

ApptType	Description	CPT	Facility Pri	Professor	Total Price	Self Pay Price
PT Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
PT Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
PT Treatment	PT Gait Training Units	97116	\$179.00	\$-	\$179.00	\$107.40
PT Treatment	PT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
PT Treatment	PT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
PT Treatment	PT Group Therapy Units	97150	\$103.00	\$-	\$103.00	\$61.80
PT Treatment	PT Double Therapy Units	97150	\$103.00	\$-	\$103.00	\$61.80
PT Treatment	PT Work Hardening-Initial 2 Hours Units	97545	\$642.00	\$-	\$642.00	\$385.20
PT Treatment	PT Short Leg Cast Application Units	29405	\$209.00	\$-	\$209.00	\$125.40
PT Treatment	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00
PT Treatment	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
PT Treatment	PT Aquatic Units	97113	\$215.00	\$-	\$215.00	\$129.00
PT Treatment	Canalith Repositioning Units	95992	\$194.00	\$-	\$194.00	\$116.40
PT Treatment	PT Evaluation Low Complexity Charge	97161	\$227.00	\$-	\$227.00	\$136.20
PT Treatment	PT Attended E-Stim Units	97032	\$238.00	\$-	\$238.00	\$142.80
PT Treatment	PT Physical Performance Test	97750	\$228.00	\$-	\$228.00	\$136.80
PT Treatment	PT Ultrasound Units	97035	\$173.00	\$-	\$173.00	\$103.80
PT Treatment	PT NM Reed Units	97112	\$209.00	\$-	\$209.00	\$125.40
PT Treatment	PT Evaluation High Complexity	97163	\$227.00	\$-	\$227.00	\$136.20
OT Treatment	OT Therapeutic Activities Units	97530	\$196.00	\$-	\$196.00	\$117.60
OT Treatment	OT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
OT Treatment	OT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
OT Treatment	OT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
OT Treatment	OT Orthotic/Prosthetic Use Subsequent Unit(s)	97763	\$186.00	\$-	\$186.00	\$111.60
OT Treatment	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
OT Treatment	OT Short Arm Cast Units	29075	\$209.00	\$-	\$209.00	\$125.40
OT Treatment	OT Long Arm Cast Units	29065	\$209.00	\$-	\$209.00	\$125.40
OT Treatment	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
OT Treatment	OT Ultrasound Units	97035	\$173.00	\$-	\$173.00	\$103.80
OT Treatment	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
OT Treatment	OT Orthotic Management/Train Units	97760	\$179.00	\$-	\$179.00	\$107.40
OT Treatment	OT Hand and Lower Forearm Cast Units	29085	\$209.00	\$-	\$209.00	\$125.40
OT Treatment	OT Prosthetic Management/Train Units	97761	\$195.00	\$-	\$195.00	\$117.00
PT Evaluation	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
PT Evaluation	PT Evaluation Low Complexity Charge	97161	\$227.00	\$-	\$227.00	\$136.20
PT Evaluation	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
PT Evaluation	PT Evaluation High Complexity	97163	\$227.00	\$-	\$227.00	\$136.20
PT Evaluation	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
PT Evaluation	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00
PT Evaluation	PT Gait Training Units	97116	\$179.00	\$-	\$179.00	\$107.40
PT Evaluation	PT NM Reed Units	97112	\$209.00	\$-	\$209.00	\$125.40
PT Evaluation	PT Physical Performance Test	97750	\$228.00	\$-	\$228.00	\$136.80
PT Evaluation	PT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
PT Evaluation	PT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
PT Evaluation	Canalith Repositioning Units	95992	\$194.00	\$-	\$194.00	\$116.40
SLP Treatment	SLP Auditory Processing Treatment Units	92507	\$142.00	\$-	\$142.00	\$85.20
SLP Treatment	SLP Swallow Dysfunction Oral Feed Tx Unit	92526	\$201.00	\$-	\$201.00	\$120.60
SLP Treatment	Evaluation of Speech Sound Production w/ Evaluat	92523	\$257.00	\$-	\$257.00	\$154.20
SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	\$148.00	\$-	\$148.00	\$88.80
SLP Treatment	SLP Pharyngeal Swallow Frctn Eval Units	92610	\$252.00	\$-	\$252.00	\$151.20
SLP Treatment	SLP Non-Speech AAC Device Tx Units	92606	\$162.00	\$-	\$162.00	\$97.20
Telehealth PT Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
Telehealth PT Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
Telehealth PT Treatment	PT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
Telehealth PT Treatment	PT Gait Training Units	97116	\$179.00	\$-	\$179.00	\$107.40
Telehealth PT Treatment	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00
Telehealth PT Treatment	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
Lymphedema Therapy Treatment	OT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
Lymphedema Therapy Treatment	PT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
Lymphedema Therapy Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
Lymphedema Therapy Treatment	OT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
Lymphedema Therapy Treatment	OT Therapeutic Activities Units	97530	\$196.00	\$-	\$196.00	\$117.60
Lymphedema Therapy Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
Telehealth SLP Treatment	SLP Auditory Processing Treatment Units	92507	\$142.00	\$-	\$142.00	\$85.20
Telehealth SLP Treatment	SLP Swallow Dysfunction Oral Feed Tx Unit	92526	\$201.00	\$-	\$201.00	\$120.60

Telehealth SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	\$148.00	\$-	\$148.00	\$88.80
Telehealth SLP Treatment	Evaluation of Speech Sound Production w/ Evaluat	92523	\$257.00	\$-	\$257.00	\$154.20
PT WH Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
PT WH Treatment	PT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
PT WH Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
PT WH Treatment	PT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
PT WH Treatment	PT Self Care/Home Management Units	97535	\$177.00	\$-	\$177.00	\$106.20
PT WH Treatment	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00
Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
Physician Recheck	Office Visit Level 5 Est Charge- 99215	99215	\$460.00	\$352.00	\$812.00	\$487.20
Physician Recheck	Office Visit Level 2 Est Charge- 99212	99212	\$274.00	\$83.00	\$357.00	\$214.20
Physician Recheck	Chiro E-Stim Attended Charge	97032	\$238.00	\$-	\$238.00	\$142.80
Physician Recheck	Office Visit Level 3 New Charge- 99203	99203	\$361.00	\$252.00	\$613.00	\$367.80
Physician Recheck	Office Visit Level 4 New Charge- 99204	99204	\$460.00	\$410.00	\$870.00	\$522.00
NeuroPsych	Psych or neuropsych test admin by technician, each	96139	\$260.00	\$-	\$260.00	\$156.00
NeuroPsych	Neuropsych testing by physician or other qualified	96133	\$651.00	\$-	\$651.00	\$390.60
NeuroPsych	Neurobehavioral Status Exam, per hour	96116	\$488.00	\$-	\$488.00	\$292.80
NeuroPsych	Neuropsych testing by physician or other qualified	96132	\$725.00	\$-	\$725.00	\$435.00
NeuroPsych	Psych or neuropsych test admin and scoring, each d	96137	\$327.00	\$-	\$327.00	\$196.20
NeuroPsych	Psych or neuropsych test admin and scoring by tec	96138	\$290.00	\$-	\$290.00	\$174.00
NeuroPsych	Psych or Neuropsych test admin or scoring by phys	96136	\$363.00	\$-	\$363.00	\$217.80
NeuroPsych	Neurobehavioral Status Exam Add On (96121)	96121	\$251.00	\$-	\$251.00	\$150.60
	OT Therapeutic Activities Units	97530	\$196.00	\$-	\$196.00	\$117.60
	OT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
	OT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
	OT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40
	OT Orthotic/Prosthetic Use Subsequent Unit(s)	97763	\$186.00	\$-	\$186.00	\$111.60
Telehealth Physician Recheck	Telehealth Visit Level 4 Est Charge- 99214	99214	\$219.00	\$196.00	\$415.00	\$249.00
Telehealth Physician Recheck	Telehealth Visit Level 3 Est Charge- 99213	99213	\$219.00	\$125.00	\$344.00	\$206.40
Telehealth Physician Recheck	Audio Telephone E/M Services 11-20 min - 99442	99442	\$-	\$102.00	\$102.00	\$61.20
Telehealth Physician Recheck	Audio Telephone E/M Services 21-30 min - 99443	99443	\$-	\$144.00	\$144.00	\$86.40
Telehealth Physician Recheck	Telehealth Visit Level 5 Est Charge- 99215	99215	\$219.00	\$282.00	\$501.00	\$300.60
Telehealth Physician Recheck	Telehealth Visit Level 2 Est Charge- 99212	99212	\$219.00	\$67.00	\$286.00	\$171.60
Telehealth Physician Recheck	Audio Telephone E/M Services 5-10 min - 99441	99441	\$-	\$63.00	\$63.00	\$37.80
Botulinumtoxin Injection	EMG Guidance with Chemodenervation Charge (95	95874	\$245.00	\$114.00	\$359.00	\$215.40
Botulinumtoxin Injection	CHEMODENERV EACH ADD'L EXTRM 1-4 MUSCLES	64643	\$917.00	\$289.00	#####	\$723.60
Botulinumtoxin Injection	CHEMODENERV 1 EXTREM 5/> MUS (64644)	64644	#####	\$471.00	#####	#####
Botulinumtoxin Injection	CHEMODENERV 1 EXTREMITY 1-4 (64642)	64642	#####	\$430.00	#####	#####
Botulinumtoxin Injection	CHEMODENERV EACH ADD'L EXTREM 5/> MUSCLE	64645	#####	\$333.00	#####	\$856.20
Botulinumtoxin Injection	CHEMODENERV MUSC NECK DYSTON (64616)	64616	\$997.00	\$447.00	#####	\$866.40
Botulinumtoxin Injection	CHEMODENERV TRUNK MUSC 1-5 (64646)	64646	#####	\$466.00	#####	#####
Botulinumtoxin Injection	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
PT Pool Treatment	PT Aquatic Units	97113	\$215.00	\$-	\$215.00	\$129.00
PT Pool Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
PT Pool Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
Physician Evaluation	Office Visit Level 3 New Charge- 99203	99203	\$361.00	\$252.00	\$613.00	\$367.80
Physician Evaluation	Office Visit Level 4 New Charge- 99204	99204	\$460.00	\$410.00	\$870.00	\$522.00
Physician Evaluation	Office Visit Level 5 New Charge- 99205	99205	\$598.00	\$535.00	#####	\$679.80
Physician Evaluation	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
Physician Evaluation	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
Physician Evaluation	Office Visit Level 5 Est Charge- 99215	99215	\$460.00	\$352.00	\$812.00	\$487.20
Physician Evaluation	Psych or neuropsych test admin and scoring, each d	96137	\$327.00	\$-	\$327.00	\$196.20
Physician Evaluation	Office Consult Level 4 Charge- 99244	99244	\$215.00	\$551.00	\$766.00	\$459.60
Physician Evaluation	Office Visit Level 2 New Charge- 99202	99202	\$274.00	\$163.00	\$437.00	\$262.20
OT Evaluation	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
OT Evaluation	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
OT Evaluation	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
OT Evaluation	OT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
OT Evaluation	OT Therapeutic Activities Units	97530	\$196.00	\$-	\$196.00	\$117.60
WSC Evaluation	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
WSC Evaluation	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
WSC Evaluation	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
WSC Evaluation	OT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20
WSC Evaluation	PT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20
WSC Evaluation	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20

WSC Evaluation	PT Evaluation Low Complexity Charge	97161	\$227.00	\$-	\$227.00	\$136.20	
WSC Treatment Fitting	OT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20	
WSC Treatment Fitting	PT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20	
WSC Treatment Fitting	OT Double Therapy Units	97150	\$103.00	\$-	\$103.00	\$61.80	
WSC Treatment Fitting	PT Double Therapy Units	97150	\$103.00	\$-	\$103.00	\$61.80	
Tech Center SLP Treatment	SLP Auditory Processing Treatment Units	92507	\$142.00	\$-	\$142.00	\$85.20	
Tech Center SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	\$148.00	\$-	\$148.00	\$88.80	
Tech Center SLP Treatment	SLP Speech AAC Eval First Hour Units	92607	\$696.00	\$-	\$696.00	\$417.60	
SLP Evaluation	Evaluation of Speech Sound Production w/ Evaluat	92523	\$257.00	\$-	\$257.00	\$154.20	
SLP Evaluation	SLP Pharyngeal Swallow Fnctn Eval Units	92610	\$252.00	\$-	\$252.00	\$151.20	
SLP Evaluation	Evaluation of Language Comprehension and Expres	92523	\$257.00	\$-	\$257.00	\$154.20	
SLP Evaluation	SLP Auditory Processing Treatment Units	92507	\$142.00	\$-	\$142.00	\$85.20	
SLP Evaluation	SLP Swallow Dysfunction Oral Feed Tx Unit	92526	\$201.00	\$-	\$201.00	\$120.60	
SLP Evaluation	Evaluation of Speech Sound Production Units	92522	\$257.00	\$-	\$257.00	\$154.20	
Telehealth PT Evaluation	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20	
Telehealth PT Evaluation	PT Evaluation Low Complexity Charge	97161	\$227.00	\$-	\$227.00	\$136.20	
Telehealth PT Evaluation	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60	
Telehealth PT Evaluation	PT Evaluation High Complexity	97163	\$227.00	\$-	\$227.00	\$136.20	
Telehealth PT Evaluation	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00	
Telehealth PT Evaluation	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60	
PT WH Eval	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20	
PT WH Eval	PT Evaluation Low Complexity Charge	97161	\$227.00	\$-	\$227.00	\$136.20	
PT WH Eval	PT Re-Evaluation	97164	\$175.00	\$-	\$175.00	\$105.00	
PT WH Eval	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60	
PT WH Eval	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60	
Injection	DRAIN/INJ MAJOR JOINT/BURSA W/US (20611)	20611	#####	\$228.00	#####	\$770.40	
Injection	Lumbar Epidural (64483)	64483	#####	\$608.00	#####	#####	
Injection	Arthrocentesis Major Joint Charge (20610)	20610	#####	\$166.00	#####	\$717.60	
Injection	Fluoroscopic Guidance- Needle Localization (77002)	77002	#####	\$493.00	#####	#####	
Injection	Injection Trigger Point(s): 3 or more Muscle(s) Ch	20553	#####	\$205.00	#####	\$757.80	
Injection	Inj Paravert F Jnt L/S One Level (64493)	64493	#####	\$327.00	#####	#####	
Injection	Injection Trigger Point(s): 1 or 2 Muscle(s) Chrg	20552	#####	\$187.00	#####	\$733.20	
Injection	Ultrasonic Guidance for Injection Charge (76942)	76942	\$871.00	\$277.00	#####	\$688.80	
Injection	Inj Paravert F Jnt L/S Two Levels (64494)	64494	#####	\$327.00	#####	\$897.00	
Injection	NJX INTERLAMINAR CRV/THRC, with imaging guida	62321	#####	\$380.00	#####	#####	
Injection	NJX INTERLAMINAR LMBR/SAC, with imaging guida	62323	#####	\$347.00	#####	#####	
Injection	Sacroiliac Joint Injection (27096)	27096	#####	\$297.00	#####	\$813.00	
Injection	Other Nerve Block Peripheral or Branch Charge (64	64450	#####	\$453.00	#####	#####	
Injection	DRAIN/INJ INTER JOINT/BURSA W/US (20606)	20606	#####	\$191.00	#####	\$723.60	
Injection	Inj Paravert F Jnt C/T One Level (64490)	64490	#####	\$383.00	#####	#####	
Injection	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80	
Injection	Injection Tendon Sheath, Ligament Charge (20550)	20550	\$924.00	\$194.00	#####	\$670.80	
Telehealth PT WH Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60	
Telehealth PT WH Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60	
Telehealth PT WH Treatment	PT Neuromuscular Reeducation Units	97112	\$209.00	\$-	\$209.00	\$125.40	
Psychology Evaluation	Health and Behavior Assessment/Re-Assessment (9	96156	\$302.00	\$-	\$302.00	\$181.20	
Pediatric Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60	
Pediatric Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80	
Pediatric Physician Recheck	Chiro E-Stim Attended Charge	97032		\$196.00	\$196.00	\$117.60	
Pediatric Physician Recheck	Office Visit Level 5 Est Charge- 99215	99215	\$460.00	\$352.00	\$812.00	\$487.20	
WSC Treatment	OT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20	
WSC Treatment	PT Wheelchair Management Units	97542	\$177.00	\$-	\$177.00	\$106.20	
Telehealth Psychology Evaluation	Health and Behavior Assessment/Re-Assessment (9	96156	\$302.00	\$-	\$302.00	\$181.20	
Wound Re-check	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80	
Wound Re-check	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60	
Wound Re-check	Apply Multlay Compr LWR Leg (29581)	29581	\$473.00	\$147.00	\$620.00	\$372.00	
Wound Re-check	Selective Debridement Less than or Equal to 20 cm	97597	\$650.00	\$229.00	\$879.00	\$527.40	
Wound Re-check	SKIN SPLT GRFT TRNK/ARM/LEG 100 SQ CM/1% BA	15100	\$-	#####	#####	#####	
Wound Re-check	Debridement-skin , sub q, muscle/fascia 20 Sq cm/	11043	#####	#####	#####	#####	
Baclofen Pump	ANL SP infusion pmp wt/MD reprogram and refill (62370	\$898.00	\$138.00	#####	\$621.60	
Baclofen Pump	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80	
Baclofen Pump	Office Visit Level 2 Est Charge- 99212	99212	\$274.00	\$83.00	\$357.00	\$214.20	
Baclofen Pump	Pump Analysis with Reprogramming Charge (62368	62368	#####	\$163.00	#####	\$724.20	
Baclofen Pump	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60	
Tech Center OT Treatment	OT Therapeutic Activities Units	97530	\$196.00	\$-	\$196.00	\$117.60	
PT Treatment - Casting	PT Short Leg Cast Application Units	29405	\$209.00	\$-	\$209.00	\$125.40	

PT Treatment - Casting	PT Gait Training Units	97116	\$179.00	\$-	\$179.00	\$107.40
PT Treatment - Casting	PT Cylindrical Cast Application Units	29365	\$209.00	\$-	\$209.00	\$125.40
PT Treatment - Casting	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
PT Treatment - Casting	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
Lymphedema Therapy Eval	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
Lymphedema Therapy Eval	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
Lymphedema Therapy Eval	PT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
Lymphedema Therapy Eval	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
Lymphedema Therapy Eval	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
Lymphedema Therapy Eval	OT Manual Therapy Units	97140	\$215.00	\$-	\$215.00	\$129.00
PMC Med Refill	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
Telehealth SLP Evaluation	Evaluation of Speech Sound Production w/ Evaluat	92523	\$257.00	\$-	\$257.00	\$154.20
Telehealth SLP Evaluation	SLP Speech AAC Eval First Hour Units	92607	\$696.00	\$-	\$696.00	\$417.60
Telehealth SLP Evaluation	SLP Pharyngeal Swallow Frctn Eval Units	92610	\$252.00	\$-	\$252.00	\$151.20
Telehealth SLP Evaluation	SLP Auditory Processing Treatment Units	92507	\$142.00	\$-	\$142.00	\$85.20
Lokomat Treatment	PT Gait Training Units	97116	\$179.00	\$-	\$179.00	\$107.40
Lokomat Treatment	PT Therapeutic Activity Units	97530	\$196.00	\$-	\$196.00	\$117.60
Lokomat Treatment	PT Therapeutic Exercise Units	97110	\$211.00	\$-	\$211.00	\$126.60
FCE	PT Physical Performance Test	97750	\$228.00	\$-	\$228.00	\$136.80
EMG / Nerve Conduction	Needle electromyography, each extremity, with rel	95886	\$336.00	\$137.00	\$473.00	\$283.80
EMG / Nerve Conduction	MOTOR&/SENS 5-6 NRV CNDJ TST (95909)	95909	\$777.00	\$216.00	\$993.00	\$595.80
EMG / Nerve Conduction	MOTOR&SENS 7-8 NRV CNDJ TEST (95910)	95910	\$856.00	\$290.00	#####	\$687.60
EMG / Nerve Conduction	MOTOR&SEN 9-10 NRV CNDJ TEST (95911)	95911	#####	\$362.00	#####	\$900.60
EMG / Nerve Conduction	Needle electromyography, each extremity; limited	95885	\$301.00	\$73.00	\$374.00	\$224.40
EMG / Nerve Conduction	MOTOR&/SENS 3-4 NRV CNDJ TST (95908)	95908	\$556.00	\$182.00	\$738.00	\$442.80
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 3 Est Charge- 99213	99213	\$219.00	\$125.00	\$344.00	\$206.40
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 4 Est Charge- 99214	99214	\$219.00	\$196.00	\$415.00	\$249.00
Telehealth Pediatric Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
Telehealth Pediatric Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 2 Est Charge- 99212	99212	\$219.00	\$67.00	\$286.00	\$171.60
Telehealth Physician Evaluation	Telehealth Visit Level 5 New Charge- 99205	99205	\$219.00	\$427.00	\$646.00	\$387.60
Telehealth Physician Evaluation	Telehealth Visit Level 3 New Charge- 99203	99203	\$219.00	\$202.00	\$421.00	\$252.60
Telehealth Physician Evaluation	Telehealth Visit Level 4 New Charge- 99204	99204	\$219.00	\$329.00	\$548.00	\$328.80
Telehealth Physician Evaluation	Telehealth Visit Level 2 New Charge- 99202	99202	\$219.00	\$131.00	\$350.00	\$210.00
Telehealth OT Evaluation	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
Telehealth OT Evaluation	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
Telehealth OT Evaluation	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
Acupuncture Recheck	Acupuncture without E-Stim. Initial 15 minutes Cha	97810	\$-	\$101.00	\$101.00	\$60.60
PT Group	PT Group Therapy Units	97150	\$103.00	\$-	\$103.00	\$61.80
Tech Center SLP Evaluation	SLP Speech AAC Eval First Hour Units	92607	\$696.00	\$-	\$696.00	\$417.60
PMC MD Half Program Recheck 15 min	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
PMC MD Half Program Recheck 15 min	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
PMC Physician Evaluation	Office Visit Level 5 New Charge- 99205	99205	\$598.00	\$535.00	#####	\$679.80
PMC Physician Evaluation	Prolonged Face to Face (1-60 min) Charge-99354	99354	\$-	\$428.00	\$428.00	\$256.80
PMC Physician Evaluation	Office Visit Level 5 Est Charge- 99215	99215	\$460.00	\$352.00	\$812.00	\$487.20
Neuropsych Follow Up	Neuropsych testing by physician or other qualified	96133	\$651.00	\$-	\$651.00	\$390.60
PMC MD Full Program Recheck 15 min	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
PMC MD Full Program Recheck 15 min	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
PMC MD Peds Program Recheck 30 min	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
PMC MD Peds Program Recheck 30 min	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60
Tech Center OT Evaluation	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
Tech Center OT Evaluation	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
Tech Center OT Evaluation	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
Amputee Re-check	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
Acute Concussion Neuropsych	Neuropsych testing by physician or other qualified	96132	\$725.00	\$-	\$725.00	\$435.00
Acute Concussion Neuropsych	Psych or Neuropsych test admin or scoring by phys	96136	\$363.00	\$-	\$363.00	\$217.80
Acute Concussion Neuropsych	Psych or neuropsych test admin and scoring, each a	96137	\$327.00	\$-	\$327.00	\$196.20
Acute Concussion Neuropsych	Neurobehavioral Status Exam, per hour	96116	\$488.00	\$-	\$488.00	\$292.80
Tech Center OT/SLP Evaluation	OT Evaluation High Complexity Charge	97167	\$227.00	\$-	\$227.00	\$136.20
Tech Center OT/SLP Evaluation	OT Evaluation Moderate Complexity	97166	\$227.00	\$-	\$227.00	\$136.20
Tech Center OT/SLP Evaluation	OT Evaluation Low Complexity	97165	\$227.00	\$-	\$227.00	\$136.20
PT Expert Evaluation	PT Evaluation Moderate Complexity Charge	97162	\$227.00	\$-	\$227.00	\$136.20
PT Expert Evaluation	PT Evaluation High Complexity	97163	\$227.00	\$-	\$227.00	\$136.20
Pediatric Physician Eval	Office Visit Level 4 New Charge- 99204	99204	\$460.00	\$410.00	\$870.00	\$522.00
Pediatric Physician Eval	Office Visit Level 5 New Charge- 99205	99205	\$598.00	\$535.00	#####	\$679.80
Parkinson's & Movement Recheck	Office Visit Level 4 Est Charge- 99214	99214	\$361.00	\$245.00	\$606.00	\$363.60

Parkinson's & Movement Recheck	Office Visit Level 3 Est Charge- 99213	99213	\$287.00	\$156.00	\$443.00	\$265.80
Exec Health Phy Eval	Office Visit Level 3 New Charge- 99203	99203	\$361.00	\$252.00	\$613.00	\$367.80
Exec Health Phy Eval	Office Visit Level 4 New Charge- 99204	99204	\$460.00	\$410.00	\$870.00	\$522.00
Women's Health Physician Eval	Office Visit Level 3 New Charge- 99203	99203	\$361.00	\$252.00	\$613.00	\$367.80
	Psychotherapy, 30 min 90832	90832	#N/A	#N/A	#N/A	#N/A
	Psychotherapy, 45 min 90834	90834	#N/A	#N/A	#N/A	#N/A
	Psychotherapy, 60 min 90837	90837	#N/A	#N/A	#N/A	#N/A
	Family psychotherapy, not including patient, 50 mi	90846	#N/A	#N/A	#N/A	#N/A
	Family psychotherapy, including patient, 50 min 90	90847	#N/A	#N/A	#N/A	#N/A
	Group psychotherapy 90853	90853	#N/A	#N/A	#N/A	#N/A
	Patient office consultation, typically 40 min 99243	99243	\$158.00	\$355.00	\$513.00	\$307.80
	Initial new patient preventive medicine evaluation	99385	\$-	\$379.00	\$379.00	\$227.40
	Initial new patient preventive medicine evaluation	99386	\$-	\$414.00	\$414.00	\$248.40
	Basic metabolic panel 80048	80048	\$363.00	\$-	\$363.00	\$217.80
	Blood test, comprehensive group of blood chemica	80053	\$452.00	\$-	\$452.00	\$271.20
	Blood test, lipids (cholesterol and triglycerides) 800	80061	\$282.00	\$-	\$282.00	\$169.20
	Kidney function panel test 80069	80069	\$369.00	\$-	\$369.00	\$221.40
	Liver function blood test panel 80076	80076	\$333.00	\$-	\$333.00	\$199.80
	Manual urinalysis test with examination using micr	81001	\$115.00	\$-	\$115.00	\$69.00
	Automated urinalysis test 81002 or 81003	81003	\$76.00	\$-	\$76.00	\$45.60
	PSA (prostate specific antigen) 84153-84154	84153	\$71.00	\$-	\$71.00	\$42.60
	Blood test, thyroid stimulating hormone (TSH) 844	84443	\$224.00	\$-	\$224.00	\$134.40
	Complete blood cell count, with differential white b	85025	\$189.00	\$-	\$189.00	\$113.40
	Complete blood count, automated 85027	85027	\$163.00	\$-	\$163.00	\$97.80
	Blood test, clotting time 85610	85610	\$105.00	\$-	\$105.00	\$63.00
	Coagulation assessment blood test 85730	85730	\$225.00	\$-	\$225.00	\$135.00
	CT scan, head or brain, without contrast 70450	70450	#####	\$-	#####	#####
	MRI scan of brain before and after contrast 70553	70553	#####	\$-	#####	#####
	X-Ray, lower back, minimum four views 72110	72110	\$908.00	\$-	\$908.00	\$544.80
	MRI scan of lower spinal canal 72148	72148	#####	\$-	#####	#####
	CT scan, pelvis, with contrast 72193	72193	#####	\$-	#####	#####
	MRI scan of leg joint 73721	73721	#####	\$-	#####	#####
	CT scan of abdomen and pelvis with contrast 7417	74177	#####	\$-	#####	#####
	Removal of one knee cartilage using an endoscope	29881	\$-	#####	#####	#####
	Sleep study 95810	95810	#####	\$790.00	#####	#####
	Obstetric blood test panel 80055	80055	#N/A	#N/A	#N/A	#N/A
	Ultrasound of abdomen 76700	76700	#####	#N/A	#####	#####
	Abdominal ultrasound of pregnant uterus (greater	76805	#N/A	#N/A	#N/A	#N/A
	Ultrasound pelvis through vagina 76830	76830	#N/A	#N/A	#N/A	#N/A
	Mammography of one breast 77065	77065	#N/A	#N/A	#N/A	#N/A
	Mammography of both breasts 77066	77066	#N/A	#N/A	#N/A	#N/A
	Mammography, screening, bilateral 77067	77067	#N/A	#N/A	#N/A	#N/A
	Cardiac valve and other major cardiothoracic procedu		#N/A	#N/A	#N/A	#N/A
	Spinal fusion except cervical without major comorbid conditio		#N/A	#N/A	#N/A	#N/A
	Major joint replacement or reattachment of lower extremity v		#N/A	#N/A	#N/A	#N/A
	Cervical spinal fusion without comorbid conditions (CC) or maj		#N/A	#N/A	#N/A	#N/A
	Uterine and adnexa procedures for non-malignancy without ca		#N/A	#N/A	#N/A	#N/A
	Removal of 1 or more breast growth, open procedu	19120	#N/A	#N/A	#N/A	#N/A
	Shaving of shoulder bone using an endoscope 2982	29826	#N/A	#N/A	#N/A	#N/A
	Removal of tonsils and adenoid glands patient you	42820	#N/A	#N/A	#N/A	#N/A
	Diagnostic examination of esophagus, stomach, an	43235	#####	#N/A	#####	#####
	Biopsy of the esophagus, stomach, and/or upper sr	43239	#####	#N/A	#####	#####
	Diagnostic examination of large bowel using an end	45378	#####	#N/A	#####	#####
	Biopsy of large bowel using an endoscope 45380	45380	#####	#N/A	#####	#####
	Removal of polyps or growths of large bowel using	45385	#N/A	#N/A	#N/A	#N/A
	g Ultrasound examination of lower large bowel using	45391	#N/A	#N/A	#N/A	#N/A
	Removal of gallbladder using an endoscope 47562	47562	#N/A	#N/A	#N/A	#N/A
	Repair of groin hernia patient age 5 years or older	49505	#N/A	#N/A	#N/A	#N/A
	Biopsy of prostate gland 55700	55700	#N/A	#N/A	#N/A	#N/A
	Surgical removal of prostate and surrounding lymph	55866	#N/A	#N/A	#N/A	#N/A
	Routine obstetric care for vaginal delivery, includin	59400	#N/A	#N/A	#N/A	#N/A
	Routine obstetric care for cesarean delivery, includ	59510	#N/A	#N/A	#N/A	#N/A
	Routine obstetric care for vaginal delivery after pri	59610	#N/A	#N/A	#N/A	#N/A
	Removal of recurring cataract in lens capsule using	66821	#N/A	#N/A	#N/A	#N/A
	Removal of cataract with insertion of lens 66984	66984	#N/A	#N/A	#N/A	#N/A
	Electrocardiogram, routine, with interpretation and	93000	#####	#N/A	#####	#####

	Insertion of catheter into left heart for diagnosis 93	93452	#N/A	#N/A	#N/A	#N/A	
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