

Procedure Code	Description	Rate
8000	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, UNSPECIFIED SITE	\$0.00
80009	AUTOMATED MULTICHANNEL TEST; 9 CLINICAL CHEMISTRY TESTS	\$7.20
8001	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, SHOULDER	\$0.00
8002	ARTHROTOMY FOR REMOVAL OF PROTHESIS, ELBOW	\$0.00
8003	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, WRIST	\$0.00
8004	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, HAND AND FINGER	\$0.00
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$12.23
80048	BASIC METABOLIC PANEL	\$7.10
8005	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, HIP	\$0.00
80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: AUTOMATED CHEMISTRIES, 12 OR MORE (80012-80019) HE	\$30.08
80051	ELECTROLYTE PANEL	\$5.88
80053	EXECUTIVE PROFILE- AS OF 2000 COMPREHENSIVE METABOLIC PANEL	\$8.86
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEMATOCRIT, HEMOGRAM, AUTOMATED, AND MANUAL DIFFERENTIA	\$16.63
8006	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, KNEE	\$0.00
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASU	\$11.23
80069	RENAL FUNCTION PANEL	\$7.28
8007	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, ANKLE	\$0.00
80074	ACUTE HEPATITIS PANEL	\$39.49
80076	HEPATIC FUNCTION PANEL	\$6.85
8008	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, FOOT AND TOE	\$0.00
8009	ARTHROTOMY FOR REMOVAL OF PROSTHESIS, OTHER SPECIFIED SITES	\$0.00
8010	OTHER ARTHROTOMY, UNSPECIFIED SITE	\$0.00
80100	DRUG, SCREEN; MULTIPLE DRUG CLASSES, EACH PROCEDURE	\$12.19
80101	DRUG, SCREEN; SINGLE DRUG CLASS, EACH DRUG CLASS	\$10.48
80102	DRUG, CONFIRMATION, EACH PROCEDURE	\$10.58
8011	OTHER ARTHROTOMY, SHOULDER	\$0.00
8012	OTHER ARTHROTOMY, ELBOW	\$0.00
8013	OTHER ARTHROTOMY, WRIST	\$0.00
8014	OTHER ARTHROTOMY, HAND AND FINGER	\$0.00
8015	OTHER ARTHROTOMY, HIP	\$0.00
80150	AMIKACIN	\$12.64
80152	AMITRIPTYLINE	\$6.23
80154	BENZODIAZEPINES	\$15.50

Procedure Code	Description	Rate
80155	CAFFEINE LEVELS	\$11.58
80156	CARBAMAZEPINE	\$12.20
80157	CARBAMAZEPINE; FREE	\$11.11
80158	CYCLOSPORINE	\$15.14
80159	CLOZAPINE LEVEL	\$15.14
8016	OTHER ARTHROTOMY, KNEE	\$0.00
80160	DESIPRAMINE	\$14.43
80162	DIGOXIN	\$11.13
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	\$11.36
80166	DOXEPIN	\$13.00
80168	ETHOSUXIMIDE	\$13.70
80169	EVEROLIMUS LEVEL	\$10.34
8017	OTHER ARTHROTOMY, ANKLE	\$0.00
80170	GENTAMICIN	\$13.74
80171	GABAPENTIN LEVEL	\$10.85
80172	GOLD	\$13.66
80173	HALOPERIDOL	\$12.20
80174	IMIPRAMINE	\$14.43
80175	LAMOTRIGINE LEVEL	\$10.85
80176	LIDOCAINE	\$7.48
80177	LEVETIRACETAM LEVEL	\$10.85
80178	LITHIUM	\$5.54
8018	OTHER ARTHROTOMY, FOOT AND TOE	\$0.00
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	\$14.78
80182	NORTRIPTYLINE	\$11.36
80183	OXCARBAZEPINE LEVEL	\$10.85
80184	PHENOBARBITAL	\$9.61
80185	PHENYTOIN; TOTAL	\$11.11
80186	PHENYTOIN; FREE	\$11.54
80188	PRIMIDONE	\$13.91
8019	OTHER ARTHROTOMY, OTHER SPECIFIED SITES	\$0.00
80190	PROCAINAMIDE;	\$14.05
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$14.05
80194	QUINIDINE	\$12.23
80195	SIROLIMUS	\$10.60
80196	SALICYLATE	\$5.95

Procedure Code	Description	Rate
80197	TACROLIMUS	\$10.60
80198	THEOPHYLLINE	\$11.86
80199	TIAGABINE LEVEL	\$14.78
8020	ARTHROSCOPY, UNSPECIFIED SITE	\$0.00
80200	TOBRAMYCIN	\$7.48
80201	TOPIRAMATE	\$10.00
80202	VANCOMYCIN	\$11.36
80203	ZONISAMIDE LEVEL	\$10.85
8021	ARTHROSCOPY, SHOULDER	\$0.00
8022	ARTHROSCOPY, ELBOW	\$0.00
8023	ARTHROSCOPY, WRIST	\$0.00
8024	ARTHROSCOPY, HAND AND FINGER	\$0.00
8025	ARTHROSCOPY, HIP	\$0.00
8026	ARTHROSCOPY, KNEE	\$0.00
8027	ARTHROSCOPY, ANKLE	\$0.00
8028	ARTHROSCOPY, FOOT AND TOE	\$0.00
8029	ARTHROSCOPY, OTHER SPECIFIED SITES	\$0.00
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	\$11.48
8030	BIOPSY OF JOINT STRUCTURE, UNSPECIFIED SITE	\$0.00
8031	BIOPSY OF JOINT STRUCTURE, SHOULDER	\$0.00
8032	BIOPSY OF JOINT STRUCTURE, ELBOW	\$0.00
8033	BIOPSY OF JOINT STRUCTURE, WRIST	\$0.00
8034	BIOPSY OF JOINT STRUCTURE, HAND AND FINGER	\$0.00
8035	BIOPSY OF JOINT STRUCTURE, HIP	\$0.00
8036	BIOPSY OF JOINT STRUCTURE, KNEE	\$0.00
8037	BIOPSY OF JOINT STRUCTURE, ANKLE	\$0.00
8038	BIOPSY OF JOINT STRUCTURE, FOOT AND TOE	\$0.00
8039	BIOPSY OF JOINT STRUCTURE, OTHER SPECIFIED SITES	\$0.00
8040	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, UNSPECIFIED SITE	\$0.00
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$27.34
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	\$72.88
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	\$49.56
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	\$105.20
8041	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, SHOULDER	\$0.00
80410	CLACITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	\$67.34
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	\$276.30

Procedure Code	Description	Rate
80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERON RESPONSE	\$43.30
80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	\$46.85
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPROPRIL)	\$110.63
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	\$36.88
80418	COMBINED RAPID ANTERIOR PETUITARY EVALUATION PANEL	\$485.86
8042	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, ELBOW	\$0.00
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$60.38
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	\$38.63
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	\$39.18
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	\$124.44
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, I-DOPA ADMINISTRATION)	\$55.90
8043	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, WRIST	\$0.00
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	\$65.76
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$113.24
80434	INSULIN TOLERANCE PANEL' FOR ACTH INSUFFICIENCY	\$84.78
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	\$86.31
80436	METYRAPONE PANEL	\$76.42
80438	THUROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	\$42.25
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	\$56.33
8044	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, HAND AND FINGER	\$0.00
80440	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; FOR HYPERPROLACTINEMIA	\$48.74
8045	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, HIP	\$0.00
8046	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, KNEE	\$0.00
8047	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, ANKLE	\$0.00
8048	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, FOOT AND TOE	\$0.00
8049	DIVISION OF JOINT CAPSULE, LIGAMENT, OR CARTILAGE, OTHER SPECIFIED SITES	\$0.00
8050	EXCISION OR DESTRUCTION OF INTERVERTEBRAL DISC, UNSPECIFIED SITE	\$0.00
80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS	\$11.97
80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HIS	\$35.29
8051	EXCISION OF INTERVERTEBRAL DISC (DISKECTOMY) BY LAMINOTOMY OR HEMILAMINECTOMY, ANY LEVEL	\$0.00
8053	REPAIR OF THE ANULUS FIBROSUS WITH GRAFT OR PROSTHESIS	\$0.00
8054	OTHER AND UNSPECIFIED REPAIR OF THE ANULUS FIBROSUS	\$0.00

Procedure Code	Description	Rate
8059	OTHER DESTRUCTION OF INTERVERTEBRAL DISC	\$0.00
806	EXCISION OF SEMILUNAR CARTILAGE OF KNEE	\$0.00
8070	SYNOVECTOMY, UNSPECIFIED SITE	\$0.00
8071	SYNOVECTOMY, SHOULDER	\$0.00
8072	SYNOVECTOMY, ELBOW	\$0.00
8073	SYNOVECTOMY, WRIST	\$0.00
8074	SYNOVECTOMY, HAND AND FINGER	\$0.00
8075	SYNOVECTOMY, HIP	\$0.00
8076	SYNOVECTOMY, KNEE	\$0.00
8077	SYNOVECTOMY, ANKLE	\$0.00
8078	SYNOVECTOMY, FOOT AND TOE	\$0.00
8079	SYNOVECTOMY, OTHER SPECIFIED SITES	\$0.00
8080	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, UNSPECIFIED SITE	\$0.00
8081	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, SHOULDER	\$0.00
8082	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, ELBOW	\$0.00
8083	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, WRIST	\$0.00
8084	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, HAND AND FINGER	\$0.00
8085	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, HIP	\$0.00
8086	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, KNEE	\$0.00
8087	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, ANKLE	\$0.00
8088	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, FOOT AND TOE	\$0.00
8089	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OF JOINT, OTHER SPECIFIED SITES	\$0.00
8090	OTHER EXCISION OF JOINT, UNSPECIFIED SITE	\$0.00
8091	OTHER EXCISION OF JOINT, SHOULDER	\$0.00
8092	OTHER EXCISION OF JOINT, ELBOW	\$0.00
8093	OTHER EXCISION OF JOINT, WRIST	\$0.00
8094	OTHER EXCISION OF JOINT, HAND AND FINGER	\$0.00
8095	OTHER EXCISION OF JOINT, HIP	\$0.00
8096	OTHER EXCISION OF JOINT, KNEE	\$0.00
8097	OTHER EXCISION OF JOINT, ANKLE	\$0.00
8098	OTHER EXCISION OF JOINT, FOOT AND TOE	\$0.00
8099	OTHER EXCISION OF JOINT, OTHER SPECIFIED SITES	\$0.00
8100	SPINAL FUSION, NOT OTHERWISE SPECIFIED	\$0.00
81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	\$2.66

Procedure Code	Description	Rate
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES,;AUTOMATED, WITH MICROS	\$2.66
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	\$2.14
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	\$1.60
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	\$1.82
81007	URINALYSIS; BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT (SPECIFY TYPE)	\$2.15
8101	ATLAS-AXIS SPINAL FUSION	\$0.00
81015	URINALYSIS; MICROSCOPIC ONLY	\$2.54
8102	OTHER CERVICAL SPINAL FUSION, ANTERIOR TECHNIQUE	\$0.00
81020	URINALYSIS; TWO OR THREE GLASS TEST	\$3.09
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$5.30
8103	OTHER CERVICAL FUSION, POSTERIOR TECHNIQUE	\$0.00
8104	DORSAL AND DORSOLUMBAR FUSION, ANTERIOR TECHNIQUE	\$0.00
8105	DORSAL AND DORSOLUMBAR FUSION, POSTERIOR TECHNIQUE	\$0.00
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$2.51
8106	LUMBAR AND LUMBOSACRAL FUSION, ANTERIOR TECHNIQUE	\$0.00
8107	LUMBAR AND LUMBOSACRAL FUSION, LATERAL TRANSVERSE PROCESS TECHNIQUE	\$0.00
8108	LUMBAR AND LUMBOSACRAL FUSION, POSTERIOR TECHNIQUE	\$0.00
8109	REFUSION OF SPINE, ANY LEVEL OR TECHNIQUE	\$0.00
81099	UNLISTED URINALYSIS PROCEDURE	\$0.00
811	ARTHRODESIS OF FOOT AND ANKLE	\$0.00
8111	ANKLE FUSION	\$0.00
8112	TRIPLE ARTHRODESIS	\$0.00
8113	SUBTALAR FUSION	\$0.00
8114	MIDTARSAL FUSION	\$0.00
8115	TARSOMETATARSAL FUSION	\$0.00
8116	METATARSOPHALANGEAL FUSION	\$0.00
8117	OTHER FUSION OF FOOT	\$0.00
8118	SUBTALAR JOINT ARTHROEREISIS	\$0.00
8120	ARTHRODESIS OF UNSPECIFIED JOINT	\$0.00
8121	ARTHRODESIS OF HIP	\$0.00
8122	ARTHRODESIS OF KNEE	\$0.00
8123	ARTHRODESIS OF SHOULDER	\$0.00

Procedure Code	Description	Rate
8124	ARTHRODESIS OF ELBOW	\$0.00
8125	CARPORADIAL FUSION	\$0.00
8126	METACARPOCARPAL FUSION	\$0.00
8127	METACARPOPHALANGEAL FUSION	\$0.00
8128	INTERPHALANGEAL FUSION	\$0.00
8129	ARTHRODESIS OF OTHER SPECIFIED JOINTS	\$0.00
813	REFUSION OF SPINE	\$0.00
8130	REFUSION OF SPINE, NOT OTHERWISE SPECIFIED	\$0.00
8131	REFUSION OF ATLAS-AXIS SPINE	\$0.00
8132	REFUSION OF OTHER CERVICAL SPINE, ANTERIOR TECHNIQUE	\$0.00
8133	REFUSION OF OTHER CERVICAL SPINE, POSTERIOR TECHNIQUE	\$0.00
8134	REFUSION OF DORSAL AND DORSOLUMBAR SPINE, ANTERIOR TECHNIQUE	\$0.00
8135	REFUSION OF DORSAL AND DORSOLUMBAR SPINE, POSTERIOR TECHNIQUE	\$0.00
8136	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, ANTERIOR TECHNIQUE	\$0.00
8137	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, LATERAL TRANSVERSE PROCESS TECHNIQUE	\$0.00
8138	REFUSION OF LUMBAR AND LUMBOSACRAL SPINE, POSTERIOR TECHNIQUE	\$0.00
8139	REFUSION OF SPINE, NOT ELSEWHERE CLASSIFIED	\$0.00
8140	REPAIR OF HIP, NOT ELSEWHERE CLASSIFIED	\$0.00
8141	TOTAL KNEE REPLACEMENT	\$0.00
8142	FIVE-IN-ONE REPAIR OF KNEE	\$0.00
8143	TRIAD KNEE REPAIR	\$0.00
8144	PATELLAR STABILIZATION	\$0.00
8145	OTHER REPAIR OF THE CRUCIATE LIGAMENTS	\$0.00
8146	OTHER REPAIR OF THE COLLATERAL LIGAMENTS	\$0.00
8147	OTHER REPAIR OF KNEE	\$0.00
8148	TOTAL ANKLE REPLACEMENT	\$0.00
8149	OTHER REPAIR OF ANKLE	\$0.00
815	JOINT REPLACEMENT OF LOWER EXTREMITY	\$0.00
8151	TOTAL HIP REPLACEMENT	\$0.00
8152	PARTIAL HIP REPLACEMENT (BIPOLAR ENDOPROSTHESIS)	\$0.00
8153	REVISION OF HIP REPLACEMENT (PARTIAL OR TOTAL)	\$0.00
8154	TOTAL KNEE REPLACEMENT	\$0.00
8155	REVISION OF KNEE REPLACEMENT	\$0.00
8157	REPLACEMENT OF JOINT OF FOOT AND TOE	\$0.00
8159	REVISION OF JOINT REPLACEMENT OF LOWER EXTREMITY, NOT ELSEWHERE CLASSIFIED	\$0.00

Procedure Code	Description	Rate
816	OTHER ARTHROPLASTY OF HIP	\$0.00
816	OTHER ARTHROPLASTY OF HIP	\$0.00
8161	360 DEGREE SPINAL FUSION, SINGLE INCISION APPROACH	\$0.00
8162	FUSION OR REFUSION OF 2-3 VERTEBRAE	\$0.00
8163	FUSION OR REFUSION OF 4-8 VERTEBRAE	\$0.00
8164	FUSION OR REFUSION OF 9 OR MORE VERTEBRAE	\$0.00
8165	VERTEBROPLASTY	\$0.00
8166	KYPHOPLASTY	\$0.00
8169	OTHER REPAIR OF HIP	\$0.00
817	ARTHROPLASTY AND REPAIR OF HAND, FINGERS, AND WRIST	\$0.00
8171	ARTHROPLASTY OF METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT WITH IMPLANT	\$0.00
8172	ARTHROPLASTY OF METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT WITHOUT IMPLANT	\$0.00
8174	ARTHROPLASTY OF CARPOCARPAL OR CARPOMETACARPAL JOINT WITH IMPLANT	\$0.00
8175	ARTHROPLASTY OF CARPOCARPAL OR CARPOMETACARPAL JOINT WITHOUT IMPLANT	\$0.00
8179	OTHER REPAIR OF HAND, FINGERS, AND WRIST	\$0.00
8180	TOTAL SHOULDER REPLACEMENT	\$0.00
8181	PARTIAL SHOULDER REPLACEMENT	\$0.00
8182	REPAIR OF RECURRENT DISLOCATION OF SHOULDER	\$0.00
8183	OTHER REPAIR OF SHOULDER	\$0.00
8184	TOTAL ELBOW REPLACEMENT	\$0.00
8185	OTHER REPAIR OF ELBOW	\$0.00
8186	ARTHROPLASTY OF CARPALS WITH SYNTHETIC PROSTHESIS	\$0.00
8187	OTHER REPAIR OF WRIST	\$0.00
8188	REVERSE TOTAL SHOULDER REPLACEMENT	\$0.00
819	OTHER OPERATIONS ON JOINT STRUCTURES	\$0.00
8191	ARTHROCENTESIS	\$0.00
8192	INJECTION OF THERAPEUTIC SUBSTANCE INTO JOINT OR LIGAMENT	\$0.00
8193	SUTURE OF CAPSULE OR LIGAMENT OF UPPER EXTREMITY	\$0.00
8194	SUTURE OF CAPSULE OR LIGAMENT OF ANKLE AND FOOT	\$0.00
8195	SUTURE OF CAPSULE OR LIGAMENT OF OTHER LOWER EXTREMITY	\$0.00
8196	OTHER REPAIR OF JOINT	\$0.00
8198	OTHER DIAGNOSTIC PROCEDURES ON JOINT STRUCTURES	\$0.00
8199	OTHER	\$0.00
820	INCISION OF MUSCLE, TENDON, FASCIA, AND BURSA OF HAND	\$0.00
82000	ACETALDEHYDE, BLOOD	\$8.96

Procedure Code	Description	Rate
82003	ACETAMINOPHEN	\$16.97
82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE	\$3.79
8201	EXPLORATION OF TENDON SHEATH OF HAND	\$0.00
82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE	\$6.85
82013	ACETYLCHOLINESTERASE	\$9.37
82016	ACYLCARNITINES;QUALITATIVE,EACH SPECIMEN	\$11.62
82017	ACYLCARNITINES;QUANTITATIVE,EACH SPECIMEN	\$14.14
8202	MYOTOMY OF HAND	\$0.00
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	\$32.38
8203	BURSOTOMY OF HAND	\$0.00
82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$21.63
8204	INCISION AND DRAINAGE OF PALMAR OR THENAR SPACE	\$0.00
82040	ALBUMIN; SERUM	\$2.90
82042	ALBUMIN; URINE, QUANTITATIVE	\$2.90
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	\$4.85
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	\$3.83
82045	ALBUMIN; ISCHEMIA MODIFIED	\$28.46
82055	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	\$9.06
82075	ALCOHOL (ETHANOL); BREATH	\$10.10
82085	ALDOLASE	\$8.14
82088	ALDOSTERONE;	\$34.16
8209	OTHER INCISION OF SOFT TISSUE OF HAND	\$0.00
821	DIVISION OF MUSCLE, TENDON, AND FASCIA OF HAND	\$0.00
82101	ALKALOIDS, URINE, QUANTITATIVE	\$25.16
82103	ALPHA-1-ANTITRYPSIN; TOTAL	\$11.26
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$12.12
82105	ALPHA-FETOPROTEIN; SERUM	\$14.06
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$14.06
82107	AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	\$53.99
82108	ALUMINUM	\$21.36
8211	TENOTOMY OF HAND	\$0.00
8212	FASCIOTOMY OF HAND	\$0.00
82120	AMINES,VAGINAL FLUID,QUALITATIVE	\$3.15
82127	AMINO ACIDS;SINGLE,QUALITATIVE,EACH SPECIMEN	\$11.62
82128	AMINO ACIDS, QUALITATIVE	\$11.62
82131	AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	\$14.14

Procedure Code	Description	Rate
82135	AMINOLEVULINIC ACID, DELTA (ALA)	\$13.58
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$14.14
82139	AMINO ACIDS 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$14.14
82140	AMMONIA	\$12.22
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$4.94
82145	AMPHETAMINE OR METHAMPHETAMINE	\$4.84
82150	AMYLASE	\$5.44
82154	ANDROSTANEDIOL GLUCURONIDE	\$24.17
82157	ANDROSTENEDIONE	\$24.54
82160	ANDROSTERONE	\$20.96
82163	ANGIOTENSIN II	\$17.21
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	\$12.23
82172	APOLIPOPROTEIN, EACH	\$12.99
82175	ARSENIC	\$15.91
82180	ASCORBIC ACID (VITAMIN C), BLOOD	\$8.29
8219	OTHER DIVISION OF SOFT TISSUE OF HAND	\$0.00
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$12.50
822	EXCISION OF LESION OF MUSCLE, TENDON, AND FASCIA OF HAND	\$0.00
82205	BARBITURATES, NOT ELSEWHERE SPECIFIED	\$9.61
8221	EXCISION OF LESION OF TENDON SHEATH OF HAND	\$0.00
8222	EXCISION OF LESION OF MUSCLE OF HAND	\$0.00
82232	BETA-2 MICROGLOBULIN	\$13.57
82239	BILE ACIDS; TOTAL	\$14.36
82240	BILE ACIDS; CHOLYLGLYCINE	\$11.85
82247	BILIRUBIN; TOTAL	\$4.21
82248	BILIRUBIN; DIRECT	\$4.21
82252	BILIRUBIN; FECES, QUALITATIVE	\$3.81
82261	BIOTINIDASE, EACH SPECIMEN	\$14.14
82270	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS	\$2.72
82271	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE; OTHER SOURCES	\$2.72
82272	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE, FECES, SINGLE SPECIMEN	\$2.72
82286	BRADYKININ	\$5.77
8229	EXCISION OF OTHER LESION OF SOFT TISSUE OF HAND	\$0.00
823	OTHER EXCISION OF SOFT TISSUE OF HAND	\$0.00
82300	CADMIUM	\$19.19
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$24.82

Procedure Code	Description	Rate
82308	CALCITONIN	\$22.45
8231	BURSECTOMY OF HAND	\$0.00
82310	CALCIUM; TOTAL	\$4.27
8232	EXCISION OF TENDON OF HAND FOR GRAFT	\$0.00
8233	OTHER TENONECTOMY OF HAND	\$0.00
82330	CALCIUM; IONIZED	\$5.38
82331	CALCIUM; AFTER CALCIUM INFUSION TEST	\$4.34
8234	EXCISION OF MUSCLE OR FASCIA OF HAND FOR GRAFT	\$0.00
82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	\$5.06
8235	OTHER FASCIECTOMY OF HAND	\$0.00
82355	CALCULUS (STONE); QUALITATIVE ANALYSIS, CHEMICAL	\$9.70
8236	OTHER MYECTOMY OF HAND	\$0.00
82360	CALCULUS (STONE); QUANTITATIVE ANALYSIS, CHEMICAL	\$10.79
82365	CALCULUS (STONE); INFRARED SPECTROSCOPY	\$10.81
82370	CALCULUS (STONE); X-RAY DIFFRACTION	\$10.51
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$15.14
82374	CARBON DIOXIDE (BICARBONATE)	\$4.10
82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUANTITATIVE	\$10.33
82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUALITATIVE	\$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$15.91
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$14.14
82380	CAROTENE	\$7.73
82382	CATECHOLAMINES; TOTAL URINE	\$14.41
82383	CATECHOLAMINES; BLOOD	\$19.59
82384	CATECHOLAMINES; FRACTIONATED	\$19.59
82387	CATHEPSIN-D	\$17.44
8239	OTHER EXCISION OF SOFT TISSUE OF HAND	\$0.00
82390	CERULOPLASMIN	\$9.01
82397	CHEMILUMINESCENT ASSAY	\$11.84
824	SUTURE OF MUSCLE, TENDON, AND FASCIA OF HAND	\$0.00
8241	SUTURE OF TENDON SHEATH OF HAND	\$0.00
82415	CHLORAMPHENICOL	\$10.62
8242	DELAYED SUTURE OF FLEXOR TENDON OF HAND	\$0.00
8243	DELAYED SUTURE OF OTHER TENDON OF HAND	\$0.00
82435	CHLORIDE; BLOOD	\$3.85
82436	CHLORIDE; URINE	\$4.21

Procedure Code	Description	Rate
82438	CHLORIDE; SPINAL FLUID	\$4.10
8244	OTHER SUTURE OF FLEXOR TENDON OF HAND	\$0.00
82441	CHLORINATED HYDROCARBONS, SCREEN	\$5.03
8245	OTHER SUTURE OF OTHER TENDON OF HAND	\$0.00
8246	SUTURE OF MUSCLE OR FASCIA OF HAND	\$0.00
82465	CHOLESTEROL, SERUM; TOTAL	\$3.65
82480	CHOLINESTERASE; SERUM	\$6.61
82482	CHOLINESTERASE; RBC	\$6.44
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$17.31
82486	CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS-LIQUID OR HIGH PERFORMANCE LIQUID CHROMATOGRAPHY), ANALYTE NOT EL	\$15.14
82487	CHROMATOGRAPHY, QUALITATIVE; PAPER, 1-DIMENSIONAL, ANALYTE NOT ELSEWHERE SPECIFIED	\$13.38
82488	CHROMATOGRAPHY, QUALITATIVE; PAPER, 2-DIMENSIONAL, ANALYTE NOT ELSEWHERE SPECIFIED	\$17.91
82489	CHROMATOGRAPHY, QUALITATIVE; THIN LAYER, ANALYTE NOT ELSEWHERE SPECIFIED	\$15.50
82491	CHROMOTOGRAPHY, QUANTITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCE LIQUID CHROMATOGRAPHY), ANALYTE NOT E	\$15.14
82492	CHROMATOGRAPHY, QUANTITATIVE,COLUMN (EG, GAS LIQUID OR HPLC); MULTIPLE ANALYTES, SINGLE STATIONARY AND MOBIL	\$15.14
82495	CHROMIUM	\$17.00
825	TRANSPLANTATION OF MUSCLE AND TENDON OF HAND	\$0.00
82507	CITRATE	\$23.31
8251	ADVANCEMENT OF TENDON OF HAND	\$0.00
8252	RECESSION OF TENDON OF HAND	\$0.00
82520	COCAINE OR METABOLITE	\$12.70
82523	COLLAGEN CROSS LINKS, ANY METHOD	\$9.76
82525	COPPER	\$10.40
82528	CORTICOSTERONE	\$18.87
8253	REATTACHMENT OF TENDON OF HAND	\$0.00
82530	CORTISOL; FREE	\$14.01
82533	CORTISOL; TOTAL	\$13.67
8254	REATTACHMENT OF MUSCLE OF HAND	\$0.00
82540	CREATINE	\$3.89
82541	COLUMNM CHROMATOGRAPHY/MASS SPECTROMETRY; SINGLE STATIONARY AND MOBILE PHASE	\$15.14

Procedure Code	Description	Rate
82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY; QUANTITATIVE, SINGLE STATIONARY AND MOBILE	\$15.14
82543	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY; STABLE ISOTOPE DILUTION, MULTIPLE ANALYTES, QUANTITATIVE, SINGLE	\$15.14
82544	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY; STABLE ISOTOPE DILUTION, MULTIPLE ANALYTES, QUANTITATIVE, SINGLE	\$15.14
8255	OTHER CHANGE IN HAND MUSCLE OR TENDON LENGTH	\$0.00
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$5.46
82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	\$11.23
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$8.96
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$9.95
8256	OTHER HAND TENDON TRANSFER OR TRANSPLANTATION	\$0.00
82565	CREATININE	\$4.30
8257	OTHER HAND TENDON TRANSPOSITION	\$0.00
82570	CREATININE URINE	\$4.34
82575	CREATININE CLEARANCE	\$7.92
8258	OTHER HAND MUSCLE TRANSFER OR TRANSPLANTATION	\$0.00
82585	CRYOFIBRINOGEN	\$7.19
8259	OTHER HAND MUSCLE TRANSPOSITION	\$0.00
82595	CRYOGLOBULIN	\$5.38
826	RECONSTRUCTION OF THUMB	\$0.00
82600	CYANIDE	\$12.17
82607	CYANOCOBALAMIN (VITAMIN B-12);	\$12.64
82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	\$12.01
8261	POLLICIZATION OPERATION CARRYING OVER NERVES AND BLOOD SUPPLY	\$0.00
82610	CYSTATIN C	\$0.00
82615	CYSTINE AND HOMOCYSTINE, URINE; QUALITATIVE	\$6.85
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$20.29
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$18.64
82633	DESOXYCORTICOSTERONE, 11-	\$25.97
82634	DEOXYCORTISOL, 11-	\$24.54
82638	DIBUCAINE NUMBER	\$10.27
82646	DIHYDROCODEINONE	\$17.31
82649	DIHYDROMORPHINONE	\$21.55
82651	DIHYDROTESTOSTERONE (DHT)	\$21.64
82652	DIHYDROXYVITAMIN D, 1,25-	\$32.27

Procedure Code	Description	Rate
82654	DIMETHADIONE	\$11.60
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	\$9.67
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE	\$15.14
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE;RADIOACTIVE SUBSTRATE, EACH SPECIMEN	\$15.14
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$20.86
82666	EPIANDROSTERONE	\$14.42
82668	ERYTHROPOIETIN	\$7.80
82670	ESTRADIOL	\$23.42
82671	ESTROGENS; FRACTIONATED	\$27.08
82672	ESTROGENS; TOTAL	\$18.18
82677	ESTRIOL	\$18.72
82679	ESTRONE	\$13.02
8269	OTHER RECONSTRUCTION OF THUMB	\$0.00
82690	ETHCHLORVYNOL	\$14.49
82693	ETHYLENE GLYCOL	\$12.49
82696	ETIOCHOLANOLONE	\$11.54
827	PLASTIC OPERATION ON HAND WITH GRAFT OR IMPLANT	\$0.00
82705	FAT OR LIPIDS, FECES; QUALITATIVE	\$4.27
8271	TENDON PULLEY RECONSTRUCTION	\$0.00
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	\$14.08
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$14.43
8272	PLASTIC OPERATION ON HAND WITH GRAFT OF MUSCLE OR FASCIA	\$0.00
82725	FATTY ACIDS, NONESTERIFIED	\$11.16
82726	VERY LONG CHAIN FATTY ACIDS	\$15.14
82728	FERRITIN	\$11.42
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$53.99
82735	FLUORIDE	\$15.55
82742	FLURAZEPAM	\$16.60
82746	FOLIC ACID; SERUM	\$8.96
82747	FOLIC ACID; RBC	\$14.52
82757	FRUCTOSE, SEMEN	\$14.54
82759	GALACTOKINASE, RBC	\$18.01
82760	GALACTOSE	\$7.80
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	\$17.66

Procedure Code	Description	Rate
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	\$7.03
82777	GALECTIN-3	\$10.68
82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	\$7.79
82785	GAMMAGLOBULIN; IGE	\$13.81
82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	\$6.72
8279	PLASTIC OPERATION ON HAND WITH OTHER GRAFT OR IMPLANT	\$0.00
828	OTHER PLASTIC OPERATIONS ON HAND	\$0.00
82800	GASES, BLOOD; PH ONLY	\$4.76
82803	GASES, BLOOD; PH, PCO2, PO2 SIMULTANEOUS	\$16.22
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED O2 SATURATION); WITH O2 SATURU	\$23.79
8281	TRANSFER OF FINGER, EXCEPT THUMB	\$0.00
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	\$7.32
8282	REPAIR OF CLEFT HAND	\$0.00
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$8.38
8283	REPAIR OF MACRODACTYLY	\$0.00
8284	REPAIR OF MALLET FINGER	\$0.00
8285	OTHER TENODESIS OF HAND	\$0.00
8286	OTHER TENOPLASTY OF HAND	\$0.00
8289	OTHER PLASTIC OPERATIONS ON HAND	\$0.00
829	OTHER OPERATIONS ON MUSCLE, TENDON, AND FASCIA OF HAND	\$0.00
8291	LYSIS OF ADHESIONS OF HAND	\$0.00
8292	ASPIRATION OF BURSA OF HAND	\$0.00
82926	GASTRIC ACID, FREE AND TOTAL; EACH SPECIMEN	\$4.57
82928	GASTRIC ACID, FREE OR TOTAL; EACH SPECIMEN	\$4.64
8293	ASPIRATION OF OTHER SOFT TISSUE OF HAND	\$0.00
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$4.60
82938	GASTRIN AFTER SECRETIN STIMULATION	\$14.83
8294	INJECTION OF THERAPEUTIC SUBSTANCE INTO BURSA OF HAND	\$0.00
82941	GASTRIN	\$14.78
82943	GLUCAGON	\$7.33
82945	GLOCOSE, BODY FLUID, OTHEN THAN BLOOD	\$3.29
82946	GLUCAGON TOLERANCE TEST	\$12.64
82947	GLUCOSE; QUANTITATIVE	\$3.29
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$2.62

Procedure Code	Description	Rate
8295	INJECTION OF THERAPEUTIC SUBSTANCE INTO TENDON OF HAND	\$0.00
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$3.98
82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	\$10.79
82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS	\$3.29
82953	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST	\$12.70
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	\$5.38
8296	OTHER INJECTION OF LOCALLY-ACTING THERAPEUTIC SUBSTANCE INTO SOFT TISSUE OF HAND	\$0.00
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	\$5.08
82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE	\$1.96
82963	GLUCOSIDASE, BETA	\$18.01
82965	GLUTAMATE DEHYDROGENASE	\$6.48
82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	\$13.28
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$6.04
82978	GLUTATHIONE	\$11.95
82979	GLUTATHIONE REDUCTASE, RBC	\$5.77
82980	GLUTETHIMIDE	\$15.36
82985	GLYCATED PROTEIN	\$12.64
8299	OTHER OPERATIONS ON MUSCLE, TENDON, AND FASCIA OF HAND	\$0.00
830	INCISION OF MUSCLE, TENDON, FASCIA, AND BURSA	\$0.00
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	\$15.58
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	\$15.53
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$13.97
83008	GUANOSINE MONOPHOSPHATE (GMP), CYCLIC	\$14.07
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$56.47
8301	EXPLORATION OF TENDON SHEATH	\$0.00
83010	HAPTOGLOBIN; QUANTITATIVE	\$10.55
83012	HAPTOGLOBIN; PHENOTYPES	\$13.02
83013	HELICOBACTER PYLORI, BREATH TEST ANALYSIS	\$56.47
83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLECTION	\$6.59
83015	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	\$15.79
83018	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUANTITATIVE, EACH	\$18.41
8302	MYOTOMY	\$0.00

Procedure Code	Description	Rate
83020	HEMOGLOBIN; ELECTROPHORESIS (EG, A2, S, C)	\$10.79
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)	\$15.14
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$1.98
8303	BURSOTOMY	\$0.00
83030	HEMOGLOBIN; F(FETAL), CHEMICAL	\$6.94
83033	HEMOGLOBIN; F(FETAL), QUALITATIVE (APT) TEST, FECAL	\$5.00
83036	HEMOGLOBIN; GLYCATED	\$7.33
83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	\$4.16
83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	\$6.14
83051	HEMOGLOBIN; PLASMA	\$3.90
83055	HEMOGLOBIN; SULFHEMOGLOBIN, QUALITATIVE	\$4.12
83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	\$5.77
83065	HEMOGLOBIN; THERMOLABILE	\$3.90
83068	HEMOGLOBIN; UNSTABLE, SCREEN	\$3.90
83069	HEMOGLOBIN; URINE	\$3.31
83070	HEMOSIDERIN; QUALITATIVE	\$2.41
83071	HEMOSIDERIN; QUANTITATIVE	\$2.41
83080	ASSAY OF HEXOSAMINIDASE	\$14.14
83088	HISTAMINE	\$12.17
8309	OTHER INCISION OF SOFT TISSUE	\$0.00
83090	HOMOCYSTINE	\$14.14
831	DIVISION OF MUSCLE, TENDON, AND FASCIA	\$0.00
8311	ACHILLOTENOTOMY	\$0.00
8312	ADDUCTOR TENOTOMY OF HIP	\$0.00
8313	OTHER TENOTOMY	\$0.00
8314	FASCIOTOMY	\$0.00
83150	HOMOVANILLIC ACID (HVA)	\$16.22
8319	OTHER DIVISION OF SOFT TISSUE	\$0.00
832	DIAGNOSTIC PROCEDURES ON MUSCLE, TENDON, FASCIA, AND BURSA, INCLUDING THAT OF HAND	\$0.00
8321	BIOPSY OF SOFT TISSUE	\$0.00
8329	OTHER DIAGNOSTIC PROCEDURES ON MUSCLE, TENDON, FASCIA, AND BURSA, INCLUDING THAT OF HAND	\$0.00
833	EXCISION OF LESION OF MUSCLE, TENDON, FASCIA, AND BURSA	\$0.00
8331	EXCISION OF LESION OF TENDON SHEATH	\$0.00

Procedure Code	Description	Rate
8332	EXCISION OF LESION OF MUSCLE	\$0.00
8339	EXCISION OF LESION OF OTHER SOFT TISSUE	\$0.00
834	OTHER EXCISION OF MUSCLE, TENDON, AND FASCIA	\$0.00
8341	EXCISION OF TENDON FOR GRAFT	\$0.00
8342	OTHER TENONECTOMY	\$0.00
8343	EXCISION OF MUSCLE OR FASCIA FOR GRAFT	\$0.00
8344	OTHER FASCIECTOMY	\$0.00
8345	OTHER MYECTOMY	\$0.00
8349	OTHER EXCISION OF SOFT TISSUE	\$0.00
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	\$14.68
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$10.81
83498	HYDROXYPROGESTERONE, 17-D	\$22.77
83499	HYDROXYPROGESTERONE, 20-	\$21.13
835	BURSECTOMY	\$0.00
83500	HYDROXYPROLINE; FREE	\$18.99
83505	HYDROXYPROLINE; TOTAL	\$20.38
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE;	\$9.67
83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	\$7.11
83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	\$11.33
83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	\$10.85
83525	INSULIN	\$9.59
83527	INSULIN; FREE	\$10.85
83528	INTRINSIC FACTOR	\$13.33
83540	IRON	\$5.43
83550	IRON BINDING CAPACITY	\$7.33
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$7.42
83582	KETOGENIC STEROIDS; FRACTIONATION	\$11.88
83586	KETOSTEROIDS, 17- (17-KS); TOTAL	\$10.73
83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	\$11.54
836	SUTURE OF MUSCLE, TENDON, AND FASCIA	\$0.00
83605	LACTATE (LACTIC ACID)	\$8.95
8361	SUTURE OF TENDON SHEATH	\$0.00
83615	LACTATE DEHYDROGENASE (LD), (LDH)	\$5.06
8362	DELAYED SUTURE OF TENDON	\$0.00
83625	LACTATE DEHYDROGENASE (LD), (LDH) ISOENZYMES, SEPARATION AND QUANTITATION	\$10.73

Procedure Code	Description	Rate
8363	ROTATOR CUFF REPAIR	\$0.00
83630	LACTOFERRIN, FECAL, QUALITATIVE	\$9.67
83631	LACTOFERRIN, FECAL; QUANTITATIVE	\$16.45
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$15.13
83633	LACTOSE, URINE; QUALITATIVE	\$4.61
83634	LACTOSE, URINE; QUANTITATIVE	\$9.66
8364	OTHER SUTURE OF TENDON	\$0.00
8365	OTHER SUTURE OF MUSCLE OR FASCIA	\$0.00
83655	LEAD	\$4.19
83661	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	\$18.43
83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	\$15.86
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$15.86
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$15.86
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$7.68
83690	LIPASE	\$5.77
83695	LIPOPROTEIN (A)	\$10.85
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	\$28.46
837	RECONSTRUCTION OF MUSCLE AND TENDON	\$0.00
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPERATION AND QUANTITATION	\$9.44
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEINS	\$16.38
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES	\$23.71
8371	ADVANCEMENT OF TENDON	\$0.00
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$6.86
83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT VLDL CHOLESTEROL	\$9.76
8372	RECESSION OF TENDON	\$0.00
83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT LDL CHOLESTEROL	\$5.76
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$14.41
8373	REATTACHMENT OF TENDON	\$0.00
83735	MAGNESIUM	\$5.62
8374	REATTACHMENT OF MUSCLE	\$0.00
8375	TENDON TRANSFER OR TRANSPLANTATION	\$0.00
8376	OTHER TENDON TRANSPOSITION	\$0.00
8377	MUSCLE TRANSFER OR TRANSPLANTATION	\$0.00
83775	MALATE DEHYDROGENASE	\$6.18

Procedure Code	Description	Rate
83785	MANGANESE	\$11.85
83788	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY(MS,MS/MS),ANALYTE NOT ELSEWHERE SPECIFIED,QUALITATIVE,EACH SPEC	\$15.14
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY,ANALYTE;QUANTITATIVE, EACH SPECIMEN	\$15.14
8379	OTHER MUSCLE TRANSPOSITION	\$0.00
838	OTHER PLASTIC OPERATIONS ON MUSCLE, TENDON, AND FASCIA	\$0.00
83805	MEPROBAMATE	\$14.12
8381	TENDON GRAFT	\$0.00
8382	GRAFT OF MUSCLE OR FASCIA	\$0.00
83825	MERCURY, QUANTITATIVE	\$13.63
8383	TENDON PULLEY RECONSTRUCTION	\$0.00
83835	METANEPHRINES	\$14.20
8384	RELEASE OF CLUBFOOT, NOT ELSEWHERE CLASSIFIED	\$0.00
83840	METHADONE	\$13.69
8385	OTHER CHANGE IN MUSCLE OR TENDON LENGTH	\$0.00
83857	METHEMALBUMIN	\$9.01
83858	METHSUXIMIDE	\$7.03
8386	QUADRICEPSPLASTY	\$0.00
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY	\$14.15
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$16.69
83866	MUCOPOLYSACCHARIDES, ACID; SCREEN	\$8.26
8387	OTHER PLASTIC OPERATIONS ON MUSCLE	\$0.00
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$4.91
83873	MYELIN BASIC PROTEIN, CSF	\$5.86
83874	MYOGLOBIN	\$10.82
83876	MYELOPEROXIDASE (MPO)	\$11.32
8388	OTHER PLASTIC OPERATIONS ON TENDON	\$0.00
83880	NATRIURECTIC PEPTIDE	\$28.46
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$11.40
83885	NICKEL	\$20.54
83887	NICOTINE	\$19.85
8389	OTHER PLASTIC OPERATIONS ON FASCIA	\$0.00
839	OTHER OPERATIONS ON MUSCLE, TENDON, FASCIA, AND BURSA	\$0.00
8391	LYSIS OF ADHESIONS OF MUSCLE, TENDON, FASCIA, AND BURSA	\$0.00

Procedure Code	Description	Rate
83915	NUCLEOTIDASE 5'-	\$9.35
83916	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS)	\$16.85
83918	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS) QUANTITATIVE	\$13.80
83919	ORGANIC ACIDS;QUALITATIVE,EACH SPECIMEN	\$13.80
8392	INSERTION OR REPLACEMENT OF SKELETAL MUSCLE STIMULATOR	\$0.00
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$13.80
83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	\$16.31
8393	REMOVAL OF SKELETAL MUSCLE STIMULATOR	\$0.00
83930	OSMOLALITY; BLOOD	\$5.54
83935	OSMOLALITY; URINE	\$5.71
83937	OSTEOCALCIN (BONE G1A PROTIEIN)	\$23.03
8394	ASPIRATION OF BURSA	\$0.00
83945	OXALATE	\$10.79
8395	ASPIRATION OF OTHER SOFT TISSUE	\$0.00
83950	ONCOPROTEIN, HER-2/NEU	\$53.99
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	\$56.42
8396	INJECTION OF THERAPEUTIC SUBSTANCE INTO BURSA	\$0.00
8397	INJECTION OF THERAPEUTIC SUBSTANCE INTO TENDON	\$0.00
83970	PARATHORMONE (PARATHYROID HORMONE)	\$34.60
8398	INJECTION OF LOCALLY-ACTING THERAPEUTIC SUBSTANCE INTO OTHER SOFT TISSUE	\$0.00
83986	PH, BODY FLUID, EXCEPT BLOOD	\$3.00
83987	PH; EXHALED BREATH CONDENSATE	\$13.64
8399	OTHER OPERATIONS ON MUSCLE, TENDON, FASCIA, AND BURSA	\$0.00
83992	PHENCYCLIDINE (PCP)	\$12.32
83993	CALPROTECTIN, FECAL	\$0.00
8400	UPPER LIMB AMPUTATION, NOT OTHERWISE SPECIFIED	\$0.00
8401	AMPUTATION AND DISARTICULATION OF FINGER	\$0.00
8402	AMPUTATION AND DISARTICULATION OF THUMB	\$0.00
84022	PHENOTHIAZINE	\$13.06
8403	AMPUTATION THROUGH HAND	\$0.00
84030	PHENYLALANINE (PKU), BLOOD	\$4.61
84035	PHENYLKETONES, QUALITATIVE	\$3.07
8404	DISARTICULATION OF WRIST	\$0.00
8405	AMPUTATION THROUGH FOREARM	\$0.00
8406	DISARTICULATION OF ELBOW	\$0.00
84060	PHOSPHATASE, ACID; TOTAL	\$6.19

Procedure Code	Description	Rate
84061	PHOSPHATASE, ACID; FORENSIC EXAMINATION	\$6.64
84066	PHOSPHATASE, ACID; PROSTATIC	\$8.10
8407	AMPUTATION THROUGH HUMERUS	\$0.00
84075	PHOSPHATASE, ALKALINE;	\$4.34
84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	\$6.12
8408	DISARTICULATION OF SHOULDER	\$0.00
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$12.40
84081	PHOSPHATIDYLGYCEROL	\$13.85
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$5.65
84087	PHOSPHOHEXOSE ISOMERASE	\$8.65
8409	INTERTHORACOSCAPULAR AMPUTATION	\$0.00
8410	LOWER LIMB AMPUTATION, NOT OTHERWISE SPECIFIED	\$0.00
84100	PHOSPHORUS INORGANIC (PHOSPHATE)	\$3.98
84105	PHOSPHORUS INORGANIC (PHOSPHATE) URINE	\$4.34
84106	PORPHOBILINOGEN, URINE; QUALITATIVE	\$3.59
8411	AMPUTATION OF TOE	\$0.00
84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	\$7.08
84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	\$54.38
84119	PORPHYRINS, URINE; QUALITATIVE	\$7.22
8412	AMPUTATION THROUGH FOOT	\$0.00
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$12.33
84126	PORPHYRINS, FECES; QUANTITATIVE	\$21.35
84127	PORPHYRINS, FECES; QUALITATIVE	\$9.77
8413	DISARTICULATION OF ANKLE	\$0.00
84132	POTASSIUM; SERUM	\$6.42
84133	POTASSIUM; URINE	\$3.61
84134	PREALBUMIN	\$12.23
84135	PREGNANEDIOL	\$16.04
84138	PREGNANETRIOL	\$15.88
8414	AMPUTATION OF ANKLE THROUGH MALLEOLI OF TIBIA AND FIBULA	\$0.00
84140	PREGNENOLONE	\$11.11
84143	17-HYDROXY PREGNENOLONE	\$11.11
84144	PROGESTERONE	\$17.49
84145	PROCALCITONIN (PCT)	\$16.66
84146	PROLACTIN	\$16.25
8415	OTHER AMPUTATION BELOW KNEE	\$0.00

Procedure Code	Description	Rate
84150	PROSTAGLANDIN, EACH	\$20.93
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$15.37
84153	PROSTATE SPECIFIC ANTIGEN (PSA)	\$15.37
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$15.37
84155	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY	\$3.07
84156	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; URINE	\$3.07
84157	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; OTHER SOURCE	\$3.07
8416	DISARTICULATION OF KNEE	\$0.00
84160	PROTEIN; REFRACTOMETRIC	\$4.34
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$12.62
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	\$9.01
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH CONCENTRATION	\$14.95
8417	AMPUTATION ABOVE KNEE	\$0.00
8418	DISARTICULATION OF HIP	\$0.00
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$14.28
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID, IMMUNOLOGICAL PROBE FOR BAND	\$15.09
8419	ABDOMINOPELVIC AMPUTATION	\$0.00
842	REATTACHMENT OF EXTREMITY	\$0.00
84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	\$12.03
84203	PROTOPORPHYRIN, RBC; SCREEN	\$7.22
84206	PROINSULIN	\$14.93
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$20.86
8421	THUMB REATTACHMENT	\$0.00
84210	PYRUVATE	\$9.10
8422	FINGER REATTACHMENT	\$0.00
84220	PYRUVATE KINASE	\$7.91
84228	QUININE	\$9.76
8423	FOREARM, WRIST, OR HAND REATTACHMENT	\$0.00
84233	RECEPTOR ASSAY; ESTROGEN	\$53.99
84234	RECEPTOR ASSAY; PROGESTERONE	\$52.60
84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	\$43.87
84238	RECEPTOR ASSAY; NON-ENDOCRINE (EG, ACETYLCHOLINE) (SPECIFY RECEPTOR)	\$30.65

Procedure Code	Description	Rate
8424	UPPER ARM REATTACHMENT	\$0.00
84244	RENIN	\$18.44
8425	TOE REATTACHMENT	\$0.00
84252	RIBOFLAVIN (VITAMIN B-2)	\$16.97
84255	SELENIUM	\$21.40
8426	FOOT REATTACHMENT	\$0.00
84260	SEROTONIN	\$25.97
8427	LOWER LEG OR ANKLE REATTACHMENT	\$0.00
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	\$18.22
84275	SIALIC ACID	\$11.26
8428	THIGH REATTACHMENT	\$0.00
84285	SILICA	\$19.74
8429	OTHER REATTACHMENT	\$0.00
84295	SODIUM; SERUM	\$4.03
843	REVISION OF AMPUTATION STUMP	\$0.00
84300	SODIUM; URINE	\$4.07
84302	SODIUM; OTHER SOURCE	\$4.07
84305	SOMATOMEDIN	\$15.32
84307	SOMATOSTATIN	\$15.32
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$5.77
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$2.10
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$5.38
84376	SUGARS, AND OLIGOSACCHARIDES' SINGLE QUALITATIVE, EACH SPECIMEN	\$4.61
84377	SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN	\$4.61
84378	SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84379	SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84392	SULFATE, URINE	\$3.98
8440	IMPLANTATION OR FITTING OF PROSTHETIC LIMB DEVICE, NOT OTHERWISE SPECIFIED	\$0.00
84402	TESTOSTERONE; FREE	\$21.34
84403	TESTOSTERONE; TOTAL	\$21.65
8441	FITTING OF PROSTHESIS OF UPPER ARM AND SHOULDER	\$0.00
8442	FITTING OF PROSTHESIS OF LOWER ARM AND HAND	\$0.00
84420	THEOPHYLLINE, BLOOD OR SALIVA	\$13.37
84425	THIAMINE (VITAMIN B-1)	\$5.86
8443	FITTING OF PROSTHESIS OF ARM, NOT OTHERWISE SPECIFIED	\$0.00
84430	THIOCYANATE	\$5.77

Procedure Code	Description	Rate
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	\$11.12
84432	THYROGLOBULIN	\$13.21
84436	THYROXINE; TOTAL	\$5.77
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$5.42
84439	THYROXINE; FREE	\$7.56
8444	IMPLANTATION OF PROSTHETIC DEVICE OF ARM	\$0.00
84442	THYROXINE BINDING GLOBULIN (TBG)	\$12.40
84443	THYROID STIMULATING HORMONE (TSH)	\$14.08
84445	THYROID STIMULATING IMMUNOGLOBULINS (TSI)	\$42.63
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$4.84
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$11.11
8445	FITTING OF PROSTHESIS ABOVE KNEE	\$0.00
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$4.33
8446	FITTING OF PROSTHESIS BELOW KNEE	\$0.00
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$4.44
84466	TRANSFERRIN	\$10.70
8447	FITTING OF PROSTHESIS OF LEG, NOT OTHERWISE SPECIFIED	\$0.00
84478	TRIGLYCERIDES	\$4.82
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	\$5.42
8448	IMPLANTATION OF PROSTHETIC DEVICE OF LEG	\$0.00
84480	TRIDOTHYRONINE (T-3); TOTAL (TT-3)	\$11.89
84481	TRIDOTHYRONINE (T-3); FREE	\$4.67
84482	TRIDOTHYRONINE (T-3); REVERSE	\$13.21
84484	TROPONIN, QUANTITATIVE	\$5.38
84485	TRYPSIN; DUODENAL FLUID	\$5.86
84488	TRYPSIN; FECES, QUALITATIVE	\$5.77
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$5.77
845	IMPLANTATION OF OTHER MUSCULOSKELETAL DEVICES AND SUBSTANCES	\$0.00
8451	INSERTION OF INTERBODY SPINAL FUSION DEVICE	\$0.00
84510	TYROSINE	\$8.72
84512	TROPONIN, QUALITATIVE	\$4.03
8452	INSERTION OF RECOMBINANT BONE MORPHOGENETIC PROTEIN	\$0.00
84520	UREA NITROGEN; QUANTITATIVE	\$3.31
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$3.15
8453	IMPLANTATION OF INTERNAL LIMB LENGTHENING DEVICE WITH KINETIC DISTRACTION	\$0.00
8454	IMPLANTATION OF OTHER INTERNAL LIMB LENGTHENING DEVICE	\$0.00

Procedure Code	Description	Rate
84540	UREA NITROGEN, URINE	\$3.98
84545	UREA NITROGEN, CLEARANCE	\$5.54
8455	INSERTION OF BONE VOID FILLER	\$0.00
84550	URIC ACID; BLOOD, CHEMICAL	\$3.79
8456	INSERTION OF (CEMENT) SPACER	\$0.00
84560	URIC ACID, URINE	\$3.98
8457	REMOVAL OF (CEMENT) SPACER	\$0.00
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$9.76
84578	UROBILINOGEN, URINE; QUALITATIVE	\$2.72
8458	IMPLANTATION OF INTERSPINOUS PROCESS DECOMPRESSION DEVICE	\$0.00
84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$4.37
84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	\$4.21
84585	VANILLYLMANDelic ACID (VMA), URINE	\$13.00
84586	BASOACTIVE INTESTINAL PEPTIDE (VIP)	\$11.11
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$28.46
8459	INSERTION OF OTHER SPINAL DEVICES	\$0.00
84590	VITAMIN A	\$9.36
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$9.36
84597	VITAMIN K	\$11.49
846	REPLACEMENT OF SPINAL DISC	\$0.00
8460	INSERTION OF SPINAL DISC PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, DICHLOROMETHANE, DIETHYLETHER, ISOPROPY	\$13.47
8461	INSERTION OF PARTIAL SPINAL DISC PROSTHESIS, CERVICAL	\$0.00
8462	INSERTION OF TOTAL SPINAL DISC PROSTHESIS, CERVICAL	\$0.00
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$9.93
8463	INSERTION OF SPINAL DISC PROSTHESIS, THORACIC	\$0.00
84630	ZINC	\$9.55
8464	INSERTION OF PARTIAL SPINAL DISC PROSTHESIS, LUMBOSACRAL	\$0.00
8465	INSERTION OF TOTAL SPINAL DISC PROSTHESIS, LUMBOSACRAL	\$0.00
8466	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, CERVICAL	\$0.00
8467	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, THORACIC	\$0.00
8468	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, LUMBOSACRAL	\$0.00
84681	C-PEPTIDE	\$17.44
8469	REVISION OR REPLACEMENT OF ARTIFICIAL SPINAL DISC PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00

Procedure Code	Description	Rate
84702	GONADOTROPIN, CHORIONIC (HCG);	\$12.62
84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	\$6.29
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$0.00
8471	APPLICATION OF EXTERNAL FIXATOR DEVICE, MONOPLANAR SYSTEM	\$0.00
8472	APPLICATION OF EXTERNAL FIXATOR DEVICE, RING SYSTEM	\$0.00
8473	APPLICATION OF HYBRID EXTERNAL FIXATOR DEVICE	\$0.00
8480	INSERTION OR REPLACEMENT OF INTERSPINOUS PROCESS DEVICE(S)	\$0.00
8481	REVISION OF INTERSPINOUS PROCESS DEVICE(S)	\$0.00
8482	INSERTION OR REPLACEMENT OF PEDICLE-BASED DYNAMIC STABILIZATION DEVICE(S)	\$0.00
8483	REVISION OF PEDICLE-BASED DYNAMIC STABILIZATION DEVICE(S)	\$0.00
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE	\$8.41
8484	INSERTION OR REPLACEMENT OF FACET REPLACEMENT DEVICE(S)	\$0.00
8485	REVISION OF FACET REPLACEMENT DEVICE(S)	\$0.00
849	OTHER OPERATIONS ON MUSCULOSKELETAL SYSTEM	\$0.00
8491	AMPUTATION, NOT OTHERWISE SPECIFIED	\$0.00
8492	SEPARATION OF EQUAL CONJOINED TWINS	\$0.00
8493	SEPARATION OF UNEQUAL CONJOINED TWINS	\$0.00
8494	INSERTION OF STERNAL FIXATION DEVICE WITH RIGID PLATES	\$0.00
8499	OTHER	\$0.00
84999	UNLISTED CHEMISTRY PROCEDURE	\$0.00
850	OPERATIONS ON THE BREAST; MASTOTOMY	\$0.00
85002	BLEEDING TIME	\$3.77
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$5.42
85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT (INCLUDES RBC MORPHOLOGY AND PLATELET ESTIMATION)	\$2.89
85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	\$2.41
85009	BLOOD COUNT; DIFFERENTIAL WBC COUNT, BUFFY COAT	\$3.11
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$1.99
85014	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	\$1.99
85018	BLOOD COUNT; HEMOGLOBIN	\$1.99
85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTOMATED COMPLETE DIFFERENTIAL WBC COUNT (CBC)	\$6.52
85027	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED	\$5.42
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$3.61
85041	BLOOD COUNT; RED BLOOD CELL (RBC) ONLY	\$2.41

Procedure Code	Description	Rate
85044	BLOOD COUNT; RETICULOCYTE COUNT, MANUAL	\$3.61
85045	BLOOD COUNT; RETICULOCYTE COUNT, FLOW CYTOMETRY	\$3.35
85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	\$4.68
85048	BLOOD COUNT; WHITE BLOOD CELL (WBC)	\$2.13
85049	BLOOD COUNT; PLATELET, AUTOMATED	\$3.75
85055	RETICULATED PLATELET ASSAY	\$16.01
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	\$14.45
85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT	\$30.96
851	DIAGNOSTIC PROCEDURES ON BREAST	\$0.00
8511	CLOSED (PERCUTANEOUS) (NEEDLE) BIOPSY OF BREAST	\$0.00
8512	OPEN BIOPSY OF BREAST	\$0.00
85130	CHROMOGENIC SUBSTRATE ASSAY	\$9.97
85170	CLOT RETRACTION	\$3.03
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$3.81
8519	OTHER DIAGNOSTIC PROCEDURES ON BREAST	\$0.00
8520	EXCISION OR DESTRUCTION OF BREAST TISSUE, NOT OTHERWISE SPECIFIED	\$0.00
8521	LOCAL EXCISION OF LESION OF BREAST	\$0.00
85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	\$3.90
8522	RESECTION OF QUADRANT OF BREAST	\$0.00
85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	\$14.80
8523	SUBTOTAL MASTECTOMY	\$0.00
85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	\$15.01
8524	EXCISION OF ECTOPIC BREAST TISSUE	\$0.00
85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	\$15.01
85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	\$17.12
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$19.24
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$19.24
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS	\$19.24
8525	EXCISION OF NIPPLE	\$0.00
85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	\$15.96
85260	CLOTTING; FACTOR X (STUART-PROWER)	\$15.01
85270	CLOTTING; FACTOR XI (PTA)	\$15.01
85280	CLOTTING; FACTOR XII (HAGEMAN)	\$16.22
85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	\$13.70
85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	\$7.45

Procedure Code	Description	Rate
85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	\$15.88
85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	\$15.88
853	REDUCTION MAMMOPLASTY AND SUBCUTANEOUS MAMMECTOMY	\$0.00
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	\$9.93
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	\$9.07
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	\$10.08
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$11.59
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	\$9.72
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$11.98
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$11.98
8531	UNILATERAL REDUCTION MAMMOPLASTY	\$0.00
8532	BILATERAL REDUCTION MAMMOPLASTY	\$0.00
8533	UNILATERAL SUBCUTANEOUS MAMMECTOMY WITH SYNCHRONOUS IMPLANT	\$0.00
85335	FACTOR INHIBITOR TEST	\$10.79
85337	THROMBOMODULIN	\$8.74
8534	OTHER UNILATERAL SUBCUTANEOUS MAMMECTOMY	\$0.00
85345	COAGULATION TIME; LEE AND WHITE	\$3.61
85347	COAGULATION TIME; ACTIVATED	\$3.57
85348	COAGULATION TIME; OTHER METHODS	\$3.12
8535	BILATERAL SUBCUTANEOUS MAMMECTOMY WITH SYNCHRONOUS IMPLANT	\$0.00
8536	OTHER BILATERAL SUBCUTANEOUS MAMMECTOMY	\$0.00
85360	EUGLOBULIN LYSIS	\$3.50
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	\$5.77
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$7.22
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$9.52
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	\$5.98
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$8.53
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE, QUALITATIVE OR SEMIQUANTITATIVE	\$8.53
85384	FIBRINOGEN; ACTIVITY	\$7.12
85385	FIBRINOGEN; ANTIGEN	\$7.12
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	\$4.33
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED, EACH ANALYTE	\$20.11
854	MASTECTOMY	\$0.00

Procedure Code	Description	Rate
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$7.42
8541	UNILATERAL SIMPLE MASTECTOMY	\$0.00
85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	\$6.46
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$14.41
8542	BILATERAL SIMPLE MASTECTOMY	\$0.00
85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	\$5.48
85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	\$8.54
8543	UNILATERAL EXTENDED SIMPLE MASTECTOMY	\$0.00
8544	BILATERAL EXTENDED SIMPLE MASTECTOMY	\$0.00
85441	HEINZ BODIES; DIRECT	\$3.53
85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	\$5.71
8545	UNILATERAL RADICAL MASTECTOMY	\$0.00
8546	BILATERAL RADICAL MASTECTOMY	\$0.00
85460	HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	\$6.49
85461	HEMOGLOBIN OR RBC'S, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$5.56
8547	UNILATERAL EXTENDED RADICAL MASTECTOMY	\$0.00
85475	HEMOLYSIN, ACID	\$7.44
8548	BILATERAL EXTENDED RADICAL MASTECTOMY	\$0.00
8550	AUGMENTATION MAMMOPLASTY, NOT OTHERWISE SPECIFIED	\$0.00
8551	UNILATERAL INJECTION INTO BREAST FOR AUGMENTATION	\$0.00
8552	BILATERAL INJECTION INTO BREAST FOR AUGMENTATION	\$0.00
85520	HEPARIN ASSAY	\$10.97
85525	HEPARIN NEUTRALIZATION	\$9.93
8553	UNILATERAL BREAST IMPLANT	\$0.00
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$11.89
85536	IRON STAIN, PERIPHERAL BLOOD	\$5.42
8554	BILATERAL BREAST IMPLANT	\$0.00
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$7.21
85547	MECHANICAL FRAGILITY, RBC	\$2.41
85549	MURAMIDASE	\$15.73
8555	FAT GRAFT TO BREAST	\$0.00
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$5.60
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$11.20
85576	PLATELET; EACH AGENT	\$18.01
85597	PLATELET NEUTRALIZATION	\$15.07
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$15.18

Procedure Code	Description	Rate
856	MASTOPEXY	\$0.00
85610	PROTHROMBIN TIME;	\$3.29
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$3.31
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	\$5.38
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$5.38
85635	REPTILASE TEST	\$8.26
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$2.98
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$2.26
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$4.01
85670	THROMBIN TIME; PLASMA	\$4.84
85675	THROMBIN TIME; TITER	\$5.75
857	TOTAL RECONSTRUCTION OF BREAST	\$0.00
8570	TOTAL RECONSTRUCTION OF BREAST, NOT OTHERWISE SPECIFIED	\$0.00
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$8.07
8571	LATISSIMUS DORSI MYOCUTANEOUS FLAP	\$0.00
8572	TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, PEDICLED	\$0.00
8573	TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, FREE	\$0.00
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	\$5.03
85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA	\$5.42
8574	DEEP INFERIOR EPIGASTRIC ARTERY PERFORATOR (DIEP) FLAP, FREE	\$0.00
8575	SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, FREE	\$0.00
8576	GLUTEAL ARTERY PERFORATOR (GAP) FLAP, FREE	\$0.00
8579	OTHER TOTAL RECONSTRUCTION OF BREAST	\$0.00
858	OTHER REPAIR AND PLASTIC OPERATIONS ON BREAST	\$0.00
8581	SUTURE OF LACERATION OF BREAST	\$0.00
85810	VISCOSITY; BLOOD	\$9.79
85811	POLOSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS	\$282.56
8582	SPLIT-THICKNESS GRAFT TO BREAST	\$0.00
8583	FULL-THICKNESS GRAFT TO BREAST	\$0.00
8584	PEDICLE GRAFT TO BREAST	\$0.00
8585	MUSCLE FLAP GRAFT TO BREAST	\$0.00
8586	TRANSPOSITION OF NIPPLE	\$0.00
8587	OTHER REPAIR OR RECONSTRUCTION OF NIPPLE	\$0.00
8589	OTHER MAMMOPLASTY	\$0.00
859	OTHER OPERATIONS ON THE BREAST	\$0.00

Procedure Code	Description	Rate
8591	ASPIRATION OF BREAST	\$0.00
8592	INJECTION OF THERAPEUTIC AGENT INTO BREAST	\$0.00
8593	REVISION OF IMPLANT OF BREAST	\$0.00
8594	REMOVAL OF IMPLANT OF BREAST	\$0.00
8599	OTHER	\$0.00
85999	UNLISTED HEMATOLOGY PROCEDURE	\$0.00
860	INCISION OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB T	\$5.85
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITAVE, EACH ALLERGEN	\$4.38
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$4.38
86005	ALLERGEN SPECIFICIGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)	\$6.30
8601	ASPIRATION OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8602	INJECTION OR TATTOOING OF SKIN LESION OR DEFECT	\$0.00
86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	\$12.62
86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	\$15.40
86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	\$9.76
8603	INCISION OF PILONIDAL SINUS OR CYST	\$0.00
86038	ANTINUCLEAR ANTIBODIES (ANA);	\$10.13
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$9.36
8604	OTHER INCISION WITH DRAINAGE OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8605	INCISION WITH REMOVAL OF FOREIGN BODY FROM SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8606	INSERTION OF TOTALLY IMPLANTABLE INFUSION PUMP	\$0.00
86060	ANTISTREPTOLYSIN 0; TITER	\$6.12
86063	ANTISTREPTOLYSIN 0; SCREEN	\$4.84
8607	INSERTION OF TOTALLY IMPLANTABLE VASCULAR ACCESS DEVICE (VAD)	\$0.00
8609	OTHER INCISION OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
861	DIAGNOSTIC PROCEDURES ON SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8611	BIOPSY OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86140	C-REACTIVE PROTEIN	\$4.34
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	\$10.85
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$21.32
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	\$21.32
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)_ANTIBODY	\$13.46
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$13.40

Procedure Code	Description	Rate
86156	COLD AGGLUTININ; SCREEN	\$5.62
86157	COLD AGGLUTININ; TITER	\$6.76
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$10.07
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$10.07
86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	\$17.03
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$8.40
86185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	\$7.50
8619	OTHER DIAGNOSTIC PROCEDURES ON SKIN AND SUBCUTANEOUS TISSUE	\$0.00
862	EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$10.85
8621	EXCISION OF PILONIDAL CYST OR SINUS	\$0.00
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$11.11
8622	EXCISIONAL DEBRIDEMENT OF WOUND, INFECTION, OR BURN	\$0.00
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	\$11.52
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$5.76
8623	REMOVAL OF NAIL, NAILBED, OR NAIL FOLD	\$0.00
86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBOD	\$5.86
8624	CHEMOSURGERY OF SKIN	\$0.00
86243	FC RECEPTOR	\$8.20
8625	DERMABRASION	\$0.00
86255	FLUORESCENT ANTIBODY; SCREEN, EACH ANTIBODY	\$10.10
86256	FLUORESCENT ANTIBODY; TITER, EACH ANTIBODY	\$10.10
8626	LIGATION OF DERMAL APPENDAGE	\$0.00
8627	DEBRIDEMENT OF NAIL, NAIL BED, OR NAIL FOLD	\$0.00
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$13.19
8628	NONEXCISIONAL DEBRIDEMENT OF WOUND, INFECTION OR BURN	\$0.00
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$6.86
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUALITATIVE (EG, BLADDER TUMOR ANTIGEN)	\$13.09
863	OTHER LOCAL EXCISION OR DESTRUCTION OF LESION OR TISSUE OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	\$17.44
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$17.44
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$17.44
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	\$17.89

Procedure Code	Description	Rate
86308	HETEROPHILE ANTIBODIES; SCREENING	\$4.34
86309	HETEROPHILE ANTIBODIES; TITER	\$5.42
86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY	\$6.18
86316	IMMUNOASSAY FOR TUMOR ANTIGEN (EG, CANCER ANTIGEN 125); EACH	\$17.44
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED	\$12.57
86318	IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE (EG, REAGENT STRIP)	\$10.85
86320	IMMUNOELECTROPHORESIS; SERUM	\$18.79
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCENTRATION	\$18.74
86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	\$19.02
86329	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	\$11.77
86331	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY	\$10.05
86332	IMMUNE COMPLEX ASSAY	\$20.43
86334	IMMUNOFIXATION ELECTROPHORESIS	\$18.73
86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	\$24.60
86336	INHIBIN A	\$11.53
86337	INSULIN ANTIBODIES	\$17.95
86340	INTRINSIC FACTOR ANTIBODIES	\$12.64
86341	ISLET CELL ANTIBODY	\$16.59
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$10.45
86344	LEUKOCYTE PHAGOCYTOSIS	\$6.70
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKERS (EG, ATP)	\$24.81
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS	\$11.39
86355	B CELLS, TOTAL COUNT	\$16.01
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE, NOT OTHERWISE SPECIFIED, EACH ANTIGEN	\$0.00
86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$16.01
86359	T CELLS; TOTAL COUNT	\$16.01
86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	\$32.02
86361	T CELLS; ABSOLUTE CD4 COUNT	\$16.01
86367	STEM CELLS (IE, CD34), TOTAL COUNT	\$16.01

Procedure Code	Description	Rate
86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	\$12.20
86378	MIGRATION INHIBITORY FACTOR TEST (MIF)	\$16.51
86382	NEUTRALIZATION TEST, VIRAL	\$9.05
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$9.55
864	RADICAL EXCISION OF SKIN LESION	\$0.00
86403	PARTICLE AGGLUTINATION, ANTIBODY OR ANTIGEN, EACH	\$8.54
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$8.92
86421	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; UP TO 5 TESTS	\$13.66
86422	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; 6 OR MORE TESTS	\$8.19
86430	RHEUMATOID FACTOR; QUALITATIVE	\$4.76
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$4.76
86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE	\$26.06
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERATION OF GAMMA INTERFERON	\$26.25
86485	SKIN TEST; CANDIDA	\$3.67
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$0.00
86490	SKIN TEST; COCCIDIOIDOMYCOSIS	\$5.99
865	SUTURE OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8651	REPLANTATION OF SCALP	\$0.00
86510	SKIN TEST; HISTOPLASMOSIS	\$6.40
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$5.16
8659	CLOSURE OF SKIN AND SUBCATANEOUS TISSUE, OTHER SITES	\$0.00
86590	STREPTOKINASE, ANTIBODY	\$9.25
86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	\$3.58
86593	SYPHILIS TEST; QUANTITATIVE	\$3.70
8660	FREE SKIN GRAFT, NOT OTHERWISE SPECIFIED	\$0.00
86602	ANTIBODY; ACTINOMYCES	\$8.53
86603	ANTIBODY; ADENOVIRUS	\$10.79
86606	ANTIBODY; ASPIRIGILLUS	\$12.62
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$10.80
8661	FULL-THICKNESS SKIN GRAFT TO HAND	\$0.00
86611	ANTIBODY; BARTONELLA	\$8.53
86612	ANTIBODY; BLASTOMYCES	\$10.82

Procedure Code	Description	Rate
86615	ANTIBODY; BORDETELLA	\$11.06
86617	BORRELIA BURGDORFERI (LYME DISEASE)	\$12.98
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$14.09
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$11.21
8662	OTHER SKIN GRAFT TO HAND	\$0.00
86622	ANTIBODY; BRUCELLA	\$7.49
86625	ANTIBODY; CAMPYLOBACTER	\$11.00
86628	ANTIBODY; CANDIDA	\$5.76
8663	FULL-THICKNESS SKIN GRAFT TO OTHER SITES	\$0.00
86631	ANTIBODY; CHLAMYDIA	\$9.91
86632	ANTIBODY; CHLAMYDIA, IGM	\$10.64
86635	ANTIBODY; COCCIDIOIDES	\$9.62
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$10.16
8664	HAIR TRANSPLANT	\$0.00
86641	ANTIBODY; CRYPTOCOCCUS	\$12.08
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$12.07
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$14.12
86648	ANTIBODY; DIPHTHERIA	\$12.75
8665	HETEROGRAFT TO SKIN	\$0.00
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$11.06
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$11.06
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$11.06
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$11.06
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$10.92
8666	HOMOGRAFT TO SKIN	\$0.00
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$11.00
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$12.83
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$15.21
86666	ANTIBODY; EHRLICHIA	\$8.53
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$8.72
8667	DERMAL REGENERATIVE GRAFT	\$0.00
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$10.28
86674	ANTIBODY; GIARDIA LAMBLIA	\$12.34
86677	ANTIBODY; HELICOBACTER PYLORI	\$12.17
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$10.90
86684	ANTIBODY; HEMOPHILUS INFLUENZA	\$13.28

Procedure Code	Description	Rate
86687	ANTIBODY; HTLV I	\$7.03
86688	ANTIBODY; HTLV-II	\$11.74
86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	\$16.23
8669	OTHER SKIN GRAFT TO OTHER SITES	\$0.00
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$14.29
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$12.07
86695	ANTIBODY; HERPES SIMPLEX, TYPE I	\$11.06
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	\$16.23
86698	ANTIBODY; HISTOPLASMA	\$10.48
8670	PEDICLE OR FLAP GRAFT, NOT OTHERWISE SPECIFIED	\$0.00
86701	ANTIBODY; HIV-1	\$7.45
86702	ANTIBODY; HIV-2	\$8.85
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	\$11.50
86704	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	\$10.10
86705	HEPATITIS B CORE IGM ANTIBODY	\$9.86
86709	HEPATITIS A IGM ANTIBODY	\$9.44
8671	CUTTING AND PREPARATION OF PEDICLE GRAFTS OR FLAPS	\$0.00
86710	ANTIBODY; INFLUENZA VIRUS	\$11.36
86713	ANTIBODY; LEGIONELLA	\$12.83
86717	ANTIBODY; LEISHMANIA	\$10.27
8672	ADVANCEMENT OF PEDICLE GRAFT	\$0.00
86720	ANTIBODY; LEPTOSPIRA	\$11.06
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$11.06
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$10.79
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	\$10.01
8673	ATTACHMENT OF PEDICLE OR FLAP GRAFT TO HAND	\$0.00
86732	ANTIBODY; MUCORMYCOSIS	\$11.06
86735	ANTIBODY; MUMPS	\$10.94
86738	ANTIBODY; MYCOPLASMA	\$11.11
8674	ATTACHMENT OF PEDICLE OR FLAP GRAFT TO OTHER SITES	\$0.00
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$11.06
86744	ANTIBODY; NOCARDIA	\$11.06
86747	ANTIBODY; PARVOVIRUS	\$12.60
8675	REVISION OF PEDICLE OR FLAP GRAFT	\$0.00
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$11.06
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$10.39

Procedure Code	Description	Rate
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$10.81
86757	ANTIBODY; RICKETTSIA	\$16.23
86759	ANTIBODY; ROTAVIRUS	\$11.06
86762	ANTIBODY; RUBELLA	\$12.07
86765	ANTIBODY; RUBEOLA	\$10.80
86768	ANTIBODY; SALMONELLA	\$11.06
86771	ANTIBODY; SHIGELLA	\$11.06
86774	ANTIBODY; TETANUS	\$12.41
86777	ANTIBODY; TOXOPLASMA	\$12.07
86778	ANTIBODY; TOXOPLASMA, IGM	\$12.07
86780	TREPONEMA PALLIDUM	\$11.38
86784	ANTIBODY; TRICHINELLA	\$10.53
86787	ANTIBODY; VARICELLA-ZOSTER	\$10.80
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$291.44
86789	ANTIBODY; WEST NILE VIRUS	\$249.12
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$10.80
86793	ANTIBODY; YERSINIA	\$11.06
868	OTHER REPAIR AND RECONSTRUCTION OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86800	THYROGLOBULIN ANTIBODY	\$13.18
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMUNOBLOT)	\$12.98
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	\$43.83
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	\$39.89
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	\$33.17
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	\$24.88
8681	REPAIR FOR FACIAL WEAKNESS	\$0.00
86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	\$21.64
86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	\$29.79
86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$23.35
86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$53.97
8682	FACIAL RHYTIDECTOMY	\$0.00
86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	\$47.33
86822	HLA TYPING; LYMPHOCYTE CULTURE, PRIMED (PLC)	\$30.64
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); FIRST SERUM SAMPLE OR	\$49.23

Procedure Code	Description	Rate
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); EACH ADDITIONAL SERUM	\$16.41
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	\$32.64
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	\$24.48
8683	SIZE REDUCTION PLASTIC OPERATION	\$0.00
86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	\$66.59
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	\$57.08
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	\$104.64
86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	\$95.13
86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS I	\$294.89
86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS II	\$266.36
8684	RELAXATION OF SCAR OR WEB CONTRACTURE OF SKIN	\$0.00
86849	UNLISTED IMMUNOLOGY PROCEDURE	\$14.30
8685	CORRECTION OF SYNDACTYLY	\$0.00
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$3.00
8686	ONYCHOPLASTY	\$0.00
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$25.30
8687	FAT GRAFT OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$7.69
86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$4.50
86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	\$4.79
86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	\$4.34
8689	OTHER REPAIR AND RECONSTRUCTION OF SKIN AND SUBCUTANEOUS TISSUE	\$0.00
869	OTHER OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE	\$0.00
8690	EXTRACTION OF FAT FOR GRAFT OR BANKING	\$0.00
86900	BLOOD TYPING; ABO	\$2.50
86901	BLOOD TYPING; RH (D)	\$2.50

Procedure Code	Description	Rate
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN	\$3.23
86903	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, PER UNIT SCREENED	\$7.91
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED	\$7.97
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$3.20
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$6.50
8691	EXCISION OF SKIN FOR GRAFT	\$0.00
86910	BLOOD TYPING; TYPING FOR PATERNITY TESTING, ABO, RH AND MN, PER INDIVIDUAL TYPING FOR PATERNITY TESTING, EACH	\$17.78
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL, ABO, RH AND MN; EACH ADDITIONAL ANTIGEN SYSTEM	\$4.58
8692	ELECTROLYSIS AND OTHER EPILATION OF SKIN	\$0.00
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$6.72
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$21.70
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$24.80
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$24.80
8694	INSERTION OR REPLACEMENT OF SINGLE ARRAY NEUROSTIMULATOR PULSE GENERATOR	\$0.00
86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	\$6.88
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$9.59
8695	INSERTION OR REPLACEMENT OF DUAL ARRAY NEUROSTIMULATOR PULSE GENERATOR	\$0.00
8696	INSERTION OR REPLACEMENT OF OTHER NEUROSTIMULATOR PULSE GENERATOR	\$0.00
8697	INSERTION OR REPLACEMENT OF SINGLE ARRAY RECHARGEABLE NEUROSTIMULATOR PULSE GENERATOR	\$0.00
8698	INSERTION OR REPLACEMENT OF DUAL ARRAY RECHARGEABLE NEUROSTIMULATOR PULSE GENERATOR	\$0.00
8699	OTHER	\$0.00
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	\$0.00
87001	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION	\$9.76
87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	\$9.76
87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR TUBERCLE BACILLUS (TB, AFB)	\$5.60
87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD (INCLUDES ANAEROBIC SCREEN)	\$8.65
87045	CULTURE, BACTERIAL, DEFINITIVE; STOOL	\$7.33
87046	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMINATION, EACH PLATE	\$7.33

Procedure Code	Description	Rate
87070	CULTURE, BACTERIAL, DEFINITIVE; ANY OTHER SOURCE	\$7.22
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, CAMPYLOBACTER, YERSI	\$7.33
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOU	\$7.33
87075	CULTURE, BACTERIAL, ANY SOURCE; ANAEROBIC (ISOLATION)	\$5.86
87076	CULTURE, BACTERIAL, ANY SOURCE; DEFINITIVE IDENTIFICATION, EACH ANAEROBIC ORGANISM, INCLUDING GAS CHROMATOGRAP	\$5.22
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	\$5.22
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	\$5.56
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (SPECIFY TYPE); WITH COLONY ESTI	\$5.22
87086	CULTURE, BACTERIAL, URINE; QUANTITATIVE, COLONY COUNT	\$4.37
87088	CULTURE, BACTERIAL, URINE; IDENTIFICATION, IN ADDITION TO QUANTITATIVE OR COMMERCIAL KIT	\$6.79
87101	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); SKIN	\$6.46
87102	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); OTHER SOURCE (EXCEPT BLOOD)	\$7.04
87103	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); BLOOD	\$7.56
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS (USE IN ADDITION TO CODES 87101, 87102, OR 87103 WHEN	\$8.65
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$8.65
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$7.33
87110	CULTURE, CHLAMYDIA	\$16.42
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA); ANY SOURCE, ISOLATION ONLY	\$2.41
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$9.17
87140	CULTURE, TYPING; FLUORESCENT METHOD, EACH ANTISERUM	\$4.67
87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD	\$9.76
87147	CULTURE, TYPING; SEROLOGIC METHOD, AGGLUTINATION GROUPING, PER ANTISERUM	\$4.34
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	\$16.81
87150	CULTURE, TYPING; IDENTIFICATION BY NULEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR	\$30.16
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$4.39

Procedure Code	Description	Rate
87153	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE(EG, SEQUENCING OF THE 16S RRNA	\$99.13
87158	CULTURE, TYPING; OTHER METHODS	\$4.39
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	\$7.33
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT COLLECTION	\$7.33
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$3.58
87169	MACROSCOPIC EXAMINATION; PARASITE	\$3.58
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$3.58
87176	ENDOTOXIN, BACTERIAL (PYROGENS); HOMOGENIZATION, TISSUE, FOR CULTURE	\$4.93
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$5.77
87181	SENSITIVITY STUDIES, ANTIBIOTIC; AGAR DIFFUSION METHOD, PER ANTIBIOTIC	\$3.98
87184	SENSITIVITY STUDIES, ANTIBIOTIC; DISK METHOD, PER PLATE (12 OR LESS DISKS)	\$5.78
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMASE), PER ENZYME	\$3.98
87186	SENSITIVITY STUDIES, ANTIBIOTIC; MICROTITER, MINIMUM INHIBITORY CONCENTRATION (MIC), ANY NUMBER OF ANTIBIOTICS	\$7.25
87187	SENSITIVITY STUDIES, ANTIBIOTIC; MINIMUM BACTERICIDAL CONCENTRATION (MBC) (USE IN ADDITION TO 87186 OR 87188)	\$8.69
87188	SENSITIVITY STUDIES, ANTIBIOTIC; MACROTUBE DILUTION METHOD, EACH ANTIBIOTIC	\$5.56
87190	SENSITIVITY STUDIES, ANTIBIOTIC; TUBERCLE BACILLUS (TB, AFB), EACH DRUG	\$4.74
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$12.59
87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; ROUTINE STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	\$3.58
87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, OR CELL TY	\$4.45
87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR INTRACELLULAR PARASITES (EG,	\$5.02
87209	SMEAR, PRIMARY SOURCE WITH INTERPERTATION; COMPLEX SPECIAL STAIN FOR OVA AND PARASITE	\$15.07
87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN, FOR BACTERIA, FUNGI, OVA, AND/OR PARA	\$3.58
87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	\$3.58
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	\$16.55

Procedure Code	Description	Rate
87250	VIRUS IDENTIFICATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION	\$16.39
87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION	\$21.85
87253	VIRUS IDENTIFICATION; TISSUE CULTURE, ADDITIONAL STUDIES (EG, HEMABSORPTION, NEUTRALIZATION) EACH ISOLATE	\$16.93
87254	VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS	\$16.39
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT	\$28.39
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADENOVIRUS	\$10.06
87265	INFECTIOUS AGENT ANTIGEN DETERCTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSS	\$10.06
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLOURESCENT ANTIBODY	\$10.06
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; GIARDIA	\$10.06
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUES; CHLAMYDIA TRACHOMATIS	\$10.06
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLOURESCENT ANTIBOD	\$10.06
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRYPTOSPORIDIUM/GIARDIA	\$10.06
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES	\$10.06
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; HERPES SIMPLEX VIRUS	\$10.06
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B	\$10.06
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; INFLUENZA A VIRUS	\$10.06
87277	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA	\$10.06
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; LEGIONELLA PNEUMOPHILA	\$10.06
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE	\$10.06

Procedure Code	Description	Rate
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; RESPIRATORY SYNCYTIAL	\$10.06
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS CARINII	\$10.06
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	\$10.06
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; TREPONEMA PALLIDUM	\$10.06
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; VARICELLA ZOSTER VIRUS	\$10.06
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE, NOT OTHERWISE SPECIFIED	\$10.06
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FOR MULTIPLE ORGANISMS, EACH POL	\$10.06
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE	\$10.06
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-	\$10.06
87320	INFECTIOUS AGENT DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS	\$10.06
87324	INFECTIOUS AGENT ANTIGEN BY ENZYME IMMUNOASSAY TECHNIQUE; CLOSTRIDIUM DIFFICILE TOXIN A	\$10.06
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, CRYPTOCOCCUS NEOFORMANS	\$10.06
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CRYPTOSPORIDIUM/GIARDIA	\$10.06
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, GIARDIA	\$10.06
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CYTOMEGALOVIRUS	\$10.06
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI 0157	\$10.06
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, ENTAMOEBE HISTOLYTICA DISPAR GROUP	\$10.06
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ENTAMOEBE HISTOLYTICA GROUP	\$10.06
87338	HELICOBACTER PYLORI, STOOL	\$11.53

Procedure Code	Description	Rate
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HELICOBACTER PYLORI	\$10.06
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN (HBSAG)	\$8.66
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	\$8.66
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS BE ANTIGEN (HBEAG)	\$9.66
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS, DELTA AGENT	\$11.53
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUM	\$10.06
87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	\$19.87
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1	\$14.79
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2	\$14.79
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; INFLUENZA, A OR B, EACH	\$10.06
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS	\$10.06
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS	\$10.06
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SHIGA-LIKE TOXIN	\$10.06
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STREPTOCOCCUS, GROUP A	\$10.06
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, NOT	\$10.06
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SINGLE STEP METHOD, NOT OTHERWISE	\$8.03
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, POLYVALENT FOR MULTI	\$8.03
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA	\$16.81
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA	\$29.42

Procedure Code	Description	Rate
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIF	\$35.91
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, DIRECT PROBE TECHNIQUE	\$16.81
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE	\$29.42
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	\$16.81
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	\$29.42
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	\$16.81
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	\$29.42
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	\$16.81
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	\$29.42
87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	\$30.16
87495	CYTOMEGALOVIRUS DETECTION BY DNA, DIRECT PROBE	\$16.81
87496	CYTOMEGALOVIRUS DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87497	CYTOMEGALOVIRUS DETECTION BY DNA, QUANTIFICATION	\$35.91
87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE	\$24.42
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE, AMPLIFIED PROBE TECHNIQUE	\$0.00
87501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS. REVERSE TRANSCRIPTION	\$43.33
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	\$71.85
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	\$17.53
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE	\$16.81
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	\$29.42

Procedure Code	Description	Rate
87512	GARDNERELLA VAGINALIS DETECTION BY DNA, QUANTIFICATION	\$0.00
87515	HAPATITIS B DETECTION BY DNA, DIRECT PROBE	\$16.81
87516	HEPATITIS B DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87517	HEPATITIS B DETECTION BY DNA, QUANTIFICATION	\$35.91
87520	HEPATITIS C DETECTION BY RNA, DIRECT PROBE	\$16.81
87521	HEPATITIS C DETECTION BY RNA, AMPLIFIED PROBE	\$29.42
87522	HEPATITIS C DETECTION BY RNA, QUANTIFICATION	\$35.91
87525	HEPATITIS G DETECTION BY DNA, DIRECT PROBE	\$16.81
87526	HEPATITIS G DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87527	HEPATITIS G DETECTION BY DNA, QUANTIFICATION	\$0.00
87528	HERPES SIMPLEX DETECTIONBY DNA, DIRECT PROBE	\$16.81
87529	HERPES SIMPLEX DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87530	HERPES SIMPLEX DETECTION BY DNA, QUANTIFICATION	\$0.00
87531	HERPES VIRUS-6 DETECTION BY DNA, DIRECT PROBE	\$16.81
87532	HERPES VIRUS-6 DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87533	HERPES VIRUS-6 DETECTION BY DNA, QUANTIFICATION	\$0.00
87534	HIV-1 DETECTION BY DNA, DIRECT PROBE	\$16.81
87535	HIV-1 DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87536	HIV-1 DETECTION BY DNA, QUANTIFICAITON	\$71.33
87537	HIV-2 DETECTION BY DNA, DIRECT PROBE	\$16.81
87538	HIV-2 DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87539	HIV-2 DETECTION BY DNA, QUANTIFICATION	\$35.91
87540	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, DIRECT PROBE	\$16.81
87541	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, AMPLIFIED PROB	\$29.42
87542	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, QUANTIFICATION	\$0.00
87550	MYCOBACTERIA DETECTION BY DNA, DIRECT PROBE	\$16.81
87551	MYCOBACTERIA DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87552	MYCOBACTERIA DETECTION BY DNA, QUANTIFICATION	\$0.00
87555	M. TUBERCULOSIS DETECTION BY DNA, DIRECT PROBE	\$16.81
87556	M. TUBERCULOSIS DETECTION BY DNA, AMPLIFIED PROBE	\$29.42
87557	M. TUBERCULOSIS DETECTION BY DNA, QUANTIFICATION	\$0.00
87560	M. AVIUM-INTRACELLULARE BY DNA, DIRECT PROBE	\$16.81
87561	M. AVIUM-INTRACELLULARE BY DNA, AMPLIFIED PROBE	\$29.42
87562	M. AVIUM-INTRACELLULARE BY DNA, QUANTIFICATION	\$0.00
87580	M. PNEUMONIAE BY DNA, DIRECT PROBE	\$16.81
87581	M. PNEUMONIAE BY DNA, AMPLIFIED PROBE	\$29.42

Procedure Code	Description	Rate
87582	M. PNEUMONIAE BY DNA, QUANTIFICATION	\$0.00
87590	N. GONORRHOEAE BY DNA, DIRECT PROBE	\$16.81
87591	N. GONORRHOEAE BY DNA, AMPLIFIED PROBE	\$29.42
87592	N. GONORRHOEAE BY DNA, QUANTIFICATION	\$0.00
87620	HPV BY DNA, DIRECT PROBE	\$16.81
87621	HPV BY DNA, AMPLIFIED PROBE	\$29.42
87622	HPV BY DNA, QUANTIFICATION	\$0.00
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	\$105.80
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	\$176.02
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	\$343.75
87640	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE	\$29.42
87641	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE	\$29.42
87650	STREP A BY DNA, DIRECT PROBE	\$16.81
87651	STREP A BY DNA, AMPLIFIED PROBE	\$29.42
87652	STREP A BY DNA, QUANTIFICATION	\$0.00
87653	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE	\$29.42
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	\$16.81
87661	TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	\$28.72
8775	PERCUTANEOUS PYELOGRAM	\$0.00
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, DIRECT PROBE	\$16.81
87798	INFECTIOUS AGENT DETECTIONBY NUCLEIC ACID, NOS, AMPLIFIED PROBE	\$29.42
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, QUANTIFICATION	\$35.91
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE	\$33.62
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE	\$58.84
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B	\$10.06

Procedure Code	Description	Rate
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN	\$10.06
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA	\$10.06
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS	\$10.06
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	\$10.06
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	\$0.00
87810	CHLAMYDIA TRACHOMATIS DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	\$10.06
87850	N. GONORRHOEAE DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	\$10.06
87880	STREP A DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	\$10.06
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY, NOS, WITH OPTICAL OBSERVATION	\$10.06
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS	\$109.27
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE	\$215.81
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS	\$215.81
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS	\$409.63
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) EACH ADDITIONAL DRUG, UP TO 5 DRUGS	\$21.85
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	\$10.70
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)	\$108.68
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; CYTOMEGALOVIRUS	\$212.33
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; HEPATITIS B VIRUS	\$212.33
87999	UNLISTED MICROBIOLOGY PROCEDURE	\$0.00
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	\$21.88
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATION	\$20.23
88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	\$22.50

Procedure Code	Description	Rate
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION, EXCEPT CERVICAL OR VAGINAL	\$75.32
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	\$277.20
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	\$234.06
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$7.64
88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	\$12.61
88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	\$4.67
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETATION BY PHYSICIAN (LIST SEPARAT	\$7.07
88142	CYTOPATH, CERV/VAG THIN LAYER PREPARATION	\$16.60
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID; WITH MANUAL SCREENING AND RESCREENING	\$16.60
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM	\$8.86
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	\$8.86
88150	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERV	\$8.86
88152	CYTOPATHOLOGY, CERV/VAG AUTOMATED	\$8.86
88153	CYTOPATHOLOGY, SLIDES, CERVICAL VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	\$8.86
88154	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER ASSISTED RESCREENING USING CELL	\$8.86
88155	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH DEFINITIVE HORMONAL EVALUATION (EG, MATUR	\$5.02
88160	CYTOPATHOLOGY, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	\$17.96
88161	CYTOPATHOLOGY, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION	\$19.20
88162	CYTOPATHOLOGY, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	\$33.85
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	\$8.86
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	\$8.86

Procedure Code	Description	Rate
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER	\$8.86
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER RESCREEN	\$8.86
88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DE	\$28.48
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT	\$42.31
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAY	\$17.31
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID, WITH SCREENING BY AUT	\$20.50
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE	\$16.92
88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	\$35.70
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	\$31.24
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER	\$15.36
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$42.60
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$53.14
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$70.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	\$0.00
88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE	\$97.66
88233	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; SKIN OR OTHER SOLID TISSUE BIOPSY	\$117.98
88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	\$123.44
88237	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; BONE MARROW (MYELOID) CELLS	\$105.88
88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISSUE	\$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	\$8.47
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$8.47
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDI	\$124.79
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES, WITH BANDING (EG, A	\$145.18

Procedure Code	Description	Rate
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	\$145.18
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	\$148.16
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	\$104.48
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	\$125.98
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$104.48
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	\$150.70
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDI	\$139.43
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$17.96
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	\$18.20
88273	MOLECULAR CYTOGENETICS;CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	\$18.20
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	\$18.20
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$18.20
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	\$21.04
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	\$23.48
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	\$15.92
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	\$23.48
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	\$3.32
88299	UNLISTED CYTOGENETIC STUDY	\$0.00
88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	\$6.40
88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZ	\$13.42
88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIA	\$19.20
88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY	\$39.42
88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BO	\$67.91
88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGI	\$91.23
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	\$9.49

Procedure Code	Description	Rate
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGA	\$17.34
88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER,	\$9.49
88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAININ	\$23.12
88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH	\$22.08
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$36.74
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$44.79
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL	\$58.00
88329	PATHOLOGY CONSULTATION DURING SURGERY;	\$22.50
88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN	\$50.16
88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)	\$24.97
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQUASH PREP), INITIAL SITE	\$13.42
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION, EACH ADDITIONAL SITE	\$15.27
88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	\$31.99
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	\$30.96
88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD	\$27.66
88348	ELECTRON MICROSCOPY; DIAGNOSTIC	\$82.77
88349	ELECTRON MICROSCOPY; SCANNING	\$50.98
88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	\$78.23
88356	MORPHOMETRIC ANALYSIS; NERVE	\$123.22
88358	MORPHOMETRIC ANALYSIS; TUMOR	\$111.87
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE. EACH ANTIBODY; MANUAL	\$67.84
88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE	\$87.02
88362	NERVE TEASING PREPARATIONS	\$89.78
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR	\$10.32

Procedure Code	Description	Rate
88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	\$36.33
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR SEMI-QUANTITATIVE), EACH PROBE; MANUAL	\$132.30
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	\$18.63
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOLOGICAL PROBE FOR BAND IDENT	\$19.07
88381	MICRODISSECTION (IE,SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	\$118.27
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	\$0.00
8856	CORONARY ARTERIOGRAPHY USING TWO CATHETERS	\$0.00
8859	INTRA-OPERATIVE FLUORESCENCE VASCULAR ANGIOGRAPHY	\$0.00
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$4.40
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$4.31
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$4.40
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$4.40
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	\$0.00
8896	OTHER INTRAOPERATIVE MAGNETIC RESONANCE IMAGING	\$0.00
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY, INCLUDING INTERPRETATION	\$62.13
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	\$3.97
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	\$4.62
89055	LEUKOCYTE COUNT, FECAL	\$3.58
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, ANY BODY FLUID (EXCEPT UR	\$5.99
89100	DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE STUDY OR AFFERENT LOOP CULTURE) PLUS APPR	\$22.29
89105	DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER	\$19.40
89125	FAT STAIN, FECES, URINE, OR SPUTUM	\$3.62
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY;	\$18.58
89132	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY; AFTER ST	\$8.05
89135	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); ONE HOUR	\$29.93

Procedure Code	Description	Rate
89136	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS	\$9.08
89140	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS INCLUDING	\$38.18
89141	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); THREE HOURS, INCLUDI	\$34.47
89160	MEAT FIBERS, FECES	\$3.09
89190	NASAL SMEAR FOR EOSINOPHILS	\$3.98
89230	SWEAT COLLECTION BY IONTOPHORESIS	\$2.98
89235	WATER LOAD TEST	\$4.61
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$0.00
89251	CULTURE AND FERTILIZATION OF OOCYTE(S); WITH CO-CULTURE OF EMBRYOS	\$0.00
89325	SPERM ANTIBODIES	\$8.95
89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	\$17.58
89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST	\$8.30
8949	AUTOMATIC IMPLANTABLE CARDIOVERTER/DIFIBRILLATOR CHECK	\$0.00
8960	CONTINUOUS INTRA-ARTERIAL BLOOD GAS MONITORING	\$0.00