

CHARGE NUMBER	PROCEDURE DESCRIPTION	CATEGORY	Unit Price
800100.011000007	HB CCHS ROOM, INTENSIVE CARE-MEDICAL	HOSPITAL FACILITY FEE	765.00
800100.011000008	HB CCHS ROOM, MED SURG	HOSPITAL FACILITY FEE	765.00
800100.011200001	HB CCHS ROOM, OBSTETRICS	HOSPITAL FACILITY FEE	765.00
800100.011400001	HB CCHS ROOM, PSYCH ADOLESCENT CARE	HOSPITAL FACILITY FEE	1579.00
800100.011400002	HB CCHS ROOM, PSYCH ADULT CARE	HOSPITAL FACILITY FEE	1447.00
800100.011900001	HB CCHS ROOM, SWING BED	HOSPITAL FACILITY FEE	380.00
800100.012300002	HB CCHS ROOM, NURSERY-MEDICAL	HOSPITAL FACILITY FEE	644.00
800100.016400003	HB CCHS ROOM, OB ISOLATION	HOSPITAL FACILITY FEE	775.00
800100.016400004	HB CCHS ROOM, INTENSIVE CARE-ISOLATION	HOSPITAL FACILITY FEE	1555.00
800100.016400005	HB CCHS ROOM, ISOLATION	HOSPITAL FACILITY FEE	775.00
800100.016900001	HB CCHS ROOM, HOSPICE - ISOLATION	HOSPITAL FACILITY FEE	475.00
800100.016900002	HB CCHS ROOM, CRISIS STABILIZATION BED	HOSPITAL FACILITY FEE	345.00
800100.016900003	HB CCHS ROOM, HOSPICE GIP	HOSPITAL FACILITY FEE	355.00
800100.016900004	HB CCHS ROOM, HOSPICE RESPITE	HOSPITAL FACILITY FEE	345.00
800100.016900005	HB CCHS ROOM, SWING BED - ISOLATION	HOSPITAL FACILITY FEE	475.00
800100.017000003	HB CCHS ROOM, NURSERY-MOTHER LEFT	HOSPITAL FACILITY FEE	550.00
800100.017000004	HB CCHS ROOM, NURSERY	HOSPITAL FACILITY FEE	495.00
800100.020000005	HB CCHS ROOM, INTENSIVE CARE	HOSPITAL FACILITY FEE	1711.00
800100.025000023	HB CCHS DESFLURANE/SUPRANE ANE GAS PER BOTTLE	HOSPITAL FACILITY FEE	384.71
800100.025000024	HB CCHS SEVOFLURANE/ULTANE ANE GAS PER BOTTLE	HOSPITAL FACILITY FEE	206.55
800100.026000001	HB IV INFUSION, HYDRATION; INITIAL, UP TO ONE HOUR	HOSPITAL FACILITY FEE	313.00
800100.026000002	HB IV INFUSION, HYDRATION; EACH ADDITIONAL HOUR	HOSPITAL FACILITY FEE	106.00
800100.026000003	HB IV INFUSION, THER/PROPH/DIAG; INITIAL, TO ONE HOUR	HOSPITAL FACILITY FEE	304.00
800100.026000005	HB IV INFUSION, THER/PROPH/DIAG; EACH ADDITIONAL HOUR	HOSPITAL FACILITY FEE	97.00
800100.026000007	HB IV INFUSION, SEQUENTIAL, UP TO ONE HOUR	HOSPITAL FACILITY FEE	165.00
800100.026000008	HB IV INFUSION, CONCURRENT	HOSPITAL FACILITY FEE	158.00
800100.026000009	HB SUBCUTANEOUS IVIG INFUSION, FIRST HOUR	HOSPITAL FACILITY FEE	564.00
800100.026000010	HB SUBCUTANEOUS IVIG INFUSION, EACH ADDITIONAL HOUR	HOSPITAL FACILITY FEE	134.00
800100.027010249	HB CCHS SUTURES	HOSPITAL FACILITY FEE	46.41
800100.027010250	HB CCHS AQUACEL AG 3.5X14	HOSPITAL FACILITY FEE	253.13
800100.027010251	HB CCHS STOCKING SCD SLEEVE LARGE	HOSPITAL FACILITY FEE	230.26
800100.027010252	HB CCHS SCD COMPRESSION SLEEVE	HOSPITAL FACILITY FEE	165.58
800100.027010253	HB CCHS NEPTUNE 2 SPECIMEN COLL 4 PORT	HOSPITAL FACILITY FEE	172.13
800100.027010254	HB CCHS BONANNO CATH TRAY	HOSPITAL FACILITY FEE	368.94
800100.027010255	HB CCHS CHEST DRAINAGE UNIT/PLEUR-EVAC	HOSPITAL FACILITY FEE	366.69
800100.027010256	HB CCHS CAUTERY DISP HI TEMP/ FINE TIP	HOSPITAL FACILITY FEE	49.86
800100.027010257	HB CCHS STAPLER DISP SKIN	HOSPITAL FACILITY FEE	34.78
800100.027010258	HB CCHS MICROLINE SCISSOR HOOK DISP	HOSPITAL FACILITY FEE	294.50
800100.027010259	HB CCHS TRAY, SPINAL ANESTH	HOSPITAL FACILITY FEE	59.92
800100.027010260	HB CCHS EPIDURAL CATH KIT, FLEX TIP PLUS	HOSPITAL FACILITY FEE	141.31
800100.027010261	HB CCHS HEYMAN DILATOR/FOLLOWER STRGHT	HOSPITAL FACILITY FEE	396.57
800100.027010262	HB CCHS CATH, URINARY 16FR DUETTE	HOSPITAL FACILITY FEE	42.25
800100.027010263	HB CCHS MONOPTY ASSEMBLY	HOSPITAL FACILITY FEE	162.83
800100.027010264	HB CCHS CATH, URINARY 18FR DUETTE	HOSPITAL FACILITY FEE	42.25
800100.027010265	HB CCHS PULSAVAC FAN KIT	HOSPITAL FACILITY FEE	586.25
800100.027010266	HB CCHS ENDOPATH BLADELESS TROCER B12	HOSPITAL FACILITY FEE	276.24
800100.027010267	HB CCHS KUMAR CATHETER	HOSPITAL FACILITY FEE	210.63
800100.027010268	HB CCHS MICRO/MINISAW AND BLADE	HOSPITAL FACILITY FEE	273.85
800100.027010269	HB CCHS DRAIN 100CC EVAC 7MM 3/4 PERF	HOSPITAL FACILITY FEE	59.74
800100.027010270	HB CCHS SUTURE 40MM 1/2C REV CUT NEEDL	HOSPITAL FACILITY FEE	140.34
800100.027010271	HB CCHS SUTURE 24MM 3/8C REV CUT NEEDL	HOSPITAL FACILITY FEE	140.34
800100.027010272	HB CCHS TROCER BLUNT ENDOPATH HASSAN	HOSPITAL FACILITY FEE	339.60
800100.027010273	HB CCHS CLOSURE SYSTEM - REG PILOT	HOSPITAL FACILITY FEE	595.00
800100.027010274	HB CCHS DRESSING ESMARK	HOSPITAL FACILITY FEE	52.52
800100.027010275	HB CCHS FORCEP, RADIAL JAW 4 LARGE	HOSPITAL FACILITY FEE	84.44
800100.027010276	HB CCHS SENSOR, 4-ELECTRODE BRAIN	HOSPITAL FACILITY FEE	125.13
800100.027010277	HB CCHS CUSHION WC SOF-CARE	HOSPITAL FACILITY FEE	101.40
800100.027010278	HB CCHS DRESSING AQUACEL AG	HOSPITAL FACILITY FEE	68.58
800100.027010279	HB CCHS DRESSING,MEPILEX AG	HOSPITAL FACILITY FEE	49.01
800100.027010280	HB CCHS UNNA BOOT	HOSPITAL FACILITY FEE	46.41
800100.027010281	HB CCHS KIT BUTTON MIC-KEY 18FR 2.5CM	HOSPITAL FACILITY FEE	558.64
800100.027010282	HB CCHS DEBRISOFT	HOSPITAL FACILITY FEE	92.29
800100.027010283	HB CCHS SURGICEL HEMO STRIPS 4" X 8"	HOSPITAL FACILITY FEE	545.14
800100.027010284	HB CCHS STOCKING,EDEMA WEAR MED EA	HOSPITAL FACILITY FEE	74.16
800100.027010285	HB CCHS GLIDE RITE RIGID STYLET	HOSPITAL FACILITY FEE	217.50
800100.027010286	HB CCHS COVER FOR GUIDESCOPE PROBE	HOSPITAL FACILITY FEE	117.00
800100.027010287	HB CCHS OVERLAY BED ECONOCARE PLUS	HOSPITAL FACILITY FEE	182.91
800100.027010288	HB CCHS ELECTRODES ZOLL DEFIB	HOSPITAL FACILITY FEE	229.96
800100.027010289	HB CCHS NASAL TAMPON	HOSPITAL FACILITY FEE	380.55
800100.027010290	HB CCHS CO 2 DETECTOR	HOSPITAL FACILITY FEE	62.60
800100.027010291	HB CCHS SUTURE 4-0 ETHILON 18" BLACK	HOSPITAL FACILITY FEE	228.06
800100.027010292	HB CCHS RAPID RHINO ANT/BILAT DSG 5.5	HOSPITAL FACILITY FEE	277.45
800100.027010293	HB CCHS RESUSCITATOR BAG DISP	HOSPITAL FACILITY FEE	39.46
800100.027010294	HB CCHS PACER EXT PADS ONLY	HOSPITAL FACILITY FEE	116.03
800100.027010295	HB CCHS MORGAN LENS MEDI-FLOW	HOSPITAL FACILITY FEE	131.63
800100.027010296	HB CCHS RAPID RHINO ANT/POST DSG 7.5	HOSPITAL FACILITY FEE	277.45
800100.027010297	HB CCHS QUIK CLOT 2"X2"	HOSPITAL FACILITY FEE	59.22
800100.027010298	HB CCHS IRRIMAX WOUND IRRIGATION SYSTM	HOSPITAL FACILITY FEE	90.55
800100.027010299	HB CCHS CIRCUIT, ANES BREATHING	HOSPITAL FACILITY FEE	43.16
800100.027010300	HB CCHS CAVILON NO-STING SPRAY	HOSPITAL FACILITY FEE	45.96
800100.027010301	HB CCHS RADIAL ARTERY CATH KIT	HOSPITAL FACILITY FEE	138.78
800100.027010302	HB CCHS NEEDLE, STIMU-A2250 50MM 2"	HOSPITAL FACILITY FEE	60.97
800100.027010303	HB CCHS MINIONE BUTTON 18FR 2.5CM	HOSPITAL FACILITY FEE	910.00
800100.027010304	HB CCHS AQUACEL AG SURGICAL 3.5 X 12	HOSPITAL FACILITY FEE	253.12
800100.027010305	HB CCHS VASHE WOUND WASH	HOSPITAL FACILITY FEE	117.00
800100.027010306	HB CCHS AQUACEL AG ROPE DSG	HOSPITAL FACILITY FEE	82.10
800100.027010307	HB CCHS STOCKINETTE, EDEMA WEAR SM PR	HOSPITAL FACILITY FEE	66.07
800100.027010308	HB CCHS DRESSING SIGNADRESS 4X4	HOSPITAL FACILITY FEE	36.66
800100.027010309	HB CCHS NEEDLE SPROTTE SPINAL 24GX3.5"	HOSPITAL FACILITY FEE	108.68
800100.027010310	HB CCHS TRAY, THORACENTESIS	HOSPITAL FACILITY FEE	144.82
800100.027010311	HB CCHS MEDIHONEY GEL DRESSING	HOSPITAL FACILITY FEE	99.00
800100.027010312	HB CCHS OPTILOK 6 1/2" X 10" DRESSING	HOSPITAL FACILITY FEE	64.74
800100.027010313	HB CCHS ACHIEVE AUTOMATIC BIOPSY SYS	HOSPITAL FACILITY FEE	362.15

800100.027010314	HB CCHS MIC KEY BUTTON KIT 14FR 2.5CM	HOSPITAL FACILITY FEE	558.64
800100.027010315	HB CCHS 13X13.8 TRU GUIDE BIOPSY NEEDLE	HOSPITAL FACILITY FEE	71.15
800100.027010316	HB CCHS BIOPATCH 1" CIRCLE/4MM DIAM	HOSPITAL FACILITY FEE	50.44
800100.027010317	HB CCHS TUMARK NEEDLE	HOSPITAL FACILITY FEE	459.75
800100.027010318	HB CCHS TRIACT MESH DRESSING	HOSPITAL FACILITY FEE	54.47
800100.027010319	HB CCHS EPIDURAL TRAY 20GX3.5 TUOHY	HOSPITAL FACILITY FEE	46.28
800100.027010320	HB CCHS ENDOFORM DERMAL TEMPLATE	HOSPITAL FACILITY FEE	71.18
800100.027010321	HB CCHS NEEDLE, SPINAL	HOSPITAL FACILITY FEE	32.82
800100.027010322	HB CCHS DRESSING HYDROFERA BLUE	HOSPITAL FACILITY FEE	43.81
800100.027010323	HB CCHS MEDIHONEY CALCIUM AGINATE	HOSPITAL FACILITY FEE	93.54
800100.027010324	HB CCHS MIST THERAPY KIT	HOSPITAL FACILITY FEE	322.50
800100.027010325	HB CCHS COBAN 2-LAYER COMPRESSION SYS	HOSPITAL FACILITY FEE	75.14
800100.027010326	HB CCHS CUTIMED SORBACT 4X4	HOSPITAL FACILITY FEE	37.44
800100.027010327	HB CCHS MISSION BIOPSY INSTRUMENT 18G	HOSPITAL FACILITY FEE	228.50
800100.027010328	HB CCHS 18X10 MISSION BIOPSY KIT	HOSPITAL FACILITY FEE	239.50
800100.027010329	HB CCHS 13G PROBE MAMMOTOME ELITE	HOSPITAL FACILITY FEE	1001.00
800100.027010330	HB CCHS VACUUM SUCTION CANN/SET	HOSPITAL FACILITY FEE	50.25
800100.027010331	HB CCHS T-RING	HOSPITAL FACILITY FEE	51.68
800100.027010332	HB CCHS ENLUXTRA WOUND DRESSING	HOSPITAL FACILITY FEE	57.20
800100.027010333	HB CCHS FASCIAL DILATOR	HOSPITAL FACILITY FEE	89.67
800100.027010334	HB CCHS YUEH CATHETER NEEDLE 7.0	HOSPITAL FACILITY FEE	131.95
800100.027010335	HB CCHS BARD MARQUEE BIOPSY KIT	HOSPITAL FACILITY FEE	354.00
800100.027010336	HB CCHS PNEUMOTHORAX SET 8.5/6.0 CM	HOSPITAL FACILITY FEE	615.79
800100.027010337	HB CCHS PNEUMOTHORAX TRAY HEIMLICH	HOSPITAL FACILITY FEE	779.49
800100.027010338	HB CCHS VERATRAC DUO TUBE SET	HOSPITAL FACILITY FEE	412.50
800100.027010339	HB CCHS 14X10 MISSION BIOPSY INSTRUMENT	HOSPITAL FACILITY FEE	228.50
800100.027010340	HB CCHS 13X7.8 TRU GUIDE BIOPSY NEEDLE	HOSPITAL FACILITY FEE	70.33
800100.027010341	HB CCHS TED THIGH XXL REG SM	HOSPITAL FACILITY FEE	67.90
800100.027010342	HB CCHS HYDROMARK CLIP T4	HOSPITAL FACILITY FEE	417.56
800100.027010343	HB CCHS 10G PROBE MAMMOTOME ELITE	HOSPITAL FACILITY FEE	1029.00
800100.027010344	HB CCHS MICROINTRODUCER KIT 5FR	HOSPITAL FACILITY FEE	240.27
800100.027010345	HB CCHS POWERGLIDE PRO 18G 10CM	HOSPITAL FACILITY FEE	528.50
800100.027010346	HB CCHS NEEDLE GUIDE PROBE COVER 21G	HOSPITAL FACILITY FEE	153.40
800100.027010347	HB CCHS AMNIOINFUSION, INTRAN	HOSPITAL FACILITY FEE	251.60
800100.027010348	HB CCHS TRAY, SPINAL PUNCTURE	HOSPITAL FACILITY FEE	53.94
800100.027010349	HB CCHS TUBE, RECTAL	HOSPITAL FACILITY FEE	101.79
800100.027010350	HB CCHS NEEDLE, SKINNY CHIBA	HOSPITAL FACILITY FEE	59.64
800100.027010351	HB CCHS IRRIGATION KIT 7721	HOSPITAL FACILITY FEE	72.54
800100.027010352	HB CCHS PROBE VAGINAL	HOSPITAL FACILITY FEE	567.00
800100.027010353	HB CCHS PROBE, RECTAL STANDARD	HOSPITAL FACILITY FEE	567.00
800100.027010354	HB CCHS QUIK CLOT 4"X4"	HOSPITAL FACILITY FEE	120.84
800100.027010355	HB CCHS NEEDLE TUOHY EPIDURAL 17G X 6"	HOSPITAL FACILITY FEE	133.12
800100.027010356	HB CCHS UNIVERSAL THUMB BRACE	HOSPITAL FACILITY FEE	66.04
800100.027010357	HB CCHS COMBINED SPINAL ANES CATH KIT	HOSPITAL FACILITY FEE	129.29
800100.027010358	HB CCHS EHOB BARIATRIC SEAT CUSHION	HOSPITAL FACILITY FEE	259.03
800100.027010359	HB CCHS 5FR JBI ANGIOGRAPH CATHETER	HOSPITAL FACILITY FEE	130.00
800100.027010360	HB CCHS YUEH NEEDLE ONE STEP	HOSPITAL FACILITY FEE	130.00
800100.027010361	HB CCHS SENSATRAC PAD	HOSPITAL FACILITY FEE	126.23
800100.027010362	HB CCHS FLUID WARMER W TUBING/HOT LINE	HOSPITAL FACILITY FEE	62.92
800100.027010363	HB CCHS ENDOBRONCHIAL TUBE 37FR	HOSPITAL FACILITY FEE	358.50
800100.027010364	HB CCHS EPIDURAL CATH, 19G X 18"	HOSPITAL FACILITY FEE	367.50
800100.027010365	HB CCHS POWERLINE 6FR POLYURETHANE	HOSPITAL FACILITY FEE	997.50
800100.027010366	HB CCHS JACKSON-PRATT BULB/DRAIN	HOSPITAL FACILITY FEE	97.50
800100.027010367	HB CCHS NEEDLE, STIMU-A2225 25MM 1"	HOSPITAL FACILITY FEE	67.47
800100.027010368	HB CCHS TRANSDUCER KIT SINGLE LINE	HOSPITAL FACILITY FEE	62.14
800100.027010369	HB CCHS TRANSPAC IV MONITORING KIT	HOSPITAL FACILITY FEE	50.25
800100.027010370	HB CCHS BOUGIE INTRODUCER COUDE 15FR	HOSPITAL FACILITY FEE	45.05
800100.027010371	HB CCHS SILVER DRESSING	HOSPITAL FACILITY FEE	388.20
800100.027010372	HB CCHS LIFTAEM MAT	HOSPITAL FACILITY FEE	508.35
800100.027010373	HB CCHS STOCKING, EDEMA WEAR LG EA	HOSPITAL FACILITY FEE	107.25
800100.027010374	HB CCHS PREVALON TURN AND POSITION SYS	HOSPITAL FACILITY FEE	607.57
800100.027010375	HB CCHS URIMETER	HOSPITAL FACILITY FEE	37.64
800100.027010376	HB CCHS CPM SET UP FEE/SOFT GOODS	HOSPITAL FACILITY FEE	117.00
800100.027010377	HB CCHS BREAST SHELLS	HOSPITAL FACILITY FEE	56.81
800100.027010378	HB CCHS MEDELA STARTER SNS W/80ML CONT	HOSPITAL FACILITY FEE	47.58
800100.027010379	HB CCHS BREAST PUMP KIT	HOSPITAL FACILITY FEE	190.50
800100.027010380	HB CCHS PAD, AQUA K DISP	HOSPITAL FACILITY FEE	36.79
800100.027010381	HB CCHS VERAFLW VERALINK CASSETTE	HOSPITAL FACILITY FEE	322.50
800100.027010382	HB CCHS VERAFLD DRESSING, MEDIUM	HOSPITAL FACILITY FEE	577.50
800100.027010383	HB CCHS FOAM DRESSING WHITE LARGE	HOSPITAL FACILITY FEE	89.25
800100.027010384	HB CCHS DRESSING/MEDIUM BLACK	HOSPITAL FACILITY FEE	274.32
800100.027010385	HB CCHS NEOPUFF RESUS KIT W/O MASK	HOSPITAL FACILITY FEE	39.00
800100.027010386	HB CCHS SIMPLACEX DRESSING	HOSPITAL FACILITY FEE	286.80
800100.027010387	HB CCHS AIRWAY LMA	HOSPITAL FACILITY FEE	52.24
800100.027010388	HB CCHS CANISTER/WOUND VAC	HOSPITAL FACILITY FEE	236.20
800100.027010389	HB CCHS AQUACEL AG SURGICAL 3.5 X 10	HOSPITAL FACILITY FEE	229.71
800100.027010390	HB CCHS EPIDURAL SPIKE EXTENSION SET	HOSPITAL FACILITY FEE	65.39
800100.027010391	HB CCHS SOOTHIES GEL PADS (PR)	HOSPITAL FACILITY FEE	47.65
800100.027010392	HB CCHS CIRCUMCISION CLAMP	HOSPITAL FACILITY FEE	144.85
800100.027010393	HB CCHS VACUUM DELIVERY KIT	HOSPITAL FACILITY FEE	141.38
800100.027010394	HB CCHS PREVALON SEATED POSITIONING SY	HOSPITAL FACILITY FEE	579.46
800100.027010395	HB CCHS SHIELD, CONTACT NIPPLE	HOSPITAL FACILITY FEE	35.04
800100.027010396	HB CCHS MIST 360 KIT	HOSPITAL FACILITY FEE	322.50
800100.027010425	HB CCHS 5FR DUAL PICC SOLO BASIC TRAY	HOSPITAL FACILITY FEE	435.32
800100.027010426	HB CCHS MICROPUNCTURE SET STIFFENED	HOSPITAL FACILITY FEE	318.00
800100.027010427	HB CCHS VAGINAL PRESSURE SENSOR	HOSPITAL FACILITY FEE	525.00
800100.027010428	HB CCHS CUTIMED HYDROACTIVE B	HOSPITAL FACILITY FEE	149.50
800100.027010429	HB CCHS SNAP DRESSING KIT	HOSPITAL FACILITY FEE	284.60
800100.027010430	HB CCHS SNAP CARTRIDGE 125 MMHG W/RESE	HOSPITAL FACILITY FEE	616.00
800100.027010431	HB CCHS SNAP WOUND CARE STRAP	HOSPITAL FACILITY FEE	68.25
800100.027010438	HB CCHS BONE LESION BIOPSY TRAY	HOSPITAL FACILITY FEE	1694.39
800100.027010439	HB CCHS 14X16 MISSIONS BIOPSY INSTRUMENT	HOSPITAL FACILITY FEE	228.50
800100.027010440	HB CCHS HYDROMARK CLIP T3	HOSPITAL FACILITY FEE	555.38
800100.027010441	HB CCHS 20X10 MISSION BIOPSY KIT	HOSPITAL FACILITY FEE	239.50

800100.027010442	HB CCHS 20X16 MISSION BIOPSY KIT	HOSPITAL FACILITY FEE	238.40
800100.027010443	HB CCHS 20X20 MISSION BIOPSY KIT	HOSPITAL FACILITY FEE	238.40
800100.027010444	HB CCHS HEELIFT GLIDE SUSPENSION BOOT	HOSPITAL FACILITY FEE	307.74
800100.027010445	HB CCHS SURESTEP TRAY 16FR	HOSPITAL FACILITY FEE	84.57
800100.027010446	HB CCHS SURESTEP TRAY 18FR	HOSPITAL FACILITY FEE	84.57
800100.027010447	HB CCHS SURE FOL CATH TRAY 16FR MTR	HOSPITAL FACILITY FEE	120.74
800100.027010448	HB CCHS SURE FOL CATH TRAY 18FR MTR	HOSPITAL FACILITY FEE	120.74
800100.027010449	HB CCHS MULTIPURPOSE DRAIN 10.2	HOSPITAL FACILITY FEE	473.43
800100.027010450	HB CCHS MULTIPURPOSE DRAIN 8.5	HOSPITAL FACILITY FEE	524.82
800100.027010451	HB CCHS BREAST BIOPSY CLIP - PETITE	HOSPITAL FACILITY FEE	540.38
800100.027010452	HB CCHS SURGICEL .5"X2"	HOSPITAL FACILITY FEE	192.50
800100.027010453	HB CCHS PREVENA CANISTER	HOSPITAL FACILITY FEE	153.66
800100.027010454	HB CCHS DRAIN/TUBE ATTACHMENT DEVICE	HOSPITAL FACILITY FEE	36.01
800100.027010455	HB CCHS CVC KIT MULTI-LUMEN	HOSPITAL FACILITY FEE	386.51
800100.027010461	HB CCHS PSI KIT	HOSPITAL FACILITY FEE	201.63
800100.027010462	HB CCHS STOCKING TED THIGH	HOSPITAL FACILITY FEE	38.22
800100.027010463	HB CCHS MISSION KIT 18G X 16CM	HOSPITAL FACILITY FEE	239.50
800100.027010464	HB CCHS PNEUMOTHORAX SET	HOSPITAL FACILITY FEE	390.00
800100.027010467	HB CCHS EPIMED RADIO-OPAQUE EPIDURAL CATHETER 19GA	HOSPITAL FACILITY FEE	372.95
800100.027010471	HB CCHS BONE MARROW TRAY W/NEEDLE	HOSPITAL FACILITY FEE	134.94
800100.027010472	HB CCHS THORA-PARA TRAY 5 FR	HOSPITAL FACILITY FEE	189.73
800100.027010477	HB CCHS 13G FACET TIP INTRO NEEDLE	HOSPITAL FACILITY FEE	270.49
800100.027010478	HB CCHS BONE BIOPSY KIT 13G	HOSPITAL FACILITY FEE	343.75
800100.027010479	HB CCHS AMPLATZ SUPER STIFF GUIDEWIRE	HOSPITAL FACILITY FEE	168.00
800100.027010480	HB CCHS MULTIPURPOSE DRAINAGE SET 10.2 FR	HOSPITAL FACILITY FEE	856.73
800100.027010483	HB CCHS MINI-ONE BUTTON 14FR 1.5CM	HOSPITAL FACILITY FEE	498.00
800100.027110285	HB CCHS OXYGEN PER DAY	HOSPITAL FACILITY FEE	204.00
800100.027110319	HB CCHS PEAK FLOW METER	HOSPITAL FACILITY FEE	99.00
800100.027110320	HB CCHS MDI SPACER	HOSPITAL FACILITY FEE	39.46
800100.027110321	HB CCHS INCENTIVE SPIROMETER, INITIAL	HOSPITAL FACILITY FEE	77.00
800100.027110322	HB CCHS SMALL NEBULIZER	HOSPITAL FACILITY FEE	77.00
800100.027210815	HB UICC DERMABOND SKIN ADHESIVE	HOSPITAL FACILITY FEE	122.27
800100.027210816	HB CCHS PREVENA INCISION MANAGEMENT	HOSPITAL FACILITY FEE	1907.50
800100.027210817	HB CCHS POWER LOC SAFETY INFUSION SET	HOSPITAL FACILITY FEE	40.30
800100.027210935	HB CCHS PICC POWER 5 FR DUAL	HOSPITAL FACILITY FEE	686.00
800100.027210936	HB CCHS POWER PICC SOLO 4FR	HOSPITAL FACILITY FEE	973.00
800100.027210937	HB CCHS POWER PICC SOLO 5 FR	HOSPITAL FACILITY FEE	1022.00
800100.027810570	HB CCHS EPIFIX 18MM DISK	HOSPITAL FACILITY FEE	1370.00
800100.027810571	HB CCHS EPIFIX 2CM X 3CM	HOSPITAL FACILITY FEE	2288.00
800100.027810572	HB CCHS EPIFIX 3CM X 4CM	HOSPITAL FACILITY FEE	4578.00
800100.027810634	HB CCHS AUTOPEX SYSTEM WITH VERTAPLEX	HOSPITAL FACILITY FEE	1900.00
800100.027810655	HB CCHS BIOSENTRY TRACT SEALANT	HOSPITAL FACILITY FEE	630.00
800100.030000001	HB COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	HOSPITAL FACILITY FEE	20.00
800100.030000005	HB COLLECTION OF CAPILLARY BLOOD SPECIMEN	HOSPITAL FACILITY FEE	32.00
800100.030000006	HB BLOOD GAS - DRAW - ARTERIAL PUNCTURE - FOR DIAGNOSIS	HOSPITAL FACILITY FEE	85.00
800100.030000008	HB BASIC METABOLIC PANEL	HOSPITAL FACILITY FEE	116.00
800100.030000010	HB ELECTROLYTE PANEL	HOSPITAL FACILITY FEE	97.00
800100.030000011	HB COMPREHENSIVE METABOLIC PANEL	HOSPITAL FACILITY FEE	185.00
800100.030000012	HB LIPID PANEL	HOSPITAL FACILITY FEE	129.00
800100.030000015	HB HEPATITIS PANEL	HOSPITAL FACILITY FEE	301.00
800100.030000016	HB HEPATIC FUNCTION PANEL	HOSPITAL FACILITY FEE	119.00
800100.030000036	HB CARBAMAZEPINE ASSAY	HOSPITAL FACILITY FEE	103.00
800100.030000039	HB CYCLOSPORINE ASSAY	HOSPITAL FACILITY FEE	185.00
800100.030000042	HB DIGOXIN LEVEL	HOSPITAL FACILITY FEE	104.00
800100.030000043	HB VALPROIC ACID	HOSPITAL FACILITY FEE	106.00
800100.030000048	HB GENTAMICIN	HOSPITAL FACILITY FEE	136.00
800100.030000053	HB LITHIUM	HOSPITAL FACILITY FEE	75.00
800100.030000057	HB PHENYTOIN ASSAY	HOSPITAL FACILITY FEE	110.00
800100.030000069	HB TACROLIMUS	HOSPITAL FACILITY FEE	183.00
800100.030000070	HB THEOPHYLLINE	HOSPITAL FACILITY FEE	106.00
800100.030000071	HB TOBRAMYCIN	HOSPITAL FACILITY FEE	171.00
800100.030000073	HB VANCOMYCIN ASSAY	HOSPITAL FACILITY FEE	115.00
800100.030000092	HB URINALYSIS +MICROSCOPIC	HOSPITAL FACILITY FEE	55.00
800100.030000096	HB URINALYSIS	HOSPITAL FACILITY FEE	36.00
800100.030000097	HB URINE MICROSCOPIC ONLY	HOSPITAL FACILITY FEE	29.00
800100.030000098	HB URINE PREGNANCY TEST	HOSPITAL FACILITY FEE	62.00
800100.030000099	HB 24 HOUR VOL MEASURE	HOSPITAL FACILITY FEE	19.00
800100.030000102	HB (ZB5PB) BCR/ABL1 (T(9;22)) QUANTITATIVE (BCRQNT)	HOSPITAL FACILITY FEE	626.00
800100.030000117	HB (ZB53G) COAGULATION FACTOR 2 (F2) AND FACTOR 5 (F5) MUTATION ANALYSIS	HOSPITAL FACILITY FEE	247.00
800100.030000138	HB (ZB5XE) MMR MSI ANALYSIS MISMATCH REPAIR DEFECT (MSI)	HOSPITAL FACILITY FEE	511.00
800100.030000361	HB B-HYDROXYBUTYRATE	HOSPITAL FACILITY FEE	70.00
800100.030000368	HB ADRENOCORTICOTROPIC HORMONE	HOSPITAL FACILITY FEE	348.00
800100.030000371	HB ALBUMIN, SERUM	HOSPITAL FACILITY FEE	44.00
800100.030000372	HB ALBUMIN - MISC FLUID	HOSPITAL FACILITY FEE	38.00
800100.030000375	HB MICROALBUMIN	HOSPITAL FACILITY FEE	88.00
800100.030000385	HB ALPHA / ANTITRYPSIN	HOSPITAL FACILITY FEE	123.00
800100.030000390	HB AFP ALPHA-FETOPROTEIN	HOSPITAL FACILITY FEE	138.00
800100.030000411	HB AMMONIA	HOSPITAL FACILITY FEE	122.00
800100.030000420	HB AMYLASE, SERUM	HOSPITAL FACILITY FEE	70.00
800100.030000430	HB ANGIOTENSIN-1 CONVERTING ENZYME	HOSPITAL FACILITY FEE	120.00
800100.030000457	HB BILIRUBIN, TOTAL (MACRO OR MICRO)	HOSPITAL FACILITY FEE	54.00
800100.030000460	HB BILIRUBIN, DIRECT	HOSPITAL FACILITY FEE	46.00
800100.030000463	HB GUAIAC - BLOOD FECES FOR COLORECTAL CANCER SCREENING	HOSPITAL FACILITY FEE	36.00
800100.030000465	HB GASTROCOLT	HOSPITAL FACILITY FEE	84.00
800100.030000466	HB FECAL OCCULT BLOOD IMMUNOASSAY DIAGNOSTIC	HOSPITAL FACILITY FEE	89.00
800100.030000469	HB VITAMIN D, 25-HYDROXY	HOSPITAL FACILITY FEE	239.00
800100.030000474	HB CALCIUM, SERUM	HOSPITAL FACILITY FEE	46.00
800100.030000476	HB IONIZED CALCIUM	HOSPITAL FACILITY FEE	99.00
800100.030000477	HB CALCIUM, URINE, RANDOM	HOSPITAL FACILITY FEE	49.00
800100.030000484	HB CARBON DIOXIDE (CO2 CONTENT)	HOSPITAL FACILITY FEE	53.00
800100.030000487	HB CARBOXY HEMOGLOBIN	HOSPITAL FACILITY FEE	108.00
800100.030000488	HB CEA CARCINOEMRYONIC ANTIGEN	HOSPITAL FACILITY FEE	137.00
800100.030000501	HB CERULOPLASMIN	HOSPITAL FACILITY FEE	87.00
800100.030000509	HB CHLORIDE, SERUM	HOSPITAL FACILITY FEE	44.00

800100.030000511	HB CHLORIDE-URINE, RANDOM	HOSPITAL FACILITY FEE	20.00
800100.030000515	HB CHLORIDE, MISC FLUID	HOSPITAL FACILITY FEE	52.00
800100.030000517	HB TOTAL CHOLESTEROL	HOSPITAL FACILITY FEE	43.00
800100.030000632	HB CORTISOL, SERUM	HOSPITAL FACILITY FEE	114.00
800100.030000669	HB CREATINE PHOSPHOKINASE-CPK	HOSPITAL FACILITY FEE	66.00
800100.030000674	HB CREATININE, BLOOD	HOSPITAL FACILITY FEE	49.00
800100.030000676	HB CREATININE-URINE, RANDOM	HOSPITAL FACILITY FEE	49.00
800100.030000689	HB CREATININE, CLEARANCE	HOSPITAL FACILITY FEE	95.00
800100.030000696	HB VITAMIN B-12	HOSPITAL FACILITY FEE	117.00
800100.030000699	HB CYSTATIN C	HOSPITAL FACILITY FEE	59.00
800100.030000711	HB DHEA-S, DEHYDROEPIANDROS SULFATE	HOSPITAL FACILITY FEE	196.00
800100.030000754	HB ERYTHROPOETIN	HOSPITAL FACILITY FEE	173.00
800100.030000756	HB ESTRADIOL, SERUM	HOSPITAL FACILITY FEE	166.00
800100.030000770	HB FERRITIN	HOSPITAL FACILITY FEE	107.00
800100.030000771	HB FETAL FIBRONECTIN	HOSPITAL FACILITY FEE	330.00
800100.030000775	HB FOLIC ACID	HOSPITAL FACILITY FEE	117.00
800100.030000782	HB IGA GAMMAGLOBULIN	HOSPITAL FACILITY FEE	70.00
800100.030000791	HB IGE GAMMAGLOBULIN IGE	HOSPITAL FACILITY FEE	107.00
800100.030000799	HB PEDS SCALP PH	HOSPITAL FACILITY FEE	54.00
800100.030000800	HB BLOOD GASES	HOSPITAL FACILITY FEE	170.75
800100.030000817	HB GLUCOSE-URINE, RANDOM	HOSPITAL FACILITY FEE	55.00
800100.030000822	HB GLUCOSE, SERUM	HOSPITAL FACILITY FEE	43.00
800100.030000827	HB GTT 3 SPECIMENS	HOSPITAL FACILITY FEE	115.00
800100.030000835	HB GAMMA-GLUTAMYL TRANSPEPTIDASE	HOSPITAL FACILITY FEE	52.00
800100.030000843	HB FSH, FOLLICLE STIMULATING HORMONE	HOSPITAL FACILITY FEE	128.00
800100.030000844	HB LH, LUTENIZING HORMONE	HOSPITAL FACILITY FEE	131.00
800100.030000845	HB GROWTH HORMONE-SERUM	HOSPITAL FACILITY FEE	121.25
800100.030000849	HB HAPTOGLOBIN	HOSPITAL FACILITY FEE	100.00
800100.030000857	HB HEMOGLOBIN ELECTROPHORESIS-FRACTIONATION QUANT	HOSPITAL FACILITY FEE	156.00
800100.030000866	HB HEMOGLOBIN A1C	HOSPITAL FACILITY FEE	72.00
800100.030000868	HB HEMOGLOBIN PLASMA	HOSPITAL FACILITY FEE	95.00
800100.030000878	HB HOMOCYSTEINE	HOSPITAL FACILITY FEE	181.00
800100.030000914	HB LAMOTRIGINE	HOSPITAL FACILITY FEE	134.00
800100.030000916	HB LEVETIRACETAM	HOSPITAL FACILITY FEE	134.00
800100.030001021	HB INSULIN ASSAY, SERUM	HOSPITAL FACILITY FEE	109.00
800100.030001026	HB IRON, SERUM	HOSPITAL FACILITY FEE	65.00
800100.030001030	HB LACTIC ACID (LACTATE)	HOSPITAL FACILITY FEE	117.00
800100.030001037	HB LACTIC DEHYDROGENASE (LDH)	HOSPITAL FACILITY FEE	62.00
800100.030001043	HB LEAD, BLOOD	HOSPITAL FACILITY FEE	102.00
800100.030001049	HB LIPASE	HOSPITAL FACILITY FEE	85.00
800100.030001054	HB HIGH-DENSITY LIPOPROTEIN CHOLESTEROL	HOSPITAL FACILITY FEE	84.00
800100.030001055	HB LOW DENSITY CHOLESTEROL MEASURED	HOSPITAL FACILITY FEE	73.00
800100.030001057	HB MAGNESIUM	HOSPITAL FACILITY FEE	64.00
800100.030001111	HB B-NATRIURETIC PEPTIDE	HOSPITAL FACILITY FEE	175.00
800100.030001149	HB OSMOLALITY, SERUM	HOSPITAL FACILITY FEE	55.00
800100.030001152	HB OSMOLALITY, URINE	HOSPITAL FACILITY FEE	59.00
800100.030001160	HB PH TEST	HOSPITAL FACILITY FEE	49.00
800100.030001176	HB PHOSPHATASE, ALKALINE	HOSPITAL FACILITY FEE	52.00
800100.030001192	HB PHOSPHORUS (INORGANIC), SERUM	HOSPITAL FACILITY FEE	44.00
800100.030001196	HB PHOSPHATE, URINE, QUANTITATIVE	HOSPITAL FACILITY FEE	70.00
800100.030001205	HB POTASSIUM	HOSPITAL FACILITY FEE	47.00
800100.030001208	HB POTASSIUM-URINE, RANDOM	HOSPITAL FACILITY FEE	46.00
800100.030001212	HB PREALBUMIN	HOSPITAL FACILITY FEE	85.00
800100.030001215	HB PROGESTERONE, SERUM	HOSPITAL FACILITY FEE	166.00
800100.030001217	HB PROLACTIN, SERUM	HOSPITAL FACILITY FEE	139.00
800100.030001218	HB PROSTATE SPECIFIC ANTIGEN	HOSPITAL FACILITY FEE	143.00
800100.030001219	HB FREE PROSTATIC ANTIGEN	HOSPITAL FACILITY FEE	158.00
800100.030001220	HB PROTEIN, SERUM	HOSPITAL FACILITY FEE	44.00
800100.030001223	HB PROTEIN, URINE QUANTITATIVE RANDOM	HOSPITAL FACILITY FEE	67.00
800100.030001227	HB PROTEIN, CSF	HOSPITAL FACILITY FEE	50.00
800100.030001234	HB PROTEIN ELP - SERUM	HOSPITAL FACILITY FEE	72.00
800100.030001236	HB PROTEIN ELP - URINE	HOSPITAL FACILITY FEE	104.00
800100.030001284	HB SODIUM, WHOLE BLOOD	HOSPITAL FACILITY FEE	41.00
800100.030001286	HB SODIUM - URINE 24 HOUR	HOSPITAL FACILITY FEE	40.00
800100.030001305	HB SPECIFIC GRAVITY URINE	HOSPITAL FACILITY FEE	40.00
800100.030001311	HB TESTOSTERONE, TOTAL-SERUM	HOSPITAL FACILITY FEE	143.00
800100.030001323	HB THYROXINE (T-4), TOTAL	HOSPITAL FACILITY FEE	71.00
800100.030001325	HB FREE THYROXINE	HOSPITAL FACILITY FEE	82.00
800100.030001331	HB THYROID STIMULATING HORMONE (TSH), SERUM	HOSPITAL FACILITY FEE	112.00
800100.030001335	HB ASPARTATE AMINOTRANFERASE (AST)	HOSPITAL FACILITY FEE	53.00
800100.030001338	HB ALANINE AMINOTRANFERASE (ALT)	HOSPITAL FACILITY FEE	52.00
800100.030001341	HB TRIGLYCERIDES	HOSPITAL FACILITY FEE	56.00
800100.030001344	HB TRIIODOTHYRONINE (T3) SERUM	HOSPITAL FACILITY FEE	102.00
800100.030001345	HB FREE TRIIODOTHYRONINE	HOSPITAL FACILITY FEE	155.00
800100.030001355	HB URIC ACID	HOSPITAL FACILITY FEE	43.00
800100.030001356	HB URIC ACID, URINE QUANTITATIVE, 24 HOUR	HOSPITAL FACILITY FEE	18.00
800100.030001374	HB HCG, QUANT-SERUM,HUM CHOR GON	HOSPITAL FACILITY FEE	117.00
800100.030001381	HB PREGNANCY TEST	HOSPITAL FACILITY FEE	79.00
800100.030001391	HB HEMATOCRIT	HOSPITAL FACILITY FEE	32.00
800100.030001393	HB HEMOGLOBIN, BLOOD	HOSPITAL FACILITY FEE	34.00
800100.030001394	HB CBC WITH AUTOMATED DIFFERENTIAL	HOSPITAL FACILITY FEE	84.00
800100.030001396	HB COMPLETE BLOOD COUNT	HOSPITAL FACILITY FEE	62.00
800100.030001397	HB AUTOMATED RETICULOCYTE COUNT	HOSPITAL FACILITY FEE	49.00
800100.030001399	HB WBC COUNT	HOSPITAL FACILITY FEE	33.00
800100.030001401	HB PLATELET COUNT	HOSPITAL FACILITY FEE	43.00
800100.030001404	HB FACTOR II ASSAY (PROTHROMBIN)	HOSPITAL FACILITY FEE	96.00
800100.030001405	HB FACTOR V ASSAY	HOSPITAL FACILITY FEE	313.00
800100.030001406	HB FACTOR VII ASSAY	HOSPITAL FACILITY FEE	96.00
800100.030001408	HB FACTOR 8 CONC. QUAL. CNTRL	HOSPITAL FACILITY FEE	224.00
800100.030001410	HB VON WILLEBRAND ANTIGEN ASSAY	HOSPITAL FACILITY FEE	264.00
800100.030001413	HB FACTOR IX ASSAY	HOSPITAL FACILITY FEE	215.00
800100.030001414	HB FACTOR X ASSAY	HOSPITAL FACILITY FEE	250.00
800100.030001416	HB FACTOR XI ASSAY	HOSPITAL FACILITY FEE	88.00
800100.030001417	HB FACTOR XII ASSAY	HOSPITAL FACILITY FEE	259.00

800100.030001418	HB FACTOR XIII ASSAY	HOSPITAL FACILITY FEE	162.00
800100.030001420	HB ANTI-THROMBIN III, PLASMA	HOSPITAL FACILITY FEE	175.00
800100.030001423	HB PROTEIN C, FUNCTIONAL	HOSPITAL FACILITY FEE	199.00
800100.030001427	HB PROTEIN S, FUNCTIONAL	HOSPITAL FACILITY FEE	273.00
800100.030001430	HB FACTOR II INHIBITOR	HOSPITAL FACILITY FEE	419.00
800100.030001450	HB EUGLOBULIN CLOT LYSIS TIME	HOSPITAL FACILITY FEE	108.00
800100.030001451	HB FIBRIN/DEGRADATION PRODUCTS (FDP)	HOSPITAL FACILITY FEE	119.00
800100.030001455	HB FIBRINOGEN	HOSPITAL FACILITY FEE	94.00
800100.030001465	HB FACTOR XA INHIBITION	HOSPITAL FACILITY FEE	86.00
800100.030001492	HB PROTHROMBIN TIME	HOSPITAL FACILITY FEE	44.00
800100.030001494	HB PT 1 TO 1 MIX	HOSPITAL FACILITY FEE	81.00
800100.030001495	HB DILUTE VIPER VENOM TEST	HOSPITAL FACILITY FEE	160.00
800100.030001497	HB REPTILASE TIME	HOSPITAL FACILITY FEE	109.00
800100.030001499	HB SICKLE CELL SCREEN	HOSPITAL FACILITY FEE	54.00
800100.030001501	HB THROMBIN TIME	HOSPITAL FACILITY FEE	67.00
800100.030001502	HB PARTIAL THROMBOPLASTIN TIME (PTT)	HOSPITAL FACILITY FEE	56.00
800100.030001503	HB PARTIAL THROMBOPLASTIN TIME W/PLATELET LYSATE	HOSPITAL FACILITY FEE	101.00
800100.030001541	HB HEPARIN DEPENDENT ANTIBODY	HOSPITAL FACILITY FEE	243.00
800100.030001554	HB ANTINUCLEAR ANTIBODIES	HOSPITAL FACILITY FEE	102.00
800100.030001565	HB C-REACTIVE PROTEIN	HOSPITAL FACILITY FEE	58.00
800100.030001568	HB HIGH SENSITIVITY C-REACTIVE PROTEIN	HOSPITAL FACILITY FEE	102.00
800100.030001569	HB BETA 2 GLYCOPROTEIN ANTIBODY, EACH	HOSPITAL FACILITY FEE	132.00
800100.030001570	HB CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	HOSPITAL FACILITY FEE	167.00
800100.030001576	HB COMPLEMENT 4	HOSPITAL FACILITY FEE	100.00
800100.030001595	HB ANTI-CYCLOCITRULLINATED PEPTIDE ANTIBODY	HOSPITAL FACILITY FEE	131.00
800100.030001603	HB AB ID, SINGLE AG CLASS I; FLUORESCENT SCREEN	HOSPITAL FACILITY FEE	112.00
800100.030001654	HB CARBOHYDRATE ANTIGEN 19.9	HOSPITAL FACILITY FEE	174.00
800100.030001656	HB CANCER ANTIGEN 125-SERUM	HOSPITAL FACILITY FEE	164.00
800100.030001702	HB IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUID	HOSPITAL FACILITY FEE	136.00
800100.030001735	HB ABSOLUTE CD4 AND CD8 WITH RATIO	HOSPITAL FACILITY FEE	128.00
800100.030001739	HB THYROID PEROXIDASE AUTOANTIBODIES	HOSPITAL FACILITY FEE	113.00
800100.030001752	HB RHEUMATOID FACTOR	HOSPITAL FACILITY FEE	52.00
800100.030001823	HB CMV IGG ANTIBODY DETECTION	HOSPITAL FACILITY FEE	109.00
800100.030001829	HB CMV IGM ANTIBODY DETECTION	HOSPITAL FACILITY FEE	108.00
800100.030001896	HB HSV 1 TYPE SPECIFIC IGG AB QNT	HOSPITAL FACILITY FEE	93.00
800100.030001900	HB HSV 2 TYPE SPECIFIC IGG AB QNT	HOSPITAL FACILITY FEE	101.00
800100.030001913	HB HEPATITIS B CORE ANTIBODY	HOSPITAL FACILITY FEE	90.00
800100.030001916	HB HEPATITIS B CORE ANTIBODY 1GM	HOSPITAL FACILITY FEE	111.00
800100.030001917	HB HEP B SURFACE ANTIBODY - QUALIT	HOSPITAL FACILITY FEE	75.00
800100.030001920	HB HEPATITIS A ANTIBODY IGG/IGM	HOSPITAL FACILITY FEE	118.00
800100.030001922	HB HEPATITIS A ANTIBODY, IGM CLASS	HOSPITAL FACILITY FEE	96.00
800100.030001955	HB RUBELLA IGG	HOSPITAL FACILITY FEE	82.00
800100.030001960	HB RUBEOLA IGG ANTIBODY DETECTION	HOSPITAL FACILITY FEE	112.00
800100.030001965	HB TOXOPLASMOSIS IGG ANTIBODY	HOSPITAL FACILITY FEE	129.00
800100.030001982	HB VZV ANTIBODY SCREEN	HOSPITAL FACILITY FEE	133.00
800100.030002002	HB ANTITHYROGLOBULIN	HOSPITAL FACILITY FEE	115.00
800100.030002019	HB RBC ANTIBODY SCREEN	HOSPITAL FACILITY FEE	69.00
800100.030002022	HB ANTIBODY ELUTION - ACID	HOSPITAL FACILITY FEE	98.00
800100.030002030	HB ANTIBODY	HOSPITAL FACILITY FEE	83.00
800100.030002031	HB DIRECT COOMBS ANTIGLOBULIN TEST	HOSPITAL FACILITY FEE	47.00
800100.030002040	HB RH (D) BLOOD TYPING	HOSPITAL FACILITY FEE	40.00
800100.030002041	HB ANTIGEN SCREENING, RBC UNIT, PER ANTIGEN	HOSPITAL FACILITY FEE	104.00
800100.030002066	HB ALLOADSORPTION	HOSPITAL FACILITY FEE	123.00
800100.030002073	HB CONCENTRATION PROCESS	HOSPITAL FACILITY FEE	35.00
800100.030002076	HB CULTURE, BLOOD	HOSPITAL FACILITY FEE	114.00
800100.030002077	HB STOOL CULTURE	HOSPITAL FACILITY FEE	69.00
800100.030002079	HB ADDITIONAL STOOL PATHOGENS	HOSPITAL FACILITY FEE	42.00
800100.030002087	HB CULTURE, ROUTINE	HOSPITAL FACILITY FEE	92.00
800100.030002092	HB ANAEROBIC ISOLATION	HOSPITAL FACILITY FEE	82.00
800100.030002093	HB DEFINITIVE IDENTIFICATION ANAEROBIC	HOSPITAL FACILITY FEE	82.00
800100.030002095	HB ADDITIONAL BACTERIAL IDENTIFICATION	HOSPITAL FACILITY FEE	64.00
800100.030002098	HB GROUP A STREP SCREEN (THROAT)	HOSPITAL FACILITY FEE	84.00
800100.030002106	HB URINE BACTERIAL IDENTIFICATION	HOSPITAL FACILITY FEE	80.00
800100.030002108	HB CULTURE, MYCOLOGY	HOSPITAL FACILITY FEE	86.00
800100.030002113	HB MYCOLOGY IDENTIFICATION	HOSPITAL FACILITY FEE	22.00
800100.030002121	HB AFB CULTURE ISOLATION ONLY	HOSPITAL FACILITY FEE	84.00
800100.030002133	HB PINWORM EXAM	HOSPITAL FACILITY FEE	64.00
800100.030002140	HB SUSCEPTIBILITY DISKS	HOSPITAL FACILITY FEE	140.00
800100.030002142	HB BETA LACTAMASE TEST	HOSPITAL FACILITY FEE	40.00
800100.030002143	HB ANTIBIOTIC SENSITIVITY PROFILE, ROUTINE	HOSPITAL FACILITY FEE	89.00
800100.030002151	HB SMEAR - GRAM STAIN	HOSPITAL FACILITY FEE	39.00
800100.030002153	HB ACID FAST SMEAR	HOSPITAL FACILITY FEE	61.00
800100.030002155	HB STAIN FOR INCLUSION BODIES OR PARASITES	HOSPITAL FACILITY FEE	35.00
800100.030002162	HB TISSUE EXAM BY KOH, SLIDE	HOSPITAL FACILITY FEE	44.00
800100.030002217	HB CRYPTOSPORIDIUM	HOSPITAL FACILITY FEE	74.00
800100.030002219	HB GIARDIA	HOSPITAL FACILITY FEE	90.00
800100.030002222	HB HEPATITIS B SURFACE ANTIGEN	HOSPITAL FACILITY FEE	66.00
800100.030002233	HB HIV ANTIGEN/ANTIBODY COMBO	HOSPITAL FACILITY FEE	164.00
800100.030002238	HB ROTOVIRUS ANTIGEN	HOSPITAL FACILITY FEE	116.25
800100.030002239	HB E. COLI SHIGA-LIKE TOXIN BY EIA	HOSPITAL FACILITY FEE	64.00
800100.030002249	HB CHLAMYDIA BY PCR	HOSPITAL FACILITY FEE	108.00
800100.030002255	HB C.DIFFICILE TOXIN A AND B	HOSPITAL FACILITY FEE	173.00
800100.030002256	HB CMV BY PCR QUALITATIVE	HOSPITAL FACILITY FEE	305.00
800100.030002261	HB CMVPCR	HOSPITAL FACILITY FEE	473.00
800100.030002263	HB ENTEROVIRUS QUALITATIVE PCR	HOSPITAL FACILITY FEE	106.00
800100.030002272	HB HEPATITIS B VIRUS DNA QUANTITATIVE PCR	HOSPITAL FACILITY FEE	384.00
800100.030002277	HB HCV QUANTITATIVE PCR - REPORT	HOSPITAL FACILITY FEE	445.00
800100.030002286	HB HIV QUANTITATIVE RNA PCR REPORT	HOSPITAL FACILITY FEE	153.00
800100.030002299	HB N GONORRHEA PCR	HOSPITAL FACILITY FEE	128.00
800100.030002304	HB STAPH AUREUS PCR (MRSA/MSSA)	HOSPITAL FACILITY FEE	197.00
800100.030002329	HB EBV QUANTITATIVE PCR	HOSPITAL FACILITY FEE	507.00
800100.030002344	HB RAPID STREP	HOSPITAL FACILITY FEE	67.00
800100.030002350	HB HCV GENOTYPING - PROBE	HOSPITAL FACILITY FEE	740.00
800100.030002357	HB BODY FLUID CELL COUNT	HOSPITAL FACILITY FEE	43.00

800100.030002362	HB EXAM OF SYNOVIAL FLUID (CRYSTAL IDENTIFICATION)	HOSPITAL FACILITY FEE	89.00
800100.030002396	HB SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	HOSPITAL FACILITY FEE	39.00
800100.030002397	HB SEMEN ANALYSIS WITH STRICT MORPHOLOGY	HOSPITAL FACILITY FEE	174.00
800100.030002415	HB PROSTATIC SPECIFIC AB-SCREENING	HOSPITAL FACILITY FEE	143.00
800100.030002470	HB HSV 1/2 QUALITATIVE PCR	HOSPITAL FACILITY FEE	281.00
800100.030002472	HB TRICHOMONAS	HOSPITAL FACILITY FEE	192.00
800100.030002473	HB CANDIDA SPECIES	HOSPITAL FACILITY FEE	103.00
800100.030002474	HB GARDNERELLA V	HOSPITAL FACILITY FEE	102.00
800100.030002480	HB HEPATITIS C ANTIBODY	HOSPITAL FACILITY FEE	109.00
800100.030002499	HB UICC PRENATAL PANEL	HOSPITAL FACILITY FEE	245.00
800100.030002502	HB UICC PHENOBARB	HOSPITAL FACILITY FEE	98.00
800100.030002508	HB UICC ESTRIOL	HOSPITAL FACILITY FEE	134.00
800100.030002509	HB UICC FECAL FAT	HOSPITAL FACILITY FEE	195.00
800100.030002513	HB UICC THYROGLOBULIN TUMORE MARKER	HOSPITAL FACILITY FEE	102.00
800100.030002518	HB UICC ANTI-THROMBIN III, ANTIGEN	HOSPITAL FACILITY FEE	146.00
800100.030002519	HB UICC PROTEIN C ANTIGEN, PLASMA	HOSPITAL FACILITY FEE	192.00
800100.030002523	HB UICC VISCOSITY	HOSPITAL FACILITY FEE	240.00
800100.030002524	HB UICC RSV	HOSPITAL FACILITY FEE	142.00
800100.030002553	HB TRANSFERRIN (TRFN)	HOSPITAL FACILITY FEE	96.00
800100.030002643	HB UICC BLASTOMYCES	HOSPITAL FACILITY FEE	238.00
800100.030002644	HB UICC COCCIDIOIDES	HOSPITAL FACILITY FEE	104.00
800100.030002660	HB MYOGLOBIN, URINE	HOSPITAL FACILITY FEE	125.00
800100.030002734	HB UICC ANALGESICS, NON-OPIOID 1 OR 2	HOSPITAL FACILITY FEE	127.00
800100.030002751	HB (ZB5XD) MELANOMA MUTATION PROFILE	HOSPITAL FACILITY FEE	2470.00
800100.030002752	HB HUMAN PAPILLOMAVIRUS, HIGH RISK	HOSPITAL FACILITY FEE	111.00
800100.030002814	HB UICC INSULIN LIKE GROWTH FACTOR 1	HOSPITAL FACILITY FEE	241.00
800100.030002843	HB UICC ARTERIAL COLLECTION	HOSPITAL FACILITY FEE	85.00
800100.030002845	HB UICC BF CELL COUNT/DIFFERENTIAL	HOSPITAL FACILITY FEE	79.00
800100.030002848	HB UICC STOOL FOR WBC	HOSPITAL FACILITY FEE	49.00
800100.030002906	HB UICC SOLUBLE FIBRIN MONMER	HOSPITAL FACILITY FEE	117.00
800100.030002908	HB UICC FIBRINOLYSIS INTERP AND RE	HOSPITAL FACILITY FEE	82.00
800100.030002928	HB UICC CHLAMYDIA	HOSPITAL FACILITY FEE	34.00
800100.030002933	HB UICC DIPHTHERIA	HOSPITAL FACILITY FEE	82.00
800100.030002942	HB UICC MYCOPLASMA	HOSPITAL FACILITY FEE	157.00
800100.030002980	HB UICC EBV,IGG	HOSPITAL FACILITY FEE	131.00
800100.030002981	HB UICC PREGNENOLONE	HOSPITAL FACILITY FEE	59.00
800100.030002983	HB UICC WEST NILE IGG	HOSPITAL FACILITY FEE	77.00
800100.030002984	HB UICC WEST NILE IGM	HOSPITAL FACILITY FEE	95.00
800100.030003017	HB UICC SJOGREN AB (SSA)	HOSPITAL FACILITY FEE	110.00
800100.030003020	HB UICC HELICOBACTER PYLORI ANTIBODY	HOSPITAL FACILITY FEE	102.00
800100.030003028	HB VGH AG DETECT NOS IA MULT	HOSPITAL FACILITY FEE	149.00
800100.030003039	HB MTHFR MUTATION ANALYSIS WITH INTERPRETATION	HOSPITAL FACILITY FEE	463.00
800100.030003043	HB UICC POC URINE PREGNANCY TEST	HOSPITAL FACILITY FEE	62.00
800100.030003047	HB UICC POC URINALYSIS BY DIPSTICK,NON AUTOMATED, WO MICRO	HOSPITAL FACILITY FEE	19.00
800100.030003048	HB UICC POC DRUG SCREEN,DRUG CLASS A, READ BY OBS, INCL INSTRUMENT ASSIST	HOSPITAL FACILITY FEE	30.00
800100.030003049	HB UICC POC RAPID STREP SCREEN	HOSPITAL FACILITY FEE	67.00
800100.030003064	HB UICC POC SKIN TEST; TUBERCULOSIS, INTRADERMAL TB	HOSPITAL FACILITY FEE	17.00
800100.030003078	HB UICC INTERPH IN SITU HYBRID	HOSPITAL FACILITY FEE	157.00
800100.030003085	HB UICC HSV SPECIFIC ANTIBODIES	HOSPITAL FACILITY FEE	145.00
800100.030003097	HB HERPES VIRUS 6 AMPLIFIED PROBE	HOSPITAL FACILITY FEE	206.00
800100.030003119	HB UICC PROCALCITONIN	HOSPITAL FACILITY FEE	181.00
800100.030003144	HB UICC INFECT AGT DETECT; INFLUENZA VIRUS, MULT TYPES, PCR	HOSPITAL FACILITY FEE	110.00
800100.030003147	HB UICC CLOZAPINE	HOSPITAL FACILITY FEE	160.00
800100.030003148	HB UICC ADENOVIRUS ANTIBODY	HOSPITAL FACILITY FEE	13.00
800100.030003157	HB UICC PROTEIN; WESTRN BLOT, I AND R, BLOOD/OTHER FLUID	HOSPITAL FACILITY FEE	182.00
800100.030003173	HB UICC CANNABINOIDS NATURAL	HOSPITAL FACILITY FEE	89.00
800100.030003174	HB UICC OPIATES ONE OR MORE	HOSPITAL FACILITY FEE	100.00
800100.030003181	HB UICC IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	HOSPITAL FACILITY FEE	143.00
800100.030003183	HB UICC OBSTETRIC PANEL	HOSPITAL FACILITY FEE	409.00
800100.030003199	HB UICC SULFATE, URINE	HOSPITAL FACILITY FEE	18.00
800100.030003249	HB UICC DRUG SCREENING METHADONE	HOSPITAL FACILITY FEE	139.00
800100.030003256	HB UICC DRUG TEST PRSMV INSTRMNT CHEMISTRY ANALYZERS	HOSPITAL FACILITY FEE	400.00
800100.030003257	HB CCHS DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	HOSPITAL FACILITY FEE	113.00
800100.030003258	HB UICC ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	HOSPITAL FACILITY FEE	166.00
800100.030003259	HB CCHS PENTOBARBITAL	HOSPITAL FACILITY FEE	128.00
800100.030003260	HB CCHS MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	HOSPITAL FACILITY FEE	479.00
800100.030003261	HB CCHS GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/GREATER THAN GEN	HOSPITAL FACILITY FEE	2603.00
800100.030003262	HB CCHS MYELIN BASIC PROTEIN CEREBSP FLU	HOSPITAL FACILITY FEE	118.00
800100.030003263	HB UICC NEPHELOMETRY NOT SPEC ASSAY	HOSPITAL FACILITY FEE	195.00
800100.030003264	HB CCHS ROM PLUS	HOSPITAL FACILITY FEE	156.00
800100.030003265	HB UICC NIACIN VIT B3	HOSPITAL FACILITY FEE	337.00
800100.030003266	HB UICC MURAMIDASE	HOSPITAL FACILITY FEE	119.00
800100.030003267	HB CCHS ALLG SPEC IGE QUAL MULTIALLG SCR	HOSPITAL FACILITY FEE	114.00
800100.030003268	HB CCHS ANTB ENCEPHALITIS CALIFORNIA LA CROSSE	HOSPITAL FACILITY FEE	27.00
800100.030003269	HB CCHS ANTB ENCEPHALITIS EASTER EQUINE	HOSPITAL FACILITY FEE	27.00
800100.030003270	HB CCHS ANTB ENCEPHALITIS ST LOUIS	HOSPITAL FACILITY FEE	85.00
800100.030003271	HB CCHS ANTB ENCEPHALITIS WSTRN EQUINE	HOSPITAL FACILITY FEE	27.00
800100.030003272	HB CCHS EBV ANTIBODY	HOSPITAL FACILITY FEE	126.00
800100.030003273	HB CCHS ANTB LYMPHOCYTIC CHORIOMENINGITIS	HOSPITAL FACILITY FEE	26.00
800100.030003274	HB UICC ANTB MUMPS	HOSPITAL FACILITY FEE	162.00
800100.030003275	HB CCHS BABESIOSIS SEROLOGY	HOSPITAL FACILITY FEE	94.00
800100.030003276	HB CCHS JCV AB INHIBITION	HOSPITAL FACILITY FEE	842.00
800100.030003277	HB CCHS HEP C ANTB CONFIRMATORY TST	HOSPITAL FACILITY FEE	233.00
800100.030003278	HB CCHS ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	HOSPITAL FACILITY FEE	85.00
800100.030003279	HB CCHS ANTIHUMAN GLOBULIN INDIRECT EA ANTIBODY TITER	HOSPITAL FACILITY FEE	138.00
800100.030003280	HB CCHS BLD TYPING AG SCR UNIT PT SERUM SCR	HOSPITAL FACILITY FEE	108.00
800100.030003281	HB CCHS BLD TYPING RH PHXPING COMPL	HOSPITAL FACILITY FEE	111.00
800100.030003282	HB CCHS CROSSMATCH, ADDL UNIT	HOSPITAL FACILITY FEE	95.00
800100.030003283	HB CCHS HEMOLYSINS AND AGGLUTININS AUTO SCR EA	HOSPITAL FACILITY FEE	55.00
800100.030003284	HB CCHS PRTX RBC ANTB CHEM AGT/DRUGS	HOSPITAL FACILITY FEE	81.00
800100.030003285	HB CCHS PRTX RBC ANTB DNS GRADIENT SEP	HOSPITAL FACILITY FEE	156.00
800100.030003286	HB CCHS PRETX SERUM PRETX ID DILUTION	HOSPITAL FACILITY FEE	29.00
800100.030003287	HB CCHS CULTURE BILL STREP L	HOSPITAL FACILITY FEE	93.00
800100.030003288	HB CCHS GROUP B STREP SCREEN	HOSPITAL FACILITY FEE	160.00

800100.030003289	HB CCHS INFLUENZA DNA AMP PROB ADDL	HOSPITAL FACILITY FEE	56.00
800100.030003290	HB UICC M/PHMTRC ALYS ISHQUANT/SEMIQ	HOSPITAL FACILITY FEE	611.00
800100.030003319	HB UICC CELLULAR FUNC ASSAY STIMUL AND DETECT BIOMRKR	HOSPITAL FACILITY FEE	208.00
800100.030003346	HB CCHS THIOPURINE METHYLTRANSFERASE	HOSPITAL FACILITY FEE	377.00
800100.030003347	HB UICC ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	HOSPITAL FACILITY FEE	831.00
800100.030003348	HB CCHS HLA I TYPING 1 ANTIGEN LR	HOSPITAL FACILITY FEE	280.00
800100.030003349	HB CCHS PROTOPORPHYRINS, FRACTIONATION	HOSPITAL FACILITY FEE	164.00
800100.030003350	HB UICC THIOPURINE METABOLITES	HOSPITAL FACILITY FEE	348.00
800100.030003381	HB CCHS DRUG UA COLLECTION	HOSPITAL FACILITY FEE	27.00
800100.030003382	HB CCHS DRUG UA COLLEC OBSERVED	HOSPITAL FACILITY FEE	35.00
800100.030003385	HB CCHS DOT UA/PCR	HOSPITAL FACILITY FEE	62.00
800100.030003386	HB CCHS DOT UA/PCR OBSERVED	HOSPITAL FACILITY FEE	70.00
800100.030003390	HB UICC IADNA RESPIRATRY PROBE AND REV TRNSCR 3-5 TARGETS	HOSPITAL FACILITY FEE	352.00
800100.030003462	HB UICC OCCULT BLOOD 1-3 TESTS	HOSPITAL FACILITY FEE	39.00
800100.030003465	HB UICC LEIDEN VARIANT FACTOR 5 (PROTPCR)	HOSPITAL FACILITY FEE	284.00
800100.030003466	HB UICC JAK2 GENE ANALYSIS P.VAL617PHE VARIANT (JAK2)	HOSPITAL FACILITY FEE	581.00
800100.030003467	HB CCHS MPL1 EXON 10 MUTATION ANALYSIS WITH INTERPRETATION	HOSPITAL FACILITY FEE	784.00
800100.030003468	HB CCHS ACUTE MYELOGENOUS LEUKEMIA MUTATION W INTERP	HOSPITAL FACILITY FEE	2470.00
800100.030003469	HB UICC ENTERIC PANEL	HOSPITAL FACILITY FEE	866.00
800100.030003484	HB CCHS TRICYCLIC ANTIDEPRESSANT DRUG	HOSPITAL FACILITY FEE	24.00
800100.030003485	HB CCHS SILICA	HOSPITAL FACILITY FEE	144.00
800100.030003486	HB CCHS UNLISTED HEMATOLOGY AND COAG PROC	HOSPITAL FACILITY FEE	119.00
800100.030003516	HB CCHS MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	HOSPITAL FACILITY FEE	511.00
800100.030003525	HB UICC BCR/ABL1 (T(9;22)) QUANTITATIVE (BCRQNT)	HOSPITAL FACILITY FEE	626.00
800100.030003526	HB CCHS MELANOMA MUTATION PROFILE	HOSPITAL FACILITY FEE	2470.00
800100.030003557	HB CCHS STREP PNEUMO AG, URINE	HOSPITAL FACILITY FEE	65.00
800100.030003574	HB CCHS VIRUS ANTIBODY NOS CO TICK FEVER AB PNL	HOSPITAL FACILITY FEE	241.00
800100.030003575	HB CCHS CHG IADNA HIV-2 AMPLIFIED PROBE AND REVERSE TRANSCRIPTI	HOSPITAL FACILITY FEE	352.00
800100.030003680	HB CCHS FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	HOSPITAL FACILITY FEE	2275.00
800100.030003681	HB CCHS RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	HOSPITAL FACILITY FEE	39.00
800100.030003682	HB CCHS AGGLUTINININS FEBRILE EA ANTIGEN	HOSPITAL FACILITY FEE	159.00
800100.030100002	HB UICC DRUG ABUSE SURVEY AND ETOH W/CONF.	HOSPITAL FACILITY FEE	153.00
800100.030100025	HB UICC ALCOHOL, BLOOD	HOSPITAL FACILITY FEE	105.00
800100.030100027	HB UICC ALDOLASE	HOSPITAL FACILITY FEE	85.00
800100.030100028	HB UICC ALDOSTERONE	HOSPITAL FACILITY FEE	273.00
800100.030100032	HB UICC APOLIPROTEIN B	HOSPITAL FACILITY FEE	122.00
800100.030100033	HB UICC BETA-2-MICROGLOBULIN	HOSPITAL FACILITY FEE	121.00
800100.030100034	HB UICC CALCITONIN, PLASMA	HOSPITAL FACILITY FEE	43.00
800100.030100035	HB UICC CATECHOLAMIN-FRACT, URINE, FREE	HOSPITAL FACILITY FEE	237.00
800100.030100042	HB UICC COPPER, SERUM	HOSPITAL FACILITY FEE	101.00
800100.030100043	HB UICC CORTISOL, FREE, URINE	HOSPITAL FACILITY FEE	203.00
800100.030100045	HB UICC CKMB	HOSPITAL FACILITY FEE	130.00
800100.030100051	HB UICC GASTRIN	HOSPITAL FACILITY FEE	146.00
800100.030100055	HB UICC 5-HIAA	HOSPITAL FACILITY FEE	146.00
800100.030100056	HB UICC PROGESTERONE, 17 OH	HOSPITAL FACILITY FEE	72.00
800100.030100061	HB UICC METANEPHRINES, PLASMA	HOSPITAL FACILITY FEE	222.00
800100.030100064	HB UICC MMA	HOSPITAL FACILITY FEE	318.00
800100.030100069	HB UICC PORPHYRINS (URINE) RANDOM	HOSPITAL FACILITY FEE	100.00
800100.030100082	HB UICC TESTOSTERONE (CHEM) FREE	HOSPITAL FACILITY FEE	173.00
800100.030100085	HB UICC B1, VITAMIN, PLASMA	HOSPITAL FACILITY FEE	159.00
800100.030100089	HB UICC VITAMIN E	HOSPITAL FACILITY FEE	116.00
800100.030100095	HB UICC BUN	HOSPITAL FACILITY FEE	44.00
800100.030100096	HB UICC VANILLMANDEL ACID, URINE	HOSPITAL FACILITY FEE	29.00
800100.030100098	HB UICC VITAMIN K	HOSPITAL FACILITY FEE	127.00
800100.030100099	HB UICC ZINC, SERUM	HOSPITAL FACILITY FEE	100.00
800100.030100100	HB UICC C-PEPTIDE	HOSPITAL FACILITY FEE	151.00
800100.030100103	HB UICC D-DIMER	HOSPITAL FACILITY FEE	117.00
800100.030100106	HB UICC INHIBIN A	HOSPITAL FACILITY FEE	148.00
800100.030100107	HB UICC LYMES DISEASE AB WESTERN	HOSPITAL FACILITY FEE	202.00
800100.030100115	HB UICC FECAL PANCREATICE ELASTASE	HOSPITAL FACILITY FEE	306.00
800100.030100120	HB UICC TRYPTASE, SERUM	HOSPITAL FACILITY FEE	188.00
800100.030100121	HB UICC RENIN	HOSPITAL FACILITY FEE	177.00
800100.030100123	HB UICC PROINSULIN	HOSPITAL FACILITY FEE	72.00
800100.030100125	HB UICC BILE ACIDS	HOSPITAL FACILITY FEE	44.00
800100.030100126	HB UICC ANDROSTENEDIONE	HOSPITAL FACILITY FEE	253.00
800100.030100136	HB UICC NICOTINE/COTININE, S (80323)	HOSPITAL FACILITY FEE	113.00
800100.030100142	HB UICC A-1 ANTITRYPSM, PHENOTPE	HOSPITAL FACILITY FEE	163.00
800100.030100148	HB RENAL FUNCTION PANEL	HOSPITAL FACILITY FEE	122.00
800100.030100157	HB UICC ETHOSUXIMIDE	HOSPITAL FACILITY FEE	96.00
800100.030100162	HB UICC PRIMIDONE	HOSPITAL FACILITY FEE	104.00
800100.030100180	HB UICC ADALIMUMAB LEVEL	HOSPITAL FACILITY FEE	337.00
800100.030100197	HB UICC METHAMPHETAMINE CONFIRMATION-URINE	HOSPITAL FACILITY FEE	94.00
800100.030100198	HB UICC DIHYDROTESTOSTERONE	HOSPITAL FACILITY FEE	124.00
800100.030100208	HB UICC AMPHETAMINES CONFIRMATION-URINE	HOSPITAL FACILITY FEE	94.00
800100.030100211	HB UICC OXYCODONE LEVEL	HOSPITAL FACILITY FEE	100.00
800100.030100213	HB UICC CYSTIC FIBROSIS TESTING (UHL)	HOSPITAL FACILITY FEE	335.00
800100.030100216	HB UICC CYSTIC FIBROSIS DUP/DEL VARIANTS	HOSPITAL FACILITY FEE	1569.00
800100.030100217	HB UICC CYSTIC FIBROSIS FULL GENE SEQUENCE	HOSPITAL FACILITY FEE	1569.00
800100.030100222	HB UICC HEMOCHROMATOSIS GENE ANALYSIS	HOSPITAL FACILITY FEE	290.00
800100.030100236	HB CCHS MPL MUTATION, W51S AND W50S	HOSPITAL FACILITY FEE	514.00
800100.030100245	HB UICC ACETONE QUAL	HOSPITAL FACILITY FEE	50.00
800100.030100247	HB UICC ACYLCARNITINES QUANT, P	HOSPITAL FACILITY FEE	64.00
800100.030100258	HB UICC ALUMINUM	HOSPITAL FACILITY FEE	130.00
800100.030100271	HB UICC ARSENIC	HOSPITAL FACILITY FEE	144.00
800100.030100278	HB UICC BIOTINIDASE DEFICIENCY	HOSPITAL FACILITY FEE	156.00
800100.030100280	HB UICC CADMIUM BLOOD	HOSPITAL FACILITY FEE	46.00
800100.030100289	HB UICC CARNITINE TOTAL AND FREE	HOSPITAL FACILITY FEE	205.00
800100.030100301	HB UICC PTH-RELATED PEPTIDE	HOSPITAL FACILITY FEE	239.00
800100.030100320	HB UICC CHROMIUM PLASMA	HOSPITAL FACILITY FEE	137.00
800100.030100322	HB UICC URINE CITRATE	HOSPITAL FACILITY FEE	233.00
800100.030100336	HB UICC CLONIDINE	HOSPITAL FACILITY FEE	217.00
800100.030100347	HB UICC CK ISOENZYMES	HOSPITAL FACILITY FEE	135.00
800100.030100354	HB UICC DHEA SERUM	HOSPITAL FACILITY FEE	267.00
800100.030100366	HB UICC ESTRONE LEVEL	HOSPITAL FACILITY FEE	118.00

800100.030100373	HB UICC RBC FOLATE	HOSPITAL FACILITY FEE	173.00
800100.030100375	HB UICC GALACTOSEMIA	HOSPITAL FACILITY FEE	156.00
800100.030100385	HB UICC IGG SUBCLASSES	HOSPITAL FACILITY FEE	213.00
800100.030100391	HB UICC GLU 6 PHOS DEHYDRO	HOSPITAL FACILITY FEE	37.00
800100.030100392	HB UICC FRUCTOSAMINE	HOSPITAL FACILITY FEE	168.00
800100.030100405	HB UICC HEMOGLOBIN A2 AND F	HOSPITAL FACILITY FEE	39.00
800100.030100411	HB UICC URINE 24HR HISTAMINE	HOSPITAL FACILITY FEE	205.00
800100.030100446	HB UICC THYROTROPIN RECEPTOR AB	HOSPITAL FACILITY FEE	237.00
800100.030100486	HB UICC FREE INSULIN	HOSPITAL FACILITY FEE	28.00
800100.030100496	HB UICC LIPOPROTEIN A	HOSPITAL FACILITY FEE	29.00
800100.030100501	HB CCHS GONADOTROPIN RELEASING HORMONE	HOSPITAL FACILITY FEE	325.00
800100.030100504	HB UICC MANGANESE SERUM	HOSPITAL FACILITY FEE	167.00
800100.030100513	HB UICC MERCURY BLOOD	HOSPITAL FACILITY FEE	155.00
800100.030100534	HB UICC CSF OLIGO BANDS	HOSPITAL FACILITY FEE	134.00
800100.030100544	HB UICC OXALATE:URINE	HOSPITAL FACILITY FEE	119.00
800100.030100546	HB UICC PARATHYROID HORMONE INTACT	HOSPITAL FACILITY FEE	225.00
800100.030100547	HB UICC CALPROTECTIN FECAL	HOSPITAL FACILITY FEE	298.00
800100.030100552	HB UICC PORPHYRINS URINE	HOSPITAL FACILITY FEE	241.00
800100.030100568	HB UICC ZINC PROTOPORPHYRIN	HOSPITAL FACILITY FEE	94.00
800100.030100570	HB UICC VITAMIN B6	HOSPITAL FACILITY FEE	272.00
800100.030100576	HB UICC SELENIUM SERUM	HOSPITAL FACILITY FEE	139.00
800100.030100577	HB UICC SEROTONIN SERUM	HOSPITAL FACILITY FEE	143.00
800100.030100595	HB UICC THYROXINE BINDING GLOBULIN	HOSPITAL FACILITY FEE	100.00
800100.030100598	HB UICC TSI	HOSPITAL FACILITY FEE	335.00
800100.030100603	HB UICC T-UTAKE	HOSPITAL FACILITY FEE	109.00
800100.030100606	HB UICC T3 REVERSE	HOSPITAL FACILITY FEE	204.00
800100.030100609	HB UICC VASOACTIVE INT POLY	HOSPITAL FACILITY FEE	213.00
800100.030100610	HB UICC ANTIDIURETIC HORMONE	HOSPITAL FACILITY FEE	221.00
800100.030100612	HB UICC VITAMIN A	HOSPITAL FACILITY FEE	118.00
800100.030100614	HB UICC VOLATILE SCREEN	HOSPITAL FACILITY FEE	88.00
800100.030100662	HB UICC OXCARBAZEPINE	HOSPITAL FACILITY FEE	163.00
800100.030100672	HB UICC ZONISAMIDE	HOSPITAL FACILITY FEE	170.00
800100.030100675	HB UICC QUANTITATION OF DRUG	HOSPITAL FACILITY FEE	169.00
800100.030100695	HB UICC MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	HOSPITAL FACILITY FEE	705.00
800100.030100697	HB UICC UNLISTED MOLECULAR PATHOL	HOSPITAL FACILITY FEE	1131.00
800100.030100730	HB UICC KIDNEY STONE ANALYSIS	HOSPITAL FACILITY FEE	140.00
800100.030100774	HB UICC GESTATIONAL GLUCOSE	HOSPITAL FACILITY FEE	70.00
800100.030100857	HB UICC SUGARS, SINGLE QUALITATIV	HOSPITAL FACILITY FEE	138.00
800100.030100893	HB UICC HEXAGONAL PHOSPHOLIPID	HOSPITAL FACILITY FEE	179.00
800100.030100900	HB UICC IMMUNOASSAY OF INFECTIOUS	HOSPITAL FACILITY FEE	131.00
800100.030100902	HB UICC ISLET CELL ANTIBODY	HOSPITAL FACILITY FEE	235.00
800100.030100947	HB UICC LIPOPROTEIN HIGH RESOLUTI	HOSPITAL FACILITY FEE	73.00
800100.030100948	HB UICC C MASS SPECTROMETRY QUANT	HOSPITAL FACILITY FEE	156.00
800100.030100964	HB UICC POC OCCULT BLOOD	HOSPITAL FACILITY FEE	36.00
800100.030100965	HB UICC POC GLUCOSE BY GLUCOMETER	HOSPITAL FACILITY FEE	38.00
800100.030100966	HB UICC TROPONIN I	HOSPITAL FACILITY FEE	161.00
800100.030100972	HB UICC IGVH MUTATION	HOSPITAL FACILITY FEE	987.00
800100.030100990	HB UICC GABAPENTIN, WHOLE BLOOD, SERUM, OR PLASMA	HOSPITAL FACILITY FEE	134.00
800100.030100992	HB UICC UREA NITROGEN-URINE, RANDOM	HOSPITAL FACILITY FEE	59.00
800100.030101003	HB UICC URINE CLONAZEPAM	HOSPITAL FACILITY FEE	150.00
800100.030101007	HB UICC ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	HOSPITAL FACILITY FEE	108.00
800100.030101019	HB UICC DRUG SCREENING METHYLPHENIDATE	HOSPITAL FACILITY FEE	167.00
800100.030200007	HB UICC CRYOGLOBULINS, PTS	HOSPITAL FACILITY FEE	104.00
800100.030200019	HB UICC PHOSPHOLIPID NEUTRALIZATION PLATELET-PNP	HOSPITAL FACILITY FEE	177.00
800100.030200025	HB UICC ASO TITER	HOSPITAL FACILITY FEE	67.00
800100.030200027	HB UICC CH-50	HOSPITAL FACILITY FEE	204.00
800100.030200028	HB UICC DNA ANTIBODY DS	HOSPITAL FACILITY FEE	162.00
800100.030200032	HB UICC MONO	HOSPITAL FACILITY FEE	50.00
800100.030200034	HB UICC VDRL/RPR	HOSPITAL FACILITY FEE	54.00
800100.030200035	HB UICC LYMES SEROLOGY	HOSPITAL FACILITY FEE	117.00
800100.030200043	HB UICC BLOOD TYPING, ABO	HOSPITAL FACILITY FEE	51.00
800100.030200045	HB UICC BLOOD RH	HOSPITAL FACILITY FEE	40.00
800100.030200047	HB UICC ANTIBODY ID, EACH	HOSPITAL FACILITY FEE	46.00
800100.030200054	HB UICC VIT D 1.25 DIHYDROXY	HOSPITAL FACILITY FEE	307.00
800100.030200066	HB UICC QUANTIFERON GOLD	HOSPITAL FACILITY FEE	170.00
800100.030200067	HB UICC HISTOCOCCUS	HOSPITAL FACILITY FEE	96.00
800100.030200071	HB UICC HLA-B-27	HOSPITAL FACILITY FEE	215.00
800100.030200076	HB UICC IMMUNOFIXATION-SERUM	HOSPITAL FACILITY FEE	119.00
800100.030200078	HB UICC H PYLORI-FECES	HOSPITAL FACILITY FEE	205.00
800100.030200092	HB UICC INTRINSIC FACTOR AB	HOSPITAL FACILITY FEE	178.00
800100.030200093	HB UICC PARVO VIRUS	HOSPITAL FACILITY FEE	178.00
800100.030200099	HB UICC TOXOPLASMA IGM	HOSPITAL FACILITY FEE	145.00
800100.030200100	HB UICC TOPIRAMATE LEVEL	HOSPITAL FACILITY FEE	147.00
800100.030200102	HB UICC TISSUE TRANSGLUTAMINASE	HOSPITAL FACILITY FEE	114.00
800100.030200113	HB UICC SINGLE ALLERGEN	HOSPITAL FACILITY FEE	31.00
800100.030200128	HB UICC COLD AGGLUTININ TITER	HOSPITAL FACILITY FEE	84.00
800100.030200131	HB UICC C2 FUNCTIONAL SERUM	HOSPITAL FACILITY FEE	64.00
800100.030200136	HB UICC ANTI DNASE B	HOSPITAL FACILITY FEE	85.00
800100.030200170	HB UICC CA 15-3	HOSPITAL FACILITY FEE	147.00
800100.030200173	HB UICC CHROMOGRANIN A	HOSPITAL FACILITY FEE	297.00
800100.030200190	HB UICC POLIO 1 TITER	HOSPITAL FACILITY FEE	367.00
800100.030200215	HB UICC BORDETELLA PERTUSSIS IGG	HOSPITAL FACILITY FEE	148.00
800100.030200220	HB UICC BRUCELLA ANTIBODIES	HOSPITAL FACILITY FEE	121.00
800100.030200225	HB UICC CHLAMYDIA IGM AB	HOSPITAL FACILITY FEE	34.00
800100.030200231	HB UICC COXSACKIE A2 AB	HOSPITAL FACILITY FEE	117.50
800100.030200249	HB UICC EBV ANTIBODIES	HOSPITAL FACILITY FEE	99.00
800100.030200265	HB UICC HIV-1	HOSPITAL FACILITY FEE	101.00
800100.030200266	HB UICC HIV-2	HOSPITAL FACILITY FEE	153.00
800100.030200267	HB UICC HIV 1/2	HOSPITAL FACILITY FEE	94.00
800100.030200272	HB UICC HEP BE ANTIBODY	HOSPITAL FACILITY FEE	131.00
800100.030200291	HB UICC RMSF ANTIBODY PANEL	HOSPITAL FACILITY FEE	128.00
800100.030200299	HB UICC TREPONEMA PALLIDUM AB	HOSPITAL FACILITY FEE	86.00
800100.030200355	HB UICC ENDOMYSIAL AB	HOSPITAL FACILITY FEE	119.00
800100.030200360	HB UICC MONONUCLEAR CELL ANTIGEN	HOSPITAL FACILITY FEE	204.00

800100.030200376	HB UICC INFLUENZA ANTIBODY	HOSPITAL FACILITY FEE	27.00
800100.030200387	HB UICC CROSSMATCH, IS-EA UNIT	HOSPITAL FACILITY FEE	31.00
800100.030200395	HB UICC RBC ENZYME PRETREATMENT	HOSPITAL FACILITY FEE	49.00
800100.030200404	HB UICC ALLERGEN SPECIFIC IGG QUANT OR SEMIQUAN, EA ALLERGEN	HOSPITAL FACILITY FEE	186.00
800100.030200405	HB UICC INSULIN ANTIBODIES	HOSPITAL FACILITY FEE	85.00
800100.030200420	HB UICC STRATIFY JCV ANTIBODY WITH INDEX	HOSPITAL FACILITY FEE	1964.00
800100.030500001	HB UICC DIFFERENTIAL	HOSPITAL FACILITY FEE	39.00
800100.030500003	HB UICC BLOOD SMEAR REVIEW	HOSPITAL FACILITY FEE	77.00
800100.030500017	HB UICC RISTOCETIN CO-FACT	HOSPITAL FACILITY FEE	136.00
800100.030500019	HB UICC VON WILLEBRAND MULT	HOSPITAL FACILITY FEE	224.00
800100.030500029	HB UICC ACT PROT C RESISTAN	HOSPITAL FACILITY FEE	125.00
800100.030500034	HB UICC VONWILLEBRAND ACTIVITY	HOSPITAL FACILITY FEE	248.00
800100.030500037	HB UICC LEUKOCYTE ALK PHOS	HOSPITAL FACILITY FEE	93.00
800100.030500042	HB UICC SED RATE	HOSPITAL FACILITY FEE	53.00
800100.030500048	HB UICC PCP URINE CONFIRMATION	HOSPITAL FACILITY FEE	122.00
800100.030500072	HB UICC POC HEMOGLOBIN	HOSPITAL FACILITY FEE	34.00
800100.030500073	HB UICC POC INR IN HOUSE	HOSPITAL FACILITY FEE	44.00
800100.030600018	HB UICC BORDATELLA PERTUSSIS	HOSPITAL FACILITY FEE	168.00
800100.030600019	HB UICC EHRUCHIA	HOSPITAL FACILITY FEE	110.00
800100.030600022	HB UICC PARASITE ID	HOSPITAL FACILITY FEE	66.00
800100.030600042	HB UICC CULTURE URINE CC	HOSPITAL FACILITY FEE	58.00
800100.030600058	HB UICC TRICHROME STAIN FOR PARASITES	HOSPITAL FACILITY FEE	223.00
800100.030600060	HB UICC VIRAL CULTURE	HOSPITAL FACILITY FEE	149.00
800100.030600067	HB UICC HEP BE ANTIGEN	HOSPITAL FACILITY FEE	126.00
800100.030600095	HB UICC TRICHOMONAS DNA PROBE	HOSPITAL FACILITY FEE	102.00
800100.030600155	HB UICC ORGANISM ID, MOLD	HOSPITAL FACILITY FEE	76.00
800100.030600170	HB UICC HISTOPLASMA CAPSULATUM	HOSPITAL FACILITY FEE	245.00
800100.030600185	HB UICC NOROVIRUS PCR	HOSPITAL FACILITY FEE	319.00
800100.030600188	HB UICC INFLUENZA	HOSPITAL FACILITY FEE	93.00
800100.030600212	HB UICC LACTOFERRIN, FECAL	HOSPITAL FACILITY FEE	106.00
800100.031000018	HB BONE MARROW EXAMINATION	HOSPITAL FACILITY FEE	108.00
800100.031000019	HB SURG PATH - GROSS EXAM ONLY - LEVEL 1	HOSPITAL FACILITY FEE	46.00
800100.031000020	HB SURG PATH - GROSS AND MICRO EXAM - LEVEL 2	HOSPITAL FACILITY FEE	165.00
800100.031000022	HB SURG PATH - GROSS AND MICRO EXAM - LEVEL 3	HOSPITAL FACILITY FEE	114.00
800100.031000024	HB SURG PATH - GROSS AND MICRO EXAM - LEVEL 4	HOSPITAL FACILITY FEE	156.00
800100.031000026	HB SURG PATH - GROSS AND MICRO EXAM - LEVEL 5	HOSPITAL FACILITY FEE	315.00
800100.031000028	HB SURG PATH - GROSS AND MICRO EXAM - LEVEL 6	HOSPITAL FACILITY FEE	448.00
800100.031000029	HB DECALCIFICATION	HOSPITAL FACILITY FEE	28.00
800100.031000112	HB CONSULTATION ON OUTSIDE SLIDES	HOSPITAL FACILITY FEE	153.00
800100.031000126	HB FROZEN SECTION - INITIAL	HOSPITAL FACILITY FEE	127.00
800100.031000131	HB IMMUNOCYTOCHEMISTRY, 1ST ANTIBODY	HOSPITAL FACILITY FEE	270.00
800100.031000140	HB IMMUNOFLOURESCENT STUDY, EACH ANTIBODY - DIRECT	HOSPITAL FACILITY FEE	47.00
800100.031000144	HB ELECTRON MICROSCOPIC PRELIMINARY	HOSPITAL FACILITY FEE	39.00
800100.031000153	HB MORPHOMETRIC ANALYSIS, TUMOR IHC	HOSPITAL FACILITY FEE	384.00
800100.031000165	HB IN-SITU HYBRIDIZATION ASSAY	HOSPITAL FACILITY FEE	143.00
800100.031000178	HB TISSUE MICRODISSECTION	HOSPITAL FACILITY FEE	72.00
800100.031000185	HB UICC SPECIAL STAINS GROUP 1	HOSPITAL FACILITY FEE	223.00
800100.031000186	HB UICC SPECIAL STAINS GROUP 2	HOSPITAL FACILITY FEE	191.00
800100.031000205	HB HISTOCHEMICAL STAIN	HOSPITAL FACILITY FEE	43.00
800100.031000217	HB UICC BCR/ABL P190	HOSPITAL FACILITY FEE	197.00
800100.031000218	HB UICC MAYO BCR/ABL OTHER	HOSPITAL FACILITY FEE	219.00
800100.031000238	HB UICC TISSUE CULTURE	HOSPITAL FACILITY FEE	163.00
800100.031000241	HB UICC CHROMOSOME ANALYSIS	HOSPITAL FACILITY FEE	846.00
800100.031000242	HB UICC CYTO DNA PROBE	HOSPITAL FACILITY FEE	85.00
800100.031000250	HB UICC CYTOGENETICS INTERPRETATION	HOSPITAL FACILITY FEE	209.00
800100.031000298	HB UICC TC FISH MANUAL	HOSPITAL FACILITY FEE	543.00
800100.031000303	HB UICC TISSUE CULTURE	HOSPITAL FACILITY FEE	412.00
800100.031000309	HB UICC FLOW CYTOMETRY, INTERP; 16 OR MORE MARKERS	HOSPITAL FACILITY FEE	198.00
800100.031000310	HB UICC FLOW CYTOMETRY INTERPRETATION 9-15 MARKERS	HOSPITAL FACILITY FEE	190.00
800100.031000314	HB UICC CHRSMN ANALYSIS ADDL KARYOTYP EACH STUDY	HOSPITAL FACILITY FEE	82.00
800100.031000317	HB UICC CYTOLOGY CONCENTR FLUIDS SMEAR	HOSPITAL FACILITY FEE	197.00
800100.031000374	HB CCHS TRANSFUSION RX	HOSPITAL FACILITY FEE	192.00
800100.031000375	HB CCHS IMMUNOHISTOCHEMISTRY ADDITIONAL STAIN	HOSPITAL FACILITY FEE	270.00
800100.031000376	HB CCHS PAP SMEAR THING PREP SCREEN	HOSPITAL FACILITY FEE	108.50
800100.031000391	HB UICC CALR, GENE MUTATION, EXON 9	HOSPITAL FACILITY FEE	897.00
800100.031000405	HB UICC JAK2 EXON 12-15 SEQUENCING REFLEX	HOSPITAL FACILITY FEE	479.00
800100.031000413	HB UICC FOCUSED PHARMACOGENOMICS PANEL	HOSPITAL FACILITY FEE	650.00
800100.031100007	HB CERVICAL/VAGINAL CYTOLOGY-THIN LAYER PREP, DX	HOSPITAL FACILITY FEE	108.50
800100.031100013	HB CYTOPATHOLOGY, EVAL OF FNA; IMMEDIATE STUDY	HOSPITAL FACILITY FEE	174.00
800100.031100017	HB ASPIRATION EVALUATION AND REPORT	HOSPITAL FACILITY FEE	136.00
800100.031100019	HB FNA EVAL ADDITIONAL	HOSPITAL FACILITY FEE	84.00
800100.031100022	HB FLOW CYTOMETRY, FIRST MARKER	HOSPITAL FACILITY FEE	159.00
800100.031100038	HB FLOW CYTOMETRY, EACH ADDITIONAL MARKER	HOSPITAL FACILITY FEE	24.00
800100.031100317	HB UICC B CELLS TOTAL	HOSPITAL FACILITY FEE	281.00
800100.031100318	HB UICC NK CELLS TOTAL	HOSPITAL FACILITY FEE	123.00
800100.031100319	HB UICC T CELLS TOTAL	HOSPITAL FACILITY FEE	123.00
800100.031200003	HB UICC FLOW CYTOMETRY INTERPRETATION	HOSPITAL FACILITY FEE	119.00
800100.032000002	HB EYE, FOREIGN BODY	HOSPITAL FACILITY FEE	170.00
800100.032000003	HB MANDIBLE 3 VIEWS OR LESS	HOSPITAL FACILITY FEE	124.00
800100.032000004	HB MANDIBLE COMPLETE (4 VIEW MINIMUM)	HOSPITAL FACILITY FEE	230.00
800100.032000008	HB FACIAL BONES COMPLETE (3 VIEWS OR MORE)	HOSPITAL FACILITY FEE	315.00
800100.032000009	HB NASAL BONES, MINIMUM OF 3 VIEWS	HOSPITAL FACILITY FEE	215.00
800100.032000012	HB ORBITS, COMPLETE, 4 VIEW MINIMUM	HOSPITAL FACILITY FEE	265.00
800100.032000013	HB SINUS 1-2 VIEWS	HOSPITAL FACILITY FEE	170.00
800100.032000014	HB SINUS COMPLETE STUDY, 3 VIEW MINIMUM	HOSPITAL FACILITY FEE	248.00
800100.032000016	HB SKULL 3 VIEWS OR LESS	HOSPITAL FACILITY FEE	260.00
800100.032000018	HB SKULL 4 VIEWS OR MORE	HOSPITAL FACILITY FEE	350.00
800100.032000022	HB NECK, SOFT TISSUE	HOSPITAL FACILITY FEE	176.00
800100.032000025	HB RIBS, UNILATERAL, TWO VIEWS	HOSPITAL FACILITY FEE	183.00
800100.032000026	HB RIBS, UNILATERAL, 3 VIEWS, INCLUDES PA CHEST	HOSPITAL FACILITY FEE	243.00
800100.032000027	HB RIBS, BILATERAL, THREE VIEWS	HOSPITAL FACILITY FEE	281.00
800100.032000028	HB RIBS, BILATERAL, 4 VIEW MINIMUM, INCLUDES PA CHEST	HOSPITAL FACILITY FEE	424.00
800100.032000029	HB STERNUM MINIMUM OF 2 VIEWS	HOSPITAL FACILITY FEE	244.00
800100.032000030	HB STERNOCLAVICULAR JOINTS 3 VIEW MINIMUM	HOSPITAL FACILITY FEE	215.00

800100.032000032	HB SPINE, SINGLE VIEW	HOSPITAL FACILITY FEE	178.00
800100.032000033	HB CERVICAL SPINE 3 VIEWS OR LESS	HOSPITAL FACILITY FEE	269.00
800100.032000034	HB CERVICAL SPINE 4 OR 5 VIEWS	HOSPITAL FACILITY FEE	301.00
800100.032000035	HB CERVICAL SPINE COMPLETE, 6 OR MORE VIEWS	HOSPITAL FACILITY FEE	324.00
800100.032000037	HB THORACIC SPINE 2 VIEWS	HOSPITAL FACILITY FEE	351.00
800100.032000038	HB THORACIC SPINE 3 VIEWS	HOSPITAL FACILITY FEE	257.00
800100.032000040	HB THORACOLUMBAR SPINE 2 VIEWS	HOSPITAL FACILITY FEE	365.00
800100.032000042	HB LUMBAR SPINE 2 OR 3 VIEWS	HOSPITAL FACILITY FEE	257.00
800100.032000043	HB LUMBAR SPINE 4 VIEWS OR MORE	HOSPITAL FACILITY FEE	330.00
800100.032000044	HB LUMBAR SPINE COMPLETE, INCLUDING BENDING VIEWS, 6 VIEW MIN	HOSPITAL FACILITY FEE	640.00
800100.032000045	HB LUMBAR SPINE BENDING VIEWS ONLY, 2 OR 3 VIEWS	HOSPITAL FACILITY FEE	200.00
800100.032000046	HB PELVIS ANTERIOR POSTERIOR ONLY, 1 OR 2 VIEWS	HOSPITAL FACILITY FEE	200.00
800100.032000047	HB PELVIS COMPLETE (3 VIEW MINIMUM)	HOSPITAL FACILITY FEE	277.00
800100.032000049	HB SACROILIAC JOINTS 3 VIEWS OR MORE	HOSPITAL FACILITY FEE	217.00
800100.032000050	HB SACRUM AND/OR COCCYX, 2 VIEW MINIMUM	HOSPITAL FACILITY FEE	221.00
800100.032000060	HB CLAVICLE	HOSPITAL FACILITY FEE	188.00
800100.032000061	HB SCAPULA	HOSPITAL FACILITY FEE	198.00
800100.032000062	HB SHOULDER 1 VIEW	HOSPITAL FACILITY FEE	147.00
800100.032000063	HB SHOULDER 2 VIEWS OR MORE	HOSPITAL FACILITY FEE	201.00
800100.032000065	HB ACROMIOCLAVICULAR JOINTS BILATERAL	HOSPITAL FACILITY FEE	211.00
800100.032000066	HB HUMERUS MINIMUM OF 2 VIEWS	HOSPITAL FACILITY FEE	188.00
800100.032000067	HB ELBOW ANTERIOR POSTERIOR AND LATERAL, 2 VIEWS	HOSPITAL FACILITY FEE	188.00
800100.032000068	HB ELBOW COMPLETE, 3 VIEW MINIMUM	HOSPITAL FACILITY FEE	227.00
800100.032000070	HB FOREARM ANTERIOR POSTERIOR AND LATERAL, 2 VIEWS	HOSPITAL FACILITY FEE	188.00
800100.032000072	HB WRIST ANTERIOR POSTERIOR AND LATERAL, 2 VIEWS	HOSPITAL FACILITY FEE	155.00
800100.032000073	HB WRIST COMPLETE (3 VIEW MINIMUM)	HOSPITAL FACILITY FEE	202.00
800100.032000075	HB HAND 2 VIEWS	HOSPITAL FACILITY FEE	155.00
800100.032000076	HB HAND 3 VIEWS OR MORE	HOSPITAL FACILITY FEE	195.00
800100.032000077	HB FINGER MINIMUM OF 2 VIEWS	HOSPITAL FACILITY FEE	161.00
800100.032000085	HB KNEE ANTERIOR POSTERIOR AND LATERAL, 1 OR 2 VIEWS	HOSPITAL FACILITY FEE	195.00
800100.032000086	HB KNEE ANTERIOR POSTERIOR, LATERAL AND OBLIQUE, 3 VIEWS	HOSPITAL FACILITY FEE	227.00
800100.032000087	HB KNEE COMPLETE, INCL STANDING OR PATELLAR, 4 OR MORE VIEWS	HOSPITAL FACILITY FEE	457.00
800100.032000088	HB STANDING AP BOTH KNEES	HOSPITAL FACILITY FEE	195.00
800100.032000089	HB TIBIA/FIBULA ANTERIOR POSTERIOR AND LATERAL, 2 VIEWS	HOSPITAL FACILITY FEE	218.00
800100.032000091	HB ANKLE ANTERIOR POSTERIOR AND LATERAL, 2 VIEWS	HOSPITAL FACILITY FEE	188.00
800100.032000092	HB ANKLE COMPLETE (3 VIEW MINIMUM)	HOSPITAL FACILITY FEE	218.00
800100.032000093	HB FOOT ANTERIOR POSTERIOR, 2 VIEWS	HOSPITAL FACILITY FEE	178.00
800100.032000094	HB FOOT COMPLETE (3 VIEW MINIMUM)	HOSPITAL FACILITY FEE	218.00
800100.032000095	HB OS CALCIS (HEEL) 2 VIEW MINIMUM	HOSPITAL FACILITY FEE	218.00
800100.032000096	HB TOE MINIMUM OF 2 VIEWS	HOSPITAL FACILITY FEE	155.00
800100.032000097	HB ABDOMEN ANTERIOR POSTERIOR	HOSPITAL FACILITY FEE	179.00
800100.032000099	HB ABDOMEN COMPLETE, INCLUDING UPRIGHT AND/OR DECUB	HOSPITAL FACILITY FEE	264.00
800100.032000100	HB ACUTE ABDOMEN SERIES COMPLETE INCLUDE SINGLE VIEW CHEST	HOSPITAL FACILITY FEE	379.00
800100.032000102	HB ESOPHAGRAM	HOSPITAL FACILITY FEE	359.00
800100.032000103	HB COOKIE SWALLOW SWALLOWING FUNCTION WITH VIDEO	HOSPITAL FACILITY FEE	457.00
800100.032000105	HB UPPER GI TRACT, SINGLE CONTRAST, W/O KUB	HOSPITAL FACILITY FEE	400.00
800100.032000107	HB UPPER GI TRACT, SINGLE CONTRAST AND SBFT	HOSPITAL FACILITY FEE	533.00
800100.032000108	HB UPPER GI TRACT DOUBLE CONTRAST GI RADIOLOGIC EXAM W/O KUB	HOSPITAL FACILITY FEE	551.00
800100.032000111	HB SMALL BOWEL SERIES OR BARIUM BURGER STUDY	HOSPITAL FACILITY FEE	343.75
800100.032000113	HB COLON SERIES, SINGLE CONTRAST W/BARIUM ENEMA W OR WO KUB	HOSPITAL FACILITY FEE	478.00
800100.032000114	HB COLON SERIES, AIR CONTRAST W/HIGH DENSITY BARIUM	HOSPITAL FACILITY FEE	590.00
800100.032000116	HB OPERATIVE CHOLANGIOGRAM SINGLE SET	HOSPITAL FACILITY FEE	523.00
800100.032000126	HB UROGRAPHY (PYELOGRAPHY),	HOSPITAL FACILITY FEE	597.00
800100.032000133	HB URETHROCYSTOGRAPHY, VOIDING, S AND I	HOSPITAL FACILITY FEE	523.00
800100.032000137	HB HYSTEROSALPINGOGRAPHY, S AND I	HOSPITAL FACILITY FEE	334.00
800100.032000177	HB FLUOROSCOPY, UP TO ONE HOUR	HOSPITAL FACILITY FEE	401.00
800100.032000178	HB FLUOROSCOPY, MORE THAN ONE HOUR	HOSPITAL FACILITY FEE	566.00
800100.032000179	HB FOREIGN BODY FILM, NOSE - RECTUM, CHILD	HOSPITAL FACILITY FEE	196.00
800100.032000190	HB FLUOROSCOPIC GUIDANCE-CV DEVICE PLACEMENT/REMOVAL	HOSPITAL FACILITY FEE	410.00
800100.032000191	HB FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	HOSPITAL FACILITY FEE	513.00
800100.032000192	HB FLUORO GUIDE AND LOCAL NDL/CATH FOR SPINE INJECTION	HOSPITAL FACILITY FEE	410.00
800100.032000200	HB BONE SURVEY, COMPLETE	HOSPITAL FACILITY FEE	660.00
800100.032000201	HB BONE SURVEY, INFANT	HOSPITAL FACILITY FEE	496.00
800100.032000203	HB BONE DENSITOMETRY(DEXA), 1+ SITES, AXIAL	HOSPITAL FACILITY FEE	443.00
800100.032000204	HB BONE DENSITOMETRY(DEXA) 1+ SITES, APPENDICULAR	HOSPITAL FACILITY FEE	346.00
800100.032000221	HB SCREENING BREAST TOMOSYNTHESIS, BILATERAL	HOSPITAL FACILITY FEE	30.00
800100.032000223	HB DIAGNOSTIC BREAST TOMOSYNTHESIS, UNILATERAL	HOSPITAL FACILITY FEE	30.00
800100.032000224	HB DIAGNOSTIC BREAST TOMOSYNTHESIS, BILATERAL	HOSPITAL FACILITY FEE	30.00
800100.032000227	HB SPINE, ENTIRE THORACIC AND LUMBAR, INCL SKULL, CERVICAL AND SACRAL; 2 OR 3 VIEWS	HOSPITAL FACILITY FEE	310.00
800100.032000230	HB HIP, UNILATERAL, W/PELVIS WHEN PERFORMED; 1 VIEW	HOSPITAL FACILITY FEE	174.00
800100.032000231	HB HIP, UNILATERAL, W/PELVIS WHEN PERFORMED; 2-3 VIEWS	HOSPITAL FACILITY FEE	218.00
800100.032000233	HB HIP, BILATERAL, W/PELVIS WHEN PERFORMED; 2 VIEWS	HOSPITAL FACILITY FEE	225.00
800100.032000234	HB HIP, BILATERAL, W/PELVIS WHEN PERFORMED; 3-4 VIEWS	HOSPITAL FACILITY FEE	225.00
800100.032000235	HB HIP, BILATERAL, W/PELVIS WHEN PERFORMED; 5 OR MORE VIEWS	HOSPITAL FACILITY FEE	264.00
800100.032000237	HB FEMUR; 2 OR MORE VIEWS	HOSPITAL FACILITY FEE	218.00
800100.032000239	HB UICC TMJ (OPEN/CLSD)	HOSPITAL FACILITY FEE	266.00
800100.032000256	HB ABDOMEN; SINGLE VIEW	HOSPITAL FACILITY FEE	179.00
800100.032000257	HB ABDOMEN; 2 VIEWS	HOSPITAL FACILITY FEE	264.00
800100.032000258	HB ABDOMEN; 3 OR MORE VIEWS	HOSPITAL FACILITY FEE	314.00
800100.032200002	HB SHOULDER ARTHROGRAM, S AND I	HOSPITAL FACILITY FEE	1230.00
800100.032200005	HB HIP ARTHROGRAM, S AND I	HOSPITAL FACILITY FEE	1230.00
800100.032400001	HB CHEST AP OR PA	HOSPITAL FACILITY FEE	179.00
800100.032400002	HB CHEST ANTERIOR POSTERIOR AND LATERAL	HOSPITAL FACILITY FEE	227.00
800100.032400003	HB CHEST PA AND LATERAL WITH APICAL LORDOTIC	HOSPITAL FACILITY FEE	288.00
800100.032400007	HB CHEST DECUBITUS	HOSPITAL FACILITY FEE	200.00
800100.032400012	HB CHEST; SINGLE VIEW	HOSPITAL FACILITY FEE	179.00
800100.032400013	HB CHEST; 2 VIEW	HOSPITAL FACILITY FEE	227.00
800100.032400014	HB CHEST; 3 VIEW	HOSPITAL FACILITY FEE	288.00
800100.032400015	HB CHEST; 4 OR MORE VIEWS	HOSPITAL FACILITY FEE	338.00
800100.033100001	HB CHEMO ADMIN, SUBCUTANEOUS OR IM, NON-HORMONAL	HOSPITAL FACILITY FEE	154.00
800100.033100002	HB CHEMO ADMIN, SUBCUTANEOUS OR IM, HORMONAL	HOSPITAL FACILITY FEE	275.00
800100.033100004	HB CHEMO ADMINISTRATION, IV PUSH, SINGLE OR INITIAL	HOSPITAL FACILITY FEE	279.00
800100.033100005	HB CHEMO ADMINISTRATION, IV PUSH, EACH ADDITIONAL	HOSPITAL FACILITY FEE	196.00
800100.033500001	HB CHEMO ADMIN, IV, INITIAL OR SINGLE, UP TO 1 HOUR	HOSPITAL FACILITY FEE	526.00

800100.033500002	HB CHEMO ADMINISTRATION, EACH ADDITIONAL HOUR	HOSPITAL FACILITY FEE	115.00
800100.033500003	HB CHEMO ADMIN, IV, ADDL SEQUENTIAL, UP TO 1 HR	HOSPITAL FACILITY FEE	365.00
800100.033500004	HB CHEMO IV INFUSION GREATER THAN 8 HRS	HOSPITAL FACILITY FEE	430.00
800100.033500005	HB CCHS CHEMO IA INFUSION UP TO 1 HR	HOSPITAL FACILITY FEE	293.00
800100.033500006	HB CCHS CHEMO IA INFUSION EACH ADDL HR	HOSPITAL FACILITY FEE	117.00
800100.034000008	HB UICC INJECTION PROCEDURE, RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	HOSPITAL FACILITY FEE	158.00
800100.034000011	HB UICC KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W RX	HOSPITAL FACILITY FEE	1373.00
800100.034100007	HB THYROID IMG I-123 PLUS UPTAKE SINGLE OR MULTIPLE	HOSPITAL FACILITY FEE	911.00
800100.034100020	HB PARATHYROID PLANAR IMAGING	HOSPITAL FACILITY FEE	837.00
800100.034100024	HB BONE MARROW IMAGING, LIMITED	HOSPITAL FACILITY FEE	1169.00
800100.034100033	HB LYMPHOSCINTIGRAPHY	HOSPITAL FACILITY FEE	1177.00
800100.034100038	HB HEPATOBIILIARY IMAGING	HOSPITAL FACILITY FEE	1999.00
800100.034100039	HB HEPATOBIILIARY IMAGING W/PHARMACOLOGIC INTERVENTION	HOSPITAL FACILITY FEE	1677.00
800100.034100043	HB GASTRIC EMPTYING SOLID	HOSPITAL FACILITY FEE	1322.00
800100.034100044	HB GASTRIC EMPTYING LIQUID	HOSPITAL FACILITY FEE	1322.00
800100.034100045	HB G.I. BLEED IMAGING	HOSPITAL FACILITY FEE	1631.00
800100.034100046	HB MECKEL'S DIVERTICULUM IMAGING	HOSPITAL FACILITY FEE	964.00
800100.034100049	HB BONE IMAGING, LIMITED STUDY	HOSPITAL FACILITY FEE	1169.00
800100.034100051	HB BONE IMAGING, WHOLE BODY	HOSPITAL FACILITY FEE	1198.00
800100.034100052	HB BONE IMAGING, BY THREE PHASE TECHNIQUE	HOSPITAL FACILITY FEE	1371.00
800100.034100054	HB BONE IMAGING, WITH TOMOGRAPHY	HOSPITAL FACILITY FEE	1332.00
800100.034100059	HB MYOCARDIAL PERFUSION REST AND STRESS, SPECT	HOSPITAL FACILITY FEE	2838.00
800100.034100065	HB PYROPHOSPHATE MYOCARD INFARCT IMAGING	HOSPITAL FACILITY FEE	739.00
800100.034100068	HB RESTING RVG, LIMITED	HOSPITAL FACILITY FEE	1402.00
800100.034100082	HB LUNG VENTILATION AND PERFUSION IMAGING	HOSPITAL FACILITY FEE	1506.00
800100.034100100	HB RENAL FLOW AND FUNCTION TC-99M MAG3 W/LASIX	HOSPITAL FACILITY FEE	1373.00
800100.034100146	HB UICC KIDNEY SCAN	HOSPITAL FACILITY FEE	1228.00
800100.034100186	HB UICC RP LOCIZJ INFLAMMATORY PROCESS LIMITED AREA	HOSPITAL FACILITY FEE	1222.00
800100.034100187	HB UICC RP LOCIZJ INFLAMMATORY PROCESS WHOLE BODY	HOSPITAL FACILITY FEE	1952.00
800100.034100189	HB CCHS LIVER AND SPLEEN IMAGING W/VASCULAR FLOW	HOSPITAL FACILITY FEE	979.00
800100.034300018	HB RADIOPHARM TC-99M SESTAMIBI (MIBI), PER DOSE	HOSPITAL FACILITY FEE	230.00
800100.034300020	HB RADIOPHARM TC-99M TETROFOSMIN, PER DOSE X 1 DOSE	HOSPITAL FACILITY FEE	336.00
800100.034300022	HB RADIOPHARM TC-99M MEDRONATE (MDP), UP TO 30 MCI	HOSPITAL FACILITY FEE	216.00
800100.034300032	HB TC-99M PERTECHNETATE PER MCI	HOSPITAL FACILITY FEE	95.00
800100.034300033	HB I-123 (NAI) PER 100 UCI/CAP	HOSPITAL FACILITY FEE	122.00
800100.034300040	HB TC-99M MEBROFENIN, PER DOSE	HOSPITAL FACILITY FEE	245.00
800100.034300041	HB TC-99M PYROPHOSPHATE, PER DOSE	HOSPITAL FACILITY FEE	285.00
800100.034300044	HB TC-99M MACROAGGREGATED ALBUMIN (MAA), PER DOSE	HOSPITAL FACILITY FEE	439.00
800100.034300046	HB TC-99M SULFUR COLLOID AEROSOL, PER DOSE	HOSPITAL FACILITY FEE	528.00
800100.034300058	HB F-18 FDG, PER DOSE	HOSPITAL FACILITY FEE	375.00
800100.034300067	HB TC-99M LABELED RBC - ULTRATAG, PER DOSE	HOSPITAL FACILITY FEE	492.00
800100.034300071	HB TC-99M MERTIATIDE (MAG3), PER DOSE	HOSPITAL FACILITY FEE	887.00
800100.034300072	HB TC-99M AUTO WBC PER DOSE	HOSPITAL FACILITY FEE	5170.00
800100.034300073	HB IN-111 AUTO WBC PER DOSE	HOSPITAL FACILITY FEE	4680.00
800100.034300088	HB TC-99M TILMANOCEPT (LYMPHOSEEK) PER DOSE	HOSPITAL FACILITY FEE	783.00
800100.035000008	HB CT GUIDANCE NEEDLE PLACEMENT	HOSPITAL FACILITY FEE	1809.00
800100.035100002	HB CT BRAIN, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1400.00
800100.035100003	HB CT BRAIN, WITH CONTRAST	HOSPITAL FACILITY FEE	1560.00
800100.035100004	HB CT BRAIN, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1879.00
800100.035100005	HB CT ORBIT/ SELLA/ POSTERIOR FOSSA/ EAR WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1485.00
800100.035100006	HB CT ORBIT/ SELLA/ POSTERIOR FOSSA/ EAR WITH CONTRAST	HOSPITAL FACILITY FEE	1647.00
800100.035100007	HB CT ORBIT/ SELLA/ POSTERIOR FOSSA/ EAR WITH/WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2261.00
800100.035100008	HB CT MAXILLOFACIAL WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1474.00
800100.035100009	HB CT MAXILLOFACIAL WITH CONTRAST	HOSPITAL FACILITY FEE	1841.00
800100.035100011	HB CT LARYNX OR SOFT TISSUE WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1474.00
800100.035100012	HB CT LARYNX OR SOFT TISSUE WITH CONTRAST	HOSPITAL FACILITY FEE	1751.00
800100.035100013	HB CT LARYNX OR SOFT TISSUE WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1963.00
800100.035100014	HB CT ANGIO, HEAD, W AND WO CONTRAST AND W/ IMG POST PROCESSING	HOSPITAL FACILITY FEE	2473.00
800100.035100015	HB CT ANGIO, NECK, W AND WO CONTRAST AND W/ IMG POST PROCESSING	HOSPITAL FACILITY FEE	2371.00
800100.035200001	HB CT CHEST, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1479.00
800100.035200003	HB CT CHEST, WITH CONTRAST	HOSPITAL FACILITY FEE	1781.00
800100.035200004	HB CT CHEST, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2084.00
800100.035200005	HB CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	HOSPITAL FACILITY FEE	2371.00
800100.035200006	HB CT CERVICAL SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1642.00
800100.035200007	HB CT CERVICAL SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	2176.00
800100.035200009	HB CT THORACIC SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1620.00
800100.035200010	HB CT THORACIC SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	1800.00
800100.035200012	HB CT LUMBAR SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1708.00
800100.035200013	HB CT LUMBAR SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	2136.00
800100.035200016	HB CT PELVIS, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1474.00
800100.035200018	HB CT PELVIS, WITH CONTRAST	HOSPITAL FACILITY FEE	1804.00
800100.035200020	HB CT PELVIS, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1908.00
800100.035200021	HB CT UPPER EXTREMITY, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1474.00
800100.035200022	HB CT UPPER EXTREMITY, WITH CONTRAST	HOSPITAL FACILITY FEE	1621.00
800100.035200023	HB CT UPPER EXTREMITY, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2168.00
800100.035200024	HB CT ANGIO, UE W/ AND W/O CONTRAST AND W/ IMG POST PROCESSING	HOSPITAL FACILITY FEE	2293.00
800100.035200025	HB CT LOWER EXTREMITY, WITH CONTRAST	HOSPITAL FACILITY FEE	1842.50
800100.035200026	HB CT LOWER EXTREMITY, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2030.00
800100.035200027	HB CT ANGIO, LE, W/ AND W/O CONTRAST AND W/ IMG POST PROCESSING	HOSPITAL FACILITY FEE	2560.00
800100.035200028	HB CT ABDOMEN, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1566.00
800100.035200030	HB CT ABDOMEN, WITH CONTRAST	HOSPITAL FACILITY FEE	1829.00
800100.035200032	HB CT ABDOMEN, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2266.00
800100.035200033	HB CT ANGIO ABDOMEN AND PELVIS W AND WO CONTRAST W/IMG POST PROCESSING	HOSPITAL FACILITY FEE	3629.00
800100.035200034	HB CT ANGIO, ABDOMEN, W AND WO CONTRAST AND W/IMG POST PROCESSING	HOSPITAL FACILITY FEE	2440.00
800100.035200035	HB CT ABDOMEN AND PELVIS W/O CONTRAST	HOSPITAL FACILITY FEE	2637.00
800100.035200036	HB CT ABDOMEN AND PELVIS W/CONTRAST	HOSPITAL FACILITY FEE	3107.00
800100.035200037	HB CT ABDOMEN AND PELVIS W AND W/O CONTRAST	HOSPITAL FACILITY FEE	3776.00
800100.035200041	HB CT ANGIO, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LE RUNOFF	HOSPITAL FACILITY FEE	4381.00
800100.035200042	HB CT LOWER EXTREMITY, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1474.00
800100.035200044	HB LOW DOSE CT FOR LUNG CANCER SCREENING	HOSPITAL FACILITY FEE	1479.00
800100.036000005	HB FINE NEEDLE ASPIRATION; W/O IMAGE GUIDANCE	HOSPITAL FACILITY FEE	130.50
800100.036000006	HB FINE NEEDLE ASPIRATION W/IMAGE GUIDANCE	HOSPITAL FACILITY FEE	994.00
800100.036000008	HB INCISION AND DRAINAGE, ABSCESS, SIMPLE OR SINGLE	HOSPITAL FACILITY FEE	470.00
800100.036000009	HB INCISION AND DRAINAGE, ABSCESS, COMPLICATED OR MULTIPLE	HOSPITAL FACILITY FEE	323.00

800100.036000010	HB INCISION AND DRAINAGE, PILONIDAL CYST, SIMPLE	HOSPITAL FACILITY FEE	286.00
800100.036000012	HB INCISION AND REMOVAL FOREIGN BODY, SUBCUT, SIMPLE	HOSPITAL FACILITY FEE	327.00
800100.036000014	HB INCISION AND DRAINAGE, HEMATOMA/SEROMA/FLUID COLLECTION	HOSPITAL FACILITY FEE	1769.00
800100.036000015	HB PUNCTURE ASPIRATION-ABSCESS/HEMATOMA/BULLA/CYST	HOSPITAL FACILITY FEE	489.00
800100.036000026	HB BIOPSY SKIN, SUBCUTANEOUS TISSUE/MM(INCL SIMPLE CLOSURE) 1 LESION	HOSPITAL FACILITY FEE	74.00
800100.036000027	HB BIOPSY, SKIN, SUBCUT TISSUE/MM, EACH ADDL LESION	HOSPITAL FACILITY FEE	35.00
800100.036000042	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS TO .5CM	HOSPITAL FACILITY FEE	86.00
800100.036000043	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS .6-1CM	HOSPITAL FACILITY FEE	103.00
800100.036000044	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS 1.1-2CM	HOSPITAL FACILITY FEE	131.00
800100.036000045	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS 2.1-3CM	HOSPITAL FACILITY FEE	150.00
800100.036000046	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS 3.1-4CM	HOSPITAL FACILITY FEE	164.00
800100.036000047	HB EXCISION BENIGN LESION-TRUNK/ARMS/LEGS +4CM	HOSPITAL FACILITY FEE	193.00
800100.036000048	HB EXCISION BENIGN LESION-SCLP/NK/HD/FT/GEN TO .5CM	HOSPITAL FACILITY FEE	81.00
800100.036000049	HB EXCISION BENIGN LESION-SCLP/NK/HD/FT/GEN .6-1CM	HOSPITAL FACILITY FEE	105.90
800100.036000050	HB EXCISION BENIGN LESION-SCLP/NK/HD/FT/GEN 1.1-2CM	HOSPITAL FACILITY FEE	137.00
800100.036000051	HB EXCISION BENIGN LESION-SCLP/NK/HD/FT/GEN 2.1-3CM	HOSPITAL FACILITY FEE	162.00
800100.036000052	HB EXCISION BENIGN LESION-SCLP/NK/HD/FT/GEN 3.1-4CM	HOSPITAL FACILITY FEE	183.00
800100.036000056	HB EXC BENIGN LESION-FACE/EAR/EYE/NOSE/LIP/MM 1.1-2CM	HOSPITAL FACILITY FEE	150.00
800100.036000063	HB EXCISION MALIGNANT LESION-TRUNK/ARMS/LEGS 1.1-2CM	HOSPITAL FACILITY FEE	152.00
800100.036000065	HB EXCISION MALIGNANT LESION-TRUNK/ARMS/LEGS 3.1-4CM	HOSPITAL FACILITY FEE	191.70
800100.036000066	HB EXCISION MALIGNANT LESION-TRUNK/ARMS/LEGS +4CM	HOSPITAL FACILITY FEE	272.00
800100.036000071	HB EXCISION MALIGNANT LESION-SCLP/NK/HD/FT/GEN 3.1-4CM	HOSPITAL FACILITY FEE	238.00
800100.036000072	HB EXCISION MALIGNANT LESION-SCLP/NK/HD/FT/GEN +4CM	HOSPITAL FACILITY FEE	279.00
800100.036000075	HB EXC MALIGNANT LES-FACE/EAR/EYE/NOSE/LIP/MM 1.1-2CM	HOSPITAL FACILITY FEE	196.00
800100.036000082	HB AVULSION,NAIL PLATE,PARTIAL/COMPLETE,SIMPLE,SINGLE	HOSPITAL FACILITY FEE	208.00
800100.036000084	HB EVACUATION OF SUBUNGUAL HEMATOMA	HOSPITAL FACILITY FEE	166.00
800100.036000087	HB REPAIR OF NAIL BED	HOSPITAL FACILITY FEE	659.00
800100.036000101	HB SIMPLE WOUND REPAIR-SCLP/NK/AX/GEN/TK/EXT TO 2.5CM	HOSPITAL FACILITY FEE	225.00
800100.036000102	HB SIMPLE WOUND REPAIR-SCLP/NK/AX/GEN/TK/EXT 2.6-7.5CM	HOSPITAL FACILITY FEE	262.00
800100.036000103	HB SIMPLE WOUND REPAIR-SCLP/NK/AX/GEN/TK/EXT 7.6-12.5CM	HOSPITAL FACILITY FEE	319.00
800100.036000104	HB SIMPLE WOUND REPAIR-SCLP/NK/AX/GEN/TK/EXT 12.6-20CM	HOSPITAL FACILITY FEE	290.00
800100.036000107	HB SIMPLE REPAIR-FACE/EAR/EYE/NOSE/LIP/MM UP TO 2.5CM	HOSPITAL FACILITY FEE	234.00
800100.036000108	HB SIMPLE REPAIR-FACE/EAR/EYE/NOSE/LIP/MM 2.6-5CM	HOSPITAL FACILITY FEE	319.00
800100.036000109	HB SIMPLE REPAIR-FACE/EAR/EYE/NOSE/LIP/MM 5.1-7.5CM	HOSPITAL FACILITY FEE	320.00
800100.036000115	HB INTERM WOUND REPAIR-SCLP/AX/TK/EXT 2.6-7.5CM	HOSPITAL FACILITY FEE	405.00
800100.036000116	HB INTERM WOUND REPAIR-SCLP/AX/TK/EXT 7.6-12.5CM	HOSPITAL FACILITY FEE	487.00
800100.036000120	HB INTERM WOUND REPAIR-NK/HD/FT/GEN TO 2.5CM	HOSPITAL FACILITY FEE	401.00
800100.036000124	HB INTERM REPAIR-FACE/EAR/EYE/NOSE/LIP/MM UP TO 2.5CM	HOSPITAL FACILITY FEE	345.00
800100.036000125	HB INTERM REPAIR-FACE/EAR/EYE/NOSE/LIP/MM 2.6-5CM	HOSPITAL FACILITY FEE	612.00
800100.036000133	HB COMPLEX REPAIR - SCALP/ARMS/LEGS 2.6-7.5CM	HOSPITAL FACILITY FEE	359.00
800100.036000134	HB COMPLEX REPAIR-SCALP/ARMS/LEGS EA ADDL 5CM OR LESS	HOSPITAL FACILITY FEE	350.00
800100.036000136	HB COMPLEX REPAIR-FACE/NK/AX/GEN/HND/FT 2.6 - 7.5CM	HOSPITAL FACILITY FEE	604.00
800100.036000140	HB COMPLEX REPAIR-EYELID/EAR/NOSE/LIP 2.6-7.6 CM	HOSPITAL FACILITY FEE	860.00
800100.036000156	HB SKIN SUB GRAFT TRNK/ARM/LEG UP TO 100SQ CM, 1ST 25	HOSPITAL FACILITY FEE	152.00
800100.036000157	HB SKIN SUB GRAFT FC/NK/HND/FT/G UP TO 100SQ CM, 1ST 25	HOSPITAL FACILITY FEE	160.00
800100.036000177	HB BURN TRTMT, DRESSING/DEBRIDEMENT, SM LESS TH 5 PERCENT TBSA	HOSPITAL FACILITY FEE	179.00
800100.036000218	HB PUNCTURE ASPIRATION OF CYST, BREAST	HOSPITAL FACILITY FEE	822.00
800100.036000238	HB BIOPSY, BONE, TROCER OR NEEDLE - SUPERFICIAL	HOSPITAL FACILITY FEE	1702.00
800100.036000244	HB INJECTION, THERAPEUTIC, CARPAL TUNNEL	HOSPITAL FACILITY FEE	82.00
800100.036000246	HB INJECTION(S), SINGLE TENDON SHEATH OR LIGAMENT	HOSPITAL FACILITY FEE	63.00
800100.036000249	HB INJECTION, SINGLE/MULTIPLE TRIGGER PTS, 1-2 MUSCLES	HOSPITAL FACILITY FEE	347.00
800100.036000251	HB ARTHROCENTESIS, ASPIRATION OR INJECTION OF SMALL JOINT OR BURSA	HOSPITAL FACILITY FEE	49.00
800100.036000252	HB ARTHROCENTESIS, ASPIRATION OR INJECTION INTERMEDIATE JOINT OR BURSA	HOSPITAL FACILITY FEE	54.00
800100.036000253	HB ARTHROCENTESIS, ASPIRATION OR INJECTION OF MAJOR JOINT OR BURSA	HOSPITAL FACILITY FEE	298.00
800100.036000259	HB REMOVAL OF IMPLANT (WIRE/PIN/ROD), DEEP	HOSPITAL FACILITY FEE	397.00
800100.036000298	HB INJECTION PROCEDURE FOR SHOULDER ARTHROGRAM	HOSPITAL FACILITY FEE	482.00
800100.036000299	HB CLOSED TRTMT CLAVICULAR FRACTURE W/O MANIPULATION	HOSPITAL FACILITY FEE	235.00
800100.036000301	HB CLOSED TRTMT PROXIMAL HUMERAL FRACTURE W/O MANIP	HOSPITAL FACILITY FEE	271.80
800100.036000304	HB CLOSED TRTMT SHOULDER DISLOCATION W/MANIP W/O ANES	HOSPITAL FACILITY FEE	392.00
800100.036000305	HB CLOSED TRTMT SHOULDER DISLOCATION W/MANIP W/ANESTH	HOSPITAL FACILITY FEE	2084.00
800100.036000318	HB CLOSED TRTMT ELBOW DISLOCATION W/O ANESTHESIA	HOSPITAL FACILITY FEE	610.00
800100.036000320	HB CLOSED TRTMT RADIAL HEAD SUBLUXATION, CHILD W/MANIP	HOSPITAL FACILITY FEE	259.00
800100.036000321	HB CLOSED TRTMT RADIAL HEAD/NECK FRACTURE W/O MANIP	HOSPITAL FACILITY FEE	280.50
800100.036000329	HB CLOSED TRTMT RADIUS FRACTURE W/MANIPULATION	HOSPITAL FACILITY FEE	532.00
800100.036000332	HB CLSD TRTMT RADIAL AND ULNAR SHAFT FRACTURE W/O MANIP	HOSPITAL FACILITY FEE	611.00
800100.036000333	HB CLOSED TRTMT DISTAL RADIAL FRACT (COLLES) W/O MANIP	HOSPITAL FACILITY FEE	237.00
800100.036000334	HB CLOSED TRTMT DISTAL RADIAL FRACT (COLLES) W/MANIP	HOSPITAL FACILITY FEE	1145.00
800100.036000335	HB CLOSED TRTMT CARPAL SCAPHOID FRACTURE W/O MANIP	HOSPITAL FACILITY FEE	321.00
800100.036000351	HB CLOSED TRTMT METACARPAL FRACTURE W/O MANIPULATION	HOSPITAL FACILITY FEE	309.00
800100.036000352	HB CLOSED TRTMT METACARPAL FRACTURE W/MANIPULATION	HOSPITAL FACILITY FEE	282.00
800100.036000353	HB CLOSED TRTMT CARPOMETACARPAL DISLOC W/MANIP, THUMB	HOSPITAL FACILITY FEE	259.00
800100.036000354	HB CLSD TRTMT CARPOMETACARPAL FX DISLOC W/MANIP-THUMB	HOSPITAL FACILITY FEE	444.00
800100.036000359	HB CLOSED TRTMT PHALANGEAL SHAFT FRACTURE W/MANIP	HOSPITAL FACILITY FEE	251.00
800100.036000362	HB CLOSED TRTMT DISTAL PHALANGEAL FRACTURE W/O MANIP	HOSPITAL FACILITY FEE	168.00
800100.036000366	HB CLSD TRTMT INTERPHALANGEAL JOINT DISL W/MANIP W/O ANES	HOSPITAL FACILITY FEE	271.00
800100.036000384	HB CLOSED TRTMT PATELLAR DISLOCATION W/O ANESTHESIA	HOSPITAL FACILITY FEE	259.00
800100.036000392	HB CLOSED TRTMT MEDIAL MALLEOLUS FRACTURE W/MANIP	HOSPITAL FACILITY FEE	1929.00
800100.036000402	HB CLOSED TRTMT TRIMALLEOLAR ANKLE FRACTURE W/MANIP	HOSPITAL FACILITY FEE	560.00
800100.036000406	HB REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	HOSPITAL FACILITY FEE	1042.00
800100.036000419	HB CLOSED TRTMT FRACT, PHALANX(NOT GREAT TOE) W/ MANIP	HOSPITAL FACILITY FEE	475.00
800100.036000432	HB CAST APPLICATION, LONG ARM	HOSPITAL FACILITY FEE	112.00
800100.036000443	HB CAST APPLICATION, SHORT ARM (ELBOW TO FINGER)	HOSPITAL FACILITY FEE	274.00
800100.036000444	HB CAST APPLICATION, HAND AND LOWER FOREARM (GAUNTLET)	HOSPITAL FACILITY FEE	239.00
800100.036000448	HB SPLINT APPLICATION, LONG ARM - ER	HOSPITAL FACILITY FEE	236.00
800100.036000449	HB SPLINT APPLICATION, SHORT ARM	HOSPITAL FACILITY FEE	68.00
800100.036000450	HB APPLICATION OF FINGER SPLINT, STATIC	HOSPITAL FACILITY FEE	135.00
800100.036000466	HB CAST APPLICATION, SHORT LEG	HOSPITAL FACILITY FEE	87.00
800100.036000467	HB CAST APPLICATION, SHORT LEG - AMBULATORY TYPE	HOSPITAL FACILITY FEE	274.00
800100.036000473	HB SPLINT APPLICATION, LONG LEG - ER	HOSPITAL FACILITY FEE	140.00
800100.036000477	HB SPLINT APPLICATION, SHORT LEG	HOSPITAL FACILITY FEE	164.00
800100.036000484	HB REMOVAL FOREIGN BODY, INTRANASAL	HOSPITAL FACILITY FEE	104.00
800100.036000487	HB CONTROL NASAL HEMORRHAGE, ANTERIOR; SIMPLE	HOSPITAL FACILITY FEE	202.00
800100.036000489	HB CONTROL NASAL HEMORRHAGE, POSTERIOR W/ PACKS/CAUTERY	HOSPITAL FACILITY FEE	410.00
800100.036000497	HB INTUBATION, ENDOTRACHEAL, EMERGENCY	HOSPITAL FACILITY FEE	396.00

800100.03600543	HB BIOPSY, LUNG/MEDIASTINUM, PERCUTANEOUS NEEDLE	HOSPITAL FACILITY FEE	1659.00
800100.03600545	HB INSERTION OF CHEST TUBE	HOSPITAL FACILITY FEE	1080.00
800100.03600548	HB THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING GUIDANCE	HOSPITAL FACILITY FEE	864.00
800100.03600550	HB PERCUTANEOUS PLEURAL DRAINAGE INSERT CATH W/IMAGING	HOSPITAL FACILITY FEE	966.00
800100.03600645	HB INSERT CV CATH/ NON-TUNNELED/ CENTRALLY/ 5 AND OLDER	HOSPITAL FACILITY FEE	2026.00
800100.03600650	HB INSERT PERIPHERAL CV CATH (PICC), WO PORT, 5 AND OLDER	HOSPITAL FACILITY FEE	1850.00
800100.03600658	HB REMOVE TUNNELED CENTRAL VENOUS CATH, W/O PORT OR PUMP	HOSPITAL FACILITY FEE	131.00
800100.03600659	HB REMOVE TUNNELED CENTRAL VENOUS DEVICE, W PORT OR PUMP	HOSPITAL FACILITY FEE	267.00
800100.03600660	HB DEBLOT VASCULAR DEVICE/CATH BY THROMBOLYTIC AGENT	HOSPITAL FACILITY FEE	337.00
800100.03600664	HB CONTRAST INJ FOR RAD EVAL OF EXISTING CV DEVICE INCL FLUORO	HOSPITAL FACILITY FEE	570.00
800100.03600679	HB CEREBRAL THROMBOLYSIS BY INTRAVENOUS INFUSION	HOSPITAL FACILITY FEE	566.00
800100.03600711	HB DIAGNOSTIC BONE MARROW; ASPIRATION(S)	HOSPITAL FACILITY FEE	181.00
800100.03600712	HB DIAGNOSTIC BONE MARROW; BIOPSY(IES)	HOSPITAL FACILITY FEE	194.00
800100.03600715	HB BIOPSY OR EXCISION, LYMPH NODE(S), NEEDLE, SUPERFICIAL	HOSPITAL FACILITY FEE	1456.00
800100.03600781	HB INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	HOSPITAL FACILITY FEE	151.00
800100.03600784	HB HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	HOSPITAL FACILITY FEE	252.60
800100.03600785	HB EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	HOSPITAL FACILITY FEE	174.90
800100.03600793	HB BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	HOSPITAL FACILITY FEE	1712.00
800100.03600817	HB ABDOMINAL PARACENTESIS W/ IMAGING GUIDANCE	HOSPITAL FACILITY FEE	1077.00
800100.03600818	HB BIOPSY, ABDOMINAL OR RETROPERITONEAL, PERCUTANEOUS NEEDLE	HOSPITAL FACILITY FEE	1696.00
800100.03600860	HB BLADDER IRRIGATION, SIMPLE, LAVAGE AND/ OR INSTILLATION	HOSPITAL FACILITY FEE	419.00
800100.03600861	HB INSERT NON-INDWELLING BLADDER CATH (STRAIGHT)	HOSPITAL FACILITY FEE	208.00
800100.03600862	HB INSERT TEMP INDWELLING BLADDER CATHETER; SIMPLE - EG FOLEY	HOSPITAL FACILITY FEE	158.00
800100.03601021	HB BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	HOSPITAL FACILITY FEE	950.00
800100.03601031	HB SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	HOSPITAL FACILITY FEE	433.00
800100.03601047	HB INJECTION, ANESTHETIC AGENT, FACIAL NERVE	HOSPITAL FACILITY FEE	549.00
800100.03601064	HB INJ, ANESTHETIC AGENT, OTHER PERIPHERAL NERVE OR BRANCH	HOSPITAL FACILITY FEE	860.00
800100.03601104	HB REMOVAL OF FB, EXTERNAL EYE, CONJUNCTIVAL, SUPERFICIAL	HOSPITAL FACILITY FEE	207.00
800100.03601105	HB REMOVAL OF FOREIGN BODY, CORNEAL, W/O SLIT LAMP	HOSPITAL FACILITY FEE	527.00
800100.03601179	HB REMOVAL, EMBEDDED FOREIGN BODY, EYELID	HOSPITAL FACILITY FEE	537.00
800100.03601206	HB REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	HOSPITAL FACILITY FEE	125.00
800100.03601207	HB REMOVAL OF IMPACTED CERUMEN, ONE OR BOTH EARS	HOSPITAL FACILITY FEE	78.00
800100.03601245	HB INJECTION, SACROILIAC JOINT W/ ANESTHETIC/ STEROID/ OTHER AGENT	HOSPITAL FACILITY FEE	700.00
800100.03601246	HB DIAGNOSTIC BONE MARROW BIOPSY(IES) AND ASPIRATION(S)	HOSPITAL FACILITY FEE	13.00
800100.03601268	HB I AND D, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH/KNEE	HOSPITAL FACILITY FEE	685.00
800100.03601271	HB SACROPLASTY, UNILATERAL INJECTION	HOSPITAL FACILITY FEE	1500.00
800100.03601272	HB SACROPLASTY, BILATERAL INJECTION 2 OR MORE NEEDLES	HOSPITAL FACILITY FEE	1500.00
800100.03601286	HB CLSD TRTMT RADIAL AND ULNAR SHAFT FRACTURE W/ MANIP	HOSPITAL FACILITY FEE	895.00
800100.03601293	HB INJ FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY-URODYN	HOSPITAL FACILITY FEE	300.00
800100.03601300	HB BURN TRTMT, INITIAL, 1ST DEGREE BURN, LOCAL	HOSPITAL FACILITY FEE	104.00
800100.03601443	HB BREAST BX W/STEREOTACTIC/LOCAL DVC/SPECIMEN, 1ST LESION	HOSPITAL FACILITY FEE	3541.00
800100.03601445	HB US BREAST BX W/STEREOTCT/LOCAL DVC/SPECIMEN, 1ST LESION	HOSPITAL FACILITY FEE	2590.00
800100.03601446	HB US BREAST BX W/STEREOTCT/LOCAL DVC/SPECIMEN, ADDL LESION	HOSPITAL FACILITY FEE	154.00
800100.03601717	HB UICC TREAT HIP DISL W/AN	HOSPITAL FACILITY FEE	3014.00
800100.03601721	HB UICC TREAT KNEECAP DISLOCATION W/ANESTHESIA	HOSPITAL FACILITY FEE	1427.00
800100.03601728	HB UICC STRAPPING SHOULDER	HOSPITAL FACILITY FEE	119.00
800100.03601729	HB UICC STRAPPING ELBOW/WRIST	HOSPITAL FACILITY FEE	125.00
800100.03601730	HB UICC STRAPPING KNEE	HOSPITAL FACILITY FEE	125.00
800100.03602252	HB CCHS DISCONTINUED SURG PROCEDURE	HOSPITAL FACILITY FEE	401.00
800100.03602253	HB CCHS SI JOINT INJECTION	HOSPITAL FACILITY FEE	700.00
800100.03602254	HB CCHS BAHA EXAM LEVEL	HOSPITAL FACILITY FEE	1000.00
800100.03602255	HB CCHS EPIDURAL STERIOD INJECTION	HOSPITAL FACILITY FEE	700.00
800100.03602256	HB CCHS MINOR PROCEDURE ROOM	HOSPITAL FACILITY FEE	600.00
800100.03602257	HB CCHS LIGASURE EXAM LEVEL	HOSPITAL FACILITY FEE	430.00
800100.03602258	HB CCHS HARMONIC SCALPAL EXAM LEVEL	HOSPITAL FACILITY FEE	430.00
800100.03602259	HB CCHS HARMONIC ACE EXAM LEVEL	HOSPITAL FACILITY FEE	3132.00
800100.03602260	HB CCHS HYSTEROSCOPE EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602261	HB CCHS ARTHROSCOPY EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602262	HB CCHS CAMERA AND LIGHT CORD EXAM LEVEL	HOSPITAL FACILITY FEE	346.00
800100.03602263	HB CCHS LAP/CHOLE EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602264	HB CCHS CYSTOSCOPE EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602265	HB CCHS PNEUMATIC TOURNIQUET EXAM LEVEL	HOSPITAL FACILITY FEE	233.00
800100.03602266	HB CCHS GASTROSCOPE EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602267	HB CCHS OPHT EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602268	HB CCHS COLONOSCOPE EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602269	HB CCHS CAUTERY EXAM LEVEL	HOSPITAL FACILITY FEE	342.00
800100.03602270	HB CCHS PHACO EXAM LEVEL	HOSPITAL FACILITY FEE	523.00
800100.03602271	HB CCHS OPER RM ADD'L 1/2 HR	HOSPITAL FACILITY FEE	688.00
800100.03602272	HB CCHS AMB SURG VISIT	HOSPITAL FACILITY FEE	1314.00
800100.03602273	HB CCHS OPERATING RM 1/2 HR	HOSPITAL FACILITY FEE	1852.00
800100.03602274	HB CCHS SINUSOSCOPY EXAM LEVEL	HOSPITAL FACILITY FEE	572.00
800100.03602358	HB CCHS FACET JOINT INJECTION	HOSPITAL FACILITY FEE	1290.00
800100.03900004	HB RED BLOOD CELLS, L/R	HOSPITAL FACILITY FEE	277.00
800100.03900007	HB PLASMA, FRESH FROZEN	HOSPITAL FACILITY FEE	86.00
800100.03900025	HB PLATELETS, APHERESIS, L/R	HOSPITAL FACILITY FEE	696.00
800100.03900041	HB RED BLOOD CELLS, L/R, IRRADIATED, LTD DONOR	HOSPITAL FACILITY FEE	335.00
800100.03900060	HB PLT, APHERESIS, IRR	HOSPITAL FACILITY FEE	630.18
800100.039100001	HB TRANSFUSION, BLOOD OR BLOOD COMPONENTS	HOSPITAL FACILITY FEE	327.00
800100.039100005	HB BLOOD TRANSFUSION DURING OR PROCEDURE	HOSPITAL FACILITY FEE	327.00
800100.039100032	HB CCHS MISC ADSORPTION ARC	HOSPITAL FACILITY FEE	46.72
800100.040100002	HB DIAGNOSTIC BILATERAL MAMMOGRAM, INCL CAD WHEN PERFORMED	HOSPITAL FACILITY FEE	384.00
800100.040100003	HB DIAGNOSTIC UNILATERAL MAMMOGRAM, INCL CAD WHEN PERFORMED	HOSPITAL FACILITY FEE	305.00
800100.040200001	HB MEASURE POST-VOIDING RESIDUAL URINE/BLADDER CAPACITY BY US	HOSPITAL FACILITY FEE	106.00
800100.040200010	HB ULTRASOUND, SOFT TISSUES OF HEAD AND NECK(THYROID)	HOSPITAL FACILITY FEE	514.00
800100.040200011	HB US EXAM - CHEST	HOSPITAL FACILITY FEE	586.00
800100.040200014	HB US EXAM - ABDOMEN, ENTIRE	HOSPITAL FACILITY FEE	667.00
800100.040200015	HB US EXAM - ABDOMEN, LIMITED	HOSPITAL FACILITY FEE	519.00
800100.040200016	HB US EXAM - RETROPERITONEAL, ENTIRE	HOSPITAL FACILITY FEE	766.00
800100.040200017	HB US EXAM - RETROPERITONEAL, LIMITED	HOSPITAL FACILITY FEE	460.75
800100.040200020	HB US-FETAL AND MATERNAL EVAL/1ST TRI/TRANSAB/1ST GEST	HOSPITAL FACILITY FEE	496.00
800100.040200021	HB US-FETAL AND MATERNAL EVAL/1ST TRI/TRANSAB/EA ADD'L	HOSPITAL FACILITY FEE	370.00
800100.040200022	HB US-FETAL AND MATERNAL EVAL/POST 1ST TRI/TRANSAB/1 GEST	HOSPITAL FACILITY FEE	584.00
800100.040200023	HB US-FETAL AND MATERNAL EVAL/POST 1ST TRI/TRANSAB/EA ADD	HOSPITAL FACILITY FEE	322.00
800100.040200029	HB ULTRASOUND MONITORING - OB, FOLLOW-UP	HOSPITAL FACILITY FEE	505.00

800100.040200030	HB ULTRASOUND - PREGNANT UTERUS, TRANSVAGINAL	HOSPITAL FACILITY FEE	628.00
800100.040200033	HB FETAL BIOPHYSICAL PROFILE W/O STRESS TEST	HOSPITAL FACILITY FEE	615.00
800100.040200040	HB ULTRASOUND, TRANSVAGINAL	HOSPITAL FACILITY FEE	503.00
800100.040200047	HB ULTRASOUND, PELVIC (NONOBSTETRIC), COMPLETE	HOSPITAL FACILITY FEE	532.00
800100.040200048	HB ULTRASOUND, PELVIC (NONOBSTETRIC), LIMITED OR F-UP	HOSPITAL FACILITY FEE	420.00
800100.040200050	HB ULTRASOUND, SCROTUM	HOSPITAL FACILITY FEE	664.00
800100.040200054	HB ULTRASOUND, LIMITED, JOINT OR OTHER NONVASCULAR EXTREMITY	HOSPITAL FACILITY FEE	442.00
800100.040200058	HB US GUIDANCE - VASCULAR ACCESS PLACEMENT	HOSPITAL FACILITY FEE	442.00
800100.040200060	HB ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	HOSPITAL FACILITY FEE	663.00
800100.040200068	HB 3-D RENDERING W/IMAGE POSTPROCESSING, US	HOSPITAL FACILITY FEE	542.00
800100.040200073	HB UICC OB ULTRASOUND/LIMITED	HOSPITAL FACILITY FEE	496.00
800100.040200079	HB U/S SCREENING FOR ABDOMINAL AORTIC ANEURYSM	HOSPITAL FACILITY FEE	385.00
800100.040200086	HB ULTRASOUND, BREAST, UNILATERAL; COMPLETE	HOSPITAL FACILITY FEE	402.00
800100.040200087	HB ULTRASOUND, BREAST, UNILATERAL; LIMITED	HOSPITAL FACILITY FEE	299.00
800100.040300002	HB SCREENING MAMMOGRAM, INCL CAD WHEN PERFORMED	HOSPITAL FACILITY FEE	360.00
800100.040400063	HB PET/CT, TUMOR IMAGING, SKULL TO MID THIGH	HOSPITAL FACILITY FEE	4051.00
800100.040400069	HB PET/CT, TUMOR IMAGING, WHOLE BODY	HOSPITAL FACILITY FEE	4200.00
800100.041000001	HB CONTINUOUS VENTILATION INITIATION	HOSPITAL FACILITY FEE	795.00
800100.041000002	HB CONTINUOUS VENTILATION SUBSEQUENT DAY	HOSPITAL FACILITY FEE	245.00
800100.041000007	HB PENTAMIDINE TREATMENT	HOSPITAL FACILITY FEE	235.00
800100.041000008	HB CPAP OR BI-PAP INITIATION AND MANAGEMENT	HOSPITAL FACILITY FEE	416.00
800100.041000010	HB CHEST WALL MANIPULATION-INITIAL	HOSPITAL FACILITY FEE	128.00
800100.041000011	HB CHEST WALL MANIPULATION-SUBSEQUENT	HOSPITAL FACILITY FEE	79.00
800100.041000032	HB UICC SPUTUM INDUCTION	HOSPITAL FACILITY FEE	108.00
800100.041000045	HB UICC OTH RESP PROC, INDIV	HOSPITAL FACILITY FEE	88.00
800100.041000046	HB UICC OTH RESP PROC, GROUP	HOSPITAL FACILITY FEE	119.00
800100.041200011	HB UICC AIRWAY INHALATION TREATMENT (RT)	HOSPITAL FACILITY FEE	82.00
800100.042000001	HB TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION	HOSPITAL FACILITY FEE	80.00
800100.042000004	HB CANALITH REPOSITIONING PROCEDURE PER DAY	HOSPITAL FACILITY FEE	103.00
800100.042000008	HB PHYSICAL THERAPY RE-EVALUATION	HOSPITAL FACILITY FEE	92.00
800100.042000011	HB ELECTRICAL STIMULATION, ATTENDED, PER 15 MIN (PT)	HOSPITAL FACILITY FEE	71.00
800100.042000012	HB IONTOPHORESIS (15 MINUTES)	HOSPITAL FACILITY FEE	109.00
800100.042000013	HB US - 15 MINUTES	HOSPITAL FACILITY FEE	64.00
800100.042000014	HB THERAPEUTIC EXERCISE (15 MINUTES)	HOSPITAL FACILITY FEE	83.00
800100.042000016	HB NEUROMUSCULAR RE-EDUCATION (15 MINUTES)	HOSPITAL FACILITY FEE	84.00
800100.042000017	HB AQUATIC THERAPY (15 MINUTES)	HOSPITAL FACILITY FEE	92.00
800100.042000018	HB GAIT TRAINING (15 MINUTES)	HOSPITAL FACILITY FEE	78.00
800100.042000020	HB MANUAL THERAPY TECHNIQUES, PER 15 MINUTES	HOSPITAL FACILITY FEE	82.00
800100.042000021	HB THERAPEUTIC ACTIVITY-FUNCTIONAL TRAINING PER 15MIN	HOSPITAL FACILITY FEE	85.00
800100.042000033	HB MOBILITY CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000034	HB MOBILITY GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000035	HB MOBILITY DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000036	HB BODY POSITION CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000037	HB BODY POSITION GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000038	HB BODY POSITION DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000039	HB CARRY CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000040	HB CARRY GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000041	HB CARRY DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000042	HB SELF CARE CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000043	HB SELF CARE GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000044	HB SELF CARE DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000045	HB OTHER PT/OT CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000046	HB OTHER PT/OT GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000047	HB OTHER PT/OT DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000048	HB SUBSEQUENT PT/OT CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000049	HB SUBSEQUENT PT/OT GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000050	HB SUBSEQUENT PT/OT DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.042000063	HB MOBILITY CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000064	HB MOBILITY GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000065	HB MOBILITY DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000066	HB BODY POSITION CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000067	HB BODY POSITION GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000068	HB BODY POSITION DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000069	HB CARRY CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000070	HB CARRY GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000071	HB CARRY DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000072	HB SELF CARE CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000073	HB SELF CARE GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000074	HB SELF CARE DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000075	HB OTHER PT/OT CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000076	HB OTHER PT/OT GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000077	HB OTHER PT/OT DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000078	HB SUBSEQUENT PT/OT CURRENT STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000079	HB SUBSEQUENT PT/OT GOAL STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000080	HB SUBSEQUENT PT/OT DISCHARGE STATUS - PT	HOSPITAL FACILITY FEE	0.01
800100.042000120	HB UICC ES/INTERFETAL	HOSPITAL FACILITY FEE	76.00
800100.042000122	HB MECHANICAL TRACTION THERAPY - PT	HOSPITAL FACILITY FEE	63.00
800100.042000140	HB UICC VASOPNEUMATIC DEVICE THERAPY PT	HOSPITAL FACILITY FEE	45.00
800100.042000146	HB UICC WRK HARD INT 2 HRS PT	HOSPITAL FACILITY FEE	175.00
800100.042000147	HB UICC WRK HARD EA ADD HR PT	HOSPITAL FACILITY FEE	85.00
800100.042000185	HB PHYSICAL THERAPY EVAL; LOW COMPLEXITY	HOSPITAL FACILITY FEE	162.00
800100.042000186	HB PHYSICAL THERAPY EVAL; MODERATE COMPLEXITY	HOSPITAL FACILITY FEE	182.00
800100.042000187	HB PHYSICAL THERAPY EVAL; HIGH COMPLEXITY	HOSPITAL FACILITY FEE	202.00
800100.042000203	HB CCHS DRY NEEDLING	HOSPITAL FACILITY FEE	25.00
800100.042000205	HB ORTHOTIC MGMT/TRAINING, INITIAL, PER 15 MIN - PT	HOSPITAL FACILITY FEE	124.00
800100.042000206	HB PROSTHETIC TRAINING, INITIAL, PER 15 MIN - PT	HOSPITAL FACILITY FEE	108.00
800100.042000207	HB ORTHOTIC/PROSTH MGMT/TRAINING, SUBSEQUENT, PER 15 MIN - PT	HOSPITAL FACILITY FEE	108.00
800100.043000002	HB STANDARDIZED COGNITIVE PERFORMANCE TESTING, PER HR	HOSPITAL FACILITY FEE	388.00
800100.043000005	HB OCCUPATIONAL THERAPY RE-EVALUATION	HOSPITAL FACILITY FEE	96.00
800100.043000007	HB COGNITIVE REHABILITATION (EA 15 MIN) - OT	HOSPITAL FACILITY FEE	93.00
800100.043000008	HB SELF-CARE/HOME MGMT TRAINING (ADL'S) - 15 MIN	HOSPITAL FACILITY FEE	82.00
800100.043000017	HB IONTOPHORESIS (15 MINUTES) (OT)	HOSPITAL FACILITY FEE	109.00
800100.043000018	HB US - 15 MINUTES (OT)	HOSPITAL FACILITY FEE	64.00
800100.043000022	HB THERAPEUTIC EXERCISE (15 MINUTES) - OT	HOSPITAL FACILITY FEE	83.00

800100.043000023	HB NEUROMUSCULAR RE-EDUCATION (15 MIN) - OT	HOSPITAL FACILITY FEE	84.00
800100.043000024	HB MANUAL THERAPY TECHNIQUES, PER 15 MINUTES - OT	HOSPITAL FACILITY FEE	82.00
800100.043000025	HB THERAPEUTIC ACTIVITY-FUNCTIONAL TRAINING PER 15MIN-OT	HOSPITAL FACILITY FEE	85.00
800100.043000029	HB UICC PARAFFIN BATH THERAPY	HOSPITAL FACILITY FEE	65.25
800100.043000034	HB UICC OT SPLINT LONG ARM	HOSPITAL FACILITY FEE	236.00
800100.043000035	HB UICC OT SPLINT SHORT ARM	HOSPITAL FACILITY FEE	131.00
800100.043000037	HB UICC OT SPLINT FINGER	HOSPITAL FACILITY FEE	135.00
800100.043000048	HB UICC VASOPNEUMATIC DEVICE THERAPY OT	HOSPITAL FACILITY FEE	45.00
800100.043000050	HB UICC WHIRLPOOL OT	HOSPITAL FACILITY FEE	70.00
800100.043000058	HB UICC PROSTHETIC TRAINING (15 MINUTES) - OT	HOSPITAL FACILITY FEE	108.00
800100.043000060	HB UICC ELECTRICAL STIMULATION - UNATTENDED -OT	HOSPITAL FACILITY FEE	76.00
800100.043000086	HB UICC AQUATIC THERAPY (15 MINUTES) - OT	HOSPITAL FACILITY FEE	92.00
800100.043000088	HB OCCUPATIONAL THERAPY EVAL; LOW COMPLEXITY	HOSPITAL FACILITY FEE	164.00
800100.043000089	HB OCCUPATIONAL THERAPY EVAL; MODERATE COMPLEXITY	HOSPITAL FACILITY FEE	184.00
800100.043000090	HB OCCUPATIONAL THERAPY EVAL; HIGH COMPLEXITY	HOSPITAL FACILITY FEE	204.00
800100.043000094	HB MEMORY CURRENT STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.043000095	HB MEMORY GOAL STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.043000096	HB MEMORY DISCHARGE STATUS - OT	HOSPITAL FACILITY FEE	0.01
800100.043000100	HB ORTHOTIC MGMT/TRAINING, INITIAL, PER 15 MIN - OT	HOSPITAL FACILITY FEE	124.00
800100.043000101	HB ORTHOTIC/PROSTH MGMT/TRAINING, SUBSEQUENT, PER 15 MIN - OT	HOSPITAL FACILITY FEE	108.00
800100.044000001	HB TRTMT OF SPEECH, LANGUAGE, COMM	HOSPITAL FACILITY FEE	199.00
800100.044000006	HB SWALLOWING THERAPY - LIMITED	HOSPITAL FACILITY FEE	202.00
800100.044000008	HB THERAPEUTIC SVC, SPEECH-GEN DEVICE, PROGRAM/MODIFY	HOSPITAL FACILITY FEE	109.00
800100.044000011	HB SWALLOW CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000012	HB SWALLOW GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000013	HB SWALLOW DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000014	HB MOTOR SPEECH CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000015	HB MOTOR SPEECH DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000016	HB MOTOR SPEECH GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000017	HB LANG COMP CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000018	HB LANG COMP GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000019	HB LANG COMP DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000020	HB LANG EXPRESS CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000021	HB LANG EXPRESS GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000022	HB LANG EXPRESS DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000023	HB ATTEN CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000024	HB ATTEN GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000025	HB ATTEN DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000026	HB MEMORY CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000027	HB MEMORY GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000028	HB MEMORY DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000029	HB VOICE CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000030	HB VOICE GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000031	HB VOICE DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000032	HB SPEECH LANG CURRENT STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000033	HB SPEECH LANG GOAL STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000034	HB SPEECH LANG DISCHARGE STATUS	HOSPITAL FACILITY FEE	0.01
800100.044000038	HB UICC DEVELOPMENT OF COGNITIVE SKILLS (ATTENTION/MEMORY/PROBLEM SOLVING)	HOSPITAL FACILITY FEE	93.00
800100.044400009	HB EVAL OF SWALLOWING AND ORAL FUNCTION	HOSPITAL FACILITY FEE	360.00
800100.044400010	HB MOTION FLUOROSCOPIC EVAL OF SWALLOWING, CINE/VIDEO	HOSPITAL FACILITY FEE	353.00
800100.044400014	HB EVALUATION OF SPEECH SOUND PRODUCTION	HOSPITAL FACILITY FEE	165.00
800100.044400015	HB EVAL SPEECH SOUND PRODUCTION/COMPREHENSION/EXPRESSION	HOSPITAL FACILITY FEE	340.00
800100.044400016	HB BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	HOSPITAL FACILITY FEE	170.00
800100.044400020	HB COGNITIVE PERFORMANCE TESTING, PER HOUR	HOSPITAL FACILITY FEE	388.00
800100.045000001	HB ER VISIT, LEVEL 1, BRIEF (99281)	HOSPITAL FACILITY FEE	109.00
800100.045000002	HB ER VISIT, LEVEL 2, LIMITED (99282)	HOSPITAL FACILITY FEE	201.00
800100.045000003	HB ER VISIT, LEVEL 3, INTERMEDIATE (99283)	HOSPITAL FACILITY FEE	323.00
800100.045000004	HB ER VISIT, LEVEL 4, COMPLEX - MODERATE (99284)	HOSPITAL FACILITY FEE	541.00
800100.045000005	HB ER VISIT, LEVEL 5, COMPLEX - HIGH (99285)	HOSPITAL FACILITY FEE	785.00
800100.045000006	HB ER VISIT, LEVEL 6, CRITICAL CARE (99291)	HOSPITAL FACILITY FEE	1173.00
800100.045000034	HB UICC CRITICAL CARE NURSING E AND M EA ADD 30 MIN	HOSPITAL FACILITY FEE	881.00
800100.045000078	HB UICC SPLINT APPLICATION, SHORT ARM - ER	HOSPITAL FACILITY FEE	131.00
800100.045000095	HB CCHS APPLICATION CAST FIGURE-OF-8	HOSPITAL FACILITY FEE	164.00
800100.046000001	HB SPIROMETRY	HOSPITAL FACILITY FEE	181.00
800100.046000002	HB SPIROMETRY, PRE AND POST BRONCHODILATION	HOSPITAL FACILITY FEE	316.00
800100.046000015	HB OXIMETRY SPOT CHECK - SINGLE DETERMINATION	HOSPITAL FACILITY FEE	100.00
800100.046000017	HB OXIMETRY CONTINUOUS OVERNIGHT MONITORING	HOSPITAL FACILITY FEE	283.00
800100.046000018	HB CAPNOMETRY	HOSPITAL FACILITY FEE	283.00
800100.046000027	HB SIMPLE PULMONARY STRESS TEST - 6 MIN WALK - CARDIAC REHAB	HOSPITAL FACILITY FEE	499.00
800100.046000042	HB UICC MVV	HOSPITAL FACILITY FEE	118.00
800100.046000047	HB UICC DIFFUSING CAPACITY	HOSPITAL FACILITY FEE	245.00
800100.046000067	HB UICC EVALUATE PT USE OF INHALER (RT)	HOSPITAL FACILITY FEE	108.00
800100.046000074	HB UICC NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER - RT	HOSPITAL FACILITY FEE	166.00
800100.046000080	HB CCHS OXIMETRY SPOT CHECK - SINGLE DETERMINATION - ER	HOSPITAL FACILITY FEE	100.00
800100.047100058	HB UICC NEWBORN HEARING SCREEN	HOSPITAL FACILITY FEE	91.00
800100.048000001	HB CARDIOPULMONARY RESUSCITATION	HOSPITAL FACILITY FEE	575.00
800100.048000026	HB TRANSTHORACIC ECHO, 2D, W/DOPPLER AND COLOR FLOW	HOSPITAL FACILITY FEE	1680.00
800100.048000030	HB ECHOCARD, 2D-TRANSTHOR, W/VO M-MODE NONCONG, LTD OR F-UP	HOSPITAL FACILITY FEE	686.00
800100.048000101	HB PERIPHERAL ARTERIAL DISEASE (PAD) REHAB SESSION	HOSPITAL FACILITY FEE	125.00
800100.048100015	HB THROMBOLYSIS, CORONARY BY IV INFUSION	HOSPITAL FACILITY FEE	279.00
800100.048200010	HB CV STRESS TEST EXERCISE	HOSPITAL FACILITY FEE	704.00
800100.051000007	HB INJECTION, SUBCUTANEOUS OR INTRAMUSCULAR	HOSPITAL FACILITY FEE	54.00
800100.051000059	HB CLINIC VISIT	HOSPITAL FACILITY FEE	60.00
800100.051000117	HB CCHS CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	HOSPITAL FACILITY FEE	133.00
800100.051000118	HB CCHS UNNA BOOT APPLICATION - WOC	HOSPITAL FACILITY FEE	163.00
800100.051000119	HB CCHS APPLY MULTILAY COMPRS LWR LEG - WOC	HOSPITAL FACILITY FEE	190.00
800100.051000120	HB CCHS INSERT TEMP INDWELLING BLADDER CATHETER - WOC	HOSPITAL FACILITY FEE	158.00
800100.051000121	HB CCHS MEASURE POST-VOIDING RESIDUAL URINE/BLADDER CAPACITY BY US - WOC	HOSPITAL FACILITY FEE	106.00
800100.051000122	HB CCHS BIOFEEDBACK TRAINING, PERINEAL/ ANORECTAL/ URETHRAL - WOC	HOSPITAL FACILITY FEE	204.00
800100.051000123	HB CCHS STUDY OF UPPER/LOWER EXTREMITY ARTERIES, LIMITED- WOC	HOSPITAL FACILITY FEE	389.00
800100.051000124	HB CCHS ELECTRICAL STIMULATION, ATTENDED, PER 15 MIN - WOC	HOSPITAL FACILITY FEE	71.00
800100.051000125	HB CCHS DEBRIDEMENT, OPEN WOUND, FIRST 20SQ CM OR LESS - WOC	HOSPITAL FACILITY FEE	191.00
800100.051000126	HB CCHS DEBRIDEMENT, OPEN WOUND, EA ADDL 20SQ CM OR PART - WOC	HOSPITAL FACILITY FEE	193.00
800100.051000127	HB CCHS NEGATIVE PRESSURE WOUND THERAPY, UP TO 50 SQ CM - WOC	HOSPITAL FACILITY FEE	154.00

800100.051000128	HB CCHS NEGATIVE PRESSURE WOUND THERAPY, GR TH 50 SQ CM - WOC	HOSPITAL FACILITY FEE	191.00
800100.051000129	HB CCHS LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY - WOC	HOSPITAL FACILITY FEE	122.00
800100.051000130	HB CCHS NURSING CLINIC LEVEL I NEW	HOSPITAL FACILITY FEE	116.00
800100.051000134	HB CCHS NURSING CLINIC LEVEL I NEW - WOC	HOSPITAL FACILITY FEE	116.00
800100.051000135	HB CCHS NURSING CLINIC LEVEL II NEW	HOSPITAL FACILITY FEE	150.25
800100.051000139	HB CCHS NURSING CLINIC LEVEL II NEW - WOC	HOSPITAL FACILITY FEE	150.25
800100.051000140	HB CCHS NURSING CLINIC LEVEL III NEW	HOSPITAL FACILITY FEE	170.00
800100.051000144	HB CCHS NURSING CLINIC LEVEL III NEW - WOC	HOSPITAL FACILITY FEE	170.00
800100.051000145	HB CCHS NURSING CLINIC LEVEL IV NEW	HOSPITAL FACILITY FEE	229.00
800100.051000149	HB CCHS NURSING CLINIC LEVEL V NEW	HOSPITAL FACILITY FEE	301.00
800100.051000153	HB CCHS NURSING CLINIC LEVEL 1 EST	HOSPITAL FACILITY FEE	98.00
800100.051000158	HB CCHS NURSING CLINIC LEVEL I EST - WOC	HOSPITAL FACILITY FEE	98.00
800100.051000159	HB CCHS NURSING CLINIC LEVEL II EST	HOSPITAL FACILITY FEE	117.00
800100.051000163	HB CCHS NURSING CLINIC LEVEL II EST - WOC	HOSPITAL FACILITY FEE	117.00
800100.051000164	HB CCHS NURSING CLINIC LEVEL III EST	HOSPITAL FACILITY FEE	135.00
800100.051000168	HB CCHS NURSING CLINIC LEVEL III EST - WOC	HOSPITAL FACILITY FEE	135.00
800100.051000169	HB CCHS NURSING CLINIC LEVEL IV EST	HOSPITAL FACILITY FEE	137.00
800100.051000173	HB CCHS NURSING CLINIC LEVEL V EST	HOSPITAL FACILITY FEE	240.00
800100.051000187	HB CCHS NEG PRESS WOUND TX,LESS THAN 50CM, DISP	HOSPITAL FACILITY FEE	585.00
800100.051900004	HB CCHS EPIDRM AGRFT T/A/L 1ST 100 CM AND 1 PERCENT BDY INFNT/CHILD	HOSPITAL FACILITY FEE	870.00
800100.051900006	HB CCHS CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	HOSPITAL FACILITY FEE	373.00
800100.051900007	HB CCHS I AND D UPPER ARM/ELBOW DEEP ABSCESS/HEMAT	HOSPITAL FACILITY FEE	370.00
800100.051900009	HB CCHS EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	HOSPITAL FACILITY FEE	372.00
800100.051900010	HB CCHS OFFICE NEW PT FOCUS-FAC	HOSPITAL FACILITY FEE	30.00
800100.051900012	HB CCHS OFFICE NEW PT EXPAND-FAC	HOSPITAL FACILITY FEE	48.00
800100.051900015	HB CCHS OFFICE NEW PT DETAIL-FAC	HOSPITAL FACILITY FEE	67.00
800100.051900018	HB CCHS OFFICE NEW PT COMPREH-FAC	HOSPITAL FACILITY FEE	97.00
800100.051900022	HB CCHS OFFICE NEW PT COMPLEX-FAC	HOSPITAL FACILITY FEE	121.00
800100.051900025	HB CCHS OFFICE EST PT FOCUS-FAC	HOSPITAL FACILITY FEE	26.00
800100.051900028	HB CCHS OFFICE EST PT EXPAND-FAC	HOSPITAL FACILITY FEE	49.00
800100.051900032	HB CCHS OFFICE EST PT DETAIL-FAC	HOSPITAL FACILITY FEE	56.00
800100.051900036	HB CCHS OFFICE EST PT COMPREH-FAC	HOSPITAL FACILITY FEE	82.00
800100.061000004	HB MRI ORBIT/FACE/NECK, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3941.00
800100.061000005	HB MRI CHEST, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	1981.00
800100.061000007	HB MRI CHEST, WITHOUT THEN WITH CONTRAST, ADDL SEQ	HOSPITAL FACILITY FEE	3095.00
800100.061000008	HB MRI PELVIS, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2147.00
800100.061000010	HB MRI PELVIS, WITHOUT THEN WITH CONTRAST	HOSPITAL FACILITY FEE	3526.00
800100.061000011	HB MRI UPPER EXTREMITY, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2450.00
800100.061000013	HB MRI UPPER EXTREMITY, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	4606.00
800100.061000014	HB MRI UPPER EXT JOINT, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2307.00
800100.061000015	HB MRI UPPER EXT JOINT, WITH CONTRAST	HOSPITAL FACILITY FEE	2894.00
800100.061000016	HB MRI UPPER EXT JOINT, W/O THEN W/CONTRAST, ADDL SEQ	HOSPITAL FACILITY FEE	3714.00
800100.061000017	HB MRI LOWER EXTREMITY, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2314.00
800100.061000018	HB MRI LOWER EXTREMITY, WITH CONTRAST	HOSPITAL FACILITY FEE	2500.00
800100.061000019	HB MRI LOWER EXTREMITY, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3762.00
800100.061000020	HB MRI LOWER EXT JOINT, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2522.00
800100.061000021	HB MRI LOWER EXT JOINT, WITH CONTRAST	HOSPITAL FACILITY FEE	3572.00
800100.061000022	HB MRI LOWER EXT JOINT, W/O THEN W/CONTRAST, ADDL SEQ	HOSPITAL FACILITY FEE	3771.00
800100.061000023	HB MRI ABDOMEN, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2927.00
800100.061000024	HB MRI ABDOMEN, WITH CONTRAST	HOSPITAL FACILITY FEE	3100.00
800100.061000025	HB MRI ABDOMEN, WITHOUT THEN WITH CONTRAST, ADDL SEQ	HOSPITAL FACILITY FEE	3874.00
800100.061100001	HB MRI BRAIN AND BRAIN STEM, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2702.00
800100.061100002	HB MRI BRAIN AND BRAIN STEM, WITH CONTRAST	HOSPITAL FACILITY FEE	2757.00
800100.061100003	HB MRI BRAIN AND BRAIN STEM, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3884.00
800100.061200001	HB MRI CERVICAL SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2415.00
800100.061200002	HB MRI CERVICAL SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	2589.00
800100.061200003	HB MRI THORACIC SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2523.00
800100.061200004	HB MRI THORACIC SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	2724.00
800100.061200005	HB MRI LUMBAR SPINE, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2727.00
800100.061200006	HB MRI LUMBAR SPINE, WITH CONTRAST	HOSPITAL FACILITY FEE	3609.00
800100.061200007	HB MRI CERVICAL SPINE, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3868.00
800100.061200008	HB MRI THORACIC SPINE, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3743.00
800100.061200009	HB MRI LUMBAR SPINE, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3730.00
800100.061500001	HB MRA HEAD, WITHOUT CONTRAST	HOSPITAL FACILITY FEE	2624.00
800100.061500005	HB MRA NECK, WITH CONTRAST	HOSPITAL FACILITY FEE	2896.00
800100.061500006	HB MRA NECK, WITH AND WITHOUT CONTRAST	HOSPITAL FACILITY FEE	3573.00
800100.063610053	HB UICC NM A9567 TECH AEROSOL TC9	HOSPITAL FACILITY FEE	618.00
800100.063610083	HB UICC NM GB SINCALIDE 5 MCG	HOSPITAL FACILITY FEE	148.00
800100.063610084	HB CCHS MAGNEVIST VL 20 ML	HOSPITAL FACILITY FEE	170.00
800100.063610085	HB CCHS MAGNEVIST PFS 20 ML	HOSPITAL FACILITY FEE	305.00
800100.063610094	HB CCHS KERCIS OMEGA3 PER SQ CM (PKG 1.75X1.75)	HOSPITAL FACILITY FEE	215.00
800100.063610095	HB CCHS KERCIS OMEGA3 PER SQ CM (PKG 3X3.5)	HOSPITAL FACILITY FEE	92.05
800100.063610096	HB CCHS KERCIS OMEGA3 PER SQ CM (PKG 3X7)	HOSPITAL FACILITY FEE	92.62
800100.063610097	HB CCHS KERCIS OMEGA3 PER SQ CM (PKG 7X10)	HOSPITAL FACILITY FEE	87.64
800100.071000058	HB CCHS RECOVERY ADD'L 1/2HR	HOSPITAL FACILITY FEE	371.00
800100.071000059	HB CCHS RECOVERY 1/2 HOUR	HOSPITAL FACILITY FEE	773.00
800100.072000022	HB CCHS LABOR/DELIVERY 1-4 HOURS	HOSPITAL FACILITY FEE	1300.00
800100.072000023	HB CCHS LABOR/DELIVERY 5-8 HOURS	HOSPITAL FACILITY FEE	1700.00
800100.072000024	HB CCHS LABOR/DELIVERY 9-12 HOURS	HOSPITAL FACILITY FEE	2100.00
800100.072000025	HB CCHS LABOR/DELIVERY 13+ HOURS	HOSPITAL FACILITY FEE	2500.00
800100.073000001	HB ELECTROCARDIOGRAM	HOSPITAL FACILITY FEE	142.00
800100.073000014	HB EVENT MONITORING HOOK UP AND RECORDING - PEDS ECHO	HOSPITAL FACILITY FEE	207.00
800100.073000016	HB EXT ECG RECORDING	HOSPITAL FACILITY FEE	602.00
800100.073100005	HB HOLTER MONITORING HOOKUP AND RECORDING - PEDS ECHO	HOSPITAL FACILITY FEE	547.00
800100.073100006	HB HOLTER MONITORING SCAN ANALYSIS W/REPORT - 48 HRS - PEDS	HOSPITAL FACILITY FEE	618.00
800100.074000006	HB ALL NIGHT POLYSOMNOGRAPHY (INCL PO2 MONITRNG)	HOSPITAL FACILITY FEE	3030.00
800100.074000011	HB POLYSOMNOGRAPHY WITH CPAP/BPAP INITIATION	HOSPITAL FACILITY FEE	3232.00
800100.075000062	HB CHANGE OF GASTROSTOMY TUBE WO IMAGING OR ENDO GUIDANCE	HOSPITAL FACILITY FEE	465.00
800100.076100006	HB BLOOD DRAW FROM IMPLANTABLE VENOUS ACCESS DEVICE	HOSPITAL FACILITY FEE	92.00
800100.076100007	HB BLOOD DRAW FROM CENTRAL OR PERIPHERAL VENOUS CATH	HOSPITAL FACILITY FEE	99.00
800100.076100009	HB IV PUSH, SINGLE OR INITIAL	HOSPITAL FACILITY FEE	144.00
800100.076100010	HB IV PUSH, EACH SEQUENTIAL, NEW DRUG	HOSPITAL FACILITY FEE	101.00
800100.076100011	HB IV PUSH, EACH SEQUENTIAL, SAME DRUG	HOSPITAL FACILITY FEE	94.00
800100.076100042	HB CONCURRENT CHEMO INFUSION	HOSPITAL FACILITY FEE	97.00

800100.076100058	HB UICC COMPLEX REPAIR-FACE/AX/GEN/HD/FT EA ADD 5CM GT 7.5CM - ER	HOSPITAL FACILITY FEE	869.00
800100.076100094	HB CCHS EX-CT BIOPSY SITE SPECIFIC BONE MARROW BIOPSY	HOSPITAL FACILITY FEE	971.00
800100.076200002	HB DIRECT REFERRAL FOR HOSPITAL OBSERVATION CARE	HOSPITAL FACILITY FEE	66.00
800100.076200051	HB CCHS OBSERVATION BASE - BHU	HOSPITAL FACILITY FEE	189.00
800100.076200053	HB CCHS OBSERVATION BASE - ICU	HOSPITAL FACILITY FEE	201.00
800100.076200055	HB CCHS OBSERVATION BASE - MED SURG	HOSPITAL FACILITY FEE	120.00
800100.076200057	HB CCHS OBSERVATION BASE - NURSERY	HOSPITAL FACILITY FEE	143.00
800100.076200059	HB CCHS OBSERVATION BASE - OB	HOSPITAL FACILITY FEE	120.00
800100.076200056	HB CCHS OBSERVATION PER HOUR - MED SURG	HOSPITAL FACILITY FEE	28.00
800100.076200052	HB CCHS OBSERVATION PER HOUR - BHU	HOSPITAL FACILITY FEE	54.00
800100.076200058	HB CCHS OBSERVATION PER HOUR - NURSERY	HOSPITAL FACILITY FEE	21.00
800100.076200060	HB CCHS OBSERVATION PER HOUR - OB	HOSPITAL FACILITY FEE	28.00
800100.076200054	HB CCHS OBSERVATION PER HOUR - ICU	HOSPITAL FACILITY FEE	65.00
800100.076200079	HB CCHS OBSERVATION - BHU - CARVE-OUT	HOSPITAL FACILITY FEE	54.00
800100.076200080	HB CCHS OBSERVATION - NURSERY - CARVE-OUT	HOSPITAL FACILITY FEE	21.00
800100.076200081	HB CCHS OBSERVATION - OB - CARVE-OUT	HOSPITAL FACILITY FEE	28.00
800100.076200082	HB CCHS OBSERVATION - ICU - CARVE-OUT	HOSPITAL FACILITY FEE	65.00
800100.076200083	HB CCHS OBSERVATION - MED SURG - CARVE-OUT	HOSPITAL FACILITY FEE	28.00
800100.077100001	HB IMMUNIZATION ADMINISTRATION, SINGLE	HOSPITAL FACILITY FEE	75.00
800100.090000002	HB PSYCHIATRIC DIAGNOSTIC EVALUATION VISIT	HOSPITAL FACILITY FEE	146.00
800100.090000017	HB PSYCHIATRIC DIAGNOSTIC EVALUATION W/MEDICAL SVCS VISIT	HOSPITAL FACILITY FEE	163.00
800100.091400047	HB CCHS SLS-PSYTX W PT 30 MINUTES	HOSPITAL FACILITY FEE	325.00
800100.091400048	HB CCHS SLS-PSYTX W PT 45 MINUTES	HOSPITAL FACILITY FEE	350.00
800100.091400049	HB CCHS SLS-PSYTX W PT 60 MINUTES	HOSPITAL FACILITY FEE	375.00
800100.091500027	HB CCHS SLS-GROUP PSYCHOTHERAPY	HOSPITAL FACILITY FEE	295.00
800100.091600025	HB CCHS SLS-FAMILY PSYTX W/O PT 50 MIN	HOSPITAL FACILITY FEE	375.00
800100.091600026	HB CCHS SLS-FAMILY PSYTX W/PT 50 MIN	HOSPITAL FACILITY FEE	375.00
800100.091700003	HB CCHS BIOFEEDBACK TRAIN, ANY METHOD - WOC	HOSPITAL FACILITY FEE	140.00
800100.092000008	HB FETAL NONSTRESS TEST	HOSPITAL FACILITY FEE	358.00
800100.092000090	HB CONTINUOUS GLUCOSE MONITORING	HOSPITAL FACILITY FEE	307.00
800100.092100001	HB DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL	HOSPITAL FACILITY FEE	1196.00
800100.092100006	HB STUDY OF UPPER/LOWER EXTREMITY ARTERIES, LIMITED	HOSPITAL FACILITY FEE	389.00
800100.092100007	HB STUDY OF UPPER/LOWER EXTREMITY ARTERIES, COMPLETE	HOSPITAL FACILITY FEE	510.00
800100.092100009	HB DUPLEX SCAN LE ARTERIES/ARTERIAL BYPASS GRAFTS; COMPL BILATERAL	HOSPITAL FACILITY FEE	938.00
800100.092100010	HB DUPLEX SCAN LE ARTERIES/ARTERIAL BYPASS GRAFTS; LMTD OR UNILATERAL	HOSPITAL FACILITY FEE	598.00
800100.092100015	HB DUPLEX SCAN EXTREMITY VEINS INCL COMPR RESP COMPL BILATERAL	HOSPITAL FACILITY FEE	1123.00
800100.092100016	HB DUPLEX SCAN EXTREMITY VEINS INCL COMPR RESP LTD UNILATERAL	HOSPITAL FACILITY FEE	756.00
800100.092100018	HB DUPLEX ART IN/VEN OUT ABD/PELV/SCROTAL/RETROPER LIVER US COMPL	HOSPITAL FACILITY FEE	972.00
800100.092100025	HB DUPLEX SCAN AORTA/ IVC/ ILIAC/ BYPASS GRAFTS, COMPLETE	HOSPITAL FACILITY FEE	731.00
800100.094000006	HB INJECTION, ALLERGEN IMMUNOTHERAPY, SINGLE	HOSPITAL FACILITY FEE	37.00
800100.094000007	HB INJECTION, ALLERGEN IMMUNOTHERAPY, MULTIPLE	HOSPITAL FACILITY FEE	45.00
800100.094000013	HB IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE	HOSPITAL FACILITY FEE	93.00
800100.094000035	HB UICC THERAPEUTIC PHLEBOTOMY	HOSPITAL FACILITY FEE	156.00
800100.094200001	HB MEDICAL NUTRITION THERAPY, INITIAL, EACH 15 MIN	HOSPITAL FACILITY FEE	38.00
800100.094200010	HB MEDICAL NUTRITION THERAPY, REASSESSMENT, EA 15 MIN	HOSPITAL FACILITY FEE	32.00
800100.094200028	HB DIABETES SELF MNGMT TRAINING - INDIV - PER 30 MIN	HOSPITAL FACILITY FEE	67.00
800100.094200030	HB DIABETES SELF MNGMT TRAINING - GROUP - PER 30 MIN	HOSPITAL FACILITY FEE	45.00
800100.094300002	HB CARDIAC REHAB PHASE II - PRELIMINARY EVALUATION	HOSPITAL FACILITY FEE	183.00
800100.094700001	HB CCHS VAC PUMP RENTAL (ET)	HOSPITAL FACILITY FEE	247.28
800100.094800001	HB PULMONARY REHAB, INCL EXERCISE, PER HOUR	HOSPITAL FACILITY FEE	194.00
800100.099000052	HB CCHS CARDIAC REHAB - PHASE III	HOSPITAL FACILITY FEE	35.00
800100.PHARMACY	PHARMACY AND DRUG PRICES VARY WITH COSTS	HOSPITAL FACILITY FEE	0.00
800100.SUPPLIES	SUPPLY PRICES VARY WITH COSTS	HOSPITAL FACILITY FEE	0.00
800100.10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	PROFESSIONAL FEE DEFAULT	435.00
800100.10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	PROFESSIONAL FEE DEFAULT	292.00
800100.10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	PROFESSIONAL FEE DEFAULT	453.00
800100.10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	PROFESSIONAL FEE DEFAULT	350.00
800100.10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	PROFESSIONAL FEE DEFAULT	622.00
800100.10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	PROFESSIONAL FEE DEFAULT	322.00
800100.10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	PROFESSIONAL FEE DEFAULT	597.00
800100.10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	PROFESSIONAL FEE DEFAULT	327.00
800100.10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	PROFESSIONAL FEE DEFAULT	271.00
800100.11000	DBRDMT EXTENSIV ECZEMA/INFECT SKN UP 10% BDY SURF	PROFESSIONAL FEE DEFAULT	131.00
800100.11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	PROFESSIONAL FEE DEFAULT	261.00
800100.11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	PROFESSIONAL FEE DEFAULT	597.00
800100.11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	PROFESSIONAL FEE DEFAULT	824.00
800100.11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	PROFESSIONAL FEE DEFAULT	169.00
800100.11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	PROFESSIONAL FEE DEFAULT	207.00
800100.11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	PROFESSIONAL FEE DEFAULT	248.00
800100.11101	BIOPSY SKIN SUBQ&/MUCOUS MEMBRANE EA ADDL LESN	PROFESSIONAL FEE DEFAULT	117.00
800100.11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	PROFESSIONAL FEE DEFAULT	187.00
800100.11201	REMOVAL SK TG TAGS MLT FIBRQ TAGS ANY AREA EA 10	PROFESSIONAL FEE DEFAULT	41.00
800100.11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	PROFESSIONAL FEE DEFAULT	204.00
800100.11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	250.00
800100.11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	PROFESSIONAL FEE DEFAULT	295.00
800100.11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	PROFESSIONAL FEE DEFAULT	207.00
800100.11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	255.00
800100.11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	PROFESSIONAL FEE DEFAULT	238.00
800100.11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	PROFESSIONAL FEE DEFAULT	288.00
800100.11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	345.00
800100.11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	PROFESSIONAL FEE DEFAULT	438.00
800100.11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	PROFESSIONAL FEE DEFAULT	500.00
800100.11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	PROFESSIONAL FEE DEFAULT	546.00
800100.11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	PROFESSIONAL FEE DEFAULT	642.00
800100.11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	PROFESSIONAL FEE DEFAULT	270.00
800100.11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	PROFESSIONAL FEE DEFAULT	353.00
800100.11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	PROFESSIONAL FEE DEFAULT	456.00
800100.11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	PROFESSIONAL FEE DEFAULT	539.00
800100.11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	PROFESSIONAL FEE DEFAULT	611.00
800100.11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	PROFESSIONAL FEE DEFAULT	802.00
800100.11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	PROFESSIONAL FEE DEFAULT	353.00
800100.11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	PROFESSIONAL FEE DEFAULT	345.00
800100.11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	PROFESSIONAL FEE DEFAULT	500.00
800100.11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	PROFESSIONAL FEE DEFAULT	615.00

800100.11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	469.00
800100.11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	PROFESSIONAL FEE DEFAULT	507.00
800100.11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	PROFESSIONAL FEE DEFAULT	639.00
800100.11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	PROFESSIONAL FEE DEFAULT	907.00
800100.11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	471.00
800100.11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	PROFESSIONAL FEE DEFAULT	794.00
800100.11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	PROFESSIONAL FEE DEFAULT	931.00
800100.11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	PROFESSIONAL FEE DEFAULT	559.00
800100.11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	PROFESSIONAL FEE DEFAULT	654.00
800100.11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	PROFESSIONAL FEE DEFAULT	764.00
800100.11720	DEBRIDEMENT NAIL ANY METHOD 1-5	PROFESSIONAL FEE DEFAULT	115.00
800100.11721	DEBRIDEMENT NAIL ANY METHOD 6/>	PROFESSIONAL FEE DEFAULT	160.00
800100.11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	PROFESSIONAL FEE DEFAULT	212.00
800100.11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	PROFESSIONAL FEE DEFAULT	100.00
800100.11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	PROFESSIONAL FEE DEFAULT	457.00
800100.11765	WEDGE EXCISION SKIN NAIL FOLD	PROFESSIONAL FEE DEFAULT	591.00
800100.11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	PROFESSIONAL FEE DEFAULT	751.00
800100.11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	PROFESSIONAL FEE DEFAULT	2006.00
800100.11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	PROFESSIONAL FEE DEFAULT	325.00
800100.11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PROFESSIONAL FEE DEFAULT	305.00
800100.12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	PROFESSIONAL FEE DEFAULT	421.00
800100.12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	PROFESSIONAL FEE DEFAULT	447.00
800100.12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	PROFESSIONAL FEE DEFAULT	444.00
800100.12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	PROFESSIONAL FEE DEFAULT	618.00
800100.12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	PROFESSIONAL FEE DEFAULT	633.00
800100.12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	PROFESSIONAL FEE DEFAULT	631.00
800100.12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	PROFESSIONAL FEE DEFAULT	603.00
800100.12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	PROFESSIONAL FEE DEFAULT	634.00
800100.13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	PROFESSIONAL FEE DEFAULT	924.00
800100.13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	PROFESSIONAL FEE DEFAULT	299.00
800100.13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	PROFESSIONAL FEE DEFAULT	786.00
800100.13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	PROFESSIONAL FEE DEFAULT	1219.00
800100.13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	PROFESSIONAL FEE DEFAULT	1831.00
800100.14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	PROFESSIONAL FEE DEFAULT	1772.00
800100.15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	PROFESSIONAL FEE DEFAULT	758.00
800100.15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	PROFESSIONAL FEE DEFAULT	2101.00
800100.15110	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	PROFESSIONAL FEE DEFAULT	2899.00
800100.15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	PROFESSIONAL FEE DEFAULT	1992.00
800100.15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	PROFESSIONAL FEE DEFAULT	534.00
800100.15734	MUSC MYOCUTANEUS/FASCIOCUTANEUS FLAP TRUNK	PROFESSIONAL FEE DEFAULT	5396.00
800100.17000	DESTRUCTION PREMALIGNANT LESION 1ST	PROFESSIONAL FEE DEFAULT	184.00
800100.17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	PROFESSIONAL FEE DEFAULT	25.00
800100.17004	DESTRUCTION PREMALIGNANT LESION 15/>	PROFESSIONAL FEE DEFAULT	349.00
800100.17110	DESTRUCTION BENIGN LESIONS UP TO 14	PROFESSIONAL FEE DEFAULT	388.00
800100.17111	DESTRUCTION BENIGN LESIONS 15/>	PROFESSIONAL FEE DEFAULT	256.00
800100.17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	PROFESSIONAL FEE DEFAULT	162.00
800100.17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	PROFESSIONAL FEE DEFAULT	295.00
800100.19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	PROFESSIONAL FEE DEFAULT	1200.00
800100.19301	MASTECTOMY PARTIAL	PROFESSIONAL FEE DEFAULT	1347.00
800100.19303	MASTECTOMY SIMPLE COMPLETE	PROFESSIONAL FEE DEFAULT	2088.00
800100.20005	I&D SOFT TISSUE ABSCESS SUBFASC	PROFESSIONAL FEE DEFAULT	1106.00
800100.20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	PROFESSIONAL FEE DEFAULT	1341.00
800100.20526	INJECTION THERAPEUTIC CARPAL TUNNEL	PROFESSIONAL FEE DEFAULT	272.00
800100.20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	PROFESSIONAL FEE DEFAULT	210.00
800100.20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	PROFESSIONAL FEE DEFAULT	197.00
800100.20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	PROFESSIONAL FEE DEFAULT	104.00
800100.20600	ARTHROCENTESIS ASPIR&/INI SMALL JT/BURSA W/O US	PROFESSIONAL FEE DEFAULT	164.00
800100.20605	ARTHROCENTESIS ASPIR&/INI INTERM JT/BURS W/O US	PROFESSIONAL FEE DEFAULT	180.00
800100.20610	ARTHROCENTESIS ASPIR&/INI MAJOR JT/BURSA W/O US	PROFESSIONAL FEE DEFAULT	210.00
800100.20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	PROFESSIONAL FEE DEFAULT	1244.00
800100.20680	REMOVAL IMPLANT DEEP	PROFESSIONAL FEE DEFAULT	1325.00
800100.20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	PROFESSIONAL FEE DEFAULT	4011.00
800100.22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	PROFESSIONAL FEE DEFAULT	4732.00
800100.23120	CLAVICULECTOMY PARTIAL	PROFESSIONAL FEE DEFAULT	2068.00
800100.23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	PROFESSIONAL FEE DEFAULT	3040.00
800100.23415	CORACOAOMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	PROFESSIONAL FEE DEFAULT	2483.00
800100.23430	TENODESIS LONG TENDON BICEPS	PROFESSIONAL FEE DEFAULT	2648.00
800100.23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	PROFESSIONAL FEE DEFAULT	5221.00
800100.23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	PROFESSIONAL FEE DEFAULT	782.00
800100.23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	PROFESSIONAL FEE DEFAULT	1242.00
800100.23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	PROFESSIONAL FEE DEFAULT	2555.00
800100.23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	PROFESSIONAL FEE DEFAULT	906.00
800100.23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	PROFESSIONAL FEE DEFAULT	939.00
800100.23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	PROFESSIONAL FEE DEFAULT	957.00
800100.23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	PROFESSIONAL FEE DEFAULT	1234.00
800100.24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	PROFESSIONAL FEE DEFAULT	935.00
800100.24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	PROFESSIONAL FEE DEFAULT	2599.00
800100.24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	PROFESSIONAL FEE DEFAULT	2326.00
800100.25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	PROFESSIONAL FEE DEFAULT	1064.00
800100.25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	PROFESSIONAL FEE DEFAULT	2615.00
800100.25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	PROFESSIONAL FEE DEFAULT	1775.00
800100.25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	PROFESSIONAL FEE DEFAULT	2204.00
800100.25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	PROFESSIONAL FEE DEFAULT	2037.00
800100.25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	PROFESSIONAL FEE DEFAULT	1455.00
800100.25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXI RADIUS&ULNA	PROFESSIONAL FEE DEFAULT	3194.00
800100.25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	PROFESSIONAL FEE DEFAULT	789.00
800100.25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	PROFESSIONAL FEE DEFAULT	1497.00
800100.25606	PERQ SKEL FIXI DISTAL RADIAL FX/EPIPHYSL SEP	PROFESSIONAL FEE DEFAULT	1897.00
800100.25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	PROFESSIONAL FEE DEFAULT	2934.00
800100.25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	PROFESSIONAL FEE DEFAULT	3731.00
800100.25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	PROFESSIONAL FEE DEFAULT	1069.00
800100.26055	TENDON SHEATH INCISION	PROFESSIONAL FEE DEFAULT	1626.00
800100.26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	PROFESSIONAL FEE DEFAULT	1611.00
800100.26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	PROFESSIONAL FEE DEFAULT	2963.00

800100.26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	PROFESSIONAL FEE DEFAULT	987.00
800100.26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	PROFESSIONAL FEE DEFAULT	1502.00
800100.26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	PROFESSIONAL FEE DEFAULT	2065.00
800100.26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	PROFESSIONAL FEE DEFAULT	1802.00
800100.26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	PROFESSIONAL FEE DEFAULT	1030.00
800100.26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	PROFESSIONAL FEE DEFAULT	939.00
800100.26608	PRQ SKELETAL FIXI METACARPAL FX EACH BONE	PROFESSIONAL FEE DEFAULT	1696.00
800100.26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	PROFESSIONAL FEE DEFAULT	2045.00
800100.26645	CLTX CARPO/METACARPAL FX DISC THUMB W/MANJ	PROFESSIONAL FEE DEFAULT	1481.00
800100.26725	CLTX PHNLGL FX PROX/MIDDLE PX/F/T W/MANJ EA	PROFESSIONAL FEE DEFAULT	820.00
800100.26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	PROFESSIONAL FEE DEFAULT	1590.00
800100.26750	CLTX DSTL PHNLGL FX FNGR/THMB W/O MANJ EA	PROFESSIONAL FEE DEFAULT	560.00
800100.26775	CLTX IPHAL JT DISC W/MANJ REQ ANES	PROFESSIONAL FEE DEFAULT	1343.00
800100.26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	PROFESSIONAL FEE DEFAULT	2514.00
800100.27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	PROFESSIONAL FEE DEFAULT	662.00
800100.27096	INJECT SI JOINT ARTHROGRAPHY/ANES/STEROID W/IMA	PROFESSIONAL FEE DEFAULT	600.00
800100.27125	HEMIARTHROPLASTY HIP PARTIAL	PROFESSIONAL FEE DEFAULT	4052.00
800100.27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	PROFESSIONAL FEE DEFAULT	4862.00
800100.27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	PROFESSIONAL FEE DEFAULT	2668.00
800100.27235	PRQ SKEL FIXI FEMORAL FX PROX END NECK	PROFESSIONAL FEE DEFAULT	3231.00
800100.27236	OPTX FEM FX PROX END NCK INT FIXI/PROSTC RPLCMT	PROFESSIONAL FEE DEFAULT	3879.00
800100.27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	PROFESSIONAL FEE DEFAULT	3782.00
800100.27265	CLTX POST HIP ARTHRP DISC W/O ANES	PROFESSIONAL FEE DEFAULT	1190.00
800100.27266	CLTX POST HIP ARTHRP DISC REQ ANES	PROFESSIONAL FEE DEFAULT	1619.00
800100.27301	I&D DEEP ABCS BURSA/HEMATOMA THIGH/KNEE REGION	PROFESSIONAL FEE DEFAULT	2283.00
800100.27347	EXCISION LESION MENISCUS/CAPSULE KNEE	PROFESSIONAL FEE DEFAULT	1880.00
800100.27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	PROFESSIONAL FEE DEFAULT	2032.00
800100.27420	RCNSTJ DISLOCATING PATELLA	PROFESSIONAL FEE DEFAULT	2640.00
800100.27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	PROFESSIONAL FEE DEFAULT	4399.00
800100.27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	PROFESSIONAL FEE DEFAULT	4154.00
800100.27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	PROFESSIONAL FEE DEFAULT	4861.00
800100.27524	OPTX PATLLR FX W/INT FIXI/PATLLC&SOFT TISS RPR	PROFESSIONAL FEE DEFAULT	2683.00
800100.27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXI	PROFESSIONAL FEE DEFAULT	4237.00
800100.27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	PROFESSIONAL FEE DEFAULT	537.00
800100.27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	PROFESSIONAL FEE DEFAULT	1972.00
800100.27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	PROFESSIONAL FEE DEFAULT	1590.00
800100.27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	PROFESSIONAL FEE DEFAULT	1993.00
800100.27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	PROFESSIONAL FEE DEFAULT	2372.00
800100.27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	PROFESSIONAL FEE DEFAULT	2549.00
800100.27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	PROFESSIONAL FEE DEFAULT	1342.00
800100.27685	LNGLTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	PROFESSIONAL FEE DEFAULT	2368.00
800100.27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	PROFESSIONAL FEE DEFAULT	2268.00
800100.27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	PROFESSIONAL FEE DEFAULT	1707.00
800100.27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	PROFESSIONAL FEE DEFAULT	1235.00
800100.27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	PROFESSIONAL FEE DEFAULT	3183.00
800100.27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	PROFESSIONAL FEE DEFAULT	1119.00
800100.27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	PROFESSIONAL FEE DEFAULT	2333.00
800100.27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	PROFESSIONAL FEE DEFAULT	1179.00
800100.27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	PROFESSIONAL FEE DEFAULT	1659.00
800100.27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	PROFESSIONAL FEE DEFAULT	2759.00
800100.27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXI PST LIP	PROFESSIONAL FEE DEFAULT	2999.00
800100.27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	PROFESSIONAL FEE DEFAULT	1938.00
800100.27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	PROFESSIONAL FEE DEFAULT	2442.00
800100.28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	PROFESSIONAL FEE DEFAULT	1604.00
800100.28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	PROFESSIONAL FEE DEFAULT	2566.00
800100.28035	RELEASE TARSAL TUNNEL	PROFESSIONAL FEE DEFAULT	1906.00
800100.28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	PROFESSIONAL FEE DEFAULT	1840.00
800100.28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	PROFESSIONAL FEE DEFAULT	1875.00
800100.28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	PROFESSIONAL FEE DEFAULT	1323.00
800100.28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	PROFESSIONAL FEE DEFAULT	1240.00
800100.28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	PROFESSIONAL FEE DEFAULT	1591.00
800100.28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	PROFESSIONAL FEE DEFAULT	1778.00
800100.28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	PROFESSIONAL FEE DEFAULT	1761.00
800100.28118	OSTECTOMY CALCANEUS	PROFESSIONAL FEE DEFAULT	2143.00
800100.28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	PROFESSIONAL FEE DEFAULT	1910.00
800100.28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	PROFESSIONAL FEE DEFAULT	2442.00
800100.28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	PROFESSIONAL FEE DEFAULT	2174.00
800100.28192	REMOVAL FOREIGN BODY FOOT DEEP	PROFESSIONAL FEE DEFAULT	1347.00
800100.28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	PROFESSIONAL FEE DEFAULT	1921.00
800100.28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	PROFESSIONAL FEE DEFAULT	2459.00
800100.28280	SYNDACTYLIZATION TOES	PROFESSIONAL FEE DEFAULT	1864.00
800100.28285	CORRECTION HAMMERTOES	PROFESSIONAL FEE DEFAULT	1940.00
800100.28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	PROFESSIONAL FEE DEFAULT	2182.00
800100.28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	PROFESSIONAL FEE DEFAULT	2657.00
800100.28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	PROFESSIONAL FEE DEFAULT	2661.00
800100.28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	PROFESSIONAL FEE DEFAULT	2857.00
800100.28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	PROFESSIONAL FEE DEFAULT	2597.00
800100.28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	PROFESSIONAL FEE DEFAULT	2931.00
800100.28298	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	PROFESSIONAL FEE DEFAULT	2608.00
800100.28308	OSTEOT W/WO LNGLTH SHRT/CORRJ METAR XCP 1ST EA	PROFESSIONAL FEE DEFAULT	2042.00
800100.28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	PROFESSIONAL FEE DEFAULT	983.00
800100.28476	PRQ SKEL FIXI METAR FX W/MANJ	PROFESSIONAL FEE DEFAULT	1251.00
800100.28485	OPEN TREATMENT METATARSAL FRACTURE EACH	PROFESSIONAL FEE DEFAULT	1907.00
800100.28496	PRQ SKEL FIXI FX GRT TOE PHLX/PHLG W/MANJ	PROFESSIONAL FEE DEFAULT	1556.00
800100.28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	PROFESSIONAL FEE DEFAULT	1593.00
800100.28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	PROFESSIONAL FEE DEFAULT	3054.00
800100.28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	PROFESSIONAL FEE DEFAULT	2939.00
800100.28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	PROFESSIONAL FEE DEFAULT	1836.00
800100.28805	AMPUTATION FOOT TRANSMETARSAL	PROFESSIONAL FEE DEFAULT	2663.00
800100.28810	AMPUTATION METATARSAL W/TOE SINGLE	PROFESSIONAL FEE DEFAULT	1503.00
800100.28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	PROFESSIONAL FEE DEFAULT	1498.00
800100.28825	AMPUTATION TOE INTERPHALANGEAL JOINT	PROFESSIONAL FEE DEFAULT	1429.00
800100.29065	APPLICATION CAST SHOULDER HAND LONG ARM	PROFESSIONAL FEE DEFAULT	372.00
800100.29075	APPLICATION CAST ELBOW FINGER SHORT ARM	PROFESSIONAL FEE DEFAULT	327.00

800100.29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	PROFESSIONAL FEE DEFAULT	228.00
800100.29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	PROFESSIONAL FEE DEFAULT	291.00
800100.29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	PROFESSIONAL FEE DEFAULT	280.00
800100.29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	PROFESSIONAL FEE DEFAULT	789.00
800100.29580	STRAPPING UNNA BOOT	PROFESSIONAL FEE DEFAULT	149.00
800100.29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	PROFESSIONAL FEE DEFAULT	2030.00
800100.29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	PROFESSIONAL FEE DEFAULT	2382.00
800100.29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	PROFESSIONAL FEE DEFAULT	631.00
800100.29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	PROFESSIONAL FEE DEFAULT	1769.00
800100.29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	PROFESSIONAL FEE DEFAULT	2220.00
800100.29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	PROFESSIONAL FEE DEFAULT	2354.00
800100.29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	PROFESSIONAL FEE DEFAULT	2007.00
800100.29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	PROFESSIONAL FEE DEFAULT	1931.00
800100.29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	PROFESSIONAL FEE DEFAULT	2488.00
800100.29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	PROFESSIONAL FEE DEFAULT	3512.00
800100.29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	PROFESSIONAL FEE DEFAULT	1800.00
800100.31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	PROFESSIONAL FEE DEFAULT	483.00
800100.31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	PROFESSIONAL FEE DEFAULT	971.00
800100.32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	PROFESSIONAL FEE DEFAULT	769.00
800100.32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	PROFESSIONAL FEE DEFAULT	593.00
800100.32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	PROFESSIONAL FEE DEFAULT	1818.00
800100.32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	PROFESSIONAL FEE DEFAULT	3409.00
800100.32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	PROFESSIONAL FEE DEFAULT	3105.00
800100.35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	PROFESSIONAL FEE DEFAULT	2810.00
800100.36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	PROFESSIONAL FEE DEFAULT	350.00
800100.36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	PROFESSIONAL FEE DEFAULT	6.00
800100.36416	COLLECTION CAPILLARY BLOOD SPECIMEN	PROFESSIONAL FEE DEFAULT	11.00
800100.36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	PROFESSIONAL FEE DEFAULT	772.00
800100.36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	PROFESSIONAL FEE DEFAULT	1282.00
800100.36569	INSERTION PICC W/O IMG GDN 5 YR/>	PROFESSIONAL FEE DEFAULT	884.00
800100.36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	PROFESSIONAL FEE DEFAULT	1000.00
800100.36589	RMVL TUN CVC W/O SUBQ PORT/PMP	PROFESSIONAL FEE DEFAULT	437.00
800100.36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	PROFESSIONAL FEE DEFAULT	888.00
800100.36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPT	PROFESSIONAL FEE DEFAULT	391.00
800100.36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	PROFESSIONAL FEE DEFAULT	714.00
800100.37609	LIGATION/BIOPSY TEMPORAL ARTERY	PROFESSIONAL FEE DEFAULT	1056.00
800100.38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	PROFESSIONAL FEE DEFAULT	602.00
800100.38221	DIAGNOSTIC BONE MARROW BIOPSIES	PROFESSIONAL FEE DEFAULT	647.00
800100.38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	PROFESSIONAL FEE DEFAULT	691.00
800100.38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	PROFESSIONAL FEE DEFAULT	728.00
800100.40806	INCISION LABIAL FRENUM FRENOTOMY	PROFESSIONAL FEE DEFAULT	280.00
800100.43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	PROFESSIONAL FEE DEFAULT	953.00
800100.43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	PROFESSIONAL FEE DEFAULT	823.00
800100.43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	PROFESSIONAL FEE DEFAULT	861.00
800100.43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	PROFESSIONAL FEE DEFAULT	740.00
800100.43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	805.00
800100.43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	PROFESSIONAL FEE DEFAULT	1241.00
800100.43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	PROFESSIONAL FEE DEFAULT	821.00
800100.43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	PROFESSIONAL FEE DEFAULT	2177.00
800100.43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	PROFESSIONAL FEE DEFAULT	772.00
800100.43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	PROFESSIONAL FEE DEFAULT	870.00
800100.43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	PROFESSIONAL FEE DEFAULT	2718.00
800100.43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE	PROFESSIONAL FEE DEFAULT	981.00
800100.43840	GASTRORRRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	PROFESSIONAL FEE DEFAULT	2869.00
800100.44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	PROFESSIONAL FEE DEFAULT	2663.00
800100.44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	PROFESSIONAL FEE DEFAULT	2328.00
800100.44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	PROFESSIONAL FEE DEFAULT	2875.00
800100.44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	PROFESSIONAL FEE DEFAULT	410.00
800100.44140	COLECTOMY PARTIAL W/ANASTOMOSIS	PROFESSIONAL FEE DEFAULT	3549.00
800100.44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	PROFESSIONAL FEE DEFAULT	6502.00
800100.44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	PROFESSIONAL FEE DEFAULT	3955.00
800100.44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	PROFESSIONAL FEE DEFAULT	4439.00
800100.44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	PROFESSIONAL FEE DEFAULT	3595.00
800100.44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	PROFESSIONAL FEE DEFAULT	6537.00
800100.44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	PROFESSIONAL FEE DEFAULT	677.00
800100.44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	1353.00
800100.44950	APPENDECTOMY	PROFESSIONAL FEE DEFAULT	1717.00
800100.44960	APPENDEC RPTD APPENDIX ABSCE/PRITONITIS	PROFESSIONAL FEE DEFAULT	2014.00
800100.44970	LAPAROSCOPIC APPENDECTOMY	PROFESSIONAL FEE DEFAULT	1393.00
800100.45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	PROFESSIONAL FEE DEFAULT	354.00
800100.45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	461.00
800100.45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	PROFESSIONAL FEE DEFAULT	1004.00
800100.45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	1050.00
800100.45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	PROFESSIONAL FEE DEFAULT	1645.00
800100.45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	PROFESSIONAL FEE DEFAULT	1412.00
800100.45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	PROFESSIONAL FEE DEFAULT	1642.00
800100.45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	PROFESSIONAL FEE DEFAULT	1248.00
800100.45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	PROFESSIONAL FEE DEFAULT	1020.00
800100.45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	PROFESSIONAL FEE DEFAULT	1846.00
800100.45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	PROFESSIONAL FEE DEFAULT	731.00
800100.45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	PROFESSIONAL FEE DEFAULT	387.00
800100.46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	PROFESSIONAL FEE DEFAULT	1115.00
800100.46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	PROFESSIONAL FEE DEFAULT	878.00
800100.46050	I&D PERIANAL ABSCESS SUPERFICIAL	PROFESSIONAL FEE DEFAULT	504.00
800100.46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	PROFESSIONAL FEE DEFAULT	374.00
800100.46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	PROFESSIONAL FEE DEFAULT	842.00
800100.46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	PROFESSIONAL FEE DEFAULT	725.00
800100.46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	PROFESSIONAL FEE DEFAULT	1218.00
800100.46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	PROFESSIONAL FEE DEFAULT	1588.00
800100.46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	PROFESSIONAL FEE DEFAULT	1679.00
800100.46320	EXC THROMBOSED HEMORRHOID XTRNL	PROFESSIONAL FEE DEFAULT	583.00
800100.46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	PROFESSIONAL FEE DEFAULT	187.00
800100.46606	ANOSCOPY W/BX SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	503.00
800100.47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	PROFESSIONAL FEE DEFAULT	2453.00

800100.47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	PROFESSIONAL FEE DEFAULT	2629.00
800100.47600	CHOLECYSTECTOMY	PROFESSIONAL FEE DEFAULT	2331.00
800100.49002	REOPENING RECENT LAPAROTOMY	PROFESSIONAL FEE DEFAULT	2212.00
800100.49010	EXPL RETROPERITONEUM W/WO BX SPX	PROFESSIONAL FEE DEFAULT	2075.00
800100.49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	PROFESSIONAL FEE DEFAULT	1038.00
800100.49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	PROFESSIONAL FEE DEFAULT	4273.00
800100.49320	LAPS ABD PRMT&OMENTUM DX W/WO SPEC BR/WA SPX	PROFESSIONAL FEE DEFAULT	877.00
800100.49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	PROFESSIONAL FEE DEFAULT	1394.00
800100.49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	PROFESSIONAL FEE DEFAULT	768.00
800100.49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	PROFESSIONAL FEE DEFAULT	250.00
800100.49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	PROFESSIONAL FEE DEFAULT	1403.00
800100.49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	PROFESSIONAL FEE DEFAULT	1673.00
800100.49520	RPR RECTR INGUINAL HERNIA ANY AGE REDUCIBLE	PROFESSIONAL FEE DEFAULT	1667.00
800100.49521	RPR RECTR INGUN HERNIA ANY AGE INCARCERATED	PROFESSIONAL FEE DEFAULT	1903.00
800100.49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	PROFESSIONAL FEE DEFAULT	1435.00
800100.49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	PROFESSIONAL FEE DEFAULT	1537.00
800100.49560	REPAIR FIRST ABDOMINAL WALL HERNIA	PROFESSIONAL FEE DEFAULT	1982.00
800100.49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED	PROFESSIONAL FEE DEFAULT	2243.00
800100.49565	RPR RECTR INCAL/VNT HERNIA REDUCIBLE	PROFESSIONAL FEE DEFAULT	1960.00
800100.49566	RPR RECTR INCAL/VNT HERNIA INCARCERATED	PROFESSIONAL FEE DEFAULT	2268.00
800100.49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	PROFESSIONAL FEE DEFAULT	793.00
800100.49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	PROFESSIONAL FEE DEFAULT	1293.00
800100.49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	PROFESSIONAL FEE DEFAULT	1452.00
800100.49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	PROFESSIONAL FEE DEFAULT	2587.00
800100.49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	PROFESSIONAL FEE DEFAULT	3009.00
800100.49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	PROFESSIONAL FEE DEFAULT	2903.00
800100.51701	INSJ NON-NDWELLG BLADDER CATHETER	PROFESSIONAL FEE DEFAULT	135.00
800100.51705	CHANGE CYSTOSTOMY TUBE SIMPLE	PROFESSIONAL FEE DEFAULT	207.00
800100.51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	PROFESSIONAL FEE DEFAULT	37.00
800100.54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	PROFESSIONAL FEE DEFAULT	432.00
800100.54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	PROFESSIONAL FEE DEFAULT	775.00
800100.55040	EXCISION HYDROCELE UNILATERAL	PROFESSIONAL FEE DEFAULT	1255.00
800100.55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	PROFESSIONAL FEE DEFAULT	1383.00
800100.56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	PROFESSIONAL FEE DEFAULT	168.00
800100.57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	PROFESSIONAL FEE DEFAULT	158.00
800100.57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	PROFESSIONAL FEE DEFAULT	275.00
800100.57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	PROFESSIONAL FEE DEFAULT	328.00
800100.57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	PROFESSIONAL FEE DEFAULT	226.00
800100.57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	PROFESSIONAL FEE DEFAULT	315.00
800100.57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	PROFESSIONAL FEE DEFAULT	272.00
800100.57510	CAUTERY CERVIX ELECTRO/THERMAL	PROFESSIONAL FEE DEFAULT	240.00
800100.57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	PROFESSIONAL FEE DEFAULT	639.00
800100.57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	PROFESSIONAL FEE DEFAULT	927.00
800100.58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	PROFESSIONAL FEE DEFAULT	226.00
800100.58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	PROFESSIONAL FEE DEFAULT	101.00
800100.58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	PROFESSIONAL FEE DEFAULT	796.00
800100.58300	INSERTION INTRAUTERINE DEVICE IUD	PROFESSIONAL FEE DEFAULT	160.00
800100.58301	REMOVAL INTRAUTERINE DEVICE IUD	PROFESSIONAL FEE DEFAULT	198.00
800100.58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	PROFESSIONAL FEE DEFAULT	784.00
800100.58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	PROFESSIONAL FEE DEFAULT	3278.00
800100.58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	PROFESSIONAL FEE DEFAULT	1177.00
800100.58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	PROFESSIONAL FEE DEFAULT	560.00
800100.58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	PROFESSIONAL FEE DEFAULT	2326.00
800100.58670	LAPAROSCOPY FULGURATION OVIDUCTS	PROFESSIONAL FEE DEFAULT	864.00
800100.58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	PROFESSIONAL FEE DEFAULT	1830.00
800100.59160	CURETTAGE POSTPARTUM	PROFESSIONAL FEE DEFAULT	429.00
800100.59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	PROFESSIONAL FEE DEFAULT	3138.00
800100.59409	VAGINAL DELIVERY ONLY	PROFESSIONAL FEE DEFAULT	1700.00
800100.59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	PROFESSIONAL FEE DEFAULT	1800.00
800100.59425	ANTEPARTUM CARE ONLY 4-6 VISITS	PROFESSIONAL FEE DEFAULT	683.00
800100.59426	ANTEPARTUM CARE ONLY 7/> VISITS	PROFESSIONAL FEE DEFAULT	1219.00
800100.59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	PROFESSIONAL FEE DEFAULT	277.00
800100.59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	PROFESSIONAL FEE DEFAULT	3480.00
800100.59514	CESAREAN DELIVERY ONLY	PROFESSIONAL FEE DEFAULT	3158.00
800100.59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	PROFESSIONAL FEE DEFAULT	3904.00
800100.59812	TX INCOMPLETE TERMINATION ANY TRIMESTER SURGICAL	PROFESSIONAL FEE DEFAULT	665.00
800100.59820	TX MISSED TERMINATION FIRST TRIMESTER SURGICAL	PROFESSIONAL FEE DEFAULT	1087.00
800100.59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	PROFESSIONAL FEE DEFAULT	1652.00
800100.62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	PROFESSIONAL FEE DEFAULT	575.00
800100.62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	PROFESSIONAL FEE DEFAULT	932.00
800100.62321	NIX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	PROFESSIONAL FEE DEFAULT	490.00
800100.62323	NIX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	PROFESSIONAL FEE DEFAULT	464.00
800100.62324	NIX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	PROFESSIONAL FEE DEFAULT	430.00
800100.62325	NIX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	PROFESSIONAL FEE DEFAULT	494.00
800100.64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	PROFESSIONAL FEE DEFAULT	226.00
800100.64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	PROFESSIONAL FEE DEFAULT	433.00
800100.64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	PROFESSIONAL FEE DEFAULT	400.00
800100.64493	NIX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	PROFESSIONAL FEE DEFAULT	550.00
800100.64494	NIX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	PROFESSIONAL FEE DEFAULT	308.00
800100.64495	NIX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	PROFESSIONAL FEE DEFAULT	308.00
800100.64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	PROFESSIONAL FEE DEFAULT	411.00
800100.64718	NEUROPLASTY &/TRANSPPOSITION ULNAR NERVE ELBOW	PROFESSIONAL FEE DEFAULT	2112.00
800100.64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	PROFESSIONAL FEE DEFAULT	1216.00
800100.65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	PROFESSIONAL FEE DEFAULT	124.00
800100.69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	PROFESSIONAL FEE DEFAULT	30.00
800100.73525	RADEX HIP ARTHROGRAPHY RS&I	PROFESSIONAL FEE DEFAULT	352.00
800100.76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	PROFESSIONAL FEE DEFAULT	160.00
800100.76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	PROFESSIONAL FEE DEFAULT	190.00
800100.76830	US TRANSVAGINAL	PROFESSIONAL FEE DEFAULT	181.00
800100.76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	PROFESSIONAL FEE DEFAULT	216.00
800100.80500	CLINICAL PATHOLOGY CONSULTATION LIMITED	PROFESSIONAL FEE DEFAULT	61.00
800100.85097	BONE MARROW SMEAR INTERPRETATION	PROFESSIONAL FEE DEFAULT	103.00
800100.88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	PROFESSIONAL FEE DEFAULT	93.00
800100.88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	PROFESSIONAL FEE DEFAULT	319.00

800100.88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	PROFESSIONAL FEE DEFAULT	56.00
800100.88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	PROFESSIONAL FEE DEFAULT	17.00
800100.88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	PROFESSIONAL FEE DEFAULT	27.00
800100.88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	PROFESSIONAL FEE DEFAULT	42.00
800100.88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	PROFESSIONAL FEE DEFAULT	125.00
800100.88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	PROFESSIONAL FEE DEFAULT	247.00
800100.88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	PROFESSIONAL FEE DEFAULT	346.00
800100.88311	DECALCIFICATION PROCEDURE	PROFESSIONAL FEE DEFAULT	27.00
800100.88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	PROFESSIONAL FEE DEFAULT	100.00
800100.88323	CONSLTJ&REPT MATERIAL REQUIRING PREPJ SLIDES	PROFESSIONAL FEE DEFAULT	252.00
800100.88325	CONSLTJ COMPRE REVIEW REPT REFERRED MATRL	PROFESSIONAL FEE DEFAULT	538.00
800100.88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	PROFESSIONAL FEE DEFAULT	129.00
800100.88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	PROFESSIONAL FEE DEFAULT	109.00
800100.88348	ELECTRON MICROSCOPY DIAGNOSTIC	PROFESSIONAL FEE DEFAULT	91.00
800100.88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	PROFESSIONAL FEE DEFAULT	251.00
800100.90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	PROFESSIONAL FEE DEFAULT	49.00
800100.90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	PROFESSIONAL FEE DEFAULT	24.00
800100.90473	IM ADM INTRANSL/ORAL 1 VACCINE	PROFESSIONAL FEE DEFAULT	49.00
800100.90474	IM ADM INTRANSL/ORAL EA VACCINE	PROFESSIONAL FEE DEFAULT	22.00
800100.90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	PROFESSIONAL FEE DEFAULT	486.00
800100.90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	PROFESSIONAL FEE DEFAULT	542.00
800100.92553	PURE TONE AUDIOMETRY AIR & BONE	PROFESSIONAL FEE DEFAULT	69.00
800100.92567	TYMPANOMETRY	PROFESSIONAL FEE DEFAULT	35.00
800100.93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	PROFESSIONAL FEE DEFAULT	54.00
800100.93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	PROFESSIONAL FEE DEFAULT	27.00
800100.93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	PROFESSIONAL FEE DEFAULT	115.00
800100.94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	PROFESSIONAL FEE DEFAULT	45.00
800100.94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	PROFESSIONAL FEE DEFAULT	8.00
800100.95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	PROFESSIONAL FEE DEFAULT	22.00
800100.95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	PROFESSIONAL FEE DEFAULT	28.00
800100.95992	CANALITH REPOSITIONING PROCEDURE	PROFESSIONAL FEE DEFAULT	91.00
800100.96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	PROFESSIONAL FEE DEFAULT	45.00
800100.97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	PROFESSIONAL FEE DEFAULT	265.00
800100.97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	PROFESSIONAL FEE DEFAULT	87.00
800100.97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	PROFESSIONAL FEE DEFAULT	153.00
800100.98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	PROFESSIONAL FEE DEFAULT	52.00
800100.98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	PROFESSIONAL FEE DEFAULT	75.00
800100.99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	PROFESSIONAL FEE DEFAULT	347.00
800100.99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	PROFESSIONAL FEE DEFAULT	271.00
800100.99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	PROFESSIONAL FEE DEFAULT	207.00
800100.99201	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE DEFAULT	101.00
800100.99202	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE DEFAULT	160.00
800100.99203	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE DEFAULT	224.00
800100.99204	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE DEFAULT	322.00
800100.99205	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE DEFAULT	403.00
800100.99211	OFFICE/OUTPT VISIT,ESTI	PROFESSIONAL FEE DEFAULT	53.00
800100.99212	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE DEFAULT	88.00
800100.99213	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE DEFAULT	162.00
800100.99214	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE DEFAULT	188.00
800100.99215	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE DEFAULT	274.00
800100.99217	OBSERVATION CARE DISCHARGE MANAGEMENT	PROFESSIONAL FEE DEFAULT	237.00
800100.99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	PROFESSIONAL FEE DEFAULT	218.00
800100.99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	PROFESSIONAL FEE DEFAULT	496.00
800100.99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	PROFESSIONAL FEE DEFAULT	679.00
800100.99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	PROFESSIONAL FEE DEFAULT	189.00
800100.99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	PROFESSIONAL FEE DEFAULT	301.00
800100.99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	PROFESSIONAL FEE DEFAULT	396.00
800100.99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	PROFESSIONAL FEE DEFAULT	144.00
800100.99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	PROFESSIONAL FEE DEFAULT	266.00
800100.99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES	PROFESSIONAL FEE DEFAULT	384.00
800100.99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	PROFESSIONAL FEE DEFAULT	100.00
800100.99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	PROFESSIONAL FEE DEFAULT	144.00
800100.99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	PROFESSIONAL FEE DEFAULT	207.00
800100.99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	PROFESSIONAL FEE DEFAULT	447.00
800100.99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	PROFESSIONAL FEE DEFAULT	601.00
800100.99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	PROFESSIONAL FEE DEFAULT	742.00
800100.99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<	PROFESSIONAL FEE DEFAULT	236.00
800100.99239	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	PROFESSIONAL FEE DEFAULT	296.00
800100.99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	PROFESSIONAL FEE DEFAULT	333.00
800100.99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	PROFESSIONAL FEE DEFAULT	475.00
800100.99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	PROFESSIONAL FEE DEFAULT	607.00
800100.99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	PROFESSIONAL FEE DEFAULT	162.00
800100.99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLI 15 MIN	PROFESSIONAL FEE DEFAULT	249.00
800100.99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	PROFESSIONAL FEE DEFAULT	131.00
800100.99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	PROFESSIONAL FEE DEFAULT	491.00
800100.99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	PROFESSIONAL FEE DEFAULT	111.00
800100.99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	PROFESSIONAL FEE DEFAULT	161.00
800100.99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	PROFESSIONAL FEE DEFAULT	155.00
800100.99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	PROFESSIONAL FEE DEFAULT	162.00
800100.99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	PROFESSIONAL FEE DEFAULT	168.00
800100.99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	PROFESSIONAL FEE DEFAULT	190.00
800100.99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	PROFESSIONAL FEE DEFAULT	184.00
800100.99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	PROFESSIONAL FEE DEFAULT	213.00
800100.99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	PROFESSIONAL FEE DEFAULT	231.00
800100.99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	PROFESSIONAL FEE DEFAULT	139.00
800100.99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	PROFESSIONAL FEE DEFAULT	148.00
800100.99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	PROFESSIONAL FEE DEFAULT	148.00
800100.99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	PROFESSIONAL FEE DEFAULT	162.00
800100.99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	PROFESSIONAL FEE DEFAULT	166.00
800100.99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	PROFESSIONAL FEE DEFAULT	176.00
800100.99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	PROFESSIONAL FEE DEFAULT	190.00
800100.99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	PROFESSIONAL FEE DEFAULT	51.00
800100.99455	WORK RELATED/MED DBLT XM TREATING PHYS	PROFESSIONAL FEE DEFAULT	2000.00
800100.99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	PROFESSIONAL FEE DEFAULT	146.00

800100.99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	PROFESSIONAL FEE DEFAULT	138.00
800100.99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	PROFESSIONAL FEE DEFAULT	64.00
800100.99463	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	PROFESSIONAL FEE DEFAULT	200.00
800100.99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	PROFESSIONAL FEE DEFAULT	132.00
800100.G0008	ADMIN INFLUENZA VIRUS VAC	PROFESSIONAL FEE DEFAULT	35.00
800100.G0009	ADMIN PNEUMOCOCCAL VACCINE	PROFESSIONAL FEE DEFAULT	35.00
800100.G0010	ADMIN HEPATITIS B VACCINE	PROFESSIONAL FEE DEFAULT	42.00
800100.G0105	COLORECTAL SCR/N; HI RISK IND	PROFESSIONAL FEE DEFAULT	1004.00
800100.G0121	COLON CA SCR/N NOT HI RSK IND	PROFESSIONAL FEE DEFAULT	1004.00
800100.G0364	BONE MARROW ASPIRATE & BIOPSY	PROFESSIONAL FEE DEFAULT	44.00
800100.G0402	INITIAL PREVENTIVE EXAM	PROFESSIONAL FEE DEFAULT	236.00
800100.G0405	EKG INTERPRET & REPORT PREVE	PROFESSIONAL FEE DEFAULT	18.00
800100.G0438	PPPS, INITIAL VISIT	PROFESSIONAL FEE DEFAULT	261.00
800100.G0439	PPPS, SUBSEQ VISIT	PROFESSIONAL FEE DEFAULT	178.00
800100.Q0091	OBTAINING SCREEN PAP SMEAR	PROFESSIONAL FEE DEFAULT	18.00
800100.UICC00120	UICC ANE ANESTH, EAR TUBES	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00
800100.UICC00124	UICC ANE ANESTH, EAR	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC00126	UICC ANE ANESTH, TYMPANOTOMY	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC00140	UICC ANE ANESTHESIA PROCEDURE EYE	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00
800100.UICC00142	UICC ANE ANESTHESIA LENS SURGERY	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC00160	UICC ANE ANESTH, NOSE/SINUS	PROFESSIONAL FEE DEFAULT	BASE OF \$725.00, PLUS PER MINUTE OF \$10.00
800100.UICC00170	UICC ANE ANESTH, ORAL LESION	PROFESSIONAL FEE DEFAULT	BASE OF \$725.00, PLUS PER MINUTE OF \$10.00
800100.UICC00190	UICC ANE ANESTH, FACE/SKULL	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$8.00
800100.UICC00300	UICC ANE ANESTH, HEAD/NECK/TRUNK	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00320	UICC ANE ANESTH, LYMPHATIC SYSTEM NECK	PROFESSIONAL FEE DEFAULT	BASE OF \$870.00, PLUS PER MINUTE OF \$10.00
800100.UICC00352	UICC ANE ANESTH MAJOR VESSELS NECK SIMPLE LIGATION	PROFESSIONAL FEE DEFAULT	BASE OF \$725, PLUS PER MINUTE OF \$10
800100.UICC00400	UICC ANE ANESTH, INTEGUMENTARY	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC00402	UICC ANE ANESTH, PROC BREAST	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00450	UICC ANE ANESTH, SHOULDER	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00522	UICC ANE ANESTH CLOSED CHEST NEEDLE BIOPSY PLEURA	PROFESSIONAL FEE DEFAULT	BASE OF \$792, PLUS PER MINUTE OF \$13
800100.UICC00524	UICC ANE ANESTH, THORACENTESIS	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC00529	UICC ANE ANES MEDIATESTINOSCOPY & THORACOSCOPY W/1 LUNG VNT	PROFESSIONAL FEE DEFAULT	BASE OF \$2178, PLUS PER MINUTE OF \$10
800100.UICC00532	UICC ANE ANESTH, INFUSAPORT	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC00541	UICC ANE ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	PROFESSIONAL FEE DEFAULT	BASE OF \$2175, PLUS PER MINUTE OF \$10
800100.UICC00700	UICC ANE ANESTH, ABDOMINAL WALL	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC00731	UICC ANES UP R GI NDSC PX NOS	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00732	UICC ANES UP R GI NDSC PX ERCP	PROFESSIONAL FEE DEFAULT	BASE OF \$696.00, PLUS PER MINUTE OF \$10.00
800100.UICC00740	UICC ANE ANESTH, EGD	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00750	UICC ANE ANESTH, HERNIA	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$8.00
800100.UICC00752	UICC ANE ANESTH, HERNIA REPAIR	PROFESSIONAL FEE DEFAULT	BASE OF \$696.00, PLUS PER MINUTE OF \$10.00
800100.UICC00790	UICC ANE ANESTH, UPPER ABDOMEN	PROFESSIONAL FEE DEFAULT	BASE OF \$812.00, PLUS PER MINUTE OF \$10.00
800100.UICC00800	UICC ANE ANESTH, ABD WALL	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00810	UICC ANE ANESTH, COLONOSCOPY	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$8.00
800100.UICC00811	UICC ANES LWR INST NTSC NOS	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$8.00
800100.UICC00812	UICC ANES LWR INST SCR COLSC	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$8.00
800100.UICC00813	UICC ANES UP R LWR GI NDSC PX	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$8.00
800100.UICC00820	UICC ANE ANESTH, LOWER ABDOMEN	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00
800100.UICC00830	UICC ANE ANESTH, LOWER HERNIA	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC00832	UICC ANE ANESTH, HERNIA REPAIR	PROFESSIONAL FEE DEFAULT	BASE OF \$696.00, PLUS PER MINUTE OF \$9.00
800100.UICC00840	UICC ANE ANESTH, LOWER ABDOMEN	PROFESSIONAL FEE DEFAULT	BASE OF \$696.00, PLUS PER MINUTE OF \$10.00
800100.UICC00851	UICC ANE ANESTH, TUBAL LIGATION	PROFESSIONAL FEE DEFAULT	BASE OF \$1188.00, PLUS PER MINUTE OF \$13.00
800100.UICC00860	UICC ANE ANESTH, ABDOMEN	PROFESSIONAL FEE DEFAULT	BASE OF \$870.00, PLUS PER MINUTE OF \$10.00
800100.UICC00902	UICC ANE ANESTH, ANORECTAL	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00910	UICC ANE ANESTH, CYSTOSCOPY	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC00912	UICC ANES TUR BLADDER TUMOR	PROFESSIONAL FEE DEFAULT	BASE OF \$580.00, PLUS PER MINUTE OF \$10.00
800100.UICC00920	UICC ANE ANESTH, GENITALIA	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC00921	UICC ANES VASECTOMY	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC00940	UICC ANE ANESTH, D&C	PROFESSIONAL FEE DEFAULT	BASE OF \$366.00, PLUS PER MINUTE OF \$10.00
800100.UICC00942	UICC ANE ANESTH, A&P REPAIR	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC00944	UICC ANESTH VAGINAL HYSTERECTOMY	PROFESSIONAL FEE DEFAULT	BASE OF \$696.00, PLUS PER MINUTE OF \$8.00
800100.UICC00952	UICC ANE ANESTH, HYSTEROSCOPY	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC01200	UICC ANE ANESTH, HIP	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01210	UICC ANE ANESTH, OPEN HIP	PROFESSIONAL FEE DEFAULT	BASE OF \$1188.00, PLUS PER MINUTE OF \$13.00
800100.UICC01214	UICC ANE ANESTH, TOTAL HIP	PROFESSIONAL FEE DEFAULT	BASE OF \$1584.00, PLUS PER MINUTE OF \$13.00
800100.UICC01220	UICC ANE ANESTH, ORIF	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01230	UICC ANE ANESTH, FEMUR	PROFESSIONAL FEE DEFAULT	BASE OF \$1188.00, PLUS PER MINUTE OF \$13.00
800100.UICC01250	UICC ANE ANESTH, UPPER LEG	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01320	UICC ANE ANESTH, KNEE	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01380	UICC ANE ANESTH, KNEE MANIPULATION	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$8.00
800100.UICC01382	UICC ANE ANESTH, ARTHROSCOPY	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$8.00
800100.UICC01392	UICC ANE ANESTH, OPEN TIBIA	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01400	UICC ANE ANESTH, THERAPEUTIC KNEE	PROFESSIONAL FEE DEFAULT	BASE OF \$464.00, PLUS PER MINUTE OF \$10.00
800100.UICC01402	UICC ANE ANESTH, TOTAL KNEE	PROFESSIONAL FEE DEFAULT	BASE OF \$1386.00, PLUS PER MINUTE OF \$13.00
800100.UICC01420	UICC ANE ANESTH, CAST APPLICATION	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC01462	UICC ANE ANESTH, LOWER LEG	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC01464	UICC ANE ANESTH, ANKLE/FOOT	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC01470	UICC ANE ANESTH, LOWER LEG	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$9.00
800100.UICC01472	UICC ANE ANESTH, ACHILLES TENDON	PROFESSIONAL FEE DEFAULT	BASE OF \$725.00, PLUS PER MINUTE OF \$10.00
800100.UICC01474	UICC ANE ANESTH, LOWER LEG	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00
800100.UICC01480	UICC ANE ANESTH, LOWER LEG	PROFESSIONAL FEE DEFAULT	BASE OF \$435.00, PLUS PER MINUTE OF \$10.00
800100.UICC01610	UICC ANE ANESTH, ROTATOR CUFF	PROFESSIONAL FEE DEFAULT	BASE OF \$725.00, PLUS PER MINUTE OF \$10.00
800100.UICC01620	UICC ANE ANESTH, SHOULDER	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01630	UICC ANE ANESTH, THER SHOULDER	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00
800100.UICC01638	UICC ANE ANESTH, SHOULDER REPLACEMENT	PROFESSIONAL FEE DEFAULT	BASE OF \$1980.00, PLUS PER MINUTE OF \$13.00
800100.UICC01710	UICC ANE ANESTH, ELBOW	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC01730	UICC ANE ANESTH, UPPER ARM	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC01740	UICC ANE ANESTH, OPEN ELBOW	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01810	UICC ANE ANESTH, FOREARM	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC01820	UICC ANE ANESTH, CLOSED WRIST	PROFESSIONAL FEE DEFAULT	BASE OF \$348.00, PLUS PER MINUTE OF \$10.00
800100.UICC01830	UICC ANE ANESTH, OPEN WRIST	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.00
800100.UICC01840	UICC ANE ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	PROFESSIONAL FEE DEFAULT	BASE OF \$1188, PLUS PER MINUTE OF \$13
800100.UICC01961	UICC ANE ANESTH, C-S DELIVERY	PROFESSIONAL FEE DEFAULT	BASE OF \$1386.00, PLUS PER MINUTE OF \$13.00
800100.UICC01965	UICC ANE ANESTH, INCOM/MISSED ABORT	PROFESSIONAL FEE DEFAULT	BASE OF \$792.00, PLUS PER MINUTE OF \$13.00
800100.UICC01967	UICC ANE ANESTH, NEURAXIAL VAG DELIVERY	PROFESSIONAL FEE DEFAULT	BASE OF \$990.00, PLUS PER MINUTE OF \$13.00

800100.UICC01968	UICC ANE ANESTH, C-S NEURAXIAL LABOR	PROFESSIONAL FEE DEFAULT	BASE OF \$594.00, PLUS PER MINUTE OF \$13.0C
800100.UICC01996	UICC ANE EPIDURAL MANAGEMENT DAILY	PROFESSIONAL FEE DEFAULT	593.00
800102.10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	PROFESSIONAL FEE EMERGENCY ROOM	208.00
800102.10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	PROFESSIONAL FEE EMERGENCY ROOM	379.00
800102.10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	PROFESSIONAL FEE EMERGENCY ROOM	237.00
800102.11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	PROFESSIONAL FEE EMERGENCY ROOM	296.00
800102.11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	PROFESSIONAL FEE EMERGENCY ROOM	117.00
800102.11740	EVACUATION SUBUNGUAL HEMATOMA	PROFESSIONAL FEE EMERGENCY ROOM	121.00
800102.11760	REPAIR NAIL BED	PROFESSIONAL FEE EMERGENCY ROOM	385.00
800102.12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	PROFESSIONAL FEE EMERGENCY ROOM	289.00
800102.12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	PROFESSIONAL FEE EMERGENCY ROOM	328.00
800102.12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	PROFESSIONAL FEE EMERGENCY ROOM	401.00
800102.12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	PROFESSIONAL FEE EMERGENCY ROOM	661.00
800102.12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	PROFESSIONAL FEE EMERGENCY ROOM	309.00
800102.12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	PROFESSIONAL FEE EMERGENCY ROOM	359.00
800102.12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	PROFESSIONAL FEE EMERGENCY ROOM	436.00
800102.12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	PROFESSIONAL FEE EMERGENCY ROOM	599.00
800102.12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	PROFESSIONAL FEE EMERGENCY ROOM	425.00
800102.12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	PROFESSIONAL FEE EMERGENCY ROOM	414.00
800102.12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	PROFESSIONAL FEE EMERGENCY ROOM	430.00
800102.12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	PROFESSIONAL FEE EMERGENCY ROOM	483.00
800102.13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	PROFESSIONAL FEE EMERGENCY ROOM	1020.00
800102.13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	PROFESSIONAL FEE EMERGENCY ROOM	313.00
800102.13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	PROFESSIONAL FEE EMERGENCY ROOM	1515.00
800102.16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	PROFESSIONAL FEE EMERGENCY ROOM	159.00
800102.16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	PROFESSIONAL FEE EMERGENCY ROOM	152.00
800102.20610	ARTHROCENTESIS ASPIR&/INI MAJOR JT/BURSA W/O US	PROFESSIONAL FEE EMERGENCY ROOM	198.00
800102.23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	685.00
800102.23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	PROFESSIONAL FEE EMERGENCY ROOM	1031.00
800102.24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	1096.00
800102.24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	PROFESSIONAL FEE EMERGENCY ROOM	494.00
800102.25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	PROFESSIONAL FEE EMERGENCY ROOM	2128.00
800102.26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	PROFESSIONAL FEE EMERGENCY ROOM	565.00
800102.26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	PROFESSIONAL FEE EMERGENCY ROOM	777.00
800102.26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	PROFESSIONAL FEE EMERGENCY ROOM	811.00
800102.26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	858.00
800102.26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	PROFESSIONAL FEE EMERGENCY ROOM	858.00
800102.26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	554.00
800102.27265	CLTX POST HIP ARTHRP DISLC W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	966.00
800102.27266	CLTX POST HIP ARTHRP DISLC REQ ANES	PROFESSIONAL FEE EMERGENCY ROOM	1355.00
800102.27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	PROFESSIONAL FEE EMERGENCY ROOM	1117.00
800102.27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	PROFESSIONAL FEE EMERGENCY ROOM	1124.00
800102.27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	PROFESSIONAL FEE EMERGENCY ROOM	507.00
800102.27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	PROFESSIONAL FEE EMERGENCY ROOM	520.00
800102.28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	PROFESSIONAL FEE EMERGENCY ROOM	473.00
800102.28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	PROFESSIONAL FEE EMERGENCY ROOM	337.00
800102.29049	APPLICATION CAST FIGURE-OF-8	PROFESSIONAL FEE EMERGENCY ROOM	186.00
800102.29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	PROFESSIONAL FEE EMERGENCY ROOM	234.00
800102.29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	PROFESSIONAL FEE EMERGENCY ROOM	256.00
800102.29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	PROFESSIONAL FEE EMERGENCY ROOM	197.00
800102.29130	APPLICATION FINGER SPLINT STATIC	PROFESSIONAL FEE EMERGENCY ROOM	135.00
800102.29240	STRAPPING SHOULDER	PROFESSIONAL FEE EMERGENCY ROOM	153.00
800102.29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	PROFESSIONAL FEE EMERGENCY ROOM	284.00
800102.29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	PROFESSIONAL FEE EMERGENCY ROOM	222.00
800102.29515	APPLICATION SHORT LEG SPLINT CALF FOOT	PROFESSIONAL FEE EMERGENCY ROOM	219.00
800102.30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	PROFESSIONAL FEE EMERGENCY ROOM	316.00
800102.30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	PROFESSIONAL FEE EMERGENCY ROOM	248.00
800102.30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	PROFESSIONAL FEE EMERGENCY ROOM	488.00
800102.32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	PROFESSIONAL FEE EMERGENCY ROOM	1051.00
800102.43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE	PROFESSIONAL FEE EMERGENCY ROOM	362.00
800102.64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	PROFESSIONAL FEE EMERGENCY ROOM	191.00
800102.64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	PROFESSIONAL FEE EMERGENCY ROOM	236.00
800102.65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	PROFESSIONAL FEE EMERGENCY ROOM	355.00
800102.67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	PROFESSIONAL FEE EMERGENCY ROOM	276.00
800102.69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	PROFESSIONAL FEE EMERGENCY ROOM	215.00
800102.69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	PROFESSIONAL FEE EMERGENCY ROOM	132.00
800102.92950	CARDIOPULMONARY RESUSCITATION	PROFESSIONAL FEE EMERGENCY ROOM	681.00
800102.92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	PROFESSIONAL FEE EMERGENCY ROOM	155.00
800102.99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	PROFESSIONAL FEE EMERGENCY ROOM	59.00
800102.99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	PROFESSIONAL FEE EMERGENCY ROOM	102.00
800102.99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	PROFESSIONAL FEE EMERGENCY ROOM	179.00
800102.99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	PROFESSIONAL FEE EMERGENCY ROOM	275.00
800102.99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	PROFESSIONAL FEE EMERGENCY ROOM	404.00
800102.99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	PROFESSIONAL FEE EMERGENCY ROOM	692.00
800102.99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	PROFESSIONAL FEE EMERGENCY ROOM	931.00
800102.99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	PROFESSIONAL FEE EMERGENCY ROOM	383.00
800103.10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	PROFESSIONAL FEE RURAL HEALTH CLINIC	291.00
800103.10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	247.00
800103.10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	429.00
800103.10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	374.00
800103.10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	320.00
800103.10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	PROFESSIONAL FEE RURAL HEALTH CLINIC	562.00
800103.10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	PROFESSIONAL FEE RURAL HEALTH CLINIC	271.00
800103.11000	DBRDMT EXTENSIV ECZEMA/INFECT SKN UP 10% BDY SURF	PROFESSIONAL FEE RURAL HEALTH CLINIC	115.00
800103.11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	PROFESSIONAL FEE RURAL HEALTH CLINIC	245.00
800103.11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	PROFESSIONAL FEE RURAL HEALTH CLINIC	101.00
800103.11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	PROFESSIONAL FEE RURAL HEALTH CLINIC	123.00
800103.11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	PROFESSIONAL FEE RURAL HEALTH CLINIC	139.00
800103.11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	PROFESSIONAL FEE RURAL HEALTH CLINIC	216.00
800103.11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	PROFESSIONAL FEE RURAL HEALTH CLINIC	187.00
800103.11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	PROFESSIONAL FEE RURAL HEALTH CLINIC	41.00
800103.11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	PROFESSIONAL FEE RURAL HEALTH CLINIC	204.00
800103.11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	250.00
800103.11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	295.00

800103.11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	207.00
800103.11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	255.00
800103.11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	238.00
800103.11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	257.00
800103.11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	307.00
800103.11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	342.00
800103.11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	395.00
800103.11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	252.00
800103.11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	322.00
800103.11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	362.00
800103.11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	278.00
800103.11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	345.00
800103.11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	396.00
800103.11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	469.00
800103.11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	508.00
800103.11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	471.00
800103.11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	411.00
800103.11720	DEBRIDEMENT NAIL ANY METHOD 1-5	PROFESSIONAL FEE RURAL HEALTH CLINIC	70.00
800103.11721	DEBRIDEMENT NAIL ANY METHOD 6/>	PROFESSIONAL FEE RURAL HEALTH CLINIC	95.00
800103.11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	PROFESSIONAL FEE RURAL HEALTH CLINIC	220.00
800103.11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	PROFESSIONAL FEE RURAL HEALTH CLINIC	88.00
800103.11740	EVACUATION SUBUNGUAL HEMATOMA	PROFESSIONAL FEE RURAL HEALTH CLINIC	105.00
800103.11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	437.00
800103.11765	WEDGE EXCISION SKIN NAIL FOLD	PROFESSIONAL FEE RURAL HEALTH CLINIC	349.00
800103.11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	PROFESSIONAL FEE RURAL HEALTH CLINIC	325.00
800103.11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PROFESSIONAL FEE RURAL HEALTH CLINIC	305.00
800103.11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	PROFESSIONAL FEE RURAL HEALTH CLINIC	331.00
800103.12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	253.00
800103.12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	270.00
800103.12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	268.00
800103.12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	294.00
800103.12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	PROFESSIONAL FEE RURAL HEALTH CLINIC	585.00
800103.12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	PROFESSIONAL FEE RURAL HEALTH CLINIC	341.00
800103.12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	495.00
800103.13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	801.00
800103.15110	EPIDRM AGFFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	PROFESSIONAL FEE RURAL HEALTH CLINIC	1655.00
800103.15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	PROFESSIONAL FEE RURAL HEALTH CLINIC	295.00
800103.15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	PROFESSIONAL FEE RURAL HEALTH CLINIC	312.00
800103.17000	DESTRUCTION PREMALIGNANT LESION 1ST	PROFESSIONAL FEE RURAL HEALTH CLINIC	157.00
800103.17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	PROFESSIONAL FEE RURAL HEALTH CLINIC	25.00
800103.17004	DESTRUCTION PREMALIGNANT LESION 15/>	PROFESSIONAL FEE RURAL HEALTH CLINIC	349.00
800103.17110	DESTRUCTION BENIGN LESIONS UP TO 14	PROFESSIONAL FEE RURAL HEALTH CLINIC	224.00
800103.17111	DESTRUCTION BENIGN LESIONS 15/>	PROFESSIONAL FEE RURAL HEALTH CLINIC	265.00
800103.17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	PROFESSIONAL FEE RURAL HEALTH CLINIC	162.00
800103.17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM<	PROFESSIONAL FEE RURAL HEALTH CLINIC	295.00
800103.20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	PROFESSIONAL FEE RURAL HEALTH CLINIC	114.00
800103.20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	PROFESSIONAL FEE RURAL HEALTH CLINIC	115.00
800103.20600	ARTHROCENTESIS ASPIR&/INI SMALL JT/BURSA W/O US	PROFESSIONAL FEE RURAL HEALTH CLINIC	101.00
800103.20605	ARTHROCENTESIS ASPIR&/INI INTERM JT/BURS W/O US	PROFESSIONAL FEE RURAL HEALTH CLINIC	124.00
800103.20610	ARTHROCENTESIS ASPIR&/INI MAJOR JT/BURSA W/O US	PROFESSIONAL FEE RURAL HEALTH CLINIC	139.00
800103.24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANI	PROFESSIONAL FEE RURAL HEALTH CLINIC	277.00
800103.26770	CLTX IPHAL JT DISLC W/MANI W/O ANES	PROFESSIONAL FEE RURAL HEALTH CLINIC	577.00
800103.27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	PROFESSIONAL FEE RURAL HEALTH CLINIC	660.00
800103.28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	PROFESSIONAL FEE RURAL HEALTH CLINIC	993.00
800103.28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	PROFESSIONAL FEE RURAL HEALTH CLINIC	460.00
800103.29065	APPLICATION CAST SHOULDER HAND LONG ARM	PROFESSIONAL FEE RURAL HEALTH CLINIC	202.00
800103.29075	APPLICATION CAST ELBOW FINGER SHORT ARM	PROFESSIONAL FEE RURAL HEALTH CLINIC	183.00
800103.29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	PROFESSIONAL FEE RURAL HEALTH CLINIC	201.00
800103.29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	PROFESSIONAL FEE RURAL HEALTH CLINIC	185.00
800103.29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	PROFESSIONAL FEE RURAL HEALTH CLINIC	138.00
800103.29345	APPLICATION LONG LEG CAST THIGH-TOE	PROFESSIONAL FEE RURAL HEALTH CLINIC	285.00
800103.29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	PROFESSIONAL FEE RURAL HEALTH CLINIC	180.00
800103.29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	PROFESSIONAL FEE RURAL HEALTH CLINIC	274.00
800103.29515	APPLICATION SHORT LEG SPLINT CALF FOOT	PROFESSIONAL FEE RURAL HEALTH CLINIC	151.00
800103.29580	STRAPPING UNNA BOOT	PROFESSIONAL FEE RURAL HEALTH CLINIC	129.00
800103.30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	283.00
800103.30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	PROFESSIONAL FEE RURAL HEALTH CLINIC	672.00
800103.36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	PROFESSIONAL FEE RURAL HEALTH CLINIC	6.00
800103.36416	COLLECTION CAPILLARY BLOOD SPECIMEN	PROFESSIONAL FEE RURAL HEALTH CLINIC	11.00
800103.40806	INCISION LABIAL FRENUM FRENOTOMY	PROFESSIONAL FEE RURAL HEALTH CLINIC	280.00
800103.43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	785.00
800103.43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	PROFESSIONAL FEE RURAL HEALTH CLINIC	247.00
800103.45378	COLONOSCOPY FLX DX W/COLLI SPEC WHEN PFRMD	PROFESSIONAL FEE RURAL HEALTH CLINIC	910.00
800103.45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	1028.00
800103.45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	PROFESSIONAL FEE RURAL HEALTH CLINIC	1040.00
800103.46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	374.00
800103.46600	ANOSCOPY DX W/COLLI SPEC BR/WA SPX WHEN PRFRMD	PROFESSIONAL FEE RURAL HEALTH CLINIC	187.00
800103.51701	INSJ NON-NDWELLG BLADDER CATHETER	PROFESSIONAL FEE RURAL HEALTH CLINIC	135.00
800103.51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	175.00
800103.51705	CHANGE CYSTOSTOMY TUBE SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	207.00
800103.51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	PROFESSIONAL FEE RURAL HEALTH CLINIC	37.00
800103.54056	DSTRU LESION PENIS SIMPLE CRYOSURGERY	PROFESSIONAL FEE RURAL HEALTH CLINIC	299.00
800103.54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	PROFESSIONAL FEE RURAL HEALTH CLINIC	432.00
800103.56420	I&D OF BARTHOLINS GLAND ABSCESS	PROFESSIONAL FEE RURAL HEALTH CLINIC	254.00
800103.56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	PROFESSIONAL FEE RURAL HEALTH CLINIC	168.00
800103.56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	PROFESSIONAL FEE RURAL HEALTH CLINIC	78.00
800103.57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	PROFESSIONAL FEE RURAL HEALTH CLINIC	158.00
800103.57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	PROFESSIONAL FEE RURAL HEALTH CLINIC	275.00
800103.57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	PROFESSIONAL FEE RURAL HEALTH CLINIC	328.00
800103.57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	PROFESSIONAL FEE RURAL HEALTH CLINIC	226.00
800103.57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	PROFESSIONAL FEE RURAL HEALTH CLINIC	315.00
800103.57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	PROFESSIONAL FEE RURAL HEALTH CLINIC	279.00
800103.57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	PROFESSIONAL FEE RURAL HEALTH CLINIC	272.00
800103.57510	CAUTERY CERVIX ELECTRO/THERMAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	273.00

800103.57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	PROFESSIONAL FEE RURAL HEALTH CLINIC	639.00
800103.57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	PROFESSIONAL FEE RURAL HEALTH CLINIC	125.00
800103.58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	PROFESSIONAL FEE RURAL HEALTH CLINIC	226.00
800103.58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	PROFESSIONAL FEE RURAL HEALTH CLINIC	101.00
800103.58300	INSERTION INTRAUTERINE DEVICE IUD	PROFESSIONAL FEE RURAL HEALTH CLINIC	160.00
800103.58301	REMOVAL INTRAUTERINE DEVICE IUD	PROFESSIONAL FEE RURAL HEALTH CLINIC	198.00
800103.58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	PROFESSIONAL FEE RURAL HEALTH CLINIC	784.00
800103.58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	PROFESSIONAL FEE RURAL HEALTH CLINIC	3278.00
800103.58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	PROFESSIONAL FEE RURAL HEALTH CLINIC	677.00
800103.58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	PROFESSIONAL FEE RURAL HEALTH CLINIC	175.00
800103.58670	LAPAROSCOPY FULGURATION OVIDUCTS	PROFESSIONAL FEE RURAL HEALTH CLINIC	743.00
800103.59160	CURETTAGE POSTPARTUM	PROFESSIONAL FEE RURAL HEALTH CLINIC	429.00
800103.59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	PROFESSIONAL FEE RURAL HEALTH CLINIC	3138.00
800103.59409	VAGINAL DELIVERY ONLY	PROFESSIONAL FEE RURAL HEALTH CLINIC	1700.00
800103.59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	PROFESSIONAL FEE RURAL HEALTH CLINIC	1800.00
800103.59425	ANTEPARTUM CARE ONLY 4-6 VISITS	PROFESSIONAL FEE RURAL HEALTH CLINIC	683.00
800103.59426	ANTEPARTUM CARE ONLY 7/- VISITS	PROFESSIONAL FEE RURAL HEALTH CLINIC	1219.00
800103.59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	PROFESSIONAL FEE RURAL HEALTH CLINIC	277.00
800103.59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	PROFESSIONAL FEE RURAL HEALTH CLINIC	3480.00
800103.59812	TX INCOMPLETE TERMINATION ANY TRIMESTER SURGICAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	665.00
800103.65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	PROFESSIONAL FEE RURAL HEALTH CLINIC	124.00
800103.69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	PROFESSIONAL FEE RURAL HEALTH CLINIC	387.00
800103.69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	PROFESSIONAL FEE RURAL HEALTH CLINIC	221.00
800103.69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	PROFESSIONAL FEE RURAL HEALTH CLINIC	30.00
800103.69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	PROFESSIONAL FEE RURAL HEALTH CLINIC	102.00
800103.76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	PROFESSIONAL FEE RURAL HEALTH CLINIC	160.00
800103.76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	PROFESSIONAL FEE RURAL HEALTH CLINIC	190.00
800103.76830	US TRANSVAGINAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	181.00
800103.90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	PROFESSIONAL FEE RURAL HEALTH CLINIC	44.00
800103.90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	PROFESSIONAL FEE RURAL HEALTH CLINIC	22.00
800103.90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	49.00
800103.90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	24.00
800103.90473	IM ADM INTRANSL/ORAL 1 VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	49.00
800103.90474	IM ADM INTRANSL/ORAL EA VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	22.00
800103.92542	POSITIONAL NYSTAGMUS TEST	PROFESSIONAL FEE RURAL HEALTH CLINIC	57.00
800103.92553	PURE TONE AUDIOMETRY AIR & BONE	PROFESSIONAL FEE RURAL HEALTH CLINIC	69.00
800103.92567	TYMPANOMETRY	PROFESSIONAL FEE RURAL HEALTH CLINIC	35.00
800103.93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	PROFESSIONAL FEE RURAL HEALTH CLINIC	54.00
800103.93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	PROFESSIONAL FEE RURAL HEALTH CLINIC	27.00
800103.94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	PROFESSIONAL FEE RURAL HEALTH CLINIC	45.00
800103.94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	PROFESSIONAL FEE RURAL HEALTH CLINIC	8.00
800103.95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	PROFESSIONAL FEE RURAL HEALTH CLINIC	22.00
800103.95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	PROFESSIONAL FEE RURAL HEALTH CLINIC	28.00
800103.95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	PROFESSIONAL FEE RURAL HEALTH CLINIC	86.00
800103.95992	CANALITH REPOSITIONING PROCEDURE	PROFESSIONAL FEE RURAL HEALTH CLINIC	91.00
800103.96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	PROFESSIONAL FEE RURAL HEALTH CLINIC	45.00
800103.98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	PROFESSIONAL FEE RURAL HEALTH CLINIC	52.00
800103.98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	PROFESSIONAL FEE RURAL HEALTH CLINIC	75.00
800103.98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	PROFESSIONAL FEE RURAL HEALTH CLINIC	98.00
800103.99201	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE RURAL HEALTH CLINIC	69.00
800103.99202	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE RURAL HEALTH CLINIC	115.00
800103.99203	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE RURAL HEALTH CLINIC	166.00
800103.99204	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE RURAL HEALTH CLINIC	252.00
800103.99205	OFFICE OUTPATIENT NEW	PROFESSIONAL FEE RURAL HEALTH CLINIC	317.00
800103.99211	OFFICE/OUTPT VISIT,ESTI	PROFESSIONAL FEE RURAL HEALTH CLINIC	34.00
800103.99212	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	68.00
800103.99213	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	112.00
800103.99214	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	164.00
800103.99215	OFFICE OUTPATIENT VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	221.00
800103.99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	139.00
800103.99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	198.00
800103.99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	PROFESSIONAL FEE RURAL HEALTH CLINIC	68.00
800103.99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLI 15 MIN	PROFESSIONAL FEE RURAL HEALTH CLINIC	106.00
800103.99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	PROFESSIONAL FEE RURAL HEALTH CLINIC	139.00
800103.99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	111.00
800103.99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	161.00
800103.99334	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	92.00
800103.99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	144.00
800103.99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	206.00
800103.99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	PROFESSIONAL FEE RURAL HEALTH CLINIC	155.00
800103.99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	162.00
800103.99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	168.00
800103.99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	PROFESSIONAL FEE RURAL HEALTH CLINIC	190.00
800103.99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	184.00
800103.99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	213.00
800103.99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	PROFESSIONAL FEE RURAL HEALTH CLINIC	231.00
800103.99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	PROFESSIONAL FEE RURAL HEALTH CLINIC	139.00
800103.99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	148.00
800103.99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	148.00
800103.99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	162.00
800103.99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	166.00
800103.99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	PROFESSIONAL FEE RURAL HEALTH CLINIC	176.00
800103.99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	PROFESSIONAL FEE RURAL HEALTH CLINIC	190.00
800103.99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	25.00
800103.99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	PROFESSIONAL FEE RURAL HEALTH CLINIC	45.00
800103.99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	PROFESSIONAL FEE RURAL HEALTH CLINIC	146.00
800103.99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	PROFESSIONAL FEE RURAL HEALTH CLINIC	138.00
800103.99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	PROFESSIONAL FEE RURAL HEALTH CLINIC	64.00
800103.99463	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	PROFESSIONAL FEE RURAL HEALTH CLINIC	200.00
800103.99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	PROFESSIONAL FEE RURAL HEALTH CLINIC	132.00
800103.99484	CARE MGMT SERVICES BEHAVIORAL HLTH COND 20 MINS	PROFESSIONAL FEE RURAL HEALTH CLINIC	73.00
800103.99487	CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	PROFESSIONAL FEE RURAL HEALTH CLINIC	141.00
800103.99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	PROFESSIONAL FEE RURAL HEALTH CLINIC	88.00
800103.99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	PROFESSIONAL FEE RURAL HEALTH CLINIC	168.00

800103.99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	PROFESSIONAL FEE RURAL HEALTH CLINIC	238.00
800103.99497	ADVANCE CARE PLANNING FIRST 30 MINS	PROFESSIONAL FEE RURAL HEALTH CLINIC	82.00
800103.99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	PROFESSIONAL FEE RURAL HEALTH CLINIC	73.00
800103.G0008	ADMIN INFLUENZA VIRUS VAC	PROFESSIONAL FEE RURAL HEALTH CLINIC	35.00
800103.G0009	ADMIN PNEUMOCOCCAL VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	35.00
800103.G0010	ADMIN HEPATITIS B VACCINE	PROFESSIONAL FEE RURAL HEALTH CLINIC	42.00
800103.G0101	CA SCREEN;PELVIC/BREAST EXAM	PROFESSIONAL FEE RURAL HEALTH CLINIC	165.00
800103.G0296	VISIT TO DETERM LDCT ELIG	PROFESSIONAL FEE RURAL HEALTH CLINIC	44.00
800103.G0402	INITIAL PREVENTIVE EXAM	PROFESSIONAL FEE RURAL HEALTH CLINIC	236.00
800103.G0405	EKG INTERPRET & REPORT PREVE	PROFESSIONAL FEE RURAL HEALTH CLINIC	18.00
800103.G0438	PPPS, INITIAL VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	261.00
800103.G0439	PPPS, SUBSEQ VISIT	PROFESSIONAL FEE RURAL HEALTH CLINIC	178.00
800103.G0511	CCM/BHI BY RHC/FQHC 20MIN MO	PROFESSIONAL FEE RURAL HEALTH CLINIC	93.00
800103.Q0091	OBTAINING SCREEN PAP SMEAR	PROFESSIONAL FEE RURAL HEALTH CLINIC	63.00
800103.UICCDOTEXAM	UICC DOT EXAM	PROFESSIONAL FEE RURAL HEALTH CLINIC	150.00
800103.UICCDOTPHYS	UICC DOT PHYSICAL	PROFESSIONAL FEE RURAL HEALTH CLINIC	150.00