

SERVICE TYPE	CPT CODE	TOTAL FEE
I D ABSCESS SIMPLE	10060	\$230.00
I D ABSCESS COMPLICATED	10061	\$270.00
I D PILONIDAL CYST SIMPLE	10080	\$225.00
REMOVE FOREIGN BODY SUBCUT SIMPLE	10120	\$250.00
PARE HYPERKERATOTIC LESION SINGLE	11055	\$70.00
PARE HYPERKERATOTIC LESION 2-4	11056	\$85.00
PARE HYPERKERATOTIC LESION 4	11057	\$100.00
BIOPSY SKIN LESION SINGLE	11100	\$135.00
REMOVE SKIN TAGS UP TO 15	11200	\$250.00
REMOVE SKIN TAGS EACH ADDTL 10	11201	\$25.00
Excise Benign Lesion .6CM	11400	\$450.00
Excise Benign Lesion .6-1CM	11401	\$450.00
Excise Benign Lesion 1.1-2CM	11402	\$220.00
Excise Benign Lesion 2.1-3CM	11403	\$250.00
Excise Benign Lesion 3.1-4CM	11404	\$280.00
Excise Benign Lesion 4CM	11406	\$410.00
Excise Benign Lesion .6CM	11420	\$165.00
Excise Benign Lesion .6-1CM	11421	\$450.00
EXCISE BENIGN LESION 1.1-2CM	11422	\$230.00
EXCISE BENIGN LESION 2.1-3CM	11423	\$265.00
EXCISE BENIGN LESION 3.1-4CM	11424	\$315.00
Excise Benign Lesion 4CM	11426	\$430.00
Excise Benign Lesion .6CM	11440	\$175.00
Excise Benign Lesion 1.1-2CM	11442	\$250.00
EXCISE BENIGN LESION 2.1-3CM	11443	\$290.00
EXCISE BENIGN LESION 3.1-4CM	11444	\$365.00
Excise Benign Lesion 4CM	11446	\$500.00
TRIM NONDYSTROPHIC NAILS	11719	\$80.00
AVULSION NAIL PLATE	11730	\$150.00
AVULSION NAIL PLATE EACH ADDTL	11732	\$45.00
EXCISE NAIL BED MATRIX	11750	\$200.00
CLOSE SPLIT WOUND	12020	\$400.00
CLOSE SPLIT WOUND W/PACKING	12021	\$250.00
REPAIR IMMEDIATE WOUND 2.6-7.5 C	12042	\$375.00
DSG/DEBRIDE TX LESS THAN 5% TOTA	16020	\$110.00
DESTRUCTION BENIGN LESIONS	17110	\$200.00
CHEMICAL CAUTERY, TISSUE	17250	\$70.00
Inj Tendon/Ligament	20550	\$100.00
INJECT/DRAIN ARTHRO MJR JNT/BURSA	20610	\$125.00
STRAPPING ELBOW OR WRIST	29260	\$50.00
STRAPPING HAND OR FINGER	29280	\$175.00
STRAPPING KNEE	29530	\$175.00
Strapping Ankle/Foot	29540	\$175.00
STRAPPING TOES	29550	\$150.00

CONTROL NOSEBLEED ANT SIMPLE	30901	\$125.00
INTRODUCE NEEDLE/INTRACATH VEIN	36000	\$17.00
Collection Of Venous Blood Venip	36415	\$10.00
INFLUENZA IMMUNIZATION RECOMMEND	4035F	\$25.00
INHALED CORTICOSTEROIDS PRESC	4140F	\$25.00
INJECT FOR NERVE BLOCK OTH PERIPH	64450	\$75.00
REMOVE FOREIGN BODY CONJUNCTIVA	65205	\$90.00
REMOVE FB EXT AUDITORY CANAL	69200	\$110.00
REMOVE IMPACT CERUMEN IRRIGATI	69209	\$150.00
REMOVE IMPACTED CERUMEN	69210	\$150.00
URINALYSIS W/MICROSCOPY NON-AUTO	81000	\$7.00
URINALYSIS W/O MICROSCOPY NONAUTO	81002	\$7.00
URINE PREGNANCY TEST	81025	\$13.00
OCCULT BLOOD FECES	82270	\$7.00
GLUCOSE QUANTITATIVE	82947	\$9.00
GLUCOSE BLOOD TEST	82962	\$5.00
TB INTRADERMAL TEST	86580	\$12.00
INFLUENZA	87804	\$15.00
STREPTOCOCCUS A BY IMMUNOASSAY	87880	\$24.00
IMMUNIZATION ADMINISTRATION	90471	\$30.00
IMMUNIZATION ADMINISTRATION	90472	\$19.00
HUMAN PAPILOMAVIRUS VACCINE	90651	\$250.00
PNEUMOCOCCAL CONJUGATE VACCINE	90670	\$200.00
INFLUENZA VIRUS VACCINE	90686	\$30.00
INFLUENZA VIRUS VACCINE	90688	\$30.00
MMR VACCINE	90707	\$80.00
TD PRESERVATIVE FREE 7YR OR OLD	90714	\$70.00
TETANUS, DIPHTHERIA TOXOIDS	90715	\$70.00
VARICELLA VACCINE	90716	\$135.00
Pneumococcal Vacc 2yrs older	90732	\$100.00
MENINGOCOCCAL CONJUGATE VACCINE	90734	\$125.00
ZOSTER SHINGLES VACCINE	90736	\$300.00
HEPATITIS B PEDIATRIC/ADOLESCENT	90744	\$30.00
HEPATITIS B ADULT	90746	\$65.00
ELECTROCARDIOGRAM COMPLETE	93000	\$25.00
ECG MONITOR/REPORT W/SCANNING	93224	\$150.00
MOBILE CV TELEMETRY UP TO 30DAYS	93228	\$40.00
EEG RECORDING	93270	\$200.00
ECG PHYSICIAN REVIEW INTERPRET	93272	\$200.00
SPIROMETRY	94010	\$45.00
Pressurized Inhalation Treatment	94640	\$25.00
IV INFUSION, HYDRATION, 31 MIN	96360	\$100.00
IV INFUSION ADDITIONAL HOUR	96361	\$50.00
IV INFUSION FOR THERAPY,PROPHYL	96365	\$200.00
IV INFUSION ADD'L SEQUENTIAL IV	96367	\$75.00

THERAPEUTIC, PROPHY INJ SUBQ/IM	96372	\$45.00
THER, PROPHY,DX INJ INTRA-ARTERI	96373	\$35.00
IV PUSH SINGLE/INIT SUBSTANCE	96374	\$100.00
ADD'L SEQUENTIAL IV PUSH	96375	\$45.00
MEDICAL NUTRITION THERAPY	97802	\$50.00
MEDICAL NUTRITION THERAPY	97803	\$40.00
OFFICE VISIT NEW LEVEL 2	99202	\$115.00
OFFICE VISIT NEW LEVEL 3	99203	\$125.00
OFFICE VISIT NEW LEVEL 4	99204	\$175.00
OFFICE VISIT NEW LEVEL 5	99205	\$225.00
OFFICE VISIT EST LEVEL 1	99211	\$50.00
OFFICE VISIT EST LEVEL 2	99212	\$115.00
OFFICE VISIT EST LEVEL 3	99213	\$125.00
OFFICE VISIT EST LEVEL 4	99214	\$150.00
OFFICE VISIT EST LEVEL 5	99215	\$175.00
CRITICAL CARE FIRST HOUR	99291	\$375.00
CRITICAL CARE ADDL 30 MIN	99292	\$110.00
PREVENTIVE VISIT NEW 1YR	99381	\$120.00
PREVENTIVE VISIT NEW 1-4 YRS	99382	\$125.00
PREVENTIVE VISIT NEW 5-11 YRS	99383	\$130.00
PREVENTIVE VISIT NEW 12-17 YRS	99384	\$145.00
PREVENTIVE VISIT NEW 18-39 YRS	99385	\$150.00
PREVENTIVE VISIT NEW 40-64 YRS	99386	\$175.00
PREVENTIVE VISIT NEW 65 YEARS	99387	\$175.00
PREVENTIVE VISIT EST 1 YR	99391	\$110.00
PREVENTIVE VISIT EST 1-4 YRS	99392	\$115.00
PREVENTIVE VISIT EST 5-11YRS	99393	\$115.00
PREVENTIVE VISIT EST 12-17 YRS	99394	\$125.00
PREVENTIVE VISIT EST 18-39 YRS	99395	\$130.00
PREVENTIVE VISIT EST 40-64 YRS	99396	\$150.00
PREVENTIVE VISIT EST 64 YRS	99397	\$150.00
PREVENTIVE COUNSELING IND 15 MIN	99401	\$40.00
PREVENTIVE COUNSELING IND 30 MIN	99402	\$70.00
PREVENTIVE COUNSELING IND 45 MIN	99403	\$95.00
PREVENTIVE COUNSELING INDIV 60MIN	99404	\$125.00
BEHAV CHANGE SMOKING 3-10 MINS	99406	\$20.00
BEHAVIOR CHANGE SMOKING 10MIN	99407	\$30.00
PHONE E/M BY PHYS 5-10 MINS	99441	\$20.00
PHONE E/M PHYS 11-20 MINS	99442	\$30.00
PHONE E/M BY PHYS 21-30 MIN	99443	\$40.00
CHRONIC CARE MGMT 20 MINS TIME	99490	\$45.00
TRANS CARE SRV AFT DC W/I 14D	99495	\$175.00
TRAN CRE W/I 7 DAYS OF DC	99496	\$250.00
ADV CARE PLAN EXPLAN 1ST 30MIN	99497	\$75.00
ADMIN INFLUENZA VIRUS VACCINE	G0008	\$30.00

ADMINISTER PNEUMOCOCCAL VACCINE	G0009	\$30.00
CANCER SCREENING CERVICAL/VAGINAL	G0101	\$50.00
TRIM DYSTROPHIC NAILS	G0127	\$35.00
REMOVAL IMPACTED CERUMEN	G0268	\$150.00
ANNUAL WELLNESS VISIT; INCLUDES A	G0438	\$185.00
INJECT HYDRALAZINE HCI TO 20 MG	J0360	\$5.00
INJECT CEFTRIAXONE SODIUM PER 250	J0696	\$5.00
INJECT METHYLPREDNISOLONE ACETATE	J1040	\$15.00
INJECT MEDROXPROGESTERONE ACETATE	J1050	\$5.00
INJECT DIPHENHYDRAMINE HCI TO 50	J1200	\$5.00
INJECT KETOROLAC TROMETHAMINE	J1885	\$5.00
INJECTION,LIDOCAINE HCL FOR INTRA	J2001	\$5.00
INJECTION, PALIPERIDONE PALMITATE	J2426	\$12.00
INJECT METOCLOPRAMIDE HCI	J2765	\$5.00
INJECT METHYLPREDNISOLONE SODIUM	J2920	\$5.00
INJECT METHYLPREDNISOLONE SODIUM	J2930	\$10.00
INJECT SUMATRIPTAN SUCCINATE	J3030	\$80.00
INJECTION, TRIAMCINOLONE ACETONID	J3300	\$5.00
INJECT TRIAMCINOLONE ACETONIDE	J3301	\$5.00
INJECT VITAMIN B-12	J3420	\$10.00
5% DEXTROSE/NORMAL SALINE	J7042	\$5.00
INFUSION NORMAL SALINE SOL 250CC	J7050	\$5.00
ALBUTEROL INHAL SOL UNIT DOSE 1MG	J7613	\$5.00
ALBUTEROL IPRATROP NON-COMP	J7620	\$5.00
IPRATROPIUM BROMIDE,UNIT,PER MG	J7644	\$5.00
PAP SMEAR CONVEY TO LAB	Q0091	\$50.00
INJECTION,CLINDAMYCIN PHOSPHATE	S0077	\$5.00
ONDANSETRON, ORAL, 4 MG (FOR CIRC	S0119	\$25.00
COUNSELING ADVANCE DIRECTIVES PLA	S0257	\$75.00
REMOVAL OF SUTURES BY ANOTHER MD	S0630	\$50.00
COMPRESSION BANDAGE, ROLL	S8431	\$40.00
SIGN LANGUAGE OR ORAL INTERPRETER UP TO 15 MINS	T1013	\$20.00
SIGN LANGUAGE OR ORAL INTERPRETER GREATER THAN 15 MIN	T1013	\$40.00