

Anne Arundel Medical Center

Chargemaster - Room & Board and Ancillary Services Char
December 2021

The file posted here reflects charges for items and services provided by Anne Arundel Medical Center as of January 1, 2022. This type of file is commonly referred to as the hospitals "charge master." In Maryland, the Maryland Health Services Cost Review Commission (HSCRC) regulates the average rate for hospital services.

Though the HSCRC sets rates as of a certain date, hospital charges are allowed to fluctuate during the course of the year, and detailed charges for certain items may be different than the average approved rate that covers a larger group of services. This is both permissible and normal as hospitals adjust charges frequently to comply with other HSCRC regulations.

Rate Center Description	Inpatient or Outpatient	Procedure Description	CPT/HCPC	Gross Charge	Self Pay				
					Self Pay discount if at time of discharge	Self Pay discount if paid within 30 days of discharge	Min Negotiated Charge	Max Negotiated Charge	
Med./Surg. Acute	Inpatient	R&B MED/SURG		\$1,250.54	\$1,225.53	\$1,238.03	\$1,154.25	\$1,225.53	
Med./Surg. Acute	Inpatient	R&B MED/SURG BOARDING		\$250.00	\$245.00	\$247.50	\$230.75	\$245.00	
Pediatrics	Inpatient	R&B PEDIATRICS		\$1,839.83	\$1,803.03	\$1,821.43	\$1,698.16	\$1,803.03	
Obstetric Acute	Inpatient	R&B OBSTETRICS		\$1,067.56	\$1,046.21	\$1,056.88	\$985.36	\$1,046.21	
Definitive Observator	Inpatient	R&B INTERMED/SPECIAL CARE		\$1,410.50	\$1,382.29	\$1,396.40	\$1,301.89	\$1,382.29	
Definitive Observator	Inpatient	R&B INTERMED/CRITICAL CARE II		\$1,410.50	\$1,382.29	\$1,396.40	\$1,301.89	\$1,382.29	
Definitive Observator	Inpatient	HC R&B INTERMED CORONARY CAR		\$1,410.50	\$1,382.29	\$1,396.40	\$1,301.89	\$1,382.29	
Med./Surg. I.C.U.	Inpatient	R&B CRITICAL CARE		\$2,815.47	\$2,759.16	\$2,787.32	\$2,598.68	\$2,759.16	
Neo-Natal I.C.U.	Inpatient	R&B NICU LEVEL II		\$1,564.82	\$1,533.52	\$1,549.17	\$1,444.33	\$1,533.52	
Neo-Natal I.C.U.	Inpatient	R&B NICU LEVEL III		\$1,564.82	\$1,533.52	\$1,549.17	\$1,444.33	\$1,533.52	
Neo-Natal I.C.U.	Inpatient	R&B NICU LEVEL IV		\$1,564.82	\$1,533.52	\$1,549.17	\$1,444.33	\$1,533.52	
New Born Nursen	Inpatient	R&B NEWBORN CAR		\$494.13	\$484.25	\$489.19	\$456.08	\$484.25	
Emergency Services	Outpatient	ED LEVEL I/EMTALA (MEDICAL SCREENING EXAMINATION)	99281	\$127.38	\$124.83	\$126.11	\$117.57	\$124.83	
Emergency Services	Outpatient	LWBS TRIAGE W/PROTOCOLS	99281	\$127.38	\$124.83	\$126.11	\$117.57	\$124.83	
Emergency Services	Outpatient	ER VISIT LEVEL II	99282	\$127.38	\$124.83	\$126.11	\$117.57	\$124.83	
Emergency Services	Outpatient	ER VISIT LEVEL III	99283	\$254.76	\$249.66	\$252.21	\$235.14	\$249.66	
Emergency Services	Outpatient	ER VISIT LEVEL IV	99284	\$509.53	\$499.34	\$504.43	\$470.30	\$499.34	
Emergency Services	Outpatient	ER VISIT LEVEL V	99285	\$891.67	\$873.84	\$882.75	\$823.01	\$873.84	
Emergency Services	Outpatient	ER AWAITING TRANS OTR FACILITY	99285	\$127.38	\$124.83	\$126.11	\$117.57	\$124.83	
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 1ST DOSE PFIZER	0001A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 2ND DOSE PFIZER	0002A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 30MCG/0.3ML 3RD PFIZER	0003A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML 1ST DOSE MODERN/	0011A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML 2ND DOSE MODERN/	0012A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 100MCG/0.5ML3RD MODERN/	0013A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 5X1010VP/.5ML 1ST DOSE ASTRAZENEC	0021A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 5X1010VP/.5ML 2ND DOSE ASTRAZENEC	0022A	\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	ADM SARSCOV2 VAC AD26 .5M		\$40.00	\$39.20	\$39.60	\$36.92	\$39.20	
Clinic Services	Outpatient	BLOOD TRANSFUSION 0-90MIN	36430	\$601.15	\$589.13	\$595.14	\$554.86	\$589.13	
Clinic Services	Outpatient	BLOOD TRANSFUSION EACH ADDTL HR	36430	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56	
Clinic Services	Outpatient	APHERESIS WBC	36511	\$2,254.31	\$2,209.22	\$2,231.77	\$2,080.73	\$2,209.22	
Clinic Services	Outpatient	APHERESIS RBC	36512	\$2,254.31	\$2,209.22	\$2,231.77	\$2,080.73	\$2,209.22	
Clinic Services	Outpatient	APHERESIS PLASMA	36514	\$2,254.31	\$2,209.22	\$2,231.77	\$2,080.73	\$2,209.22	
Clinic Services	Outpatient	BLOOD COLLECTION THRU PORT	36591	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56	
Clinic Services	Outpatient	SPECIMEN COLLECT VIA SUBCLAV	36592	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56	
Clinic Services	Outpatient	PPV IMMUNIZATION ADMIN 1 VACCINE	90471	\$100.19	\$98.19	\$99.19	\$92.48	\$98.19	
Clinic Services	Outpatient	NON PPV IMMUNIZATION ADMIN 1 VACCINE	90471	\$100.19	\$98.19	\$99.19	\$92.48	\$98.19	
Clinic Services	Outpatient	PPV IMMUNIZATION ADM, EA ADDTL VACCINE	90472	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10	
Clinic Services	Outpatient	NON PPV IMMUNIZATION ADM, EA ADDTL VACCINE	90472	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10	
Clinic Services	Outpatient	PAD REHAB PER SESSION	93668	\$250.48	\$245.47	\$247.98	\$231.19	\$245.47	
Clinic Services	Outpatient	CARDIAC REHAB, MONITORED EXERCISE	93798	\$250.48	\$245.47	\$247.98	\$231.19	\$245.47	
Clinic Services	Outpatient	COGNITIVE LING TEST, 1 HR	96125	\$2,404.60	\$2,356.51	\$2,380.55	\$2,219.45	\$2,356.51	
Clinic Services	Outpatient	COGNITIVE LING TEST, 2 HR	96125	\$2,404.60	\$2,356.51	\$2,380.55	\$2,219.45	\$2,356.51	
Clinic Services	Outpatient	COGNITIVE LING TEST, 3 HR	96125	\$2,404.60	\$2,356.51	\$2,380.55	\$2,219.45	\$2,356.51	
Clinic Services	Outpatient	HYDRATION INITIAL, 31-90 MIN	96360	\$601.15	\$589.13	\$595.14	\$554.86	\$589.13	
Clinic Services	Outpatient	HYDRATION EA ADD HR	96361	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56	

Clinic Services	Outpatient	IV INFUSION INITIAL, 16-90 MIN	96365	\$601.15	\$589.13	\$595.14	\$554.86	\$589.13
Clinic Services	Outpatient	IV INFUSION EA ADDTL HOUR	96366	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	IV INFUSE, SEQUENT DRUG, 16-90 MIN	96367	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	IV INFUSION, CONCURRENT	96368	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10
Clinic Services	Outpatient	INJECTION NON CHEMO IM SUBQ	96372	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	IVP NONCHEMO INITIAL DRUG	96374	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	IVP NONCHEMO EA ADD	96375	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	IVP EA ADD SEQ OF SAME DRUG	96376	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	APPLICATON ON-BODY INJECTOR	96377	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	CHEMO INJ SUB/IM NONHORMONAL	96401	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	CHEMO INJ SUB/IM HORMONAL	96402	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	HC CHEMO IVP INITIAL	96409	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	HC CHEMO IVP EA ADD DRUG	96411	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	CHEMO INFUSION INITIAL, 16-90 MIN	96413	\$901.72	\$883.69	\$892.70	\$832.29	\$883.69
Clinic Services	Outpatient	CHEMO INFUSION EA ADDTL HOUR	96415	\$450.86	\$441.84	\$446.35	\$416.14	\$441.84
Clinic Services	Outpatient	CHEMO PUMP HOOK UP	96416	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	CHEMO INF EA SEQUENTIAL DRUG	96417	\$450.86	\$441.84	\$446.35	\$416.14	\$441.84
Clinic Services	Outpatient	CHEMOTX ADMN PRTL CAVITY	96446	\$3,005.75	\$2,945.64	\$2,975.69	\$2,774.31	\$2,945.64
Clinic Services	Outpatient	CHEMO INFUSE INTRATHECAL	96450	\$901.72	\$883.69	\$892.70	\$832.29	\$883.69
Clinic Services	Outpatient	REFILL/MAINT PORTABLE PUMP	96521	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	PORT FLUSH ONLY	96523	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	HC SLCTV WND DEBRIDM 20CM OR LESS	97597	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10
Clinic Services	Outpatient	HC SLCTV WND DEBRIDEM EA ADDL 2C	97598	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10
Clinic Services	Outpatient	HC NEG.WOUND PRESSURE TX < 50CM	97605	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10
Clinic Services	Outpatient	HC NEG.WOUND PRESSURE TX > 50 CM	97606	\$50.10	\$49.10	\$49.60	\$46.24	\$49.10
Clinic Services	Outpatient	MNT INDIVIDUAL INIT ASSES EA15	97802	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	MNT INDIVID SUBSEQ ASSES EA15	97803	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	MNT GRP EACH 30 MIN	97804	\$200.38	\$196.37	\$198.38	\$184.95	\$196.37
Clinic Services	Outpatient	HC INDIVIDUAL DIAB FU 30 MIN	98960	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	INDIVIDUAL DIAB INITIAL 30 MIN	98960	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	INDIVIDUAL DIAB INIT DIETCN 30	98960	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	GRP (2-4 PTS) DIAB MEDS 30 MIN	98961	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP(2-4 PTS)DIAB LIF SKL 30MIN	98961	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP(2-4 PTS)DIAB LIF SKL2 30MIN	98961	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP(2-4 PTS)DIAB NUTR 30 MIN	98961	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP (2-4 PTS) DIAB FU 30 MIN	98961	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP (5-8 PTS) DIAB MEDS 30 MIN	98962	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP(5-8 PTS)DIAB LIF SKL 30MIN	98962	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP(5-8 PTS)DIAB LIF SKL2 30MIN	98962	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP (5-8 PTS) DIAB NUTR 30 MIN	98962	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	GRP (5-8 PTS) DIAB FU 30 MIN	98962	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	CLINIC VISIT 0-10 CCT	99211	\$100.19	\$98.19	\$99.19	\$92.48	\$98.19
Clinic Services	Outpatient	CLINIC VISIT 11-25 CCT	99212	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	CLINIC VISIT 26-45 CCT	99213	\$200.38	\$196.37	\$198.38	\$184.95	\$196.37
Clinic Services	Outpatient	CLINIC VISIT 46-90 CCT	99214	\$250.48	\$245.47	\$247.98	\$231.19	\$245.47
Clinic Services	Outpatient	CLINIC VISIT >90 CCT	99215	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	MNT IND EA 15 MIN, 2ND REF	G0270	\$150.29	\$147.28	\$148.79	\$138.72	\$147.28
Clinic Services	Outpatient	MNT GROUP EA 30 MIN, 2ND REF	G0271	\$200.38	\$196.37	\$198.38	\$184.95	\$196.37
Clinic Services	Outpatient	CHEMO EXTEND IV INFUS W/PUMP	G0498	\$300.57	\$294.56	\$297.56	\$277.43	\$294.56
Clinic Services	Outpatient	BAMLANIVIMAB-XXXX INFUSION	M0239	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Clinic Services	Outpatient	CASIRIVI AND IMDEVI INFUSION	M0243	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Clinic Services	Outpatient	BAMLAN AND ETESEV INFUSION	M0245	\$450.00	\$441.00	\$445.50	\$415.35	\$441.00
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE <8 HOUR		\$1,093.43	\$1,071.56	\$1,082.50	\$1,009.24	\$1,071.56
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE >8 HOUR		\$1,093.43	\$1,071.56	\$1,082.50	\$1,009.24	\$1,071.56
Same Day Surgery	Outpatient	SAME DAY SURGERY FEE IVC >6HR		\$1,093.43	\$1,071.56	\$1,082.50	\$1,009.24	\$1,071.56
Lithotripsy	Inpatient/Outpatient	LITHO ELECTRO SHOCK WAVE		\$3,902.49	\$3,824.44	\$3,863.47	\$3,602.00	\$3,824.44
Labor and Delivery	Inpatient/Outpatient	ASSESSMENT/TRIAGE SERVICE		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	OBSERVATION MIC PER HOUR		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	INTRAUTERINE PRESSURE CATH MON		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08

Labor and Delivery	Inpatient/Outpatient	OBSERVATION MIC CARVE-OUT		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION MRI MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION CT MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION OT MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION PT MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION DIALYSIS MIC CARVE-OUT		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	INDUCT/AUGMENT (C/S OR VAG)ADC		\$524.67	\$514.18	\$519.42	\$484.27	\$514.18
Labor and Delivery	Inpatient/Outpatient	VAG BIRTH NO ANES UNCOMI		\$3,148.01	\$3,085.05	\$3,116.53	\$2,905.61	\$3,085.05
Labor and Delivery	Inpatient/Outpatient	VAG BIRTH W VAC/FORCEP ASSIS		\$3,410.34	\$3,342.13	\$3,376.24	\$3,147.74	\$3,342.13
Labor and Delivery	Inpatient/Outpatient	VAG BIRTH W EPIDURAL		\$3,935.01	\$3,856.31	\$3,895.66	\$3,632.01	\$3,856.31
Labor and Delivery	Inpatient/Outpatient	VAG BIRTH W EPIDURAL W VAC/FO		\$4,197.35	\$4,113.40	\$4,155.38	\$3,874.15	\$4,113.40
Labor and Delivery	Inpatient/Outpatient	TWIN BIRTH (ADD ON)		\$787.00	\$771.26	\$779.13	\$726.40	\$771.26
Labor and Delivery	Inpatient/Outpatient	TRIPLET BIRTH (ADD ON)		\$1,180.50	\$1,156.89	\$1,168.70	\$1,089.60	\$1,156.89
Labor and Delivery	Inpatient/Outpatient	DELIVERY OUTSIDE DEPT		\$1,574.00	\$1,542.52	\$1,558.26	\$1,452.80	\$1,542.52
Labor and Delivery	Inpatient/Outpatient	DBL SET-UP/FAILED FOR/VAC ADD ON		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	NEO RESUS AP<6MIN/ACBPH<7.2		\$524.67	\$514.18	\$519.42	\$484.27	\$514.18
Labor and Delivery	Inpatient/Outpatient	OBSERVATION XRAY MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	PERIUMBILICAL BLOOD SMPL		\$2,361.01	\$2,313.79	\$2,337.40	\$2,179.21	\$2,313.79
Labor and Delivery	Inpatient/Outpatient	PERIUMBILICAL BLOOD SMPL DBLST		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	VBAC		\$4,197.35	\$4,113.40	\$4,155.38	\$3,874.15	\$4,113.40
Labor and Delivery	Inpatient/Outpatient	QUAD BIRTH (ADD)		\$1,574.00	\$1,542.52	\$1,558.26	\$1,452.80	\$1,542.52
Labor and Delivery	Inpatient/Outpatient	OBSERVATION US MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION CARD MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION NM MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION SLP MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	OBSERVATION OB PX MIC CARVE-OU		\$262.33	\$257.08	\$259.71	\$242.13	\$257.08
Labor and Delivery	Inpatient/Outpatient	DILATION AND EVACUATION (D&E)		\$1,180.50	\$1,156.89	\$1,168.70	\$1,089.60	\$1,156.89
Labor and Delivery	Inpatient/Outpatient	FETAL DEMISE 2 OR 3 TRI W EP		\$4,722.01	\$4,627.57	\$4,674.79	\$4,358.42	\$4,627.57
Labor and Delivery	Inpatient/Outpatient	FETAL DEMISE 2 OR 3 TRI WO EPI		\$3,935.01	\$3,856.31	\$3,895.66	\$3,632.01	\$3,856.31
Labor and Delivery	Inpatient/Outpatient	SURG ADD MAJOR NONEMEF		\$2,492.17	\$2,442.33	\$2,467.25	\$2,300.27	\$2,442.33
Labor and Delivery	Inpatient/Outpatient	SURG ADD MINOR EMER		\$2,098.67	\$2,056.70	\$2,077.68	\$1,937.07	\$2,056.70
Labor and Delivery	Inpatient/Outpatient	SURG ADD MAJOR EMEF		\$4,984.35	\$4,884.66	\$4,934.51	\$4,600.56	\$4,884.66
Labor and Delivery	Inpatient/Outpatient	SURG ADD MINOR NONEMER		\$1,049.34	\$1,028.35	\$1,038.85	\$968.54	\$1,028.35
Labor and Delivery	Inpatient/Outpatient	ECTOPIC PREGNANCY		\$4,984.35	\$4,884.66	\$4,934.51	\$4,600.56	\$4,884.66
Labor and Delivery	Inpatient/Outpatient	SURG MINOR PROC, EMERG/NONEMERG, W/O DEL		\$1,049.34	\$1,028.35	\$1,038.85	\$968.54	\$1,028.35
Labor and Delivery	Inpatient/Outpatient	SURG MAJOR PROC, EMERG W/O DEI		\$4,984.35	\$4,884.66	\$4,934.51	\$4,600.56	\$4,884.66
Labor and Delivery	Inpatient/Outpatient	AMNIOINFUSION		\$787.00	\$771.26	\$779.13	\$726.40	\$771.26
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION PER HOU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION MRI CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION CT CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION OT CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION PT CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION DIALYSIS CARVE-OUT		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION XRAY CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION US CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION CARD CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION NM CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION SLP CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	MATERNAL OBSERVATION OB PX CARVE-OU		\$131.17	\$128.55	\$129.86	\$121.07	\$128.55
Labor and Delivery	Inpatient/Outpatient	C-SECT NONEMER		\$2,361.01	\$2,313.79	\$2,337.40	\$2,179.21	\$2,313.79
Labor and Delivery	Inpatient/Outpatient	C-SECT NONEMER W MAJOR SURC		\$4,066.18	\$3,984.86	\$4,025.52	\$3,753.08	\$3,984.86
Labor and Delivery	Inpatient/Outpatient	C-SECT EMER		\$4,853.18	\$4,756.12	\$4,804.65	\$4,479.49	\$4,756.12
Labor and Delivery	Inpatient/Outpatient	C-SECT NONEMER W MINOR SURG		\$2,623.34	\$2,570.87	\$2,597.11	\$2,421.34	\$2,570.87
Labor and Delivery	Inpatient/Outpatient	C-SECT EMER W MINOR SURC		\$5,115.51	\$5,013.20	\$5,064.35	\$4,721.62	\$5,013.20
Labor and Delivery	Inpatient/Outpatient	C-SECT EMER W MAJOR SURC		\$8,001.19	\$7,841.17	\$7,921.18	\$7,385.10	\$7,841.17
Labor and Delivery	Inpatient/Outpatient	CIRCUMCISION (IN L&D OR NUR)		\$393.50	\$385.63	\$389.57	\$363.20	\$385.63
Labor and Delivery	Inpatient/Outpatient	AMNIOCENTESIS,DIAGNOSTIC	\$9000	\$393.50	\$385.63	\$389.57	\$363.20	\$385.63
Labor and Delivery	Inpatient/Outpatient	OXYTOCIN STRESS TEST	\$9020	\$655.84	\$642.72	\$649.28	\$605.34	\$642.72

Labor and Delivery	Inpatient/Outpatient	NON STRESS TEST,FETAL	59025	\$655.84	\$642.72	\$649.28	\$605.34	\$642.72
Labor and Delivery	Inpatient/Outpatient	DILATION & CURETTAGE (D&C)	59160	\$1,180.50	\$1,156.89	\$1,168.70	\$1,089.60	\$1,156.89
Labor and Delivery	Inpatient/Outpatient	CERVICAL CERCLAGE	59320	\$1,311.67	\$1,285.44	\$1,298.55	\$1,210.67	\$1,285.44
Labor and Delivery	Inpatient/Outpatient	EXTERNAL CEPHALIC VERSIONS	59412	\$1,311.67	\$1,285.44	\$1,298.55	\$1,210.67	\$1,285.44
Labor and Delivery	Inpatient/Outpatient	OB ULTRASOUND IN LD	76815	\$393.50	\$385.63	\$389.57	\$363.20	\$385.63
Labor and Delivery	Inpatient/Outpatient	BIOPHYSICAL PROFILE WITH NST	76818	\$655.84	\$642.72	\$649.28	\$605.34	\$642.72
Labor and Delivery	Inpatient/Outpatient	BIOPHYSICAL PROFILE WO NST	76819	\$524.67	\$514.18	\$519.42	\$484.27	\$514.18
Operating Room	Inpatient/Outpatient	SURGERY 15 MINUTES		\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SURGERY 15 MINUTES ESP		\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SURGERY 15 MINUTES ENDO NON-GI		\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SURGERY MINUTES		\$43.32	\$42.45	\$42.89	\$39.98	\$42.45
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ESP		\$43.32	\$42.45	\$42.89	\$39.98	\$42.45
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ENDO NON-GI		\$43.32	\$42.45	\$42.89	\$39.98	\$42.45
Operating Room	Inpatient/Outpatient	SURGERY 15 MINUTES ENDO		\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SURGERY MINUTES ENDO		\$43.32	\$42.45	\$42.89	\$39.98	\$42.45
Operating Room	Inpatient/Outpatient	SSU THORACENTESIS	32554	\$2,599.44	\$2,547.45	\$2,573.45	\$2,399.28	\$2,547.45
Operating Room	Inpatient/Outpatient	SSU INITIATE BLOOD TRANSFUSE	36430	\$7,798.31	\$7,642.34	\$7,720.33	\$7,197.84	\$7,642.34
Operating Room	Inpatient/Outpatient	SSU INITIATE CRYOPRECIP TRANS	36430	\$7,798.31	\$7,642.34	\$7,720.33	\$7,197.84	\$7,642.34
Operating Room	Inpatient/Outpatient	SSU INITIATE PLATELET TRANS	36430	\$7,798.31	\$7,642.34	\$7,720.33	\$7,197.84	\$7,642.34
Operating Room	Inpatient/Outpatient	SSU INITIATE IMMUNOGLOB TRANS	36430	\$12,997.19	\$12,737.25	\$12,867.22	\$11,996.41	\$12,737.25
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL LINE <5YRS	36555	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL LINE >5YRS	36556	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU INSERT NON TUNNEL CV CATH	36556	\$1,949.58	\$1,910.59	\$1,930.08	\$1,799.46	\$1,910.59
Operating Room	Inpatient/Outpatient	SSU INSERT CENTRAL VENOUS CATH	36558	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU INSERT PICC LINE <2YRS	36568	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU INSERT PICC LINE >2YRS	36569	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU REPLACE CENT VENOUS CATH	36584	\$2,599.44	\$2,547.45	\$2,573.45	\$2,399.28	\$2,547.45
Operating Room	Inpatient/Outpatient	TPA INJECTION VIA CATHETER	36593	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SSU CHANGE NG TUBE	43752	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SSU PARACENTESIS	49082	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU CYSTOSTOMY TUBE - COMPLCAT	51710	\$433.24	\$424.58	\$428.91	\$399.88	\$424.58
Operating Room	Inpatient/Outpatient	SSU SUPRAPUBIC TUBE CHANGE	53899	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SSU PUNCTURE LUMBAR SPINAL TAP	62270	\$1,299.72	\$1,273.73	\$1,286.72	\$1,199.64	\$1,273.73
Operating Room	Inpatient/Outpatient	SSU BLOOD PATCH	62273	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SSU REP LACERATED CONJUNCTIVA	65270	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Operating Room	Inpatient/Outpatient	SSU INJECTION BACLOFEN	96379	\$649.86	\$636.86	\$643.36	\$599.82	\$636.86
Laboratory	Inpatient/Outpatient	FLEXI TEST HOLD CHARGE	142000050	\$1.57	\$1.54	\$1.55	\$1.45	\$1.54
Laboratory	Inpatient/Outpatient	QUEST REFERRAL	142003015	\$1.57	\$1.54	\$1.55	\$1.45	\$1.54
Laboratory	Inpatient/Outpatient	SWINE H1N1 PCR STAT N/C	142003065	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	ONC MERKEL CLL CARC SRM QUAT	00580	\$347.37	\$340.42	\$343.90	\$320.62	\$340.42
Laboratory	Inpatient/Outpatient	GI PATHOGEN 22 TARGETS	0097U	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	RESPIR PATHOGEN 20 TARGETS	0099U	\$754.47	\$739.38	\$746.93	\$696.38	\$739.38
Laboratory	Inpatient/Outpatient	RESPIR PATHOGEN 21 TARGETS	0100U	\$943.08	\$924.22	\$933.65	\$870.46	\$924.22
Laboratory	Inpatient/Outpatient	NFCT DS 22 TRGT SARS-COV-2 (BIOFIRE)	0202U	\$282.93	\$277.27	\$280.10	\$261.14	\$277.27
Laboratory	Inpatient/Outpatient	NFCT DS VIR RESP RNA 4 TRG	0241U	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	REPMEDIX BLOOD DRAW FEE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE-OLW	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE - MORRIS BLUM CLINIC	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	REFERENCE LAB DRAW	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	REPMEDIX BLOOD DRAW FEE	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE-OLW	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	VENIPUNCTURE - MORRIS BLUM CLINIC	36415	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	MYRIAD CLIENT BLOOD DRAW	36415	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24

Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	CAPILLARY STICK FNGR,HEEL,EAR	36416	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	METABOLIC PANEL IONIZED CA	80047	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	BASIC METABOLIC PANEL	80048	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	BASIC METABOLIC PANEL	80048	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	BASIC METABOLIC PANEL	80048	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	ELECTROLYTES PANEL	80051	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	ELECTROLYTES PANEL	80051	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	ELECTROLYTES PANEL	80051	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	COMPRE METABOLIC PANEL	80053	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	COMPRE METABOLIC PANEL	80053	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	COMPRE METABOLIC PANEL	80053	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIPID PROFILE (CHOLEST,TOTAL)	80061	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	LIPID PROFILE (CHOLEST,TOTAL)	80061	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	RENAL PROFILE	80069	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	RENAL PROFILE	80069	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	LIVER (HEPATIC FUNC)PROFILE	80076	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	LIVER (HEPATIC FUNC)PROFILE	80076	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	LIVER (HEPATIC FUNC)PROFILE	80076	\$17.29	\$16.94	\$17.12	\$15.96	\$16.94
Laboratory	Inpatient/Outpatient	DRUG ASSAY ADALIMUMAB	80145	\$240.49	\$235.68	\$238.09	\$221.97	\$235.68
Laboratory	Inpatient/Outpatient	R AMIKACIN	80150	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	AMIKACIN	80150	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CAFFEINE	80155	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CAFFEINE	80155	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, TOTAL	80156	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, TOTAL	80156	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, FREE	80157	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CARBAMAZEPINE, FREE	80157	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CYCLOSPORINE	80158	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CYCLOSPORINE	80158	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CLOZAPINE	80159	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CLOZAPINE	80159	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DIGOXIN	80162	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DIGOXIN	80162	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	VALPROIC ACID	80164	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	VALPROIC ACID	80164	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DIPROPYLACETIC ACID FREE	80165	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DIPROPYLACETIC ACID FREE	80165	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ETHOSUXIMIDE	80168	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ETHOSUXIMIDE	80168	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R EVEROLIMUS	80169	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	EVEROLIMUS	80169	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	GENTAMICIN	80170	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GENTAMICIN	80170	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GABAPENTIN	80171	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GABAPENTIN	80171	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R HALOPERIDOL	80173	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HALOPERIDOL	80173	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R LAMOTRIGINE	80175	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LAMOTRIGINE	80175	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIDOCAINE	80176	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIDOCAINE	80176	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LEVETIRACETAM	80177	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LEVETIRACETAM	80177	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LITHIUM	80178	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LITHIUM	80178	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R MYCOPHENOLATE	80180	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	MYCOPHENOLATE	80180	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R OXCARBAZEPINE	80183	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11

Laboratory	Inpatient/Outpatient	OXCARBAZEPINE	80183	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PHENOBARBITAL	80184	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHENOBARBITAL	80184	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHENYTOIN (DILANTIN)	80185	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHENYTOIN (DILANTIN)	80185	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PHENYTOIN - FREE	80186	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHENYTOIN - FREE	80186	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DRUG ASSAY POSACONAZOLE	80187	\$150.89	\$147.87	\$149.38	\$139.27	\$147.87
Laboratory	Inpatient/Outpatient	R PRIMIDONE	80188	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PRIMIDONE	80188	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R PROCAINAMIDE WITH NAP/	80192	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PROCAINAMIDE WITH NAP/	80192	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R QUINIDINE	80194	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	QUINIDINE	80194	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SIROLIMUS	80195	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	SIROLIMUS	80195	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R TACROLIMUS	80197	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	TACROLIMUS	80197	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R THEOPHYLLINE	80198	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THEOPHYLLINE	80198	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TOBRAMYCIN	80200	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TOBRAMYCIN	80200	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TOPIRAMATE	80201	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TOPIRAMATE	80201	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R VANCOMYCIN	80202	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	VANCOMYCIN	80202	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ZONISAMIDE	80203	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ZONISAMIDE	80203	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DRUG ASSAY INFLIXIMAB	80230	\$240.49	\$235.68	\$238.09	\$221.97	\$235.68
Laboratory	Inpatient/Outpatient	DRUG ASSAY LACOSAMIDE	80235	\$130.46	\$127.85	\$129.16	\$120.41	\$127.85
Laboratory	Inpatient/Outpatient	DRUG ASSAY VORICONAZOLE	80285	\$223.20	\$218.74	\$220.97	\$206.01	\$218.74
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	R QUANTITATION OF DRUG, NES	80299	\$510.84	\$500.62	\$505.73	\$471.51	\$500.62
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	QUANTITATION OF DRUG, NES	80299	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANLYZF	80307	\$100.60	\$98.59	\$99.59	\$92.85	\$98.59
Laboratory	Inpatient/Outpatient	R DRUG TEST PRSMV CHEM ANLYZF	80307	\$100.60	\$98.59	\$99.59	\$92.85	\$98.59
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANLYZF	80307	\$100.60	\$98.59	\$99.59	\$92.85	\$98.59
Laboratory	Inpatient/Outpatient	DRUG TEST PRSMV CHEM ANLYZF	80307	\$100.60	\$98.59	\$99.59	\$92.85	\$98.59
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT ALCOHOLS	80320	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT ALCOHOLS	80320	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALCOHOLS' BIOMARKERS 1 OR 2	80321	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R ALKALOIDS NOS	80323	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	ALKALOIDS NOS	80323	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	ALKALOIDS NOS	80323	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	ALKALOIDS NOS	80323	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R DRUG SCREEN AMPHETAMINES 1 OR 2	80324	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DRUG SCREEN AMPHETAMINES 1 OR 2	80324	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21

Laboratory	Inpatient/Outpatient	DRUG SCREEN QUANT AMPHETAMINES 5 OR MOR	80326	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R ANABOLIC STEROID 1 OR 2 (DIHYDROTTESTOSTERONE)	80327	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANABOLIC STEROID 1 OR 2 (DIHYDROTTESTOSTERONE)	80327	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE)	80329	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN)	80329	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (SALICYLATE)	80329	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANALGESICS NON-OPIOID 1 OR 2 (ACETAMINOPHEN)	80329	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	80330	\$4.72	\$4.63	\$4.67	\$4.36	\$4.63
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS CLASS 1 OR 2	80332	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	80333	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (IMIPRAMINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (AMITRIPTYLINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DESIPRAMINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (DOXEPIN)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANT TRICYCLIC 1 OR 2 (NORTIPTYLINE)	80335	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRICYCLIC & CYCLICALS 6/MORE	80337	\$91.16	\$89.34	\$90.25	\$84.14	\$89.34
Laboratory	Inpatient/Outpatient	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R ANTIEPILEPTICS NOS 1-3 (METHSUXIMIDE)	80339	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIEPILEPTICS NOS 42738 (METHSUXIMIDE)	80339	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	80340	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R ANTIPSYCHOTICS NOS 1-3 (PHENOTHIAZINE)	80342	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ANTIPSYCHOTICS NOS 1-3 (PHENOTHIAZINE)	80342	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	80344	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R DRUG SCREENING BARBITURATES	80345	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DRUG SCREENING BARBITURATES	80345	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R BENZODIAZEPINES 1-12	80346	\$212.19	\$207.95	\$210.07	\$195.85	\$207.95
Laboratory	Inpatient/Outpatient	R BENZODIAZEPINES 1-12	80346	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	BENZODIAZEPINES 42747	80346	\$212.19	\$207.95	\$210.07	\$195.85	\$207.95
Laboratory	Inpatient/Outpatient	BENZODIAZEPINES 42747	80346	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DRUG SCREENING BUPRENORPHINE	80348	\$103.74	\$101.67	\$102.70	\$95.75	\$101.67
Laboratory	Inpatient/Outpatient	DRUG SCREENING BUPRENORPHINE	80348	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	DRUG SCREENING CANNABINOIDS NATURAL	80349	\$80.16	\$78.56	\$79.36	\$73.99	\$78.56
Laboratory	Inpatient/Outpatient	DRUG SCREENING COCAINE	80353	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R DRUG SCREENING FENTANYL	80354	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	DRUG SCREENING FENTANYL	80354	\$50.30	\$49.29	\$49.80	\$46.43	\$49.29
Laboratory	Inpatient/Outpatient	DRUG SCREENING GABAPENTIN NON-BLOOD	80355	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	DRUG SCREENING HEROIN METABOLITE	80356	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	DRUG SCREENING KETAMINE AND NORKETAMINE	80357	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R DRUG SCREENING METHADONE	80358	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHADONE	80358	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R METHYLENEDIOXYAMPHETAMINES	80359	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	METHYLENEDIOXYAMPHETAMINES	80359	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DRUG SCREENING METHYLPHENIDATE	80360	\$81.73	\$80.10	\$80.91	\$75.44	\$80.10
Laboratory	Inpatient/Outpatient	R OPIATES 1 OR MORE (DIHYDROCODEINONE)	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R OPIATES 1 OR MORE (DIHYDROCODEINONE)	80361	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	R OPIATES 1 OR MORE (DIHYDROMORPHINONE)	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R OPIATES 1 OR MORE (DIHYDROMORPHINONE)	80361	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	R OPIATES 1 OR MORE	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE (DIHYDROCODEINONE)	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	OPIATES 1 OR MORE (DIHYDROMORPHINONE)	80361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R OPIOIDS & OPIATE ANALOGS 1 OR 2	80362	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	R OPIOID & OPIATE ANALOG 5 OR MORE	80364	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	OPIOID & OPIATE ANALOG 5 OR MORE	80364	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R DRUG SCREENING OXYCODONE	80365	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02

Laboratory	Inpatient/Outpatient	DRUG SCREENING OXYCODONE	80365	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	DRUG SCREENING PREGABALIN	80366	\$130.46	\$127.85	\$129.16	\$120.41	\$127.85
Laboratory	Inpatient/Outpatient	DRUG SCREENING PREGABALIN	80366	\$130.46	\$127.85	\$129.16	\$120.41	\$127.85
Laboratory	Inpatient/Outpatient	DRUG SCREENING PROPOXYPHENE	80367	\$80.16	\$78.56	\$79.36	\$73.99	\$78.56
Laboratory	Inpatient/Outpatient	R SEDATIVE HYPNOTICS	80368	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	SEDATIVE HYPNOTICS	80368	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	R SKELETAL MUSCLE RELAXANT 1/2 (MEPROBAMATE	80369	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R SKELETAL MUSCLE RELAXANT 1/2	80369	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	SKELETAL MUSCLE RELAXANT 1/2 (MEPROBAMATE	80369	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DRUG SCREENING TAPENTADOL	80372	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	DRUG SCREENING TRAMADOL	80373	\$89.59	\$87.80	\$88.69	\$82.69	\$87.80
Laboratory	Inpatient/Outpatient	DRUG/SUBSTANCE NOS 1-3	80375	\$422.82	\$414.36	\$418.59	\$390.26	\$414.36
Laboratory	Inpatient/Outpatient	DRUG/SUBSTANCE NOS 7/MORE	80377	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ACTH STIM PANEL, ADRENAL INSUFF	80400	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ACTH STIM PANEL, ADRENAL INSUFF	80400	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	URINALYSIS W/ MICRO	81001	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	URINALYSIS W/ MICRO	81001	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	R URINALYSIS NON-AUTO, W/O MICRO	81002	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	URINALYSIS NON-AUTO, W/O MICRO	81002	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	URINALYSIS AUTOMATED, W/O MICRO	81003	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	URINALYSIS AUTOMATED, W/O MICRO	81003	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	R URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	URINALYSIS, QUALITATIVE/SEMIQUANTITATIVE	81005	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	URINE PREGNANCY TEST	81025	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	URINE PREGNANCY TEST	81025	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	VOLUME MEASUREMENT TIMED COLLECTION	81050	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	VOLUME MEASUREMENT TIMED COLLECTION	81050	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	HPA-1 GENOTYPING	81105	\$154.04	\$150.96	\$152.50	\$142.18	\$150.96
Laboratory	Inpatient/Outpatient	BRCA1&2 SEQ & FULL DUP/DEL	81162	\$2,590.34	\$2,538.53	\$2,564.44	\$2,390.88	\$2,538.53
Laboratory	Inpatient/Outpatient	BRCA1&2 SEQ & FULL DUP/DEL	81162	\$2,590.34	\$2,538.53	\$2,564.44	\$2,390.88	\$2,538.53
Laboratory	Inpatient/Outpatient	ABL1 GENE	81170	\$183.90	\$180.22	\$182.06	\$169.74	\$180.22
Laboratory	Inpatient/Outpatient	ABL1 GENE	81170	\$328.51	\$321.94	\$325.22	\$303.21	\$321.94
Laboratory	Inpatient/Outpatient	R ASPA GENE ANALYSIS (CANAVAN	81200	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	ASPA GENE ANALYSIS (CANAVAN	81200	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	R BCR/ABL1 TRANSLOC MAJ BRK PN	81206	\$125.74	\$123.23	\$124.48	\$116.06	\$123.23
Laboratory	Inpatient/Outpatient	R BCR/ABL1 TRANSLOC MAJ BRK PN	81206	\$864.49	\$847.20	\$855.85	\$797.92	\$847.20
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MAJ BRK PN	81206	\$125.74	\$123.23	\$124.48	\$116.06	\$123.23
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MAJ BRK PN	81206	\$864.49	\$847.20	\$855.85	\$797.92	\$847.20
Laboratory	Inpatient/Outpatient	R BCR/ABL1 TRANSLOC MIN BRK PN	81207	\$125.74	\$123.23	\$124.48	\$116.06	\$123.23
Laboratory	Inpatient/Outpatient	R BCR/ABL1 TRANSLOC MIN BRK PN	81207	\$864.49	\$847.20	\$855.85	\$797.92	\$847.20
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MIN BRK PN	81207	\$125.74	\$123.23	\$124.48	\$116.06	\$123.23
Laboratory	Inpatient/Outpatient	BCR/ABL1 TRANSLOC MIN BRK PN	81207	\$864.49	\$847.20	\$855.85	\$797.92	\$847.20
Laboratory	Inpatient/Outpatient	R BRAF GENE ANALYSIS	81210	\$557.99	\$546.83	\$552.41	\$515.02	\$546.83
Laboratory	Inpatient/Outpatient	BRAF GENE ANALYSIS	81210	\$557.99	\$546.83	\$552.41	\$515.02	\$546.83
Laboratory	Inpatient/Outpatient	CALR GENE COM VARIANT!	81219	\$594.14	\$582.26	\$588.20	\$548.39	\$582.26
Laboratory	Inpatient/Outpatient	CALR GENE COM VARIANT!	81219	\$537.56	\$526.81	\$532.18	\$496.17	\$526.81
Laboratory	Inpatient/Outpatient	CALR GENE COM VARIANT!	81219	\$594.14	\$582.26	\$588.20	\$548.39	\$582.26
Laboratory	Inpatient/Outpatient	R CFTR GENE ANALYSIS COM VAI	81220	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R CFTR GENE ANALYSIS COM VAI	81220	\$3,057.16	\$2,996.02	\$3,026.59	\$2,821.76	\$2,996.02
Laboratory	Inpatient/Outpatient	R CFTR GENE ANALYSIS (CYSTIC FIBROSIS)	81220	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	CFTR GENE ANALYSIS (CYSTIC FIBROSIS)	81220	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	CFTR GENE ANALYSIS (CYSTIC FIBROSIS)	81220	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	R CFTR INTRON 8 POLY-T ANALYS	81224	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76
Laboratory	Inpatient/Outpatient	CFTR INTRON 8 POLY-T ANALYS	81224	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76
Laboratory	Inpatient/Outpatient	R CYP2C19 GENE ANALYSIS COMM VA	81225	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	CYP2C19 GENE ANALYSIS COMM VAI	81225	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	R CYP2D6 GENE ANALYSIS COMM VA	81226	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76

Laboratory	Inpatient/Outpatient	CYP2D6 GENE ANALYS COMM VAI	81226	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76
Laboratory	Inpatient/Outpatient	R CYP2C9 GENE ANALYS COMM VA	81227	\$267.21	\$261.87	\$264.54	\$246.63	\$261.87
Laboratory	Inpatient/Outpatient	CYP2C9 GENE ANALYS COMM VAI	81227	\$267.21	\$261.87	\$264.54	\$246.63	\$261.87
Laboratory	Inpatient/Outpatient	TISSUE MICROARRAY TESTING	81229	\$1,336.04	\$1,309.32	\$1,322.68	\$1,233.16	\$1,309.32
Laboratory	Inpatient/Outpatient	CYTOGEN M ARRAY COPY NO&SNI	81229	\$1,428.77	\$1,400.19	\$1,414.48	\$1,318.75	\$1,400.19
Laboratory	Inpatient/Outpatient	CYTOGEN M ARRAY COPY NO&SNI	81229	\$1,336.04	\$1,309.32	\$1,322.68	\$1,233.16	\$1,309.32
Laboratory	Inpatient/Outpatient	R EGFR GENE ANALYS COMM VAI	81235	\$542.27	\$531.42	\$536.85	\$500.52	\$531.42
Laboratory	Inpatient/Outpatient	EGFR GENE COM VARIANT!	81235	\$1,850.02	\$1,813.02	\$1,831.52	\$1,707.57	\$1,813.02
Laboratory	Inpatient/Outpatient	EGFR GENE ANALYS COMM VAI	81235	\$542.27	\$531.42	\$536.85	\$500.52	\$531.42
Laboratory	Inpatient/Outpatient	EGFR GENE COM VARIANT!	81235	\$1,850.02	\$1,813.02	\$1,831.52	\$1,707.57	\$1,813.02
Laboratory	Inpatient/Outpatient	R F2 GENE ANALYS 20210G>A VAI	81240	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	F2 GENE ANALYS 20210G>A VAF	81240	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R F5 GENE ANALYS LEIDEN VAR	81241	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	F5 GENE ANALYS LEIDEN VAR	81241	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R FMR1 GN ANALYS ABNRML ALLELES	81243	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	FMR1 GN ANALYS ABNRML ALLELES	81243	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	FLT3 GENE	81245	\$183.90	\$180.22	\$182.06	\$169.74	\$180.22
Laboratory	Inpatient/Outpatient	FLT3 GENE ANALYSIS	81246	\$183.90	\$180.22	\$182.06	\$169.74	\$180.22
Laboratory	Inpatient/Outpatient	R HEXA GENE ANALYS COMM VA	81255	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	R HEXA GENE ANALYSIS (TAY SACHS)	81255	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	HEXA GENE ANALYS COMM VAI	81255	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	HEXA GENE ANALYSIS (TAY SACHS)	81255	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	R HFE GENE ANALYS COMM VAI	81256	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	HFE GENE ANALYS COMM VAF	81256	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	R HBA1/HBA2 GN ANALYS DELET/VAI	81257	\$298.64	\$292.67	\$295.65	\$275.64	\$292.67
Laboratory	Inpatient/Outpatient	HBA1/HBA2 GN ANALYS DELET/VAI	81257	\$298.64	\$292.67	\$295.65	\$275.64	\$292.67
Laboratory	Inpatient/Outpatient	R IKBKAP GENE ANALYSIS (FAM DYSAUTONOMIA)	81260	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	IKBKAP GENE ANALYSIS (FAM DYSAUTONOMIA)	81260	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	R IGH GENE REARRANGE AMP METF	81261	\$432.25	\$423.61	\$427.93	\$398.97	\$423.61
Laboratory	Inpatient/Outpatient	IGH GENE REARRANGE AMP METF	81261	\$613.00	\$600.74	\$606.87	\$565.80	\$600.74
Laboratory	Inpatient/Outpatient	R IGH GENE REARRANGE AMP METF	81261	\$432.25	\$423.61	\$427.93	\$398.97	\$423.61
Laboratory	Inpatient/Outpatient	IGH GENE REARRANGE AMP METF	81261	\$613.00	\$600.74	\$606.87	\$565.80	\$600.74
Laboratory	Inpatient/Outpatient	R IGH VAR REG SOMATIC MUT ANL	81263	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	IGH VAR REG SOMATIC MUT ANL	81263	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	CHIMERISM ANAL NO CELL SELEC	81267	\$408.67	\$400.50	\$404.58	\$377.20	\$400.50
Laboratory	Inpatient/Outpatient	CHIMERISM ANAL W/CELL SELECT	81268	\$290.78	\$284.96	\$287.87	\$268.39	\$284.96
Laboratory	Inpatient/Outpatient	R JAK2 GENE ANALYS V617F VA	81270	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	R JAK2 GENE ANALYS V617F VA	81270	\$353.66	\$346.59	\$350.12	\$326.43	\$346.59
Laboratory	Inpatient/Outpatient	JAK2 GENE ANALYS V617F VAI	81270	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	JAK2 GENE ANALYS V617F VAI	81270	\$353.66	\$346.59	\$350.12	\$326.43	\$346.59
Laboratory	Inpatient/Outpatient	KIT GENE TARGETED SEQ ANALYS	81272	\$399.24	\$391.26	\$395.25	\$368.50	\$391.26
Laboratory	Inpatient/Outpatient	KIT GENE TARGETED SEQ ANALYS	81272	\$399.24	\$391.26	\$395.25	\$368.50	\$391.26
Laboratory	Inpatient/Outpatient	R KIT GENE ANALYS D816 VARIANT	81273	\$397.67	\$389.72	\$393.69	\$367.05	\$389.72
Laboratory	Inpatient/Outpatient	KIT GENE ANALYS D816 VARIANT	81273	\$397.67	\$389.72	\$393.69	\$367.05	\$389.72
Laboratory	Inpatient/Outpatient	R KRAS GENE ANALYS VAR IN CODON	81275	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	KRAS GENE ANALYS VAR IN CODON	81275	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	R KRAS GENE ADDL VARIANT!	81276	\$315.93	\$309.61	\$312.77	\$291.60	\$309.61
Laboratory	Inpatient/Outpatient	KRAS GENE ADDL VARIANT!	81276	\$315.93	\$309.61	\$312.77	\$291.60	\$309.61
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$429.10	\$420.52	\$424.81	\$396.06	\$420.52
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	MGMT GENE METHYLATION ANAL	81287	\$429.10	\$420.52	\$424.81	\$396.06	\$420.52
Laboratory	Inpatient/Outpatient	MLH1 GENE	81288	\$567.42	\$556.07	\$561.75	\$523.73	\$556.07
Laboratory	Inpatient/Outpatient	MLH1 GENE	81288	\$542.27	\$531.42	\$536.85	\$500.52	\$531.42
Laboratory	Inpatient/Outpatient	R MTHFR GENE ANALYS COMM VAI	81291	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	MTHFR GENE ANALYS COMM VAF	81291	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	MLH1 GENE FULL SEQUENCE ANALYSIS	81292	\$580.00	\$568.40	\$574.20	\$535.34	\$568.40
Laboratory	Inpatient/Outpatient	MLH1 GENE DUP/DELETE VARIANT	81294	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	\$138.32	\$135.55	\$136.94	\$127.67	\$135.55

Laboratory	Inpatient/Outpatient	MSH2 GENE DUP/DELETE VARIANT	81297	\$138.32	\$135.55	\$136.94	\$127.67	\$135.55
Laboratory	Inpatient/Outpatient	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	MSH6 GENE DUP/DELETE VARIANT	81300	\$146.18	\$143.26	\$144.72	\$134.92	\$143.26
Laboratory	Inpatient/Outpatient	R MICROSATELLITE INSTABILITY ANALYSIS, MARKERS	81301	\$510.84	\$500.62	\$505.73	\$471.51	\$500.62
Laboratory	Inpatient/Outpatient	MICROSATELLITE INSTABILITY ANALYSIS, MARKERS	81301	\$510.84	\$500.62	\$505.73	\$471.51	\$500.62
Laboratory	Inpatient/Outpatient	MYD88 GENE P.LEU265PRO VRNT	81305	\$435.39	\$426.68	\$431.04	\$401.86	\$426.68
Laboratory	Inpatient/Outpatient	NPM1 GENE	81310	\$183.90	\$180.22	\$182.06	\$169.74	\$180.22
Laboratory	Inpatient/Outpatient	NRAS GENE VARIANTS EXON 2&	81311	\$304.93	\$298.83	\$301.88	\$281.45	\$298.83
Laboratory	Inpatient/Outpatient	NRAS GENE VARIANTS EXON 2&	81311	\$304.93	\$298.83	\$301.88	\$281.45	\$298.83
Laboratory	Inpatient/Outpatient	PDGFRA GENE	81314	\$509.27	\$499.08	\$504.18	\$470.06	\$499.08
Laboratory	Inpatient/Outpatient	PML/RARALPHA COM BREAKPOINT	81315	\$193.33	\$189.46	\$191.40	\$178.44	\$189.46
Laboratory	Inpatient/Outpatient	PML/RARALPHA COM BREAKPOINT	81315	\$193.33	\$189.46	\$191.40	\$178.44	\$189.46
Laboratory	Inpatient/Outpatient	PML/RARALPHA COM BREAKPOINT	81315	\$193.33	\$189.46	\$191.40	\$178.44	\$189.46
Laboratory	Inpatient/Outpatient	PMS2 GENE ANALYSIS FULL SEQUENCE	81317	\$701.03	\$687.01	\$694.02	\$647.05	\$687.01
Laboratory	Inpatient/Outpatient	PMS2 GENE DUP/DELETE VARIANT	81319	\$199.62	\$195.63	\$197.62	\$184.25	\$195.63
Laboratory	Inpatient/Outpatient	SMN1 GENE DOS/DELETION ALYS	81329	\$946.23	\$927.31	\$936.77	\$873.37	\$927.31
Laboratory	Inpatient/Outpatient	R SNRPN/UBE3A METHYLATION ANLY	81331	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	SNRPN/UBE3A METHYLATION ANLY	81331	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R SERPINA1 GENE ANLY COMM VA	81332	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	SERPINA1 GENE ANLY COMM VAF	81332	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R TRB GENE REARRANGE AMPLIFY METHODOLOGY	81340	\$227.91	\$223.35	\$225.63	\$210.36	\$223.35
Laboratory	Inpatient/Outpatient	TRB GENE REARRANGE AMPLIFY METHODOLOGY	81340	\$227.91	\$223.35	\$225.63	\$210.36	\$223.35
Laboratory	Inpatient/Outpatient	R TRG GENE REARRANGEMENT ANALYSIS	81342	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	R TRG GENE REARRANGEMENT ANALYSIS	81342	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	TRG GENE REARRANGEMENT ANALYSIS	81342	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	TRG GENE REARRANGEMENT ANALYSIS	81342	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	HBB FULL GENE SEQUENCE	81364	\$363.09	\$355.83	\$359.46	\$335.13	\$355.83
Laboratory	Inpatient/Outpatient	HBB FULL GENE SEQUENCE	81364	\$363.09	\$355.83	\$359.46	\$335.13	\$355.83
Laboratory	Inpatient/Outpatient	R HLA CLASS 1&2 TYPNG LOW RES	81370	\$125.74	\$123.23	\$124.48	\$116.06	\$123.23
Laboratory	Inpatient/Outpatient	HLA I TYPING 1 ANTIGEN LR	81374	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	HLA II TYPING 1 LOCUS LR	81376	\$276.64	\$271.11	\$273.87	\$255.34	\$271.11
Laboratory	Inpatient/Outpatient	HLA II TYPING 1 LOCUS LR	81376	\$276.64	\$271.11	\$273.87	\$255.34	\$271.11
Laboratory	Inpatient/Outpatient	R HLA CL 1 HI RES 1-GRP ALLELES	81381	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	HLA CL 1 HI RES 1-GRP ALLELES	81381	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	R HLA CLASS 2 TYPNG HI RES EA	81382	\$856.63	\$839.50	\$848.06	\$790.67	\$839.50
Laboratory	Inpatient/Outpatient	R HLA CLASS 2 TYPNG HI RES EA	81382	\$856.63	\$839.50	\$848.06	\$790.67	\$839.50
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 1	81400	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 1	81400	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$290.78	\$284.96	\$287.87	\$268.39	\$284.96
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$282.93	\$277.27	\$280.10	\$261.14	\$277.27
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$432.25	\$423.61	\$427.93	\$398.97	\$423.61
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$385.09	\$377.39	\$381.24	\$355.44	\$377.39
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$432.25	\$423.61	\$427.93	\$398.97	\$423.61
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$880.21	\$862.61	\$871.41	\$812.43	\$862.61
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 2	81401	\$282.93	\$277.27	\$280.10	\$261.14	\$277.27
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$290.78	\$284.96	\$287.87	\$268.39	\$284.96
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$526.56	\$516.03	\$521.29	\$486.01	\$516.03
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$282.93	\$277.27	\$280.10	\$261.14	\$277.27
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 2	81401	\$432.25	\$423.61	\$427.93	\$398.97	\$423.61
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 3	81402	\$447.96	\$439.00	\$443.48	\$413.47	\$439.00
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 3	81402	\$495.12	\$485.22	\$490.17	\$457.00	\$485.22
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 3	81402	\$447.96	\$439.00	\$443.48	\$413.47	\$439.00
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 3	81402	\$495.12	\$485.22	\$490.17	\$457.00	\$485.22
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 4	81403	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 4	81403	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 4	81403	\$1,241.73	\$1,216.90	\$1,229.31	\$1,146.12	\$1,216.90
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 4	81403	\$614.58	\$602.29	\$608.43	\$567.26	\$602.29
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07

Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 4	81403	\$1,241.73	\$1,216.90	\$1,229.31	\$1,146.12	\$1,216.90
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 5	81404	\$298.64	\$292.67	\$295.65	\$275.64	\$292.67
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 5	81404	\$337.94	\$331.18	\$334.56	\$311.92	\$331.18
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 5	81404	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 5	81404	\$741.89	\$727.05	\$734.47	\$684.76	\$727.05
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY LEVEL 5	81404	\$298.64	\$292.67	\$295.65	\$275.64	\$292.67
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY LEVEL 6	81405	\$298.64	\$292.67	\$295.65	\$275.64	\$292.67
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	\$1,043.68	\$1,022.81	\$1,033.24	\$963.32	\$1,022.81
Laboratory	Inpatient/Outpatient	MOPATH PROCEDURE LEVEL 7	81406	\$1,552.94	\$1,521.88	\$1,537.41	\$1,433.36	\$1,521.88
Laboratory	Inpatient/Outpatient	MOPATH PROCEDURE LEVEL 7	81406	\$1,552.94	\$1,521.88	\$1,537.41	\$1,433.36	\$1,521.88
Laboratory	Inpatient/Outpatient	BRAF GENE	81420	\$2,467.74	\$2,418.39	\$2,443.06	\$2,277.72	\$2,418.39
Laboratory	Inpatient/Outpatient	BRAF GENE	81420	\$2,467.74	\$2,418.39	\$2,443.06	\$2,277.72	\$2,418.39
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$1,876.74	\$1,839.21	\$1,857.97	\$1,732.23	\$1,839.21
Laboratory	Inpatient/Outpatient	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	81445	\$990.24	\$970.44	\$980.34	\$913.99	\$970.44
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81450	\$991.81	\$971.97	\$981.89	\$915.44	\$971.97
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81450	\$2,338.85	\$2,292.07	\$2,315.46	\$2,158.76	\$2,292.07
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81450	\$2,521.18	\$2,470.76	\$2,495.97	\$2,327.05	\$2,470.76
Laboratory	Inpatient/Outpatient	TARGETED GENOMIC SEQ ANALYS	81455	\$4,236.02	\$4,151.30	\$4,193.66	\$3,909.85	\$4,151.30
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$880.21	\$862.61	\$871.41	\$812.43	\$862.61
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$565.85	\$554.53	\$560.19	\$522.28	\$554.53
Laboratory	Inpatient/Outpatient	R MOLECULAR PATHOLOGY PROCEDURE	81479	\$589.43	\$577.64	\$583.54	\$544.04	\$577.64
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	\$762.33	\$747.08	\$754.71	\$703.63	\$747.08
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	\$2,181.67	\$2,138.04	\$2,159.85	\$2,013.68	\$2,138.04
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	MOLECULAR PATHOLOGY PROCEDURE	81479	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	\$3,401.39	\$3,333.36	\$3,367.38	\$3,139.48	\$3,333.36
Laboratory	Inpatient/Outpatient	UNLISTED MOLECULAR PATHOLOGY	81479	\$1,486.93	\$1,457.19	\$1,472.06	\$1,372.44	\$1,457.19
Laboratory	Inpatient/Outpatient	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEIN!	81500	\$414.96	\$406.66	\$410.81	\$383.01	\$406.66
Laboratory	Inpatient/Outpatient	R FTL CGEN ABNOR ASSAYS TWO PROTEIN!	81508	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	FTL CGEN ABNOR ASSAYS TWO PROTEIN!	81508	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R FTL CGEN ABNOR ASSAY FOUR ANA	81511	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	81519	\$4,853.74	\$4,756.67	\$4,805.20	\$4,480.00	\$4,756.67
Laboratory	Inpatient/Outpatient	R UNLISTED MAAA	81599	\$455.82	\$446.70	\$451.26	\$420.72	\$446.70
Laboratory	Inpatient/Outpatient	UNLISTED MAAA	81599	\$455.82	\$446.70	\$451.26	\$420.72	\$446.70
Laboratory	Inpatient/Outpatient	R TEST FOR ACETONE/KETONES, SERUM, QUAL	82009	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	TEST FOR ACETONE/KETONES, SERUM, QUAL	82009	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R ACETONE ASSAY, SERUM, QUANT	82010	\$20.43	\$20.02	\$20.23	\$18.86	\$20.02
Laboratory	Inpatient/Outpatient	ACETONE ASSAY, SERUM, QUANT	82010	\$20.43	\$20.02	\$20.23	\$18.86	\$20.02
Laboratory	Inpatient/Outpatient	R ACYLCARNITINES, QUAN, EA SPECIMEN	82017	\$204.33	\$200.24	\$202.29	\$188.60	\$200.24
Laboratory	Inpatient/Outpatient	ACYLCARNITINES, QUAN, EA SPECIMEN	82017	\$204.33	\$200.24	\$202.29	\$188.60	\$200.24
Laboratory	Inpatient/Outpatient	R ADRENOCORTICOTROPIC HORM, ACTH	82024	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ADRENOCORTICOTROPIC HORM, ACTH	82024	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	ALBUMIN, SERUM, PLASMA OR WHOLE BLOOD	82040	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	ALBUMIN, QUAN	82042	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R ALBUMIN, QUAN	82042	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	ALBUMIN, URINE OR OTHER SOURCE	82042	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	MICROALBUMIN, URINE QUAN	82043	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	MICROALBUMIN, URINE	82043	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALDOLASE	82085	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALDOLASE	82085	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALDOSTERONE	82088	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ALDOSTERONE	82088	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51

Laboratory	Inpatient/Outpatient	R ALPHA-1-ANTITRYPSIN, TOTAL	82103	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, TOTAL	82103	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALPHA-1-ANTITRYPSIN, PHENOTYPE	82104	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ALPHA-1-ANTITRYPSIN, PHENOTYPE	82104	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ALPHA-FETOPROTEIN (AFP), SERUM	82105	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN (AFP), SERUM	82105	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALPHA-FETOPROTEIN (AFP), AMNIOTIC FLUID	82106	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN (AFP), AMNIOTIC FLUID	82106	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALPHA-FETOPROTEIN-L3 FRACTION	82107	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALPHA-FETOPROTEIN-L3 FRACTION	82107	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALUMINUM	82108	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ALUMINUM	82108	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R AMINO ACIDS, MULTIPLE QUALITATIVE	82128	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	AMINO ACIDS, MULTIPLE QUALITATIVE	82128	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R AMINO ACIDS, SINGLE, QUANTITATIVE	82131	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	AMINO ACIDS, SINGLE, QUANTITATIVE	82131	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R AMINOLEVULINIC ACID, DELTA (ALA)	82135	\$40.87	\$40.05	\$40.46	\$37.72	\$40.05
Laboratory	Inpatient/Outpatient	AMINOLEVULINIC ACID, DELTA (ALA)	82135	\$40.87	\$40.05	\$40.46	\$37.72	\$40.05
Laboratory	Inpatient/Outpatient	R AMINO ACIDS, 2-5, QUANTITATIVE	82136	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 2-5, QUANTITATIVE	82136	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R AMINO ACIDS, 6 OR MORE, QUANTITATIVE	82139	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	AMINO ACIDS, 6 OR MORE, QUANTITATIVE	82139	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R AMMONIA	82140	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	AMMONIA	82140	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R AMNIOTIC FLUID SCAN	82143	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	AMNIOTIC FLUID SCAN	82143	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R AMYLASE	82150	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	AMYLASE	82150	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R ANDROSTENEDIONE	82157	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANDROSTENEDIONE	82157	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANDROSTERONE ESSAY	82160	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANDROSTERONE ESSAY	82160	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANGIOTENSIN I - CONVERTING ENZYME (ACE)	82164	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	82164	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R APOLIPOPROTEIN, EACH	82172	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	APOLIPOPROTEIN, EACH	82172	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ARSENIC	82175	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ARSENIC	82175	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ASCORBIC ACID (VITAMIN C), BLOOD	82180	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ASCORBIC ACID (VITAMIN C), BLOOD	82180	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R BETA-2 MCROGLOBULIN	82232	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	BETA-2 MCROGLOBULIN	82232	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R BILE ACIDS, TOTAL	82239	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	BILE ACIDS, TOTAL	82239	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R BILE ACIDS, CHOLYLGLYCIN	82240	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	BILE ACIDS, CHOLYLGLYCIN	82240	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R BILIRUBIN, TOTAL	82247	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	BILIRUBIN, TOTAL	82247	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R BILIRUBIN, TOTAL	82247	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	BILIRUBIN, TOTAL	82247	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R BILIRUBIN, DIRECT	82248	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	BILIRUBIN, DIRECT	82248	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R BILIRUBIN, DIRECT	82248	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	BILIRUBIN, DIRECT	82248	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R BIOTINIDASE, EACH SPECIMEN	82261	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	BIOTINIDASE, EACH SPECIMEN	82261	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R OCCULT BLOOD SCREENING	82270	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	OCCULT BLOOD SCREENING	82270	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	OCCULT BLOOD SCREENING	82270	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70

Laboratory	Inpatient/Outpatient	OCCULT BLOOD, OTHER SOURCES	82271	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	OCCULT BLOOD, OTHER SOURCES	82271	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	OCCULT BLOOD,DIAGNOSTIC	82272	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	OCCULT BLOOD,DIAGNOSTIC	82272	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	OCCULT BLOOD,DIAGNOSTIC	82272	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	OCCULT BLD FHG QUAL 1-3	82274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	OCCULT BLD FHG QUAL 42738	82274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CADMIUM	82300	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CADMIUM	82300	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R VITAMIN D, 25 HYDROXY	82306	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R VITAMIN D, 25 HYDROXY	82306	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R VITAMIN D, 25 HYDROXY	82306	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALCITONIN	82308	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CALCITONIN	82308	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CALCIUM, TOTAL	82310	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CALCIUM, TOTAL	82310	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CALCIUM, TOTAL	82310	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CALCIUM, TOTAL	82310	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CALCIUM, IONIZED	82330	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALCIUM, IONIZED	82330	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALCIUM, IONIZED	82330	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALCIUM, IONIZED	82330	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CALCIUM, URINE QUANTITATIVE, TIMED SPECMN	82340	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CALCULUS, INFRARED SPECTROSCOPY	82365	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CALCULUS, INFRARED SPECTROSCOPY	82365	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	\$75.45	\$73.94	\$74.70	\$69.64	\$73.94
Laboratory	Inpatient/Outpatient	R CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	\$75.45	\$73.94	\$74.70	\$69.64	\$73.94
Laboratory	Inpatient/Outpatient	R CARBON DIOXIDE (BICARBONATE)	82374	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CARBON DIOXIDE (BICARBONATE)	82374	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R ASSAY CARBOXYHB QUAN	82375	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CARCINOEMBRYONIC ANTIGEN (CEA)	82378	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CARCINOEMBRYONIC ANTIGEN (CEA)	82378	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CARNITINE (TOTAL & FREE) QUANTITATIVE E/	82379	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R CARNITINE (TOTAL & FREE) QUANTITATIVE EA	82379	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R CAROTENE	82380	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CAROTENE	82380	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CATECHOLAMINES, BLOOD	82383	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CATECHOLAMINES, BLOOD	82383	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CATECHOLAMINES, FRACTIONATED	82384	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R CATECHOLAMINES, FRACTIONATED	82384	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R CERULOPLASMIN	82390	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CERULOPLASMIN	82390	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHEMILUMINESCENT ASSAY	82397	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHEMILUMINESCENT ASSAY	82397	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LEPTIN	82397	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHEMILUMINESCENT ASSAY	82397	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHLORAMPHENICOL	82415	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CHLORAMPHENICOL	82415	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CHLORIDE, BLOOD	82435	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CHLORIDE, BLOOD	82435	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CHLORIDE, BLOOD	82435	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R CHLORIDE, URINE	82436	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CHLORIDE, URINE	82436	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CHLORIDE, URINE	82436	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CHLORIDE, OTHER SOURCE	82438	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CHLORIDE, OTHER SOURCE	82438	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CHLORINATED HC SCREEN	82441	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19
Laboratory	Inpatient/Outpatient	R CHLORINATED HC SCREEN	82441	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19
Laboratory	Inpatient/Outpatient	R CHOLESTEROL, SERUM OR WHL BLD, TOTAL	82465	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R CHOLESTEROL, SERUM OR WHL BLD, TOTAL	82465	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16

Laboratory	Inpatient/Outpatient	R CHOLINESTERASE, SERUM	82480	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CHOLINESTERASE, SERUM	82480	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHOLINESTERASE, RBC	82482	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CHOLINESTERASE, RBC	82482	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CHROMIUM	82495	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CHROMIUM	82495	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CITRATE	82507	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CITRATE	82507	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R COLLAGEN CROSS LINKS, ANY METHOD	82523	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	COLLAGEN CROSS LINKS, ANY METHOD	82523	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R COPPER	82525	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	COPPER	82525	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CORTICOSTERONE	82528	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CORTICOSTERONE	82528	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CORTISOL, FREE	82530	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CORTISOL, FREE	82530	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R CORTISOL, TOTAL	82533	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CORTISOL, TOTAL	82533	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CORTISOL, TOTAL	82533	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CORTISOL, TOTAL	82533	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CREATINE	82540	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R CREATINE	82540	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	CREATINE	82540	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R COLUMN CHROM/MASS SPECT,QUANT,SNGL PHASE	82542	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	COLUMN CHROM/MASS SPECT,QUANT,SNGL PHASE	82542	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), TOTAL	82550	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), TOTAL	82550	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R CREATINE KINASE, (CK), (CPK), ISOENZYMES	82552	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), ISOENZYMES	82552	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY	82553	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CREATINE KINASE, (CK), (CPK), MB FRACTION ONLY	82553	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CREATININE, BLOOD	82565	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	CREATININE, BLOOD	82565	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	POC CREATININE BY NOVA STATSENSE	82565	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	CREATININE, BLOOD	82565	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	POC CREATININE BY NOVA STATSENSE	82565	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	CREATININE, OTHER SOURCE	82570	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CREATININE, OTHER SOURCE	82570	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CREATININE, OTHER SOURCE	82570	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CREATININE CLEARANCE	82575	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	CREATININE CLEARANCE	82575	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R CRYOFIBRINOGEN	82585	\$22.01	\$21.57	\$21.79	\$20.32	\$21.57
Laboratory	Inpatient/Outpatient	CRYOFIBRINOGEN	82585	\$22.01	\$21.57	\$21.79	\$20.32	\$21.57
Laboratory	Inpatient/Outpatient	R CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT	82595	\$22.01	\$21.57	\$21.79	\$20.32	\$21.57
Laboratory	Inpatient/Outpatient	CRYOGLOBULIN,QUALITATIVE OR SEMI-QUANT	82595	\$22.01	\$21.57	\$21.79	\$20.32	\$21.57
Laboratory	Inpatient/Outpatient	R CYANIDE	82600	\$45.58	\$44.67	\$45.12	\$42.07	\$44.67
Laboratory	Inpatient/Outpatient	CYANIDE	82600	\$45.58	\$44.67	\$45.12	\$42.07	\$44.67
Laboratory	Inpatient/Outpatient	R CYANOCOBALAMIN (VITAMIN B-12)	82607	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CYANOCOBALAMIN (VITAMIN B-12)	82607	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CYANOCOBALAMIN (VIT B-12),BINDING CAPACITY	82608	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	CYANOCOBALAMIN (VIT B-12),BINDING CAPACITY	82608	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	R CYSTATIN C	82610	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE (DHEA)	82626	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE (DHEA)	82626	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	82627	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	82627	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R DEOXYCORTICOSTERONE	82633	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DEOXYCORTICOSTERONE	82633	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R DEOXYCORTISOL, 11-	82634	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DEOXYCORTISOL, 11-	82634	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51

Laboratory	Inpatient/Outpatient	R DIBUCAINE NUMBER	82638	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	DIBUCAINE NUMBER	82638	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R DIHYDROTESTOSTERONE	82642	\$22.01	\$21.57	\$21.79	\$20.32	\$21.57
Laboratory	Inpatient/Outpatient	R VITAMIN D1, 25 DIHYDROXY	82652	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	VITAMIN D1, 25 DIHYDROXY	82652	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL	82656	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	ELASTASE, PANCREATIC (EL-1), FECAL, QUAL OR SEMI-QUAL	82656	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R ENZYME ACTIVITY IN BLOOD CELL/TISSUE	82657	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ENZYME ACTIVITY BC, NOT RA, EA SPECIMEN	82657	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ENZYME ACTIVITY IN BLOOD CELL/TISSUE	82657	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ELECTROPHORESIS NES	82664	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ELECTROPHORESIS NES	82664	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ERYTHROPOIETIN	82668	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ERYTHROPOIETIN	82668	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ESTRADIOL	82670	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ESTRADIOL	82670	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ESTRADIOL, TOTAL	82670	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ESTROGENS, FRACTIONATED	82671	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ESTROGENS, FRACTIONATED	82671	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ESTROGENS, TOTAL	82672	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ESTROGENS, TOTAL	82672	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ESTRIOL	82677	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ESTRIOL	82677	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ESTRONE	82679	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ESTRONE	82679	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ETHYLENE GLYCOL	82693	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ETHYLENE GLYCOL	82693	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FAT OR LIPIDS, FECES, QUALITATIVE	82705	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FAT OR LIPIDS, FECES, QUALITATIVE	82705	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FAT OR LIPIDS, FECES, QUANTITATIVE	82710	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	FAT OR LIPIDS, FECES, QUANTITATIVE	82710	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R FATTY ACIDS, NONESTERIFIED	82725	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	FATTY ACIDS, NONESTERIFIED	82725	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R VERY LONG CHAIN FATTY ACIDS	82726	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	VERY LONG CHAIN FATTY ACIDS	82726	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R FERRITIN	82728	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FERRITIN	82728	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FETAL FIBRONECTIN, CERVICOVAG SECRETNS	82731	\$275.07	\$269.57	\$272.32	\$253.89	\$269.57
Laboratory	Inpatient/Outpatient	FETAL FIBRONECTIN, CERVICOVAG SECRETNS	82731	\$275.07	\$269.57	\$272.32	\$253.89	\$269.57
Laboratory	Inpatient/Outpatient	R FLUORIDE	82735	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FLUORIDE	82735	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R FOLIC ACID, SERUM	82746	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FOLIC ACID, SERUM	82746	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FOLIC ACID, RBC	82747	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FOLIC ACID, RBC	82747	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FRUCTOSE, SEMEN	82757	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	FRUCTOSE, SEMEN	82757	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS QUANT	82775	\$168.18	\$164.82	\$166.50	\$155.23	\$164.82
Laboratory	Inpatient/Outpatient	GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS QUANT	82775	\$168.18	\$164.82	\$166.50	\$155.23	\$164.82
Laboratory	Inpatient/Outpatient	R GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS SCREEN	82776	\$28.29	\$27.72	\$28.01	\$26.11	\$27.72
Laboratory	Inpatient/Outpatient	GALACTOSE-1-PHOSPHAT URIDYL TRNSFRS SCREEN	82776	\$28.29	\$27.72	\$28.01	\$26.11	\$27.72
Laboratory	Inpatient/Outpatient	R GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH	82784	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN, IGA, IGD, IGG, IGM, EACH	82784	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ASSAY OF IGE	82785	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ASSAY OF IGE	82785	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH	82787	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GAMMAGLOBULIN SUBCLASSES IGG1-4, EACH	82787	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	BLOOD GAS MIXED WO O2 SAT	82803	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	BLOOD GAS MIXED WO O2 SAT	82803	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76

Laboratory	Inpatient/Outpatient	HEMOGLOBIN-OXYGEN AFFINITY	82820	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	HEMOGLOBIN-OXYGEN AFFINITY	82820	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	R GASTRIC ANALY W/PH EA SPE	82930	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GASTRIC ANALY W/PH EA SPE	82930	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GASTRIN AFTER SECRETIN STIMULATION	82938	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GASTRIN AFTER SECRETIN STIMULATION	82938	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GASTRIN	82941	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GASTRIN	82941	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GLUCAGON	82943	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	GLUCAGON	82943	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	82945	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE, QUANTITATIVE, BLOOD	82947	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R GLUCOSE, QUANTITATIVE, BLOOD	82947	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE, QUANTITATIVE, BLOOD	82947	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE, QUANTITATIVE, BLOOD	82947	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	POC GLUCOSE BY NOVA STATSTRIP	82948	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	POC GLUCOSE BY REAGENT STRIP	82948	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE, POST GLUCOSE DOSE	82950	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	82951	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	82951	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3)	82952	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	GLUCOSE TOLLERANCE TEST, EA ADD SPEC (BEYOND 3)	82952	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	82955	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	82955	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GLUTAMYLTRANSFERASE, GAMMA (GGT)	82977	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	GLUTAMYLTRANSFERASE, GAMMA (GGT)	82977	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	GLUTATHIONE	82978	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GLUTATHIONE	82978	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R GLUTATHIONE REDUCTASE, RBC	82979	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	GLUTATHIONE REDUCTASE, RBC	82979	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R GLYCATED PROTEIN	82985	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GLYCATED PROTEIN	82985	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GONADOTROPIN, FSH	83001	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GONADOTROPIN, FSH	83001	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GONADOTROPIN LUTEINIZING HORMONE	83002	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	GONADOTROPIN LUTEINIZING HORMONE	83002	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R GROWTH HORMONE, HUMAN	83003	\$50.30	\$49.29	\$49.80	\$46.43	\$49.29
Laboratory	Inpatient/Outpatient	GROWTH HORMONE, HUMAN	83003	\$50.30	\$49.29	\$49.80	\$46.43	\$49.29
Laboratory	Inpatient/Outpatient	R HAPTOGLOBIN, QUANTITATIVE	83010	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	HAPTOGLOBIN, QUANTITATIVE	83010	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R HELICOBACTER PYLORI, BREATH TEST	83013	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	HELICOBACTER PYLORI, BREATH TEST	83013	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R HEAVY METAL QUANTITATIVE, EACH	83018	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HEAVY METAL QUANTITATIVE, EACH	83018	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HEMOGLOBIN FRACT & QUANT CHROMOTOGRAPH	83021	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEMOGLOBIN FRACT & QUANT CHROMOTOGRAPH	83021	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEMOGLOBIN GLYCOSLATED (A1C)	83036	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R HEMOGLOBIN GLYCOSLATED (A1C)	83036	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	HEMOGLOBIN GLYCOSLATED (A1C)	83036	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE	83050	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	HEMOGLOBIN METHEMOGLOBIN, QUANTITATIVE	83050	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R HEMOGLOBIN, PLASMA	83051	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	HEMOGLOBIN, PLASMA	83051	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R HEMOSIDERIN, QUALITATIVE	83070	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	HEMOSIDERIN, QUALITATIVE	83070	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R HEMOSIDERIN B-HEXOSAMINIDASE, EA ASSAY	83080	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	HEMOSIDERIN B-HEXOSAMINIDASE, EA ASSAY	83080	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R HISTAMINE	83088	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97

Laboratory	Inpatient/Outpatient	HISTAMINE	83088	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R HOMOCYSTEINE	83090	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HOMOCYSTEINE	83090	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HOMOVANILLIC ACID (HVA)	83150	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HOMOVANILLIC ACID (HVA)	83150	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	83491	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HYDROXYCORTICOSTEROIDS, -17 (17-OHCS)	83491	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HYDROXYINDOLACETIC ACID, 5-(HIAA)	83497	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HYDROXYPROGESTERONE, 17-D	83498	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	HYDROXYPROGESTERONE, 17-D	83498	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	R HYDROXYPROLINE, FREE	83500	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	HYDROXYPROLINE, FREE	83500	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R HYDROXYPROLINE, TOTAL	83505	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	HYDROXYPROLINE, TOTAL	83505	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, MULT STEP MTHD	83516	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY	83519	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY	83519	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	IMMUNOASSAY FOR ANALYTE, BY RIA (RADIOIMMUNOASSAY)	83519	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY QUANT NOS NONAE	83520	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY QUANT NOS NONAE	83520	\$102.17	\$100.13	\$101.15	\$94.30	\$100.13
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY QUANT NOS NONAE	83520	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY QUANT NOS NONAE	83520	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY QUANT NOS NONAE	83520	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$102.17	\$100.13	\$101.15	\$94.30	\$100.13
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$165.04	\$161.74	\$163.39	\$152.33	\$161.74
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	IMMUNOASSAY QUANT NOS NONAE	83520	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R INSULIN, TOTAL	83525	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	INSULIN, TOTAL	83525	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R INSULIN, FREE	83527	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	INSULIN, FREE	83527	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R IRON	83540	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R IRON	83540	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	IRON	83540	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	IRON BINDING CAPACITY	83550	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	IRON BINDING CAPACITY	83550	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R KETOSTEROIDS, 17- (17-KS), TOTAL	83586	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	KETOSTEROIDS, -17 (17-KS), TOTAL	83586	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R KETOSTEROIDS, 17- (17-KS), FRACTIONATION	83593	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	KETOSTEROIDS, -17 (17-KS), FRACTIONATION	83593	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	LACTATE (LACTIC ACID)	83605	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	LACTATE (LACTIC ACID)	83605	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	LACTATE DEHYDROGENASE (LD), (LDH)	83615	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	LACTATE DEHYDROGENASE (LD), (LDH)	83615	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	LACTATE DEHYDROGENASE (LD), (LDH)	83615	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R LDH, ISOENZYMES	83625	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LDH, ISOENZYMES	83625	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R LACTOFERRIN, FECAL, QUALITATIVE	83630	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	LACTOFERRIN, FECAL, QUALITATIVE	83630	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	LACTOGEN MATERNAL SERUM HPL	83632	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R LEAD	83655	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LEAD	83655	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R FETAL LUNG MATURITY ASSESS, L/S RATION	83661	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85

Laboratory	Inpatient/Outpatient	FETAL LUNG MATURITY ASSESS, L/S RATION	83661	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R FETAL LUNG - FLUORESC POLARIZ	83663	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FETAL LUNG - FLUORESC POLARIZ	83663	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FETAL LUNG - LB DENSITY	83664	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	FETAL LUNG - LB DENSITY	83664	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	LIPASE	83690	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R LIPASE	83690	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	LIPASE	83690	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN (A)	83695	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LIPOPROTEIN (A)	83695	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN-ASSOC PHOSPHOLIPASE A2	83698	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	LIPOPROTEIN-ASSOC PHOSPHOLIPASE A2	83698	\$149.32	\$146.33	\$147.83	\$137.82	\$146.33
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, BLOOD, ELECTROPHORETIC	83700	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, BLOOD, ELECTROPHORETIC	83700	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT	83701	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	LIPOPROTEIN,BLOOD,HGH RESOL FRACT&QUANT	83701	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN BLD QUAN PART	83704	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	LIPOPROTEIN BLD QUAN PART	83704	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR HDL CHOLESTEROL	83718	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, DIRECT MEASUR VLDL CHOLESTEROL	83719	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR VLDL CHOLESTEROL	83719	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, DIRECT MEASUR LDL CHOLESTEROL	83721	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR LDL CHOLESTEROL	83721	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LIPOPROTEIN, DIRECT MEASUR LDL CHOLESTEROL	83721	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	LIPOPROTEIN, DIRECT MEASUR LDL CHOLESTEROL	83721	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R LUTEINIZING RELEASING FACTOR	83727	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	MAGNESIUM	83735	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R MAGNESIUM	83735	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	MAGNESIUM	83735	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	R MANGANESE	83785	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	MANGANESE	83785	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R MASS SPECTROMETRY ANALYTE, QUANTITATIVE	83789	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	MASS SPECTROMETRY ANALYTE, QUANTITATIVE	83789	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R MERCURY, QUANTITATIVE	83825	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	MERCURY, QUANTITATIVE	83825	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R METANEPHRINES	83835	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	METANEPHRINES	83835	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	MUCIN, SYNOVIAL FLUID (ROPES TEST)	83872	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	R MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	83873	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	83873	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R MYOGLOBIN	83874	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	MYOGLOBIN	83874	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R NATRIURETIC PEPTIDE	83880	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	NATRIURETIC PEPTIDE	83880	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R NATRIURETIC PEPTIDE	83880	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	NATRIURETIC PEPTIDE	83880	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R NEPHELOMETRY EA ANALYTE NES	83883	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	NEPHELOMETRY EA ANALYTE NES	83883	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R NEPHELOMETRY EA ANALYTE NES	83883	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	NEPHELOMETRY EA ANALYTE NES	83883	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R NICKEL	83885	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	NICKEL	83885	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R NUCLEOTIDASE 5'	83915	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	NUCLEOTIDASE 5'	83915	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R OLIGOCLONAL IMMUNE	83916	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	OLIGOCLONAL IMMUNE	83916	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ORGANIC ACIDS, TOTAL, QUANTITATIVE EA SPEC	83918	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	ORGANIC ACIDS, TOTAL, QUANTITATIVE EA SPEC	83918	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55

Laboratory	Inpatient/Outpatient	R ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN	83919	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ORGANIC ACIDS, QUALITATIVE, EA SPECIMEN	83919	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ORGANIC ACID, SINGLE, QUANTITATIVE	83921	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ORGANIC ACID, SINGLE, QUANTITATIVE	83921	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	OSMOLALITY, BLOOD	83930	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	OSMOLALITY, BLOOD	83930	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	OSMOLALITY, URINE	83935	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	OSMOLALITY, URINE	83935	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R OSTEOCALCIN (BONE G 1 A PROTEIN)	83937	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	OSTEOCALCIN (BONE G 1 A PROTEIN)	83937	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R OXALATE	83945	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	OXALATE	83945	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PARATHORMONE (PARATHYROID HORMONE	83970	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PARATHORMONE (PARATHYROID HORMONE	83970	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PARATHORMONE (PARATHYROID HORMONE	83970	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PH BODY FLUID	83986	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R PH BODY FLUID	83986	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	PH BODY FLUID	83986	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R PHENACYCLIDINE (PCP)	83992	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHENACYCLIDINE (PCP)	83992	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R CALPROTECTIN FECAL	83993	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	CALPROTECTIN FECAL	83993	\$133.60	\$130.93	\$132.26	\$123.31	\$130.93
Laboratory	Inpatient/Outpatient	R PHENYLALANINE (PKU) BLOOD	84030	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ACID, TOTAL	84060	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, TOTAL	84060	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ACID, PROSTATIC	84066	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ACID, PROSTATIC	84066	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ALKALINE	84075	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ALKALINE	84075	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE	84075	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ALKALINE, HEAT STABLE	84078	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE, HEAT STABLE	84078	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R PHOSPHATASE, ALKALINE, ISOENZYMES	84080	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PHOSPHATASE, ALKALINE, ISOENZYMES	84080	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PHOSPHATIDYLGLYCEROL	84081	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	PHOSPHATIDYLGLYCEROL	84081	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R PHOSPHOHEXOSE ISOMERASE	84087	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	PHOSPHOHEXOSE ISOMERASE	84087	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC (PHOSPHATE)	84100	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PHOSPHORUS INORGANIC (PHOSPHATE)	84100	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC (PHOSPHATE)	84100	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PHOSPHORUS INORGANIC URINE	84105	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC URINE	84105	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R PHOSPHORUS INORGANIC URINE	84105	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PHOSPHORUS INORGANIC URINE	84105	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R PORPHOBILINOGEN, URINE, QUALITATIVE	84106	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUALITATIVE	84106	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R PORPHOBILINOGEN, URINE, QUANTITATIVE	84110	\$20.43	\$20.02	\$20.23	\$18.86	\$20.02
Laboratory	Inpatient/Outpatient	PORPHOBILINOGEN, URINE, QUANTITATIVE	84110	\$20.43	\$20.02	\$20.23	\$18.86	\$20.02
Laboratory	Inpatient/Outpatient	R PLACENTAL ALPHA MICROGLOBULIN-1	84112	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	PLACENTAL ALPHA MICROGLOBULIN-1	84112	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	R PORPHYRINS, URINE QUALITATIVE	84119	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	PORPHYRINS, URINE QUALITATIVE	84119	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	R PORPHYRINS, URINE, QUANT & FRACTIONTN	84120	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	PORPHYRINS, URINE, QUANT & FRACTIONTN	84120	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	POTASSIUM, SERUM PLASMA OR WHOLE BLOOD	84132	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R POTASSIUM, SERUM PLASMA OR WHOLE BLOOD	84132	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	POTASSIUM, SERUM PLASMA OR WHOLE BLOOD	84132	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16

Laboratory	Inpatient/Outpatient	POTASSIUM, URINE	84133	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R POTASSIUM, URINE	84133	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	POTASSIUM, URINE	84133	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PREALBUMIN	84134	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PREALBUMIN	84134	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PREGNANETRIOL	84138	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PREGNANETRIOL	84138	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PREGNENOLONE	84140	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PREGNENOLONE	84140	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R 17-HYDROXYPREGNENOLONE	84143	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	17-HYDROXYPREGNENOLONE	84143	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PROGESTERONE	84144	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PROGESTERONE	84144	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PROCALCITONIN	84145	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R PROCALCITONIN	84145	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R PROLACTIN	84146	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PROLACTIN	84146	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PROSTAGLANDIN EACH	84150	\$61.30	\$60.07	\$60.69	\$56.58	\$60.07
Laboratory	Inpatient/Outpatient	PROSTAGLANDIN EACH	84150	\$61.30	\$60.07	\$60.69	\$56.58	\$60.07
Laboratory	Inpatient/Outpatient	PSA TOTAL (DIAGNOSTIC)	84153	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R PSA TOTAL	84153	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	L PSA TOTAL (SCREENING TEST)	84153	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PSA TOTAL (DIAGNOSTIC)	84153	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PSA TOTAL (SCREENING TEST)	84153	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R PSA FREE	84154	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PSA FREE	84154	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R TOTAL PROTEIN	84155	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, SERUM, PLASMA OR WHL BLD	84155	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, URINE	84156	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R RANDOM URINE PROTEIN	84156	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, URINE	84156	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, OTHER SOURCE	84157	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R PROTEIN, TOTAL, OTHER SOURCE	84157	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	PROTEIN, TOTAL, OTHER SOURCE	84157	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R PREGNANCY-ASSOC PLASMA PROTEIN-#	84163	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	PREGNANCY-ASSOC PLASMA PROTEIN-#	84163	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM	84165	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTROPHRTC FRACT&QUANT SERUM	84165	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PROTEIN, ELECTROPHRTC FRACT&QUANT OTR FLUID	84166	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ELECTROPHORESIS, URINE	84166	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PROTEIN, ELECTROPHRTC FRACT&QUANT OTR FLUID	84166	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID	84181	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID	84181	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	PROTEIN, WESTERN BLOT, BLOOD/BDY FLUID	84181	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R PROTEIN WB, IM ID FOR BANDS, EA	84182	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R PROTEIN WB, IM ID FOR BANDS, EA	84182	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	PROTEIN WB, IM ID FOR BANDS, EA	84182	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R PROTOPORPHYRRIN, RBC QUANTITATIVE	84202	\$84.88	\$83.18	\$84.03	\$78.34	\$83.18
Laboratory	Inpatient/Outpatient	PROTOPORPHYRRIN, RBC QUANTITATIVE	84202	\$84.88	\$83.18	\$84.03	\$78.34	\$83.18
Laboratory	Inpatient/Outpatient	R PROINSULIN	84206	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	PROINSULIN	84206	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R PYRIDOXAL PHOSPHATE (VITAMIN B-6)	84207	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	84207	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R PYRUVATE	84210	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PYRUVATE	84210	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R PYRUVATE KINASE	84220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11

Laboratory	Inpatient/Outpatient	PYRUVATE KINASE	84220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R QUININE	84228	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	QUININE	84228	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	R RECEPTOR ASSAY, ENDOCRINE	84235	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	RECEPTOR ASSAY, ENDOCRINE	84235	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R RECEPTOR ASSAY, NON-ENDOCRINE	84238	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	RECEPTOR ASSAY, NON-ENDOCRINE	84238	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R RENIN	84244	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	RENIN	84244	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R RIBOFLAVIN (VITAMIN B-2)	84252	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	RIBOFLAVIN (VITAMIN B-2)	84252	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R SELENIUM	84255	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	SELENIUM	84255	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R SEROTONIN	84260	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	SEROTONIN	84260	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R SEX HORMONE BINDING GLOBULIN	84270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SEX HORMONE BINDING GLOBULIN	84270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R SIALIC ACID	84275	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	SIALIC ACID	84275	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	SODIUM, SERUM, PLASMA OR WHOLE BLOOD	84295	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	SODIUM, SERUM, PLASMA OR WHOLE BLOOD	84295	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	SODIUM, SERUM, PLASMA OR WHOLE BLOOD	84295	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	SODIUM, URINE	84300	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SODIUM, URINE	84300	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SODIUM, URINE	84300	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SODIUM, OTHER SOURCE	84302	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SODIUM, OTHER SOURCE	84302	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SOMATOMEDIN	84305	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	SOMATOMEDIN	84305	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SOMATOSTATIN	84307	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SOMATOSTATIN	84307	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R SPECTROPHOTOMETRY ANALYTE NES	84311	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SPECTROPHOTOMETRY ANALYTE NES	84311	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SPECIFIC GRAVITY (EXCEPT URINE)	84315	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	SPECIFIC GRAVITY (EXCEPT URINE)	84315	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R SUGARS SINGLE QUALITATIVE, EA SPECIMEN	84376	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	SUGARS SINGLE QUALITATIVE, EA SPECIMEN	84376	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN	84378	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	SUGARS, SINGLE QUANTITATIVE, EA SPECIMEN	84378	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R SULFATE, URINE	84392	\$66.02	\$64.70	\$65.36	\$60.94	\$64.70
Laboratory	Inpatient/Outpatient	SULFATE, URINE	84392	\$66.02	\$64.70	\$65.36	\$60.94	\$64.70
Laboratory	Inpatient/Outpatient	R TESTOSTERONE, FREE	84402	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TESTOSTERONE, FREE	84402	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TESTOSTERONE, TOTAL	84403	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TESTOSTERONE, TOTAL	84403	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R THIAMINE (VITAMIN B-1)	84425	\$77.02	\$75.48	\$76.25	\$71.09	\$75.48
Laboratory	Inpatient/Outpatient	THIAMINE (VITAMIN B-1)	84425	\$77.02	\$75.48	\$76.25	\$71.09	\$75.48
Laboratory	Inpatient/Outpatient	R THIOCYANATE	84430	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THIOCYANATE	84430	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R THYROGLOBULIN	84432	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	THYROGLOBULIN	84432	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R THYROXINE, TOTAL	84436	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THYROXINE, TOTAL	84436	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R THYROXINE, FREE	84439	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THYROXINE, FREE	84439	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R THYROXINE BINDING GLOBULIN	84442	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THYROXINE BINDING GLOBULIN	84442	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THYROID STIMULATING HORMONE (TSH)	84443	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11

Laboratory	Inpatient/Outpatient	THYROID STIMULATING HORMONE (TSH)	84443	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R THYROID STIMULATING IMMUNE GLOBULINS (TSI)	84445	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	THYROID STIMULATING IMMUNE GLOBULINS (TSI)	84445	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R TOCOPHEROL ALPHA (VITAMIN E)	84446	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	TOCOPHEROL ALPHA (VITAMIN E)	84446	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT)	84450	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	TRANSFERASE, ASPARTATE AMINO (AST) (SGOT)	84450	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	TRANSFERASE, ALANINE AMINO (ALT) (SGPT)	84460	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R TRANSFERRIN	84466	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRANSFERRIN	84466	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TRIGLYCERIDES	84478	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	R TRIGLYCERIDES	84478	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	TRIGLYCERIDES	84478	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	THYROID HORMONE (T3 OR T4) UPTAKE OR THBI	84479	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	THYROID HORMONE (T3 OR T4) UPTAKE OR THBI	84479	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRIODOTHYRONINE T3, TOTAL (TT-3)	84480	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TRIODOTHYRONINE T3, TOTAL (TT-3)	84480	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRIODOTHYRONINE T3, TOTAL (TT-3)	84480	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TRIODOTHYRONINE T3, FREE	84481	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRIODOTHYRONINE T3, FREE	84481	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TRIODOTHYRONINE T3, FREE	84481	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRIODOTHYRONINE T3, FREE	84481	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TRIODOTHYRONINE T3, REVERSE	84482	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TRIODOTHYRONINE T3, REVERSE	84482	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	TROPONIN, QUANTITATIVE	84484	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R TROPONIN, QUANTITATIVE	84484	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	TROPONIN, QUANTITATIVE	84484	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R TRYPSIN, DUODENAL FLUID	84485	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	TRYPSIN, DUODENAL FLUID	84485	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R TRYPSIN, FECES, QUALITATIVE	84488	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	TRYPSIN, FECES, QUALITATIVE	84488	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	UREA NITROGEN, QUANTITATIVE	84520	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	UREA NITROGEN, QUANTITATIVE	84520	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	UREA NITROGEN, URINE	84540	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	UREA NITROGEN, URINE	84540	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	URIC ACID, BLOOD	84550	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	URIC ACID, BLOOD	84550	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	URIC ACID, BLOOD	84550	\$3.14	\$3.08	\$3.11	\$2.90	\$3.08
Laboratory	Inpatient/Outpatient	URIC ACID, OTHER SOURCE	84560	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R URIC ACID, OTHER SOURCE	84560	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	URIC ACID, OTHER SOURCE	84560	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R UROBILINOGEN, URINE, QUANT TIMED SPECIMEN	84580	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	UROBILINOGEN, URINE, QUANT TIMED SPECIMEN	84580	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	R VANILLYLMANDelic ACID (VMA), URINE	84585	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	VANILLYLMANDelic ACID (VMA), URINE	84585	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R VASOACTIVE INTERSTINAL PEPTIDE (VIP)	84586	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	VASOACTIVE INTERSTINAL PEPTIDE (VIP)	84586	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	84588	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	84588	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VITAMIN A	84590	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	VITAMIN A	84590	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R VITAMIN B-7	84591	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	VITAMIN B-7	84591	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R VITAMIN NOS	84591	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	VITAMIN NOS	84591	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R VITAMIN K	84597	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51

Laboratory	Inpatient/Outpatient	VITAMIN K	84597	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VOLATILES	84600	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	VOLATILES	84600	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R XYLOSE ABSORPTION TEST,BLD &/OR URINE	84620	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	XYLOSE ABSORPTION TEST,BLD &/OR URINE	84620	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R ZINC	84630	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ZINC	84630	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R C-PEPTIDE	84681	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	C-PEPTIDE	84681	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE	84702	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE	84702	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUANTITATIVE	84702	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	GONADOTROPIN, CHORIONIC (HCG) QUALITATIVE	84703	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R GONADOTROPIN, CHORIONIC (HCG) QUALITATIVE	84703	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R OSMOLALITY - FECES	84999	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R OVA]	84999	\$856.63	\$839.50	\$848.06	\$790.67	\$839.50
Laboratory	Inpatient/Outpatient	PREPAID LAB DRAW PT SELF PA	84999	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	PREPAID BLOOD PROCESS SELF PAY	84999	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R UNLISTED CHEMISTRY TEST	84999	\$5,218.40	\$5,114.03	\$5,166.22	\$4,816.58	\$5,114.03
Laboratory	Inpatient/Outpatient	MYRIAD CLIENT BLOOD DRAW	84999	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	OSMOLALITY - FECES	84999	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PREPAID LAB DRAW PT SELF PA	84999	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	PREPAID BLOOD PROCESS SELF PAY	84999	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	BLEEDING TIME	85002	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	BLEEDING TIME	85002	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	BLEEDING TIME	85002	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	WBC COUNT W AUTO DIFF	85004	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	WBC COUNT W AUTO DIFF	85004	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	BLOOD COUNT, SPUN MICROHEMATOCRIT	85013	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	BLOOD COUNT, SPUN MICROHEMATOCRIT	85013	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	HEMATOCRIT (HCT)	85014	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	HEMATOCRIT (HCT)	85014	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R BLOOD COUNT, HEMATOCRIT (HCT)	85014	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	HEMATOCRIT (HCT)	85014	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	HEMOGLOBIN (HGB)	85018	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	HEMOGLOBIN (HGB)	85018	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R BLOOD COUNT, HEMOGLOBIN (HGB)	85018	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	HEMOGLOBIN (HGB)	85018	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	CBC W/DIFF & PLATELET	85025	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	COMPL CBC W PLT W AUTOM DIF	85025	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CBC W/DIFF & PLATELET	85025	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CBC W/PLATELET, W/OUT DIFF	85027	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	COMPL AUTOM CBC W PL	85027	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	CBC W/PLATELET, W/OUT DIFF	85027	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	MANUAL CELL COUNT, EACH	85032	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	MANUAL CELL COUNT, EACH	85032	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	RED BLOOD CELL, AUTOMATED	85041	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R BLOOD COUNT, RED BLOOD CELL (RBC), AUTOMATED	85041	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	RED BLOOD CELL, AUTOMATED	85041	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, MANUAL	85044	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, MANUAL	85044	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, AUTOMATED	85045	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	AUTOMATED RETICULOCYTE COUNT	85045	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	RETICULOCYTE COUNT, AUTOMATED	85045	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	LEUKOCYTE (WBC) AUTOMATED	85048	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	LEUKOCYTE (WBC) AUTOMATED	85048	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	PLATELET COUNT AUTOMATED	85049	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	PLATELET COUNT AUTOMATED	85049	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	PLATELET COUNT AUTOMATED	85049	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16

Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR II, PROTHROMBIN SPECIFIC	85210	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR II, PROTHROMBIN SPECIFIC	85210	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR V, LABILE FACTOR	85220	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR V, LABILE FACTOR	85220	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VII	85230	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VII	85230	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VIII, 1-STAGE	85240	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, 1-STAGE	85240	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VIII RELATED ANTIGEN	85244	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII RELATED ANTIGEN	85244	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR	85245	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR	85245	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VIII, VW FACTOR ANTIGEN	85246	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VW FACTOR ANTIGEN	85246	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR VIII, VWF MULTIMERIC	85247	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR VIII, VWF MULTIMERIC	85247	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR IX (PTC OR CHRISTMAS)	85250	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR IX (PTC OR CHRISTMAS)	85250	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR X (STUART-PROWER)	85260	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR X (STUART-PROWER)	85260	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR XI (PTA)	85270	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XI (PTA)	85270	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR XII (HAGEMAN)	85280	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XII (HAGEMAN)	85280	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FACTOR XIII (FIBRIN STABILIZING)	85290	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING FACTOR XIII (FIBRIN STABILIZING)	85290	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R ANTITHROMBIN III ACTIVITY ASSAY	85300	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ACTIVITY ASSAY	85300	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	R ANTITHROMBIN III ANTIGEN ASSAY	85301	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19
Laboratory	Inpatient/Outpatient	ANTITHROMBIN III ANTIGEN ASSAY	85301	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19
Laboratory	Inpatient/Outpatient	R CLOTTING INHIBITOR, PROTEIN C AG	85302	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN C AG	85302	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING INHIBITOR, PROTEIN C ACTIVITY	85303	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN C ACTIVITY	85303	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING INHIBITOR, PROTEIN S TOTAL	85305	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR, PROTEIN S TOTAL	85305	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING INHIBITOR PROTEIN S FREE	85306	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	CLOTTING INHIBITOR PROTEIN S FREE	85306	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R ACTIVATED PROTEIN C RESISTANCE	85307	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	ACTIVATED PROTEIN C RESISTANCE	85307	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R FACTOR INHIBITOR TEST	85335	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	FACTOR INHIBITOR TEST	85335	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	COAG TIME, ACTIVATED	85347	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	COAG TIME, ACTIVATED	85347	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R EUGLOBULIN LYSIS	85360	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	EUGLOBULIN LYSIS	85360	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	FIBRIN(OGEN) DEGRADATION (SPLIT) PROD	85362	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FIBRIN(OGEN) DEGRADATION (SPLIT) PROD	85362	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FIBRIN DEGRADATION PROD,D-DIMER, QUANT	85379	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FIBRIN DEGRADATION PROD,D-DIMER, QUANT	85379	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FIBRINOGEN ACTIVITY	85384	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	FIBRINOGEN ACTIVITY	85384	\$14.15	\$13.87	\$14.01	\$13.06	\$13.87
Laboratory	Inpatient/Outpatient	FIBRINOLYSINS OR COAG SCREEN	85390	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CLOTTING ASSAY WHOLE BLOOD	85396	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CLOTTING FUNCT ACTIVITY	85397	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	CLOTTING FUNCT ACTIVITY	85397	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	R FIBRINOLYTIC FACTORS ALPHA-2-ANTIPLASMIN	85410	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS ALPHA-2-ANTIPLASMIN	85410	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02

Laboratory	Inpatient/Outpatient	R FIBRINOLYTIC FACTORS PLASMINOGEN ACTIVATOR	85415	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS PLASMINOGEN ACTIVATOR	85415	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R FIBRINOLYTIC FACTORS FUNCTIONAL PLASMINOGEN	85420	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	FIBRINOLYTIC FACTORS FUNCTIONAL PLASMINOGEN	85420	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	R HEINZ BODIES, DIRECT	85441	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	HEINZ BODIES, DIRECT	85441	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R K-B STAIN FOR FETAL HGB	85460	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	K-B STAIN FOR FETAL HGB	85460	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	R K-B STAIN FOR FETAL HGE	85460	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	K-B STAIN FOR FETAL HGB	85460	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	FETAL HGB SCREENING TEST ROSETTE	85461	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R HEMOLYSIN ACID	85475	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	HEMOLYSIN ACID	85475	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R HEPARIN ASSAY	85520	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	HEPARIN, ASSAY	85520	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	R HEPARIN ASSAY	85520	\$36.15	\$35.43	\$35.79	\$33.37	\$35.43
Laboratory	Inpatient/Outpatient	HEPARIN-PROTAMINE TOLERANCE TEST	85530	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R LEUKOCYTE ALK PHOS W COUNT	85540	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	LEUKOCYTE ALK PHOS W COUNT	85540	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R MURAMIDASE	85549	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	MURAMIDASE	85549	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R OSMOTIC FRAGILITY, RBC, INCUBATED	85557	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	OSMOTIC FRAGILITY, RBC, INCUBATED	85557	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	R PLT AGGREGATION (IN VITRO) EA AGENT	85576	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R HEXAGNAL PHOSPH PLTLT NEUTRL	85598	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	HEXAGNAL PHOSPH PLTLT NEUTRL	85598	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R PROTHROMBIN TIME	85610	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	PROTHROMBIN TIME	85610	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R PROTHROMBIN TIME	85610	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	PROTHROMBIN TIME	85610	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R PT, SUBSTITUTION PLASMA FRACTIONS EA	85611	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	PT, SUBSTITUTION PLASMA FRACTIONS EA	85611	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R RUSSELL VIPER VENOM TIME, UNDILUTED	85612	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	RUSSELL VIPER VENOM TIME, UNDILUTED	85612	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R RUSSELL VIPER VENOM TIME, DILUTED	85613	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	RUSSELL VIPER VENOM TIME, DILUTED	85613	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R REPTILASE TEST	85635	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	REPTILASE TEST	85635	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R SEDIMENTATION RATE, ERYTHROCYTE, AUTOMATED	85652	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	SEDIMENTATION RATE, ERYTHROCYTE, AUTOMATED	85652	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R SICKLING OF RBC, REDUCTION	85660	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SICKLING OF RBC, REDUCTION	85660	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R THROMBIN TIME, PLASMA	85670	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	THROMBIN TIME, PLASMA	85670	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R THROMBIN TIME, PLASMA	85670	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	THROMBIN TIME, PLASMA	85670	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R THROMPLASTIN TIME, PARTIAL (PTT)	85730	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	THROMPLASTIN TIME, PARTIAL (PTT)	85730	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R THROMPLASTIN TIME, PARTIAL (PTT)	85730	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	THROMPLASTIN TIME, PARTIAL (PTT)	85730	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R PTT, SUBSTITUTION PLASMA FRACTIONS EA	85732	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	PTT, SUBSTITUTION PLASMA FRACTIONS EA	85732	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R VISCOSITY	85810	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	VISCOSITY	85810	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R AGGLUTININS, FEBRILE, EACH ANTIGEN	86000	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	AGGLUTININS, FEBRILE, EACH ANTIGEN	86000	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ALLERGEN SPECIFIC IGG EACH ALLERGEN	86001	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGG EACH ALLERGEN	86001	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R ALLERG SP IGE, QUAN OR SEMIQUAN	86003	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ALLERGEN SPECIFIC IGE EACH ALLERGEN	86003	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ALLG SPEC IGE RECOMB EA	86008	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70

Laboratory	Inpatient/Outpatient	ALLG SPEC IGE RECOMB EA	86008	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R ANTIBODY INDENT, LEUKOCYTE ANTIBODY	86021	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ANTIBODY INDENT, LEUKOCYTE ANTIBODY	86021	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ANTIBODY INDENT, PLATELET ANTIBODY	86022	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R AB ID, PLATELET AB	86022	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	AB ID, PLATELET AB	86022	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R AB ID, PLATELET IG ASSAY	86023	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA)	86038	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTINUCLEAR ANTIBODIES (ANA)	86038	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA)	86038	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTINUCLEAR ANTIBODIES (ANA) TITER	86039	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	ANTINUCLEAR ANTIBODIES (ANA) TITER	86039	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	R ANTISTREPTOLYSIN O, TITER	86060	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTISTREPTOLYSIN O, TITER	86060	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R C-REACTIVE PROTEIN	86140	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R C-REACTIVE PROTEIN	86140	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN	86140	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	R C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	\$25.15	\$24.65	\$24.90	\$23.21	\$24.65
Laboratory	Inpatient/Outpatient	R BETA 2 GLYCOPROTEIN I AB E/	86146	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R BETA 2 GLYCOPROTEIN I AB E/	86146	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	BETA 2 GLYCOPROTEIN I AB E/	86146	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CARDIOLIPIN AB EA IG CLASS	86147	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CARDIOLIPIN AB EA IG CLASS	86147	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CARDIOLIPIN AB EA IG CLASS	86147	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTI-PHOSPHATIDYLSERINE AB	86148	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTI-PHOSPHATIDYLSERINE AB	86148	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R COLD AGGLUTININ, TITER	86157	\$40.87	\$40.05	\$40.46	\$37.72	\$40.05
Laboratory	Inpatient/Outpatient	COLD AGGLUTININ, TITER	86157	\$40.87	\$40.05	\$40.46	\$37.72	\$40.05
Laboratory	Inpatient/Outpatient	R COMPLEMENT, ANTIGEN EACH COMPONENT	86160	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	COMPLEMENT, ANTIGEN EACH COMPONENT	86160	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP	86161	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	COMPLEMENT, FUNCTIONAL ACTIVITY EA COMP	86161	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R COMPLEMENT, TOTAL HEMOLYTIC (CH50)	86162	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	COMPLEMENT, TOTAL HEMOLYTIC (CH50)	86162	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY	86200	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CYCLIC CITRULINATED PEPTIDE (CCP) ANTIBODY	86200	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R DEOXYRIBONUCLEASE, ANTIBODY	86215	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEASE, ANTIBODY	86215	\$33.01	\$32.35	\$32.68	\$30.47	\$32.35
Laboratory	Inpatient/Outpatient	R DEOXYRIBONUCLEIC ACID (DNA) ANTBDY DBL STRAND	86225	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEIC ACID (DNA) ANTBDY DBL STRAND	86225	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	R DEOXYRIBONUCLEIC ACID (DNA) ANTBDY SNGL STRAND	86226	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	DEOXYRIBONUCLEIC ACID (DNA) ANTBDY SNGL STRAND	86226	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	R EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD	86235	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	R EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD	86235	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	EXTRACTBL NUCLR ANTIGEN,ANTIBDY TO,ANY METHOD	86235	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	R FLUORESCENT AB, SCR N EA AI	86255	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FLUORESCENT AB, SCR N EA AI	86255	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, SCR N EA AI	86255	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R FLUORESCENT AB, TITER EA AE	86256	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	FLUORESCENT AB, TITER EA AE	86256	\$44.01	\$43.13	\$43.57	\$40.62	\$43.13
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-2	86300	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 15-3 (27.29)	86300	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-5	86301	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 19-5	86301	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY TUMOR ANTIGN,QUANT CA 12!	86304	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGN,QUANT CA 12E	86304	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	HUMAN EPIDIDYMISS PROTEIN 4	86305	\$212.19	\$207.95	\$210.07	\$195.85	\$207.95
Laboratory	Inpatient/Outpatient	HUMAN EPIDIDYMISS PROTEIN 4	86305	\$212.19	\$207.95	\$210.07	\$195.85	\$207.95

Laboratory	Inpatient/Outpatient	R HETEROPHILE ANTIBODIES, SCREENING	86308	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	HETEROPHILE ANTIBODIES, SCREENING	86308	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R HETEROPHILE ANTIBODIES, TITERS ABTR ABSORP	86310	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	HETEROPHILE ANTIBODIES, TITERS ABTR ABSORP	86310	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN	86316	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	IMMUNOASSAY TUMOR ANTIGEN,OTHR ANTIGEN	86316	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R IMMUNOASSAY INFECT AGENT ANTBODY,QUANT	86317	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	IMMUNOASSAY INFECT AGENT ANTBODY,QUANT	86317	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IMMUNOELECTPHRS OTHER FLUIDS	86325	\$61.30	\$60.07	\$60.69	\$56.58	\$60.07
Laboratory	Inpatient/Outpatient	IMMUNOELECTPHRS OTHER FLUIDS	86325	\$61.30	\$60.07	\$60.69	\$56.58	\$60.07
Laboratory	Inpatient/Outpatient	R IMMUNODIFFUSION, GEL DIFFUSION,QUAL	86331	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	IMMUNODIFFUSION, GEL DIFFUSION,QUAL	86331	\$29.86	\$29.26	\$29.56	\$27.56	\$29.26
Laboratory	Inpatient/Outpatient	R IMMUNE COMPLEX ASSAY	86332	\$56.59	\$55.46	\$56.02	\$52.23	\$55.46
Laboratory	Inpatient/Outpatient	IMMUNE COMPLEX ASSAY	86332	\$56.59	\$55.46	\$56.02	\$52.23	\$55.46
Laboratory	Inpatient/Outpatient	R IMMUNOFIXATION ELECTROPHRS SERUM	86334	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	IMMUNOFIXATION ELECTROPHRS SERUM	86334	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	R IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	IMMUNIFIX E-PHORSIS/URINE/CSF CONCENTRATION	86335	\$69.16	\$67.78	\$68.47	\$63.83	\$67.78
Laboratory	Inpatient/Outpatient	R INHIBIN A	86336	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	INHIBIN A	86336	\$37.72	\$36.97	\$37.34	\$34.82	\$36.97
Laboratory	Inpatient/Outpatient	R INSULIN ANTIBODIES	86337	\$58.16	\$57.00	\$57.58	\$53.68	\$57.00
Laboratory	Inpatient/Outpatient	INSULIN ANTIBODIES	86337	\$58.16	\$57.00	\$57.58	\$53.68	\$57.00
Laboratory	Inpatient/Outpatient	R INTRINSIC FACTOR ANTIBODIES	86340	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	INTRINSIC FACTOR ANTIBODIES	86340	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	R ISLET CELL ANTIBODY	86341	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	TITER ISLET CELL ANTIBODY	86341	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ISLET CELL ANTIBODY	86341	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R LEUKOCYTE HISTAMINE RELEASE TEST	86343	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	LEUKOCYTE HISTAMINE RELEASE TEST	86343	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R B CELLS TOTAL COUNT	86355	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	B CELLS TOTAL COUNT	86355	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R MONONUCLEAR CELL ANTIGEN QUANT EA	86356	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	MONONUCLEAR CELL ANTIGEN QUANT EA	86356	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R NATURAL KILLER (NK) CELLS, TOTAL COUNT	86357	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	NATURAL KILLER (NK) CELLS, TOTAL COUNT	86357	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R T CELLS, TOTAL COUNT	86359	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	T CELLS, TOTAL COUNT	86359	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO	86360	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	T CELLS, ABSOLUTE CD4 & CD8 COUNT, INC RATIO	86360	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R T CELLS, ABSOL CD4 COUNT	86361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	T CELLS, ABSOL CD4 COUNT	86361	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R MICROSOMAL ANIBODIES, EACH	86376	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	MICROSOMAL ANIBODIES, EACH	86376	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	R NEUTRALIZATION TEST, VIRAL	86382	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	NEUTRALIZATION TEST, VIRAL	86382	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R NITROBLUE TETRAZOLIUM DYE TEST	86384	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	NITROBLUE TETRAZOLIUM DYE TEST	86384	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R PARTICLE AGGLUTINATION, SCREEN EA ANTBODY	86403	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, SCREEN EA AB	86403	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R PARTICLE AGGLUTINATION, SCREEN EA ANTBODY	86403	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, TITER EA AB	86406	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R PA, TITER EA AI	86406	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PARTICLE AGGLUTINATION, TITER EA AB	86406	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R QUAL RHEUM FACTOR	86430	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R RHEUMATOID FACTOR, QUANTITATIVE	86431	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	RHEUMATOID FACTOR, QUANTITATIVE	86431	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R TB TEST GAMMA INTERFERON	86480	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	TB TEST GAMMA INTERFERON	86480	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91

Laboratory	Inpatient/Outpatient	SYPHILIS TEST NON-TREP QUAL	86592	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R SYPHILIS TEST,NONTREPONML ANTBDY QUAL	86592	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	SYPHILIS TEST NON-TREP QUAL	86592	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R SYPHILIS TEST,NONTREPONML ANTBDY QUANT	86593	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SYPHILIS TEST,NONTREPONML ANTBDY QUANT	86593	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R ANTIBODY, ADENOVIRUS	86603	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, ADENOVIRUS	86603	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, ASPERGILUS	86606	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, ASPERGILLUS	86606	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, ASPERGILUS	86606	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, BACTERIUM NES	86609	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, BACTERIUM NES	86609	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R BARTONELLA ANTIBODY	86611	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	BARTONELLA ANTIBODY	86611	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, BLASTOMYCES	86612	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, BLASTOMYCES	86612	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, BORDETELLA	86615	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, BORDETELLA	86615	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, BORDETELLA	86615	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R AB, LYME'S (WB) CONFIRM	86617	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	AB, LYME'S (WB) CONFIRM	86617	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	AB, LYME'S DISEASE	86618	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R AB, LYME'S DISEASE	86618	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	AB, LYME'S DISEASE	86618	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, BRUCELLA	86622	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, BRUCELLA	86622	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY CAMPYLOBACTEF	86625	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, CANDIDA	86628	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, CANDIDA	86628	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, CHLAMYDIA	86631	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, CHLAMYDIA	86631	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA	86631	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, CHLAMYDIA IGM	86632	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, CHLAMYDIA IGM	86632	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, CHLAMYDIA IGM	86632	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, COCCIDIOIDES	86635	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, COCCIDIOIDES	86635	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, COXIELLA BURNETII (Q FEVER)	86638	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, COXIELLA BURNETII (Q FEVER)	86638	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	AB; CRYPTOCOCCUS	86641	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, CYTOMEGALOVIRUS (CMV)	86644	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV)	86644	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM	86645	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, CYTOMEGALOVIRUS (CMV) IGM	86645	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, DIPHTHERIA	86648	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, DIPHTHERIA	86648	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, ENCEPHALITIS, CALIFORNIA	86651	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, CALIFORNIA	86651	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, ENCEPHALITIS, EASTERN EQUINE	86652	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, EASTERN EQUINE	86652	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, ENCEPHALITIS, ST. LOUIS	86653	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	ANTIBODY, ENCEPHALITIS, ST. LOUIS	86653	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, ENTEROVIRUS	86658	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ANTIBODY, ENTEROVIRUS	86658	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN	86663	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EARLY ANTIGEN	86663	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, EPSTEIN-BARR VIRUS, EBNA	86664	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83

Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, EBNA	86664	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, EPSTEIN-BARR VIRUS, VIRAL CAPSID	86665	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, EPSTEIN-BARR VIRUS, VIRAL CAPSID	86665	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	ANTIBODY, EPSTEIN-BARR VIRUS, VIRAL CAPSID	86665	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, EHRlichIA	86666	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, EHRlichIA	86666	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, EHRlichIA	86666	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, FUNGUS NES	86671	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, FUNGUS NES	86671	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, GIARDIA LAMBLIA	86674	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, GIARDIA LAMBLIA	86674	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HELICOBACTER PYLORI	86677	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HELICOBACTER PYLORI	86677	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HELMINTH NES	86682	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HELMINTH NES	86682	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HELMINTH NES	86682	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, HELMINTH NES	86682	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HAEMOPHILUS INFLUENZA	86684	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	ANTIBODY, HAEMOPHILUS INFLUENZA	86684	\$73.87	\$72.39	\$73.13	\$68.18	\$72.39
Laboratory	Inpatient/Outpatient	R ANTIBODY, HTLV-I	86687	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV-I	86687	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HTLV-II	86688	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV-II	86688	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST	86689	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	ANTIBODY, HTLV OR HIV, CONFIRMATORY TEST	86689	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS, DELTA AGENT	86692	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS, DELTA AGENT	86692	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HERPES SIMPLEX	86694	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX	86694	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HERPES SIMPLEX, TYPE 1	86695	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HERPES SIMPLEX, TYPE 1	86695	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 1	86695	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HERPES SIMPLEX, TYPE 2	86696	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HERPES SIMPLEX, TYPE 2	86696	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HERPES SIMPLEX, TYPE 2	86696	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HISTOPLASMA	86698	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HISTOPLASMA	86698	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HIV-1	86701	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1	86701	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HIV-2	86702	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-2	86702	\$51.87	\$50.83	\$51.35	\$47.88	\$50.83
Laboratory	Inpatient/Outpatient	R ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT	86703	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ANTIBODY, HIV-1 & HIV-2, SINGLE RESULT	86703	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS B CORE, TOTAL	86704	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS B CORE, TOTAL	86704	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, TOTAL	86704	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS B CORE, IGM	86705	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B CORE, IGM	86705	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS B SURFACE	86706	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS B SURFACE	86706	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS B SURFACE	86706	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS BE ANTIBODY	86707	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS BE ANTIBODY	86707	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS A, TOTAL	86708	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS A, TOTAL	86708	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, HEPATITIS A, TOTAL	86708	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS A, IGM ANTIBODY	86709	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R ANTIBODY, HEPATITIS A, IGM ANTIBODY	86709	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81

Laboratory	Inpatient/Outpatient	ANTIBODY, VIRUS NOT ELSEWHERE SPECIFIED	86790	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ANTIBODY, YERSINIA	86793	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY, YERSINIA	86793	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R THYROGLOBULIN ANTIBODY	86800	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	THYROGLOBULIN ANTIBODY	86800	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY	86803	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HEPATITIS C ANTIBODY	86803	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY	86803	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C SINGLE ANTIGEN	86812	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	R HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	HLA TYPING, A, B, OR C MULTPL ANTIGEN	86813	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	R HLA TYPING, DR/DQ SINGLE ANTIGEN	86816	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	HLA TYPING, DR/DQ SINGLE ANTIGEN	86816	\$180.76	\$177.14	\$178.95	\$166.84	\$177.14
Laboratory	Inpatient/Outpatient	R HLA TYPING, DR/DQ MULTIPLE ANTIGEN	86817	\$361.52	\$354.29	\$357.90	\$333.68	\$354.29
Laboratory	Inpatient/Outpatient	HLA TYPING, DR/DQ MULTIPLE ANTIGEN	86817	\$361.52	\$354.29	\$357.90	\$333.68	\$354.29
Laboratory	Inpatient/Outpatient	R HLA X-MATCH NON-CYTOTOXIC FIRST	86825	\$694.74	\$680.85	\$687.79	\$641.25	\$680.85
Laboratory	Inpatient/Outpatient	ANTIBODY SCREEN, RBC, EA SERUM TECHNIQUE	86850	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	ANTIBODY ELUTION (RBC), EACH ELUTION	86860	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	ANTIBODY IDENT,RBC, EA PANEL FOR EA SERUM TECHNIQUE	86870	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	ANTIHUMAN GLOBULIN TEST (COOMBS) DIRECT, EA ANTISERUM	86880	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	COOMBS TEST INDIRECT TITER	86886	\$50.30	\$49.29	\$49.80	\$46.43	\$49.29
Laboratory	Inpatient/Outpatient	AUTOLOGOUS BLOOD/COMPONENT PREDEPOSITED	86890	\$267.21	\$261.87	\$264.54	\$246.63	\$261.87
Laboratory	Inpatient/Outpatient	AUTOLOG BLOOD PREDEPOSITED	86890	\$267.21	\$261.87	\$264.54	\$246.63	\$261.87
Laboratory	Inpatient/Outpatient	AUTOLOGOUS BLOOD OP SALVAGE	86891	\$825.20	\$808.70	\$816.95	\$761.66	\$808.70
Laboratory	Inpatient/Outpatient	BLOOD TYPING, ABO	86900	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	BLOOD TYPING RH (D)	86901	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	BLOOD TYPE ANTIGEN DONOR EA	86902	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	BLD TYPE, AG SCRIN W PT SERUM PER UNIT	86904	\$18.86	\$18.48	\$18.67	\$17.41	\$18.48
Laboratory	Inpatient/Outpatient	BLD TYPE, RBC AG NOT ABO/RHD E	86905	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT, IMMED SPIN TECHNQ	86920	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	COMPATIBILITY TEST EA UNIT, ANTIGLOB TECHNQ	86922	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	FRESH FROZEN PLASMA, THAWING, EACH UNIT	86927	\$6.29	\$6.16	\$6.23	\$5.81	\$6.16
Laboratory	Inpatient/Outpatient	R HEMOLYSINS & AGGLUTININS INCUBATED	86941	\$28.29	\$27.72	\$28.01	\$26.11	\$27.72
Laboratory	Inpatient/Outpatient	HEMOLYSINS & AGGLUTININS INCUBATED	86941	\$28.29	\$27.72	\$28.01	\$26.11	\$27.72
Laboratory	Inpatient/Outpatient	POOLING OF PLATELETS/BLOOD PRODUCTS	86965	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PRETREAT RBC, CHEM OR DRUGS, EA INCUBATION	86970	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	PRETREATMENT RBC'S W/ENZYMES, E	86971	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DILUTION	86976	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM INCUBATION W/INHIBITOR, EA	86977	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	PRETREATMENT SERUM BY DIFF RED CELL ABSORPTION, EA	86978	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	SPLITTING OF BLOOD/PRODUCTS EACH UNIT	86985	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CONCENTRATION FOR INFECTIOUS AGENT	87015	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CONCENTRATION FOR INFECTIOUS AGENT	87015	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	AEROB BACTERIAL BLOOD CULTURE, PRESUMPTIVE ID	87040	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAN	87045	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAN	87045	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	AEROB BACTERIA CULTURE STOOL, PRELIM EXAN	87045	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41

Laboratory	Inpatient/Outpatient	AEROBIC STOOL CULTR ADDTL PATHOG EA PLATE	87046	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID	87070	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID	87070	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL OTHR SOURCE, AEROBIC, PRESUMPTIVE ID	87070	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID	87075	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANY SOURCE, ANAEROBIC, PRESUMPTIVE ID	87075	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE	87076	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL ANAEROBIC ISOL ADD METHOD, EA ISOLATE	87076	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE	87077	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULTURE, BACTERIAL AEROBIC ISOL ADD METHOD, EA ISOLATE	87077	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULTURE PRESMPVT PATH ORGNSMS SCREEN ONLY	87081	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CULTURE PRESMPVT PATH ORGNSMS SCREEN ONLY	87081	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CULTURE PRESMPVT PATH ORGNSMS SCREEN ONLY	87081	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CULTURE PRESMPVT PATH ORGNSMS SCREEN ONLY - N/I	87081	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	URINE CULTURE BACTRL QUANT COLONY COUNT	87086	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	URINE CULTURE BACTRL QUANT COLONY COUNT	87086	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE	87088	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	URINE BACTERIA CULTURE, PRESUMPTIVE ID, EA ISOLATE	87088	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	CULT FUNGUS W P ID, SKIN HR NL	87101	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CULT FUNGUS W P ID, SKIN HR NL	87101	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CULT FUNGUS W P ID, SKIN HR NL	87101	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE	87102	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE	87102	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE NOT BLOOD, P ID, OTHER SOURCE	87102	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE BLOOD, P ID	87103	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R FUNGUS CULTURE BLOOD, P ID	87103	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE BLOOD, P ID	87103	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE DEF ID YEAST, EA	87106	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	FUNGUS CULTURE DEF ID YEAST, EA	87106	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R CULTURE MYCOPLASMA ANY SOURCE	87109	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	CULTURE MYCOPLASMA ANY SOURCE	87109	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	R CULTURE CHLAMYDIA ANY SOURCE	87110	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	CULTURE CHLAMYDIA ANY SOURCE	87110	\$48.73	\$47.76	\$48.24	\$44.98	\$47.76
Laboratory	Inpatient/Outpatient	CULTURE AFB - ISOL & ID	87116	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CULTURE AFB - ISOL & ID	87116	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CULTURE AFB - ISOL & ID	87116	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R CULT MYCOBACTERIA DEFIN ID EA	87118	\$119.46	\$117.07	\$118.27	\$110.26	\$117.07
Laboratory	Inpatient/Outpatient	CULT MYCOBACTERIA DEFIN ID EA	87118	\$119.46	\$117.07	\$118.27	\$110.26	\$117.07
Laboratory	Inpatient/Outpatient	R CULTURE, IF EA ANTISERUM	87140	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CULTURE, IF EA ANTISERUM	87140	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CULTURE, IF EA ANTISERUM	87140	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CULTURE, IMMUNOLOGIC, NON IMMUNOFL, PER ANTISERUM	87147	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CULTURE, IMMUNOLOGIC, NON IMMUNOFL, PER ANTISERUM	87147	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R DNA/RNA DIRECT PROBE, EA ORGANISM	87149	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DNA/RNA DIRECT PROBE, EA ORGANISM	87149	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DNA/RNA AMPLIFIED PROBE	CPT(R)	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	DNA/RNA AMPLIFIED PROBE	87150	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CULTURE DNA/RNA SEQUENCING	87153	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76
Laboratory	Inpatient/Outpatient	CULTURE DNA/RNA SEQUENCING	87153	\$243.63	\$238.76	\$241.19	\$224.87	\$238.76
Laboratory	Inpatient/Outpatient	DARK FIELD, W SPEC COLLECT	87164	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	DARK FIELD, W SPEC COLLECT	87164	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	MACROSCOPIC EXAM, ARTHROPOI	87168	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	MACROSCOPIC EXAM, ARTHROPOI	87168	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	MACROSCOPIC EXAM PARASIT	87169	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R PINWORM EXAM	87172	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	PINWORM EXAM	87172	\$9.43	\$9.24	\$9.34	\$8.70	\$9.24
Laboratory	Inpatient/Outpatient	OVA & PARASITES DIR SMR W II	87177	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R OVA & PARASITES DIR SMR W II	87177	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	OVA & PARASITES DIR SMR W II	87177	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61

Laboratory	Inpatient/Outpatient	SENSITIVITY - AGAR DILUTION/AGENT	87181	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SENSITIVITY - AGAR DILUTION/AGENT	87181	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SENSITIVITY - DISK PER PLATE	87184	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SENSITIVITY - DISK PER PLATE	87184	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	MICROBE SUSCEPTIBLE MIC	87186	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R MICROBE SUSCEPTIBLE MIC	87186	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R MICROBE SUSCEPTIBLE MIC	87186	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	MICROBE SUSCEPTIBLE MIC	87186	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SENSITIVITY - MLC EA PLATE	87187	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SENSITIVITY - MLC EA PLATE	87187	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SENSITIVITY - MACROBROTH EA AGENT	87188	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SENSITIVITY - MACROBROTH EA AGENT	87188	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SENSITIVITY - MYCOBACT EA AGENT	87190	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	SENSITIVITY - MYCOBACT EA AGENT	87190	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN	87205	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN	87205	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, GRAM/GIEMSA STAIN	87205	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	SMEAR, FLUORESCENT OR AFB STAIN	87206	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R SMEAR, FLUORESCENT OR AFB STAIN	87206	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R SMEAR, FLUORESCENT OR AFB STAIN	87206	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	SMEAR, FLUORESCENT OR AFB STAIN	87206	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES	87207	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES	87207	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, SPEC STAIN INCLSN BDY/PARASITES	87207	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASIT	87209	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SMEAR PRIMARY SOURCE COMPLEX SPECIAL STAIN FOR OVA & PARASIT	87209	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT	87210	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT	87210	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	R SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT	87210	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	SMEAR, PRIM SOURCE, WET MOUNT INFC AGENT	87210	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	KOH FOR FUNGI/PARASITES/MITES	87220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R KOH FOR FUNGI/PARASITES/MITES	87220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R KOH FOR FUNGI/PARASITES/MITES	87220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	KOH FOR FUNGI/PARASITES/MITES	87220	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE	87230	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE	87230	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	VIRUS ISOLATE, TISSUE CULT INOC, PRESUMP ID	87252	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VIRUS ISOLATE, ADDTL STUDIES OR DEF ID, EA ISOLATE	87253	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R VIRUS ISOL, INCLUDE ID BY NON-IMMUNOLOGIC METHOD	87255	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R BORDATELLA P AG BY DF/	87265	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	BORDATELLA P AG BY DF/	87265	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T AG BY DF/	87270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AG BY DF/	87270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T AG BY DF/	87270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T AG BY DF/	87270	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R INFECT AGENT ANTGN, CYTOMEGALOVIRUS DFA	87271	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	INFECT AGENT ANTGN, CYTOMEGALOVIRUS DFA	87271	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CRYPTOSPOR AG BY IF/	87272	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CRYPTOSPOR AG BY IF/	87272	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CRYPTOSPOR AG BY IF/	87272	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CRYPTOSPOR AG BY IF/	87272	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 2 AG BY IF	87273	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 2 AG BY IF	87273	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 2 AG BY IF	87273	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 2 AG BY IF	87273	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 1 AG BY IF	87274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 1 AG BY IF	87274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 1 AG BY IF	87274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX 1 AG BY IF	87274	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R LEGIONELLA PNEMOPHILA ANTIGEN, IFA	87278	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LEGIONELLA PNEMOPHILA ANTIGEN, IFA	87278	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R PNEUMOCYSTIS CARINII AG BY IF	87281	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51

Laboratory	Inpatient/Outpatient	PNEUMOCYSTIS CARINII AG BY IF	87281	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R VARICELLA ZOSTER AG BY DF/	87290	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	VVARICELLA ZOSTER AG BY DF/	87290	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R NOS INFECTIOUS AG BY IF, EA	87299	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	NOS INFECTIOUS AG BY IF, EA	87299	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ADENOVIRUS AG EIA	87301	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ADENOVIRUS AG EIA	87301	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ASPERGILLUS AG EIA	87305	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ASPERGILLUS AG EIA	87305	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CLOSTRIDIUM DIFFICILE AG EIA	87324	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CLOSTRIDIUM DIFFICILE AG EIA	87324	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CLOSTRIDIUM DIFFICILE AG EIA	87324	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	GIARDIA AG EIA	87329	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	GIARDIA AG EIA	87329	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ENTAMOEBA HIST GROUP AG EIA/	87337	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	ENTAMOEBA HIST GROUP AG EIA	87337	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	HPYLORI STOOL AG EIA	87338	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HPYLORI STOOL AG EIA	87338	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R INFECT AGENT ANTGN ENZYME,HEP B (HBSAG)	87340	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	INFECT AGENT ANTGN ENZYME,HEP B (HBSAG)	87340	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HEPATITIS B SURFACE AG EIA NEUTRALIZATION	87341	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEPATITIS B SURFACE AG EIA NEUTRALIZATION	87341	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HEPATITIS BE AG EIA	87350	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	HEPATITIS BE AG EIA	87350	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R HEPATITIS DELTA AG EIA	87380	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HEPATITIS DELTA AG EIA	87380	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HISTOPLASMA CAPSUL AG EIA	87385	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	HISTOPLASMA CAPSUL AG EIA	87385	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R HIV-1 AG W/HIV-1 & HIV-2 AI	87389	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	HIV-1 AG W/HIV-1 & HIV-2 AI	87389	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R HIV-1 AG EIA	87390	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	HIV-1 AG EIA	87390	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R RESP SYNCYTIAL AG EIA	87420	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	RESP SYNCYTIAL AG EIA	87420	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R ROTAVIRUS AG EIA	87425	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	ROTAVIRUS AG EIA	87425	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R CORONAVIRUS AG IA	87426	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SHIGA-LIKE TOXIN AG EIA	87427	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SHIGA-LIKE TOXIN AG EIA	87427	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SARS-COV-2 & INFLUENZA VIRUS TYPES A&E	87428	\$40.87	\$40.05	\$40.46	\$37.72	\$40.05
Laboratory	Inpatient/Outpatient	IA AG BY EIA - MULTI STEP E/	87449	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	R IA AG BY EIA - MULTI STEP E/	87449	\$102.17	\$100.13	\$101.15	\$94.30	\$100.13
Laboratory	Inpatient/Outpatient	IA AG BY EIA - MULTI STEP E/	87449	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	IA AG BY EIA - SGL STEP E/	87450	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	87450	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LYMES AMPLIFIED NA PROBE	87476	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CANDIDA NA DIRECT PROBI	87480	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CANDIDA NA DIRECT PROBI	87480	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CANDIDA NA AMPLIFIED PROBE	87481	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CANDIDA NA AMPLIFIED PROBE	87481	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CHLAMYDIA P AMPLIF NA PROBI	87486	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CHLAMYDIA P AMPLIF NA PROBI	87486	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CHLAMYDIA P AMPLIF NA PROBI	87486	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CHLAMYDIA P AMPLIF NA PROBI	87486	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T DIR NA PROBI	87490	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	CHLAMYDIA T DIR NA PROBE	87490	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T AMPLIF NA PROBI	87491	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AMPLIF NA PROBI	87491	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R CHLAMYDIA T AMPLIF NA PROBI	87491	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	CHLAMYDIA T AMPLIF NA PROBI	87491	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32

Laboratory	Inpatient/Outpatient	C DIFF AMPLIFIED PROBE	87493	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	C DIFF AMPLIFIED PROBE	87493	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CYTOMEGALOV AMPLIF NA PROBI	87496	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CYTOMEGALOVIRUS AMP PROBI	87496	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	CYTOMEGALOV AMPLIF NA PROBI	87496	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R CYTOMEGALOVIRUS NA QUAN	87497	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	CYTOMEGALOVIRUS NA QUAN	87497	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R ENTEROVIRUS NA AMP PROBE & REVR5 TRN	87498	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	ENTEROVIRUS PROBE&REVR5 TRN	87498	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	ENTEROVIRUS NA AMP PROBE & REVR5 TRN	87498	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB EA TYPI	87501	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB EA TYPI	87501	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R INFLUENZA DNA AMP PROBE	87502	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROBE	87502	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROBE	87502	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB >2 TYPE!	87503	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	INFLUENZA DNA AMP PROB >2 TYPE!	87503	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	IADNA-DNA/RNA PROBE TQ 6-1	87506	\$436.96	\$428.22	\$432.59	\$403.31	\$428.22
Laboratory	Inpatient/Outpatient	IADNA-DNA/RNA PROBE TQ 12-2!	87507	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	IADNA-DNA/RNA PROBE TQ 12-2!	87507	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	GARDNERELLA DIR NA PROBE	87510	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	GARDNERELLA DIR NA PROBE	87510	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	GARDNERELLA NA QUAN	87512	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	GARDNERELLA NA QUAN	87512	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HEP-B AMPLIF NA PROBI	87516	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HEP-B AMPLIF NA PROBE	87516	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R HEP-B NA QUAN	87517	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	HEP-B NA QUAN	87517	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA	87521	\$220.05	\$215.65	\$217.85	\$203.11	\$215.65
Laboratory	Inpatient/Outpatient	HEPATITIS C PROBE&RVRS TRNSC, AMPLIFIED, NA	87521	\$220.05	\$215.65	\$217.85	\$203.11	\$215.65
Laboratory	Inpatient/Outpatient	R HEPATITIS C REVR5 TRNSCRPJ, NA, QUAN	87522	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	HEPATITIS C REVR5 TRNSCRPJ, NA, QUANT	87522	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HERPES 5 AMPLIF NA PROBI	87529	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HERPES SIMPLEX VIRUS, DNA AMP PROBE	87529	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HERPES 5 AMPLIF NA PROBE	87529	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HERPES 5 NA QUAN	87530	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HERPES 6 AMPLIF NA PROBI	87532	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HERPES VIRUS-6 AMP PROBE	87532	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HERPES 6 AMPLIF NA PROBE	87532	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R HERPES 6 NA QUAN	87533	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	HERPES 6 NA QUAN	87533	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRF	87535	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R INFECT AGENT DETECT,HIV-1 AMPLIFIED	87535	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HIV-1 AMPLIF NA PROBE & REVERSE TRNSCRP	87535	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R HIV-1 NA QUANT & REVRSE TRNSCRF	87536	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	HIV-1 NA QUANT & REVRSE TRNSCRP	87536	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R HIV-2 AMPLIF NA PROBE & REVRSE TRNSCRIF	87538	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	HIV-2 AMPLIF NA PROBE & REVRSE TRNSCRIP	87538	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R LEGIONELLA AMPLIF NA PROBE	87541	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	LEGIONELLA AMPLIF NA PROBE	87541	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R MYCOBACTERIA T DIR NA PROB	87555	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T DIR NA PROB	87555	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T AMPLIF NA PROB	87556	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T AMPLIF NA PROB	87556	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOBACTERIA T AMPLIF NA PROB	87556	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R MYCOBACTERIA A DIR NA PROE	87560	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	MYCOBACTERIA A DIR NA PROB	87560	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	M. GENITALIUM AMP PROBE	87563	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32

Laboratory	Inpatient/Outpatient	R MYCOPLASMA P AMPLIF NA PROB	87581	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOPLASMA AMPLIF NA PROBI	87581	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	MYCOPLASMA P AMPLIF NA PROB	87581	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	NEISSERIA AMPLIF NA PROBE	87591	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R NEISSERIA AMPLIF NA PROBE	87591	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	NEISSERIA AMPLIF NA PROBE	87591	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R HPV HIGH-RISK TYPES	87624	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HPV HIGH-RISK TYPES	87624	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R HPV TYPES 16 & 18 ONL	87625	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	HPV TYPES 16 & 18 ONLY	87625	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	RESP VIRUS 3-5 TARGETS	87631	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	RESP VIRUS 42799 TARGETS	87631	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	RESP VIRUS 12-25 TARGETS	87633	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	RESP VIRUS 12-25 TARGETS	87633	\$282.93	\$277.27	\$280.10	\$261.14	\$277.27
Laboratory	Inpatient/Outpatient	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVI	87635	\$51.31	\$50.28	\$50.80	\$47.36	\$50.28
Laboratory	Inpatient/Outpatient	MR-STAPH DNA AMP PROB	87641	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	MR-STAPH DNA AMP PROB	87641	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	STREPTOCOCCUS GROUP A AMPLIFIED PROBE TECHNIQUE	87651	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	STREP B DNA AMP PROB	87653	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	STREP B DNA AMP PROB	87653	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS NA DIR PROBE	87660	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS NA DIR PROBE	87660	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS AMPLIF	87661	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	TRICHOMONAS VAGINALIS AMPLIF	87661	\$70.73	\$69.32	\$70.02	\$65.28	\$69.32
Laboratory	Inpatient/Outpatient	R AMPLIF NA PROBE NOS AGENT E	87798	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT	87798	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R INFCT AGNT DET NA, NOS, AMPLIFIED PROBE EA	87798	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT	87798	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	AMPLIF NA PROBE NOS AGENT E/	87798	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R NA QUANT NOS AGENT E/	87799	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	NA QUANT NOS AGENT E/	87799	\$251.49	\$246.46	\$248.98	\$232.13	\$246.46
Laboratory	Inpatient/Outpatient	R DIR NA PROBE MULTI ORGANISMS	87800	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	DIR NA PROBE MULTI ORGANISMS	87800	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	R DNA/RNA, MULTI ORG - AMP PI	87801	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	DNA/RNA, MULTI ORG - AMP PI	87801	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	DNA/RNA, MULTI ORG - AMP PI	87801	\$188.62	\$184.85	\$186.73	\$174.10	\$184.85
Laboratory	Inpatient/Outpatient	STREP B IA W DC	87802	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	STREP B IA W DC	87802	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	INFLUENZA IA W DO	87804	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	INFLUENZA IA W DO	87804	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	INFLUENZA A+B BY IMMUNOFLUORESCENCE	87804	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	RESPIRATORY SYNCYTIAL VIRUS BY IMMUNOFLUORESCENCE	87807	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	STREP A ASSAY W/OPTI	87880	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	STREP A ASSAY W/OPTI	87880	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	AGENT NOS ASSAY W/OPTIC	87899	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	AGENT NOS ASSAY W/OPTIC	87899	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	PHENOTYPE INFECT AGENT DRUG	87900	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R GENOTYPE DNA HIV REVERSE T	87901	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV REVERSE T	87901	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	R GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA	87902	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	GENOTYPE ANALYSIS, HEPATITIS C - DNA OR RNA	87902	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	R PHENOTYPE DNA HIV W/CULTURE, 1-10 DRUGS	87903	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	PHENOTYPE DNA HIV W/CULTURE, 42745 DRUGS	87903	\$534.41	\$523.72	\$529.07	\$493.26	\$523.72
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV OTHER REGION	87906	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HIV OTHER REGION	87906	\$259.35	\$254.16	\$256.76	\$239.38	\$254.16
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HEPATITIS B	87912	\$232.63	\$227.98	\$230.30	\$214.72	\$227.98
Laboratory	Inpatient/Outpatient	GENOTYPE DNA HEPATITIS B	87912	\$232.63	\$227.98	\$230.30	\$214.72	\$227.98
Laboratory	Inpatient/Outpatient	CYTOPATH, FLUID, WASHNG, BRUSHNG SMEAR	88104	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21

Laboratory	Inpatient/Outpatient	CYTOPATH, FLUID, WASHNG, BRUSHNG SMEAR	88104	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CYTOPATH, CONCENTRATION TECHNQ SMEAR	88108	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	CYTOPATH, CONCENTRATION TECHNQ SMEAR	88108	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	CYTOPATH, SEL CELL ENHANCMENT TECHNQ	88112	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	CYTOPATH, SEL CELL ENHANCMENT TECHNQ	88112	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R CYTP URNE 3-5 PROBES EA SPEC, MANUA	88120	\$290.78	\$284.96	\$287.87	\$268.39	\$284.96
Laboratory	Inpatient/Outpatient	R CYTP URNE 42799 PROBES EA SPEC, MANUA	88120	\$290.78	\$284.96	\$287.87	\$268.39	\$284.96
Laboratory	Inpatient/Outpatient	CYTOPATH C/V INTERPRET	88141	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CYTOPATH C/V INTERPRET	88141	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CYTOPATH C/V INTERPRET	88141	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CYTOPATH, CERV/VAGINAL AUTO THIN LAYE	88142	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CYTOPATH, CERV/VAGINAL AUTO THIN LAYE	88142	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CP CERV/VAG, ATL, MANUAL SCRNL, QUEST LAI	88142	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	CYTOPATH, CERV/VAGINAL AUTO THIN LAYE	88142	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	DX PAP TL, MANUAL SCRNL & R	88143	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	DX PAP TL, MANUAL SCRNL & R	88143	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R CYTOPATH SLIDES CERV/VAGNL DEF HORMNL EVAL	88155	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	CYTOPATH SLIDES CERV/VAGNL DEF HORMNL EVAL	88155	\$34.58	\$33.89	\$34.23	\$31.92	\$33.89
Laboratory	Inpatient/Outpatient	CP SMR OTHR, PREP SCRNL INT	88161	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	CP SMR OTHR, PREP SCRNL INT	88161	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	BETHESDA PAP, MANUAL SCREEN	88164	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	BETHESDA PAP, MANUAL SCREEN	88164	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CYTOPATH SLIDES CERV/VAGNL MAN (RE)SCREEN	88165	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CYTOPATH SLIDES CERV/VAGNL MAN (RE)SCREEN	88165	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CYTOPATH, DX EVAL FNA 1ST EA SITE	88172	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CYTOPATH, DX EVAL FNA 1ST EA SITE	88172	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA INTERPRET & REPOR	88173	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA INTERPRET & REPOR	88173	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	CYTOPATH C/V AUTO FLUID REDC	88175	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA EACH ADDTNL EPISODE	88177	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	CYTOPATH, EVAL FNA EACH ADDTNL EPISODE	88177	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS	88182	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS	88182	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER	88184	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER	88184	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, FIRST MARKER	88184	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL	88185	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL	88185	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, CELL SURFACE, EA ADDTNL	88185	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	L R FLOW CYTOMETRY, INTERPRET, 9-15 MARKER	88188	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	L R FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKER	88189	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKER	88189	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	FLOW CYTOMETRY, INTERPRET, 16 OR MORE MARKER	88189	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R TISSUE CULT FOR NON-NEOPLSTC, LYMPHOCYTE	88230	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R TISSUE CULT FOR NON-NEOPLSTC, LYMPHOCYTE	88230	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC, LYMPHOCYTE	88230	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	R TISSUE CULT FOR NON-NEOPLSTC, SKIN/SOLID BX	88233	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	R TISSUE CULT FOR NON-NEOPLSTC, SKIN/SOLID BX	88233	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC, SKIN/SOLID BX	88233	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	R TISSUE CULT FOR NON-NEOPLSTC, AMNIOTIC FLUID	88235	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	TISSUE CULT FOR NON-NEOPLSTC, AMNIOTIC FLUID	88235	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R TISSUE CULTURE, BM BLD CELLS	88237	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	TISSUE CULTURE, BM BLD CELLS	88237	\$235.77	\$231.05	\$233.41	\$217.62	\$231.05
Laboratory	Inpatient/Outpatient	R CHROMSM ANALYS BASELINE BRKG SCORE 50-10	88248	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS BASELINE BRKG SCORE 50-10	88248	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	R CHROMSM ANALYS BASELINE BRKG SCORE 10	88249	\$730.89	\$716.27	\$723.58	\$674.61	\$716.27
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS BASELINE BRKG SCORE 10	88249	\$730.89	\$716.27	\$723.58	\$674.61	\$716.27
Laboratory	Inpatient/Outpatient	R CHROMSM ANALYS CNT 15-20 CELLS, 2 KARTY	88262	\$502.98	\$492.92	\$497.95	\$464.25	\$492.92

Laboratory	Inpatient/Outpatient	R CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYF	88262	\$502.98	\$492.92	\$497.95	\$464.25	\$492.92
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS CNT 15-20 CELLS,2 KARTYF	88262	\$502.98	\$492.92	\$497.95	\$464.25	\$492.92
Laboratory	Inpatient/Outpatient	R CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS	88264	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	R CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS	88264	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALYSIS, ANALYZE 20-25 CELLS	88264	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	R CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS	88269	\$471.54	\$462.11	\$466.82	\$435.23	\$462.11
Laboratory	Inpatient/Outpatient	CHROMSM ANALYS IN SITU AMNIOTIC FLD CELLS	88269	\$471.54	\$462.11	\$466.82	\$435.23	\$462.11
Laboratory	Inpatient/Outpatient	R MLECULAR CYTOGEN, DNA PROBE EA (FISH)	88271	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R MLECULAR CYTOGEN, DNA PROBE EA (FISH)	88271	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	MLECULAR CYTOGEN, DNA PROBE EA (FISH)	88271	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	R MCG, SITU HYBRID 10-30 CELLS	88273	\$275.07	\$269.57	\$272.32	\$253.89	\$269.57
Laboratory	Inpatient/Outpatient	MCG, SITU HYBRID 43038 CELLS	88273	\$275.07	\$269.57	\$272.32	\$253.89	\$269.57
Laboratory	Inpatient/Outpatient	CYTOGENETICS, MOLECULAR INTERPHASE IN SITU HYBID 25-99 S	88274	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	CYTOGENETICS, MOLECULAR INTERPHASE IN SITU HYBID 25-99 S	88274	\$314.36	\$308.07	\$311.22	\$290.15	\$308.07
Laboratory	Inpatient/Outpatient	R MCG, IP SITU 100-300 CELLS	88275	\$361.52	\$354.29	\$357.90	\$333.68	\$354.29
Laboratory	Inpatient/Outpatient	R MCG, IP SITU 100-300 CELLS	88275	\$361.52	\$354.29	\$357.90	\$333.68	\$354.29
Laboratory	Inpatient/Outpatient	MCG, IP SITU 100-300 CELLS	88275	\$361.52	\$354.29	\$357.90	\$333.68	\$354.29
Laboratory	Inpatient/Outpatient	R CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVA	88280	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CHROM ANALY, ADDTL KARYOT EA STUDY	88280	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALY, ADDTL KARYOT EA STUDY EVAI	88280	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	R CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	88289	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	88289	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	L R CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$594.14	\$582.26	\$588.20	\$548.39	\$582.26
Laboratory	Inpatient/Outpatient	CYTOGENETIC & MOLECULAR CYTOGENETICS	88291	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R UNLISTED CYTOGENETIC STUDY	88299	\$594.14	\$582.26	\$588.20	\$548.39	\$582.26
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL I, GROSS EXAM ONLY	88300	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL I, GROSS EXAM ONLY	88300	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM	88302	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL II, GROSS & MICROSCOPIC EXAM	88302	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM	88304	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL III, GROSS & MICROSCOPIC EXAM	88304	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM	88305	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	BIOPSY PROSTATE 10-20 SPC	88305	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL IV, GROSS & MICROSCOPIC EXAM	88305	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL V, GROSS & MICROSCOPIC	88307	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL V, GROSS & MICROSCOPIC	88307	\$157.18	\$154.04	\$155.61	\$145.08	\$154.04
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL VI, GROSS & MICROSCOPIC	88309	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	SURG PATH LEVEL VI, GROSS & MICROSCOPIC	88309	\$196.48	\$192.55	\$194.52	\$181.35	\$192.55
Laboratory	Inpatient/Outpatient	DECALCIFICATION PROCEDURE	88311	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	DECALCIFICATION PROCEDURE	88311	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP I FOR MICROORGANISMS	88312	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP I FOR MICROORGANISMS	88312	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP II, ALL OTHERS	88313	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SPECIAL STAIN, GROUP II, ALL OTHERS	88313	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP II, ALL OTHERS	88313	\$15.72	\$15.41	\$15.56	\$14.51	\$15.41
Laboratory	Inpatient/Outpatient	R SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK	88314	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, HISTOCHEMICAL FRZN TISS BLCK	88314	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	R SPECIAL STAIN, GROUP III FOR ENZYME	88319	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	SPECIAL STAIN, GROUP III FOR ENZYME	88319	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	REF CONSULT W SLIDE PREP	88323	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	REF CONSULT W SLIDE PREP	88323	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	CONSULT DURING SURGERY	88329	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	CONSULT DURING SURGERY	88329	\$31.44	\$30.81	\$31.13	\$29.02	\$30.81
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,1ST BLCK FRZN SEC	88331	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,1ST BLCK FRZN SEC	88331	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,EA ADDTNL BLCK	88332	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG,EA ADDTNL BLCK	88332	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70

Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYTOLOGY EXAM	88333	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYTOLOGY EXAM	88333	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYT EXAM EA ADD SITE	88334	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	PATH CONSULT DURING SURG, CYT EXAM EA ADD SITE	88334	\$47.15	\$46.21	\$46.68	\$43.52	\$46.21
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL	88341	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL	88341	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, EA ADDTL	88341	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL	88342	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL	88342	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	IMMUNOHISTO PER SPECIMEN, SINGLE ANTIBODY STAIN, INITIAL	88342	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R IMMUNOFLUORESCENT STUDY, EA ANTIBODY, DIRECT	88346	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R IMMUNOFLUORESCENT STUDY,EA ANTBDY, DIRECT	88346	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	IMMUNOFLUORESCENT STUDY, EA ANTIBODY, DIRECT	88346	\$94.31	\$92.42	\$93.37	\$87.05	\$92.42
Laboratory	Inpatient/Outpatient	R ELECTRON MICROSCOPY, DIAGNOSTIC	88348	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	ELECTRON MICROSCOPY, DIAGNOSTIC	88348	\$628.72	\$616.15	\$622.43	\$580.31	\$616.15
Laboratory	Inpatient/Outpatient	IMMUNOFLUOR ANTB ADDL STAIN	88350	\$108.45	\$106.28	\$107.37	\$100.10	\$106.28
Laboratory	Inpatient/Outpatient	IMMUNOFLUOR ANTB ADDL STAIN	88350	\$108.45	\$106.28	\$107.37	\$100.10	\$106.28
Laboratory	Inpatient/Outpatient	R MORPHOMETRIC ANALY,TUMOR MARKER,MANUA	88360	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY,TUMOR MARKER,MANUAI	88360	\$117.89	\$115.53	\$116.71	\$108.81	\$115.53
Laboratory	Inpatient/Outpatient	R MORPHOMETRIC ANALY,TUMOR MARKER,CMP	88361	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R MORPHOMETRIC ANALY,TUMOR MARKER,CMP	88361	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY,TUMOR MARKER,CMP1	88361	\$141.46	\$138.63	\$140.05	\$130.57	\$138.63
Laboratory	Inpatient/Outpatient	R INSITU HYBRIDIZATION (FISH) SINGLE PROBE, EA ADDTL	88364	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH) EA ADDTL	88364	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH)	88364	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH) EA ADDTL	88364	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	R IN SITU HYBRIDIZATION (FISH) SINGLE PROBE	88365	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	R IN SITU HYBRIDIZATION (FISH) SINGLE PROBE, INITIAL	88365	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION (FISH)	88365	\$306.50	\$300.37	\$303.44	\$282.90	\$300.37
Laboratory	Inpatient/Outpatient	IN SITU HYBRIDIZATION (FISH) SINGLE PROBE	88365	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION AUTO	88367	\$213.77	\$209.49	\$211.63	\$197.31	\$209.49
Laboratory	Inpatient/Outpatient	INSITU HYBRIDIZATION AUTO	88367	\$213.77	\$209.49	\$211.63	\$197.31	\$209.49
Laboratory	Inpatient/Outpatient	R MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL	88368	\$182.33	\$178.68	\$180.51	\$168.29	\$178.68
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, SNGL PROBE, INITIAL	88368	\$182.33	\$178.68	\$180.51	\$168.29	\$178.68
Laboratory	Inpatient/Outpatient	R MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, EACH ADD'L SNGL PROBE	88369	\$182.33	\$178.68	\$180.51	\$168.29	\$178.68
Laboratory	Inpatient/Outpatient	MORPHOMETRIC ANALY INSITU HYB MANL, QUANT/SEMIQ, EACH ADD'L SNGL PROBE	88369	\$182.33	\$178.68	\$180.51	\$168.29	\$178.68
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISHQUNT/SEMIQ	88373	\$213.77	\$209.49	\$211.63	\$197.31	\$209.49
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISHQUNT/SEMIQ	88373	\$213.77	\$209.49	\$211.63	\$197.31	\$209.49
Laboratory	Inpatient/Outpatient	R M/PHMTRC ALYS ISH QUANT/SEMIQ	88374	\$550.13	\$539.13	\$544.63	\$507.77	\$539.13
Laboratory	Inpatient/Outpatient	M/PHMTRC ALYS ISH QUANT/SEMIQ	88374	\$550.13	\$539.13	\$544.63	\$507.77	\$539.13
Laboratory	Inpatient/Outpatient	R MORPHOMTC ALYS IN SITU HYBRID QUANT/SEMIQ	88377	\$550.13	\$539.13	\$544.63	\$507.77	\$539.13
Laboratory	Inpatient/Outpatient	MORPHOMTC ALYS IN SITU HYBRID QUANT/SEMIQ	88377	\$550.13	\$539.13	\$544.63	\$507.77	\$539.13
Laboratory	Inpatient/Outpatient	MICRODISSECTION LASER	88380	\$1,287.31	\$1,261.56	\$1,274.44	\$1,188.19	\$1,261.56
Laboratory	Inpatient/Outpatient	R MICRODISSECTION MANUAL	88381	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	MICRODISSECTION MANUAL	88381	\$322.22	\$315.78	\$319.00	\$297.41	\$315.78
Laboratory	Inpatient/Outpatient	CELL COUNT, MISC BODY FLUID,W/DIFF COUNT	89051	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	CELL COUNT, MISC BODY FLUID,W/DIFF COUNT	89051	\$39.30	\$38.51	\$38.91	\$36.27	\$38.51
Laboratory	Inpatient/Outpatient	LEUKOCYTE ASSESSMENT,FECAL,QUAL/SEMIQUAL	89055	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	LEUKOCYTE ASSESSMENT,FECAL,QUAL/SEMIQUAL	89055	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	CRYSTAL IDENTIFICATION TISSUE/BODY FLUID	89060	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	CRYSTAL IDENTIFICATION TISSUE/BODY FLUID	89060	\$23.58	\$23.11	\$23.34	\$21.76	\$23.11
Laboratory	Inpatient/Outpatient	R MEAT FIBERS, FECES	89160	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	MEAT FIBERS, FECES	89160	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	NASAL SMEAR FOR EOSINOPHILS	89190	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	NASAL SMEAR FOR EOSINOPHILS	89190	\$12.57	\$12.32	\$12.44	\$11.60	\$12.32
Laboratory	Inpatient/Outpatient	SEMEN ANALYSIS,SPERM PRESENCE & MOTILITY	89321	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	SEMEN ANALYSIS,SPERM PRESENCE & MOTILITY	89321	\$7.86	\$7.70	\$7.78	\$7.25	\$7.70
Laboratory	Inpatient/Outpatient	R SPERM ANTIBODIES	89325	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19
Laboratory	Inpatient/Outpatient	SPERM ANTIBODIES	89325	\$26.72	\$26.19	\$26.45	\$24.66	\$26.19

Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	PHLEBOTOMY, THERAPEUTIC	99195	\$78.59	\$77.02	\$77.80	\$72.54	\$77.02
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, RED BLOOD CELL	P9011	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, PLATELET	P9011	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	BLOOD, SPLIT UNIT, FRESH FROZEN PLASMA	P9011	\$172.90	\$169.44	\$171.17	\$159.59	\$169.44
Laboratory	Inpatient/Outpatient	CRYOPRECIPITATE EA UNIT, PROC FEE	P9012	\$55.01	\$53.91	\$54.46	\$50.77	\$53.91
Laboratory	Inpatient/Outpatient	LEUKOCYTE POOR BLOOD EA UNIT, NON-AUTOLOGOUS, PROC FEE	P9016	\$227.91	\$223.35	\$225.63	\$210.36	\$223.35
Laboratory	Inpatient/Outpatient	FRESH FROZ PLASMA 1 DONOR FRZ W/IN 8 HR, EA UNIT, NON-AUTOLOGOUS PROC FEE	P9017	\$62.87	\$61.61	\$62.24	\$58.03	\$61.61
Laboratory	Inpatient/Outpatient	RED BLOOD CELLS EA UNIT, AUTOLOGOUS PROC FEE	P9021	\$337.94	\$331.18	\$334.56	\$311.92	\$331.18
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR EA UNIT, PROC FEE	P9035	\$785.90	\$770.18	\$778.04	\$725.39	\$770.18
Laboratory	Inpatient/Outpatient	PLATELETS PHERESIS LR IRRAD EA UNIT, PROC FEE	P9037	\$911.65	\$893.42	\$902.53	\$841.45	\$893.42
Laboratory	Inpatient/Outpatient	RBC DEGLYCEROLIZED EACH UNIT, NON-AUTOLOGOUS, PROC FEE	P9039	\$408.67	\$400.50	\$404.58	\$377.20	\$400.50
Laboratory	Inpatient/Outpatient	RBC LR IRRADIATED EACH UNIT, NON-AUTOLOGOUS, PROC FEE	P9040	\$353.66	\$346.59	\$350.12	\$326.43	\$346.59
Laboratory	Inpatient/Outpatient	PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT	P9072	\$911.65	\$893.42	\$902.53	\$841.45	\$893.42
Laboratory	Inpatient/Outpatient	PLATELETS, PHERESIS, PATHOGEN REDUCED OR RAPID BACTERIAL TESTED, EACH UNIT	P9073	\$911.65	\$893.42	\$902.53	\$841.45	\$893.42
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	U0003	\$116.31	\$113.98	\$115.15	\$107.35	\$113.98
Laboratory	Inpatient/Outpatient	SARS-COV-2 COVID-19 AMP PRB HIGH THROUGHPUT TECH	U0003	\$75.00	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH	U0004	\$110.03	\$107.83	\$108.93	\$101.56	\$107.83
Laboratory	Inpatient/Outpatient	COVID-19 LAB TEST NON-CDC HIGH THROUGHPUT TECH	U0004	\$75.00	\$73.50	\$74.25	\$69.23	\$73.50
Laboratory	Inpatient/Outpatient	COV-19 AMP PRB HGH THRUPT WITHIN 2 DAYS COLLECT	U0005	\$25.00	\$24.50	\$24.75	\$23.08	\$24.50
Electrocardiography	Inpatient/Outpatient	ADMIN ECHO CONTRAST AGENT		\$3.06	\$3.00	\$3.03	\$2.82	\$3.00
Electrocardiography	Inpatient/Outpatient	EXT ECG RECORDING - HOOK UP	0296T	\$30.56	\$29.95	\$30.25	\$28.21	\$29.95
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT	92960	\$137.54	\$134.79	\$136.16	\$126.95	\$134.79
Electrocardiography	Inpatient/Outpatient	CARDIOVERSION ELECTRIC EXT, ADD TO TEE	92960	\$15.28	\$14.97	\$15.13	\$14.10	\$14.97
Electrocardiography	Inpatient/Outpatient	ECG 12 LEAD	93005	\$36.68	\$35.95	\$36.31	\$33.86	\$35.95
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY EXERCISE TEST	93017	\$91.69	\$89.86	\$90.77	\$84.63	\$89.86
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ CARDIOLTE	93017	\$91.69	\$89.86	\$90.77	\$84.63	\$89.86
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ PERSANTINE CARL	93017	\$91.69	\$89.86	\$90.77	\$84.63	\$89.86
Electrocardiography	Inpatient/Outpatient	ECG STRESS TEST TRACING ONLY W/ DOBUTAMINE	93017	\$91.69	\$89.86	\$90.77	\$84.63	\$89.86
Electrocardiography	Inpatient/Outpatient	ECG UP TO 48 HRS RECORDING & STORAGE	93225	\$30.56	\$29.95	\$30.25	\$28.21	\$29.95
Electrocardiography	Inpatient/Outpatient	ECG UP TO 48 HRS SCANNING ANALYSIS REPORT, RECORD & STORI	93270	\$152.82	\$149.76	\$151.29	\$141.05	\$149.76
Electrocardiography	Inpatient/Outpatient	REMOTE PT 30 DAY ECG REV/REPOR		\$30.56	\$29.95	\$30.25	\$28.21	\$29.95
Electrocardiography	Inpatient/Outpatient	HC EVENT MONITOR TRANSMIT ANALY		\$15.28	\$14.97	\$15.13	\$14.10	\$14.97
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMP	93306	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	ECHO 2D DOP WAVE/COLOR FLW COMPL WITH CONTRAS	93306	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP	93308	\$61.13	\$59.91	\$60.52	\$56.42	\$59.91
Electrocardiography	Inpatient/Outpatient	ECHO FOLLOW-UP WITH CONTRAST	93308	\$61.13	\$59.91	\$60.52	\$56.42	\$59.91
Electrocardiography	Inpatient/Outpatient	TTE F-UP OR LMTD	93308	\$61.13	\$59.91	\$60.52	\$56.42	\$59.91
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	TRANSESOPHAGEAL ECHO	93312	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING	93325	\$15.28	\$14.97	\$15.13	\$14.10	\$14.97
Electrocardiography	Inpatient/Outpatient	STRESS TTE W/WO DOBUTAMINE	93350	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	STRESS TTE W/WO DOBUTAMINE WITH CONTRAST	93350	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	ADMIN ECG CONTRAST AGENT	93352	\$3.06	\$3.00	\$3.03	\$2.82	\$3.00
Electrocardiography	Inpatient/Outpatient	TILT TABLE EVALUATION < 45 MIN	93660	\$183.39	\$179.72	\$181.56	\$169.27	\$179.72
Electrocardiography	Inpatient/Outpatient	TILT TABLE EVALUATION >45 MIN	93660	\$275.08	\$269.58	\$272.33	\$253.90	\$269.58
Electrocardiography	Inpatient/Outpatient	AMBL BP MNTR W/SW REC ONLY 24+ HF	93786	\$30.56	\$29.95	\$30.25	\$28.21	\$29.95
Electrocardiography	Inpatient/Outpatient	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A	93788	\$91.69	\$89.86	\$90.77	\$84.63	\$89.86
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG ANAL/URETHRAL SPHINCTER	51785	\$271.80	\$266.36	\$269.08	\$250.87	\$266.36
Electroencephalography	Inpatient/Outpatient	AUDITORY EP - COMPREHENSIVE	92585	\$48.92	\$47.94	\$48.43	\$45.15	\$47.94
Electroencephalography	Inpatient/Outpatient	EEG CONT REC W/VID EEG TECH	95700	\$815.41	\$799.10	\$807.26	\$752.62	\$799.10
Electroencephalography	Inpatient/Outpatient	EEG W/O VID 2-12 HR UNMNTF	95705	\$108.72	\$106.55	\$107.63	\$100.35	\$106.55
Electroencephalography	Inpatient/Outpatient	EEG WO VID 2-12HR INTMT MNTR	95706	\$108.72	\$106.55	\$107.63	\$100.35	\$106.55
Electroencephalography	Inpatient/Outpatient	EEG WO VID EA 12-26HR UNMNTF	95708	\$108.72	\$106.55	\$107.63	\$100.35	\$106.55
Electroencephalography	Inpatient/Outpatient	EEG W/O VID EA 12-26HR INTMT	95709	\$1,032.85	\$1,012.19	\$1,022.52	\$953.32	\$1,012.19
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR UNMONITORED	95711	\$1,032.85	\$1,012.19	\$1,022.52	\$953.32	\$1,012.19
Electroencephalography	Inpatient/Outpatient	VEEG 2-12 HR INTMT MNTR	95712	\$108.72	\$106.55	\$107.63	\$100.35	\$106.55
Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26 HR UNMNTF	95714	\$1,032.85	\$1,012.19	\$1,022.52	\$953.32	\$1,012.19

Electroencephalography	Inpatient/Outpatient	VEEG EA 12-26HR INTMT MNTF	95715	\$1,032.85	\$1,012.19	\$1,022.52	\$953.32	\$1,012.19
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDEE	95782	\$1,364.45	\$1,337.16	\$1,350.81	\$1,259.39	\$1,337.16
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, <6 YRS, ATTENDEE, <7 HR	95782	\$1,364.45	\$1,337.16	\$1,350.81	\$1,259.39	\$1,337.16
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDEE	95783	\$1,549.27	\$1,518.28	\$1,533.78	\$1,429.98	\$1,518.28
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, <6 YRS, ATTENDEE, <7 HR	95783	\$1,549.27	\$1,518.28	\$1,533.78	\$1,429.98	\$1,518.28
Electroencephalography	Inpatient/Outpatient	MSLT/MWT, GLOBAL	95805	\$559.91	\$548.71	\$554.31	\$516.80	\$548.71
Electroencephalography	Inpatient/Outpatient	MSLT/MWT, GLOBAL, <4 NAP OPPORTUNITIES	95805	\$559.91	\$548.71	\$554.31	\$516.80	\$548.71
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDEE	95810	\$761.05	\$745.83	\$753.44	\$702.45	\$745.83
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAMETERS, 6/> YRS, ATTENDEE, <6 HR	95810	\$761.05	\$745.83	\$753.44	\$702.45	\$745.83
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDEE	95811	\$804.53	\$788.44	\$796.48	\$742.58	\$788.44
Electroencephalography	Inpatient/Outpatient	POLYSOM W/4+ PARAM & CPAP, 6/> YRS, ATTENDEE, <6 HR	95811	\$804.53	\$788.44	\$796.48	\$742.58	\$788.44
Electroencephalography	Inpatient/Outpatient	EEG 41-60 MINUTES	95812	\$407.70	\$399.55	\$403.62	\$376.31	\$399.55
Electroencephalography	Inpatient/Outpatient	EEG EXTND MNTR 61-119 MIN	95813	\$489.24	\$479.46	\$484.35	\$451.57	\$479.46
Electroencephalography	Inpatient/Outpatient	EEG AWAKE AND DROWSY	95816	\$462.06	\$452.82	\$457.44	\$426.48	\$452.82
Electroencephalography	Inpatient/Outpatient	EEG AWAKE & DROWSY-REDUCD SERV	95816	\$462.06	\$452.82	\$457.44	\$426.48	\$452.82
Electroencephalography	Inpatient/Outpatient	EEG AWAKE AND ASLEEP	95819	\$549.04	\$538.06	\$543.55	\$506.76	\$538.06
Electroencephalography	Inpatient/Outpatient	EEG AWAKE & ASLEEP-REDUCD SERV	95819	\$549.04	\$538.06	\$543.55	\$506.76	\$538.06
Electroencephalography	Inpatient/Outpatient	EEG ASLEEP ONLY OR COMA	95822	\$483.81	\$474.13	\$478.97	\$446.56	\$474.13
Electroencephalography	Inpatient/Outpatient	EEG ASLEEP ONLY OR COMA-REDUCD	95822	\$483.81	\$474.13	\$478.97	\$446.56	\$474.13
Electroencephalography	Inpatient/Outpatient	EEG, CEREBRAL SILENCE, EVAL	95824	\$217.44	\$213.09	\$215.27	\$200.70	\$213.09
Electroencephalography	Inpatient/Outpatient	NEEDLE EMG TWO EXTREMITIES	95861	\$141.34	\$138.51	\$139.93	\$130.46	\$138.51
Electroencephalography	Inpatient/Outpatient	EMG, CRANIAL NERVE UNILATERAL	95867	\$81.54	\$79.91	\$80.72	\$75.26	\$79.91
Electroencephalography	Inpatient/Outpatient	MUSCLE TEST NONPARASPINAL 1 EXTREMITY	95870	\$108.72	\$106.55	\$107.63	\$100.35	\$106.55
Electroencephalography	Inpatient/Outpatient	MUSC TEST DONE W/N TEST COMP, EA EXTREMITY	95886	\$70.67	\$69.26	\$69.96	\$65.23	\$69.26
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$65.23	\$63.93	\$64.58	\$60.21	\$63.93
Electroencephalography	Inpatient/Outpatient	MUSC TST DONE W/N TST NONEXT	95887	\$65.23	\$63.93	\$64.58	\$60.21	\$63.93
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 1-2 STUDIES	95907	\$65.23	\$63.93	\$64.58	\$60.21	\$63.93
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 3-4 STUDIES	95908	\$86.98	\$85.24	\$86.11	\$80.28	\$85.24
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 5-6 STUDIES	95909	\$103.28	\$101.21	\$102.25	\$95.33	\$101.21
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 7-8 STUDIES	95910	\$135.90	\$133.18	\$134.54	\$125.44	\$133.18
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 9-10 STUDIES	95911	\$152.21	\$149.17	\$150.69	\$140.49	\$149.17
Electroencephalography	Inpatient/Outpatient	NERVE CNDJ TST 11-12 STUDIES	95912	\$152.21	\$149.17	\$150.69	\$140.49	\$149.17
Electroencephalography	Inpatient/Outpatient	EP BASELINE UPPER	95925	\$168.52	\$165.15	\$166.83	\$155.54	\$165.15
Electroencephalography	Inpatient/Outpatient	EP BASELINE LOWER	95926	\$163.08	\$159.82	\$161.45	\$150.52	\$159.82
Electroencephalography	Inpatient/Outpatient	NEUROMUSCULAR JUNCTION TEST EA NERVE, ANY METHOD	95937	\$70.67	\$69.26	\$69.96	\$65.23	\$69.26
Electroencephalography	Inpatient/Outpatient	SOMATOSENSORY TESTING UP&LWR LIMBS	95938	\$451.19	\$442.17	\$446.68	\$416.45	\$442.17
Electroencephalography	Inpatient/Outpatient	C MOTOR EVOKED UP&LWR LIMBS	95939	\$587.09	\$575.35	\$581.22	\$541.88	\$575.35
Electroencephalography	Inpatient/Outpatient	IONM REMOTE/>1 PT OR PER HI	95941	\$16.31	\$15.98	\$16.15	\$15.05	\$15.98
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16/> CH EEG, EA 24 HR	95951	\$434.88	\$426.18	\$430.53	\$401.39	\$426.18
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16/> CH EEG, REDUCED	95951	\$434.88	\$426.18	\$430.53	\$401.39	\$426.18
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16/> CH EEG, EA 24 HR	95951	\$1,848.26	\$1,811.29	\$1,829.78	\$1,705.94	\$1,811.29
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16/> CH EEG, REDUCED	95951	\$1,848.26	\$1,811.29	\$1,829.78	\$1,705.94	\$1,811.29
Electroencephalography	Inpatient/Outpatient	CEREBR SEIZURE PORT 16 CH EEG, EA 24 HR	95953	\$396.83	\$388.89	\$392.86	\$366.27	\$388.89
Electroencephalography	Inpatient/Outpatient	CEREBR SEIZURE PORT 16 CH EEG, REDUCED	95953	\$396.83	\$388.89	\$392.86	\$366.27	\$388.89
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16 CH EEG, EA 24 HRS, ATTENDED	95956	\$2,196.16	\$2,152.24	\$2,174.20	\$2,027.06	\$2,152.24
Electroencephalography	Inpatient/Outpatient	MONITOR CEREBR SEIZURE 16 CH EEG, ATTENDED, REDUCED	95956	\$2,196.16	\$2,152.24	\$2,174.20	\$2,027.06	\$2,152.24
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE PARTL LESS THAN 4 VWS	70100	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	MANDIBLE 4VIEWS	70110	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	FACIAL BONES,LESS 3 VIEWS	70140	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	HC FACIAL BONES COMPLETE	70150	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	NASAL BONES COMPLETE	70160	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	ORBITS COMP 4 VIEWS	70200	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	SINUS PARA LESS 3 VIEWS	70210	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	SINUS, PARA 3 VIEWS	70220	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	SKULL LESS THAN 4 VIEWS	70250	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	SKULL COMP MIN 4 VIEWS	70260	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	TEMPMAND JNT, OPN&CLSD MOUTH UNILATERAL	70328	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	TMJ JOINT - BILATERAL	70330	\$190.13	\$186.33	\$188.23	\$175.49	\$186.33
Radiology-Diagnostic	Inpatient/Outpatient	NECK SOFT TISSUE	70360	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17

Radiology-Diagnostic	Inpatient/Outpatient	CHEST 1 VIEW	71010	\$76.05	\$74.53	\$75.29	\$70.19	\$74.53
Radiology-Diagnostic	Inpatient/Outpatient	CHEST 2 VIEWS	71020	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, FRONT&LAT W/ APICAL LORDOTIC PROC	71021	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, FRONT&LAT W/ OBLIQUE PROJECTIONS	71022	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, FRONT&LAT WITH FLUOROSCOPY	71023	\$228.16	\$223.60	\$225.88	\$210.59	\$223.60
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, COMPLETE MIN OF 4 VIEWS	71030	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	CHEST, COMPLETE MIN OF 4 VIEWS W/FLUORO	71034	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	CHEST SPEC VIEWS, LAT DECUB, BUCKY	71035	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 1 VIEW	71045	\$57.04	\$55.90	\$56.47	\$52.65	\$55.90
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 2 VIEW	71046	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 3 VIEW	71047	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM CHEST 4+ VIEW	71048	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL 2 VIEWS	71100	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	RIBS UNILATERAL, W PA CHEST, 3 VIEWS	71101	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	RIBS BILATERAL 3 VIEWS	71110	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	BILAT RIBS INCL POST ANT CHEST, 4 VIEWS	71111	\$171.12	\$167.70	\$169.41	\$157.94	\$167.70
Radiology-Diagnostic	Inpatient/Outpatient	STERNUM 2 VIEWS	71120	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	STERNOCLAVICULAR JOINT(S) 3 VIEWS	71130	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	SPINE 1 VIEW	72020	\$76.05	\$74.53	\$75.29	\$70.19	\$74.53
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL 2 OR 3 VIEW	72040	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	SPINE-CERVICAL MIN 4 VIEWS	72050	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	SPINE CERVICAL W FLEX + EXT	72052	\$209.15	\$204.97	\$207.06	\$193.05	\$204.97
Radiology-Diagnostic	Inpatient/Outpatient	SPINE THOR 2 VIEWS	72070	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	THOR SPINE WITH SWIM VIEW	72072	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	T SPINE MIN 4 VIEWS	72074	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	THORACOLUMBAR SPINE	72080	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR TWO/THREE VIEW	72100	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBAR COMP MIN 4 VIEWS	72110	\$171.12	\$167.70	\$169.41	\$157.94	\$167.70
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBOSACRAL COMP W/BEND	72114	\$247.18	\$242.24	\$244.71	\$228.15	\$242.24
Radiology-Diagnostic	Inpatient/Outpatient	SPINE LUMBOSACRAL BEND VW ONLY	72120	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS 1 OR 2 VIEWS	72170	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	PELVIS COMPLETE 3 VIEWS	72190	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	SACROILIAC JOINTS 1-2 VIEWS	72200	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	SACRAL JOINTS 3 VIEWS	72202	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	SACRUM/COCCYX 2 VIEW	72220	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	CLAVICLE COMPLETE	73000	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	SCAPULA COMPLETE	73010	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER ONE VIEW	73020	\$76.05	\$74.53	\$75.29	\$70.19	\$74.53
Radiology-Diagnostic	Inpatient/Outpatient	SHOULDER COMPLETE, MIN OF 2 VIEWS	73030	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	ACROMIOCLAVICULAR JOINTS	73050	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	HC HUMERUS, MIN OF 2 VIEWS	73060	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW 2 VIEWS	73070	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	ELBOW COMPLETE, MIN OF 3 VIEWS	73080	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	FOREARM, TWO VIEWS	73090	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	UPPER EXTREMITY,INFANT, MIN OF 2 VIEWS	73092	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	WRIST, TWO VIEWS	73100	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	WRIST, COMPLETE, MIN OF 3 VIEWS	73110	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	HAND, 2 VIEWS	73120	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	HAND 1 VIEW	73120	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	HAND, MIN OF 3 VIEWS	73130	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	FINGER(S), MIN OF 2 VIEWS	73140	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 1 VIEW	73501	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIP UNI 2-3 VIEWS	73502	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 2 VIEW	73521	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 3-4 VIEW	73522	\$171.12	\$167.70	\$169.41	\$157.94	\$167.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM HIPS BI 5/- VIEW	73523	\$209.15	\$204.97	\$207.06	\$193.05	\$204.97
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR	73551	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM OF FEMUR 2/	73552	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, ONE OR TWO VIEWS	73560	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80

Radiology-Diagnostic	Inpatient/Outpatient	HC KNEE, THREE VIEWS	73562	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	KNEE, COMPLETE, 4 OR MORE VIEWS	73564	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	BOTH KNEES, STANDING ANTEROPOSTERIOR	73565	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	TIBIA & FIBULA, TWO VIEWS	73590	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	LOWER EXTREMITY, INFANT, MIN OF 2 VIEWS	73592	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, TWO VIEWS	73600	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	ANKLE, COMPLETE, MIN OF 3 VIEWS	73610	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, TWO VIEWS	73620	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	FOOT, COMPLETE, MIN OF 3 VIEWS	73630	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	CALCANEUS, MIN OF TWO VIEWS	73650	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	TOE(S), MINIMUM OF TWO VIEWS	73660	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	ABDOMEN, SINGLE AP VIEW	74000	\$76.05	\$74.53	\$75.29	\$70.19	\$74.53
Radiology-Diagnostic	Inpatient/Outpatient	ABDOMEN, AP & OBLIQUE & CONE VIEW	74010	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 1 VIEW	74018	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 2 VIEW	74019	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	ABDOMEN , COMP, INCLD DECUB &/OR ERECT VIEW	74020	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM ABDOMEN 3+ VIEW	74021	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY EXAM COMPLETE ABDOMEN	74022	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM ESOPHAGUS 1CNTRST	74220	\$342.24	\$335.40	\$338.82	\$315.89	\$335.40
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SWLNG FUNCJ C	74230	\$532.38	\$521.73	\$527.06	\$491.39	\$521.73
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM UPR GI TRC 1CNTRS	74240	\$418.30	\$409.93	\$414.12	\$386.09	\$409.93
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI W/KUE	74241	\$437.31	\$428.56	\$432.94	\$403.64	\$428.56
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI & SMALL BOWEL	74250	\$665.47	\$652.16	\$658.82	\$614.23	\$652.16
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM UPR GI TRC 2CNTRS	74246	\$494.35	\$484.46	\$489.41	\$456.29	\$484.46
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI W AIR W KUI	74247	\$570.40	\$558.99	\$564.70	\$526.48	\$558.99
Radiology-Diagnostic	Inpatient/Outpatient	RAD SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	\$247.18	\$242.24	\$244.71	\$228.15	\$242.24
Radiology-Diagnostic	Inpatient/Outpatient	UPPER GI W AIR W SMALL BOWEL	74249	\$741.53	\$726.70	\$734.11	\$684.43	\$726.70
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SM INT 1CNTRST STC	74250	\$418.30	\$409.93	\$414.12	\$386.09	\$409.93
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM SM INT 2CNTRST STC	74251	\$2,053.46	\$2,012.39	\$2,032.93	\$1,895.34	\$2,012.39
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 1CNTRST STC	74270	\$608.43	\$596.26	\$602.35	\$561.58	\$596.26
Radiology-Diagnostic	Inpatient/Outpatient	X-RAY XM COLON 2CNTRST STC	74280	\$874.62	\$857.13	\$865.87	\$807.27	\$857.13
Radiology-Diagnostic	Inpatient/Outpatient	BARIUM ENEMA,CNTRST/AIR, FOR OBSTR REDUC	74283	\$570.40	\$558.99	\$564.70	\$526.48	\$558.99
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, INFUSION, DRIP TECHNIQUE	74410	\$456.32	\$447.19	\$451.76	\$421.18	\$447.19
Radiology-Diagnostic	Inpatient/Outpatient	UROGRAPHY, RETROGRADE, W OR WO KUI	74420	\$589.42	\$577.63	\$583.53	\$544.03	\$577.63
Radiology-Diagnostic	Inpatient/Outpatient	FLUOROSCOPY, UP TO 1 HOUR PHYS TIME	76000	\$209.15	\$204.97	\$207.06	\$193.05	\$204.97
Radiology-Diagnostic	Inpatient/Outpatient	FOREIGN BODY, SINGLE VIEW CHILD	76010	\$95.07	\$93.17	\$94.12	\$87.75	\$93.17
Radiology-Diagnostic	Inpatient/Outpatient	ABSCCESS, FISTULA OR SINUS TRACT STUDY	76080	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	SURGICAL SPECIMEN RADIOGRAPHY	76098	\$38.03	\$37.27	\$37.65	\$35.10	\$37.27
Radiology-Diagnostic	Inpatient/Outpatient	ECHOENCEPHALOGRAPHY	76506	\$456.32	\$447.19	\$451.76	\$421.18	\$447.19
Radiology-Diagnostic	Inpatient/Outpatient	US, SOFT TISSUES OF HEAD & NECK	76536	\$475.34	\$465.83	\$470.59	\$438.74	\$465.83
Radiology-Diagnostic	Inpatient/Outpatient	US, CHEST (INCLUDES MEDIASTINUM)	76604	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST COMPLETE	76641	\$380.27	\$372.66	\$376.47	\$350.99	\$372.66
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASOUND BREAST LIMITED	76642	\$285.20	\$279.50	\$282.35	\$263.24	\$279.50
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, COMPLETE	76700	\$437.31	\$428.56	\$432.94	\$403.64	\$428.56
Radiology-Diagnostic	Inpatient/Outpatient	US, ABDOMINAL, LIMITED OR FOLLOW UP	76705	\$342.24	\$335.40	\$338.82	\$315.89	\$335.40
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, COMPLETE	76770	\$418.30	\$409.93	\$414.12	\$386.09	\$409.93
Radiology-Diagnostic	Inpatient/Outpatient	US, RETROPERITONEAL, LIMITED	76775	\$152.11	\$149.07	\$150.59	\$140.40	\$149.07
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSPLANTED KIDNEY	76776	\$646.46	\$633.53	\$640.00	\$596.68	\$633.53
Radiology-Diagnostic	Inpatient/Outpatient	US, SPINAL CANAL & CONTENTS	76800	\$437.31	\$428.56	\$432.94	\$403.64	\$428.56
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, 1ST TRIMSTR (<14 WKS 0 DAYS)	76801	\$399.28	\$391.29	\$395.29	\$368.54	\$391.29
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS ADDTNL GEST <14WKS	76802	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR (>14 WKS 0 DAYS)	76805	\$494.35	\$484.46	\$489.41	\$456.29	\$484.46
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, AFTER 1ST TRIMSTR ADD GEST (>14 WKS 0 DAYS)	76810	\$228.16	\$223.60	\$225.88	\$210.59	\$223.60
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, FETAL ANATOMIC EXAM	76811	\$456.32	\$447.19	\$451.76	\$421.18	\$447.19
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, EA ADD GEST FETAL ANATOMIC	76812	\$608.43	\$596.26	\$602.35	\$561.58	\$596.26
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, LIMITED 1 OR MORE	76815	\$285.20	\$279.50	\$282.35	\$263.24	\$279.50
Radiology-Diagnostic	Inpatient/Outpatient	US, PREG UTERUS, TRANSVAGINAL	76817	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	FETAL BIOPHYSICAL PROFILE W/NON-STRESS TEST	76818	\$380.27	\$372.66	\$376.47	\$350.99	\$372.66
Radiology-Diagnostic	Inpatient/Outpatient	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TEST	76819	\$266.19	\$260.87	\$263.53	\$245.69	\$260.87

Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSVAGINAL	76830	\$475.34	\$465.83	\$470.59	\$438.74	\$465.83
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC COMPLETE	76856	\$399.28	\$391.29	\$395.29	\$368.54	\$391.29
Radiology-Diagnostic	Inpatient/Outpatient	US, PELVIC, LIMITED OR FOLLOW-UP	76857	\$133.09	\$130.43	\$131.76	\$122.84	\$130.43
Radiology-Diagnostic	Inpatient/Outpatient	US, SCROTUM AND CONTENTS	76870	\$190.13	\$186.33	\$188.23	\$175.49	\$186.33
Radiology-Diagnostic	Inpatient/Outpatient	US, TRANSRECTAL	76872	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	US, LIMITED JNT OR OTHR NONVASC EXTREMITY	76882	\$57.04	\$55.90	\$56.47	\$52.65	\$55.90
Radiology-Diagnostic	Inpatient/Outpatient	US, INFANT HIPS, DYNAMIC	76885	\$589.42	\$577.63	\$583.53	\$544.03	\$577.63
Radiology-Diagnostic	Inpatient/Outpatient	US, INFANT HIPS, LIMITED, STATIC	76886	\$418.30	\$409.93	\$414.12	\$386.09	\$409.93
Radiology-Diagnostic	Inpatient/Outpatient	US STUDY FOLLOW-UP	76970	\$399.28	\$391.29	\$395.29	\$368.54	\$391.29
Radiology-Diagnostic	Inpatient/Outpatient	ULTRASONIC GUIDANCE, INTRAOPERATIVE	76998	\$209.15	\$204.97	\$207.06	\$193.05	\$204.97
Radiology-Diagnostic	Inpatient/Outpatient	BONE AGE STUDIES	77072	\$76.05	\$74.53	\$75.29	\$70.19	\$74.53
Radiology-Diagnostic	Inpatient/Outpatient	BONE LENGTH STUDIES	77073	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, LIMITED	77074	\$228.16	\$223.60	\$225.88	\$210.59	\$223.60
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, COMPLETE	77075	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	OSSEOUS SURVEY, INFANT	77076	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	JOINT SURV SING,2 OR MORE JNTS	77077	\$114.08	\$111.80	\$112.94	\$105.30	\$111.80
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, COMP BILA	93880	\$874.62	\$857.13	\$865.87	\$807.27	\$857.13
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTRCRANL ART, UNILAT/LMTD	93882	\$551.39	\$540.36	\$545.88	\$508.93	\$540.36
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 1-2 LEVELS	93922	\$399.28	\$391.29	\$395.29	\$368.54	\$391.29
Radiology-Diagnostic	Inpatient/Outpatient	US LMTD BILAT STUDY UPPER/LOWER EXTREMITIES 3+ LEVELS	93923	\$608.43	\$596.26	\$602.35	\$561.58	\$596.26
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, COMP BILAT	93925	\$1,178.84	\$1,155.26	\$1,167.05	\$1,088.07	\$1,155.26
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN LWR EXTREMITY ART, UNILAT/LMTD	93926	\$684.49	\$670.80	\$677.65	\$631.78	\$670.80
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, COMP BILA	93930	\$893.63	\$875.76	\$884.69	\$824.82	\$875.76
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN UPPER EXTRMITY ART, UNILAT/LMTD	93931	\$551.39	\$540.36	\$545.88	\$508.93	\$540.36
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, COMPLETE BILATER	93970	\$874.62	\$857.13	\$865.87	\$807.27	\$857.13
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN,VESSEL MAP DIALYSIS ACCESS	93970	\$874.62	\$857.13	\$865.87	\$807.27	\$857.13
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN EXTREMITY VEIN, UNILAT/LMTD	93971	\$532.38	\$521.73	\$527.06	\$491.39	\$521.73
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW COMF	93975	\$1,197.85	\$1,173.89	\$1,185.87	\$1,105.62	\$1,173.89
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW LMTD	93976	\$665.47	\$652.16	\$658.82	\$614.23	\$652.16
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, COMPLETE	93978	\$817.58	\$801.23	\$809.40	\$754.63	\$801.23
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN OF AORTA, IVC, ILIAC, UNILAT/LMTD	93979	\$513.36	\$503.09	\$508.23	\$473.83	\$503.09
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW,PENILE COMP	93980	\$323.23	\$316.77	\$320.00	\$298.34	\$316.77
Radiology-Diagnostic	Inpatient/Outpatient	DUPLEX SCAN ART INFLW & VEN OUTFLW,PENILE FU/LMTD	93981	\$285.20	\$279.50	\$282.35	\$263.24	\$279.50
Radiology-Diagnostic	Inpatient/Outpatient	HC DUPLEX SCAN HEMODIALYSIS ACCESS	93990	\$722.51	\$708.06	\$715.28	\$666.88	\$708.06
Radiology-Therapeutic	Inpatient/Outpatient	CT GUIDE PLCMNT RAD FIELDS	77014	\$138.00	\$135.24	\$136.62	\$127.37	\$135.24
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIMULATION SIMPLE	77280	\$455.41	\$446.30	\$450.86	\$420.34	\$446.30
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIM INTERMEDIATE	77285	\$717.62	\$703.27	\$710.44	\$662.36	\$703.27
Radiology-Therapeutic	Inpatient/Outpatient	THERAPEUTIC SIM COMPLEX	77290	\$828.02	\$811.46	\$819.74	\$764.26	\$811.46
Radiology-Therapeutic	Inpatient/Outpatient	RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	\$696.91	\$682.97	\$689.94	\$643.25	\$682.97
Radiology-Therapeutic	Inpatient/Outpatient	3 DIMENSIONAL SIMULATION	77295	\$510.61	\$500.40	\$505.50	\$471.29	\$500.40
Radiology-Therapeutic	Inpatient/Outpatient	PHYSICS BASIC RAD DOSIM CALC	77300	\$62.10	\$60.86	\$61.48	\$57.32	\$60.86
Radiology-Therapeutic	Inpatient/Outpatient	IMRT PLANNING PER COURSE OF TX	77301	\$2,932.56	\$2,873.91	\$2,903.23	\$2,706.75	\$2,873.91
Radiology-Therapeutic	Inpatient/Outpatient	TELETHX ISODOSE PLAN SIMPLE, INCL BAS DOSIMETRY	77306	\$138.00	\$135.24	\$136.62	\$127.37	\$135.24
Radiology-Therapeutic	Inpatient/Outpatient	TELETHX ISODOSE PLAN CPLX, INCL BAS DOSIMETRY	77307	\$255.31	\$250.20	\$252.76	\$235.65	\$250.20
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE PLAN SIMPLE, INCL BAS DOSIMETRY	77316	\$220.80	\$216.38	\$218.59	\$203.80	\$216.38
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE INTERMED, INCL BAS DOSIMETRY	77317	\$282.91	\$277.25	\$280.08	\$261.13	\$277.25
Radiology-Therapeutic	Inpatient/Outpatient	BRACHYTX ISODOSE COMPLEX, INCL BAS DOSIMETRY	77318	\$386.41	\$378.68	\$382.55	\$356.66	\$378.68
Radiology-Therapeutic	Inpatient/Outpatient	HEMIBODY PARTICLES TOTAL BODY	77321	\$82.80	\$81.14	\$81.97	\$76.42	\$81.14
Radiology-Therapeutic	Inpatient/Outpatient	SPECIAL DOSIMETRY	77331	\$34.50	\$33.81	\$34.16	\$31.84	\$33.81
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES SIMPLE	77332	\$103.50	\$101.43	\$102.47	\$95.53	\$101.43
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES INTERMED	77333	\$138.00	\$135.24	\$136.62	\$127.37	\$135.24
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT DEVICES COMPLEX	77334	\$172.50	\$169.05	\$170.78	\$159.22	\$169.05
Radiology-Therapeutic	Inpatient/Outpatient	CONTINUING MED RAD PHYSICS	77336	\$144.90	\$142.00	\$143.45	\$133.74	\$142.00
Radiology-Therapeutic	Inpatient/Outpatient	DESIGN MLC DEVICE FOR IMRT	77338	\$545.11	\$534.21	\$539.66	\$503.14	\$534.21
Radiology-Therapeutic	Inpatient/Outpatient	SPEC MED RAD PHYSICS CONSULT	77370	\$220.80	\$216.38	\$218.59	\$203.80	\$216.38
Radiology-Therapeutic	Inpatient/Outpatient	SRS LINEAR BASED CRANIAL 1 SESSION	77372	\$2,049.34	\$2,008.35	\$2,028.85	\$1,891.54	\$2,008.35
Radiology-Therapeutic	Inpatient/Outpatient	SBRT TREATMENT DELIVERY PER FRACTION (1-5)	77373	\$2,601.36	\$2,549.33	\$2,575.35	\$2,401.06	\$2,549.33
Radiology-Therapeutic	Inpatient/Outpatient	INTENSITY MODUL RAD TX DLVR SIMPLE	77385	\$772.82	\$757.36	\$765.09	\$713.31	\$757.36
Radiology-Therapeutic	Inpatient/Outpatient	INTENSITY MODUL RAD TX DLVR COMPLEX	77386	\$772.82	\$757.36	\$765.09	\$713.31	\$757.36

Radiology-Therapeutic	Inpatient/Outpatient	GUIDANCE FOR RADIAT TX DLVR	77387	\$138.00	\$135.24	\$136.62	\$127.37	\$135.24
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY SIMPLE	77402	\$310.51	\$304.30	\$307.40	\$286.60	\$304.30
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY INTERMED	77407	\$496.81	\$486.87	\$491.84	\$458.56	\$486.87
Radiology-Therapeutic	Inpatient/Outpatient	RADIATION TREATMENT DELIVERY COMPLEX	77412	\$531.31	\$520.68	\$526.00	\$490.40	\$520.68
Radiology-Therapeutic	Inpatient/Outpatient	TREATMENT PORT FILM	77417	\$20.70	\$20.29	\$20.49	\$19.11	\$20.29
Radiology-Therapeutic	Inpatient/Outpatient	SPECIAL TREATMENT PROCEDURE	77470	\$89.70	\$87.91	\$88.80	\$82.79	\$87.91
Radiology-Therapeutic	Inpatient/Outpatient	HDR RDNCL NTRSTL/ICAV BRCHTX	77770	\$427.81	\$419.25	\$423.53	\$394.87	\$419.25
Radiology-Therapeutic	Inpatient/Outpatient	HDR RDNCL NTRSTL/ICAV BRCHTX	77771	\$779.72	\$764.13	\$771.92	\$719.68	\$764.13
Radiology-Therapeutic	Inpatient/Outpatient	INTERSTIT RADIOELEM APP COMPLX	77778	\$552.01	\$540.97	\$546.49	\$509.51	\$540.97
Radiology-Therapeutic	Inpatient/Outpatient	SUPER HANDLING LOADNG RADIOELEM	77790	\$82.80	\$81.14	\$81.97	\$76.42	\$81.14
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE MULT DETERMINATION	78012	\$198.08	\$194.12	\$196.10	\$182.83	\$194.12
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE SINGLE DETERMINATION	78012	\$198.08	\$194.12	\$196.10	\$182.83	\$194.12
Nuclear Medicine	Inpatient/Outpatient	THYROID IMAGING ONLY	78013	\$471.61	\$462.18	\$466.89	\$435.30	\$462.18
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE, W/ I123 MULTI DETERMINATION	78014	\$594.23	\$582.35	\$588.29	\$548.47	\$582.35
Nuclear Medicine	Inpatient/Outpatient	THYROID UPTAKE, W/ I123 SINGL DETERMINATION	78014	\$594.23	\$582.35	\$588.29	\$548.47	\$582.35
Nuclear Medicine	Inpatient/Outpatient	THYROID CA METS IMAGING, LIMITED AREA	78015	\$518.77	\$508.39	\$513.58	\$478.82	\$508.39
Nuclear Medicine	Inpatient/Outpatient	THYROID CA METS IMAGING, WHOLE BODY	78018	\$745.15	\$730.25	\$737.70	\$687.77	\$730.25
Nuclear Medicine	Inpatient/Outpatient	PARATHYROID IMAGING	78070	\$716.85	\$702.51	\$709.68	\$661.65	\$702.51
Nuclear Medicine	Inpatient/Outpatient	PARATHYROID PLANAR IMAGING WITH SPECT AND C	78072	\$924.36	\$905.87	\$915.12	\$853.18	\$905.87
Nuclear Medicine	Inpatient/Outpatient	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	78075	\$1,122.44	\$1,099.99	\$1,111.22	\$1,036.01	\$1,099.99
Nuclear Medicine	Inpatient/Outpatient	LYMPHATICS & LYMPH NODES IMAGING	78195	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING, STATIC ONLY	78201	\$462.18	\$452.94	\$457.56	\$426.59	\$452.94
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING, WITH VASCULAR FLOW	78202	\$490.48	\$480.67	\$485.58	\$452.71	\$480.67
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING (SPECT)	78205	\$490.48	\$480.67	\$485.58	\$452.71	\$480.67
Nuclear Medicine	Inpatient/Outpatient	LIVER IMAGING (SPECT) W/ VASCULAR FLOW	78206	\$811.17	\$794.95	\$803.06	\$748.71	\$794.95
Nuclear Medicine	Inpatient/Outpatient	LIVER & SPLEEN IMAGING, STATIC ONLY	78215	\$471.61	\$462.18	\$466.89	\$435.30	\$462.18
Nuclear Medicine	Inpatient/Outpatient	LIVER & SPLEEN IMAGING, W/ VASCULAR FLOW	78216	\$273.54	\$268.07	\$270.80	\$252.48	\$268.07
Nuclear Medicine	Inpatient/Outpatient	HEPATOBILIARY SYST, INCL GALLBLADDER WHEN PRESENT	78226	\$811.17	\$794.95	\$803.06	\$748.71	\$794.95
Nuclear Medicine	Inpatient/Outpatient	HEPATOBILIARY SYST W/PHARM, INCL GALLBLADDER WHEN PRESENT	78227	\$1,113.00	\$1,090.74	\$1,101.87	\$1,027.30	\$1,090.74
Nuclear Medicine	Inpatient/Outpatient	ESOPHAGEAL MOTILITY	78258	\$518.77	\$508.39	\$513.58	\$478.82	\$508.39
Nuclear Medicine	Inpatient/Outpatient	GASTRIC MUCOSA IMAGING	78261	\$584.80	\$573.10	\$578.95	\$539.77	\$573.10
Nuclear Medicine	Inpatient/Outpatient	GASTROESOPHAGEAL REFLUX STUDY	78262	\$575.37	\$563.86	\$569.62	\$531.07	\$563.86
Nuclear Medicine	Inpatient/Outpatient	GASTRIC EMPTYING STUDY, SOLID	78264	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	GASTRIC EMPTYING STUDY, LIQUID	78264	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	ACUTE GI BLOOD LOSS IMAGING	78278	\$830.04	\$813.44	\$821.74	\$766.13	\$813.44
Nuclear Medicine	Inpatient/Outpatient	MECKEL'S SCAN	78290	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	BONE & JOINT IMAGING LIMITED AREA	78300	\$415.02	\$406.72	\$410.87	\$383.06	\$406.72
Nuclear Medicine	Inpatient/Outpatient	BONE SCAN WHOLE BODY	78306	\$575.37	\$563.86	\$569.62	\$531.07	\$563.86
Nuclear Medicine	Inpatient/Outpatient	3 PHASE BONE SCAN	78315	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	BONE SCAN WITH SPECT	78320	\$490.48	\$480.67	\$485.58	\$452.71	\$480.67
Nuclear Medicine	Inpatient/Outpatient	CARDIAC SHUNT SCAN	78428	\$396.15	\$388.23	\$392.19	\$365.65	\$388.23
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG SPECT SINGLE ST	78451	\$754.58	\$739.49	\$747.03	\$696.48	\$739.49
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG SPECT MULT STU	78452	\$1,084.71	\$1,063.02	\$1,073.86	\$1,001.19	\$1,063.02
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG PLANAR SINGLE S	78453	\$697.99	\$684.03	\$691.01	\$644.24	\$684.03
Nuclear Medicine	Inpatient/Outpatient	MYOCARDIAL IMG PLANAR MULT STU	78454	\$1,018.68	\$998.31	\$1,008.49	\$940.24	\$998.31
Nuclear Medicine	Inpatient/Outpatient	VENOUS THROMBOSIS IMAGING, UNILATERAL	78457	\$377.29	\$369.74	\$373.52	\$348.24	\$369.74
Nuclear Medicine	Inpatient/Outpatient	VENOUS THROMBOSIS IMAGING, BILATERAL	78458	\$443.32	\$434.45	\$438.89	\$409.18	\$434.45
Nuclear Medicine	Inpatient/Outpatient	CARDIAC BLOOD POOL, GATED, SINGLE STUDY	78472	\$499.91	\$489.91	\$494.91	\$461.42	\$489.91
Nuclear Medicine	Inpatient/Outpatient	CARDIAC BLOOD POOL, 1ST PASS TCHNQ, SINGLE STUDY	78481	\$348.99	\$342.01	\$345.50	\$322.12	\$342.01
Nuclear Medicine	Inpatient/Outpatient	CARDIAC BLOOD POOL, 1ST PASS TCHNQ, MULT STUDY	78483	\$471.61	\$462.18	\$466.89	\$435.30	\$462.18
Nuclear Medicine	Inpatient/Outpatient	PULMONARY VENTILATION IMAGING	78579	\$443.32	\$434.45	\$438.89	\$409.18	\$434.45
Nuclear Medicine	Inpatient/Outpatient	PULMONARY PERFUSION IMAGING	78580	\$556.50	\$545.37	\$550.94	\$513.65	\$545.37
Nuclear Medicine	Inpatient/Outpatient	PULMONARY VENTILATION & PERFUSION	78582	\$773.44	\$757.97	\$765.71	\$713.89	\$757.97
Nuclear Medicine	Inpatient/Outpatient	QUANT DIFF PULM PERFUSION & VENTILATION	78598	\$726.28	\$711.75	\$719.02	\$670.36	\$711.75
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING W/VASCULAR FLOW, MIN 4 VIEW	78606	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING, SPECT	78607	\$811.17	\$794.95	\$803.06	\$748.71	\$794.95
Nuclear Medicine	Inpatient/Outpatient	BRAIN IMAGING VASCULAR FLOW ONLY	78610	\$443.32	\$434.45	\$438.89	\$409.18	\$434.45
Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID FLOW, CISTERNOGRAPHY	78630	\$839.47	\$822.68	\$831.08	\$774.83	\$822.68
Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID FLOW, SHUNT EVAL	78645	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20

Nuclear Medicine	Inpatient/Outpatient	CEREBROSPINAL FLUID LEAKAGE DETECT&LOCALIZ	78650	\$830.04	\$813.44	\$821.74	\$766.13	\$813.44
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGING W/ VASC FLOW & FUNCTION	78707	\$509.34	\$499.15	\$504.25	\$470.12	\$499.15
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGE W/VASC FLOW&FNCT, PHARMACOLOGY	78708	\$320.70	\$314.29	\$317.49	\$296.01	\$314.29
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGE W/VASC FLOW&FNCT, MULT STUDY	78709	\$820.61	\$804.20	\$812.40	\$757.42	\$804.20
Nuclear Medicine	Inpatient/Outpatient	KIDNEY IMAGE WITH SPECT	78710	\$471.61	\$462.18	\$466.89	\$435.30	\$462.18
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM 1 AREA 1 D IMC	78800	\$433.88	\$425.20	\$429.54	\$400.47	\$425.20
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM 2+AREA 1+D IMC	78801	\$613.10	\$600.84	\$606.97	\$565.89	\$600.84
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM WHBDY 1 D IMG	78802	\$773.44	\$757.97	\$765.71	\$713.89	\$757.97
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM SPECT 1 ARE	78803	\$801.74	\$785.71	\$793.72	\$740.01	\$785.71
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM WHBDY 2+D IMG	78804	\$1,414.84	\$1,386.54	\$1,400.69	\$1,305.90	\$1,386.54
Nuclear Medicine	Inpatient/Outpatient	RADIOPHARM LOC OF INFLAM PROCESS, LMTD	78805	\$405.59	\$397.48	\$401.53	\$374.36	\$397.48
Nuclear Medicine	Inpatient/Outpatient	RADIOPHARM LOC OF INFLAM PROCESS, WHL BDY	78806	\$801.74	\$785.71	\$793.72	\$740.01	\$785.71
Nuclear Medicine	Inpatient/Outpatient	RADIOPHARM LOC OF INFLAM PROCESS, SPECT	78807	\$801.74	\$785.71	\$793.72	\$740.01	\$785.71
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM SPECT W/CT 1	78830	\$1,131.87	\$1,109.23	\$1,120.55	\$1,044.72	\$1,109.23
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM SPECT 2 AREA	78831	\$1,678.94	\$1,645.36	\$1,662.15	\$1,549.66	\$1,645.36
Nuclear Medicine	Inpatient/Outpatient	RP LOCLZJ TUM SPECT W/CT 2	78832	\$2,216.58	\$2,172.25	\$2,194.41	\$2,045.90	\$2,172.25
Nuclear Medicine	Inpatient/Outpatient	RADIOPHARM ORAL ADMIN FOR THYROID ABLATION	79005	\$132.05	\$129.41	\$130.73	\$121.88	\$129.41
Nuclear Medicine	Inpatient/Outpatient	HYPERTHYROID THERAPY, INITIAL	79005	\$132.05	\$129.41	\$130.73	\$121.88	\$129.41
Nuclear Medicine	Inpatient/Outpatient	RADIOPH THERAPY RX BY IV ADMIN	79101	\$132.05	\$129.41	\$130.73	\$121.88	\$129.41
Nuclear Medicine	Inpatient/Outpatient	RADIOPHARM THERAPY BY IV ADMIN	79101	\$132.05	\$129.41	\$130.73	\$121.88	\$129.41
Nuclear Medicine	Inpatient/Outpatient	ZEVALIN INFUSION THERAPY	79403	\$216.94	\$212.60	\$214.77	\$200.24	\$212.60
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/O CONTRAS	70450	\$59.36	\$58.17	\$58.77	\$54.79	\$58.17
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ CONTRAS	70460	\$84.80	\$83.10	\$83.95	\$78.27	\$83.10
CT Scanner	Inpatient/Outpatient	CT - HEAD/BRAIN W/ & W/O CONTRAS	70470	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/O CON	70480	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/ CONTI	70481	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT - ORBIT SELLA MID/INNER EAR W/ & W/I	70482	\$180.90	\$177.28	\$179.09	\$166.97	\$177.28
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/O CONTRAS	70486	\$76.32	\$74.79	\$75.56	\$70.44	\$74.79
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/ CONTRAS	70487	\$87.62	\$85.87	\$86.74	\$80.87	\$85.87
CT Scanner	Inpatient/Outpatient	CT MAXILLOFACIAL AREA W/ & W/O CONTRAS	70488	\$113.06	\$110.80	\$111.93	\$104.35	\$110.80
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/O CONTRAST	70490	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W/ CONTRAST	70491	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT SOFT TISSUE NECK W&W/O CONTRAST	70492	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY HEAD	70496	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY NECK	70498	\$161.11	\$157.89	\$159.50	\$148.70	\$157.89
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG, W/O CONTRAST	71250	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG, W/ CONTRAST	71260	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT THORAX, DIAG, W/ & W/O CONTRAS	71270	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPHY CHEST	71275	\$166.77	\$163.43	\$165.10	\$153.93	\$163.43
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/O CONTI	72125	\$104.58	\$102.49	\$103.53	\$96.53	\$102.49
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ CONTI	72126	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT CERV SPINE W/ & W/O CONT	72127	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/O CONTR	72128	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ CONTI	72129	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT THORACIC SPINE W/ & W/O CONT	72130	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT L SPINE W/O CONTRAST	72131	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ CONTRAST	72132	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT L SPINE W/ & W/O CONTRAS	72133	\$163.94	\$160.66	\$162.30	\$151.32	\$160.66
CT Scanner	Inpatient/Outpatient	CT ANGIOGRAPH PELV W/O & W/ DY	72191	\$169.59	\$166.20	\$167.89	\$156.53	\$166.20
CT Scanner	Inpatient/Outpatient	CT PELVIS W/O CONTRAST	72192	\$73.49	\$72.02	\$72.76	\$67.83	\$72.02
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ CONTRAST	72193	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT PELVIS W/ & W/O CONTRAS	72194	\$158.29	\$155.12	\$156.71	\$146.10	\$155.12
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/O CONTRAS	73200	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ CONTRAS	73201	\$130.02	\$127.42	\$128.72	\$120.01	\$127.42
CT Scanner	Inpatient/Outpatient	CT UPPER EXTREM W/ & W/O CONTRAS	73202	\$172.42	\$168.97	\$170.70	\$159.14	\$168.97
CT Scanner	Inpatient/Outpatient	CT ANGIO UPR EXTRM W/O & W/ DY	73206	\$189.38	\$185.59	\$187.49	\$174.80	\$185.59
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/O CONTRAS	73700	\$101.76	\$99.72	\$100.74	\$93.92	\$99.72
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ CONTRAS	73701	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT LOWER EXTREM W/ & W/O CONTRAS	73702	\$169.59	\$166.20	\$167.89	\$156.53	\$166.20

CT Scanner	Inpatient/Outpatient	CT ANGIO LOWER EXTREMITY	73706	\$206.34	\$202.21	\$204.28	\$190.45	\$202.21
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/O CONTRAS	74150	\$70.66	\$69.25	\$69.95	\$65.22	\$69.25
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ CONTRAS	74160	\$132.85	\$130.19	\$131.52	\$122.62	\$130.19
CT Scanner	Inpatient/Outpatient	CT ABDOMEN W/ & W/O CONTRAS	74170	\$152.63	\$149.58	\$151.10	\$140.88	\$149.58
CT Scanner	Inpatient/Outpatient	CT ANGIO ABD & PELV W/O & W/ DY	74174	\$220.47	\$216.06	\$218.27	\$203.49	\$216.06
CT Scanner	Inpatient/Outpatient	CT ANGIO ABDOMEN W/O & W/ DY	74175	\$172.42	\$168.97	\$170.70	\$159.14	\$168.97
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/O CONTRAS	74176	\$90.45	\$88.64	\$89.55	\$83.49	\$88.64
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ CONTRAS	74177	\$175.25	\$171.75	\$173.50	\$161.76	\$171.75
CT Scanner	Inpatient/Outpatient	CT ABD & PELV W/ & W/O CONTRAS	74178	\$200.68	\$196.67	\$198.67	\$185.23	\$196.67
CT Scanner	Inpatient/Outpatient	CT HEART W/O CONT W/ QUANT EVAL OF CORONARY CALCIU	75571	\$56.53	\$55.40	\$55.96	\$52.18	\$55.40
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORF	75572	\$155.46	\$152.35	\$153.91	\$143.49	\$152.35
CT Scanner	Inpatient/Outpatient	CT HEART W/ CONT FOR EVAL CARD STRUCT & MORPH, CONGE	75573	\$209.16	\$204.98	\$207.07	\$193.05	\$204.98
CT Scanner	Inpatient/Outpatient	CT ANGIO HRT W/3D IMAGE	75574	\$240.26	\$235.45	\$237.86	\$221.76	\$235.45
CT Scanner	Inpatient/Outpatient	CT ANGIO AORTA W/ RUNOF	75635	\$209.16	\$204.98	\$207.07	\$193.05	\$204.98
CT Scanner	Inpatient/Outpatient	ABSCCESS, FISTULA OR SINUS TRACT STUDY	76080	\$22.61	\$22.16	\$22.38	\$20.87	\$22.16
CT Scanner	Inpatient/Outpatient	3D RENDERING OF CT	76376	\$11.31	\$11.08	\$11.20	\$10.44	\$11.08
CT Scanner	Inpatient/Outpatient	CT LIMITED OR F/U STUDY	76380	\$76.32	\$74.79	\$75.56	\$70.44	\$74.79
Respiratory Therapy	Inpatient/Outpatient	ENDOTRACHEAL INTUBATION/ASSIST	31500	\$48.50	\$47.53	\$48.02	\$44.77	\$47.53
Respiratory Therapy	Inpatient/Outpatient	CATHETER ASPIRATION, NASOTRACHEAL	31720	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	ARTERIAL PUNCTURE BLOOD FOR DX	36600	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	ARTERIAL LINE SAMPLING	36600	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	CARDIOPULMONARY RESUSCITATION	92950	\$155.20	\$152.10	\$153.65	\$143.25	\$152.10
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT INIT DAY	94002	\$485.01	\$475.31	\$480.16	\$447.66	\$475.31
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT INIT DAY NEC	94002	\$582.02	\$570.38	\$576.20	\$537.20	\$570.38
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT SUB DAY	94003	\$485.01	\$475.31	\$480.16	\$447.66	\$475.31
Respiratory Therapy	Inpatient/Outpatient	VENT MANAGEMENT SUB DAY NEC	94003	\$582.02	\$570.38	\$576.20	\$537.20	\$570.38
Respiratory Therapy	Inpatient/Outpatient	SPIROMETRY	94010	\$48.50	\$47.53	\$48.02	\$44.77	\$47.53
Respiratory Therapy	Inpatient/Outpatient	SPIROMETRY W/BRONCHODILATOR	94060	\$71.78	\$70.34	\$71.06	\$66.25	\$70.34
Respiratory Therapy	Inpatient/Outpatient	VITAL CAPACITY	94150	\$34.92	\$34.22	\$34.57	\$32.23	\$34.22
Respiratory Therapy	Inpatient/Outpatient	INTRAPULMONARY SURFACTANT VIA ENDOTRACH	94610	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	HAND HELD NEBULIZER, INPATIENT	94640	\$931.23	\$912.61	\$921.92	\$859.53	\$912.61
Respiratory Therapy	Inpatient/Outpatient	HAND HELD NEBULIZER, OUTPATIENT	94640	\$77.60	\$76.05	\$76.82	\$71.62	\$76.05
Respiratory Therapy	Inpatient/Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, INPATIENT	94640	\$931.23	\$912.61	\$921.92	\$859.53	\$912.61
Respiratory Therapy	Inpatient/Outpatient	AIRWAY INHALATION TREATMENT, MDI VIA VENT, OUTPATIENT	94640	\$77.60	\$76.05	\$76.82	\$71.62	\$76.05
Respiratory Therapy	Inpatient/Outpatient	MDI TREATMENT, INPATIENT	94640	\$931.23	\$912.61	\$921.92	\$859.53	\$912.61
Respiratory Therapy	Inpatient/Outpatient	MDI TREATMENT, OUTPATIENT	94640	\$77.60	\$76.05	\$76.82	\$71.62	\$76.05
Respiratory Therapy	Inpatient/Outpatient	IPV TREATMENT, INPATIENT	94640	\$931.23	\$912.61	\$921.92	\$859.53	\$912.61
Respiratory Therapy	Inpatient/Outpatient	IPV TREATMENT, OUTPATIENT	94640	\$77.60	\$76.05	\$76.82	\$71.62	\$76.05
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS INHALATION TREATMENT, 1ST HOUR	94644	\$65.96	\$64.64	\$65.30	\$60.88	\$64.64
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS INHALATION TREATMENT, EA ADDL HOUR	94645	\$54.32	\$53.23	\$53.78	\$50.14	\$53.23
Respiratory Therapy	Inpatient/Outpatient	CPAP/BIPAP	94660	\$232.81	\$228.15	\$230.48	\$214.88	\$228.15
Respiratory Therapy	Inpatient/Outpatient	DEMONSTRATION OF NEBULIZATION	94664	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	COMP POSTURAL DRAINAGE INIT TX	94667	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	CHEST WALL MANIP,INIT 2 POSITN	94667	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	COMP POSTURAL DRAINAGE SUB TX	94668	\$48.50	\$47.53	\$48.02	\$44.77	\$47.53
Respiratory Therapy	Inpatient/Outpatient	CHEST WALL MANIP, SUB 2 POSITN	94668	\$48.50	\$47.53	\$48.02	\$44.77	\$47.53
Respiratory Therapy	Inpatient/Outpatient	"THE VEST" MECHANICAL CHES WALL OSCILLATION	94669	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY SINGLE DETERM	94760	\$15.52	\$15.21	\$15.36	\$14.32	\$15.21
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY W/EXERCISE	94761	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	PULSE OXIMETRY CONTINUOUS	94762	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	END TIDAL CO2	94770	\$77.60	\$76.05	\$76.82	\$71.62	\$76.05
Respiratory Therapy	Inpatient/Outpatient	TRACHEAL SUCTIONING	94799	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	OXYGEN THERAPY	94799	\$38.80	\$38.02	\$38.41	\$35.81	\$38.02
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 0-15 MIN	94799	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 16-30 MIN	94799	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 31-45 MIN	94799	\$87.30	\$85.55	\$86.43	\$80.58	\$85.55
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 46-60 MIN	94799	\$116.40	\$114.07	\$115.24	\$107.44	\$114.07
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 61-75 MIN	94799	\$145.50	\$142.59	\$144.05	\$134.30	\$142.59
Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION 76-90 MIN	94799	\$174.61	\$171.12	\$172.86	\$161.17	\$171.12

Respiratory Therapy	Inpatient/Outpatient	MANUAL VENTILATION >90 MIN	94799	\$203.71	\$199.64	\$201.67	\$188.02	\$199.64
Respiratory Therapy	Inpatient/Outpatient	HIGH FLOW OXYGEN THERAPY	94799	\$232.81	\$228.15	\$230.48	\$214.88	\$228.15
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS AEROSOL	94799	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	BEDSIDE PULMONARY MECHANICS	94799	\$29.10	\$28.52	\$28.81	\$26.86	\$28.52
Respiratory Therapy	Inpatient/Outpatient	TRACHEOSTOMY TUBE CARI	94799	\$38.80	\$38.02	\$38.41	\$35.81	\$38.02
Respiratory Therapy	Inpatient/Outpatient	RESPIRATORY PT ASSESSMENT	94799	\$38.80	\$38.02	\$38.41	\$35.81	\$38.02
Respiratory Therapy	Inpatient/Outpatient	RAPID RESPONSE	94799	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	BEDSIDE PROCEDURE ASSIST	94799	\$58.20	\$57.04	\$57.62	\$53.72	\$57.04
Respiratory Therapy	Inpatient/Outpatient	INHALED NITRIC OXIDE	94799	\$485.01	\$475.31	\$480.16	\$447.66	\$475.31
Respiratory Therapy	Inpatient/Outpatient	CONTINUOUS NEBULIZATION - NON BRONCHODILATOR	94799	\$485.01	\$475.31	\$480.16	\$447.66	\$475.31
Respiratory Therapy	Inpatient/Outpatient	ATTENDANCE AT DELIVERY	99464	\$116.40	\$114.07	\$115.24	\$107.44	\$114.07
Pulmonary	Inpatient/Outpatient	SIMPLE SPIROMETRY	94010	\$124.81	\$122.31	\$123.56	\$115.20	\$122.31
Pulmonary	Inpatient/Outpatient	SPIROMETRY WITH BRONCHODILATOR	94060	\$184.72	\$181.03	\$182.87	\$170.50	\$181.03
Pulmonary	Inpatient/Outpatient	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	94200	\$59.91	\$58.71	\$59.31	\$55.30	\$58.71
Pulmonary	Inpatient/Outpatient	PULMONARY STRESS TESTING	94618	\$149.77	\$146.77	\$148.27	\$138.24	\$146.77
Pulmonary	Inpatient/Outpatient	PULMONARY STRESS TESTING	94618	\$149.77	\$146.77	\$148.27	\$138.24	\$146.77
Pulmonary	Inpatient/Outpatient	O2 UPTAKE DIRECT SIMPLE, EXERCISE METABOLIC RATE	94680	\$374.44	\$366.95	\$370.70	\$345.61	\$366.95
Pulmonary	Inpatient/Outpatient	OXYGEN UPTAKE REST INDIRECT, RESTING METABOLIC RATE	94690	\$299.55	\$293.56	\$296.55	\$276.48	\$293.56
Pulmonary	Inpatient/Outpatient	BODY PLETHYSMOGRAPHY	94726	\$94.86	\$92.96	\$93.91	\$87.56	\$92.96
Pulmonary	Inpatient/Outpatient	NITROGEN WASHOUT W/LUNG VOL	94727	\$94.86	\$92.96	\$93.91	\$87.56	\$92.96
Pulmonary	Inpatient/Outpatient	DIFFUSION CAPACITY	94729	\$99.85	\$97.85	\$98.85	\$92.16	\$97.85
Pulmonary	Inpatient/Outpatient	PULMONARY COMPLIANCE, CLOSING VOLUME	94750	\$149.77	\$146.77	\$148.27	\$138.24	\$146.77
Pulmonary	Inpatient/Outpatient	PULMONARY REHAB W/EXERCISE COPT	97150	\$89.86	\$88.06	\$88.96	\$82.94	\$88.06
Pulmonary	Inpatient/Outpatient	RESP FCN/STRENGTH 2/>- INDIV NON COPD	97150	\$74.89	\$73.39	\$74.14	\$69.12	\$73.39
Pulmonary	Inpatient/Outpatient	RESP FCN/STRENGTH 2/>- INDIV NON COPD	60239	\$74.89	\$73.39	\$74.14	\$69.12	\$73.39
Pulmonary	Inpatient/Outpatient	PULMONARY REHAB W/EXERCISE COPT	60424	\$89.86	\$88.06	\$88.96	\$82.94	\$88.06
Renal Dialysis	Inpatient/Outpatient	RENAL DIALYSIS - INPT HEMODIALYSIS		\$1,001.63	\$981.60	\$991.61	\$924.50	\$981.60
Physical Therapy	Inpatient/Outpatient	NDL INSI W/O NJX 1 OR 2 MUSC	20560	\$41.65	\$40.82	\$41.23	\$38.44	\$40.82
Physical Therapy	Inpatient/Outpatient	NDL INSI W/O NJX 3+ MUSC	20561	\$41.65	\$40.82	\$41.23	\$38.44	\$40.82
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 8-22 MIN	29105	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 23-37 MIN	29105	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 8-22 MIN	29125	\$104.13	\$102.05	\$103.09	\$96.11	\$102.05
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 23-37 MIN	29125	\$208.27	\$204.10	\$206.19	\$192.23	\$204.10
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 38-52 MIN	29125	\$312.40	\$306.15	\$309.28	\$288.35	\$306.15
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 53-67 MIN	29125	\$416.53	\$408.20	\$412.36	\$384.46	\$408.20
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 8-22 MIN	29126	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 23-37 MIN	29126	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 38-52 MIN	29126	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 53-67 MIN	29126	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 8-22 MIN	29130	\$83.31	\$81.64	\$82.48	\$76.90	\$81.64
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 23-37 MIN	29130	\$166.61	\$163.28	\$164.94	\$153.78	\$163.28
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 38-52 MIN	29130	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 53-67 MIN	29130	\$333.22	\$326.56	\$329.89	\$307.56	\$326.56
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, DYN 8-22 MIN	29131	\$104.13	\$102.05	\$103.09	\$96.11	\$102.05
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, DYN 23-37 MIN	29131	\$208.27	\$204.10	\$206.19	\$192.23	\$204.10
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, DYN 38-52 MIN	29131	\$312.40	\$306.15	\$309.28	\$288.35	\$306.15
Physical Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, DYN 53-67 MIN	29131	\$416.53	\$408.20	\$412.36	\$384.46	\$408.20
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLINT 8-22 MIN	29505	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLINT 23-37 MIN	29505	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLINT 38-52 MIN	29505	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	APPL LNG LEG SPLINT 53-67 MIN	29505	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLINT 8-22 MIN	29515	\$104.13	\$102.05	\$103.09	\$96.11	\$102.05
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLINT 23-37 MIN	29515	\$208.27	\$204.10	\$206.19	\$192.23	\$204.10
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLINT 38-52 MIN	29515	\$312.40	\$306.15	\$309.28	\$288.35	\$306.15
Physical Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLINT 53-67 MIN	29515	\$416.53	\$408.20	\$412.36	\$384.46	\$408.20
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 8-22 MIN	29580	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 23-37 MIN	29580	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46

Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 38-52 MIN	29580	\$187.44	\$183.69	\$185.57	\$173.01	\$183.69
Physical Therapy	Inpatient/Outpatient	STRAPPING UNNA BOOT 53-67 MIN	29580	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 8-22 MIN	90901	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK 23-37 MIN	90901	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK PERINEAL 8-22 MIN	90911	\$72.89	\$71.43	\$72.16	\$67.28	\$71.43
Physical Therapy	Inpatient/Outpatient	BIOFEEDBACK PERINEAL 23-37 MIN	90911	\$145.79	\$142.87	\$144.33	\$134.56	\$142.87
Physical Therapy	Inpatient/Outpatient	BFB TRAINING W/EMG & MANOMETRY 1ST 8-22 MIN	90912	\$72.89	\$71.43	\$72.16	\$67.28	\$71.43
Physical Therapy	Inpatient/Outpatient	BFB TRAINING W/EMG & MANOMETRY ADDL 8-22 MIN	90913	\$72.89	\$71.43	\$72.16	\$67.28	\$71.43
Physical Therapy	Inpatient/Outpatient	BFB TRAINING W/EMG & MANOMETRY ADDL 23-37 MIN	90913	\$145.79	\$142.87	\$144.33	\$134.56	\$142.87
Physical Therapy	Inpatient/Outpatient	BIS XTRACELL FLUID ANALYSIS	93702	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	CANALITH REPOSITIONING PROC, PER DAY	95992	\$145.79	\$142.87	\$144.33	\$134.56	\$142.87
Physical Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 8-22 MIN	97012	\$41.65	\$40.82	\$41.23	\$38.44	\$40.82
Physical Therapy	Inpatient/Outpatient	APPL MECHANICAL TRACTION 23-37 MIN	97012	\$83.31	\$81.64	\$82.48	\$76.90	\$81.64
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 8-22 MIN	97016	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 23-37 MIN	97016	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 38-52 MIN	97016	\$93.72	\$91.85	\$92.78	\$86.50	\$91.85
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 53-67 MIN	97016	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 68-82 MIN	97016	\$156.20	\$153.08	\$154.64	\$144.17	\$153.08
Physical Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 83-97 MIN	97016	\$187.44	\$183.69	\$185.57	\$173.01	\$183.69
Physical Therapy	Inpatient/Outpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$20.83	\$20.41	\$20.62	\$19.23	\$20.41
Physical Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 8-22 MIN	97026	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 23-37 MIN	97026	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$41.65	\$40.82	\$41.23	\$38.44	\$40.82
Physical Therapy	Inpatient/Outpatient	APPL IONTOPHORESIS EA 15 MINS	97033	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	CONTRAST BATH THERAPY EA 15 MIN	97034	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$93.72	\$91.85	\$92.78	\$86.50	\$91.85
Physical Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97039	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	MANUAL THERAPY TECHNIQUES EA 15 MINS	97140	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$20.83	\$20.41	\$20.62	\$19.23	\$20.41
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$41.65	\$40.82	\$41.23	\$38.44	\$40.82
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$83.31	\$81.64	\$82.48	\$76.90	\$81.64
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 68-82 MIN	97150	\$104.13	\$102.05	\$103.09	\$96.11	\$102.05
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 83-97 MIN	97150	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 98-112 MIN	97150	\$145.79	\$142.87	\$144.33	\$134.56	\$142.87
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 113-127 MIN	97150	\$166.61	\$163.28	\$164.94	\$153.78	\$163.28
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 128-142 MIN	97150	\$187.44	\$183.69	\$185.57	\$173.01	\$183.69
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$93.72	\$91.85	\$92.78	\$86.50	\$91.85
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 68-82 MIN	97150	\$156.20	\$153.08	\$154.64	\$144.17	\$153.08
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 83-97 MIN	97150	\$187.44	\$183.69	\$185.57	\$173.01	\$183.69
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 98-112 MIN	97150	\$218.68	\$214.31	\$216.49	\$201.84	\$214.31
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 113-127 MIN	97150	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 128-142 MIN	97150	\$281.16	\$275.54	\$278.35	\$259.51	\$275.54
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN LOW COMPLEXITY	97161	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN LOW COMPLEXITY	97161	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN LOW COMPLEXITY	97161	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN LOW COMPLEXITY	97161	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN LOW COMPLEXITY	97161	\$624.80	\$612.30	\$618.55	\$576.69	\$612.30

Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN LOW COMPLEXITY	97161	\$749.76	\$734.76	\$742.26	\$692.03	\$734.76
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN LOW COMPLEXITY	97161	\$874.72	\$857.23	\$865.97	\$807.37	\$857.23
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97162	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97162	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97162	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97162	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN MODERATE COMPLEXITY	97162	\$624.80	\$612.30	\$618.55	\$576.69	\$612.30
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN MODERATE COMPLEXITY	97162	\$749.76	\$734.76	\$742.26	\$692.03	\$734.76
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN MODERATE COMPLEXITY	97162	\$874.72	\$857.23	\$865.97	\$807.37	\$857.23
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 08-22 MIN HIGH COMPLEXITY	97163	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 23-37 MIN HIGH COMPLEXITY	97163	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 38-52 MIN HIGH COMPLEXITY	97163	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 53-67 MIN HIGH COMPLEXITY	97163	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 68-82 MIN HIGH COMPLEXITY	97163	\$624.80	\$612.30	\$618.55	\$576.69	\$612.30
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 83-97 MIN HIGH COMPLEXITY	97163	\$749.76	\$734.76	\$742.26	\$692.03	\$734.76
Physical Therapy	Inpatient/Outpatient	PT EVALUATION 98-112 MIN HIGH COMPLEXITY	97163	\$874.72	\$857.23	\$865.97	\$807.37	\$857.23
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 08-22 MIN	97164	\$93.72	\$91.85	\$92.78	\$86.50	\$91.85
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 23-37 MIN	97164	\$187.44	\$183.69	\$185.57	\$173.01	\$183.69
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 38-52 MIN	97164	\$281.16	\$275.54	\$278.35	\$259.51	\$275.54
Physical Therapy	Inpatient/Outpatient	PT RE-EVALUATION 53-67 MIN	97164	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$72.89	\$71.43	\$72.16	\$67.28	\$71.43
Physical Therapy	Inpatient/Outpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	SELF CARE MNGMENT TRAINING EA 15 MINS	97535	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	WHEELCHAIR MNGMENT TRAINING EA 15 MINS	97542	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	WORK HARDENING INITIAL 2 HOURS	97545	\$416.53	\$408.20	\$412.36	\$384.46	\$408.20
Physical Therapy	Inpatient/Outpatient	WORK HARDENING EA ADDTL HR	97546	\$208.27	\$204.10	\$206.19	\$192.23	\$204.10
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 8-22 MIN	97597	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 23-37 MIN	97597	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 38-52 MIN	97597	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	SELECTIVE WOUND DEBRIDEMENT 20 CM OR LESS 53-67 MIN	97597	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 8-22 MIN	97605	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 23-37 MIN	97605	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 38-52 MIN	97605	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX < 50CM 53-67 MIN	97605	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 8-22 MIN	97606	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 23-37 MIN	97606	\$249.92	\$244.92	\$247.42	\$230.68	\$244.92
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 38-52 MIN	97606	\$374.88	\$367.38	\$371.13	\$346.01	\$367.38
Physical Therapy	Inpatient/Outpatient	NEG.WOUND PRESSURE TX > 50 CM 53-67 MIN	97606	\$499.84	\$489.84	\$494.84	\$461.35	\$489.84
Physical Therapy	Inpatient/Outpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$124.96	\$122.46	\$123.71	\$115.34	\$122.46
Physical Therapy	Inpatient/Outpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Physical Therapy	Inpatient/Outpatient	PROSTHETIC TRAINING INIT ENC EA 15 MINS	97761	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	C/O FOR ORTHOTIC/PROSTH USE EA 15 MIN	97762	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	ORTHC/PROSTC MGMT SUB ENC EA 15 MIN	97763	\$52.07	\$51.03	\$51.55	\$48.06	\$51.03
Physical Therapy	Inpatient/Outpatient	ESTIM UNATND NO WND CARE	G0283	\$31.24	\$30.62	\$30.93	\$28.83	\$30.62
Physical Therapy	Inpatient/Outpatient	APPL ULTRASOUND 8-22M		\$62.48	\$61.23	\$61.86	\$57.67	\$61.23
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 8-22 MIN	29105	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 23-37 MIN	29105	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 38-52 MIN	29105	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	APPL LONG ARM SPLINT 53-67 MIN	29105	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 8-22 MIN	29125	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 23-37 MIN	29125	\$181.59	\$177.96	\$179.77	\$171.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 38-52 MIN	29125	\$272.38	\$266.93	\$269.66	\$251.41	\$266.93
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, STC 53-67 MIN	29125	\$363.17	\$355.91	\$359.54	\$335.21	\$355.91
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 8-22 MIN	29126	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 23-37 MIN	29126	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 38-52 MIN	29126	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	APPL SHT ARM SPLINT, DYN 53-67 MIN	29126	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 8-22 MIN	29130	\$72.63	\$71.18	\$71.90	\$67.04	\$71.18
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLINT, STATIC 23-37 MIN	29130	\$145.27	\$142.36	\$143.82	\$134.08	\$142.36

Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 38-52 MIN	29130	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, STATIC 53-67 MIN	29130	\$290.54	\$284.73	\$287.63	\$268.17	\$284.73
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 8-22 MIN	29131	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 23-37 MIN	29131	\$181.59	\$177.96	\$179.77	\$167.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 38-52 MIN	29131	\$272.38	\$266.93	\$269.66	\$251.41	\$266.93
Occupational Therapy	Inpatient/Outpatient	APPL FNGR SPLNT, DYN 53-67 MIN	29131	\$363.17	\$355.91	\$359.54	\$335.21	\$355.91
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 8-22 MIN	29505	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 23-37 MIN	29505	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 38-52 MIN	29505	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	APPL LNG LEG SPLNT 53-67 MIN	29505	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 8-22 MIN	29515	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 23-37 MIN	29515	\$181.59	\$177.96	\$179.77	\$167.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 38-52 MIN	29515	\$272.38	\$266.93	\$269.66	\$251.41	\$266.93
Occupational Therapy	Inpatient/Outpatient	APPL SHORT LEG SPLNT 53-67 MIN	29515	\$363.17	\$355.91	\$359.54	\$335.21	\$355.91
Occupational Therapy	Inpatient/Outpatient	BIOFEEDBACK 8-22 MIN	90901	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	BIOFEEDBACK 23-37 MIN	90901	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 8-22 MII	97016	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 23-37 MII	97016	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 38-52 MII	97016	\$81.71	\$80.08	\$80.89	\$75.42	\$80.08
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 53-67 MII	97016	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 68-82 MII	97016	\$136.19	\$133.47	\$134.83	\$125.70	\$133.47
Occupational Therapy	Inpatient/Outpatient	APPL VASOPNM DVC 83-97 MII	97016	\$163.43	\$160.16	\$161.80	\$150.85	\$160.16
Occupational Therapy	Inpatient/Outpatient	APPL PARAFFIN BATH 8-22 MIN	97018	\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Occupational Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97022	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 8-22 MII	97026	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	INFRARED THERAPY 1+ AREAS 23-37 MII	97026	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	ELECTRICAL STIMULATION EA 15 MINS	97032	\$36.32	\$35.59	\$35.96	\$33.52	\$35.59
Occupational Therapy	Inpatient/Outpatient	ELECTRIC CURRENT THERAPY EA 15 MIN	97033	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	CONTRAST BATH THERAPY EA 15 MIN	97034	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 8-22 MINS	97035	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 23-37 MINS	97035	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	ULTRASOUND THERAPY 38-52 MINS	97035	\$81.71	\$80.08	\$80.89	\$75.42	\$80.08
Occupational Therapy	Inpatient/Outpatient	APPL FLUIDOTHERAPY EA 15 MINS	97039	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	THERAPEUTIC EXERCISES EA 15 MINS	97110	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	NEUROMUSCULAR REEDUCATION EA 15 MINS	97112	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	GAIT TRAINING THERAPY EA 15 MINS	97116	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 8-22 MINUTES	97127	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 23-37 MINUTES	97127	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 38-52 MINUTES	97127	\$136.19	\$133.47	\$134.83	\$125.70	\$133.47
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 53-67 MINUTES	97127	\$181.59	\$177.96	\$179.77	\$167.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 68-82 MINUTES	97127	\$226.98	\$222.44	\$224.71	\$209.50	\$222.44
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 83-97 MINUTES	97127	\$272.38	\$266.93	\$269.66	\$251.41	\$266.93
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN	97129	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN	97130	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN	97130	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN	97130	\$136.19	\$133.47	\$134.83	\$125.70	\$133.47
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN	97130	\$181.59	\$177.96	\$179.77	\$167.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN	97130	\$226.98	\$222.44	\$224.71	\$209.50	\$222.44
Occupational Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN	97130	\$272.38	\$266.93	\$269.66	\$251.41	\$266.93
Occupational Therapy	Inpatient/Outpatient	MANUAL THERAPY EA 15 MIN	97140	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 8-22 MIN	97150	\$18.16	\$17.80	\$17.98	\$16.76	\$17.80
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 23-37 MIN	97150	\$36.32	\$35.59	\$35.96	\$33.52	\$35.59
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 38-52 MIN	97150	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 53-67 MIN	97150	\$72.63	\$71.18	\$71.90	\$67.04	\$71.18
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 68-82 MIN	97150	\$90.79	\$88.97	\$89.88	\$83.80	\$88.97
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 83-97 MIN	97150	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 98-112 MIN	97150	\$127.11	\$124.57	\$125.84	\$117.32	\$124.57

Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 113-127 MIN	97150	\$145.27	\$142.36	\$143.82	\$134.08	\$142.36
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 5+ PTS 128-142 MIN	97150	\$163.43	\$160.16	\$161.80	\$150.85	\$160.16
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 8-22 MIN	97150	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 23-37 MIN	97150	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 38-52 MIN	97150	\$81.71	\$80.08	\$80.89	\$75.42	\$80.08
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 53-67 MIN	97150	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 68-82 MIN	97150	\$136.19	\$133.47	\$134.83	\$126.10	\$133.47
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 83-97 MIN	97150	\$163.43	\$160.16	\$161.80	\$150.85	\$160.16
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 98-112 MIN	97150	\$190.67	\$186.86	\$188.76	\$175.99	\$186.86
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 113-127 MIN	97150	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	GROUP THERAPY 2-4 PTS 128-142 MIN	97150	\$245.14	\$240.24	\$242.69	\$226.26	\$240.24
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 08-22 MIN LOW COMPLEXITY	97165	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 23-37 MIN LOW COMPLEXITY	97165	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN LOW COMPLEXITY	97165	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN LOW COMPLEXITY	97165	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 68-82 MIN LOW COMPLEXITY	97165	\$544.76	\$533.86	\$539.31	\$502.81	\$533.86
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 83-97 MIN LOW COMPLEXITY	97165	\$653.71	\$640.64	\$647.17	\$603.37	\$640.64
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 98-112 MIN LOW COMPLEXITY	97165	\$762.66	\$747.41	\$755.03	\$703.94	\$747.41
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 08-22 MIN MODERATE COMPLEXITY	97166	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 23-37 MIN MODERATE COMPLEXITY	97166	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN MODERATE COMPLEXITY	97166	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN MODERATE COMPLEXITY	97166	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 68-82 MIN MODERATE COMPLEXITY	97166	\$544.76	\$533.86	\$539.31	\$502.81	\$533.86
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 83-97 MIN MODERATE COMPLEXITY	97166	\$653.71	\$640.64	\$647.17	\$603.37	\$640.64
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 98-112 MIN MODERATE COMPLEXITY	97166	\$762.66	\$747.41	\$755.03	\$703.94	\$747.41
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 08-22 MIN HIGH COMPLEXITY	97167	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 23-37 MIN HIGH COMPLEXITY	97167	\$217.90	\$213.54	\$215.72	\$201.12	\$213.54
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 38-52 MIN HIGH COMPLEXITY	97167	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 53-67 MIN HIGH COMPLEXITY	97167	\$435.81	\$427.09	\$431.45	\$402.25	\$427.09
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 68-82 MIN HIGH COMPLEXITY	97167	\$544.76	\$533.86	\$539.31	\$502.81	\$533.86
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 83-97 MIN HIGH COMPLEXITY	97167	\$653.71	\$640.64	\$647.17	\$603.37	\$640.64
Occupational Therapy	Inpatient/Outpatient	OT EVALUATION 98-112 MIN HIGH COMPLEXITY	97167	\$762.66	\$747.41	\$755.03	\$703.94	\$747.41
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 08-22 MIN	97168	\$81.71	\$80.08	\$80.89	\$75.42	\$80.08
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 23-37 MIN	97168	\$163.43	\$160.16	\$161.80	\$150.85	\$160.16
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 38-52 MIN	97168	\$245.14	\$240.24	\$242.69	\$226.26	\$240.24
Occupational Therapy	Inpatient/Outpatient	OT RE-EVALUATION 53-67 MIN	97168	\$326.86	\$320.32	\$323.59	\$301.69	\$320.32
Occupational Therapy	Inpatient/Outpatient	THERAPEUTIC ACTIVITIES EA 15 MINS	97530	\$63.56	\$62.29	\$62.92	\$58.67	\$62.29
Occupational Therapy	Inpatient/Outpatient	COGNITIVE SKILLS DEVELOPMENT EA 15 MINS	97532	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	SENSORY INTEGRATION EA 15 MINS	97533	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	SELF CARE MNGMT TRAINING EA 15 MINS	97535	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	COMMUNITY/WORK REINTEGRATION EA 15 MINS	97537	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	WHEELCHAIR MNGMT TRAINING EA 15 MINS	97542	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	WORK HARDENING INITIAL 2 HOURS	97545	\$363.17	\$355.91	\$359.54	\$335.21	\$355.91
Occupational Therapy	Inpatient/Outpatient	WORK HARDENING EA ADDTL HR	97546	\$181.59	\$177.96	\$179.77	\$167.61	\$177.96
Occupational Therapy	Inpatient/Outpatient	PHYSICAL PERFORM EA 15 MINS	97750	\$108.95	\$106.77	\$107.86	\$100.56	\$106.77
Occupational Therapy	Inpatient/Outpatient	ORTHOTIC MGMT AND TRAINING INIT ENC EA 15 MINS	97760	\$54.48	\$53.39	\$53.94	\$50.29	\$53.39
Occupational Therapy	Inpatient/Outpatient	PROSTHETIC TRAINING INIT ENC EA 15 MINS	97761	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	C/O FOR ORTHOTIC/PROSTH USE EA 15 MINS	97762	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	ORTHC/PROSTC MGMT SUB ENC EA 15 MIN	97763	\$45.40	\$44.49	\$44.95	\$41.90	\$44.49
Occupational Therapy	Inpatient/Outpatient	ESTIM UNATND NO WND CARE	G0283	\$27.24	\$26.70	\$26.97	\$25.14	\$26.70
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 8-22 MIN	31575	\$230.65	\$226.04	\$228.34	\$212.89	\$226.04
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 23-37 MIN	31575	\$461.29	\$452.06	\$456.68	\$425.77	\$452.06
Speech Therapy	Inpatient/Outpatient	LARYNGOSCOPY FLEX, DIAGNOSTIC 38-52 MIN	31575	\$691.94	\$678.10	\$685.02	\$638.66	\$678.10
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 8-22 MIN	31579	\$230.65	\$226.04	\$228.34	\$212.89	\$226.04
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 23-37 MIN	31579	\$461.29	\$452.06	\$456.68	\$425.77	\$452.06
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 38-52 MIN	31579	\$691.94	\$678.10	\$685.02	\$638.66	\$678.10
Speech Therapy	Inpatient/Outpatient	LARYNGOSC, FLEX/RIGIS, W STRBS 53-67 MIN	31579	\$922.58	\$904.13	\$913.35	\$851.54	\$904.13
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 8-22 MIN	92507	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 23-37 MIN	92507	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50

Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 38-52 MIN	92507	\$166.06	\$162.74	\$164.40	\$153.27	\$162.74
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 53-67 MIN	92507	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 68-82 MIN	92507	\$276.77	\$271.23	\$274.00	\$255.46	\$271.23
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 83-97 MIN	92507	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	SPEECH TREATMENT 98-113 MIN	92507	\$387.48	\$379.73	\$383.61	\$357.64	\$379.73
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMTNT 2-4 PTS 8-22 MIN	92508	\$27.68	\$27.13	\$27.40	\$25.55	\$27.13
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMTNT 2-4 PTS 23-37 MIN	92508	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMTNT 2-4 PTS 38-52 MIN	92508	\$83.03	\$81.37	\$82.20	\$76.64	\$81.37
Speech Therapy	Inpatient/Outpatient	SPEECH TRTMTNT 2-4 PTS 53-67 MIN	92508	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 8-22 MIN	92511	\$230.65	\$226.04	\$228.34	\$212.89	\$226.04
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 23-37 MIN	92511	\$461.29	\$452.06	\$456.68	\$425.77	\$452.06
Speech Therapy	Inpatient/Outpatient	NASOPHARYNGOSCOPY W ENDOSCOPE 38-52 MIN	92511	\$691.94	\$678.10	\$685.02	\$638.66	\$678.10
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 8-22 MIN	92521	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 23-37 MIN	92521	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 38-52 MIN	92521	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 53-67 MIN	92521	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 68-82 MIN	92521	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	FEED SPEECH FLUENCY 83-97 MIN	92521	\$664.26	\$650.97	\$657.62	\$613.11	\$650.97
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 8-22 MIN	92522	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 23-37 MIN	92522	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 38-52 MIN	92522	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 53-67 MIN	92522	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 68-82 MIN	92522	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	FEED SPEECH SOUND PROD 83-97 MIN	92522	\$664.26	\$650.97	\$657.62	\$613.11	\$650.97
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 8-22 MIN	92523	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 23-37 MIN	92523	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 38-52 MIN	92523	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 53-67 MIN	92523	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 68-82 MIN	92523	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	FEED SPEECH W/ LANG COMPREH 83-97 MIN	92523	\$664.26	\$650.97	\$657.62	\$613.11	\$650.97
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 8-22 MIN	92524	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 23-37 MIN	92524	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 38-52 MIN	92524	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 53-67 MIN	92524	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 68-82 MIN	92524	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	FEED BEHAV & QUAL ANALYS VOICE&RES 83-97 MIN	92524	\$664.26	\$650.97	\$657.62	\$613.11	\$650.97
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 8-22 MIN	92526	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 23-37 MIN	92526	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 38-52 MIN	92526	\$166.06	\$162.74	\$164.40	\$153.27	\$162.74
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 53-67 MIN	92526	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 68-82 MIN	92526	\$276.77	\$271.23	\$274.00	\$255.46	\$271.23
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW TREATMENT 83-97 MIN	92526	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED SCREEN AUDITO BRAINSTEM RESPON	92586	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	FEED EVAL USE/FIT VOICE PROSTH 8-22 MIN	92597	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED EVAL USE/FIT VOICE PROSTH 23-37 MIN	92597	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED EVAL USE/FIT VOICE PROSTH 38-52 MIN	92597	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED EVAL USE/FIT VOICE PROSTH 53-67 MIN	92597	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED EVAL USE/FIT VOICE PROSTH 68-82 MIN	92597	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	FEED EX FOR NONSPEECH DEVICE RX 8-22 MIN	92605	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED EX FOR NONSPEECH DEVICE RX 23-37 MIN	92605	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED EX FOR NONSPEECH DEVICE RX 38-52 MIN	92605	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED EX FOR NONSPEECH DEVICE RX 53-67 MIN	92605	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	FEED NON-SPEECH DEVICE TX 8-22 MIN	92606	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	FEED NON-SPEECH DEVICE TX 23-37 MIN	92606	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED NON-SPEECH DEVICE TX 38-52 MIN	92606	\$166.06	\$162.74	\$164.40	\$153.27	\$162.74
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW EVAL 8-22 MIN	92610	\$110.71	\$108.50	\$109.60	\$102.19	\$108.50
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW EVAL 23-37 MIN	92610	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW EVAL 38-52 MIN	92610	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	FEED SWALLOW EVAL 53-67 MIN	92610	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98

Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 68-82 MIN	92610	\$553.55	\$542.48	\$548.01	\$510.93	\$542.48
Speech Therapy	Inpatient/Outpatient	SWALLOW EVAL 83-97 MIN	92610	\$664.26	\$650.97	\$657.62	\$613.11	\$650.97
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 8-22 MIN	92611	\$156.84	\$153.70	\$155.27	\$144.76	\$153.70
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 23-37 MIN	92611	\$313.68	\$307.41	\$310.54	\$289.53	\$307.41
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 38-52 MIN	92611	\$470.52	\$461.11	\$465.81	\$434.29	\$461.11
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 53-67 MIN	92611	\$627.36	\$614.81	\$621.09	\$579.05	\$614.81
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 68-82 MIN	92611	\$784.19	\$768.51	\$776.35	\$723.81	\$768.51
Speech Therapy	Inpatient/Outpatient	MOD BARIUM SWALLOW 83-97 MIN	92611	\$941.03	\$922.21	\$931.62	\$868.57	\$922.21
Speech Therapy	Inpatient/Outpatient	FEES 8-22 MIN	92612	\$202.97	\$198.91	\$200.94	\$187.34	\$198.91
Speech Therapy	Inpatient/Outpatient	FEES 23-37 MIN	92612	\$405.94	\$397.82	\$401.88	\$374.68	\$397.82
Speech Therapy	Inpatient/Outpatient	FEES 38-52 MIN	92612	\$608.90	\$596.72	\$602.81	\$562.01	\$596.72
Speech Therapy	Inpatient/Outpatient	FEES 53-67 MIN	92612	\$811.87	\$795.63	\$803.75	\$749.36	\$795.63
Speech Therapy	Inpatient/Outpatient	FEES 68-82 MIN	92612	\$1,014.84	\$994.54	\$1,004.69	\$936.70	\$994.54
Speech Therapy	Inpatient/Outpatient	FEES 83-97 MIN	92612	\$1,217.81	\$1,193.45	\$1,205.63	\$1,124.04	\$1,193.45
Speech Therapy	Inpatient/Outpatient	EX FOR NONSPEECH DEVICE RX EACH ADDITIONAL 30 MIN	92618	\$221.42	\$216.99	\$219.21	\$204.37	\$216.99
Speech Therapy	Inpatient/Outpatient	AEP SCR AUDITORY POTENTIAL	92650	\$55.35	\$54.24	\$54.80	\$51.09	\$54.24
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 1 HR	96105	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 2 HR	96105	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	APHASIA ASSESSMENT, 3 HR	96105	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 8-22 MIN	96110	\$83.03	\$81.37	\$82.20	\$76.64	\$81.37
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 23-37 MIN	96110	\$166.06	\$162.74	\$164.40	\$153.27	\$162.74
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 38-52 MIN	96110	\$249.10	\$244.12	\$246.61	\$229.92	\$244.12
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 53-67 MIN	96110	\$332.13	\$325.49	\$328.81	\$306.56	\$325.49
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 68-82 MIN	96110	\$415.16	\$406.86	\$411.01	\$383.19	\$406.86
Speech Therapy	Inpatient/Outpatient	DEVELOPMENTAL SCREENING (STANDARD), 83-97 MIN	96110	\$498.19	\$488.23	\$493.21	\$459.83	\$488.23
Speech Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP 1ST HR	96112	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	DEVEL TST PHYS/QHP EA ADDL HR	96113	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	HC COGNITIVE LING TEST PER HOUR	96125	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	COGNITIVE LING TEST, 2 HR	96125	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	COGNITIVE LING TEST, 3 HR	96125	\$442.84	\$433.98	\$438.41	\$408.74	\$433.98
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 8-22 MINUTES	97127	\$46.13	\$45.21	\$45.67	\$42.58	\$45.21
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 23-37 MINUTES	97127	\$92.26	\$90.41	\$91.34	\$85.16	\$90.41
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 38-52 MINUTES	97127	\$138.39	\$135.62	\$137.01	\$127.73	\$135.62
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 53-67 MINUTES	97127	\$184.52	\$180.83	\$182.67	\$170.31	\$180.83
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 68-82 MINUTES	97127	\$230.65	\$226.04	\$228.34	\$212.89	\$226.04
Speech Therapy	Inpatient/Outpatient	THER IVNTJ W/FOCUS COG FUNCJ 83-97 MINUTES	97127	\$276.77	\$271.23	\$274.00	\$255.46	\$271.23
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT 1ST 8-22 MIN	97129	\$46.13	\$45.21	\$45.67	\$42.58	\$45.21
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 8-22 MIN	97130	\$46.13	\$45.21	\$45.67	\$42.58	\$45.21
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 23-37 MIN	97130	\$92.26	\$90.41	\$91.34	\$85.16	\$90.41
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 38-52 MIN	97130	\$138.39	\$135.62	\$137.01	\$127.73	\$135.62
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 53-67 MIN	97130	\$184.52	\$180.83	\$182.67	\$170.31	\$180.83
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 68-82 MIN	97130	\$230.65	\$226.04	\$228.34	\$212.89	\$226.04
Speech Therapy	Inpatient/Outpatient	THER IVNTJ COG FUNCJ CNTCT EA ADDL 83-97 MIN	97130	\$276.77	\$271.23	\$274.00	\$255.46	\$271.23
Speech Therapy	Inpatient/Outpatient	SLP/LING CONGITIVE TX EA 15 MINS	97532	\$46.13	\$45.21	\$45.67	\$42.58	\$45.21
MRI Scanner	Inpatient/Outpatient	MRI TEMPOROMANDIBULAR JOINT	70336	\$411.88	\$403.64	\$407.76	\$380.17	\$403.64
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/O CONTRAS	70540	\$388.34	\$380.57	\$384.46	\$358.44	\$380.57
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W/CONTRAS	70542	\$423.65	\$415.18	\$419.41	\$391.03	\$415.18
MRI Scanner	Inpatient/Outpatient	MRI ORBIT, FACE & NECK W & W/O CONTRAS	70543	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/O CONTRAS	70544	\$547.21	\$536.27	\$541.74	\$505.07	\$536.27
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W/CONTRAS	70545	\$541.33	\$530.50	\$535.92	\$499.65	\$530.50
MRI Scanner	Inpatient/Outpatient	MRA HEAD, W & W/O CONTRAS	70546	\$841.41	\$824.58	\$833.00	\$776.62	\$824.58
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/O CONTRAS	70547	\$553.09	\$542.03	\$547.56	\$510.50	\$542.03
MRI Scanner	Inpatient/Outpatient	MRA NECK, W/CONTRAS	70548	\$582.51	\$570.86	\$576.68	\$537.66	\$570.86
MRI Scanner	Inpatient/Outpatient	MRA NECK, W & W/O CONTRAS	70549	\$847.29	\$830.34	\$838.82	\$782.05	\$830.34
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/O CONTRAS	70551	\$258.90	\$253.72	\$253.31	\$238.96	\$253.72
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W/CONTRAS	70552	\$382.46	\$374.81	\$378.64	\$353.01	\$374.81
MRI Scanner	Inpatient/Outpatient	MRI BRAIN W & W/O CONTRAS	70553	\$435.41	\$426.70	\$431.06	\$401.88	\$426.70
MRI Scanner	Inpatient/Outpatient	MRI FUNCTIONAL BRAIN W/ STIM	70554	\$882.60	\$864.95	\$873.77	\$814.64	\$864.95
MRI Scanner	Inpatient/Outpatient	MRI FUNC BRAIN W/ PHYSICIAN	70555	\$882.60	\$864.95	\$873.77	\$814.64	\$864.95

MRI Scanner	Inpatient/Outpatient	MRI CHEST W/O CONTRAST	71550	\$564.86	\$553.56	\$559.21	\$521.37	\$553.56
MRI Scanner	Inpatient/Outpatient	MRI CHEST W/CONTRAST	71551	\$617.82	\$605.46	\$611.64	\$570.25	\$605.46
MRI Scanner	Inpatient/Outpatient	MRI CHEST W & W/O CONTRAS	71552	\$770.80	\$755.38	\$763.09	\$711.45	\$755.38
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/CONTRAST	71555	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O CONTRAS	71555	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRA CHEST W/O & W/ CONTRAS	71555	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONTNTS, CERV W/O CONTRAS	72141	\$247.13	\$242.19	\$244.66	\$228.10	\$242.19
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W/CONTRAS	72142	\$388.34	\$380.57	\$384.46	\$358.44	\$380.57
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/O CONTRAS	72146	\$247.13	\$242.19	\$244.66	\$228.10	\$242.19
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W/CONTRAS	72147	\$388.34	\$380.57	\$384.46	\$358.44	\$380.57
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/O CONTRAS	72148	\$247.13	\$242.19	\$244.66	\$228.10	\$242.19
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W/CONTRAS	72149	\$382.46	\$374.81	\$378.64	\$353.01	\$374.81
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT CERV W & W/O CONTRA	72156	\$435.41	\$426.70	\$431.06	\$401.88	\$426.70
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT THOR W & W/O CONTRA	72157	\$441.30	\$432.47	\$436.89	\$407.32	\$432.47
MRI Scanner	Inpatient/Outpatient	MRI SP CAN & CONT LUMB W & W/O CONTRA	72158	\$435.41	\$426.70	\$431.06	\$401.88	\$426.70
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/CONTRAS	72159	\$541.33	\$530.50	\$535.92	\$499.65	\$530.50
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/O CONTRAS	72159	\$541.33	\$530.50	\$535.92	\$499.65	\$530.50
MRI Scanner	Inpatient/Outpatient	MRA SPINAL CANAL W/O & W/ CONTRAS	72159	\$541.33	\$530.50	\$535.92	\$499.65	\$530.50
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/O CONTRAST	72195	\$500.14	\$490.14	\$495.14	\$461.63	\$490.14
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W/CONTRAST	72196	\$535.44	\$524.73	\$530.09	\$494.21	\$524.73
MRI Scanner	Inpatient/Outpatient	MRI PELVIS W & W/O CONTRAS	72197	\$647.24	\$634.30	\$640.77	\$597.40	\$634.30
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/CONTRAST	72198	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O & W/ CONTRAS	72198	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	MRA PELVIS W/O CONTRAS	72198	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O CONTRAS	73218	\$494.25	\$484.37	\$489.31	\$456.19	\$484.37
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/CONTRAST	73219	\$529.56	\$518.97	\$524.26	\$488.78	\$518.97
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR NON-JOINT W/O & W/ CONTRAS	73220	\$647.24	\$634.30	\$640.77	\$597.40	\$634.30
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/O CONTRAS	73221	\$276.55	\$271.02	\$273.78	\$255.26	\$271.02
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W/CONTRAS	73222	\$488.37	\$478.60	\$483.49	\$450.77	\$478.60
MRI Scanner	Inpatient/Outpatient	MRI UPP EXTR ANY JT W & W/O CONTRA	73223	\$600.17	\$588.17	\$594.17	\$553.96	\$588.17
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O & W/ CONTRA	73225	\$535.44	\$524.73	\$530.09	\$494.21	\$524.73
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/CONTRAS	73225	\$535.44	\$524.73	\$530.09	\$494.21	\$524.73
MRI Scanner	Inpatient/Outpatient	MRA UPPER EXTREM W/O CONTRAS	73225	\$535.44	\$524.73	\$530.09	\$494.21	\$524.73
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O CONTRAST	73718	\$488.37	\$478.60	\$483.49	\$450.77	\$478.60
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/CONTRAST	73719	\$535.44	\$524.73	\$530.09	\$494.21	\$524.73
MRI Scanner	Inpatient/Outpatient	MRI LOW EXTR NON-JOINT W/O & W/ CONTRAS	73720	\$653.12	\$640.06	\$646.59	\$602.83	\$640.06
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LWR EXTR W/O CONTRAS	73721	\$276.55	\$271.02	\$273.78	\$255.26	\$271.02
MRI Scanner	Inpatient/Outpatient	MRI ANY LWR EXTR JT W/CONTRAS	73722	\$494.25	\$484.37	\$489.31	\$456.19	\$484.37
MRI Scanner	Inpatient/Outpatient	MRI ANY JT OF LOW EXTR W & W/O CONTRA	73723	\$600.17	\$588.17	\$594.17	\$553.96	\$588.17
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/CONTRAS	73725	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O CONTRAS	73725	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRA LOW EXTREM W/O & W/ CONTRA	73725	\$511.91	\$501.67	\$506.79	\$472.49	\$501.67
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/O CONTRAS	74181	\$429.53	\$420.94	\$425.23	\$396.46	\$420.94
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W/CONTRAS	74182	\$606.05	\$593.93	\$599.99	\$559.38	\$593.93
MRI Scanner	Inpatient/Outpatient	MRI ABDOMEN W & W/O CONTRAS	74183	\$653.12	\$640.06	\$646.59	\$602.83	\$640.06
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O CONTRAS	74185	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/CONTRAS	74185	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	MRA ABDOMEN W/O & W/ CONTRA	74185	\$517.79	\$507.43	\$512.61	\$477.92	\$507.43
MRI Scanner	Inpatient/Outpatient	3D RENDERING OF MRI	76376	\$5.88	\$5.76	\$5.82	\$5.43	\$5.76
MRI Scanner	Inpatient/Outpatient	MAGNETIC RESONANCE SPECTROSCOPY	76390	\$623.70	\$611.23	\$617.46	\$575.68	\$611.23
Admission	Inpatient	ADMISSION CHARGE		\$198.52	\$194.55	\$196.53	\$183.23	\$194.55
Interventional Cardiology	Inpatient/Outpatient	FLUOROSCOPIC GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	IMAGING FLUOROSCOPIC GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	ANGIOGRAPHY/ARTERIOGRAPHY		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	CHEMO ADMIN, INJECTED		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	CT GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	IMAGING CT GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	CATH LAB OR MINUTE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	INTERVENTIONAL MINUTE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37

Interventional Cardiology	Inpatient/Outpatient	INTERVENTIONAL OR MINUTES		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	CATH LAB OR MINUTE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	IMAGING OR MINUTES		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	ULTRASOUND GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	IMAGING ULTRASOUND GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	ELECTROPHYSIOLOGY OR MINUTES		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	CARDIAC CATH OR MINUTE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	MRI GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Interventional Cardiology	Inpatient/Outpatient	IMAGING MRI GUIDANCE		\$69.77	\$68.37	\$69.07	\$64.40	\$68.37
Operating Room Clinic Service	Inpatient/Outpatient	WC MINOR PROCEDURE MINUTES		\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	GYN ONC MINOR PROCEDURE MINUTE		\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	ORC MINOR PROCEDURE MINUTES		\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	ASOA MINOR PROCEDURE MINUTES		\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	INIT LOCAL TX, 1ST DEGREE BURN	16000	\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	THORACENTESIS	32554	\$811.55	\$795.32	\$803.43	\$749.06	\$795.32
Operating Room Clinic Service	Inpatient/Outpatient	IV START NICU	36000	\$270.52	\$265.11	\$267.81	\$249.69	\$265.11
Operating Room Clinic Service	Inpatient/Outpatient	NONSELECTIVE CATH PLACEMENT IN VEIN	36000	\$108.21	\$106.05	\$107.13	\$99.88	\$106.05
Operating Room Clinic Service	Inpatient/Outpatient	PICC LINE PLACEMENT > 5 YRS	36569	\$541.04	\$530.22	\$535.63	\$499.38	\$530.22
Operating Room Clinic Service	Inpatient/Outpatient	PICC LINE PLACE 2+ ATTEMPTS	36569	\$1,082.07	\$1,060.43	\$1,071.25	\$998.75	\$1,060.43
Operating Room Clinic Service	Inpatient/Outpatient	PICC LINE ATTEMPT	36569	\$541.04	\$530.22	\$535.63	\$499.38	\$530.22
Operating Room Clinic Service	Inpatient/Outpatient	REMOVE CENTRAL VENOUS LINE	36589	\$108.21	\$106.05	\$107.13	\$99.88	\$106.05
Operating Room Clinic Service	Inpatient/Outpatient	CANNULA DECLOT	36593	\$162.31	\$159.06	\$160.69	\$149.81	\$159.06
Operating Room Clinic Service	Inpatient/Outpatient	BONE MARROW ASPIRATION	38220	\$360.69	\$353.48	\$357.08	\$332.92	\$353.48
Operating Room Clinic Service	Inpatient/Outpatient	BONE MARROW BIOPSY	38221	\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	PARACENTESIS INITIAL	49082	\$811.55	\$795.32	\$803.43	\$749.06	\$795.32
Operating Room Clinic Service	Inpatient/Outpatient	PARACENTESIS SUBSEQUENT	49082	\$541.04	\$530.22	\$535.63	\$499.38	\$530.22
Operating Room Clinic Service	Inpatient/Outpatient	INSERT VAG RAD APPARATUS FOR	57156	\$18.03	\$17.67	\$17.85	\$16.64	\$17.67
Operating Room Clinic Service	Inpatient/Outpatient	LUMBAR PUNCTURE	62270	\$541.04	\$530.22	\$535.63	\$499.38	\$530.22
Observation	Outpatient	OBSERVATION UNIT PER HOUR	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT MRI CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT CT CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT OT CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT PT CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT DIALYSIS CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT XRAY CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT US CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT CARD CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT NM CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT SLP CARVE-OUT	G0378	\$87.48	\$85.73	\$86.61	\$80.74	\$85.73
Observation	Outpatient	OBSERVATION UNIT PER HOUR/CODE 44		\$87.48	\$85.73	\$86.61	\$80.74	\$85.73