

CPT CODE	DESCRIPTION	Fee
10060	Incision And Drainage Of Abscess, Single	\$291.20
10061	Incision And Drainage Of Abscess, Complicated Or Multiple	\$630.80
10120	Incision And Removal Of A Foreign Object From Subcutaneous Tissues	\$387.40
10140	Incision And Drainage Of Hematoma	\$372.40
10160	Puncture And Aspiration Of Abscess	\$370.80
11000	Debridement Of Extensive Eczematous Or Infected Skin (Up To 10% Of Body Surface)	\$90.00
11055	Paring Or Cutting Of Benign Hyperkeratotic Lesion (E.G.. Corn, Callous)	\$187.20
11102	Biopsy, Skin, Single Lesion	\$231.80
11103	Biopsy, Skin Each Additional Lesion	\$103.00
11200	Remove Multiple Fibrocutaneous Skin Tags, Up To 14	\$215.00
11201	Remove Multiple Fibrocutaneous Skin Tags, Each Additional 9	\$72.00
11300	Shaving Epidermal Or Dermal Lesion 0.5Cm Or Less	\$182.40
11301	Shaving Epidermal Or Dermal Lesion 0.6 - 1.0 Cm	\$231.00
11305	Shaving Epidermal Or Dermal Lesion 0.5 Cm Or Less	\$182.00
11306	Shaving Epidermal Or Dermal Lesion 0.6 - 1.0 Cm	\$216.40
11310	Shaving Epidermal Or Dermal Lesion On Face 0.5 Or Less	\$206.00
11311	Shaving Epidermal Or Dermal Lesion On Face 0.6 To 1.0 Cm	\$237.00
11400	Excision Of Benign Lesion, Except Skin Tag, 0.5 Cm. Or Less	\$280.80
11401	Excision Of Benign Lesion, Except Skin Tag, 0.6 - 1.0 Cm	\$285.60
11402	Excision Of Benign Lesion, Except Skin Tag, 1.1-2.0 Cm	\$386.20
11403	Excision Of Benign Lesion, Except Skin Tag, 2.1-3 Cm	\$395.60
11404	Excision Of Benign Lesion, Except Skin Tag, 3.1-4 Cm	\$504.20
11420	Excision Of Benign Lesion, Except Skin Tag, 0.5 Cm Or Less	\$260.00
11421	Excision Of Benign Lesion, Except Skin Tag, 0.6-1.0Cm	\$351.40



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
11422	Excision Of Benign Lesion, Except Skin Tag, 1.1-1	\$411.60
11426	Excision Of Benign Lesion, Except Skin Tag, Over 4 Cm	\$844.20
11440	Excision Of Other Benign Lesion, Except Skin Tag, On Face 0.5 Cm. Or Less	\$294.60
11441	Excision Of Benign Lesion, Except Skin Tag, On Face 0.6-1 Cm	\$392.20
11720	Excision Of Benign Lesion, Except Skin On Face 0.6-1Cm	\$62.80
11730	Complete Or Partial Avulsion Of The Nail Plate, Single Removal Of Nail W/O Distr	\$332.80
11732	Avulsion Of Each Additional Nail Plate	\$142.00
11740	Puncture Of Nail To Remove Hematoma Or Blood	\$180.80
11750	Surgical Excision Of Nail With Matrix (E.G.. Ingrown Or Deformed Nail)	\$438.60
11981	Insertion, Drug Delivery Implant	\$381.60
11982	Remove Drug Implant Device	\$475.80
11983	Removal Of Drug Implant	\$698.20
12001	Simple Suture Repair Of Wound, 2.5 Cm. Or Less	\$693.40
12002	Simple Suture Repair Of Wound, 2.6 To 7.5 Cm.	\$900.00
12004	Simple Suture Repair Of Wound, 7.6 To 12.5 Cm.	\$1,055.80
12005	Simple Suture Repair Of Wound, 12.6 To 20.0 Cm.	\$1,226.60
12011	Simple Suture Repair Of Wound On Face, 2.5 Cm. Or Less	\$841.80
17000	Destruction Of Benign Or Premalignant Lesions Witj Liquid Nitrogen First Lesion	\$137.80
17003	Destruction Wit Liquid Nitrogen Of Benign Or Premalignant Lesions Second Through	\$22.20
17004	Destruction Wit Liquid Nitrogen Of Benign Or Premalignant Lesions Second Through	\$303.20
17110	Destruction Wit Liquid Nitrogen Of Common Or Planter Warts To 14 Lesions	\$208.20
17111	Destruction Wit Liquid Nitrogen Of Common Or Planter Warts 15 Or More	\$230.60
20600	Arthrocentesis, Aspiration And/Or Injection Small Joint Or Bursa	\$163.80
20605	Arthrocentesis, Aspiration And/Or Injection Intermediate Joint Or Bursa	\$171.00



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
20610	Arthrocentesis, Aspiration And/Or Injection Major Joint Or Bursa	\$286.00
29580	Strapping Unna Boot	\$202.00
30300	Removal Of Foreign Body, Intranasal	\$829.00
54050	Destruction Of Lesion(S), Penis Simple Chemical Podophllin	\$241.40
54056	Destruction Of Lesion(S), Penis Simple Cryosurgery Liquid Nitrogen	\$266.80
56405	Incision And Drainage Of Vulva Or Perineal Abscess	\$599.00
56501	Destruction Of Lesion(S), Vulva, All Methods	\$375.20
56605	Biopsy Of Vulva Or Perineum; One Lesion	\$281.20
57160	Fit&Insj Pessary/Oth Intravaginal Support Devi	\$236.00
57420	Colposcopy Of Entire Vagina, With Cervix If Present	\$449.60
57454	Bx/Curett Of Cervix W/Scope	\$454.60
57456	Endocerv Curettage W/Scope	\$539.40
58100	Endometrial Biopsy	\$332.00
58300	Insert Intrauterine Device (Iud)	\$297.20
58301	Removal Only - Intrauterine Device (Iud)	\$293.00
65205	Foreign Body Removal, Eye	\$128.00
69200	Foreign Body Removal, External Auditory Canal	\$377.20
69210	Remove Impacted Ear Wax	\$127.40
70100	Radiologic Examination, Mandible	\$111.60
70140	Radiologic Examination, Facial Bones, Less Than 3 Views	\$147.40
70150	Radiologic Examination, Facial Bones, 3 Or More Views	\$172.40
70160	Radiologic Examination, Nasal Bones, 3 Or More Views	\$134.00
70210	Radiologic Examination, Sinuses, Paranasal, Less Than 3 Views	\$110.00
70250	Radiologic Examination, Skull Less Than 4- Views	\$98.20



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
71045	Radiologic Examination, Chest, Single View	\$77.60
71046	Radiologic Examination, Chest, 2 Views	\$141.80
71047	Radiologic Examination, Chest, 3 Views	\$209.80
71100	Radiologic Examination, Ribs, 2 Views	\$109.40
71120	Radiologic Examination, Breastbone	\$128.00
72040	Radiologic Examination, Spine, Cervical, 2 Views (Ap And Lateral)	\$140.80
72070	Radiologic Examination, Spine, Thoracic, 2 Views	\$102.80
72100	Radiologic Examination, Spine, Lumbar, 2 Views	\$152.20
72170	Radiologic Examination, Pelvis, 1 View	\$113.20
72220	Radiologic Examination, Sacrum And Coccyx, 2 Views (Ap And Lateral)	\$134.00
73000	Radiologic Examination, Clavicle, 2 View	\$112.60
73030	Radiologic Examination, Shoulder, 2 View (Or More)	\$129.60
73060	Radiologic Examination, Humerous, 2 Views (Apand Lateral)	\$116.80
73070	Radiologic Examination, Elbow, 2 Views (Apand Lateral)	\$98.80
73080	Radiologic Examination, Elbow 3 Or More Views	\$129.20
73090	Radiologic Examination, Forearm, 2 Views (Apand Lateral)	\$96.80
73100	Radiologic Examination, Wrist 2 Views	\$98.20
73110	Radiologic Examination, Wrist, 3 Views (Pa, Lateral, And Oblique)	\$128.40
73120	Radiologic Examination, Hand, 2 Views	\$85.60
73130	Radiologic Examination, Hand, 3 Views (Pa, Lateral, And Oblique)	\$125.60
73140	Radiologic Examination, Finger, 3 Views (Pa, Lateral, And Oblique)	\$108.60
73502	Radiologic Examination, Hips, Unilateral, 2 - 3 Views With Pelvis When Performed	\$142.80
73521	Radiologic Examination, Hips, Bilateral, 2 Views With Pelvis When Performed	\$131.00
73552	Radiologic Examination, Femur, Minimum 2 Views	\$106.60



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
73560	Radiologic Examination, Knee, 1 Or 2 Views	\$119.60
73562	Radiologic Examination, Knee, 3 Views (Ap, Lateral And Sunrise Or Oblique)	\$131.20
73565	Radiologic Examination Of Bilateral Knees, Standing Ap View, Weight Bearing	\$132.60
73590	Radiologic Examination, Leg, Tibia And Fibula, 2 Views	\$110.40
73600	Radiologic Examination, Ankle, 2 Views	\$94.40
73610	Radiologic Examination, Ankle, Complete 3 Views (Ap, Lateral, And Oblique)	\$116.80
73620	Radiologic Examination, Foot, 2 Views	\$79.60
73630	Radiologic Examination, Foot, Complete 3 Views (Ap, Lateral, And Oblique)	\$102.00
73660	Radiologic Examination, Toes, 2 Views (Ap And Lateral)	\$112.60
74018	Radiologic Examination, Abdomen/Kub 1 View	\$125.20
76801	Ob Us < 14 Wks Single Fetus	\$388.40
76802	Ob Us < 14 Wks Addl Fetus	\$300.80
76805	Ob Us >= 14 Wks Sngl Fetus	\$450.00
76810	Ob Us >= 14 Wks Addl Fetus	\$450.00
76817	Transvaginal Us Obstetric	\$334.20
77065	Dx Mammo Including Computer-Aided Detection (Cad) Unilateral	\$583.00
77066	Dx Mammo Including Computer-Aided Detection (Cad) Bilateral	\$733.00
77067	Scr Mammo Bilateral (Two-View Study Of Each Breast), Including Cad	\$624.00
77080	Dxa Bone Density Axial	\$345.40
80305	11 Panel Clia Waived Drug Test	\$41.40
81003	Urinalysis, Auto W/O Scope	\$15.00
81025	Urine Pregnancy Test	\$28.80
82075	Assay Of Breath Ethanol	\$61.60
82270	Occult Blood Feces	\$21.40



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
82962	Glucose (Finger Stick) By Glucometer	\$13.00
87635	Coronavirus Lab Test	\$132.40
87804	Influenza Virus A+B Ag	\$46.00
87880	Rapid Strep (Throat Swab)	\$46.40
90384	Rh Ig Full-Dose Im	\$211.60
90471	Immunization Administration- Single (Subcu/Intramus/)	\$54.20
90472	Immunaization Administration Each Additional Vaccination	\$31.40
90619	Menacwy-Tt Vaccine Im	\$201.80
90620	Menb Rp W/Omv Vaccine Im	\$368.00
90621	Meningococcal Menb Rlp Vaccine Im	\$253.60
90632	Hep A Vaccine Adult	\$184.60
90633	Hep A Pedi/Adoles (2 Dose Sch)	\$88.80
90636	Twinrix (Hep A & B), Adult	\$281.40
90648	Hib, Prp-T Im (4 Dose Sch)	\$52.00
90649	Hpv (Guardasil)	\$254.60
90651	Hpv (Guardasil) 9 Valent Vaccine Recombinant	\$527.60
90655	Flu Vaccine (6-35 Months Old) Preservative Free State Supplied	\$36.20
90657	Flu Vaccine (6-35 Months Old) State Supplied	\$30.20
90658	Flu Vaccine (Age 3 And Up) State Supplied	\$62.00
90662	Iiv No Prsv Increased Ag Im	\$73.80
90670	Pcv 13 (Prevnar 13)	\$387.40
90677	Pneumococcal 20-Valent Conjugate Vaccine	\$748.00
90680	Rotavirus	\$218.20
90686	Flu Preservative Free 3Yr & Older	\$39.60



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
90687	Flulaval Quadrivalent 6-35 Months	\$25.00
90688	Flulaval Quadrivalent Adult	\$44.00
90696	Kinrix 4-6 Yr Im	\$130.00
90698	Pentacel Im	\$146.80
90700	Dtap < 7 Years Of Age	\$58.00
90702	Dt < 7 Years Of Age	\$50.60
90707	Mmr	\$179.00
90710	MmrV Vaccine	\$307.00
90713	Ipv	\$65.00
90714	Td	\$62.60
90715	Tetanus, Diphtheria Toxoids And Cellular Pertussis Vaccine (Tdap)	\$119.40
90716	Varicella (Chicken Pox)	\$187.40
90723	Pediarix (Dtap/Hepb/Ipv)	\$198.20
90732	Pneumococcal 2 Years And Older	\$273.00
90734	Meningococcal (A, C, Y And W-135)	\$338.40
90736	Zoster (Shingles) Vaccine, Live, For Subcutaneous Injection	\$454.00
90744	Hep B - Pedi/Adolescent (3 Dose)	\$72.40
90746	Hep B - Adult Dosage	\$164.40
90747	Zoster (Shingles) Vaccine, Live, For Subcutaneous Injection	\$307.60
90750	Zoster - 2 Dose	\$468.00
90791	Psychiatric Diagnostic Evaluation	\$225.00
90792	Psychiatric Diagnostic Interview Exam W/Med Services	\$334.00
90832	Individual & Fam Psychotherapy (30 Min.)	\$179.20
90834	Individual & Fam Psychotherapy (45-50 Min.)	\$157.80



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
90837	Individual & Fam Psychotherapy (60 Min.)	\$152.00
90839	Psychotherapy For Crisis Initial 60 Minutes	\$225.00
90840	Psychotherapy For Crisis Each Addl 30 Minutes	\$75.00
90846	Family Psychotherapy (Without Patient Present)	\$155.00
90847	Family Psychotherapy (With Patient Present)	\$155.00
90853	Group Psychotherapy (Other Than Of A Multiple-Family Group)	\$117.00
91300	Covid-19 Pfizer 2Nd Dosage Title V	\$32.00
91303	Covid-19 Janssen Vaccine, Dna, Spike Protein, Adenovir	\$57.20
91306	Covid-19 Moderna 100 Mcg/0.25MI Booster	\$55.20
91307	Covid-19 Pfizer 30 Mcg/0.3MI 5 To<12Yrs Dosage	\$61.80
91308	Ovid-19 Pfizer 30 Mcg/0.3MI 6Mo To 4Yrs Dosage	\$90.00
91309	Covid-19 Moderna 50 Mcg/0.5MI 6-11 Dosage	\$46.00
91311	Covid-19 Moderna 25Mcg/0.25MI 6Mo To 5Yrs	\$71.00
92012	Retinal/Dilated Eye Exam	\$125.00
92227	IMG Retina Detcj/mntr DS Rem Clin Staff Uni/Bi	\$74.00
92228	IMG Retina Detcj/mntr DS Rem Phys/qhp I&R Uni/Bi	\$71.00
92250	Fundus Photography w/Interpretation & Report	\$110.00
92551	Pure Tone Hearing Test, Air	\$25.00
93000	Ekg (Electrocardiogram)	\$68.00
94010	Spirometry	\$66.00
94640	Airway Inhalation Treatment	\$44.80
94760	Pulse Oximetry - Noninvasive	\$7.00
96156	Health Behavior Assessment/Re-Assessment	\$274.00
96158	Health Behavior Ivntj Indiv F2F 1St 30 Min	\$80.00



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
96159	Health Behavior Ivntj Indiv F2F Ea Addl 15 Min	\$109.00
96164	Health Behavior Ivntj Group F2F 1St 30 Min	\$52.00
96165	Health Behavior Ivntj Group F2F Ea Addl 15 Min	\$25.00
96167	Health Behavior Ivntj Fam W/Pt F2F 1St 30 Min	\$296.00
96168	Health Behavior Ivntj Fam W/Pt F2F Ea Add 15 Min	\$118.00
96202	Mlt Fam Group Bhv Mgmt/Modificaj Traing 1St 60	\$107.00
96203	Mlt Fam Group Bhv Mgmt/Modificaj Traing Ea Addl 15 Min	\$45.00
96372	Ther/Proph/Diag Inj Sc/Im	\$52.80
97010	Hot Or Cold Packs Therapy	\$29.00
97012	Mechanical Traction Therapy	\$46.00
97014	Electric Stimulation Therapy	\$28.00
97035	Ultrasound Therapy	\$50.00
97110	Therapeutic Exercises	\$63.60
97112	Neuromuscular Reeducation	\$71.80
97124	Massage Therapy	\$36.40
97140	Manual Therapy	\$65.80
97169	Athletic Training Evaluations	\$50.00
97530	Therapeutic Activities	\$96.00
97550	Caregiver Training Strategies&Tq 1St 30 Minutes	\$142.00
97551	Caregiver Training Strategies&Tq Ea Addl 15 Min	\$49.00
97552	Group Caregiver Training Strategies & Technique	\$76.00
97597	Debridement, Skin, First 20 Sq Cm Or Less	\$178.80
97810	Acupunct W/O Stimul 15 Min	\$65.00
97813	Acupunct W/Stimul 15 Min	\$60.00



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
98940	Chiropractic Manipulation	\$53.00
98941	Chiropractic Manipulation	\$71.00
98942	Chiropractic Manipulation	\$62.00
98943	Chiropractic Manipulation	\$55.80
99000	Lab Handling Fee	\$20.60
99024	Postop Follow-Up Visit	\$150.00
99173	Visual Acuity Screen	\$23.00
99202	New Patient Office Visit-Level Two	\$206.40
99203	New Patient Office Visit-Level Three	\$258.60
99204	New Patient Office Visit-Level Four	\$392.00
99205	New Patient Office Visit -Level Five	\$548.20
99211	Office/Outpt Esta Visit; May Not Require Presence Of Phy Or Other Hcp	\$45.60
99212	Established Patient Office Visit-Level Two	\$110.80
99213	Established Patient Office Visit-Level Three	\$177.00
99214	Established Patient Office Visit-Level Four	\$255.60
99215	Established Patient Office Visit-Level Five	\$414.00
99242	Office Consultation - At Least 20 Minutes	\$220.00
99243	Office Consultation - At Least 30 Minutes	\$281.80
99244	Office Consultation - At Least 40 Minutes	\$434.60
99245	Office Consultation - At Least 55 Minutes	\$612.80
99341	Home Visit New Patient - At Least 15 Minutes	\$118.00
99342	Home Visit New Patient - At Least 30 Minutes	\$162.00
99344	Home Visit New Patient - At Least 60 Minutes	\$177.00
99345	Home Visit New Patient - At Least 75 Minutes	\$400.00



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
99347	Home Visit Established Patient - At Least 20 Minutes	\$89.00
99348	Home Visit Established Patient - At Least 30 Minutes	\$214.80
99349	Home Visit Established Patient - At Least 40 Minutes	\$302.20
99350	Home Visit Established Patient - At Least 60 Minutes	\$544.00
99381	Well Child Less Than 1Year	\$168.60
99382	Well Child 1 - 4 Years	\$295.00
99383	Well Child 5 - 11 Years	\$312.20
99384	Well Child 12 - 17 Years	\$365.20
99385	Well Adult 18 - 39 Years	\$403.80
99386	Well Adult 40 - 64 Years	\$415.60
99387	Well Adult 65 Years And Over	\$428.00
99391	Well Child Less Than 1Year	\$219.60
99392	Well Child 1 - 4 Years	\$219.00
99393	Well Child 5 - 11 Years	\$234.20
99394	Well Child 12 - 17 Years	\$255.60
99395	Well Adult 18 - 39 Years	\$304.00
99396	Well Adult 40 - 64 Years	\$293.80
99397	Well Adult 65 Years And Over	\$322.40
99417	Prolonged Service W/W/O Direct Pt Contact Doe	\$92.80
99421	OI Dig E/M Svc 5-10 Min	\$34.40
99422	OI Dig E/M Svc 11-20 Min	\$63.40
99423	OI Dig E/M Svc 21+ Min	\$89.40
99424	Principal Care Mgmt, First 30 Minutes	\$245.80
99425	Principal Care Mgmt, For Each Additi 30 Mins	\$202.20



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
99426	Principal Care Mgmt, First 30 Minutes	\$92.00
99427	Principal Care Mgmt, For Each Dditional 30 Mins	\$176.60
99439	Chronic Care Management Services, Each Additional	\$137.60
99441	Phone Visit – Audio Only 5-10 Min	\$97.60
99442	Phone Visit – Audio Only 11-20 Min	\$169.60
99443	Phone Visit – Audio Only 21-30 Min	\$255.20
99484	Care Mgmt Svc Bhvl Hlth Cond	\$73.00
99487	Cmplx Chron Care W/O Pt Vsit	\$163.40
99489	Complx Chron Care Addl30 Min	\$95.00
99490	Chron Care Mgmt Svc 20 Min	\$118.00
99491	Chrnc Care Mgmt Svc 30 Min	\$125.00
99495	Trans Care Mgmt 14 Day Disch	\$448.20
99496	Trans Care Mgmt 7 Day Disch	\$453.20
99497	Advncd Care Plan 30 Min	\$206.60
99498	Advncd Care Plan Addl 30 Min	\$181.40
1111F	Dschrg Med/Current Med Merge	\$0.00
A4562	Pessary, Reusable, Non Rubber, Any Type	\$170.00
G0008	Admin Influenza Virus Vac	\$47.80
G0009	Admin Pneumococcal Vaccine	\$57.20
G0010	Admin Hepatitis B Vaccine	\$54.80
G0019	Comm Hlth Intg Svs Sdoh 1St 60Mn	\$162.00
G0022	Comm Hlth Intg Svs Addl 30 M	\$101.00
G0101	Ca Screen;Pelvic/Breast Exam	\$113.80
G0136	Adm Of Soc Dtr Assess 5-15 M	\$38.00

CPT CODE	DESCRIPTION	Fee
G0402	Initial Medicare Preventive Exam	\$326.20
G0403	Ekg For Medicare Initial Prevent Exam	\$60.00
G0438	Ppps, Initial Medicare Visit	\$345.60
G0439	Pps, Subseq Medicare Visit	\$274.40
G0445	High Inten Beh Couns Std 30M	\$111.60
J0561	Bicillin Injection (State Supplied) Im	\$52.60
J0696	Rocephin Injection (Private) Per 250Mg Im	\$23.00
J0696	Rocephin Injection (Private) Per 500Mg Im	\$23.00
J0696	Rocephin Injection (Private) Per 1Gm Im	\$23.00
J0696	Rocephin Injection	\$23.00
J0696	Rocephin Injection Per 500Mg (State) Im	\$23.00
J0696	Rocephin Injection Per 250Mg (State) Im	\$23.00
J1030	Depo-Medrol Injection 40Mg Im	\$31.80
J1040	Depo-Medrol Injection 80Mg Im	\$41.40
J1050	Depo-Provera Injection 150Mg Im	\$1.00
J1815	Insulin Regular Injection U-100 Subcutaneous	\$2.00
J2550	Promethazine Injection Up To 25Mg Im	\$14.60
J2920	Solu Medrol Injection Up To 40Mg Im	\$17.60
J2930	Solu Medrol Injection Up To 125Mg Im	\$26.40
J3420	Vitamin B12 (Cyanocobalamin) Injection 1000Mcg Im	\$18.00
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Iiletta), 52 mg	\$2,065.00
J7298	Levonorgestrel Iu 52Mg 5 Yr - Mirena Intrauterine	\$2,901.20
J7300	Intraut Copper Contraceptive - Paragard Intrauterine	\$2,426.00
J7307	Etonogestrel Implant System - Nexplanon	\$2,314.00



2024 Medical Fee Schedule

CPT CODE	DESCRIPTION	Fee
J7620	Albuterol 0.083% Inhalation	\$5.60
J7620	Duoneb (Combination Ofalbuterol And Ipratopium	\$5.60
J7620	Ipratropium Bromide 0.02% (1Unit)	\$5.60
L0625	Abdominal L Binder	\$81.40
L0625	Abdominal XI Binder	\$81.40
S8990	Pt Or Manip For Maint	\$50.00