$ 271.80	Out-of-Network
Imodium AD (Loperamide) 1MG/7.5ML Liquid	J8499	CPT		both		1 unit	\$ 13.00	\$ 5.85	Out-of-Network
Ofirmev - Acetaminophen inj, 10mg/mL	J0131	CPT		both		1 unit	\$ 5.37	\$ 2.42	Out-of-Network
Acetaminophen 1000mg/100ml IV Solution	J0131	CPT		both		1 unit	\$ 44.30	\$ 19.94	Out-of-Network
Acetylcysteine (ACETADOTE), 100 mg/mL injection	J0132	CPT		both		1 unit	\$ 54.06	\$ 24.33	Out-of-Network
Acyclovir 500mg/10mL IV	J3490	CPT		both		1 unit	\$ 78.20	\$ 35.19	Out-of-Network
Inj, Adenosine, 1 mg	J0153	CPT		both		1 unit	\$ 98.65	\$ 44.39	Out-of-Network
Injection, epinephrine, NOS, 0.1 mg	J0165	CPT		both		1 unit	\$ 27.76	\$ 12.49	Out-of-Network
Inj, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	J0166	CPT		both		1 unit	\$ 27.76	\$ 12.49	Out-of-Network
Inj, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	J0167	CPT		both		1 unit	\$ 27.76	\$ 12.49	Out-of-Network
Inj, epinephrine (intl med sys), not therapeutically equivalent to j0165, 0.1 mg	J0168	CPT		both		1 unit	\$ 27.76	\$ 12.49	Out-of-Network
Inj, epinephrine (adrenalin), not therapeutically equiv to j0165, 0.1 mg	J0169	CPT		both		1 unit	\$ 27.76	\$ 12.49	Out-of-Network
AMIODARONE HCL 30MG	J0282	CPT		both		1 unit	\$ 20.73	\$ 9.33	Out-of-Network
AMPICILLIN 500 MG INJ	J0290	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
AMPICILLIN SODIUM PER 1.5 GM - UNASYN	J0295	CPT		both		1 unit	\$ 51.11	\$ 23.00	Out-of-Network
Succinylcholine Chloride Inj; up to 20 mg	J0330	CPT		both		1 unit	\$ 13.63	\$ 6.13	Out-of-Network
HYDRALAZINE HCL INJ 20MG	J0360	CPT		both		1 unit	\$ 261.65	\$ 117.74	Out-of-Network
HYDRALAZINE HCL INJ 20MG	J0360	CPT		both		1 unit	\$ 261.65	\$ 117.74	Out-of-Network
ZITHROMAX - AZITHROMYCIN 500MG	J0456	CPT		both		1 unit	\$ 122.88	\$ 55.30	Out-of-Network
ZITHROMAX - AZITHROMYCIN 500MG TABLET	J0456	CPT		both		1 unit	\$ 122.88	\$ 55.30	Out-of-Network
Injection, atropine sulfate, 0.01 mg	J0461	CPT		both		1 unit	\$ 91.80	\$ 41.31	Out-of-Network
BENTYL - DICYCLDOMINE INJECTION 20MG	J0500	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Injection, benzotropine mesylate, per 1 mg	J0515	CPT		both		1 unit	\$ 559.25	\$ 251.66	Out-of-Network
Bicillin L-A Injection 100,000 units	J0561	CPT		both		1 unit	\$ 169.00	\$ 76.05	Out-of-Network
Butorphanol Tartrate 1 mg; inj (Stadol)	J0595	CPT		both		1 unit	\$ 21.22	\$ 9.55	Out-of-Network
Calcium Gluconate (fresenius kabi), per 10 ml; Injection	J0612	CPT		both		1 unit	\$ 219.57	\$ 98.81	Out-of-Network
LEVOLEUCOVORIN INJECTION	J0641	CPT		both		1 unit	\$ 3.54	\$ 1.59	Out-of-Network
Injection, bupivacaine, 0.5 mg	J0665	CPT		both		1 unit	\$ 70.77	\$ 31.85	Out-of-Network
Injection, bupivacaine, 0.5 mg	J0665	CPT		both		1 unit	\$ 70.77	\$ 31.85	Out-of-Network
ANCEF - CEFAZOLIN SODIUM INJECTION 500MG	J0690	CPT		both		1 unit	\$ 32.28	\$ 14.53	Out-of-Network

Injection, cefepime hydrochloride, 500 mg	J0692	CPT		both		1 unit	\$ 92.31	\$ 41.54	Out-of-Network
Injection, cefoxitin sodium, 1 gm	J0694	CPT		both		1 unit	\$ 70.28	\$ 31.63	Out-of-Network
ROCEPHIN - CEFTRIAXONE SODIUM 250MG	J0696	CPT		both		1 unit	\$ 67.14	\$ 30.21	Out-of-Network
Inj, Betamethasone Sodium Phosphate & Acetate 5mL	J0702	CPT		both		1 unit	\$ 550.28	\$ 247.63	Out-of-Network
CAFFEINE AND SODIUM BENZOATE - 2mL vial - 250mg inj	J0706	CPT		both		1 unit	\$ 235.98	\$ 106.19	Out-of-Network
J0708	J0708	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
CLONIDINE HYDROCHLORIDE 1 MG	J0735	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
CLEOCIN - CLINDAMYCIN PHOSP 300MG; Injection	J0736	CPT		both		1 unit	\$ 48.32	\$ 21.74	Out-of-Network
CIPROFLOXACIN IV	J0744	CPT		both		1 unit	\$ 216.58	\$ 97.46	Out-of-Network
COMPAZINE - PROCHLORPERAZINE up to 10MG	J0780	CPT		both		1 unit	\$ 19.38	\$ 8.72	Out-of-Network
Cosyntropin 0.25MG Vial	J0834	CPT		both		1 unit	\$ 238.00	\$ 107.10	Out-of-Network
Dalvance (Dalbavancin) 500 mg; injection	J0875	CPT		both		1 unit	\$ 8,500.00	\$ 3,825.00	Out-of-Network
DEXAMETHASONE SODIUM PHOS 1MG	J1100	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
DIHYDROERGOTAMINE MESYLATE (D.H.E 45) INJ, PER 1MG	J1110	CPT		both		1 unit	\$ 127.24	\$ 57.26	Out-of-Network
Acetazolamide Sodium; injection, up to 500 mg	J1120	CPT		both		1 unit	\$ 3,241.97	\$ 1,458.89	Out-of-Network
Phenytoin Sodium, Injection per 50 mg	J1165	CPT		both		1 unit	\$ 61.88	\$ 27.85	Out-of-Network
Hydromorphone (Dilaudid) 0.1 mg, Injection	J1171	CPT		both		1 unit	\$ 1.55	\$ 0.70	Out-of-Network
BENADRYL - DIPHENHYDRAMINE HCL INJECTION 50MG	J1200	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
DIMENHYDRINATE INJECTION 50MG	J1240	CPT		both		1 unit	\$ 49.84	\$ 22.43	Out-of-Network
Dopamine IV Injection	J1265	CPT		both		1 unit	\$ 232.60	\$ 104.67	Out-of-Network
PEPCID - INJECTION, FAMOTIDINE, 0.25 MG	J1308	CPT		both		1 unit	\$ 4.28	\$ 1.93	Out-of-Network
Injection, eptifibatide, 5 mg	J1327	CPT		both		1 unit	\$ 62.97	\$ 28.34	Out-of-Network
INJ ERTAPENEM (INVANZ) 500MG	J1335	CPT		both		1 unit	\$ 30.05	\$ 13.52	Out-of-Network
Fluconazole (Diflucan) 400mg/0.2L (200ml)	J1450	CPT		both		1 unit	\$ 50.50	\$ 22.73	Out-of-Network
Garamycin, gentamicin, up to 80 mg Inj	J1580	CPT		both		1 unit	\$ 76.02	\$ 34.21	Out-of-Network
Glycopyrrolate, 0.1 mg Inj	J1596	CPT		both		1 unit	\$ 33.20	\$ 14.94	Out-of-Network
GLUCAGON HYDROCHLORIDE/1 MG	J1610	CPT		both		1 unit	\$ 102.80	\$ 46.26	Out-of-Network
Injection, haloperidol, up to 5 mg	J1630	CPT		both		1 unit	\$ 460.97	\$ 207.44	Out-of-Network
HALOPERIDOL DECANOATE INJ	J1631	CPT		both		1 unit	\$ 134.21	\$ 60.39	Out-of-Network
BOLUS IV LOCK PUSH - INJ HEPARIN SODIUM PER 10 U	J1642	CPT		both		1 unit	\$ 20.33	\$ 9.15	Out-of-Network
INJ HEPARIN SODIUM PER 1000U	J1644	CPT		both		1 unit	\$ 46.56	\$ 20.95	Out-of-Network
Heparin Premixed Bag 25,000/500ML	J1644	CPT		both		1 unit	\$ 160.60	\$ 72.27	Out-of-Network
LOVENOX - INJ ENOXAPARIN SODIUM PER 10MG	J1650	CPT		both		1 unit	\$ 48.90	\$ 22.01	Out-of-Network
TETANUS IMMUNE GLOBULIN INJ	J1670	CPT		both		1 unit	\$ 61.88	\$ 27.85	Out-of-Network
Inj, hydrocortisone sodium (Solu-Cortef) 100 mg	J1720	CPT		both		1 unit	\$ 119.19	\$ 53.64	Out-of-Network
Inj Hydrocortisone 250 mg/2 mL	J1720	CPT		both		1 unit	\$ 467.30	\$ 210.29	Out-of-Network
Iron Sucrose 100 mg/5 mL	J1756	CPT		both		1 unit	\$ 425.70	\$ 191.57	Out-of-Network
DROPERIDOL INJECTION	J1790	CPT		both		1 unit	\$ 4.82	\$ 2.17	Out-of-Network
Esmolol HCl (Brevibloc), 10mg, inj	J1805	CPT		both		1 unit	\$ 2.74	\$ 1.23	Out-of-Network
INSULIN INJECTION (Humulin) 100/mL	J1815	CPT		both		1 unit	\$ 588.30	\$ 264.74	Out-of-Network
Insulin Injection (Admelog/Lispro) 100 u/mL 10mL	J1815	CPT		both		1 unit	\$ 1,156.20	\$ 520.29	Out-of-Network
Insulin Injection (Admelog/Lispro) 100 u/mL 3mL	J1815	CPT		both		1 unit	\$ 452.20	\$ 203.49	Out-of-Network
Insulin Injection (Aspart/Novolog)	J1815	CPT		both		1 unit	\$ 833.90	\$ 375.26	Out-of-Network
Insulin Injection (Lantus/Glargine) 100 u/mL	J1815	CPT		both		1 unit	\$ 740.80	\$ 333.36	Out-of-Network
Insulin Injection (Isophane/Regular) 70/20 100 u/mL	J1815	CPT		both		1 unit	\$ 588.30	\$ 264.74	Out-of-Network
Insulin IV (Myxredlin) 100ML	J1815	CPT		both		1 unit	\$ 403.50	\$ 181.58	Out-of-Network
Insulin Injection (Novolin) 10 mL	J1815	CPT		both		1 unit	\$ 588.30	\$ 264.74	Out-of-Network
Insulin for admin through dme (i.e., insulin pump) per 50 units	J1817	CPT		both		1 unit	\$ 18.58	\$ 8.36	Out-of-Network
TORADOL,(KETOROLAC TROMETHAMINE) PER 15 MG	J1885	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network

INJECTION, LANREOTIDE, 1 MG	J1930	CPT		both		1 unit	\$ 260.44	\$ 117.20	Out-of-Network
Injection, furosemide (Lasix) , 1 mg	J1938	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Injection, furosemide (Lasix) , 1 mg	J1938	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
LEUPROLIDE ACETATE /3.75 MG	J1950	CPT		both		1 unit	\$ 4,564.89	\$ 2,054.20	Out-of-Network
Inj: Levetiracetam, per 10mg	J1953	CPT		both		1 unit	\$ 16.86	\$ 7.59	Out-of-Network
LEVOFLOXACIN INJECTION	J1956	CPT		both		1 unit	\$ 181.21	\$ 81.54	Out-of-Network
Levsin (hyoscyamine sulfate) up to 0.25 mg	J1980	CPT		both		1 unit	\$ 77.63	\$ 34.93	Out-of-Network
Lidocaine 1% 200mg/20ml MDV	J2001	CPT		both		1 unit	\$ 21.20	\$ 9.54	Out-of-Network
Injection, lidocaine hcl in 5% dextrose, 1 mg	J2002	CPT		both		1 unit	\$ 57.40	\$ 25.83	Out-of-Network
Injection, lidocaine hydrochloride, 10mg/mL	J2003	CPT		both		1 unit	\$ 57.40	\$ 25.83	Out-of-Network
Lidocaine Epinephrine (Xylocaine) 2% (20mL); vial	J2004	CPT		both		1 unit	\$ 65.90	\$ 29.66	Out-of-Network
Lidocaine 1% PF 50MG/5ML Ampute	J2004	CPT		both		1 unit	\$ 12.30	\$ 5.54	Out-of-Network
ATIVAN - LORAZEPAM INJECTION 2MG	J2060	CPT		both		1 unit	\$ 150.45	\$ 67.70	Out-of-Network
Injection, Meperidine Hydrochloride, per 100 mg	J2175	CPT		both		1 unit	\$ 90.40	\$ 40.68	Out-of-Network
Injection, Meropenem, 100 mg (Merrem)	J2185	CPT		both		1 unit	\$ 53.60	\$ 24.12	Out-of-Network
Methylnaltrexone (Relistor) 0.1 mg; Injection	J2212	CPT		both		1 unit	\$ 12.59	\$ 5.67	Out-of-Network
INJ MIDAZOLAM HCl 1MG/ML	J2250	CPT		both		1 unit	\$ 243.30	\$ 109.49	Out-of-Network
INJ MIDAZOLAM HCl 1MG/ML	J2250	CPT		both		1 unit	\$ 243.30	\$ 109.49	Out-of-Network
MORPHINE SULFATE INJECTION UP TO 10MG	J2270	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Morphine Sulfate Injection Up To 10MG	J2270	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
INJ NALBUPHINE HYDROCHLORIDE	J2300	CPT		both		1 unit	\$ 76.02	\$ 34.21	Out-of-Network
Injection, naloxone hydrochloride, NOS 0.01 mg	J2312	CPT		both		1 unit	\$ 34.56	\$ 15.55	Out-of-Network
Vivitrol 380 mg; IM	J2315	CPT		both		1 unit	\$ 3,220.14	\$ 1,449.06	Out-of-Network
Injection, octreotide, non-depot form for subcu or intravenous injec, 25 mcg	J2354	CPT		both		1 unit	\$ 33.18	\$ 14.93	Out-of-Network
Olanzapine (Zyprexa), long-acting, 1 mg injection	J2358	CPT		both		1 unit	\$ 30.44	\$ 13.70	Out-of-Network
NORFLEX - ORPHENADRINE UP TO 60MG	J2360	CPT		both		1 unit	\$ 186.09	\$ 83.74	Out-of-Network
Injection, phenylephrine hydrochloride, 20 micrograms	J2371	CPT		both		1 unit	\$ 124.04	\$ 55.82	Out-of-Network
ZOFRAN (ONDANSETRON HCL INJECTION 1MG)	J2405	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Injection, pantoprazole sodium, 40 mg	J2470	CPT		both		1 unit	\$ 292.77	\$ 131.75	Out-of-Network
INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	J2540	CPT		both		1 unit	\$ 75.23	\$ 33.85	Out-of-Network
Piperacillin/Tazobactam Sodium (Zosyn); Inj	J2543	CPT		both		1 unit	\$ 88.40	\$ 39.78	Out-of-Network
PHENERGAN - PROMETHAZINE HCL INJECTION UP TO 50MG	J2550	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Phenobarbital Sodium 130 mg vial	J2560	CPT		both		1 unit	\$ 597.70	\$ 268.97	Out-of-Network
Injection, oxytocin, up to 10 units (10units/mL)	J2590	CPT		both		1 unit	\$ 154.80	\$ 69.66	Out-of-Network
PRELONE - INJEC PREDNISOLONE ACETATE UP TO 1 ML	J2650	CPT		both		1 unit	\$ 9.19	\$ 4.14	Out-of-Network
PROCAINAMIDE HCL INJECTION	J2690	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Injection, propofol, 10 mg	J2704	CPT		both		1 unit	\$ 23.98	\$ 10.79	Out-of-Network
PRALIDOXIME CHLORIDE	J2730	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Metoclopramide HCL (Reglan); injection	J2765	CPT		both		1 unit	\$ 45.52	\$ 20.48	Out-of-Network
Quinupristin/dalfopristin	J2770	CPT		both		1 unit	\$ 247.07	\$ 111.18	Out-of-Network
RHOGAM INJECTION	J2790	CPT		both		1 unit	\$ 653.40	\$ 294.03	Out-of-Network
Naropin 0.2% 20 mg/10 mL (Ropivacaine HCL); Inj	J2795	CPT		both		1 unit	\$ 99.60	\$ 44.82	Out-of-Network
METHOCARBOMAL INJECTION	J2800	CPT		both		1 unit	\$ 32.27	\$ 14.52	Out-of-Network
SINCALIDE INJECTION	J2805	CPT		both		1 unit	\$ 79.56	\$ 35.80	Out-of-Network
NA ferric gluconate complex in sucrose inj, 12.5mg	J2916	CPT		both		1 unit	\$ 19.18	\$ 8.63	Out-of-Network
NA ferric gluconate complex in sucrose inj, 62.5 mg/5mL	J2916	CPT		both		1 unit	\$ 95.94	\$ 43.17	Out-of-Network
Methylprednisolone Sodium Succinate, Injection 5mg/1	J2919	CPT		both		1 unit	\$ 22.22	\$ 10.00	Out-of-Network
FENTANYL CITRATE INJ 0.1 mg/mL (Up to 100MCG)	J3010	CPT		both		1 unit	\$ 31.33	\$ 14.10	Out-of-Network
SUMATRIPTAN SUCCINATE / 6 MG	J3030	CPT		both		1 unit	\$ 9.73	\$ 4.38	Out-of-Network

Tenecteplase (TNKase), 1 mg	J3101	CPT		both		1 unit	\$ 177.10	\$ 79.70	Out-of-Network
Terbutaline Sulfate, injection, up to 1mg	J3105	CPT		both		1 unit	\$ 62.10	\$ 27.95	Out-of-Network
TESTOSTERONE ENANTHATE INJ, 1mg	J3121	CPT		both		1 unit	\$ 35.35	\$ 15.91	Out-of-Network
Injection, chlorpromazine HCl, up to 50 mg	J3230	CPT		both		1 unit	\$ 92.18	\$ 41.48	Out-of-Network
TOBRAMYCIN SULFATE INJECTION	J3260	CPT		both		1 unit	\$ 54.54	\$ 24.54	Out-of-Network
Injection, triamcinolone acetonide 40MG/ML	J3301	CPT		both		1 unit	\$ 188.10	\$ 84.65	Out-of-Network
VALIUM - DIAZEPAM INJECTION UP TO 5 MG	J3360	CPT		both		1 unit	\$ 16.25	\$ 7.31	Out-of-Network
VALIUM - DIAZEPAM INJECTION UP TO 5 MG	J3360	CPT		both		1 unit	\$ 16.25	\$ 7.31	Out-of-Network
Injection, vancomycin hydrochloride, 10 mg	J3373	CPT		both		1 unit	\$ 5.53	\$ 2.49	Out-of-Network
Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3373, 1	J3374	CPT		both		1 unit	\$ 5.53	\$ 2.49	Out-of-Network
Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3373, 1	J3375	CPT		both		1 unit	\$ 5.53	\$ 2.49	Out-of-Network
HYDROXYZINE HCL INJECTION	J3410	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
THIAMINE HCL 100 MG (inj)	J3411	CPT		both		1 unit	\$ 367.00	\$ 165.15	Out-of-Network
VITAMIN B12 INJECTION	J3420	CPT		both		1 unit	\$ 135.25	\$ 60.86	Out-of-Network
Magnesium Sulfate Injection, per 500mg/mL	J3475	CPT		both		1 unit	\$ 152.60	\$ 68.67	Out-of-Network
POTASSIUM CHLORIDE INJ - K-DUR	J3480	CPT		both		1 unit	\$ 2.39	\$ 1.08	Out-of-Network
GEODON - ZIPRASIDONE MESYLATE 10MG	J3486	CPT		both		1 unit	\$ 52.87	\$ 23.79	Out-of-Network
Bactroban	J3490	CPT		both		1 unit	\$ 89.24	\$ 40.16	Out-of-Network
Bumetanide (Bumex) 1mg; IV	J3490	CPT		both		1 unit	\$ 26.20	\$ 11.79	Out-of-Network
Sublocade (Buprenorphine) 300 mg (SQ/IV)	J3490	CPT		both		1 unit	\$ 9,145.20	\$ 4,115.34	Out-of-Network
Caramide Peroxide 6.5% wax drops	J8499	CPT		both		1 unit	\$ 51.87	\$ 23.34	Out-of-Network
Diltiazem Hydrochloride Injection	J3490	CPT		both		1 unit	\$ 66.50	\$ 29.93	Out-of-Network
J3490CARD	J3490	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
ACTIVATED CHARCOAL 25G	J3490	CPT		both		1 unit	\$ 44.21	\$ 19.89	Out-of-Network
ACTIVATED CHARCOAL 25G	J8499	CPT		both		1 unit	\$ 44.21	\$ 19.89	Out-of-Network
CLEOCIN - CLINDAMYCIN PHOSP 300MG -MEDICARE	J3490	CPT		both		1 unit	\$ 48.32	\$ 21.74	Out-of-Network
Combogesic IV Ibuprofen sodium/acetaminophen 1000 mg/300 mg per 100	J3490	CPT		both		1 unit	\$ 317.23	\$ 142.75	Out-of-Network
CroFab (Crotalidae Polyvalent Immune Fab) per vial	J3490	CPT		both		1 unit	\$ 19,287.52	\$ 8,679.38	Out-of-Network
Cyclopentolate 1% eye drops; 2ml bottle	J3490	CPT		both		1 unit	\$ 71.40	\$ 32.13	Out-of-Network
DAVROCET N - TAB	J8499	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
J3490DAV	J3490	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
DONNATOL 10 ML	J3490	CPT		both		1 unit	\$ 18.38	\$ 8.27	Out-of-Network
Doxycycline 100 mg IV	J3490	CPT		both		1 unit	\$ 308.10	\$ 138.65	Out-of-Network
Systane (Alcon) Eye Drops	J3490	CPT		both		1 unit	\$ 36.62	\$ 16.48	Out-of-Network
Enalaprilat (Vasotec) 1.25mg/ml SDV	J3490	CPT		both		1 unit	\$ 43.09	\$ 19.39	Out-of-Network
ERYTHROMYCIN 500MG/IV	J3490	CPT		both		1 unit	\$ 113.84	\$ 51.23	Out-of-Network
Esmolol HCl (Brevibloc) 100 mg/10 mL vial	J3490	CPT		both		1 unit	\$ 27.40	\$ 12.33	Out-of-Network
ETOMIDATE 20MG/10ML V 10/B	J3490	CPT		both		1 unit	\$ 24.25	\$ 10.91	Out-of-Network
Flonase Nasal Spray 50ug/1	J8499	CPT		both		1 unit	\$ 29.40	\$ 13.23	Out-of-Network
FOLIC ACID, 1mg/mL, injection	J3490	CPT		both		1 unit	\$ 51.20	\$ 23.04	Out-of-Network
CODEINE-GUAIFENESIN, 5 mL	J3490	CPT		both		1 unit	\$ 57.50	\$ 25.88	Out-of-Network
Half Normal Saline (0.45% Sodium Chloride) Ivsol 0.45% 1000 mL	J3490	CPT		both		1 unit	\$ 81.60	\$ 36.72	Out-of-Network
Ibuprofen 800 mg; tab	J8499	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
IMODIUM-2MG TAB	J8499	CPT		both		1 unit	\$ 13.27	\$ 5.97	Out-of-Network
KETAMINE HYDRO UP TO 50MG	J3490	CPT		both		1 unit	\$ 44.21	\$ 19.89	Out-of-Network
Levocarnitine (Carnitor) 200 mg/5 mL; IV	J3490	CPT		both		1 unit	\$ 372.00	\$ 167.40	Out-of-Network
VISCOUS XYLOCAINE	J3490	CPT		both		1 unit	\$ 77.27	\$ 34.77	Out-of-Network
LORTAB 5MG TAB	J8499	CPT		both		1 unit	\$ 9.46	\$ 4.26	Out-of-Network
PEDIALYTE	J8499	CPT		both		1 unit	\$ 36.62	\$ 16.48	Out-of-Network

MARCAINE 10ML	J3490	CPT		both		1 unit	\$ 75.23	\$ 33.85	Out-of-Network
Metronidazole 10mg Injection	J1836	CPT		both		1 unit	\$ 5.71	\$ 2.57	Out-of-Network
Metoprolol Tartrate (Lopressor) 5 MG/5 mL	J3490	CPT		both		1 unit	\$ 11.29	\$ 5.08	Out-of-Network
Metoprolol Tartrate (Lopressor) 5 MG/5 mL	J3490	CPT		both		1 unit	\$ 11.29	\$ 5.08	Out-of-Network
J3490 MOTR	J3490	CPT		both		1 unit	\$ 10.61	\$ 4.77	Out-of-Network
NAD+ 250 mg; IV (Nicotinamide Adenine Dinucleotide)	J3490	CPT		both		1 unit	\$ 400.00	\$ 180.00	Out-of-Network
Injection, nitroglycerin, 5 mg	J2305	CPT		both		1 unit	\$ 209.10	\$ 94.10	Out-of-Network
NORCO 5/325 MG (Hydrocodone Bitartrate and Acetaminophen)	J8499	CPT		both		1 unit	\$ 41.87	\$ 18.84	Out-of-Network
PROPOFOL 10MG	J3490	CPT		both		1 unit	\$ 5.69	\$ 2.56	Out-of-Network
Protamine Sulfate 10mg Injection	J2720	CPT		both		1 unit	\$ 182.50	\$ 82.13	Out-of-Network
Phytonadione (Vitamin K), per 1 MG; inj	J3430	CPT		both		1 unit	\$ 14.43	\$ 6.49	Out-of-Network
RACONIC 0.5ML	J3490	CPT		both		1 unit	\$ 12.11	\$ 5.45	Out-of-Network
Remdesivir (Veklury) 100 mg vial	J3490	CPT		both		1 unit	\$ 720.00	\$ 324.00	Out-of-Network
RACEMIC EPINEPHRINE (inhalation solution)	J8499	CPT		both		1 unit	\$ 17.68	\$ 7.96	Out-of-Network
ROCURONIUM INJ. UP TO 10MG	J3490	CPT		both		1 unit	\$ 26.67	\$ 12.00	Out-of-Network
Scopolamine Transdermal Patch 1 mg/72 hr	J3490	CPT		both		1 unit	\$ 58.40	\$ 26.28	Out-of-Network
SPRAY - HURRICANE SPRAY	J3490	CPT		both		1 unit	\$ 214.53	\$ 96.54	Out-of-Network
TETRACAINE - PONTOCAINE 1% 2ML IM/IV	J3490	CPT		both		1 unit	\$ 85.39	\$ 38.43	Out-of-Network
Tetracaine 5 mg/mL drops	J3490	CPT		both		1 unit	\$ 85.39	\$ 38.43	Out-of-Network
Tranexamic Acid (Lyteda) VL 1000 MG/10 mL	J3490	CPT		both		1 unit	\$ 81.58	\$ 36.71	Out-of-Network
Tranexamic Acid (Cyklokapron) 1000 mg/10 mL; inj	J3490	CPT		both		1 unit	\$ 278.70	\$ 125.42	Out-of-Network
Triamcinolone Acetonide (Kenalog) Topical 0.1% 30 GM	A6250	CPT		both		1 unit	\$ 35.20	\$ 15.84	Out-of-Network
J3490TYL	J3490	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
Valproic Acid/Depacon (Valproate Sodium) Inj 100 mg	J3490	CPT		both		1 unit	\$ 27.60	\$ 12.42	Out-of-Network
Vasotec/Enalapril 2.5mg tab	J8499	CPT		both		1 unit	\$ 9.49	\$ 4.27	Out-of-Network
VERAPAMIL HCL, TAB 40MG (100/BT)	J8499	CPT		both		1 unit	\$ 184.62	\$ 83.08	Out-of-Network
VERAPAMIL HYDROCHLORIDE IV, 2.5 mg/mL	J3490	CPT		both		1 unit	\$ 382.95	\$ 172.33	Out-of-Network
VICODIN	J3490	CPT		both		1 unit	\$ 17.68	\$ 7.96	Out-of-Network
J3490 VICO	J3490	CPT		both		1 unit	\$ 7.06	\$ 3.18	Out-of-Network
MULTIVITAMIN INJ	J3490	CPT		both		1 unit	\$ 10.21	\$ 4.59	Out-of-Network
NORMAL SALINE SOLUTION INFUS 1000CC	J7030	CPT		both		1 unit	\$ 80.63	\$ 36.28	Out-of-Network
NORMAL SALINE SOLUTION INFUS 1000CC	J7030	CPT		both		1 unit	\$ 80.63	\$ 36.28	Out-of-Network
NORMAL SALINE SOLUTION INFUS - 500 ML=1 UNIT	J7040	CPT		both		1 unit	\$ 40.32	\$ 18.14	Out-of-Network
5% DEXTROSE/NORMAL SALINE	J7042	CPT		both		1 unit	\$ 40.32	\$ 18.14	Out-of-Network
NORMAL SALINE SOLUTION INFUS 250cc	J7050	CPT		both		1 unit	\$ 39.57	\$ 17.81	Out-of-Network
5% dextrose/water 500ML	J7060	CPT		both		1 unit	\$ 14.04	\$ 6.32	Out-of-Network
5% dextrose/water 500ML	J7060	CPT		both		1 unit	\$ 14.04	\$ 6.32	Out-of-Network
D5W INFUSION	J7070	CPT		both		1 unit	\$ 106.08	\$ 47.74	Out-of-Network
DEXTRAN 75 INFUSION	J7110	CPT		both		1 unit	\$ 194.36	\$ 87.46	Out-of-Network
RINGERS LACTATE INFUSION	J7120	CPT		both		1 unit	\$ 137.20	\$ 61.74	Out-of-Network
D5LR - 5% dextrose in lactated ringers infusion, up to 1000 cc	J7121	CPT		both		1 unit	\$ 59.11	\$ 26.60	Out-of-Network
hypertonic saline solution, 1 ml	J7131	CPT		both		1 unit	\$ 114.92	\$ 51.71	Out-of-Network
PRELONE - ORAL PREDNISOLONE PER 5 MG	J7510	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
ORAPRED - ORAL PREDNISOLONE PER 5 MG	J7510	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
PREDNISONE ORAL PER 1MG	J7512	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
LEVALBUTEROL COMP CON UNIT DOSE 1MG	J7607	CPT		both		1 unit	\$ 28.46	\$ 12.81	Out-of-Network
Acetylcysteine (Mucolytic Agent) 20% 200mg/mL	J7608	CPT		both		1 unit	\$ 41.04	\$ 18.47	Out-of-Network
ALBUTEROL COMP UNIT 1MG	J7609	CPT		both		1 unit	\$ 221.00	\$ 99.45	Out-of-Network
Albuterol, inhalation solution, admin DME, 1 mg	J7610	CPT		both		1 unit	\$ 21.39	\$ 9.63	Out-of-Network

ALBUTEROL NON-COMP CON	J7611	CPT		both		1 unit	\$ 21.39	\$ 9.63	Out-of-Network
LEVALBUTEROL NON-COMP CON	J7612	CPT		both		1 unit	\$ 21.56	\$ 9.70	Out-of-Network
ALBUTEROL NON-COMP UNIT	J7613	CPT		both		1 unit	\$ 21.39	\$ 9.63	Out-of-Network
XOPENEX - LEVALBUTEROL NON-COMP UNIT	J7614	CPT		both		1 unit	\$ 28.46	\$ 12.81	Out-of-Network
LEVALBUTEROL COMP UNIT 0.5MG	J7615	CPT		both		1 unit	\$ 28.46	\$ 12.81	Out-of-Network
Albuterol Sulfate and Ipratropium Bromide	J7620	CPT		both		1 unit	\$ 21.39	\$ 9.63	Out-of-Network
Budesonide non-comp unit, up to 0.5 mg (Pulmicort)	J7626	CPT		both		1 unit	\$ 151.80	\$ 68.31	Out-of-Network
Dexamethasone Sodium Phosphate 1mL	J7637	CPT		both		1 unit	\$ 11.73	\$ 5.28	Out-of-Network
Dexamethasone, inhal sol, compd prod,unit dose, per milligram	J7638	CPT		both		1 unit	\$ 17.17	\$ 7.73	Out-of-Network
FORMOTEROL,INHAL,SOLUT,COMP,UNIT DOSE, 12Microgram	J7640	CPT		both		1 unit	\$ 40.37	\$ 18.17	Out-of-Network
ATROVENT 0.5 (IPRATROPIUM BROMIDE) NON-COMP	J7644	CPT		both		1 unit	\$ 46.18	\$ 20.78	Out-of-Network
INHALATION SOLUTION FOR DME	J7699	CPT		both		1 unit	\$ 12.44	\$ 5.60	Out-of-Network
Mineral Oil Enema 110 g	J8498	CPT		both		1 unit	\$ 46.77	\$ 21.05	Out-of-Network
Aspirin 300 mg; suppository	J8498	CPT		both		1 unit	\$ 12.76	\$ 5.74	Out-of-Network
Promethazine Hydrochloride (Phenergan) 25 mg; supp	J8498	CPT		both		1 unit	\$ 123.70	\$ 55.67	Out-of-Network
5-HTP 100 mg; PO	J8499	CPT		both		1 unit	\$ 1.41	\$ 0.63	Out-of-Network
Aripiprazole (Abilify) 10 MG	J8499	CPT		both		1 unit	\$ 2.83	\$ 1.27	Out-of-Network
Acamprosate Calcium 333 mg; PO	J8499	CPT		both		1 unit	\$ 9.87	\$ 4.44	Out-of-Network
Acetaminophen (Tylenol) 160 mg/5 mL; oral solution	J8499	CPT		both		1 unit	\$ 3.60	\$ 1.62	Out-of-Network
Acetaminophen Elixir Liquid 250 MG; PO	J8499	CPT		both		1 unit	\$ 3.60	\$ 1.62	Out-of-Network
Actidose - Aqua 50gm/240mL	J8499	CPT		both		1 unit	\$ 271.90	\$ 122.36	Out-of-Network
Actidose Aqua 15 gram/72ml	J8499	CPT		both		1 unit	\$ 85.90	\$ 38.66	Out-of-Network
Acyclovir 800MG tab (Valtrex)	J8499	CPT		both		1 unit	\$ 14.94	\$ 6.72	Out-of-Network
Adderall 20 mg; PO	J8499	CPT		both		1 unit	\$ 8.65	\$ 3.89	Out-of-Network
AFRIN NASAL SPRAY	J8499	CPT		both		1 unit	\$ 70.18	\$ 31.58	Out-of-Network
AFRIN NASAL SPRAY	J8499	CPT		both		1 unit	\$ 70.18	\$ 31.58	Out-of-Network
Albuked (Albumin) 25% 100 mL; vial	J8499	CPT		both		1 unit	\$ 112.00	\$ 50.40	Out-of-Network
Cordarone Amiodarone Hydrochloride 200 MG; tab	J8499	CPT		both		1 unit	\$ 3.02	\$ 1.36	Out-of-Network
Amitriptyline Hydrochloride (Elavil) 25mg; tab	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
Ammonia Aromatic Spirit	J8499	CPT		both		1 unit	\$ 2.50	\$ 1.13	Out-of-Network
Amoxicillin/Clavulanate 875mg/125mg tab	J8499	CPT		both		1 unit	\$ 13.51	\$ 6.08	Out-of-Network
ASPIRIN 325MG TAB 100/BT	J8499	CPT		both		1 unit	\$ 7.77	\$ 3.50	Out-of-Network
ASPIRIN 325MG TAB 100/BT	J8499	CPT		both		1 unit	\$ 7.77	\$ 3.50	Out-of-Network
ASPIRIN 81MG TAB ADULT CHEWABLE	J8499	CPT		both		1 unit	\$ 6.84	\$ 3.08	Out-of-Network
ASPIRIN 81MG TAB ADULT CHEWABLE	J8499	CPT		both		1 unit	\$ 6.84	\$ 3.08	Out-of-Network
Augmentin 875 tab	J8499	CPT		both		1 unit	\$ 15.09	\$ 6.79	Out-of-Network
Amoxicillin and Clavulanate Potassium (Augmentin) 200 mg/5 mL	J8499	CPT		both		1 unit	\$ 91.30	\$ 41.09	Out-of-Network
Baclofen 10 MG; PO	J8499	CPT		both		1 unit	\$ 1.22	\$ 0.55	Out-of-Network
Bentyl 10 MG/mL cap	J8499	CPT		both		1 unit	\$ 28.57	\$ 12.86	Out-of-Network
Benadryl Tab 25 mg Medicare	J8499	CPT		both		1 unit	\$ 14.65	\$ 6.59	Out-of-Network
BENTYL -DICYCLOMINE 10 MG CAPSULE	J8499	CPT		both		1 unit	\$ 1.60	\$ 0.72	Out-of-Network
BENTYL -DICYCLOMINE 10 MG CAPSULE	J8499	CPT		both		1 unit	\$ 1.60	\$ 0.72	Out-of-Network
BENTYL -DICYCLOMINE HCL	J8499	CPT		both		1 unit	\$ 1.60	\$ 0.72	Out-of-Network
Benzocaine/Menthol 6-10 mg; PO	J8499	CPT		both		1 unit	\$ 1.49	\$ 0.67	Out-of-Network
Benzonatate (Tessalon Perle) 100 mg; PO	J8499	CPT		both		1 unit	\$ 9.20	\$ 4.14	Out-of-Network
Bisoprolol Fumarate 5 mg; tab	J8499	CPT		both		1 unit	\$ 3.60	\$ 1.62	Out-of-Network
Brilinta (Ticagrelor) 60 mg; PO	J8499	CPT		both		1 unit	\$ 79.29	\$ 35.68	Out-of-Network
Bumetanide (Bumex) 1 mg; PO	J8499	CPT		both		1 unit	\$ 2.80	\$ 1.26	Out-of-Network
Bupropion SR Hydrochloride 100 mg; tab	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network

Buprenorphine HCL (Subutex) 2 mg; tab	J8499	CPT		both		1 unit	\$ 45.40	\$ 20.43	Out-of-Network
Buspirone 5 mg; tab	J8499	CPT		both		1 unit	\$ 10.70	\$ 4.82	Out-of-Network
Captopril 25mg tab	J8499	CPT		both		1 unit	\$ 16.18	\$ 7.28	Out-of-Network
Nicardipine Hydrochloride 1mg, Injection	J2404	CPT		both		1 unit	\$ 242.10	\$ 108.95	Out-of-Network
Carvedilol (Coreg) 6.25 mg; tab	J8499	CPT		both		1 unit	\$ 1.37	\$ 0.62	Out-of-Network
CBD (Vesisorb) 334 mg	J8499	CPT		both		1 unit	\$ 16.60	\$ 7.47	Out-of-Network
CEDFINIR 125 MG/5ML Susp	J8499	CPT		both		1 unit	\$ 212.40	\$ 95.58	Out-of-Network
Cefdinir 3.5cc	J8499	CPT		both		1 unit	\$ 1.36	\$ 0.61	Out-of-Network
Cefdinir (Omnicef) 300 mg; cap	J8499	CPT		both		1 unit	\$ 107.20	\$ 48.24	Out-of-Network
Cefpodoxime Proxetil 50 mg/5 mL; Oral Susp	J8499	CPT		both		1 unit	\$ 404.50	\$ 182.03	Out-of-Network
Cefuroxime Axetil 500 mg; tab	J8499	CPT		both		1 unit	\$ 33.00	\$ 14.85	Out-of-Network
Celebrex 100 mg; PO	J8499	CPT		both		1 unit	\$ 11.60	\$ 5.22	Out-of-Network
Chlorpromazine 10 mg; tab	J8499	CPT		both		1 unit	\$ 4.50	\$ 2.03	Out-of-Network
Cholestyramine 4 gm; powder packet	J8499	CPT		both		1 unit	\$ 20.50	\$ 9.23	Out-of-Network
Clarithromycin (Biaxin) 500 mg; tab	J8499	CPT		both		1 unit	\$ 9.74	\$ 4.38	Out-of-Network
Claritin 10mg tab	J8499	CPT		both		1 unit	\$ 32.75	\$ 14.74	Out-of-Network
Claritin 10mg Tab	J8499	CPT		both		1 unit	\$ 32.75	\$ 14.74	Out-of-Network
Clindamycin 300mg tab	J8499	CPT		both		1 unit	\$ 11.16	\$ 5.02	Out-of-Network
Clindamycin 300mg Tablet	J8499	CPT		both		1 unit	\$ 11.16	\$ 5.02	Out-of-Network
Clindamycin 75 mg/5 mL Oral Solution	J8499	CPT		both		1 unit	\$ 52.09	\$ 23.44	Out-of-Network
Clonazepam 0.5mg; tab	J8499	CPT		both		1 unit	\$ 1.60	\$ 0.72	Out-of-Network
Clonazepam (Klonopin) 1mg; tab	J8499	CPT		both		1 unit	\$ 2.66	\$ 1.20	Out-of-Network
Benztropine Mesylate (Cogentin) 0.5 mg PO	J8499	CPT		both		1 unit	\$ 2.42	\$ 1.09	Out-of-Network
Cyanocobalamin (Vitamin B12) 1000ug/ml Injection	J3420	CPT		both		1 unit	\$ 20.69	\$ 9.31	Out-of-Network
Cymbalta (Duloxetine) up to 30 MG CAP	J8499	CPT		both		1 unit	\$ 15.40	\$ 6.93	Out-of-Network
Cyproheptadine 4 mg; PO	J8499	CPT		both		1 unit	\$ 1.42	\$ 0.64	Out-of-Network
Demerol up to 50mg	J8499	CPT		both		1 unit	\$ 120.24	\$ 54.11	Out-of-Network
Dextrose (Glucose fast acting) 4gm; ODT	J8499	CPT		both		1 unit	\$ 26.60	\$ 11.97	Out-of-Network
DHA/EPA 200mg/300mg	J8499	CPT		both		1 unit	\$ 1.70	\$ 0.77	Out-of-Network
Diflucan (Fluconazole) 150 mg; tab	J8499	CPT		both		1 unit	\$ 23.12	\$ 10.40	Out-of-Network
Digoxin 0.125 mg; PO	J8499	CPT		both		1 unit	\$ 24.42	\$ 10.99	Out-of-Network
Dilantin (Phenytoin) 100 mg	J8499	CPT		both		1 unit	\$ 2.77	\$ 1.25	Out-of-Network
Diltiazem Hydrochloride TAB	J8499	CPT		both		1 unit	\$ 9.17	\$ 4.13	Out-of-Network
Oxybutynin (Ditropan) 5 mg; tab	J8499	CPT		both		1 unit	\$ 1.60	\$ 0.72	Out-of-Network
Divalproex Sodium up to 500 mg; Tab	J8499	CPT		both		1 unit	\$ 1.90	\$ 0.86	Out-of-Network
Donepezil (Aricept) 5 MG; tab	J8499	CPT		both		1 unit	\$ 15.15	\$ 6.82	Out-of-Network
Donnatal 10 mL(GI)	J8499	CPT		both		1 unit	\$ 18.38	\$ 8.27	Out-of-Network
Doxepin HCL 50 mg; cap	J8499	CPT		both		1 unit	\$ 3.23	\$ 1.45	Out-of-Network
Doxylamine 25 mg; PO	J8499	CPT		both		1 unit	\$ 2.20	\$ 0.99	Out-of-Network
Hydroxyzine HCl Oral 25 mg Tab	J8499	CPT		both		1 unit	\$ 3.00	\$ 1.35	Out-of-Network
Effexor (Venlafaxine Hcl) up to 75 mg; Tab	J8499	CPT		both		1 unit	\$ 2.60	\$ 1.17	Out-of-Network
Effer-K (Potassium) 25 mEq; PO	J8499	CPT		both		1 unit	\$ 5.40	\$ 2.43	Out-of-Network
ELIQUIS (APIXABAN) PER 5 MG	J8499	CPT		both		1 unit	\$ 110.17	\$ 49.58	Out-of-Network
Emtricitabine+Tenofovir (Truvada) 200mg/300mg tab	J8499	CPT		both		1 unit	\$ 9.21	\$ 4.14	Out-of-Network
Escitalopram 10 mg; tab	J8499	CPT		both		1 unit	\$ 2.80	\$ 1.26	Out-of-Network
Excedrin Migraine 250 mg; tab	J8499	CPT		both		1 unit	\$ 2.00	\$ 0.90	Out-of-Network
Ezetimibe (Zetia) 10 mg; PO	J8499	CPT		both		1 unit	\$ 3.86	\$ 1.74	Out-of-Network
Farxiga (Dapagliflozin) 10 mg; PO	J8499	CPT		both		1 unit	\$ 189.70	\$ 85.37	Out-of-Network
Fenofibrate 145 mg; PO	J8499	CPT		both		1 unit	\$ 21.20	\$ 9.54	Out-of-Network

Fentanyl Citrate (Sublimaze) 100 mcg/2 mL; Nasal Spray	J8499	CPT		both		1 unit	\$ 27.40	\$ 12.33	Out-of-Network
Ferrous Sulfate 325 mg; tab	J8499	CPT		both		1 unit	\$ 2.50	\$ 1.13	Out-of-Network
Finasteride 5 mg; PO	J8499	CPT		both		1 unit	\$ 1.68	\$ 0.76	Out-of-Network
Fish Oil 1000mg Capsule	J8499	CPT		both		1 unit	\$ 46.40	\$ 20.88	Out-of-Network
Flecainide Acetate (Tombacor) 50 MG; tab	J8499	CPT		both		1 unit	\$ 67.80	\$ 30.51	Out-of-Network
Lactobacillus (Florajen Probiotic) 15 billion units, 390 mg; cap	J8499	CPT		both		1 unit	\$ 5.79	\$ 2.61	Out-of-Network
Fluconazole 200 mg; tab	J8499	CPT		both		1 unit	\$ 7.68	\$ 3.46	Out-of-Network
Fluticasone Propionate INH 50 mcg; nasal spray	J8499	CPT		both		1 unit	\$ 54.70	\$ 24.62	Out-of-Network
Fluoxetine (Prozac) 10 MG; tab	J8499	CPT		both		1 unit	\$ 7.63	\$ 3.43	Out-of-Network
Fosfomycin (Monurol) 3 gm packet; PO	J8499	CPT		both		1 unit	\$ 1,121.30	\$ 504.59	Out-of-Network
Gabapentin up to 800mg; Tab	J8499	CPT		both		1 unit	\$ 7.56	\$ 3.40	Out-of-Network
Gabapentin up to 300mg; Cap	J8499	CPT		both		1 unit	\$ 5.34	\$ 2.40	Out-of-Network
Gastroview 66%-10% 30 mL; oral solution	J8499	CPT		both		1 unit	\$ 206.30	\$ 92.84	Out-of-Network
Gemfibrozil 600 mg tab; PO	J8499	CPT		both		1 unit	\$ 24.30	\$ 10.94	Out-of-Network
Gentamicin Sulfate (GENTAK) DRP 0.3%	J8499	CPT		both		1 unit	\$ 59.99	\$ 27.00	Out-of-Network
Glimepiride (Amaryl) 2 MG; tab	J8499	CPT		both		1 unit	\$ 1.36	\$ 0.61	Out-of-Network
Glipizide (Glucotrol) 5 MG PO	J8499	CPT		both		1 unit	\$ 13.80	\$ 6.21	Out-of-Network
Glucerna	J8499	CPT		both		1 unit	\$ 35.00	\$ 15.75	Out-of-Network
Glucose Supplement, tube	J8499	CPT		both		1 unit	\$ 39.40	\$ 17.73	Out-of-Network
Glyburide 5mg tablet	J8499	CPT		both		1 unit	\$ 11.20	\$ 5.04	Out-of-Network
Golytely; PEG 3350 + Electrolytes 4000 mL; oral sol	J8499	CPT		both		1 unit	\$ 236.40	\$ 106.38	Out-of-Network
E-Z Gas Effervescent Granules; PO	J8499	CPT		both		1 unit	\$ 33.47	\$ 15.06	Out-of-Network
Guaifenesin Syrup 100 MG/5 mL	J8499	CPT		both		1 unit	\$ 19.50	\$ 8.78	Out-of-Network
Tussin Liquid, GUAIFENESIN; 200 mg/10mL	J8499	CPT		both		1 unit	\$ 7.02	\$ 3.16	Out-of-Network
Haloperidol 5 mg tab; PO	J8499	CPT		both		1 unit	\$ 6.10	\$ 2.75	Out-of-Network
Hemp CBD Vesisorb 25mg Softgel Capsule	J8499	CPT		both		1 unit	\$ 17.80	\$ 8.01	Out-of-Network
Prescription drug, oral, non chemotherapeuticHydroxycine 10mg tab	J8499	CPT		both		1 unit	\$ 9.49	\$ 4.27	Out-of-Network
Hycodan Syrup 5 mL	J8499	CPT		both		1 unit	\$ 80.50	\$ 36.23	Out-of-Network
Hydroxychloroquine (Plaquenil) 200 mg; tab	J8499	CPT		both		1 unit	\$ 10.60	\$ 4.77	Out-of-Network
Hydrocodone/APAP 7.2/325 MG Elixir	J8499	CPT		both		1 unit	\$ 30.60	\$ 13.77	Out-of-Network
Hydrocodone/Acetaminophen 7.5mg/15mLs	J8499	CPT		both		1 unit	\$ 43.30	\$ 19.49	Out-of-Network
Hydrocortisone AC (Anucort-HC) 25mg; suppository	J8499	CPT		both		1 unit	\$ 11.30	\$ 5.09	Out-of-Network
Hydroxyurea 500 mg; PO	J8499	CPT		both		1 unit	\$ 2.97	\$ 1.34	Out-of-Network
Hyosyne 1 mL PO	J8499	CPT		both		1 unit	\$ 16.22	\$ 7.30	Out-of-Network
Hyoscyamine Oral Disintegrating Tablet 0.125. mg	J8499	CPT		both		1 unit	\$ 2.70	\$ 1.22	Out-of-Network
IBUPROFEN UP TO 600 MG(MOTRIN/ADVIL)	J8499	CPT		both		1 unit	\$ 10.21	\$ 4.59	Out-of-Network
IBUPROFEN UP TO 600 MG(MOTRIN/ADVIL)	J8499	CPT		both		1 unit	\$ 10.21	\$ 4.59	Out-of-Network
Isosorbide Dinitrate (Isodil) 10 mg; tab	J8499	CPT		both		1 unit	\$ 6.51	\$ 2.93	Out-of-Network
Isosorbide Mononitrate (Imdur) 30 MG; tab	J8499	CPT		both		1 unit	\$ 1.14	\$ 0.51	Out-of-Network
Ivermectin 3 mg; tab	J8499	CPT		both		1 unit	\$ 54.20	\$ 24.39	Out-of-Network
Kayexalate (Sodium Polystyrene Sulfonate) 15gm/60mL; PO	J8499	CPT		both		1 unit	\$ 277.40	\$ 124.83	Out-of-Network
K-DUR PER 20 meq/1500 mg; PO	J8499	CPT		both		1 unit	\$ 2.39	\$ 1.08	Out-of-Network
Ketotifen Fumarate (Zaditor) 0.25% oph drop 5 mL	J8499	CPT		both		1 unit	\$ 76.30	\$ 34.34	Out-of-Network
Ketorolac 0.5% mL; Oph	J1097	CPT		both		1 unit	\$ 329.10	\$ 148.10	Out-of-Network
LABELALOL UP TO 100 MG	J8499	CPT		both		1 unit	\$ 8.86	\$ 3.99	Out-of-Network
Lamotrigine (Lamictal) up to 100mg; Tab	J8499	CPT		both		1 unit	\$ 3.54	\$ 1.59	Out-of-Network
Levetiracetam (Keppra) 500 mg Tab	J8499	CPT		both		1 unit	\$ 1.14	\$ 0.51	Out-of-Network
Levothyroxine Sodium .025mg/1 Tab	J8499	CPT		both		1 unit	\$ 16.22	\$ 7.30	Out-of-Network
Hyoscyamine, (Levsin) Sublingual Tab, .125 mg	J8499	CPT		both		1 unit	\$ 2.73	\$ 1.23	Out-of-Network

LIDOCAINE HCl 2% - 10ML ORAL PO	J8499	CPT		both		1 unit	\$ 56.19	\$ 25.29	Out-of-Network
LIDOCAINE HCl 2% - 10ML ORAL PO	J8499	CPT		both		1 unit	\$ 56.19	\$ 25.29	Out-of-Network
LIDOCAINE 10ML ORAL(GI)	J8499	CPT		both		1 unit	\$ 56.19	\$ 25.29	Out-of-Network
Linezolid (Zyvox) 600 MG; Tab	J8499	CPT		both		1 unit	\$ 43.53	\$ 19.59	Out-of-Network
Lithium Carbonate ER 450 mg; tab	J8499	CPT		both		1 unit	\$ 2.00	\$ 0.90	Out-of-Network
Loestrin (Norethindrone Acetate) 1 mg	J8499	CPT		both		1 unit	\$ 95.60	\$ 43.02	Out-of-Network
Lokelma 10 gm; powder packet	J8499	CPT		both		1 unit	\$ 316.00	\$ 142.20	Out-of-Network
Hydrocodone Bitartrate and Acetaminophen; LORTAB 2.5/108mg per 5mL	J8499	CPT		both		1 unit	\$ 63.71	\$ 28.67	Out-of-Network
Losartan Potassium (Cozaar) 50 MG; tab	J8499	CPT		both		1 unit	\$ 43.46	\$ 19.56	Out-of-Network
Losartan Potassium 25 MG; tab	J8499	CPT		both		1 unit	\$ 21.73	\$ 9.78	Out-of-Network
Lyrica (Pregabalin) 50 mg; PO	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
Mag-Al + simeth. (Mylanta) Susp 200-200-20 MG	J8499	CPT		both		1 unit	\$ 19.60	\$ 8.82	Out-of-Network
Magnesium Citrate (Citroma) 17.5 mg/300 mL	J8499	CPT		both		1 unit	\$ 31.20	\$ 14.04	Out-of-Network
MAALOX 30 ML (MYLANTA)	J8499	CPT		both		1 unit	\$ 48.22	\$ 21.70	Out-of-Network
Medroxyprogesterone Acetate (Provera) 20 mg; PO	J8499	CPT		both		1 unit	\$ 16.40	\$ 7.38	Out-of-Network
Megace (Megestrol Acetate) 400 mg/10; PO	J8499	CPT		both		1 unit	\$ 243.70	\$ 109.67	Out-of-Network
Meloxicam (Mobic) up to 15 mg; Tab	J8499	CPT		both		1 unit	\$ 1.30	\$ 0.59	Out-of-Network
Memantine Hydrochloride 5 mg; PO	J8499	CPT		both		1 unit	\$ 3.52	\$ 1.58	Out-of-Network
Meropenem (Merrem) 1 GM; vial	J2185	CPT		both		1 unit	\$ 126.73	\$ 57.03	Out-of-Network
METHIMAZOLE (TAPAZOLE) TAB 5MG	J8499	CPT		both		1 unit	\$ 1.70	\$ 0.77	Out-of-Network
Metamucil 3.4 gm packet	J8499	CPT		both		1 unit	\$ 4.10	\$ 1.85	Out-of-Network
Methadone Hydrochloride 10 mg; tab	J8499	CPT		both		1 unit	\$ 3.17	\$ 1.43	Out-of-Network
Methylphenidate (Ritalin) 5 mg; tab	J8499	CPT		both		1 unit	\$ 3.40	\$ 1.53	Out-of-Network
Metolazone Zaroxolyn 2.5 mg; PO	J8499	CPT		both		1 unit	\$ 4.90	\$ 2.21	Out-of-Network
Magic Mouthwash (Diphenhydramine, Lidocaine, Maalox, Nystatin, Dexamethasone)	J8499	CPT		both		1 unit	\$ 239.36	\$ 107.71	Out-of-Network
Midazolam (Versed) 5mg/2.5mL; syrup	J8499	CPT		both		1 unit	\$ 48.24	\$ 21.71	Out-of-Network
Midodrine Hydrochloride 5 mg; tab	J8499	CPT		both		1 unit	\$ 3.70	\$ 1.67	Out-of-Network
Mirabegron (Myrbetriq) 50 mg; PO	J8499	CPT		both		1 unit	\$ 158.00	\$ 71.10	Out-of-Network
Mirapex (Pramipexole Dihydrochloride) 0.5 mg; tab	J8499	CPT		both		1 unit	\$ 23.90	\$ 10.76	Out-of-Network
Misoprostol (Cytotec) 100 mcg; tab	J8499	CPT		both		1 unit	\$ 6.70	\$ 3.02	Out-of-Network
Minoxidil (Loniten) 2.5 mg; PO	J8499	CPT		both		1 unit	\$ 5.20	\$ 2.34	Out-of-Network
Morphine Sulfate IR 15mg Tab	J8499	CPT		both		1 unit	\$ 8.80	\$ 3.96	Out-of-Network
MOTRIN 800 MG TABLET	J8499	CPT		both		1 unit	\$ 6.04	\$ 2.72	Out-of-Network
MUCINEX DM ER (Guaifenesin & Dextromethorphan HBr) 600 MG - 30 MG tab	J8499	CPT		both		1 unit	\$ 15.53	\$ 6.99	Out-of-Network
Multivitamin (Single vitamin nos) - Medicare	J8499	CPT		both		1 unit	\$ 1.05	\$ 0.47	Out-of-Network
MUPIROCIN (BACTROBAN) 2% OINTMENT	J8499	CPT		both		1 unit	\$ 88.20	\$ 39.69	Out-of-Network
Nabumetone 750 mg; PO	J8499	CPT		both		1 unit	\$ 3.00	\$ 1.35	Out-of-Network
NAC N-Acetyl-L-Cysteine 900 mg	J8499	CPT		both		1 unit	\$ 1.80	\$ 0.81	Out-of-Network
Naltrexone Hydrochloride 50 mg; tab	J8499	CPT		both		1 unit	\$ 6.10	\$ 2.75	Out-of-Network
NEBVILOL HCl (BYSTOLIC) 10MG	J8499	CPT		both		1 unit	\$ 5.50	\$ 2.48	Out-of-Network
Phenylephrine 0.5% (Neo-Synephrine); nasal spray	J8499	CPT		both		1 unit	\$ 43.50	\$ 19.58	Out-of-Network
Nicotine Gum; 2 MG	J8499	CPT		both		1 unit	\$ 2.01	\$ 0.90	Out-of-Network
Nicotine Gum; 4 MG	J8499	CPT		both		1 unit	\$ 2.14	\$ 0.96	Out-of-Network
Nifedipine (Procardia) 30 MG; tab	J8499	CPT		both		1 unit	\$ 4.02	\$ 1.81	Out-of-Network
Norflex (Orphenadrine) 100 mg; PO	J8499	CPT		both		1 unit	\$ 6.20	\$ 2.79	Out-of-Network
Nortriptyline up to 25mg; Capsule	J8499	CPT		both		1 unit	\$ 2.40	\$ 1.08	Out-of-Network
Norvasc (Amlodipine), TAB 5MG	J8499	CPT		both		1 unit	\$ 45.64	\$ 20.54	Out-of-Network
Nystatin Oral Susp 5 mL	J8499	CPT		both		1 unit	\$ 124.40	\$ 55.98	Out-of-Network
Ofloxacin (Floxin) 0.3% Oph Drops	J8499	CPT		both		1 unit	\$ 204.41	\$ 91.98	Out-of-Network

Olanzapine 20 mg; Tab	J8499	CPT		both		1 unit	\$ 7.60	\$ 3.42	Out-of-Network
Olmesartan (Benicar) 20mg; TAB	J8499	CPT		both		1 unit	\$ 2.30	\$ 1.04	Out-of-Network
Olumiant(Baricitinib) 2mg tab	J8499	CPT		both		1 unit	\$ 792.80	\$ 356.76	Out-of-Network
ONDANSETRON 4 MG - Medicare	J8499	CPT		both		1 unit	\$ 21.44	\$ 9.65	Out-of-Network
Oxcarbazepine (Trileptal) 150 MG; tab	J8499	CPT		both		1 unit	\$ 1.06	\$ 0.48	Out-of-Network
Oxycodone Hydrochloride 5 MG	J8499	CPT		both		1 unit	\$ 3.75	\$ 1.69	Out-of-Network
Penicillin V Potassium (Penicillin VK) 500 MG	J8499	CPT		both		1 unit	\$ 10.75	\$ 4.84	Out-of-Network
Stomach Relief (Pepto Bismal) 262 mg; tab	J8499	CPT		both		1 unit	\$ 3.99	\$ 1.80	Out-of-Network
Phenobarbital 32.4; Tab	J8499	CPT		both		1 unit	\$ 8.90	\$ 4.01	Out-of-Network
PHENAZOPYRIDINE 100MG TABS	J8499	CPT		both		1 unit	\$ 370.45	\$ 166.70	Out-of-Network
Phenobarbital 20 mg/5 mL	J8499	CPT		both		1 unit	\$ 9.30	\$ 4.19	Out-of-Network
Phosphate Powder w/Nak (PHOS-NAK)	J8499	CPT		both		1 unit	\$ 17.83	\$ 8.02	Out-of-Network
(Polytrim) Polymyxin B Sulfate / Trimethoprim	A6250	CPT		both		1 unit	\$ 1.21	\$ 0.54	Out-of-Network
Potassium Chloride (Klor-Con) Oral Solution	J8499	CPT		both		1 unit	\$ 15.00	\$ 6.75	Out-of-Network
Prazosin (Minipress) 1 MG; tab	J8499	CPT		both		1 unit	\$ 2.56	\$ 1.15	Out-of-Network
Prednisolone Acetate 1% Ophthalmic Drops; 5mL bottle	J8499	CPT		both		1 unit	\$ 57.73	\$ 25.98	Out-of-Network
Prednisone (Deltasone) 20 MG tab	J8499	CPT		both		1 unit	\$ 2.43	\$ 1.09	Out-of-Network
Pristiq (Desvenlafaxine) 50 mg; PO	J8499	CPT		both		1 unit	\$ 4.00	\$ 1.80	Out-of-Network
PROPARACAINE	J8499	CPT		both		1 unit	\$ 26.53	\$ 11.94	Out-of-Network
Probiotics (Lactinex), tab	J8499	CPT		both		1 unit	\$ 5.65	\$ 2.54	Out-of-Network
Progesterone 200 mg; PO	J8499	CPT		both		1 unit	\$ 3.34	\$ 1.50	Out-of-Network
Promethazine Hcl + Codeine (Phenergan w/ Codeine) 10-6.25 mg/5 mL; Syr	J8499	CPT		both		1 unit	\$ 1,896.40	\$ 853.38	Out-of-Network
Propranolol Hydrochloride 10 mg; tab	J8499	CPT		both		1 unit	\$ 2.30	\$ 1.04	Out-of-Network
Propylthiouracil (PTU) 50 mg; tab	J8499	CPT		both		1 unit	\$ 8.20	\$ 3.69	Out-of-Network
Protonix-Pantoprazole 40mg Tab	J8499	CPT		both		1 unit	\$ 103.06	\$ 46.38	Out-of-Network
Phenazopyridine (Pyridium) 100mg Tab	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
Raltegravir (Isentress) 400mg tab	J8499	CPT		both		1 unit	\$ 418.03	\$ 188.11	Out-of-Network
Ranexa (Ranolazine) 500 mg tab; PO	J8499	CPT		both		1 unit	\$ 73.20	\$ 32.94	Out-of-Network
Rizatriptan (Maxalt ODT) 10 mg; PO	J8499	CPT		both		1 unit	\$ 19.70	\$ 8.87	Out-of-Network
Santyl Ointment (Collagenase) 250 U/GM, 30 GM tube	A6250	CPT		both		1 unit	\$ 1,088.20	\$ 489.69	Out-of-Network
Sodium Chloride 1 gm; tab	J8499	CPT		both		1 unit	\$ 1.00	\$ 0.45	Out-of-Network
Seroquel (Quetiapine) 25 MG; tab	J8499	CPT		both		1 unit	\$ 4.66	\$ 2.10	Out-of-Network
Seroquel (Quetiapine) 100 MG; tab	J8499	CPT		both		1 unit	\$ 46.20	\$ 20.79	Out-of-Network
Sertraline (Zoloft) up to 100mg, Tab	J8499	CPT		both		1 unit	\$ 7.04	\$ 3.17	Out-of-Network
Simvastatin 20 MG; PO	J8499	CPT		both		1 unit	\$ 8.85	\$ 3.98	Out-of-Network
Simethicone up to 80 mg; Oral Tab	J8499	CPT		both		1 unit	\$ 63.50	\$ 28.58	Out-of-Network
Sodium Chloride Inhalation Solution 0.9% 3 mL vial	J8499	CPT		both		1 unit	\$ 1.53	\$ 0.69	Out-of-Network
Sorbitol Solution 100mL; rectal	J8498	CPT		both		1 unit	\$ 29.20	\$ 13.14	Out-of-Network
Sorbitol 70% solution, 30 mL PO	J8499	CPT		both		1 unit	\$ 2.70	\$ 1.22	Out-of-Network
Spironolactone (Aldactone) 25 MG; tab	J8499	CPT		both		1 unit	\$ 1.17	\$ 0.53	Out-of-Network
Suboxone (Film Soluble) 8mg	J8499	CPT		both		1 unit	\$ 119.54	\$ 53.79	Out-of-Network
Sucralfate (Carafate) 1GM; tab	J8499	CPT		both		1 unit	\$ 21.10	\$ 9.50	Out-of-Network
Sulfamethoxazole + Trimethoprim 800-160mg PO	J8499	CPT		both		1 unit	\$ 4.42	\$ 1.99	Out-of-Network
Sumatriptan (Imitrex) 50 MG; PO	J8499	CPT		both		1 unit	\$ 11.43	\$ 5.14	Out-of-Network
Terazosin 1 MG; cap	J8499	CPT		both		1 unit	\$ 11.98	\$ 5.39	Out-of-Network
Terazosin 5 MG; cap	J8499	CPT		both		1 unit	\$ 11.98	\$ 5.39	Out-of-Network
NP Thyroid, Porcine 60 mg; Tab	J8499	CPT		both		1 unit	\$ 9.15	\$ 4.12	Out-of-Network
Tivicay (Dolutegravir) 50mg; tab	J8499	CPT		both		1 unit	\$ 789.20	\$ 355.14	Out-of-Network
Tizanidine 4 mg PO; tab	J8499	CPT		both		1 unit	\$ 1.95	\$ 0.88	Out-of-Network

KETOROLAC, TAB 10MG (TORADOL)	J8499	CPT		both		1 unit	\$ 22.71	\$ 10.22	Out-of-Network
Tramterene + HCTZ (Dyazide) 37.5-25 mg; cap	J8499	CPT		both		1 unit	\$ 2.20	\$ 0.99	Out-of-Network
Tranexamic Acid (Lyteda) 1000 mg/10 mL; PO	J8499	CPT		both		1 unit	\$ 39.00	\$ 17.55	Out-of-Network
Trazodone Hydrochloride 100 mg; tab	J8499	CPT		both		1 unit	\$ 1.20	\$ 0.54	Out-of-Network
Triamterene Hydrochlorothiazide (Dyazide) 25 mg capsule	J8499	CPT		both		1 unit	\$ 2.75	\$ 1.24	Out-of-Network
Troleandomycin Oint	A6250	CPT		both		1 unit	\$ 1.56	\$ 0.70	Out-of-Network
Hydrocodone/Chlorpheniramine (Tussionex) 10 mg/8 mg/5 mL Suspen	J8499	CPT		both		1 unit	\$ 459.00	\$ 206.55	Out-of-Network
TYLENOL 450MG	J8499	CPT		both		1 unit	\$ 106.08	\$ 47.74	Out-of-Network
TYLENOL 400 MG	J8499	CPT		both		1 unit	\$ 97.24	\$ 43.76	Out-of-Network
TYLENOL 1000MG	J8499	CPT		both		1 unit	\$ 3.25	\$ 1.46	Out-of-Network
TYLENOL 500MG	J8499	CPT		both		1 unit	\$ 114.92	\$ 51.71	Out-of-Network
TYLENOL UP TO 200 MG	J8499	CPT		both		1 unit	\$ 48.62	\$ 21.88	Out-of-Network
TYLENOL W/ CODEINE	J8499	CPT		both		1 unit	\$ 53.04	\$ 23.87	Out-of-Network
TYLENOL UP TO 1GM (1000MG) - Medicare	J8499	CPT		both		1 unit	\$ 3.25	\$ 1.46	Out-of-Network
Ubretvy 100 mg; tab	J8499	CPT		both		1 unit	\$ 3,060.00	\$ 1,377.00	Out-of-Network
Valacyclovir (Zovirax) 400 mg; tab	J8499	CPT		both		1 unit	\$ 15.30	\$ 6.89	Out-of-Network
Valsartan 40 mg PO	J8499	CPT		both		1 unit	\$ 108.00	\$ 48.60	Out-of-Network
Vancomycin 250 mg; Cap	J8499	CPT		both		1 unit	\$ 17.24	\$ 7.76	Out-of-Network
Venlafaxine HCl 75 mg; capsule	J8499	CPT		both		1 unit	\$ 16.83	\$ 7.57	Out-of-Network
Viiibryd (Vilazodone) 10 mg; tab	J8499	CPT		both		1 unit	\$ 14.30	\$ 6.44	Out-of-Network
Vistaril (Hydroxyzine) tab per 25mg	J8499	CPT		both		1 unit	\$ 39.49	\$ 17.77	Out-of-Network
Vitamin C 500 MG; tab	J8499	CPT		both		1 unit	\$ 2.86	\$ 1.29	Out-of-Network
Xarelto (Rivaroxaban) 10 mg; tab	J8499	CPT		both		1 unit	\$ 23.59	\$ 10.62	Out-of-Network
Ziprasidone HCl (Geodon) 20 mg; PO	J8499	CPT		both		1 unit	\$ 14.60	\$ 6.57	Out-of-Network
Zofran (Ondansetron) 8 MG; tab	J8499	CPT		both		1 unit	\$ 4.00	\$ 1.80	Out-of-Network
Cetirizine Hydrochloride (Zyrtec Liquid) 5 mL	J8499	CPT		both		1 unit	\$ 3.10	\$ 1.40	Out-of-Network
Oral Dexamethasone Per 0.25MG (Liquid)	J8540	CPT		both		1 unit	\$ 1.29	\$ 0.58	Out-of-Network
CLOFARALINE INJECTION, 1mg	J9027	CPT		both		1 unit	\$ 212.14	\$ 95.46	Out-of-Network
Female External Catheter for Vacuum Suction PureWick	E2001	CPT		both		1 unit	\$ 152.80	\$ 68.76	Out-of-Network
L0114	L0114	CPT		both		1 unit	\$ 88.40	\$ 39.78	Out-of-Network
CERV FLEXIBLE NON-ADJUSTABLE	L0120	CPT		both		1 unit	\$ 486.17	\$ 218.78	Out-of-Network
CERV SEMI-RIG ADJ MOLDED CHN	L0150	CPT		both		1 unit	\$ 827.28	\$ 372.28	Out-of-Network
CERV COL THERMPLAS FOAM 2 PI	L0172	CPT		both		1 unit	\$ 61.88	\$ 27.85	Out-of-Network
AXILLARY CRUTCH EXTENSION	L0978	CPT		both		1 unit	\$ 1,509.43	\$ 679.24	Out-of-Network
Knee orthosis, elastic w/joints, prefab item custom to pt by ind. w/expert	L1810	CPT		both		1 unit	\$ 1,142.90	\$ 514.31	Out-of-Network
Knee orthosis, elastic with joints, prefabricated, off-the-shelf	L1812	CPT		both		1 unit	\$ 1,206.24	\$ 542.81	Out-of-Network
Knee - KO IMMOBILIZER CANVAS LONGIT	L1830	CPT		both		1 unit	\$ 36.81	\$ 16.56	Out-of-Network
ANKLE FOOT ORTHOSIS	L1902	CPT		both		1 unit	\$ 678.82	\$ 305.47	Out-of-Network
AFO MULTILIGAMENTUS ANKLE SU	L1906	CPT		both		1 unit	\$ 201.27	\$ 90.57	Out-of-Network
Orthopedic footwear, custom molded shoe, removable inner mold, prosthe	L3250	CPT		both		1 unit	\$ 305.76	\$ 137.59	Out-of-Network
SURGICAL SHOE/BOOT EACH	L3260	CPT		both		1 unit	\$ 132.60	\$ 59.67	Out-of-Network
Orthopedic shoe addition, sole, full	L3540	CPT		both		1 unit	\$ 555.20	\$ 249.84	Out-of-Network
ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	L3580	CPT		both		1 unit	\$ 444.75	\$ 200.14	Out-of-Network
SHLDER FIG 8 ABDUCT RESTRAIN	L3650	CPT		both		1 unit	\$ 380.11	\$ 171.05	Out-of-Network
Soacro/clav can web pre ots	L3670	CPT		both		1 unit	\$ 71.19	\$ 32.04	Out-of-Network
WHFO, NO JOINT, PREFABRICATED	L3807	CPT		both		1 unit	\$ 1,560.52	\$ 702.23	Out-of-Network
Whfo w/o joints pre ots; Wrist hand finger orthosis, without joint(s), prefabri	L3809	CPT		both		1 unit	\$ 361.87	\$ 162.84	Out-of-Network
WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF...	L3906	CPT		both		1 unit	\$ 2,466.08	\$ 1,109.74	Out-of-Network
WRIST COCK-UP NON-MOLDED	L3908	CPT		both		1 unit	\$ 132.60	\$ 59.67	Out-of-Network

HFO W/O JOINTS PF	L3923	CPT		both		1 unit	\$ 542.87	\$ 244.29	Out-of-Network
Finger orthosis, proximal/distal interphalangeal, w/o joint/spring, extension	L3927	CPT		both		1 unit	\$ 28.11	\$ 12.65	Out-of-Network
UPPER LIMB ORTHOSIS NOS	L3999	CPT		both		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
ANKLE CONTROL ORTHOSI PREFAB	L4350	CPT		both		1 unit	\$ 586.33	\$ 263.85	Out-of-Network
Pneuma/vac walk boot pre ots	L4361	CPT		both		1 unit	\$ 313.52	\$ 141.08	Out-of-Network
NON-PNEUM WALK BOOT PREFAB	L4386	CPT		both		1 unit	\$ 1,275.81	\$ 574.11	Out-of-Network
Non-pneum walk boot pre ots	L4387	CPT		both		1 unit	\$ 627.05	\$ 282.17	Out-of-Network
AFO, WALK BOOT TYPE, CUS FAB	L4631	CPT		both		1 unit	\$ 735.06	\$ 330.78	Out-of-Network
Latanoprost 0.005%	J3490	CPT		both		1 unit	\$ 103.20	\$ 46.44	Out-of-Network
Let Gel (Lido-Epi-Tetra) 3 mL Topical	A6250	CPT		both		1 unit	\$ 125.00	\$ 56.25	Out-of-Network
LIDOCAINE AND PRILOCAINE - 2.5% Topical Cream Tube 5 GM	A6250	CPT		both		1 unit	\$ 28.22	\$ 12.70	Out-of-Network
LIDOCAINE PATCH 5%, 700mg	C9285	CPT		both		1 unit	\$ 66.93	\$ 30.12	Out-of-Network
LIDOCAINE PATCH 5%, 700mg	C9285	CPT		both		1 unit	\$ 66.93	\$ 30.12	Out-of-Network
Lice Killing Shampoo-4 oz (Piperonyl Butoxide-Pyrethrum ) Bottle	J3490	CPT		both		1 unit	\$ 8.05	\$ 3.62	Out-of-Network
Lamotrigine 25mg/1	J8499	CPT		both		1 unit	\$ 2.30	\$ 1.04	Out-of-Network
Latanoprost 50ug/ml Opth Solution	J3490	CPT		both		1 unit	\$ 81.40	\$ 36.63	Out-of-Network
Levofloxacin 250mg Tab	J8499	CPT		both		1 unit	\$ 2.70	\$ 1.22	Out-of-Network
LEVOTHYROXINE SODIUM up to 200ug/1	J8499	CPT		both		1 unit	\$ 6.50	\$ 2.93	Out-of-Network
Levetiracetam Oral Solution	J8499	CPT		both		1 unit	\$ 29.00	\$ 13.05	Out-of-Network
MAGNESIUM OXIDE 400mg PO	J8499	CPT		both		1 unit	\$ 3.45	\$ 1.55	Out-of-Network
Maxitrol Neomycin Sulf/Polym B Sulf/ Dexamethasone 0.1% Ophd Drops	J3490	CPT		both		1 unit	\$ 1,332.20	\$ 599.49	Out-of-Network
Micafungin Sodium, Injection 100mg/1	J2248	CPT		both		1 unit	\$ 565.90	\$ 254.66	Out-of-Network
MiraLAX Powder Polyethylene Glycol 17 GM	J8499	CPT		both		1 unit	\$ 15.41	\$ 6.93	Out-of-Network
Moxifloxacin (Vigamox) 5 mg/mL; eye drops	J3490	CPT		both		1 unit	\$ 242.50	\$ 109.13	Out-of-Network
Mesalamine 0.375g; Capsule	J8499	CPT		both		1 unit	\$ 35.80	\$ 16.11	Out-of-Network
Injection, mitomycin, 5 mg	J9280	CPT		both		1 unit	\$ 562.40	\$ 253.08	Out-of-Network
Injection, neostigmine methylsulfate, up to 1 mg	J2710	CPT		both		1 unit	\$ 123.20	\$ 55.44	Out-of-Network
NICODERM, Nicotine Patch - Medicare	S4991	CPT		both		1 unit	\$ 37.26	\$ 16.77	Out-of-Network
Naloxone Hydrochloride (Rextovy) Nasal Spray 4mg/.25mL	J8499	CPT		both		1 unit	\$ 265.30	\$ 119.39	Out-of-Network
Norepinephrine (BITARTRATE) IV Bag	J3490	CPT		both		1 unit	\$ 406.30	\$ 182.84	Out-of-Network
Nitrofurantoin Macrocrystals up to 100mg/1	J8499	CPT		both		1 unit	\$ 31.90	\$ 14.36	Out-of-Network
OP CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT		both		1 unit	\$ 1,785.72	\$ 803.57	Out-of-Network
Optiray 350 mg/mL contrast	Q9967	CPT		both		1 unit	\$ 48.06	\$ 21.63	Out-of-Network
OXYCODONE AND ACETAMINOPHEN (PERCOCET) 5 MG	J8499	CPT		both		1 unit	\$ 37.26	\$ 16.77	Out-of-Network
Oxymetazoline (Afrin Nasal Spray)	J8499	CPT		both		1 unit	\$ 94.90	\$ 42.71	Out-of-Network
CULTURE BACTERIAL URINE	P7001	CPT		both		1 unit	\$ 135.25	\$ 60.86	Out-of-Network
Platelets, each unit	P9019	CPT		both		1 unit	\$ 650.40	\$ 292.68	Out-of-Network
Red blood cells unit	P9021	CPT		both		1 unit	\$ 1,300.00	\$ 585.00	Out-of-Network
Albumin 25% 50 mL; vial	P9047	CPT		both		1 unit	\$ 56.00	\$ 25.20	Out-of-Network
CATHETERIZE FOR URINE SPEC	P9612	CPT		both		1 unit	\$ 268.38	\$ 120.77	Out-of-Network
Phos-Nak Pwdr (Sodium/Potassium/Phosphorus)	J3490	CPT		both		1 unit	\$ 5.90	\$ 2.66	Out-of-Network
PILOCARPINE HYDROCHLORIDE, drops; 40 mg/mL	J3490	CPT		both		1 unit	\$ 1,171.74	\$ 527.28	Out-of-Network
POTASSIUM CHLORIDE 20 mEq/100mL IV Sol Flex Bag 100mL	J3490	CPT		both		1 unit	\$ 46.98	\$ 21.14	Out-of-Network
POTASSIUM CHL 20 mEq/1000mL IV Sol Flex Bag 1000mL	J3490	CPT		both		1 unit	\$ 493.40	\$ 222.03	Out-of-Network
Sodium Chloride and Potassium Chloride IV 20 MeQ/1000 mL bag	J3490	CPT		both		1 unit	\$ 38.76	\$ 17.44	Out-of-Network
Proparacaine Ocular Drops	J3490	CPT		both		1 unit	\$ 1.70	\$ 0.77	Out-of-Network
PROTONIX - PANTOPRAZOLE 40MG - Medicare	J3490	CPT		both		1 unit	\$ 177.77	\$ 80.00	Out-of-Network
PSEUDOEPHEDRINE PO	J8499	CPT		both		1 unit	\$ 5.20	\$ 2.34	Out-of-Network
PSEUDOEPHEDRINE HYDROCHLORIDE Extended-Release Tabs, SUDAFED	J8499	CPT		both		1 unit	\$ 8.40	\$ 3.78	Out-of-Network

SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONV	Q0091	CPT		both		1 unit	\$ 72.34	\$ 32.55	Out-of-Network
Set-up portable x-ray equipment	Q0092	CPT		both		1 unit	\$ 513.00	\$ 230.85	Out-of-Network
Wet mounts/ w preparations	Q0111	CPT		both		1 unit	\$ 70.28	\$ 31.63	Out-of-Network
ZITHROMAX AZITHROMYCIN DIHYDRATE, ORAL UP TO 1 GRAM	Q0144	CPT		both		1 unit	\$ 243.97	\$ 109.79	Out-of-Network
ONDANSETRON ORAL	Q0162	CPT		both		1 unit	\$ 24.40	\$ 10.98	Out-of-Network
DIPHENHYDRAMINE HCL 50MG	Q0163	CPT		both		1 unit	\$ 32.53	\$ 14.64	Out-of-Network
Atarax (Hydroxine pamoate) up to 25mg PO	Q0177	CPT		both		1 unit	\$ 11.90	\$ 5.36	Out-of-Network
Cast sup long arm ped fbrgls	Q4008	CPT		both		1 unit	\$ 349.63	\$ 157.33	Out-of-Network
Cast supplies, short arm cast, pediatric (0-10 years), plaster	Q4011	CPT		both		1 unit	\$ 118.70	\$ 53.42	Out-of-Network
Cast sup gauntlet plaster	Q4013	CPT		both		1 unit	\$ 205.39	\$ 92.43	Out-of-Network
Cast sup lng arm splint plst (11YR+)	Q4017	CPT		both		1 unit	\$ 118.70	\$ 53.42	Out-of-Network
CAST SUP LNG ARM SPLINT FBRG	Q4018	CPT		both		1 unit	\$ 189.22	\$ 85.15	Out-of-Network
Cast sup lng arm splnt ped p	Q4019	CPT		both		1 unit	\$ 59.52	\$ 26.78	Out-of-Network
Cast sup lng arm splnt ped (0-10) fib	Q4020	CPT		both		1 unit	\$ 94.91	\$ 42.71	Out-of-Network
Cast sup sht arm splnt plst	Q4021	CPT		both		1 unit	\$ 87.91	\$ 39.56	Out-of-Network
CAST SUP SHT ARM SPLINT FBRG	Q4022	CPT		both		1 unit	\$ 158.54	\$ 71.34	Out-of-Network
Cast sup sht arm splnt ped plaster	Q4023	CPT		both		1 unit	\$ 44.19	\$ 19.89	Out-of-Network
Cast sup sht arm splnt ped fib	Q4024	CPT		both		1 unit	\$ 133.10	\$ 59.90	Out-of-Network
Cast sup shrt leg plaster	Q4037	CPT		both		1 unit	\$ 214.21	\$ 96.39	Out-of-Network
CAST SUP SHRT LEG FIBERGLASS	Q4038	CPT		both		1 unit	\$ 132.60	\$ 59.67	Out-of-Network
Cast sup short leg ped; fbrgls	Q4040	CPT		both		1 unit	\$ 135.69	\$ 61.06	Out-of-Network
Cast supplies, long leg splint, adult (11 years +), fiberglass	Q4042	CPT		both		1 unit	\$ 426.77	\$ 192.05	Out-of-Network
Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	Q4044	CPT		both		1 unit	\$ 195.60	\$ 88.02	Out-of-Network
Cast supplies, short leg splint, adult (11 years +), plaster	Q4045	CPT		both		1 unit	\$ 151.29	\$ 68.08	Out-of-Network
CAST SUP SHT LEG SPLNT FBRGL	Q4046	CPT		both		1 unit	\$ 376.12	\$ 169.25	Out-of-Network
Cast sup sht leg splnt ped f	Q4048	CPT		both		1 unit	\$ 121.72	\$ 54.77	Out-of-Network
FINGER SPLINT, STATIC	Q4049	CPT		both		1 unit	\$ 312.93	\$ 140.82	Out-of-Network
SPLINT SUPPLIES MISC	Q4051	CPT		both		1 unit	\$ 190.06	\$ 85.53	Out-of-Network
Lumason® Sulfur Hexafluoride Lipid-type A Microsp 25 mg Inj 5 Kits	Q9950	CPT		both		1 unit	\$ 1,610.80	\$ 724.86	Out-of-Network
ORAL MR CONTRAST, PER 100 ML	Q9954	CPT		both		1 unit	\$ 347.94	\$ 156.57	Out-of-Network
INJ PERFLUTREN LIP MICROS,ML	Q9957	CPT		both		1 unit	\$ 192.87	\$ 86.79	Out-of-Network
LOCM 100-199MG/ML IODINE,1ML	Q9965	CPT		both		1 unit	\$ 31.83	\$ 14.32	Out-of-Network
LOCM 200-299MG/ML IODINE,1ML	Q9966	CPT		both		1 unit	\$ 48.00	\$ 21.60	Out-of-Network
Omnipaque 350mg/ml per-1ml	Q9967	CPT		both		1 unit	\$ 1.32	\$ 0.59	Out-of-Network
Visipaque 320 mg/mL; Iodinated contrast (100 mL volume bottle)	Q9967	CPT		both		1 unit	\$ 790.00	\$ 355.50	Out-of-Network
Recothrom Kit (Thrombin)	J3490	CPT		both		1 unit	\$ 756.40	\$ 340.38	Out-of-Network
Fosphenytoin Sodium Injection 50mg/mL	Q2009	CPT		both		1 unit	\$ 170.18	\$ 76.58	Out-of-Network
INJECTION, PIPERACILLIN SODI 500MG	S0081	CPT		both		1 unit	\$ 3.82	\$ 1.72	Out-of-Network
ONDANSETRON 4 MG; PO	S0119	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
REMOVAL OF SUTURES	S0630	CPT		both		1 unit	\$ 241.51	\$ 108.68	Out-of-Network
IV TUBING EXTENSION SET	S1015	CPT		both		1 unit	\$ 90.28	\$ 40.63	Out-of-Network
SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	S3650	CPT		both		1 unit	\$ 57.99	\$ 26.10	Out-of-Network
NICODERM, Nicotine Patch	S4990	CPT		both		1 unit	\$ 37.26	\$ 16.77	Out-of-Network
PRESCRIPTION DRUG, GENERIC	S5000	CPT		both		1 unit	\$ 2.04	\$ 0.92	Out-of-Network
PRESCRIPTION DRUG,BRAND NAME	S5001	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
STERILE SALINE - 5% DEXTROSE AND 0.45% SALINE	J3490	CPT		both		1 unit	\$ 351.20	\$ 158.04	Out-of-Network
5% dextrose with potassium chloride, 1000 ml	S5012	CPT		both		1 unit	\$ 104.55	\$ 47.05	Out-of-Network
INSULIN RAPID 5 U	S5550	CPT		both		1 unit	\$ 39.97	\$ 17.99	Out-of-Network
MRCPC - Magnetic resonance cholangiopancreatography	S8037	CPT		both		1 unit	\$ 3,889.40	\$ 1,750.23	Out-of-Network

SPACER WITHOUT MASK	S8100	CPT		both		1	unit	\$	79.56	\$	35.80	Out-of-Network
MASK - NEBULIZER MASK - SPACER WITH MASK	S8101	CPT		both		1	unit	\$	88.40	\$	39.78	Out-of-Network
Flutter Device	S8185	CPT		both		1	unit	\$	48.06	\$	21.63	Out-of-Network
PADDING FOR COMPRSSN BDG	S8430	CPT		both		1	unit	\$	25.88	\$	11.65	Out-of-Network
SPLINT DIGIT	S8450	CPT		both		1	unit	\$	127.29	\$	57.28	Out-of-Network
SPLINT WRIST OR ANKLE	S8451	CPT		both		1	unit	\$	180.33	\$	81.15	Out-of-Network
Montelukast Sodium/Singulair up to 10mg; Tab	J8499	CPT		both		1	unit	\$	35.40	\$	15.93	Out-of-Network
Sulfacetamide Sodium Eye Drops	J3490	CPT		both		1	unit	\$	571.70	\$	257.27	Out-of-Network
Sevoflurane (Respiratory Inhalation) 250mL	J3490	CPT		both		1	unit	\$	1,402.50	\$	631.13	Out-of-Network
Sevelamer Carbonate 800mg; Tab	J8499	CPT		both		1	unit	\$	53.70	\$	24.17	Out-of-Network
Tetracaine, Anes Topical Gel 20mg	A6250	CPT		both		1	unit	\$	63.70	\$	28.67	Out-of-Network
Tetracaine, Anes Topical Gel 20mg	A6250	CPT		both		1	unit	\$	63.70	\$	28.67	Out-of-Network
Tranexamic Acid, 100 mg inj	J3490	CPT		both		1	unit	\$	17.54	\$	7.89	Out-of-Network
Tissue culture; (hemabsorption, neutralization, immunofluor stain) each iso	87253	CPT		both		1	unit	\$	202.00	\$	90.90	Out-of-Network
2019 - nCoV diagnostic P	U0001	CPT		both		1	unit	\$	450.00	\$	202.50	Out-of-Network
COVID-19 lab test non-CDC	U0002	CPT		both		1	unit	\$	450.00	\$	200.00	Out-of-Network
VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER	V2797	CPT		both		1	unit	\$	51.14	\$	23.01	Out-of-Network
Vancomycin 125mg Tab/Cap	J8499	CPT		both		1	unit	\$	3.80	\$	1.71	Out-of-Network
Warfarin (Coumadin) 10MG Tab	J8499	CPT		both		1	unit	\$	3.90	\$	1.76	Out-of-Network
Warfarin (Coumadin) 1mg Tab	J8499	CPT		both		1	unit	\$	4.40	\$	1.98	Out-of-Network
Warfarin (Coumadin) 2.5 MG Tab	J8499	CPT		both		1	unit	\$	1.30	\$	0.59	Out-of-Network
Warfarin (Coumadin) 2MG Tab	J8499	CPT		both		1	unit	\$	4.50	\$	2.03	Out-of-Network
Warfarin (Coumadin) 3MG Tab	J8499	CPT		both		1	unit	\$	1.30	\$	0.59	Out-of-Network
Warfarin (Coumadin) 4MG Tab	J8499	CPT		both		1	unit	\$	1.70	\$	0.77	Out-of-Network
Warfarin (Coumadin) 5MG Tab.	J8499	CPT		both		1	unit	\$	1.80	\$	0.81	Out-of-Network
Warfarin (Coumadin) 6MG Tab	J8499	CPT		both		1	unit	\$	3.60	\$	1.62	Out-of-Network
Warfarin (Coumadin) 7.5MG Tab	J8499	CPT		both		1	unit	\$	3.80	\$	1.71	Out-of-Network
Xofluza (Baloxavir Marboxil) 40mg (2 tabs)	J8499	CPT		both		1	unit	\$	654.48	\$	294.52	Out-of-Network
Xofluza (Baloxavir Marboxil) 40mg (2 tabs)	J8499	CPT		both		1	unit	\$	654.48	\$	294.52	Out-of-Network
ZOLPIDEM TARTRATE/AMBIEN 5 MG	J8499	CPT		both		1	unit	\$	70.27	\$	31.62	Out-of-Network
Zyvox (linezolid) 600mg/300ml IV bag	J2020	CPT		both		1	unit	\$	492.59	\$	221.67	Out-of-Network
Transcatheter therapy, venous infusion for thrombolysis, any method	37212	CPT		both		1	unit	\$	3,051.90	\$	1,373.36	Out-of-Network
DermaBond Mini	A4364	CPT		both		1	unit	\$	3.32	\$	1.49	Out-of-Network
Injection, argatroban, 1 mg (for non-ESRD use)	J0883	CPT		both		1	unit	\$	100.06	\$	45.03	Out-of-Network
Benzocaine Mucosal Gel (Dental)	A6250	CPT		both		1	unit	\$	24.30	\$	10.94	Out-of-Network
Epinephrine 8mg/250mL NS	J3490	CPT		both		1	unit	\$	103.50	\$	46.58	Out-of-Network
LEVAQUIN 250MG IVPB	J1956	CPT		both		1	unit	\$	26.27	\$	11.82	Out-of-Network
Levofloxacin Oral Solution	J8499	CPT		both		1	unit	\$	1,496.20	\$	673.29	Out-of-Network
RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	36575	CPT		both		1	unit	\$	486.62	\$	218.98	Out-of-Network
Radiologic examination; pharynx a/o cervical esophagus	74210	CPT		both		1	unit	\$	3,798.00	\$	1,709.10	Out-of-Network
Tuberculin PPD (Aplisol) Injection	J3490	CPT		both		1	unit	\$	713.90	\$	321.26	Out-of-Network
Injection, alteplase recombinant, 1mg (ACTIVASE)	J2997	CPT		both		1	unit	\$	9,565.61	\$	4,304.52	Out-of-Network
Amoxicillin 500mg tab	J8499	CPT		both		1	unit	\$	3.06	\$	1.38	Out-of-Network
Donnatal (Phenobarbital) Oral Elixir	J8499	CPT		both		1	unit	\$	582.95	\$	262.33	Out-of-Network
TRIPLE ANTIBIOTIC OINTMENT 3.5 MG	A6250	CPT		both		1	unit	\$	8.40	\$	3.78	Out-of-Network
TRIPLE ANTIBIOTIC OINTMENT 3.5 MG	A6250	CPT		both		1	unit	\$	8.40	\$	3.78	Out-of-Network
LEVAQUIN (LEVOFLOXIN) 750MG PO	J8499	CPT		both		1	unit	\$	11.78	\$	5.30	Out-of-Network
Tamiflu (Oseltamivir) 75mg Tab	J8499	CPT		both		1	unit	\$	101.82	\$	45.82	Out-of-Network
Tamiflu (Oseltamivir) 6mg/ml PER ML	J3490	CPT		both		1	unit	\$	16.15	\$	7.27	Out-of-Network

Loperamide Tab; 2 mg	J8499	CPT		both		1 unit	\$ 7.97	\$ 3.59	Out-of-Network
Loperamide Tab; 2mg	J8499	CPT		both		1 unit	\$ 7.97	\$ 3.59	Out-of-Network
CEPHALEXIN 250mg/5mL Bottle	J3490	CPT		both		1 unit	\$ 329.16	\$ 148.12	Out-of-Network
MACROBID 25 mg, capsule	J8499	CPT		both		1 unit	\$ 30.04	\$ 13.52	Out-of-Network
Bentyl 20mg tab	J8499	CPT		both		1 unit	\$ 134.23	\$ 60.40	Out-of-Network
CORTISPORIN OTIC SOLUTION - EAR DROPS	J3490	CPT		both		1 unit	\$ 669.17	\$ 301.13	Out-of-Network
DULCOLAX- BISACODYL supp 10MG	J8498	CPT		both		1 unit	\$ 7.71	\$ 3.47	Out-of-Network
FIORICET-BUTALBITAL TABLET	J8499	CPT		both		1 unit	\$ 9.37	\$ 4.22	Out-of-Network
GENTAMICIN eye drops(drops)	J3490	CPT		both		1 unit	\$ 185.96	\$ 83.68	Out-of-Network
PRILOSEC 20MG TABLET	J8499	CPT		both		1 unit	\$ 36.52	\$ 16.43	Out-of-Network
PRILOSEC 40MG TABLET	J8499	CPT		both		1 unit	\$ 73.13	\$ 32.91	Out-of-Network
Robitussin W/CODEINE 10 ML SUPP	J8499	CPT		both		1 unit	\$ 144.79	\$ 65.16	Out-of-Network
Cheratussin AC 5ML	J8499	CPT		both		1 unit	\$ 23.18	\$ 10.43	Out-of-Network
SEPTRA DS TABLET	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
TESSALON-BENZONATATE 200mg tablet	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
.5 mg XANAX	J8499	CPT		both		1 unit	\$ 44.70	\$ 20.12	Out-of-Network
ZYRTEC-CETIRIZINE 10MG TABLET	J8499	CPT		both		1 unit	\$ 1.40	\$ 0.63	Out-of-Network
Amoxicillin 200mg/5mL Oral Sus	J8499	CPT		both		1 unit	\$ 3.19	\$ 1.44	Out-of-Network
Amoxicillin 875mg tab	J8499	CPT		both		1 unit	\$ 13.67	\$ 6.15	Out-of-Network
Brompheniramine Maleate/Bromfed DM, per 1 mL	J8499	CPT		both		1 unit	\$ 2.30	\$ 1.04	Out-of-Network
COLACE 100MG TAB	J8499	CPT		both		1 unit	\$ 9.72	\$ 4.37	Out-of-Network
Colace Liquid 50mg/5ml bottle (BILL ONCE THIS IS PER BOTTLE)	A9150	CPT		both		1 unit	\$ 33.14	\$ 14.91	Out-of-Network
Acetaminophen/Codeine 300/30 soln	J3490	CPT		both		1 unit	\$ 53.04	\$ 23.87	Out-of-Network
amoxicillin/clavulanate K+ 400mg/57mg	J8499	CPT		both		1 unit	\$ 28.43	\$ 12.79	Out-of-Network
amoxicillin/clavulanate K+ 400mg/57mg	J8499	CPT		both		1 unit	\$ 28.43	\$ 12.79	Out-of-Network
Meclizine Hydrochloride 25mg/1 Tab	J8499	CPT		both		1 unit	\$ 5.30	\$ 2.39	Out-of-Network
Bactrim DS (Sulfamethoxazole and Trimethoprim)	J8499	CPT		both		1 unit	\$ 4.42	\$ 1.99	Out-of-Network
Benadryl 25mg cap	J8499	CPT		both		1 unit	\$ 14.65	\$ 6.59	Out-of-Network
benadryl liquid susp	J8499	CPT		both		1 unit	\$ 7.97	\$ 3.59	Out-of-Network
Cardene 20mg/200ml	J3490	CPT		both		1 unit	\$ 730.80	\$ 328.86	Out-of-Network
Ciprofloxacin Ophthalmic Drops 0.3 % 2.5mL	J3490	CPT		both		1 unit	\$ 14.53	\$ 6.54	Out-of-Network
Depomedrol 80mg vial	J1010	CPT		both		1 unit	\$ 112.91	\$ 50.81	Out-of-Network
Diazepam 10mg inj	J3360	CPT		both		1 unit	\$ 16.47	\$ 7.41	Out-of-Network
Diazepam 5mg tab	J8499	CPT		both		1 unit	\$ 11.16	\$ 5.02	Out-of-Network
Digoxin 0.5mg Injection	J1160	CPT		both		1 unit	\$ 62.00	\$ 27.90	Out-of-Network
EYEWASH 30ML	J3490	CPT		both		1 unit	\$ 24.05	\$ 10.82	Out-of-Network
Flexeril (cyclobenzaprine) 10mg Tab	J8499	CPT		both		1 unit	\$ 3.30	\$ 1.49	Out-of-Network
Gastrografin 30ML	Q9963	CPT		both		1 unit	\$ 330.60	\$ 148.77	Out-of-Network
Glycerin Supp	J8498	CPT		both		1 unit	\$ 24.97	\$ 11.24	Out-of-Network
Haldol 50mg Vial	J3490	CPT		both		1 unit	\$ 591.01	\$ 265.95	Out-of-Network
Hydrocodone/apap 5/325 tab	J8499	CPT		both		1 unit	\$ 9.74	\$ 4.38	Out-of-Network
Hydrocodone/apap 7.5/325 tab	J8499	CPT		both		1 unit	\$ 20.32	\$ 9.14	Out-of-Network
Hydrocodone/apap 10/325 mg tab	J8499	CPT		both		1 unit	\$ 22.14	\$ 9.96	Out-of-Network
Lorazepam 1mg tab	J8499	CPT		both		1 unit	\$ 16.47	\$ 7.41	Out-of-Network
Nitroglycerin Paste	A6250	CPT		both		1 unit	\$ 260.54	\$ 117.24	Out-of-Network
BAG - NORMAL SALINE 100ML BAG	A4649	CPT		both		1 unit	\$ 40.32	\$ 18.14	Out-of-Network
Nitroglycerin Cardiac Drip	J2305	CPT		both		1 unit	\$ 96.16	\$ 43.27	Out-of-Network
Sodium Chloride up to 500mL NaCl Irrigation	J7040	CPT		both		1 unit	\$ 84.30	\$ 37.94	Out-of-Network
Phenergan 25mg Tab	J8499	CPT		both		1 unit	\$ 7.97	\$ 3.59	Out-of-Network

Phenergan 50mg Vial	J2550	CPT		both		1 unit	\$ 64.81	\$ 29.16	Out-of-Network
Rantidine 150mg tab	J8499	CPT		both		1 unit	\$ 2.94	\$ 1.32	Out-of-Network
Simethicone Susp Drops 20mg	J3490	CPT		both		1 unit	\$ 90.30	\$ 40.64	Out-of-Network
Tamsulosin (Flomax) 0.4mg Tab	J8499	CPT		both		1 unit	\$ 34.53	\$ 15.54	Out-of-Network
tramadol 50mg tab	J8499	CPT		both		1 unit	\$ 51.14	\$ 23.01	Out-of-Network
Tylenol 120mg sup	J8498	CPT		both		1 unit	\$ 11.16	\$ 5.02	Out-of-Network
Zithromax 200mg/5ml susp (azithromycin dihydrate)	Q0144	CPT		both		1 unit	\$ 24.44	\$ 11.00	Out-of-Network
Zofran 4MG Tab	J8499	CPT		both		1 unit	\$ 11.25	\$ 5.06	Out-of-Network
Ondansetron 4mg/5ml Oral Solution	S0119	CPT		both		1 unit	\$ 16.04	\$ 7.22	Out-of-Network
AMBU BAG PEDI/ADULT	S8999	CPT	QW	both		1 unit	\$ 73.05	\$ 32.87	Out-of-Network
Indometacin 50 Mg Oral Tab	J8499	CPT		both		1 unit	\$ 12.48	\$ 5.62	Out-of-Network
IV TUBING PRIMARY	S1015	CPT		both		1 unit	\$ 67.70	\$ 30.47	Out-of-Network
IV EXTENSION SET	S1015	CPT		both		1 unit	\$ 27.57	\$ 12.41	Out-of-Network
IV CATHETER VARIOUS SIZES	C1751	CPT		both		1 unit	\$ 63.76	\$ 28.69	Out-of-Network
Wound Culture Anaerobes/Aerobes	87070	CPT		both		1 unit	\$ 248.38	\$ 111.77	Out-of-Network
Lactic Acid (lactate)Plasma Test	83605	CPT		both		1 unit	\$ 101.34	\$ 45.60	Out-of-Network
Diphenoxylate/Atropine (Lomotil) 2.5 mg; tab	J8499	CPT		both		1 unit	\$ 17.39	\$ 7.83	Out-of-Network
Metformin HCL 500mg tab	J8499	CPT		both		1 unit	\$ 20.94	\$ 9.42	Out-of-Network
Reglan 10 mg; PO	J8499	CPT		both		1 unit	\$ 6.46	\$ 2.91	Out-of-Network
PEPCID/FAMOTIDINE 20MG TAB	J8499	CPT		both		1 unit	\$ 23.24	\$ 10.46	Out-of-Network
PREDNISOLONE ACETATE; drops, 10mg/mL	J3490	CPT		both		1 unit	\$ 593.98	\$ 267.29	Out-of-Network
Omnipaque (Iohexol) 240mg	Q9967	CPT		both		1 unit	\$ 588.30	\$ 264.74	Out-of-Network
Omnipaque 300mg/ml per-1ml	Q9967	CPT		both		1 unit	\$ 3.91	\$ 1.76	Out-of-Network
ISOVUE-Low osmolar contrast mat, 300-399 mg/ml iodine concentrate, per	Q9967	CPT		both		1 unit	\$ 7.31	\$ 3.29	Out-of-Network
Readi-Cat 2 (Barium Sulfate Susp) (2.1% w/v, 2.0% w/w) 450mL	J8499	CPT		both		1 unit	\$ 130.17	\$ 58.58	Out-of-Network
Readi-Cat 2 (Barium Sulfate Susp) (2.1% w/v, 2.0% w/w) 900mL	J8499	CPT		both		1 unit	\$ 260.34	\$ 117.15	Out-of-Network
Cepti-Seal	A9270	CPT		both		1 unit	\$ 15.74	\$ 7.08	Out-of-Network
Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as	A6545	CPT		both		1 unit	\$ 24.31	\$ 10.94	Out-of-Network
Prochlorperazine 10 mg Tablet	J8499	CPT		both		1 unit	\$ 20.30	\$ 9.14	Out-of-Network
Uvl pnl 2 sq ft or less	E0691	CPT		both		1 unit	\$ 8,363.42	\$ 3,763.54	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT		both		1 unit	\$ 4,074.45	\$ 1,833.50	Out-of-Network
Biofire Rsptry Panel 22 TRGT (bacterial or viral resptry infection), naso-swab	0202U	CPT		outpatient		1 unit	\$ 2,083.90	\$ 937.76	Out-of-Network
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0223U	CPT		outpatient		1 unit	\$ 2,083.90	\$ 937.76	Out-of-Network
NFCT DS BCT/VIRAL TRAIL IP-10 C-REACT PRTN SRM	0351U	CPT		outpatient		1 unit	\$ 350.00	\$ 157.50	Out-of-Network
BioFire Pneumonia Panel 18 bacteria,8 viruses,7 antimicrobial	0528U	CPT		outpatient		1 unit	\$ 2,670.00	\$ 1,201.50	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT		outpatient		1 unit	\$ 832.50	\$ 374.63	Out-of-Network
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT		outpatient		1 unit	\$ 564.40	\$ 253.98	Out-of-Network
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT		outpatient		1 unit	\$ 1,838.90	\$ 827.51	Out-of-Network
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT		outpatient		1 unit	\$ 927.50	\$ 417.38	Out-of-Network
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT		outpatient		1 unit	\$ 1,727.80	\$ 160.00	Out-of-Network
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT		outpatient		1 unit	\$ 874.10	\$ 160.00	Out-of-Network
Amputation, finger or thumb, primary or secondary, any joint or phalanx, sin	26951	CPT		outpatient		1 unit	\$ 8,111.50	\$ 3,650.18	Out-of-Network
Injection sacroiliac joint, anesthetic/steroid, with image guidance	27096	CPT		outpatient		1 unit	\$ 1,500.00	\$ 675.00	Out-of-Network
SHORT LEG SPLINT CALF FOOT	29515	CPT		outpatient		1 unit	\$ 132.60	\$ 59.67	Out-of-Network
STRAPPING ANKLE &/FOOT	29540	CPT		outpatient		1 unit	\$ 166.18	\$ 74.78	Out-of-Network
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT		outpatient		1 unit	\$ 642.25	\$ 289.01	Out-of-Network
INTRO NDL/INTRACATH VEIN	36000	CPT		outpatient		1 unit	\$ 185.62	\$ 83.53	Out-of-Network
Introduction of catheter, superior or inferior vena cava	36010	CPT		outpatient		1 unit	\$ 633.45	\$ 285.05	Out-of-Network
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	36247	CPT		outpatient		1 unit	\$ 1,743.30	\$ 784.49	Out-of-Network

SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	36248	CPT		outpatient		1 unit	\$ 282.85	\$ 127.28	Out-of-Network
VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	36400	CPT		outpatient		1 unit	\$ 108.45	\$ 48.80	Out-of-Network
NON-ROUTINE BLOOD DRAW 3/> YRS	36410	CPT		outpatient		1 unit	\$ 61.58	\$ 27.71	Out-of-Network
VENIPUNCTURE	36415	CPT		outpatient		1 unit	\$ 25.00	\$ 20.00	Out-of-Network
CAPILLARY BLOOD DRAW	36416	CPT		outpatient		1 unit	\$ 30.94	\$ 13.92	Out-of-Network
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT		outpatient		1 unit	\$ 196.95	\$ 88.63	Out-of-Network
Injec non-cmpd w/ultra comp; single extremity truncal vein	36465	CPT		outpatient		1 unit	\$ 527.75	\$ 237.49	Out-of-Network
Injec non-cmpd w/ultra comp; multi incp truncal veins	36466	CPT		outpatient		1 unit	\$ 666.35	\$ 299.86	Out-of-Network
Injection of Sclerosant; single incomp vein	36470	CPT		outpatient		1 unit	\$ 168.65	\$ 75.89	Out-of-Network
Injection of Sclerosant; multiple incomp veins same leg	36471	CPT		outpatient		1 unit	\$ 334.00	\$ 150.30	Out-of-Network
Endovenous ablation therapy incld image guide, 1st vein.	36473	CPT		outpatient		1 unit	\$ 791.60	\$ 356.22	Out-of-Network
Endoven ablt therapy incld imge guide, subseq vein	36474	CPT		outpatient		1 unit	\$ 390.80	\$ 175.86	Out-of-Network
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT		outpatient		1 unit	\$ 1,607.90	\$ 723.56	Out-of-Network
Endoven ablat therapy incld imge guide, subseq vein	36476	CPT		outpatient		1 unit	\$ 587.85	\$ 264.53	Out-of-Network
Endoven ablat therapy incld image guide percu laser; 1st vein	36478	CPT		outpatient		1 unit	\$ 1,356.45	\$ 610.40	Out-of-Network
Endoven ablat ther incmpt vein, incld im gd perc laser, subseq vein.	36479	CPT		outpatient		1 unit	\$ 596.20	\$ 268.29	Out-of-Network
Endoven abltr TDCA w/img guid & montr perc; 1st vein.	36482	CPT		outpatient		1 unit	\$ 793.25	\$ 356.96	Out-of-Network
Endoven abltr TDCA w/imge guide& montr,subsq vein.	36483	CPT		outpatient		1 unit	\$ 397.45	\$ 178.85	Out-of-Network
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT		outpatient		1 unit	\$ 12,113.13	\$ 5,450.91	Out-of-Network
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT		outpatient		1 unit	\$ 1,935.50	\$ 870.98	Out-of-Network
INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36569	CPT		outpatient		1 unit	\$ 3,000.00	\$ 1,350.00	Out-of-Network
INSERTION PICC W/RS&I < 5 YR	36572	CPT		outpatient		1 unit	\$ 455.60	\$ 205.02	Out-of-Network
INSERTION PICC W/RS&I 5 YR/>	36573	CPT		outpatient		1 unit	\$ 3,900.00	\$ 1,755.00	Out-of-Network
RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	36575	CPT		outpatient		1 unit	\$ 243.31	\$ 109.49	Out-of-Network
COMPLETE REPLACEMENT PICC RS&I	36584	CPT		outpatient		1 unit	\$ 338.75	\$ 152.44	Out-of-Network
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT		outpatient		1 unit	\$ 787.75	\$ 354.49	Out-of-Network
COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	36591	CPT		outpatient		1 unit	\$ 110.49	\$ 49.72	Out-of-Network
Placement of needle for intraosseous infusion	36680	CPT		outpatient		1 unit	\$ 210.39	\$ 94.68	Out-of-Network
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT		outpatient		1 unit	\$ 3,132.90	\$ 1,409.81	Out-of-Network
Open/Perq Place Stent 1st Artery.	37236	CPT		outpatient		1 unit	\$ 1,950.60	\$ 877.77	Out-of-Network
Open/Perq placement stent each addlt artery	37237	CPT		outpatient		1 unit	\$ 938.55	\$ 422.35	Out-of-Network
Open/Perq Placement Intravascular Stent Same 1st vein.	37238	CPT		outpatient		1 unit	\$ 1,751.70	\$ 788.27	Out-of-Network
Open/Perq Placement Stent each additional vein	37239	CPT		outpatient		1 unit	\$ 658.00	\$ 296.10	Out-of-Network
Vascular Embolization or Occlusion Arterial	37242	CPT		outpatient		1 unit	\$ 2,067.50	\$ 930.38	Out-of-Network
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT		outpatient		1 unit	\$ 3,256.60	\$ 1,465.47	Out-of-Network
Intravascular US Noncoronary RS&I Initial Vessel	37252	CPT		outpatient		1 unit	\$ 525.10	\$ 236.30	Out-of-Network
Intravascular US Noncoronary RS&I addtl vessel	37253	CPT		outpatient		1 unit	\$ 422.00	\$ 189.90	Out-of-Network
Revas Evasc open or perc IVT Angio SF 1st vessel	37254	CPT		outpatient		1 unit	\$ 1,678.40	\$ 755.28	Out-of-Network
Revasc Evasc open or perc IVT Angio SF ea addtl vessel	37255	CPT		outpatient		1 unit	\$ 679.70	\$ 305.87	Out-of-Network
Revasc Evasc open or perc IVT Angio unilat, cp lx 1st vessel	37256	CPT		outpatient		1 unit	\$ 2,460.00	\$ 1,107.00	Out-of-Network
Revasc Evasc IVT Angio unilateral cp lx ea add vessel	37257	CPT		outpatient		1 unit	\$ 880.10	\$ 396.05	Out-of-Network
Revasc Evasc open or perc IVT Stent SF lesion 1st vessel	37258	CPT		outpatient		1 unit	\$ 2,005.70	\$ 902.57	Out-of-Network
Revac Evasc open or perc IVT Stent SF uni ea add vessel	37259	CPT		outpatient		1 unit	\$ 906.85	\$ 408.08	Out-of-Network
Revasc Evasc IVT trans stent Unilt complex lx 1st vessel	37260	CPT		outpatient		1 unit	\$ 2,899.20	\$ 1,304.64	Out-of-Network
Revasc Evasc IVT Stent uni complex lesion ea addtl vessel.	37261	CPT		outpatient		1 unit	\$ 963.60	\$ 433.62	Out-of-Network
Intravas Lithotr IVT w/image guidance sm art	37262	CPT		outpatient		1 unit	\$ 679.70	\$ 305.87	Out-of-Network
Revas Envasc open or perc PVT Angio SF sm ar 1st vessel	37263	CPT		outpatient		1 unit	\$ 1,780.25	\$ 801.11	Out-of-Network
Revasc Evasc open or perc FPVT Angio SF ea addtl vessel.	37264	CPT		outpatient		1 unit	\$ 691.40	\$ 311.13	Out-of-Network
Revasc Evasc open or perc FVT Angio CP LX initial vessel.	37265	CPT		outpatient		1 unit	\$ 2,408.20	\$ 1,083.69	Out-of-Network

Revs Evsc open or perc FPVT Angio cp lx uni ea add vessel.	37266	CPT		outpatient		1 unit	\$ 906.50	\$ 407.93	Out-of-Network
Revs Evsc open or perc FPVT Stent sm art, SF 1st vessel.	37267	CPT		outpatient		1 unit	\$ 2,007.48	\$ 903.37	Out-of-Network
Revs Evasc open or perc FPVT Stent SF ea addtl vessel	37268	CPT		outpatient		1 unit	\$ 848.80	\$ 381.96	Out-of-Network
Revs Evasc open or perc FPVT stent cp lx 1st vessel	37269	CPT		outpatient		1 unit	\$ 3,373.50	\$ 1,518.08	Out-of-Network
Revasc Evasc open or perc FPVT ST CP LX ea add vessel	37270	CPT		outpatient		1 unit	\$ 1,138.95	\$ 512.53	Out-of-Network
Revs Evsc open or perc FPVT ATHRC SF 1st vessel	37271	CPT		outpatient		1 unit	\$ 2,057.50	\$ 925.88	Out-of-Network
Revs Evasc open or perc FPVT ATHRC SF ea add vessel	37272	CPT		outpatient		1 unit	\$ 906.85	\$ 408.08	Out-of-Network
Revs Evsc open or perc FPVT ATHRC CP LX 1st vessel	37273	CPT		outpatient		1 unit	\$ 2,880.85	\$ 1,296.38	Out-of-Network
Revs Evsc open or perc FPVT ATHRC CP LX ea vessel	37274	CPT		outpatient		1 unit	\$ 1,249.20	\$ 562.14	Out-of-Network
Revs Evsc open or perc FPVT ST ATHRC SF 1st vessel	37275	CPT		outpatient		1 unit	\$ 2,506.75	\$ 1,128.04	Out-of-Network
Revs Evsc open or perc FPVT ST ATHRC ea addtl vessel	37276	CPT		outpatient		1 unit	\$ 963.60	\$ 433.62	Out-of-Network
Revs Evsc open or perc FPVT ST ATHRC CP LX 1st vessel	37277	CPT		outpatient		1 unit	\$ 3,408.55	\$ 1,533.85	Out-of-Network
Revs Evsc open or perc FPVT st ATH cp lx ea add vessel	37278	CPT		outpatient		1 unit	\$ 1,354.40	\$ 609.48	Out-of-Network
Intravsc Lithotrpf FPVT w/image guide sm artery	37279	CPT		outpatient		1 unit	\$ 908.50	\$ 408.83	Out-of-Network
Revs Evsc open or perc TPVT Angio SF 1st vessel	37280	CPT		outpatient		1 unit	\$ 2,237.85	\$ 1,007.03	Out-of-Network
Revs Evsc open or perc TPVT Angio SF ea add vessel	37281	CPT		outpatient		1 unit	\$ 673.05	\$ 302.87	Out-of-Network
Revs Evsc open or perc TPVT Angio CP LX 1st vessel	37282	CPT		outpatient		1 unit	\$ 2,807.35	\$ 1,263.31	Out-of-Network
Revs Evsc open or perc TPVT Angio cp lx ea add vessel	37283	CPT		outpatient		1 unit	\$ 958.60	\$ 431.37	Out-of-Network
Revs Evasc open or perc TPVT ST SF 1st vessel	37284	CPT		outpatient		1 unit	\$ 2,308.00	\$ 1,038.60	Out-of-Network
Revs Evasc open or perc TPVT ST SF ea addtl vessel	37285	CPT		outpatient		1 unit	\$ 761.55	\$ 342.70	Out-of-Network
Revs Evasc open or perc TPVT ST CP LX 1st vessel	37286	CPT		outpatient		1 unit	\$ 3,091.00	\$ 1,390.95	Out-of-Network
Revs Evasc TPVT ST CMLX LESION EA ADD Vessel	37287	CPT		outpatient		1 unit	\$ 1,145.65	\$ 515.54	Out-of-Network
Revs Evsc open or perc TPVT SF lesion, initial vessel	37288	CPT		outpatient		1 unit	\$ 3,047.85	\$ 1,371.53	Out-of-Network
Revs Evsc open or perc TPVT ATHRC SF, ea add vessel	37289	CPT		outpatient		1 unit	\$ 1,073.85	\$ 483.23	Out-of-Network
Ather (incl PTA, Cath RSI) tibial, peroneal 1st vessel cmplx lesion.	37290	CPT		outpatient		1 unit	\$ 3,834.40	\$ 1,725.48	Out-of-Network
Revs Evsc open or perc TPVT ATHRC CPLX ea add vessel.	37291	CPT		outpatient		1 unit	\$ 1,464.65	\$ 659.09	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC SF,initial vessel	37292	CPT		outpatient		1 unit	\$ 3,395.20	\$ 1,527.84	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC SF ea add vessel	37293	CPT		outpatient		1 unit	\$ 1,493.00	\$ 671.85	Out-of-Network
Revs Evsc open or perc TPVT ST ATHRC CP LX 1st vessel	37294	CPT		outpatient		1 unit	\$ 4,069.90	\$ 1,831.46	Out-of-Network
Revs Evsc opebn or perc TPVT ST ATH CPLX ea add vessel	37295	CPT		outpatient		1 unit	\$ 1,882.15	\$ 846.97	Out-of-Network
Revs Evasc open or perc IMVT Angio SF 1st vessel	37296	CPT		outpatient		1 unit	\$ 2,506.75	\$ 1,128.04	Out-of-Network
Revs Evasc open or perc IMVT Angio SF ea add vessel	37297	CPT		outpatient		1 unit	\$ 898.50	\$ 404.33	Out-of-Network
Revs Evsc open or perc IMVT Angio CP LX 1st vessel	37298	CPT		outpatient		1 unit	\$ 3,092.90	\$ 1,391.81	Out-of-Network
Revs Evsc open or perc IMVT Angio CPLX Ea add vessel	37299	CPT		outpatient		1 unit	\$ 1,118.95	\$ 503.53	Out-of-Network
Stab Phleb of Varicose Veins,1 extr,10-20 stab inc	37765	CPT		outpatient		1 unit	\$ 1,227.50	\$ 552.38	Out-of-Network
Stab Phleb of Varicose Veins, 1 extr more than 20 inc	37766	CPT		outpatient		1 unit	\$ 1,508.05	\$ 678.62	Out-of-Network
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT		outpatient		1 unit	\$ 216.70	\$ 97.52	Out-of-Network
SPINAL TAP FLUID	62270	CPT		outpatient		1 unit	\$ 419.88	\$ 188.95	Out-of-Network
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle)	62272	CPT		outpatient		1 unit	\$ 291.65	\$ 131.24	Out-of-Network
Injection, epidural, of blood or clot patch	62273	CPT		outpatient		1 unit	\$ 1,750.00	\$ 787.50	Out-of-Network
Myelography via lumbar inj, including radiological supervision and interpret	62305	CPT		outpatient		1 unit	\$ 1,975.15	\$ 888.82	Out-of-Network
INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	64420	CPT		outpatient		1 unit	\$ 383.00	\$ 172.35	Out-of-Network
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	CPT		outpatient		1 unit	\$ 3,800.00	\$ 1,710.00	Out-of-Network
Destr by neuro agent, geni nerve branc incl image guid, when perf	64624	CPT		outpatient		1 unit	\$ 4,881.92	\$ 2,196.86	Out-of-Network
RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	70030	CPT		outpatient		1 unit	\$ 442.50	\$ 199.13	Out-of-Network
RADEX MNDBL PRTL LESS THAN < 4 VIEWS	70100	CPT		outpatient		1 unit	\$ 442.50	\$ 95.00	Out-of-Network
RADEX MNDBL COMPL MINIMUM 4 VIEWS	70110	CPT		outpatient		1 unit	\$ 809.00	\$ 95.00	Out-of-Network
Radiologic examination, mastoids; less than 3 views per side	70120	CPT		outpatient		1 unit	\$ 531.50	\$ 239.18	Out-of-Network
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT		outpatient		1 unit	\$ 1,063.40	\$ 95.00	Out-of-Network

RADEX FACIAL B1S < 3 VIEWS	70140	CPT		outpatient		1 unit	\$ 544.00	\$ 95.00	Out-of-Network
RADEX FACIAL B1S COMPL MINIMUM 3 VIEWS	70150	CPT		outpatient		1 unit	\$ 532.10	\$ 95.00	Out-of-Network
RADEX NSL B1S COMPL MINIMUM 3 VIEWS	70160	CPT		outpatient		1 unit	\$ 434.00	\$ 95.00	Out-of-Network
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT		outpatient		1 unit	\$ 543.40	\$ 95.00	Out-of-Network
Radiologic examination, sinuses, paranasal, less than 3 views	70210	CPT		outpatient		1 unit	\$ 366.30	\$ 164.84	Out-of-Network
RADEX SINUSES PARANSL COMPL MINIMUM 3 VIEWS	70220	CPT		outpatient		1 unit	\$ 426.60	\$ 95.00	Out-of-Network
RADEX SKL < 4 VIEWS	70250	CPT		outpatient		1 unit	\$ 286.82	\$ 95.00	Out-of-Network
RADEX SKL COMPL MINIMUM 4 VIEWS	70260	CPT		outpatient		1 unit	\$ 505.80	\$ 95.00	Out-of-Network
RADEX TMPRMAND JT OPN&CLSD MOUTH UNI	70328	CPT		outpatient		1 unit	\$ 265.86	\$ 119.64	Out-of-Network
RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	70330	CPT		outpatient		1 unit	\$ 599.70	\$ 269.87	Out-of-Network
MRI TEMPOROMANDIBULAR JOINT	70336	CPT		outpatient		1 unit	\$ 3,134.70	\$ 1,410.62	Out-of-Network
CEPHALOGRAM ORTHODONTIC	70350	CPT		outpatient		1 unit	\$ 194.47	\$ 87.51	Out-of-Network
RADEX OF NECK SOFT TISSUE	70360	CPT		outpatient		1 unit	\$ 358.80	\$ 161.46	Out-of-Network
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT		outpatient		1 unit	\$ 1,242.30	\$ 240.00	Out-of-Network
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT		outpatient		1 unit	\$ 1,733.00	\$ 400.00	Out-of-Network
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT		outpatient		1 unit	\$ 2,039.10	\$ 917.60	Out-of-Network
CTA Head and Neck with IV Contrast	70471	CPT		outpatient		1 unit	\$ 1,883.80	\$ 847.71	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-MATRL	70480	CPT		outpatient		1 unit	\$ 1,858.00	\$ 240.00	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C+ MATRL	70481	CPT		outpatient		1 unit	\$ 2,120.90	\$ 400.00	Out-of-Network
CT ORBIT SELLA/POST FOSSA/EAR C-/C+	70482	CPT		outpatient		1 unit	\$ 2,475.40	\$ 1,113.93	Out-of-Network
CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	70486	CPT		outpatient		1 unit	\$ 1,501.80	\$ 240.00	Out-of-Network
CT MAXLFCL AREA C+ MATRL	70487	CPT		outpatient		1 unit	\$ 1,781.90	\$ 400.00	Out-of-Network
CT MAXLFCL AREA C-/C+	70488	CPT		outpatient		1 unit	\$ 2,170.70	\$ 976.82	Out-of-Network
CT SOFT TISS NCK C-MATRL	70490	CPT		outpatient		1 unit	\$ 1,760.20	\$ 240.00	Out-of-Network
CT SOFT TISS NCK C+ MATRL	70491	CPT		outpatient		1 unit	\$ 2,167.20	\$ 400.00	Out-of-Network
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT		outpatient		1 unit	\$ 3,242.70	\$ 480.00	Out-of-Network
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT		outpatient		1 unit	\$ 3,239.00	\$ 480.00	Out-of-Network
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT		outpatient		1 unit	\$ 2,671.20	\$ 345.00	Out-of-Network
Magnetic resonance imaging, orbit, face, and/or neck; w/contrast material(s)	70542	CPT		outpatient		1 unit	\$ 1,464.90	\$ 659.21	Out-of-Network
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT		outpatient		1 unit	\$ 4,007.90	\$ 670.00	Out-of-Network
MRA HEAD C-MATRL	70544	CPT		outpatient		1 unit	\$ 2,534.90	\$ 360.00	Out-of-Network
MRA HEAD W/CONTRAST MATERIAL	70545	CPT		outpatient		1 unit	\$ 2,678.80	\$ 1,205.46	Out-of-Network
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT		outpatient		1 unit	\$ 3,880.50	\$ 1,746.23	Out-of-Network
MRA NCK C-MATRL	70547	CPT		outpatient		1 unit	\$ 2,538.60	\$ 1,142.37	Out-of-Network
MRA NECK W/O & W/CONTRAST MATERIAL	70549	CPT		outpatient		1 unit	\$ 4,070.40	\$ 1,831.68	Out-of-Network
MRI BRN BRN STEM C-MATRL	70551	CPT		outpatient		1 unit	\$ 2,307.20	\$ 345.00	Out-of-Network
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT		outpatient		1 unit	\$ 3,193.90	\$ 420.00	Out-of-Network
MRI BRN BRN STEM C-/C+	70553	CPT		outpatient		1 unit	\$ 3,760.50	\$ 670.00	Out-of-Network
RADEX CH 1 VIEW FRNT	71010	CPT		outpatient		1 unit	\$ 226.21	\$ 55.00	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT	71020	CPT		outpatient		1 unit	\$ 352.06	\$ 95.00	Out-of-Network
RADEX CH 2 VIEWS FRNT&LAT OBLQ PRJCJ	71022	CPT		outpatient		1 unit	\$ 330.37	\$ 95.00	Out-of-Network
RADEX CH COMPL MINIMUM 4 VIEWS	71030	CPT		outpatient		1 unit	\$ 396.89	\$ 95.00	Out-of-Network
RADEX CHEST 1 VIEW	71045	CPT		outpatient		1 unit	\$ 294.90	\$ 55.00	Out-of-Network
RADEX CHEST 2 VIEWS	71046	CPT		outpatient		1 unit	\$ 381.50	\$ 95.00	Out-of-Network
RADEX CHEST 3 VIEWS	71047	CPT		outpatient		1 unit	\$ 479.40	\$ 95.00	Out-of-Network
RADEX CHEST 4+ VIEWS	71048	CPT		outpatient		1 unit	\$ 524.70	\$ 95.00	Out-of-Network
RADEX RIBS UNI 2 VIEWS	71100	CPT		outpatient		1 unit	\$ 419.10	\$ 95.00	Out-of-Network
RADEX RIBS UNI W/POSTEROANT CHEST MIN 3 VIEWS	71101	CPT		outpatient		1 unit	\$ 479.40	\$ 95.00	Out-of-Network
RADEX RIBS BI 3 VIEWS	71110	CPT		outpatient		1 unit	\$ 498.30	\$ 95.00	Out-of-Network

RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT		outpatient		1 unit	\$ 464.35	\$ 95.00	Out-of-Network
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT		outpatient		1 unit	\$ 381.40	\$ 95.00	Out-of-Network
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT		outpatient		1 unit	\$ 468.00	\$ 95.00	Out-of-Network
CT THORAX W/O CONTRAST MATERIAL	71250	CPT		outpatient		1 unit	\$ 1,559.80	\$ 240.00	Out-of-Network
CT THORAX C+ MATRL	71260	CPT		outpatient		1 unit	\$ 1,955.50	\$ 400.00	Out-of-Network
CT THORAX C-/C+	71270	CPT		outpatient		1 unit	\$ 2,188.55	\$ 984.85	Out-of-Network
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT		outpatient		1 unit	\$ 1,612.50	\$ 725.63	Out-of-Network
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT		outpatient		1 unit	\$ 3,303.10	\$ 480.00	Out-of-Network
MRI CH C-MATRL	71550	CPT		outpatient		1 unit	\$ 4,008.30	\$ 345.00	Out-of-Network
MRI CHEST WITH CONTRAST MATERIAL	71551	CPT		outpatient		1 unit	\$ 4,431.30	\$ 420.00	Out-of-Network
MRI CHEST WITH OUT & WITH CONTRAST MATERIAL	71552	CPT		outpatient		1 unit	\$ 5,596.00	\$ 670.00	Out-of-Network
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT		outpatient		1 unit	\$ 3,938.80	\$ 435.00	Out-of-Network
RADEX SPI 1 VIEW SPEC LVL	72020	CPT		outpatient		1 unit	\$ 238.07	\$ 55.00	Out-of-Network
RADEX SPI CRV 2/3 VIEWS	72040	CPT		outpatient		1 unit	\$ 449.20	\$ 95.00	Out-of-Network
RADEX SPI CRV MINIMUM 4 VIEWS	72050	CPT		outpatient		1 unit	\$ 603.50	\$ 95.00	Out-of-Network
RADEX SPI CRV COMPL W/OBLQ&FLEXION&/XTN STDS	72052	CPT		outpatient		1 unit	\$ 705.70	\$ 317.57	Out-of-Network
RADEX SPI THRC 2 VIEWS	72070	CPT		outpatient		1 unit	\$ 373.90	\$ 95.00	Out-of-Network
RADEX SPI THRC 3 VIEWS	72072	CPT		outpatient		1 unit	\$ 419.88	\$ 95.00	Out-of-Network
RADEX SPI THRC MINIMUM 4 VIEWS	72074	CPT		outpatient		1 unit	\$ 405.24	\$ 95.00	Out-of-Network
X RAY EXAM TRUNK SPINE 2VWS	72080	CPT		outpatient		1 unit	\$ 167.84	\$ 75.53	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT		outpatient		1 unit	\$ 249.44	\$ 112.25	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT		outpatient		1 unit	\$ 796.00	\$ 358.20	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT		outpatient		1 unit	\$ 485.30	\$ 218.39	Out-of-Network
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT		outpatient		1 unit	\$ 565.34	\$ 254.40	Out-of-Network
RADEX SPI LUMBOSAC 2/3 VIEWS	72100	CPT		outpatient		1 unit	\$ 453.00	\$ 95.00	Out-of-Network
LUMBAR X-RAY 4 VIEWS RADEX SPI LUMBOSAC MINIMUM 4 VIEWS	72110	CPT		outpatient		1 unit	\$ 581.00	\$ 95.00	Out-of-Network
RADEX SPI LUMBOSAC COMPL W/BENDING VIEWS	72114	CPT		outpatient		1 unit	\$ 701.90	\$ 95.00	Out-of-Network
RADEX SPI LUMBOSAC BENDING MINIMUM 4 VIEWS	72120	CPT		outpatient		1 unit	\$ 419.88	\$ 95.00	Out-of-Network
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT		outpatient		1 unit	\$ 1,517.20	\$ 240.00	Out-of-Network
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT		outpatient		1 unit	\$ 1,978.20	\$ 400.00	Out-of-Network
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT		outpatient		1 unit	\$ 1,517.20	\$ 240.00	Out-of-Network
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT		outpatient		1 unit	\$ 1,993.80	\$ 400.00	Out-of-Network
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT		outpatient		1 unit	\$ 1,141.45	\$ 513.65	Out-of-Network
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT		outpatient		1 unit	\$ 1,509.70	\$ 240.00	Out-of-Network
CT LMBR SPI C+ MATRL	72132	CPT		outpatient		1 unit	\$ 1,982.00	\$ 400.00	Out-of-Network
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT		outpatient		1 unit	\$ 3,264.58	\$ 1,469.06	Out-of-Network
MRI SPI CANAL&CNTS CRV C-MATRL	72141	CPT		outpatient		1 unit	\$ 2,243.20	\$ 345.00	Out-of-Network
MRI SPINAL CANAL CERVICAL WITH CONTRAST MATRL	72142	CPT		outpatient		1 unit	\$ 3,249.30	\$ 420.00	Out-of-Network
MRI SPI CANAL&CNTS THRC C-MATRL	72146	CPT		outpatient		1 unit	\$ 2,243.20	\$ 345.00	Out-of-Network
MRI SPINAL CANAL THORACIC WITH CONTRAST MATRL	72147	CPT		outpatient		1 unit	\$ 3,223.00	\$ 420.00	Out-of-Network
MRI SPI CANAL&CNTS LMBR C-MATRL	72148	CPT		outpatient		1 unit	\$ 2,250.70	\$ 345.00	Out-of-Network
MRI SPINAL CANAL LUMBAR WITH CONTRAST MATERIAL	72149	CPT		outpatient		1 unit	\$ 3,192.90	\$ 420.00	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ CRV	72156	CPT		outpatient		1 unit	\$ 3,779.30	\$ 670.00	Out-of-Network
MRI SPI CANAL&CNTS C-/C+	72157	CPT		outpatient		1 unit	\$ 3,786.80	\$ 670.00	Out-of-Network
MRI SPI CANAL&CNTS C-/C+ LMBR	72158	CPT		outpatient		1 unit	\$ 3,771.80	\$ 670.00	Out-of-Network
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT		outpatient		1 unit	\$ 4,085.40	\$ 1,838.43	Out-of-Network
RADEX PELVIS 1/2 VIEWS	72170	CPT		outpatient		1 unit	\$ 317.40	\$ 95.00	Out-of-Network
RADEX PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT		outpatient		1 unit	\$ 328.92	\$ 95.00	Out-of-Network
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT		outpatient		1 unit	\$ 3,588.90	\$ 480.00	Out-of-Network

CT PELVIS W/O CONTRAST MATERIAL	72192	CPT		outpatient		1 unit	\$ 1,559.90	\$ 240.00	Out-of-Network
CT PELVIS W/CONTRAST MATERIAL	72193	CPT		outpatient		1 unit	\$ 2,711.50	\$ 400.00	Out-of-Network
CT PELVIS W/O & W/CONTRAST MATERIAL	72194	CPT		outpatient		1 unit	\$ 2,990.00	\$ 1,345.50	Out-of-Network
MRI PELVIS C-MATRL	72195	CPT		outpatient		1 unit	\$ 2,705.80	\$ 345.00	Out-of-Network
MRI PELVIS WITH CONTRAST MATERIAL	72196	CPT		outpatient		1 unit	\$ 3,177.70	\$ 420.00	Out-of-Network
MRI PELVIS W/O & W/CONTRAST MATERIAL	72197	CPT		outpatient		1 unit	\$ 3,989.20	\$ 345.00	Out-of-Network
MRA PELVIS W/VO CONTRAST MATERIAL	72198	CPT		outpatient		1 unit	\$ 3,987.60	\$ 1,794.42	Out-of-Network
RADEX SACROILIAC JNTS <3 VIEWS	72200	CPT		outpatient		1 unit	\$ 373.80	\$ 95.00	Out-of-Network
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT		outpatient		1 unit	\$ 445.50	\$ 95.00	Out-of-Network
RADEX SACRUM&COCCYX MINIMUM 2 VIEWS	72220	CPT		outpatient		1 unit	\$ 370.10	\$ 95.00	Out-of-Network
MYELOGRAPHY THRC RS&I	72255	CPT		outpatient		1 unit	\$ 1,988.45	\$ 894.80	Out-of-Network
MYELOGRAPHY LUMBOSAC RS&I	72265	CPT		outpatient		1 unit	\$ 2,209.44	\$ 994.25	Out-of-Network
RADEX CLAV COMPL	73000	CPT		outpatient		1 unit	\$ 366.30	\$ 164.84	Out-of-Network
RADEX SCAPULA COMPLETE	73010	CPT		outpatient		1 unit	\$ 268.50	\$ 120.83	Out-of-Network
RADEX SHOULDER 1 VIEW	73020	CPT		outpatient		1 unit	\$ 175.15	\$ 55.00	Out-of-Network
RADEX SHOULDER COMPL MINIMUM 2 VIEWS	73030	CPT		outpatient		1 unit	\$ 392.70	\$ 95.00	Out-of-Network
RADEX ACROMCLAV JTS BI +-W8ED DISTRCJ	73050	CPT		outpatient		1 unit	\$ 325.00	\$ 146.25	Out-of-Network
RADEX HUM MINIMUM 2 VIEWS	73060	CPT		outpatient		1 unit	\$ 366.30	\$ 95.00	Out-of-Network
RADEX ELBW 2 VIEWS	73070	CPT		outpatient		1 unit	\$ 332.40	\$ 95.00	Out-of-Network
RADEX ELBW COMPL MINIMUM 3 VIEWS	73080	CPT		outpatient		1 unit	\$ 255.46	\$ 95.00	Out-of-Network
RADEX F/ARM 2 VIEWS	73090	CPT		outpatient		1 unit	\$ 332.40	\$ 95.00	Out-of-Network
RADEX UXTR INFT MINIMUM 2 VIEWS	73092	CPT		outpatient		1 unit	\$ 190.89	\$ 95.00	Out-of-Network
RADEX WRST 2 VIEWS	73100	CPT		outpatient		1 unit	\$ 385.10	\$ 95.00	Out-of-Network
RADEX WRST COMPL MINIMUM 3 VIEWS	73110	CPT		outpatient		1 unit	\$ 464.10	\$ 95.00	Out-of-Network
RADEX HAND 2 VIEWS	73120	CPT		outpatient		1 unit	\$ 355.00	\$ 95.00	Out-of-Network
RADEX HAND MINIMUM 3 VIEWS	73130	CPT		outpatient		1 unit	\$ 419.00	\$ 95.00	Out-of-Network
RADEX Fingers MINIMUM 2 VIEWS	73140	CPT		outpatient		1 unit	\$ 430.20	\$ 95.00	Out-of-Network
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT		outpatient		1 unit	\$ 1,897.10	\$ 240.00	Out-of-Network
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT		outpatient		1 unit	\$ 2,369.30	\$ 400.00	Out-of-Network
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT		outpatient		1 unit	\$ 2,937.40	\$ 1,321.83	Out-of-Network
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT		outpatient		1 unit	\$ 3,498.70	\$ 480.00	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT		outpatient		1 unit	\$ 3,601.30	\$ 345.00	Out-of-Network
MRI UPPER EXTREMITY OTH THAN JT WITH CONTR MATRL	73219	CPT		outpatient		1 unit	\$ 3,933.50	\$ 420.00	Out-of-Network
MRI UXTR OTH/THN JT C-/C+	73220	CPT		outpatient		1 unit	\$ 4,861.70	\$ 670.00	Out-of-Network
MRI ANY JT UXTR C-MATRL	73221	CPT		outpatient		1 unit	\$ 2,385.30	\$ 345.00	Out-of-Network
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT		outpatient		1 unit	\$ 3,706.80	\$ 420.00	Out-of-Network
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT		outpatient		1 unit	\$ 4,590.90	\$ 670.00	Out-of-Network
MRA UPPER EXTREMITY W/VO CONTRAST MATERIAL	73225	CPT		outpatient		1 unit	\$ 4,047.60	\$ 1,821.42	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT		outpatient		1 unit	\$ 373.90	\$ 55.00	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT		outpatient		1 unit	\$ 532.00	\$ 95.00	Out-of-Network
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT		outpatient		1 unit	\$ 671.30	\$ 95.00	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT		outpatient		1 unit	\$ 468.00	\$ 95.00	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT		outpatient		1 unit	\$ 607.40	\$ 95.00	Out-of-Network
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT		outpatient		1 unit	\$ 702.00	\$ 95.00	Out-of-Network
Radiologic examination, hip, arthrography, radiological supervision and inte	73525	CPT		outpatient		1 unit	\$ 665.90	\$ 299.66	Out-of-Network
Radiologic examination, pelvis and hips, infant or child, mi...	73540	CPT		outpatient		1 unit	\$ 114.13	\$ 51.36	Out-of-Network
X-RAY EXAM OF FEMUR 1V	73551	CPT		outpatient		1 unit	\$ 185.59	\$ 83.52	Out-of-Network
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT		outpatient		1 unit	\$ 404.00	\$ 95.00	Out-of-Network
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT		outpatient		1 unit	\$ 388.90	\$ 175.01	Out-of-Network

RADEX KNE 3 VIEWS	73562	CPT		outpatient		1 unit	\$ 460.40	\$ 95.00	Out-of-Network
RADEX KNE COMPL 4/MORE VIEWS	73564	CPT		outpatient		1 unit	\$ 528.20	\$ 95.00	Out-of-Network
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT		outpatient		1 unit	\$ 231.09	\$ 103.99	Out-of-Network
RADEX TIBFIB 2 VIEWS	73590	CPT		outpatient		1 unit	\$ 358.80	\$ 95.00	Out-of-Network
RADEX LXTR INFT MINIMUM 2 VIEWS	73592	CPT		outpatient		1 unit	\$ 226.07	\$ 95.00	Out-of-Network
RADEX ANKLE 2 VIEWS	73600	CPT		outpatient		1 unit	\$ 370.10	\$ 95.00	Out-of-Network
RADEX ANKLE COMPL MINIMUM 3 VIEWS	73610	CPT		outpatient		1 unit	\$ 419.00	\$ 95.00	Out-of-Network
RADEX FOOT 2 VIEWS	73620	CPT		outpatient		1 unit	\$ 321.20	\$ 95.00	Out-of-Network
RADEX FOOT COMPL MINIMUM 3 VIEWS	73630	CPT		outpatient		1 unit	\$ 388.90	\$ 95.00	Out-of-Network
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT		outpatient		1 unit	\$ 324.90	\$ 95.00	Out-of-Network
RADEX TOE MINIMUM 2 VIEWS	73660	CPT		outpatient		1 unit	\$ 332.40	\$ 95.00	Out-of-Network
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT		outpatient		1 unit	\$ 1,513.50	\$ 240.00	Out-of-Network
CT LXTR C+ MATRL	73701	CPT		outpatient		1 unit	\$ 1,955.50	\$ 400.00	Out-of-Network
CT LOWER EXTREMITY C-/C+	73702	CPT		outpatient		1 unit	\$ 2,290.40	\$ 1,030.68	Out-of-Network
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT		outpatient		1 unit	\$ 3,803.60	\$ 480.00	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT		outpatient		1 unit	\$ 2,641.10	\$ 345.00	Out-of-Network
MRI LOWER EXTREM OTH/THN JT WITH CONTRAST MATRL	73719	CPT		outpatient		1 unit	\$ 3,101.20	\$ 420.00	Out-of-Network
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT		outpatient		1 unit	\$ 3,992.80	\$ 670.00	Out-of-Network
MRI ANY JT LXTR C-MATRL	73721	CPT		outpatient		1 unit	\$ 2,381.50	\$ 345.00	Out-of-Network
MRI ANY JT LXTR C+ MATRL	73722	CPT		outpatient		1 unit	\$ 3,710.50	\$ 420.00	Out-of-Network
MRI ANY JT LXTR C-/C+	73723	CPT		outpatient		1 unit	\$ 4,575.80	\$ 670.00	Out-of-Network
MRA LXTR C+-MATRL	73725	CPT		outpatient		1 unit	\$ 3,957.60	\$ 1,780.92	Out-of-Network
RADEX ABD 1 ANTEROPOST VIEW	74000	CPT		outpatient		1 unit	\$ 574.56	\$ 258.55	Out-of-Network
RADEX ABD 1 VIEW	74018	CPT		outpatient		1 unit	\$ 340.00	\$ 55.00	Out-of-Network
RADEX ABD 2 VIEWS	74019	CPT		outpatient		1 unit	\$ 419.10	\$ 95.00	Out-of-Network
RADEX ABD COMPL W/DCBTS&/ERC VIEWS	74020	CPT		outpatient		1 unit	\$ 343.86	\$ 95.00	Out-of-Network
RADEX ABD 3+ VIEWS	74021	CPT		outpatient		1 unit	\$ 486.90	\$ 95.00	Out-of-Network
RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	74022	CPT		outpatient		1 unit	\$ 431.73	\$ 55.00	Out-of-Network
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT		outpatient		1 unit	\$ 1,601.50	\$ 240.00	Out-of-Network
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT		outpatient		1 unit	\$ 2,761.20	\$ 1,242.54	Out-of-Network
CT ABDOMEN W/O & W/CONTRAST MATERIAL	74170	CPT		outpatient		1 unit	\$ 3,096.30	\$ 1,393.34	Out-of-Network
CT ANGIO ABD&PELV W/ O&W / DYE	74174	CPT		outpatient		1 unit	\$ 4,474.90	\$ 480.00	Out-of-Network
CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	74175	CPT		outpatient		1 unit	\$ 3,607.80	\$ 480.00	Out-of-Network
Ct Abd & pelvis W/o Contrast	74176	CPT		outpatient		1 unit	\$ 2,147.10	\$ 230.00	Out-of-Network
Ct Abdomen & pelvis W/contrast	74177	CPT		outpatient		1 unit	\$ 3,591.70	\$ 390.00	Out-of-Network
CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	74178	CPT		outpatient		1 unit	\$ 4,021.00	\$ 430.00	Out-of-Network
MRI ABD C-MATRL	74181	CPT		outpatient		1 unit	\$ 2,314.60	\$ 345.00	Out-of-Network
MRI ABDOMEN WITH CONTRAST MATERIAL	74182	CPT		outpatient		1 unit	\$ 3,585.00	\$ 420.00	Out-of-Network
MRI ABD C-/C+	74183	CPT		outpatient		1 unit	\$ 4,004.20	\$ 670.00	Out-of-Network
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT		outpatient		1 unit	\$ 3,980.10	\$ 1,791.05	Out-of-Network
Radiologic examination; pharynx a/o cervical esophagus	74210	CPT		outpatient		1 unit	\$ 1,102.40	\$ 496.08	Out-of-Network
ESOPHOGRAM/ CONTRAST X-RAY ESOPHAGUS	74220	CPT		outpatient		1 unit	\$ 1,128.80	\$ 507.96	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT		outpatient		1 unit	\$ 1,411.40	\$ 635.13	Out-of-Network
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT		outpatient		1 unit	\$ 1,599.70	\$ 719.87	Out-of-Network
RADEX GI UPR C+ +-GLUC +-DLYD FLMS W/KUB	74247	CPT		outpatient		1 unit	\$ 764.45	\$ 344.00	Out-of-Network
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT		outpatient		1 unit	\$ 948.50	\$ 426.83	Out-of-Network
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT		outpatient		1 unit	\$ 1,403.90	\$ 631.76	Out-of-Network
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT		outpatient		1 unit	\$ 4,923.00	\$ 2,215.35	Out-of-Network
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT		outpatient		1 unit	\$ 7,743.50	\$ 3,484.58	Out-of-Network

RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT		outpatient		1 unit	\$ 1,761.80	\$ 792.81	Out-of-Network
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT		outpatient		1 unit	\$ 2,539.30	\$ 1,142.69	Out-of-Network
Urography (pyelography), intravenous, with or without KUB, w...	74400	CPT		outpatient		1 unit	\$ 1,546.50	\$ 695.93	Out-of-Network
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT		outpatient		1 unit	\$ 107.81	\$ 48.51	Out-of-Network
CT ANGIO ABDOMINAL ARTERIES	75635	CPT		outpatient		1 unit	\$ 4,802.70	\$ 480.00	Out-of-Network
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT		outpatient		1 unit	\$ 627.60	\$ 282.42	Out-of-Network
RADEX FROM NOSE RECTUM FB 1 VIEW CHLD	76010	CPT		outpatient		1 unit	\$ 340.00	\$ 95.00	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITHOUT REQ POSTPCX	76376	CPT		outpatient		1 unit	\$ 124.55	\$ 56.05	Out-of-Network
3D RNDR I&R CT MRI US/OTH WITH REQ POSTPCX	76377	CPT		outpatient		1 unit	\$ 384.90	\$ 173.21	Out-of-Network
MAGNETIC RESONANCE ELASTOGRAPHY	76391	CPT		outpatient		1 unit	\$ 2,387.90	\$ 1,074.56	Out-of-Network
Whole Body (MRI)	76498	CPT		outpatient		1 unit	\$ 4,500.00	\$ 2,500.00	Out-of-Network
US SOFT TISS HEAD&NCK R-T IMG	76536	CPT		outpatient		1 unit	\$ 1,264.10	\$ 160.00	Out-of-Network
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT		outpatient		1 unit	\$ 571.78	\$ 160.00	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT		outpatient		1 unit	\$ 1,174.20	\$ 160.00	Out-of-Network
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT		outpatient		1 unit	\$ 967.20	\$ 160.00	Out-of-Network
US ABDOMINAL R-T W/IMAGE DOCUMENTATION	76700	CPT		outpatient		1 unit	\$ 1,324.90	\$ 160.00	Out-of-Network
ULTRASOUND ABDOMINAL R-T W/IMAGE LIMITED	76705	CPT		outpatient		1 unit	\$ 1,000.90	\$ 160.00	Out-of-Network
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT		outpatient		1 unit	\$ 1,211.40	\$ 160.00	Out-of-Network
US RETROPERITONEAL R-T W/IMAGE COMPL	76770	CPT		outpatient		1 unit	\$ 1,234.50	\$ 160.00	Out-of-Network
US RPR B-SCAN&/R-T IMG LMTD	76775	CPT		outpatient		1 unit	\$ 669.80	\$ 160.00	Out-of-Network
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT		outpatient		1 unit	\$ 1,682.60	\$ 160.00	Out-of-Network
Ultrasound, spinal canal and contents	76800	CPT		outpatient		1 unit	\$ 530.00	\$ 160.00	Out-of-Network
ULTRASOUND 14 WK TABDL 1/1ST GESTATION	76801	CPT		outpatient		1 unit	\$ 1,336.70	\$ 225.00	Out-of-Network
ULTRASOUND AFTER 1ST TRI 1/1ST GESTATION	76805	CPT		outpatient		1 unit	\$ 626.29	\$ 225.00	Out-of-Network
US OB DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	76811	CPT		outpatient		1 unit	\$ 1,208.60	\$ 225.00	Out-of-Network
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT		outpatient		1 unit	\$ 2,170.50	\$ 225.00	Out-of-Network
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT		outpatient		1 unit	\$ 569.22	\$ 225.00	Out-of-Network
US PG UTER R-T IMG TRVG	76817	CPT		outpatient		1 unit	\$ 1,053.90	\$ 225.00	Out-of-Network
US TRVG	76830	CPT		outpatient		1 unit	\$ 1,362.20	\$ 375.00	Out-of-Network
US PELVIC NONOB REAL-TIME IMG COMPLETE	76856	CPT		outpatient		1 unit	\$ 1,200.50	\$ 160.00	Out-of-Network
US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	76857	CPT		outpatient		1 unit	\$ 552.00	\$ 160.00	Out-of-Network
US SCROTUM&CNTS	76870	CPT		outpatient		1 unit	\$ 1,147.70	\$ 160.00	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG COMPL	76881	CPT		outpatient		1 unit	\$ 610.50	\$ 160.00	Out-of-Network
US EXTREMITY NON-VASC REAL-TIME IMG LMTD	76882	CPT		outpatient		1 unit	\$ 478.30	\$ 160.00	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; dynamic	76885	CPT		outpatient		1 unit	\$ 677.40	\$ 160.00	Out-of-Network
Ultrasound, infant hips, real time with imaging documentation; limited, stat	76886	CPT		outpatient		1 unit	\$ 440.25	\$ 160.00	Out-of-Network
US GUIDE VASCULAR ACCESS	76937	CPT		outpatient		1 unit	\$ 645.71	\$ 160.00	Out-of-Network
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT		outpatient		1 unit	\$ 1,181.40	\$ 160.00	Out-of-Network
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT		outpatient		1 unit	\$ 4,845.70	\$ 2,180.57	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT		outpatient		1 unit	\$ 2,502.20	\$ 345.00	Out-of-Network
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT		outpatient		1 unit	\$ 2,593.30	\$ 345.00	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD UNILATERAL	77048	CPT		outpatient		1 unit	\$ 3,977.60	\$ 670.00	Out-of-Network
MRI BREAST WITH OUT & WITH CONTRAST WITH CAD BILATERAL	77049	CPT		outpatient		1 unit	\$ 4,061.40	\$ 670.00	Out-of-Network
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT		outpatient		1 unit	\$ 597.90	\$ 269.06	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	77065	CPT		outpatient		1 unit	\$ 1,418.90	\$ 638.51	Out-of-Network
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	77066	CPT		outpatient		1 unit	\$ 1,788.10	\$ 804.65	Out-of-Network
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT		outpatient		1 unit	\$ 1,452.70	\$ 653.72	Out-of-Network
BONE AGE STUDIES	77072	CPT		outpatient		1 unit	\$ 294.90	\$ 132.71	Out-of-Network
BONE LENGTH STUDIES	77073	CPT		outpatient		1 unit	\$ 510.00	\$ 229.50	Out-of-Network

RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	77075	CPT		outpatient		1 unit	\$ 1,132.90	\$ 509.81	Out-of-Network
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT		outpatient		1 unit	\$ 1,219.80	\$ 548.91	Out-of-Network
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT		outpatient		1 unit	\$ 532.70	\$ 239.72	Out-of-Network
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT		outpatient		1 unit	\$ 430.30	\$ 193.64	Out-of-Network
DXA BONE DENSITY STUDY AXIAL SKELETON	77085	CPT		outpatient		1 unit	\$ 584.80	\$ 263.16	Out-of-Network
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT		outpatient		1 unit	\$ 913.30	\$ 410.99	Out-of-Network
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT		outpatient		1 unit	\$ 2,509.50	\$ 1,129.28	Out-of-Network
PARATHYROID PLANAR IMAGING	78070	CPT		outpatient		1 unit	\$ 3,086.80	\$ 1,389.06	Out-of-Network
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT		outpatient		1 unit	\$ 3,686.90	\$ 1,659.11	Out-of-Network
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT		outpatient		1 unit	\$ 2,080.60	\$ 936.27	Out-of-Network
HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT		outpatient		1 unit	\$ 3,417.60	\$ 1,537.92	Out-of-Network
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT		outpatient		1 unit	\$ 4,593.10	\$ 2,066.90	Out-of-Network
INTESTINE IMAGING	78290	CPT		outpatient		1 unit	\$ 3,470.10	\$ 1,561.55	Out-of-Network
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT		outpatient		1 unit	\$ 3,109.50	\$ 1,399.28	Out-of-Network
B1&/JT IMG 3 PHASE STD	78315	CPT		outpatient		1 unit	\$ 3,640.30	\$ 1,638.14	Out-of-Network
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT		outpatient		1 unit	\$ 4,942.10	\$ 2,223.95	Out-of-Network
CARD BPI GTD =BRM PLNR 1 STD REST/STRS	78472	CPT		outpatient		1 unit	\$ 2,402.60	\$ 1,081.17	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT	QW	outpatient		1 unit	\$ 2,466.50	\$ 1,109.93	Out-of-Network
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	78708	CPT		outpatient		1 unit	\$ 1,963.20	\$ 883.44	Out-of-Network
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT	QW	outpatient		1 unit	\$ 2,657.50	\$ 1,195.88	Out-of-Network
RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	78803	CPT	QW	outpatient		1 unit	\$ 4,005.30	\$ 1,802.39	Out-of-Network
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT	QW	outpatient		1 unit	\$ 6,790.60	\$ 3,055.77	Out-of-Network
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT	QW	outpatient		1 unit	\$ 193.15	\$ 86.92	Out-of-Network
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT		outpatient		1 unit	\$ 204.19	\$ 45.00	Out-of-Network
GENERAL HLTH PANEL	80050	CPT		outpatient		1 unit	\$ 207.01	\$ 93.15	Out-of-Network
ELECTROLYTE PANEL	80051	CPT		outpatient		1 unit	\$ 210.63	\$ 94.78	Out-of-Network
COMPRE METAB PANEL	80053	CPT		outpatient		1 unit	\$ 411.93	\$ 55.00	Out-of-Network
LIPID PANEL	80061	CPT		outpatient		1 unit	\$ 209.94	\$ 94.47	Out-of-Network
RENAL FUNCTION PANEL	80069	CPT		outpatient		1 unit	\$ 61.64	\$ 27.74	Out-of-Network
AQT HEP PANEL	80074	CPT		outpatient		1 unit	\$ 417.22	\$ 187.75	Out-of-Network
HEPATC FUNCJ PANEL	80076	CPT		outpatient		1 unit	\$ 215.03	\$ 55.00	Out-of-Network
DRUG SCR QUAL MLT DRUG CLASSES CHROM EA PX	80100	CPT		outpatient		1 unit	\$ 174.13	\$ 78.36	Out-of-Network
DRUG ASSAY ACETAMINOPHEN	80143	CPT		outpatient		1 unit	\$ 93.20	\$ 41.94	Out-of-Network
Carbamazepine; total	80156	CPT		outpatient		1 unit	\$ 119.78	\$ 53.90	Out-of-Network
ASSAY OF DIGOXIN	80162	CPT		outpatient		1 unit	\$ 66.67	\$ 30.00	Out-of-Network
Valproic acid (dipropylacetic acid); total	80164	CPT		outpatient		1 unit	\$ 111.46	\$ 50.16	Out-of-Network
Ethosuximide(Zarontin)	80168	CPT		outpatient		1 unit	\$ 81.70	\$ 36.77	Out-of-Network
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT		outpatient		1 unit	\$ 103.85	\$ 46.73	Out-of-Network
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT		outpatient		1 unit	\$ 104.54	\$ 47.04	Out-of-Network
LITHIUM	80178	CPT		outpatient		1 unit	\$ 44.74	\$ 20.13	Out-of-Network
DRUG SCREEN QUANTITATIVE OXCARBRAZEPINE	81083	CPT	QW	outpatient		1 unit	\$ 66.25	\$ 29.81	Out-of-Network
ASSAY OF PHENYTOIN TOTAL	80185	CPT		outpatient		1 unit	\$ 109.04	\$ 49.07	Out-of-Network
TACROLIMUS	80197	CPT		outpatient		1 unit	\$ 265.19	\$ 119.34	Out-of-Network
Topiramate	80201	CPT		outpatient		1 unit	\$ 98.05	\$ 44.12	Out-of-Network
DRUG SCREEN QUANT VANCOMYCIN	80202	CPT		outpatient		1 unit	\$ 173.26	\$ 77.97	Out-of-Network
Hydroxychloroquine	80220	CPT		outpatient		1 unit	\$ 93.20	\$ 41.94	Out-of-Network
DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	80305	CPT		outpatient		1 unit	\$ 172.66	\$ 77.70	Out-of-Network
Drug test(s), read by instrument assisted direct optical observation include	80306	CPT		outpatient		1 unit	\$ 85.70	\$ 38.57	Out-of-Network
DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS 14	80307	CPT		outpatient		1 unit	\$ 350.76	\$ 157.84	Out-of-Network

DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT		outpatient		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
Alkaloids, not otherwise specified	80323	CPT	QW	outpatient		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
Analgesics, non-opioid; 1 or 2	80329	CPT		outpatient		1 unit	\$ 199.25	\$ 89.66	Out-of-Network
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT		outpatient		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
Antiepileptics, not otherwise specified; 1-3	80339	CPT		outpatient		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
ACTH stimulation panel; for adrenal insufficiency	80400	CPT		outpatient		1 unit	\$ 163.10	\$ 73.40	Out-of-Network
URINALYSIS - URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	CPT		outpatient		1 unit	\$ 58.66	\$ 35.00	Out-of-Network
URINALYSIS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	CPT		outpatient		1 unit	\$ 97.23	\$ 43.75	Out-of-Network
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT		outpatient		1 unit	\$ 10.85	\$ 4.88	Out-of-Network
URINALYSIS 2/3 GLASS TEST	81020	CPT		outpatient		1 unit	\$ 23.50	\$ 10.58	Out-of-Network
URINE PREGNANCY TST VIS COLOR CMPRSN METHS	81025	CPT		outpatient		1 unit	\$ 71.68	\$ 35.00	Out-of-Network
BRCA1 (BRCA1, DNA repair associated)	81215	CPT		outpatient		1 unit	\$ 1,876.25	\$ 844.31	Out-of-Network
BRCA2 (BRCA2, DNA repair associated)	81217	CPT		outpatient		1 unit	\$ 1,876.25	\$ 844.31	Out-of-Network
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT		outpatient		1 unit	\$ 377.72	\$ 169.97	Out-of-Network
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT		outpatient		1 unit	\$ 421.88	\$ 189.85	Out-of-Network
HFE (hemochromatosis) gene analysis, common variants	81256	CPT		outpatient		1 unit	\$ 326.80	\$ 147.06	Out-of-Network
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT		outpatient		1 unit	\$ 326.70	\$ 147.02	Out-of-Network
Hereditary breast cancer-related disorders	81432	CPT		outpatient		1 unit	\$ 1,050.00	\$ 472.50	Out-of-Network
Targeted genomic sequence analysis panel, solid organ or hematolymphoid	81455	CPT		outpatient		1 unit	\$ 2,600.00	\$ 1,170.00	Out-of-Network
Infect dis, vagin & vaginitis, quan amp of DNA mrk	81514	CPT		outpatient		1 unit	\$ 710.07	\$ 319.53	Out-of-Network
ACETALDEHYDE BLD	82000	CPT		outpatient		1 unit	\$ 45.08	\$ 20.29	Out-of-Network
KETONE BODIES SERUM QUALITATIVE	82009	CPT		outpatient		1 unit	\$ 34.44	\$ 15.50	Out-of-Network
ACETONE/OTH KETONE BODIES SERUM QUAN	82010	CPT		outpatient		1 unit	\$ 27.31	\$ 12.29	Out-of-Network
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT		outpatient		1 unit	\$ 193.10	\$ 86.90	Out-of-Network
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT		outpatient		1 unit	\$ 24.77	\$ 11.15	Out-of-Network
URINE ALBUMIN QUANTITATIVE	82043	CPT		outpatient		1 unit	\$ 41.05	\$ 18.47	Out-of-Network
ALCOHOL BRTH	82075	CPT		outpatient		1 unit	\$ 76.29	\$ 34.33	Out-of-Network
Alcohol (ethyl); any spec exc U/A & brth immo,enz	82077	CPT		outpatient		1 unit	\$ 86.35	\$ 38.86	Out-of-Network
ASSAY OF ALDOLASE	82085	CPT	QW	outpatient		1 unit	\$ 48.55	\$ 21.85	Out-of-Network
ASSAY OF ALDOSTERONE	82088	CPT		outpatient		1 unit	\$ 203.75	\$ 91.69	Out-of-Network
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT		outpatient		1 unit	\$ 67.20	\$ 30.24	Out-of-Network
ALPHA-FETOPROTEIN SERUM	82105	CPT		outpatient		1 unit	\$ 93.20	\$ 41.94	Out-of-Network
AMINOLEVULINIC ACID DELTA	82135	CPT		outpatient		1 unit	\$ 129.78	\$ 58.40	Out-of-Network
Ammonia	82140	CPT		outpatient		1 unit	\$ 65.85	\$ 29.63	Out-of-Network
AMYLASE	82150	CPT		outpatient		1 unit	\$ 159.11	\$ 71.60	Out-of-Network
ANGIOTENSIN I-CONVERTING ENZYME	82164	CPT		outpatient		1 unit	\$ 73.00	\$ 32.85	Out-of-Network
Anti-mullerian hormone (AMH)	82166	CPT		outpatient		1 unit	\$ 193.10	\$ 86.90	Out-of-Network
APOLIPOPROTEIN EACH	82172	CPT		outpatient		1 unit	\$ 105.45	\$ 47.45	Out-of-Network
ASSAY OF ARSENIC	82175	CPT		outpatient		1 unit	\$ 105.40	\$ 47.43	Out-of-Network
Ascorbic acid (Vitamin C), blood	82180	CPT		outpatient		1 unit	\$ 49.45	\$ 22.25	Out-of-Network
ATOMIC ABSRPJ SPECTROSCOPY EA ANAL	82190	CPT		outpatient		1 unit	\$ 93.30	\$ 41.99	Out-of-Network
Bile Acids; total	82239	CPT	QW	outpatient		1 unit	\$ 85.60	\$ 38.52	Out-of-Network
BILIRUBIN TOT	82247	CPT		outpatient		1 unit	\$ 59.00	\$ 26.55	Out-of-Network
Bilirubin; direct	82248	CPT		outpatient		1 unit	\$ 41.24	\$ 18.56	Out-of-Network
BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	82270	CPT	QW	outpatient		1 unit	\$ 114.91	\$ 51.71	Out-of-Network
Blood, occult, by peroxidase activity (eg, guaiac), qualitat...	82271	CPT		outpatient		1 unit	\$ 16.36	\$ 7.36	Out-of-Network
BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	82272	CPT		outpatient		1 unit	\$ 88.39	\$ 39.78	Out-of-Network
BLD OCLT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT		outpatient		1 unit	\$ 59.36	\$ 26.71	Out-of-Network
CADMIUM	82300	CPT		outpatient		1 unit	\$ 128.60	\$ 57.87	Out-of-Network

VITAMIN D 25 HYDROXY	82306	CPT		outpatient		1 unit	\$ 122.80	\$ 55.26	Out-of-Network
CALCIUM TOT	82310	CPT		outpatient		1 unit	\$ 67.07	\$ 30.18	Out-of-Network
Calcium; ionized	82330	CPT		outpatient		1 unit	\$ 112.48	\$ 50.62	Out-of-Network
Calculus; qualitative analysis	82355	CPT		outpatient		1 unit	\$ 95.21	\$ 42.84	Out-of-Network
Calculus; infrared spectroscopy	82365	CPT		outpatient		1 unit	\$ 101.72	\$ 45.77	Out-of-Network
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT		outpatient		1 unit	\$ 90.30	\$ 40.64	Out-of-Network
CARBON DIOXIDE	82374	CPT		outpatient		1 unit	\$ 58.56	\$ 26.35	Out-of-Network
Carboxyhemoglobin; quantitative	82375	CPT		outpatient		1 unit	\$ 101.32	\$ 45.59	Out-of-Network
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT		outpatient		1 unit	\$ 134.11	\$ 60.35	Out-of-Network
CHEMILUMINESCENT ASSAY	82397	CPT		outpatient		1 unit	\$ 70.60	\$ 31.77	Out-of-Network
CHLORIDE BLD	82435	CPT		outpatient		1 unit	\$ 48.53	\$ 21.84	Out-of-Network
CHOLESTEROL SERUM/WHL BLD TOT	82465	CPT		outpatient		1 unit	\$ 80.29	\$ 36.13	Out-of-Network
CHROM QUAN COLUMN 1 ANAL NES	82491	CPT		outpatient		1 unit	\$ 37.62	\$ 16.93	Out-of-Network
ASSAY OF COPPER	82525	CPT	QW	outpatient		1 unit	\$ 66.58	\$ 29.96	Out-of-Network
CORTISOL FREE	82530	CPT		outpatient		1 unit	\$ 137.41	\$ 61.83	Out-of-Network
Cortisol; total (Random)	82533	CPT		outpatient		1 unit	\$ 115.69	\$ 52.06	Out-of-Network
CREATINE	82540	CPT		outpatient		1 unit	\$ 51.72	\$ 23.27	Out-of-Network
COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE	82541	CPT	QW	outpatient		1 unit	\$ 91.44	\$ 41.15	Out-of-Network
COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT		outpatient		1 unit	\$ 120.45	\$ 54.20	Out-of-Network
CREATINE KINASE TOT	82550	CPT		outpatient		1 unit	\$ 132.60	\$ 59.67	Out-of-Network
CREATINE KINASE ISOENZYMES	82552	CPT		outpatient		1 unit	\$ 132.16	\$ 59.47	Out-of-Network
CKMB - CREATINE KINASE MB FXJ ONLY	82553	CPT		outpatient		1 unit	\$ 198.89	\$ 89.50	Out-of-Network
CREATINE KINASE ISOFORMS	82554	CPT		outpatient		1 unit	\$ 154.61	\$ 69.57	Out-of-Network
Creatinine; blood	82565	CPT		outpatient		1 unit	\$ 110.49	\$ 49.72	Out-of-Network
CREATININE OTHER SOURCE	82570	CPT		outpatient		1 unit	\$ 36.74	\$ 16.53	Out-of-Network
CYANOCOBALAMIN	82607	CPT		outpatient		1 unit	\$ 55.68	\$ 25.06	Out-of-Network
Cystatin C	82610	CPT		outpatient		1 unit	\$ 92.60	\$ 41.67	Out-of-Network
Dehydroepiandrosterone-sulfate (DHEA-S)	82627	CPT		outpatient		1 unit	\$ 182.87	\$ 82.29	Out-of-Network
DIHYDROTESTOSTERONE (DHT)	82642	CPT		outpatient		1 unit	\$ 146.40	\$ 65.88	Out-of-Network
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT		outpatient		1 unit	\$ 213.90	\$ 96.26	Out-of-Network
NZM ACTV CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT		outpatient		1 unit	\$ 112.31	\$ 50.54	Out-of-Network
ASSAY OF ESTRADIOL	82670	CPT		outpatient		1 unit	\$ 220.34	\$ 99.15	Out-of-Network
ASSAY OF ESTROGENS FRACTIONATED	82671	CPT		outpatient		1 unit	\$ 179.45	\$ 80.75	Out-of-Network
ASSAY OF ESTROGENS TOTAL	82672	CPT		outpatient		1 unit	\$ 68.94	\$ 31.02	Out-of-Network
Estrone	82679	CPT		outpatient		1 unit	\$ 125.00	\$ 56.25	Out-of-Network
ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	82681	CPT		outpatient		1 unit	\$ 139.70	\$ 62.87	Out-of-Network
Fatty acids, nonesterified	82725	CPT		outpatient		1 unit	\$ 93.85	\$ 42.23	Out-of-Network
ASSAY OF FERRITIN	82728	CPT		outpatient		1 unit	\$ 112.11	\$ 50.45	Out-of-Network
Folic Acid: Serum	82746	CPT		outpatient		1 unit	\$ 120.93	\$ 54.42	Out-of-Network
ASSAY OF FOLIC ACID RBC	82747	CPT		outpatient		1 unit	\$ 96.25	\$ 43.31	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	82784	CPT	QW	outpatient		1 unit	\$ 76.50	\$ 34.43	Out-of-Network
ASSAY OF GAMMAGLOBULIN IGE	82785	CPT		outpatient		1 unit	\$ 82.30	\$ 37.04	Out-of-Network
GASES BLD PH ONLY	82800	CPT		outpatient		1 unit	\$ 98.56	\$ 44.35	Out-of-Network
GASES BLD PH CALCULATED O2 SATURATION	82803	CPT		outpatient		1 unit	\$ 289.71	\$ 35.00	Out-of-Network
ASSAY OF GASTRIN	82941	CPT		outpatient		1 unit	\$ 145.02	\$ 65.26	Out-of-Network
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT	QW	outpatient		1 unit	\$ 66.26	\$ 29.82	Out-of-Network
GLUC QUAN BLD	82947	CPT		outpatient		1 unit	\$ 83.29	\$ 37.48	Out-of-Network
GLUC BLD RGNT STRIP	82948	CPT		outpatient		1 unit	\$ 58.48	\$ 26.32	Out-of-Network
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT		outpatient		1 unit	\$ 105.83	\$ 47.62	Out-of-Network

GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT		outpatient	1	unit	\$	52.15	\$	23.47	Out-of-Network
ASSAY OF GLUCOSIDASE BETA	82963	CPT		outpatient	1	unit	\$	169.45	\$	76.25	Out-of-Network
GGT - GLUTAMYLTRASE GAMMA	82977	CPT		outpatient	1	unit	\$	58.49	\$	26.32	Out-of-Network
Gonadotropin; follicle stimulating hormone (FSH)	83001	CPT		outpatient	1	unit	\$	152.81	\$	68.76	Out-of-Network
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT		outpatient	1	unit	\$	152.26	\$	68.52	Out-of-Network
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT		outpatient	1	unit	\$	62.90	\$	28.31	Out-of-Network
Hemoglobin; glycosylated (A1c)	83036	CPT		outpatient	1	unit	\$	48.74	\$	21.93	Out-of-Network
ASSAY OF HOMOCYSTEINE	83090	CPT		outpatient	1	unit	\$	89.60	\$	40.32	Out-of-Network
IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	83516	CPT		outpatient	1	unit	\$	81.88	\$	36.85	Out-of-Network
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT		outpatient	1	unit	\$	106.55	\$	47.95	Out-of-Network
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT		outpatient	1	unit	\$	108.64	\$	48.89	Out-of-Network
Kappa Lambda Light Chains	83521	CPT		outpatient	1	unit	\$	86.35	\$	38.86	Out-of-Network
ASSAY OF INSULIN TOTAL	83525	CPT		outpatient	1	unit	\$	94.00	\$	42.30	Out-of-Network
Iron	83540	CPT		outpatient	1	unit	\$	53.25	\$	23.96	Out-of-Network
IRON BNDNG CAP (Transferrin Saturation)	83550	CPT		outpatient	1	unit	\$	121.11	\$	54.50	Out-of-Network
LDH LACTATE DEHYDROGENASE	83615	CPT		outpatient	1	unit	\$	89.65	\$	40.34	Out-of-Network
LACTOFERRIN FECAL (QUAL)	83630	CPT		outpatient	1	unit	\$	154.85	\$	69.68	Out-of-Network
ASSAY OF LEAD	83655	CPT	QW	outpatient	1	unit	\$	67.25	\$	30.26	Out-of-Network
FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	83663	CPT	QW	outpatient	1	unit	\$	94.55	\$	42.55	Out-of-Network
FETAL LUNG MATURITY LAMELLAR BODY DENSITY	83664	CPT		outpatient	1	unit	\$	96.60	\$	43.47	Out-of-Network
LIPASE	83690	CPT		outpatient	1	unit	\$	110.49	\$	60.00	Out-of-Network
ASSAY OF LIPOPROTEIN(A)	83695	CPT		outpatient	1	unit	\$	71.60	\$	32.22	Out-of-Network
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT		outpatient	1	unit	\$	231.55	\$	104.20	Out-of-Network
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT		outpatient	1	unit	\$	58.19	\$	26.19	Out-of-Network
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT	QW	outpatient	1	unit	\$	67.74	\$	30.48	Out-of-Network
MAGNESIUM	83735	CPT		outpatient	1	unit	\$	119.34	\$	53.70	Out-of-Network
Mass spectrometry and tandem mass spectrometry, NES	83789	CPT		outpatient	1	unit	\$	120.55	\$	54.25	Out-of-Network
ASSAY OF MERCURY QUANTITATIVE	83825	CPT		outpatient	1	unit	\$	90.30	\$	40.64	Out-of-Network
ASSAY OF METANEPHRINES	83835	CPT		outpatient	1	unit	\$	94.10	\$	42.35	Out-of-Network
MYOGLOBIN	83874	CPT		outpatient	1	unit	\$	129.95	\$	58.48	Out-of-Network
BNP - B TYPE NATRIURETIC PEPTIDE	83880	CPT		outpatient	1	unit	\$	243.09	\$	109.39	Out-of-Network
ORGANIC ACID 1 QUANTITATIVE	83921	CPT		outpatient	1	unit	\$	106.05	\$	47.72	Out-of-Network
Osmolality: Blood	83930	CPT		outpatient	1	unit	\$	40.51	\$	18.23	Out-of-Network
Osmolality: Urine	83935	CPT		outpatient	1	unit	\$	40.51	\$	18.23	Out-of-Network
ASSAY OF PARATHORMONE	83970	CPT		outpatient	1	unit	\$	293.02	\$	131.86	Out-of-Network
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT		outpatient	1	unit	\$	29.46	\$	13.26	Out-of-Network
ASSAY OF CALPROTECTIN FECAL	83993	CPT		outpatient	1	unit	\$	10.90	\$	4.91	Out-of-Network
Phosphatase, alkaline;	84075	CPT		outpatient	1	unit	\$	25.76	\$	11.59	Out-of-Network
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT		outpatient	1	unit	\$	41.30	\$	18.59	Out-of-Network
Phosphatase, alkaline; isoenzymes	84080	CPT		outpatient	1	unit	\$	82.15	\$	36.97	Out-of-Network
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT		outpatient	1	unit	\$	39.01	\$	17.55	Out-of-Network
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT		outpatient	1	unit	\$	66.59	\$	29.97	Out-of-Network
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT		outpatient	1	unit	\$	116.04	\$	52.22	Out-of-Network
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT		outpatient	1	unit	\$	98.60	\$	44.37	Out-of-Network
POTASSIUM URINE	84133	CPT		outpatient	1	unit	\$	23.95	\$	10.78	Out-of-Network
Prealbumin	84134	CPT		outpatient	1	unit	\$	69.44	\$	31.25	Out-of-Network
PREGNENOLONE	84140	CPT		outpatient	1	unit	\$	114.85	\$	51.68	Out-of-Network
ASSAY OF PROGESTERONE	84144	CPT		outpatient	1	unit	\$	164.57	\$	74.06	Out-of-Network
Procalcitonin (PCT)	84145	CPT	QW	outpatient	1	unit	\$	220.31	\$	99.14	Out-of-Network

Prolactin	84146	CPT		outpatient	1	unit	\$	159.39	\$	71.73	Out-of-Network
Prostate specific antigen (PSA); total	84153	CPT		outpatient	1	unit	\$	112.33	\$	50.55	Out-of-Network
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT		outpatient	1	unit	\$	117.53	\$	52.89	Out-of-Network
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT		outpatient	1	unit	\$	22.09	\$	9.94	Out-of-Network
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT		outpatient	1	unit	\$	26.05	\$	11.72	Out-of-Network
PROTEIN TOT XCPT REFRACTOMETRY OTH SRC	84157	CPT		outpatient	1	unit	\$	14.15	\$	6.37	Out-of-Network
PROTEIN TOTAL REFRACTOMETRY ANY SRC	84160	CPT		outpatient	1	unit	\$	28.05	\$	12.62	Out-of-Network
PROTEIN ELECTROPHORECTIC FRACT&QUANTJ SERUM	84165	CPT		outpatient	1	unit	\$	53.70	\$	24.17	Out-of-Network
PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATION	84166	CPT		outpatient	1	unit	\$	66.30	\$	29.84	Out-of-Network
Protoporphyrin, RBC; quantitative	84202	CPT		outpatient	1	unit	\$	71.75	\$	32.29	Out-of-Network
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT		outpatient	1	unit	\$	156.10	\$	70.25	Out-of-Network
Receptor assay; non-endocrine (specify receptor)	84238	CPT		outpatient	1	unit	\$	182.85	\$	82.28	Out-of-Network
Riboflavin (Vitamin B-2)	84252	CPT		outpatient	1	unit	\$	101.20	\$	45.54	Out-of-Network
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT		outpatient	1	unit	\$	120.75	\$	54.34	Out-of-Network
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT		outpatient	1	unit	\$	53.38	\$	24.02	Out-of-Network
ASSAY OF URINE SODIUM	84300	CPT		outpatient	1	unit	\$	34.50	\$	15.53	Out-of-Network
ASSAY OF SOMATOMEDIN	84305	CPT		outpatient	1	unit	\$	135.87	\$	61.14	Out-of-Network
Testosterone; free	84402	CPT		outpatient	1	unit	\$	200.91	\$	90.41	Out-of-Network
Testosterone; total	84403	CPT		outpatient	1	unit	\$	212.34	\$	95.55	Out-of-Network
Testosterone; bioavailable, direct measurement (eg, diff precip)	84410	CPT	QW	outpatient	1	unit	\$	256.40	\$	115.38	Out-of-Network
Thiamine (Vitamin B-1)	84425	CPT	QW	outpatient	1	unit	\$	53.59	\$	24.12	Out-of-Network
ASSAY OF THYROGLOBULIN	84432	CPT	QW	outpatient	1	unit	\$	80.30	\$	36.14	Out-of-Network
Thyroxine; total	84436	CPT		outpatient	1	unit	\$	62.09	\$	27.94	Out-of-Network
THYROXINE FR I4	84439	CPT	QW	outpatient	1	unit	\$	121.11	\$	54.50	Out-of-Network
TSH - THYR STIMULATING HORM	84443	CPT		outpatient	1	unit	\$	198.89	\$	89.50	Out-of-Network
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT		outpatient	1	unit	\$	70.90	\$	31.91	Out-of-Network
TRANSFERASE ASPARTATE AMINO	84450	CPT		outpatient	1	unit	\$	113.09	\$	50.89	Out-of-Network
TRANSFERASE ALANINE AMINO	84460	CPT		outpatient	1	unit	\$	101.23	\$	45.55	Out-of-Network
ASSAY OF TRANSFERRIN	84466	CPT		outpatient	1	unit	\$	90.62	\$	40.78	Out-of-Network
Triglycerides	84478	CPT		outpatient	1	unit	\$	51.93	\$	23.37	Out-of-Network
THYR HORM UPTK/THYR HORM BNDNG RATIO	84479	CPT	QW	outpatient	1	unit	\$	164.96	\$	74.23	Out-of-Network
TRIIODOTHYRO9 T3 TOT	84480	CPT		outpatient	1	unit	\$	120.22	\$	54.10	Out-of-Network
TRIIODOTHYRO9 T3 FR	84481	CPT		outpatient	1	unit	\$	154.70	\$	69.62	Out-of-Network
Triiodothyronine T3; reverse	84482	CPT		outpatient	1	unit	\$	63.27	\$	28.47	Out-of-Network
TROPONIN QUAN	84484	CPT		outpatient	1	unit	\$	198.89	\$	89.50	Out-of-Network
TROPONIN QUAL	84512	CPT		outpatient	1	unit	\$	116.91	\$	52.61	Out-of-Network
Urea nitrogen; quantitative	84520	CPT		outpatient	1	unit	\$	96.37	\$	43.37	Out-of-Network
ASSAY OF UREA NITROGEN URINE	84540	CPT		outpatient	1	unit	\$	27.80	\$	12.51	Out-of-Network
URIC ACID BLD	84550	CPT		outpatient	1	unit	\$	114.03	\$	51.31	Out-of-Network
URIC ACID OTH SRC	84560	CPT		outpatient	1	unit	\$	103.68	\$	46.66	Out-of-Network
ASSAY OF UROBILINOGEN URINE QUALITATIVE	84578	CPT		outpatient	1	unit	\$	22.35	\$	10.06	Out-of-Network
UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	84580	CPT		outpatient	1	unit	\$	47.75	\$	21.49	Out-of-Network
ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	84583	CPT		outpatient	1	unit	\$	30.25	\$	13.61	Out-of-Network
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT		outpatient	1	unit	\$	188.55	\$	84.85	Out-of-Network
ASSAY OF VITAMIN A	84590	CPT		outpatient	1	unit	\$	58.05	\$	26.12	Out-of-Network
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT		outpatient	1	unit	\$	85.30	\$	38.39	Out-of-Network
ASSAY OF ZINC	84630	CPT		outpatient	1	unit	\$	63.25	\$	28.46	Out-of-Network
ASSAY OF C-PEPTIDE	84681	CPT		outpatient	1	unit	\$	164.16	\$	73.87	Out-of-Network
Gonadotropin, chorionic (hCG); quantitative	84702	CPT		outpatient	1	unit	\$	158.10	\$	71.15	Out-of-Network

Gonadotropin, chorionic (hCG); qualitative	84703	CPT		outpatient		1 unit	\$ 160.87	\$ 30.00	Out-of-Network
BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	85004	CPT	QW	outpatient		1 unit	\$ 32.35	\$ 14.56	Out-of-Network
BLD COUNT SMEAR MCRSCP W/O MNL DIRFNTL WBC COUNT	85008	CPT		outpatient		1 unit	\$ 17.15	\$ 7.72	Out-of-Network
BLOOD COUNT MANUAL DIRFNTL WBC COUNT BUFFY COAT	85009	CPT		outpatient		1 unit	\$ 25.35	\$ 11.41	Out-of-Network
BLOOD COUNT SPUN MICROHEMATOCRIT	85013	CPT		outpatient		1 unit	\$ 35.00	\$ 15.75	Out-of-Network
BLD# HEMATOCRIT	85014	CPT		outpatient		1 unit	\$ 77.17	\$ 34.73	Out-of-Network
Blood count; hemoglobin (Hgb)	85018	CPT		outpatient		1 unit	\$ 77.17	\$ 34.73	Out-of-Network
CBC-BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	85025	CPT		outpatient		1 unit	\$ 154.70	\$ 69.62	Out-of-Network
Blood count; complete (CBC) w/o diff	85027	CPT		outpatient		1 unit	\$ 112.26	\$ 55.00	Out-of-Network
BLD# MNL C-CNT RBC WBC/PLTTL EA	85032	CPT		outpatient		1 unit	\$ 115.41	\$ 51.93	Out-of-Network
BLD# RETICULOCYTE MNL	85044	CPT		outpatient		1 unit	\$ 75.76	\$ 34.09	Out-of-Network
Blood count; reticulocyte, automated	85045	CPT		outpatient		1 unit	\$ 70.02	\$ 31.51	Out-of-Network
BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	85046	CPT		outpatient		1 unit	\$ 27.85	\$ 12.53	Out-of-Network
AUTOMATED LEUKOCYTE COUNT	85048	CPT		outpatient		1 unit	\$ 20.88	\$ 9.40	Out-of-Network
BLOOD COUNT PLATELET AUTOMATED	85049	CPT		outpatient		1 unit	\$ 22.40	\$ 10.08	Out-of-Network
Reticulated platelet assay	85055	CPT		outpatient		1 unit	\$ 178.70	\$ 80.42	Out-of-Network
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT		outpatient		1 unit	\$ 169.83	\$ 76.42	Out-of-Network
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT		outpatient		1 unit	\$ 168.25	\$ 75.71	Out-of-Network
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT		outpatient		1 unit	\$ 153.53	\$ 69.09	Out-of-Network
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT		outpatient		1 unit	\$ 196.42	\$ 88.39	Out-of-Network
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT		outpatient		1 unit	\$ 217.58	\$ 97.91	Out-of-Network
COAGJ TM ACTIVATED	85347	CPT		outpatient		1 unit	\$ 26.75	\$ 12.04	Out-of-Network
D-DIMER - FIBRIN DGRADJ PRODUXS D-DIMER QUAL/SEMIQUAN	85378	CPT	QW	outpatient		1 unit	\$ 113.85	\$ 51.23	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER QUAN	85379	CPT		outpatient		1 unit	\$ 238.92	\$ 45.00	Out-of-Network
FIBRIN DGRADJ PRODUXS D-DIMER ULTRSENS	85380	CPT		outpatient		1 unit	\$ 246.91	\$ 111.11	Out-of-Network
Fibrinogen: Activity	85384	CPT		outpatient		1 unit	\$ 69.85	\$ 31.43	Out-of-Network
Muramidase	85549	CPT		outpatient		1 unit	\$ 93.75	\$ 42.19	Out-of-Network
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT		outpatient		1 unit	\$ 114.83	\$ 51.67	Out-of-Network
PT - PROTHROMBIN TIME	85610	CPT		outpatient		1 unit	\$ 129.95	\$ 58.48	Out-of-Network
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT		outpatient		1 unit	\$ 68.02	\$ 30.61	Out-of-Network
SEDIMENTATION RATE RBC NON-AUTO	85651	CPT		outpatient		1 unit	\$ 110.49	\$ 49.72	Out-of-Network
SEDIMENTATION RATE RBC AUTO	85652	CPT		outpatient		1 unit	\$ 70.68	\$ 31.81	Out-of-Network
SICKLING RBC REDUCTION	85660	CPT		outpatient		1 unit	\$ 27.55	\$ 12.40	Out-of-Network
THROMBIN TIME PLASMA	85670	CPT		outpatient		1 unit	\$ 40.94	\$ 18.42	Out-of-Network
Thromboplastin inhibition, tissue	85705	CPT		outpatient		1 unit	\$ 48.15	\$ 21.67	Out-of-Network
THROMBOPLASTIN TM PRTL PLSM/WHL BLD	85730	CPT		outpatient		1 unit	\$ 85.33	\$ 38.40	Out-of-Network
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT		outpatient		1 unit	\$ 32.35	\$ 14.56	Out-of-Network
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT		outpatient		1 unit	\$ 29.00	\$ 13.05	Out-of-Network
Allergen specific IgE; quantitative or semiquantitative, recombinant or purified	86008	CPT		outpatient		1 unit	\$ 89.65	\$ 40.34	Out-of-Network
Actin (smooth muscle) antibody (ASMA), each	86015	CPT		outpatient		1 unit	\$ 60.25	\$ 27.11	Out-of-Network
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT		outpatient		1 unit	\$ 123.83	\$ 55.72	Out-of-Network
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT		outpatient		1 unit	\$ 102.05	\$ 45.92	Out-of-Network
Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	86036	CPT		outpatient		1 unit	\$ 60.25	\$ 27.11	Out-of-Network
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT		outpatient		1 unit	\$ 60.25	\$ 27.11	Out-of-Network
Antinuclear antibodies (ANA)	86038	CPT		outpatient		1 unit	\$ 109.39	\$ 49.23	Out-of-Network
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT		outpatient		1 unit	\$ 91.77	\$ 41.30	Out-of-Network
Acetylcholine receptor (AChR); binding antibody	86041	CPT		outpatient		1 unit	\$ 92.00	\$ 41.40	Out-of-Network
Acetylcholine receptor (AChR); blocking antibody	86042	CPT		outpatient		1 unit	\$ 92.00	\$ 41.40	Out-of-Network
Acetylcholine receptor (AChR); modulating antibody	86043	CPT		outpatient		1 unit	\$ 60.25	\$ 27.11	Out-of-Network

ANTISTREPTOLYSIN O TITER	86060	CPT		outpatient		1 unit	\$ 60.08	\$ 27.04	Out-of-Network
C-reactive protein	86140	CPT		outpatient		1 unit	\$ 64.93	\$ 29.22	Out-of-Network
C-reactive protein; high sensitivity (hsCRP)	86141	CPT		outpatient		1 unit	\$ 117.02	\$ 52.66	Out-of-Network
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT		outpatient		1 unit	\$ 180.66	\$ 81.30	Out-of-Network
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT		outpatient		1 unit	\$ 180.66	\$ 81.30	Out-of-Network
COLD AGGLUTININ TITER	86157	CPT		outpatient		1 unit	\$ 63.60	\$ 28.62	Out-of-Network
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT		outpatient		1 unit	\$ 94.65	\$ 42.59	Out-of-Network
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT		outpatient		1 unit	\$ 148.29	\$ 66.73	Out-of-Network
Cyclic citrullinated peptide (CCP), antibody	86200	CPT		outpatient		1 unit	\$ 101.37	\$ 45.62	Out-of-Network
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT		outpatient		1 unit	\$ 112.96	\$ 50.83	Out-of-Network
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT	QW	outpatient		1 unit	\$ 141.45	\$ 63.65	Out-of-Network
FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT		outpatient		1 unit	\$ 95.05	\$ 42.77	Out-of-Network
Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	86258	CPT		outpatient		1 unit	\$ 60.25	\$ 27.11	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT		outpatient		1 unit	\$ 147.77	\$ 66.50	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT		outpatient		1 unit	\$ 147.77	\$ 66.50	Out-of-Network
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT		outpatient		1 unit	\$ 147.78	\$ 66.50	Out-of-Network
MONO - HTROPHL ANTIBODIES SCR	86308	CPT		outpatient		1 unit	\$ 80.30	\$ 36.14	Out-of-Network
Heterophile antibodies; titer	86309	CPT		outpatient		1 unit	\$ 32.35	\$ 14.56	Out-of-Network
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT		outpatient		1 unit	\$ 74.95	\$ 33.73	Out-of-Network
IMMUNOELECTROPHORESIS OTH FLUS CONCENTRATION	86325	CPT		outpatient		1 unit	\$ 141.43	\$ 63.64	Out-of-Network
IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	86328	CPT		outpatient		1 unit	\$ 200.00	\$ 200.00	Out-of-Network
IMMUNOFIXJ ELECTROPHORESIS SERUM	86334	CPT		outpatient		1 unit	\$ 111.70	\$ 50.27	Out-of-Network
Insulin antibodies	86337	CPT		outpatient		1 unit	\$ 136.45	\$ 61.40	Out-of-Network
ISLET CELL ANTIBODY	86341	CPT		outpatient		1 unit	\$ 136.45	\$ 61.40	Out-of-Network
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT		outpatient		1 unit	\$ 98.27	\$ 44.22	Out-of-Network
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT		outpatient		1 unit	\$ 121.35	\$ 54.61	Out-of-Network
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT		outpatient		1 unit	\$ 261.00	\$ 117.45	Out-of-Network
T CELLS ABSOLUTE CD4 COUNT	86361	CPT		outpatient		1 unit	\$ 190.10	\$ 85.55	Out-of-Network
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT		outpatient		1 unit	\$ 57.65	\$ 25.94	Out-of-Network
MICROSOMAL ANTIBODIES EACH	86376	CPT		outpatient		1 unit	\$ 119.67	\$ 53.85	Out-of-Network
Mitochondrial antibody (eg, M2), each	86381	CPT		outpatient		1 unit	\$ 127.25	\$ 57.26	Out-of-Network
NEUTRALIZATION TEST VIRAL	86382	CPT		outpatient		1 unit	\$ 84.55	\$ 38.05	Out-of-Network
PART AGGLUJ SCR EA ANTB	86403	CPT		outpatient		1 unit	\$ 100.97	\$ 45.44	Out-of-Network
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT		outpatient		1 unit	\$ 53.20	\$ 23.94	Out-of-Network
RHEUMATOID FACTOR QUAL	86430	CPT		outpatient		1 unit	\$ 55.91	\$ 25.16	Out-of-Network
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT		outpatient		1 unit	\$ 46.67	\$ 21.00	Out-of-Network
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	86480	CPT		outpatient		1 unit	\$ 120.22	\$ 54.10	Out-of-Network
TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	86481	CPT		outpatient		1 unit	\$ 500.00	\$ 225.00	Out-of-Network
SKN TST TUBERCULOSIS ID	86580	CPT		outpatient		1 unit	\$ 13.26	\$ 5.97	Out-of-Network
Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoas	86581	CPT		outpatient		1 unit	\$ 16.00	\$ 7.20	Out-of-Network
SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	86592	CPT		outpatient		1 unit	\$ 26.57	\$ 11.96	Out-of-Network
Syphilis test, non-treponemal antibody; quantitative	86593	CPT		outpatient		1 unit	\$ 22.10	\$ 9.95	Out-of-Network
Antibody; Bartonella	86611	CPT		outpatient		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
LYME DISEASE ANTIBODY	86617	CPT		outpatient		1 unit	\$ 127.40	\$ 57.33	Out-of-Network
Antibody; Borrelia burgdorferi (Lyme disease)	86618	CPT		outpatient		1 unit	\$ 76.97	\$ 34.64	Out-of-Network
Antibody; Brucella,	86622	CPT		outpatient		1 unit	\$ 67.25	\$ 30.26	Out-of-Network
ANTIBODY CANDIDA	86628	CPT		outpatient		1 unit	\$ 60.05	\$ 27.02	Out-of-Network
ANTB CHLAMYDIA	86631	CPT		outpatient		1 unit	\$ 98.61	\$ 44.37	Out-of-Network
ANTIBODY COCCIDIIOIDES	86635	CPT		outpatient		1 unit	\$ 63.75	\$ 28.69	Out-of-Network

Antibody: Coxiella burnetii (Q fever)	86638	CPT		outpatient		1 unit	\$ 67.25	\$ 30.26	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT		outpatient		1 unit	\$ 113.51	\$ 51.08	Out-of-Network
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT		outpatient		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
Antibody; encephalitis, Eastern equine	86652	CPT		outpatient		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
Antibody; encephalitis, Western equine	86654	CPT		outpatient		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
ANTB EPSTEIN-BARR EB VIRUS EARLY AG EA	86663	CPT		outpatient		1 unit	\$ 186.02	\$ 83.71	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT		outpatient		1 unit	\$ 120.64	\$ 54.29	Out-of-Network
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT		outpatient		1 unit	\$ 143.12	\$ 64.40	Out-of-Network
Antibody; Ehrlichia	86666	CPT		outpatient		1 unit	\$ 73.99	\$ 33.30	Out-of-Network
Antibody; Francisella tularensis	86668	CPT		outpatient		1 unit	\$ 85.55	\$ 38.50	Out-of-Network
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT		outpatient		1 unit	\$ 87.00	\$ 39.15	Out-of-Network
Antibody; Helicobacter pylori	86677	CPT		outpatient		1 unit	\$ 119.36	\$ 53.71	Out-of-Network
ANTB HTLV/HIV ANTB CONFIRMATORY TST	86689	CPT		outpatient		1 unit	\$ 162.64	\$ 73.19	Out-of-Network
ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	86694	CPT		outpatient		1 unit	\$ 118.39	\$ 53.28	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 1	86695	CPT		outpatient		1 unit	\$ 108.49	\$ 48.82	Out-of-Network
ANTIBODY HERPES SMPLX TYPE 2	86696	CPT		outpatient		1 unit	\$ 159.21	\$ 71.64	Out-of-Network
ANTB HIV-1	86701	CPT		outpatient		1 unit	\$ 109.61	\$ 49.32	Out-of-Network
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT		outpatient		1 unit	\$ 112.72	\$ 50.72	Out-of-Network
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT		outpatient		1 unit	\$ 95.05	\$ 42.77	Out-of-Network
HEP B CORE ANTIBODY IGM	86705	CPT		outpatient		1 unit	\$ 96.84	\$ 43.58	Out-of-Network
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT		outpatient		1 unit	\$ 88.33	\$ 39.75	Out-of-Network
HEPATITIS A ANTIBODY HAAB	86708	CPT		outpatient		1 unit	\$ 101.86	\$ 45.84	Out-of-Network
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT		outpatient		1 unit	\$ 92.55	\$ 41.65	Out-of-Network
ANTB INF VIRUS	86710	CPT		outpatient		1 unit	\$ 108.28	\$ 48.73	Out-of-Network
Antibody; Leishmania	86717	CPT		outpatient		1 unit	\$ 67.25	\$ 30.26	Out-of-Network
Antibody; Leptospira	86720	CPT		outpatient		1 unit	\$ 67.25	\$ 30.26	Out-of-Network
ANTIBODY MUMPS	86735	CPT		outpatient		1 unit	\$ 107.28	\$ 48.28	Out-of-Network
ANTIBODY MYCOPLSM	86738	CPT		outpatient		1 unit	\$ 66.20	\$ 29.79	Out-of-Network
ANTIBODY PAROVIRUS	86747	CPT		outpatient		1 unit	\$ 75.15	\$ 33.82	Out-of-Network
ANTIBODY PROTOZOA NES	86753	CPT		outpatient		1 unit	\$ 68.80	\$ 30.96	Out-of-Network
Antibody; Rickettsia	86757	CPT		outpatient		1 unit	\$ 175.12	\$ 78.80	Out-of-Network
Antibody; rotavirus	86759	CPT	QW	outpatient		1 unit	\$ 66.22	\$ 29.80	Out-of-Network
Antibody; rubella	86762	CPT		outpatient		1 unit	\$ 118.39	\$ 53.28	Out-of-Network
ANTIBODY RUBEOLA	86765	CPT		outpatient		1 unit	\$ 105.96	\$ 47.68	Out-of-Network
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID19	86769	CPT		outpatient		1 unit	\$ 200.00	\$ 200.00	Out-of-Network
ANTIBODY TOXOPLASMA	86777	CPT		outpatient		1 unit	\$ 71.95	\$ 32.38	Out-of-Network
ANTIBODY TOXOPLASMA IGM	86778	CPT		outpatient		1 unit	\$ 72.05	\$ 32.42	Out-of-Network
ANTIBODY TREPONEMA PALLIDUM	86780	CPT		outpatient		1 unit	\$ 66.20	\$ 29.79	Out-of-Network
ANTB VARICELLA-ZOSTER	86787	CPT		outpatient		1 unit	\$ 99.85	\$ 44.93	Out-of-Network
ANTIBODY WEST NILE VIRUS IGM	86788	CPT		outpatient		1 unit	\$ 67.25	\$ 30.26	Out-of-Network
ANTIBODY WEST NILE VIRUS	86789	CPT		outpatient		1 unit	\$ 113.51	\$ 51.08	Out-of-Network
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT		outpatient		1 unit	\$ 64.52	\$ 29.03	Out-of-Network
THYROGLOBULIN ANTIBODY	86800	CPT		outpatient		1 unit	\$ 125.47	\$ 56.46	Out-of-Network
HEPATITIS C ANTIBODY	86803	CPT		outpatient		1 unit	\$ 117.37	\$ 52.82	Out-of-Network
HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	86812	CPT		outpatient		1 unit	\$ 203.55	\$ 91.60	Out-of-Network
ANTB SCR RBC EA SERUM TQ	86850	CPT		outpatient		1 unit	\$ 143.65	\$ 64.64	Out-of-Network
COOMBS TEST DIRECT	86880	CPT		outpatient		1 unit	\$ 44.25	\$ 19.91	Out-of-Network
COOMBS TEST INDIRECT TITER	86886	CPT		outpatient		1 unit	\$ 42.56	\$ 19.15	Out-of-Network
Blood typing, serologic; ABO	86900	CPT		outpatient		1 unit	\$ 24.58	\$ 11.06	Out-of-Network

BLD TYPING RH D	86901	CPT		outpatient	1	unit	\$	65.23	\$	29.35	Out-of-Network
BLD TYPING RH PHEXPING COMPL	86906	CPT		outpatient	1	unit	\$	65.23	\$	29.35	Out-of-Network
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT		outpatient	1	unit	\$	119.15	\$	53.62	Out-of-Network
CONCENTRATION INFECTIOUS AGENTS	87015	CPT		outpatient	1	unit	\$	54.88	\$	24.70	Out-of-Network
BLOOD CULTURE - CUL BACT BLD AERC ISOL	87040	CPT		outpatient	1	unit	\$	198.89	\$	89.50	Out-of-Network
CUL BACT STL AERC ISOL SALMONELLA&SHIGELLA	87045	CPT		outpatient	1	unit	\$	194.47	\$	87.51	Out-of-Network
STOOL CULTR AEROBIC BACT EA	87046	CPT		outpatient	1	unit	\$	47.38	\$	21.32	Out-of-Network
CUL BACT XCPT URINE BLD/STL AERC ISOL	87070	CPT		outpatient	1	unit	\$	144.44	\$	65.00	Out-of-Network
CUL BACT BLD ANAERC ISOL	87075	CPT		outpatient	1	unit	\$	216.57	\$	97.46	Out-of-Network
CULTURE ANAEROBE IDENT EACH	87076	CPT		outpatient	1	unit	\$	40.58	\$	18.26	Out-of-Network
Culture Aerobic Identify	87077	CPT		outpatient	1	unit	\$	40.58	\$	18.26	Out-of-Network
CUL PRSMPTV PTHGNC ORGANISMS SCR	87081	CPT		outpatient	1	unit	\$	153.18	\$	68.93	Out-of-Network
CUL BACT QUAN COLONY CNT URINE	87086	CPT		outpatient	1	unit	\$	146.05	\$	65.72	Out-of-Network
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT		outpatient	1	unit	\$	75.00	\$	75.00	Out-of-Network
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT		outpatient	1	unit	\$	69.13	\$	31.11	Out-of-Network
CUL CHLAMYDIA ANY SRC	87110	CPT		outpatient	1	unit	\$	196.20	\$	88.29	Out-of-Network
CULTURE TYPE IMMUNOFLUORESC	87140	CPT		outpatient	1	unit	\$	45.83	\$	20.62	Out-of-Network
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT	QW	outpatient	1	unit	\$	80.43	\$	36.19	Out-of-Network
Susceptibility studies, antimicrobial agent; disk method, per plate	87184	CPT		outpatient	1	unit	\$	37.40	\$	16.83	Out-of-Network
SUSCEPTIBILITY STDY ANTIMICRBIAL MICRO/GAR DILUTJ	87186	CPT		outpatient	1	unit	\$	48.05	\$	21.62	Out-of-Network
Smear, primary source with interpretation; Gram or Giemsa st...	87205	CPT		outpatient	1	unit	\$	55.52	\$	24.98	Out-of-Network
Smr, prim src, w/ int; spec stain for inclusion bodies or parasites e.g. Malaria	87207	CPT		outpatient	1	unit	\$	97.43	\$	43.84	Out-of-Network
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT		outpatient	1	unit	\$	141.80	\$	63.81	Out-of-Network
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT		outpatient	1	unit	\$	69.67	\$	31.35	Out-of-Network
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT		outpatient	1	unit	\$	162.40	\$	73.08	Out-of-Network
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT		outpatient	1	unit	\$	205.62	\$	92.53	Out-of-Network
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT		outpatient	1	unit	\$	97.80	\$	44.01	Out-of-Network
GENET VIRUS ISOLATE HSV	87255	CPT		outpatient	1	unit	\$	267.09	\$	120.19	Out-of-Network
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT		outpatient	1	unit	\$	108.39	\$	48.78	Out-of-Network
IAADI CRYPTOSPORIDIUM	87272	CPT		outpatient	1	unit	\$	94.53	\$	42.54	Out-of-Network
IAADI HERPES SMPLEX VIRUS TYPE 2	87273	CPT		outpatient	1	unit	\$	98.59	\$	44.37	Out-of-Network
HERPES SIMPLEX 1 AG	87274	CPT		outpatient	1	unit	\$	57.50	\$	25.88	Out-of-Network
LEGION PNEUMOPHILIA AG IF	87278	CPT		outpatient	1	unit	\$	94.53	\$	42.54	Out-of-Network
Infectious agent antigen detection by immunofluorescent tech...	87280	CPT		outpatient	1	unit	\$	75.10	\$	33.80	Out-of-Network
IAADI VARICELLA ZOSTER VIRUS	87290	CPT		outpatient	1	unit	\$	94.53	\$	42.54	Out-of-Network
CLOSTRIDIUM AG EIA	87324	CPT		outpatient	1	unit	\$	108.39	\$	48.78	Out-of-Network
Infectious agent antigen detection .... Cryptococcus neoformans	87327	CPT		outpatient	1	unit	\$	53.96	\$	24.28	Out-of-Network
IAAD IA GIARDIA	87329	CPT		outpatient	1	unit	\$	94.53	\$	42.54	Out-of-Network
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT		outpatient	1	unit	\$	84.95	\$	38.23	Out-of-Network
IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	87341	CPT		outpatient	1	unit	\$	51.65	\$	23.24	Out-of-Network
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT	QW	outpatient	1	unit	\$	66.25	\$	29.81	Out-of-Network
Infectious agent antigen detection by enzyme immunoassay tec...	87389	CPT	QW	outpatient	1	unit	\$	112.91	\$	50.81	Out-of-Network
INFLUENZA B	87400	CPT		outpatient	1	unit	\$	131.71	\$	59.27	Out-of-Network
IAADIADOO INF	87400	CPT		outpatient	1	unit	\$	128.18	\$	57.68	Out-of-Network
IAAD EIA RSV	87420	CPT		outpatient	1	unit	\$	74.60	\$	33.57	Out-of-Network
IAAD IA ROTAVIRUS	87425	CPT		outpatient	1	unit	\$	98.59	\$	44.37	Out-of-Network
IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS (COVID-19)	87426	CPT		outpatient	1	unit	\$	200.00	\$	200.00	Out-of-Network
IAAD by immunoassay technique and influenza virus types A and B (COVID-19)	87428	CPT		outpatient	1	unit	\$	375.00	\$	200.00	Out-of-Network
IAAD EIA STREPTOCOCCUS GROUP A	87430	CPT		outpatient	1	unit	\$	200.00	\$	90.00	Out-of-Network

IAAD IA MULT STEP METHOD NOS EACH ORGANISM	87449	CPT		outpatient		1 unit	\$ 85.10	\$ 38.30	Out-of-Network
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT		outpatient		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE	87469	CPT		outpatient		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA BORRELIA MIYAMOTOI AMPLIFIED PRB TECHNIQUE	87478	CPT		outpatient		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA CANDIDA SPECIES DIRECT PROBE TQ	87480	CPT		outpatient		1 unit	\$ 158.18	\$ 71.18	Out-of-Network
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT		outpatient		1 unit	\$ 1,643.70	\$ 739.67	Out-of-Network
IADNA EHRlichia CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT		outpatient		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT	QW	outpatient		1 unit	\$ 19.50	\$ 8.78	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	87490	CPT		outpatient		1 unit	\$ 164.94	\$ 74.22	Out-of-Network
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT		outpatient		1 unit	\$ 158.59	\$ 71.37	Out-of-Network
INF AGENT DET NUC ACID CLOSTRIDIUM AMP PROBE	87493	CPT		outpatient		1 unit	\$ 149.39	\$ 67.23	Out-of-Network
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT		outpatient		1 unit	\$ 249.15	\$ 112.12	Out-of-Network
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT		outpatient		1 unit	\$ 276.81	\$ 124.56	Out-of-Network
INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	87502	CPT		outpatient		1 unit	\$ 604.10	\$ 271.85	Out-of-Network
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT		outpatient		1 unit	\$ 1,643.70	\$ 739.67	Out-of-Network
IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	87510	CPT		outpatient		1 unit	\$ 158.18	\$ 71.18	Out-of-Network
IADNA Gardnerella Amplified Probe TQ Male or Female	87511	CPT		outpatient		1 unit	\$ 87.73	\$ 39.48	Out-of-Network
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT		outpatient		1 unit	\$ 214.20	\$ 96.39	Out-of-Network
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT		outpatient		1 unit	\$ 233.35	\$ 105.01	Out-of-Network
IADNA HERPES SMPLX VIRUS DIR PRB	87528	CPT		outpatient		1 unit	\$ 181.96	\$ 81.88	Out-of-Network
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT		outpatient		1 unit	\$ 288.59	\$ 129.87	Out-of-Network
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIP	87535	CPT		outpatient		1 unit	\$ 194.95	\$ 87.73	Out-of-Network
Infect agent detect by nucleic acid (DNA or RNA); HIV-2, amp probe tech	87538	CPT		outpatient		1 unit	\$ 175.45	\$ 78.95	Out-of-Network
IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	87542	CPT		outpatient		1 unit	\$ 23.20	\$ 10.44	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT		outpatient		1 unit	\$ 108.33	\$ 48.75	Out-of-Network
IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	87582	CPT		outpatient		1 unit	\$ 151.31	\$ 68.09	Out-of-Network
IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	87590	CPT		outpatient		1 unit	\$ 164.94	\$ 74.22	Out-of-Network
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	CPT	QW	outpatient		1 unit	\$ 156.98	\$ 70.64	Out-of-Network
IADNA NEISSERIA GONORRHOEAE QUAN	87592	CPT	QW	outpatient		1 unit	\$ 106.08	\$ 47.74	Out-of-Network
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT	QW	outpatient		1 unit	\$ 200.00	\$ 90.00	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); pap...	87621	CPT		outpatient		1 unit	\$ 130.80	\$ 58.86	Out-of-Network
Infect agent detect ; resp virus;multi rev transcrp and multi amp probe tech	87632	CPT		outpatient		1 unit	\$ 1,090.50	\$ 490.73	Out-of-Network
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT		outpatient		1 unit	\$ 750.00	\$ 337.50	Out-of-Network
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT		outpatient		1 unit	\$ 200.00	\$ 200.00	Out-of-Network
IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	87636	CPT		outpatient		1 unit	\$ 375.00	\$ 168.75	Out-of-Network
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT		outpatient		1 unit	\$ 375.00	\$ 168.75	Out-of-Network
IADNA S AUREUS AMPLIFIED PROBE TQ	87640	CPT		outpatient		1 unit	\$ 19.50	\$ 8.78	Out-of-Network
Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus au	87641	CPT		outpatient		1 unit	\$ 288.59	\$ 129.87	Out-of-Network
IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	87660	CPT		outpatient		1 unit	\$ 158.18	\$ 71.18	Out-of-Network
IADNA Trichomonas Amplified Probe Tech Male or Female	87661	CPT		outpatient		1 unit	\$ 276.81	\$ 124.56	Out-of-Network
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT		outpatient		1 unit	\$ 180.50	\$ 81.23	Out-of-Network
Infectious agent detection by nucleic acid, not otherwise specified; quantifi	87799	CPT		outpatient		1 unit	\$ 214.20	\$ 96.39	Out-of-Network
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT		outpatient		1 unit	\$ 577.30	\$ 259.79	Out-of-Network
IAADIADOO STREPTOCOCCUS GROUP B	87802	CPT	QW	outpatient		1 unit	\$ 94.53	\$ 42.54	Out-of-Network
CLOSTRIDIUM TOXIN A W/OPTIC	87803	CPT		outpatient		1 unit	\$ 108.42	\$ 48.79	Out-of-Network
IAADIADOO INF	87804	CPT		outpatient		1 unit	\$ 128.18	\$ 57.68	Out-of-Network
INFLUENZA A	87804	CPT	QW	outpatient		1 unit	\$ 65.85	\$ 29.63	Out-of-Network
INFLUENZA B	87804	CPT		outpatient		1 unit	\$ 131.71	\$ 59.27	Out-of-Network
IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	87806	CPT		outpatient		1 unit	\$ 198.03	\$ 89.11	Out-of-Network

IAADIADOO RSV	87807	CPT		outpatient		1 unit	\$ 31.83	\$ 14.32	Out-of-Network
CHYLM D TRACH ASSAY W/OPTIC (Urine)	87810	CPT		outpatient		1 unit	\$ 94.53	\$ 42.54	Out-of-Network
IAADIADOO NEISSERIA GONORRHOEAE	87850	CPT		outpatient		1 unit	\$ 98.61	\$ 44.37	Out-of-Network
IAADIADOO STREPTOCOCCUS GRP	87880	CPT		outpatient		1 unit	\$ 108.28	\$ 48.73	Out-of-Network
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT		outpatient		1 unit	\$ 983.14	\$ 442.41	Out-of-Network
Molecular cytogenetics; DNA probe, each (eg, FISH)	88271	CPT		outpatient		1 unit	\$ 107.10	\$ 48.20	Out-of-Network
Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	88274	CPT		outpatient		1 unit	\$ 211.90	\$ 95.36	Out-of-Network
IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	88346	CPT		outpatient		1 unit	\$ 608.93	\$ 274.02	Out-of-Network
Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, jt fluid), exce	89050	CPT		outpatient		1 unit	\$ 58.79	\$ 26.46	Out-of-Network
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT		outpatient		1 unit	\$ 27.65	\$ 12.44	Out-of-Network
Leukocyte assessment	89055	CPT		outpatient		1 unit	\$ 21.45	\$ 9.65	Out-of-Network
CRYSTAL ID LIGHT MICROSCOPY Alys TISS/ANY FLUID	89060	CPT		outpatient		1 unit	\$ 58.87	\$ 26.49	Out-of-Network
SPTM OBTG SPEC AERSL INDUCED SPX	89220	CPT		outpatient		1 unit	\$ 73.81	\$ 33.21	Out-of-Network
AGGLUTININS FEBRILE EA AG	86000	CPT		outpatient		1 unit	\$ 43.40	\$ 19.53	Out-of-Network
BLOOD COUNT SMEAR MCRSCP W/MNL DIRNTL WBC COUNT	85007	CPT		outpatient		1 unit	\$ 136.94	\$ 61.62	Out-of-Network
RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	90375	CPT		outpatient		1 unit	\$ 1,933.66	\$ 870.15	Out-of-Network
IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	90460	CPT		outpatient		1 unit	\$ 93.62	\$ 42.13	Out-of-Network
IMADM PRQ ID SUBQ/IM NJXS 1 VACC	90471	CPT		outpatient		1 unit	\$ 131.71	\$ 59.27	Out-of-Network
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT		outpatient		1 unit	\$ 95.95	\$ 43.18	Out-of-Network
INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM	90656	CPT		outpatient		1 unit	\$ 88.44	\$ 39.80	Out-of-Network
IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	90658	CPT		outpatient		1 unit	\$ 102.27	\$ 46.02	Out-of-Network
RABIES VACCINE INTRAMUSCULAR	90675	CPT		outpatient		1 unit	\$ 1,873.60	\$ 843.12	Out-of-Network
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT		outpatient		1 unit	\$ 143.86	\$ 64.74	Out-of-Network
TD TOXOIDS ADSORBED PRSRV FR 7 YR + IM	90714	CPT		outpatient		1 unit	\$ 108.85	\$ 48.98	Out-of-Network
TDAP VACCINE 7 YR + IM	90715	CPT		outpatient		1 unit	\$ 111.65	\$ 50.24	Out-of-Network
HEPATITIS B VACCINE ADULT DOSAGE INTRAMUSCULAR	90746	CPT		outpatient		1 unit	\$ 60.10	\$ 27.05	Out-of-Network
ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	90954	CPT		outpatient		1 unit	\$ 4,315.25	\$ 1,941.86	Out-of-Network
ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	90968	CPT		outpatient		1 unit	\$ 97.20	\$ 43.74	Out-of-Network
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT		outpatient		1 unit	\$ 343.90	\$ 154.76	Out-of-Network
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT		outpatient		1 unit	\$ 198.41	\$ 75.00	Out-of-Network
External electrocardiographic recording for more than 48 hours up to 7 days	93243	CPT		outpatient		1 unit	\$ 1,116.80	\$ 502.56	Out-of-Network
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT		outpatient		1 unit	\$ 1,360.91	\$ 350.00	Out-of-Network
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT		outpatient		1 unit	\$ 1,224.00	\$ 350.00	Out-of-Network
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT		outpatient		1 unit	\$ 1,223.50	\$ 350.00	Out-of-Network
Doppler echocardiography, pulsed wave and/or continuous wave with spec	93321	CPT		outpatient		1 unit	\$ 124.85	\$ 56.18	Out-of-Network
ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	93350	CPT		outpatient		1 unit	\$ 1,235.16	\$ 555.82	Out-of-Network
ECHO TTHRC R-T 2D -+M-MODE REST&STRS CONT ECG	93351	CPT		outpatient		1 unit	\$ 1,181.75	\$ 531.79	Out-of-Network
DUP-SCAN XTRC ART COMPL BI STD	93880	CPT		outpatient		1 unit	\$ 2,163.00	\$ 150.00	Out-of-Network
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT		outpatient		1 unit	\$ 596.66	\$ 268.50	Out-of-Network
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT		outpatient		1 unit	\$ 3,120.75	\$ 1,404.34	Out-of-Network
DOPPLER - DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STD	93926	CPT		outpatient		1 unit	\$ 1,614.20	\$ 726.39	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT		outpatient		1 unit	\$ 1,364.50	\$ 614.03	Out-of-Network
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STD	93931	CPT		outpatient		1 unit	\$ 353.58	\$ 159.11	Out-of-Network
DUP-SCAN XTR VEINS COMPL BI STD	93970	CPT		outpatient		1 unit	\$ 2,132.10	\$ 220.00	Out-of-Network
DUP-SCAN XTR VEINS UNI/LMTD STD	93971	CPT		outpatient		1 unit	\$ 1,350.80	\$ 220.00	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT	59	outpatient		1 unit	\$ 3,011.80	\$ 1,355.31	Out-of-Network
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT		outpatient		1 unit	\$ 1,104.14	\$ 496.86	Out-of-Network
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT	59	outpatient		1 unit	\$ 1,063.50	\$ 478.58	Out-of-Network
US DUPLEX HEMODIALYSIS ACCESS	93990	CPT		outpatient		1 unit	\$ 701.90	\$ 160.00	Out-of-Network

SPMTRY W/WC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT		outpatient		1 unit	\$ 199.20	\$ 89.64	Out-of-Network
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT		outpatient		1 unit	\$ 777.70	\$ 349.97	Out-of-Network
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT		outpatient		1 unit	\$ 190.06	\$ 85.53	Out-of-Network
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT		outpatient		1 unit	\$ 176.79	\$ 79.56	Out-of-Network
IV THERAPY 1ST >1 HOUR	96365	CPT		outpatient		1 unit	\$ 274.91	\$ 123.71	Out-of-Network
IV THERAPY, EACH ADDL HOUR	96366	CPT		outpatient		1 unit	\$ 175.91	\$ 79.16	Out-of-Network
INJECTION, INTRAMUSCULAR OR SUBCUTANEOUS	96372	CPT		outpatient		1 unit	\$ 164.05	\$ 73.82	Out-of-Network
IV PUSH THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT		outpatient		1 unit	\$ 227.18	\$ 102.23	Out-of-Network
IV PUSH ADD DRUG THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG	96375	CPT		outpatient		1 unit	\$ 153.81	\$ 69.21	Out-of-Network
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT		outpatient		1 unit	\$ 125.00	\$ 56.25	Out-of-Network
Rmvl devital tis 20 cm/<	97597	CPT		outpatient		1 unit	\$ 89.33	\$ 40.20	Out-of-Network
Remote therap monitoring w/patient; 1st 10 mins	98979	CPT		outpatient		1 unit	\$ 56.80	\$ 25.56	Out-of-Network
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT		outpatient		1 unit	\$ 30.94	\$ 13.92	Out-of-Network
MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	99152	CPT		outpatient		1 unit	\$ 329.00	\$ 148.05	Out-of-Network
MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	99153	CPT		outpatient		1 unit	\$ 128.18	\$ 57.68	Out-of-Network
Screening test of visual acuity, quantitative, bilateral	99173	CPT		outpatient		1 unit	\$ 224.49	\$ 101.02	Out-of-Network
Sodium Chloride 0.9% Mini 50ml Ea	A4649	CPT		outpatient		1 unit	\$ 1.43	\$ 0.64	Out-of-Network
ACE WRAP - LT COMPRES BAND >=5	A6450	CPT		outpatient		1 unit	\$ 13.26	\$ 5.97	Out-of-Network
Dotarem Contrast 10 mL vial	A9575	CPT		outpatient		1 unit	\$ 97.20	\$ 43.74	Out-of-Network
Dotarem Contrast 15 mL vial	A9575	CPT		outpatient		1 unit	\$ 145.85	\$ 65.63	Out-of-Network
Dotarem Contrast 20 mL vial	A9575	CPT		outpatient		1 unit	\$ 195.00	\$ 87.75	Out-of-Network
Prohance Gadoteridol 279.3 mg/mL; inject vial 5 mL	A9576	CPT		outpatient		1 unit	\$ 60.00	\$ 27.00	Out-of-Network
Inj, Gadolinium MRI contrast agent, NOS, per 1 ml	A9579	CPT		outpatient		1 unit	\$ 11.91	\$ 5.36	Out-of-Network
Gadavist (Gadobutrol) 0.1 mL	A9585	CPT		outpatient		1 unit	\$ 5.09	\$ 2.29	Out-of-Network
Cath, inf, per/cent/midline	C1751	CPT		outpatient		1 unit	\$ 100.00	\$ 45.00	Out-of-Network
CRUTCH ALUM ADLT ADJ	E0114	CPT		outpatient		1 unit	\$ 53.89	\$ 24.25	Out-of-Network
Drug test presumpt optical	G0477	CPT		outpatient		1 unit	\$ 68.59	\$ 30.87	Out-of-Network
Drug test def 1-7 classes	G0480	CPT		outpatient		1 unit	\$ 169.87	\$ 76.44	Out-of-Network
Drug test def 8-14 classes.	G0481	CPT		outpatient		1 unit	\$ 782.95	\$ 352.33	Out-of-Network
Assay of Salicylate	G6038	CPT		outpatient		1 unit	\$ 64.15	\$ 28.87	Out-of-Network
Assay of Acetaminophen	G6039	CPT		outpatient		1 unit	\$ 91.45	\$ 41.15	Out-of-Network
Bicillin L-A Injection 100,000 units	J0561	CPT		outpatient		1 unit	\$ 84.50	\$ 38.03	Out-of-Network
INJECTION, BUPIVACAINE HYDRO	J0665	CPT		outpatient		1 unit	\$ 35.39	\$ 15.93	Out-of-Network
ROCEPHIN - CEFTRIAXONE SODIUM up to 250MG	J0696	CPT		outpatient		1 unit	\$ 33.57	\$ 15.11	Out-of-Network
DECADRON - DEXAMETHASONE SODIUM PHOS	J1100	CPT		outpatient		1 unit	\$ 16.27	\$ 7.32	Out-of-Network
BENADRYL - DIPHENHYDRAMINE HCL INJECTION 50MG	J1200	CPT		outpatient		1 unit	\$ 16.27	\$ 7.32	Out-of-Network
INJ ERTAPENEM (INVANZ) 500MG	J1335	CPT		outpatient		1 unit	\$ 15.02	\$ 6.76	Out-of-Network
BOLUS IV LOCK PUSH - INJ HEPARIN SODIUM PER 10 U	J1642	CPT		outpatient		1 unit	\$ 10.17	\$ 4.58	Out-of-Network
Iron Sucrose 100 mg/5 mL	J1756	CPT		outpatient		1 unit	\$ 212.85	\$ 95.78	Out-of-Network
TORADOL,(KETOROLAC TROMETHAMINE) PER 15 MG	J1885	CPT		outpatient		1 unit	\$ 16.27	\$ 7.32	Out-of-Network
Injection, lidocaine hcl in 5% dextrose, 1 mg	J2002	CPT		outpatient		1 unit	\$ 28.70	\$ 12.92	Out-of-Network
Injection, lidocaine hydrochloride, 10mg/mL	J2003	CPT		outpatient		1 unit	\$ 28.70	\$ 12.92	Out-of-Network
Lidocaine Epinephrine (Xylocaine) 2% (20mL); vial	J2004	CPT		outpatient		1 unit	\$ 32.95	\$ 14.83	Out-of-Network
ATIVAN - LORAZEPAM INJECTION 2MG	J2060	CPT		outpatient		1 unit	\$ 75.22	\$ 33.85	Out-of-Network
Meropenem (Merrem) 1 GM; vial	J2185	CPT		outpatient		1 unit	\$ 63.37	\$ 28.52	Out-of-Network
ZOFRAN (ONDANSETRON HCL INJECTION 1MG)	J2405	CPT		outpatient		1 unit	\$ 16.26	\$ 7.32	Out-of-Network
Methylprednisolone Sod Succ (Solu-Medrol) 1000mg/16ml SDV	J2919	CPT		outpatient		1 unit	\$ 115.05	\$ 51.77	Out-of-Network
TESTOSTERONE ENANTHATE INJ, 1mg	J3121	CPT		outpatient		1 unit	\$ 17.68	\$ 7.96	Out-of-Network
Triamcinolone acet inj nos up to 10mg (40mg total)	J3301	CPT		outpatient		1 unit	\$ 14.68	\$ 6.61	Out-of-Network

Injection, vancomycin hydrochloride, 10 mg	J3373	CPT		outpatient		1 unit	\$ 2.76	\$ 1.24	Out-of-Network
Injection, vancomycin hcl (mylan) not therapeutically equivalent to j3373, 1	J3374	CPT		outpatient		1 unit	\$ 2.76	\$ 1.24	Out-of-Network
Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3373, 1	J3375	CPT		outpatient		1 unit	\$ 2.76	\$ 1.24	Out-of-Network
KETAMINE UP TO 50MG	J3490	CPT		outpatient		1 unit	\$ 22.11	\$ 9.95	Out-of-Network
Tuberculin PPD (Aplisol) Injection	J3490	CPT		outpatient		1 unit	\$ 356.95	\$ 160.63	Out-of-Network
NORMAL SALINE SOLUTION INFUS 1000CC	J7030	CPT	QW	outpatient		1 unit	\$ 53.04	\$ 23.87	Out-of-Network
NORMAL SALINE SOLUTIONS INFUS 1000CC	J7030	CPT		outpatient		1 unit	\$ 53.04	\$ 23.87	Out-of-Network
NORMAL SALINE SOLUTION INFUS-500ML 1 UNIT	J7040	CPT		outpatient		1 unit	\$ 20.16	\$ 9.07	Out-of-Network
Ringers lactate infusion, up to 1000cc	J7120	CPT		outpatient		1 unit	\$ 68.50	\$ 30.83	Out-of-Network
Pyridium 100mg tab	J8499	CPT		outpatient		1 unit	\$ 9.96	\$ 4.48	Out-of-Network
Zofran (Ondansetron) 8 MG; tab	J8499	CPT		outpatient		1 unit	\$ 2.00	\$ 0.90	Out-of-Network
Wound Culture Anaerobes/Aerobes	87070	CPT		outpatient		1 unit	\$ 124.19	\$ 55.89	Out-of-Network
Grey Top Lactic Acid Plasma Test	83605	CPT		outpatient		1 unit	\$ 50.67	\$ 35.00	Out-of-Network
WRIST COCK-UP NON-MOLDED	L3908	CPT		outpatient		1 unit	\$ 66.30	\$ 29.84	Out-of-Network
Pneuma/vac walk boot pre ots	L4361	CPT		outpatient		1 unit	\$ 156.76	\$ 70.54	Out-of-Network
Albumin 25% 50 mL; vial	P9047	CPT		outpatient		1 unit	\$ 56.00	\$ 25.20	Out-of-Network
CATHETERIZE FOR URINE SPEC	P9612	CPT		outpatient		1 unit	\$ 134.18	\$ 60.38	Out-of-Network
Set-up portable x-ray equipment	Q0092	CPT		outpatient		1 unit	\$ 168.57	\$ 75.86	Out-of-Network
ORAL MR CONTRAST, PER 100 ML	Q9954	CPT		outpatient		1 unit	\$ 173.97	\$ 78.29	Out-of-Network
Gastrografin 30ML	Q9963	CPT		outpatient		1 unit	\$ 165.30	\$ 74.39	Out-of-Network
LOCM 200-299MG/ML IODINE,1ML	Q9966	CPT		outpatient		1 unit	\$ 15.92	\$ 7.16	Out-of-Network
ISOVUE-Low osmolar contrast material, 300-399 mg/ml iodine concentrate	Q9967	CPT		outpatient		1 unit	\$ 3.65	\$ 1.64	Out-of-Network
Omnipaque 300mg/ml per-1ml	Q9967	CPT		outpatient		1 unit	\$ 1.95	\$ 0.88	Out-of-Network
ONDANSETRON 4 MG; PO	S0119	CPT		outpatient		1 unit	\$ 5.63	\$ 2.53	Out-of-Network
COVID-19 lab test non-CDC	U0002	CPT		outpatient		1 unit	\$ 200.00	\$ 200.00	Out-of-Network
Ultravist (Iopromide) low osmolar contrast 300-399mg/mL iodine	Q9967	CPT		outpatient		1 unit	\$ 4.00	\$ 1.80	Out-of-Network
Ultravist (Iopromine) low osmolar contrast 200-299 mg/mL iodine	Q9966	CPT		outpatient		1 unit	\$ 24.00	\$ 10.80	Out-of-Network