

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
99281	ER VISIT-FACILITY	\$ 300.00
99282	ER VISIT-FACILITY	\$ 990.00
99283	ER VISIT-FACILITY	\$ 2,305.00
99284	ER VISIT-FACILITY	\$ 3,175.00
99285	ER VISIT-FACILITY	\$ 4,610.00
99291	ER CRITICAL CARE - FACILITY	\$ 4,870.00
99292	CRITICAL CARE, ADD'L 30 MIN	\$ 970.00
10021	FINE NEEDLE ASPIRATION	\$ 260.00
10060	DRAINAGE OF SKIN ABSCESS	\$ 180.00
10061	DRAINAGE OF SKIN ABSCESS	\$ 345.00
10080	DRAINAGE OF PILONIDAL CYST	\$ 300.00
10081	DRAINAGE OF PILONIDAL CYST	\$ 375.00
10120	REMOVE FOREIGN BODY	\$ 200.00
10121	REMOVE FOREIGN BODY	\$ 375.00
10140	DRAINAGE OF HEMATOMA	\$ 215.00
10160	PUNCTURE DRAINAGE OF LESION	\$ 185.00
11042	CLEANSING OF SKIN/TISSUE	\$ 290.00
11056	EXCISION OF 2-4 LESIONS	\$ 140.00
11403	REMOVAL OF SKIN LESION	\$ 430.00
11720	DEBRIDEMENT OF NAIL	\$ 55.00
11730	REMOVAL OF NAIL PLATE	\$ 140.00
11740	DRAIN BLOOD FROM UNDER NAIL	\$ 85.00
11750	REMOVAL OF NAIL BED	\$ 365.00
11760	REPAIR OF NAIL BED	\$ 490.00
11765	EXCISION OF NAIL FOLD, TOE	\$ 185.00
12001	REPAIR SUPERFICIAL WOUND(S)	\$ 270.00
12002	REPAIR SUPERFICIAL WOUND(S)	\$ 300.00
12004	REPAIR SUPERFICIAL WOUND(S)	\$ 355.00
12005	REPAIR SUPERFICIAL WOUND(S)	\$ 450.00
12006	REPAIR SUPERFICIAL WOUND(S)	\$ 540.00
12011	REPAIR SUPERFICIAL WOUND(S)	\$ 310.00
12013	REPAIR SUPERFICIAL WOUND(S)	\$ 340.00
12014	REPAIR SUPERFICIAL WOUND(S)	\$ 400.00
12015	REPAIR SUPERFICIAL WOUND(S)	\$ 485.00
12016	REPAIR SUPERFICIAL WOUND(S)	\$ 505.00
12017	REPAIR SUPERFICIAL WOUND(S)	\$ 635.00
12031	LAYER CLOSURE OF WOUND(S)	\$ 355.00
12032	LAYER CLOSURE OF WOUND(S)	\$ 465.00
12034	LAYER CLOSURE OF WOUND(S)	\$ 520.00
12035	LAYER CLOSURE OF WOUND(S)	\$ 545.00
12036	LAYER CLOSURE OF WOUND(S)	\$ 605.00
12041	LAYER CLOSURE OF WOUND(S)	\$ 375.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
12042	LAYER CLOSURE OF WOUND(S)	\$ 435.00
12044	LAYER CLOSURE OF WOUND(S)	\$ 525.00
12045	LAYER CLOSURE OF WOUND(S)	\$ 530.00
12046	LAYER CLOSURE OF WOUND(S)	\$ 640.00
12051	LAYER CLOSURE OF WOUND(S)	\$ 400.00
12052	LAYER CLOSURE OF WOUND(S)	\$ 470.00
12053	LAYER CLOSURE OF WOUND(S)	\$ 460.00
12054	LAYER CLOSURE OF WOUND(S)	\$ 690.00
12055	LAYER CLOSURE OF WOUND(S)	\$ 890.00
12056	LAYER CLOSURE OF WOUND(S)	\$ 875.00
13100	REPAIR OF WOUND OR LESION	\$ 375.00
13101	REPAIR OF WOUND OR LESION	\$ 470.00
13120	REPAIR OF WOUND OR LESION	\$ 405.00
13121	REPAIR OF WOUND OR LESION	\$ 675.00
13122	COMPLEX REPAIR, EACH ADDTL 5 C	\$ 245.00
13131	REPAIR OF WOUND OR LESION	\$ 600.00
13132	REPAIR OF WOUND OR LESION	\$ 805.00
13150	REPAIR OF WOUND OR LESION	\$ 530.00
13151	REPAIR OF WOUND OR LESION	\$ 725.00
13152	REPAIR OF WOUND OR LESION	\$ 1,000.00
14040	SKIN TISSUE REARRANGEMENT	\$ 1,500.00
15220	SKIN FULL GRAFT PROCEDURE	\$ 1,625.00
16000	INITIAL TREATMENT OF BURN(S)	\$ 130.00
16020	TREATMENT OF BURN(S)	\$ 150.00
16025	TREATMENT OF BURN(S)	\$ 235.00
16030	TREATMENT OF BURN(S)	\$ 825.00
17110	DESTRUCTION OF SKIN LESIONS	\$ 125.00
20552	INJ SINGLE/MULT TRIGGER POINT	\$ 160.00
20553	TRIGGER POINT INJECTION	\$ 405.00
20600	DRAIN/INJECT JOINT/BURSA	\$ 140.00
20605	DRAIN/INJECT JOINT/BURSA	\$ 145.00
20606	ARTHRO W/ULTRASOUND GUID	\$ 205.00
20610	DRAIN/INJECT JOINT/BURSA	\$ 195.00
21310	TREATMENT OF NOSE FRACTURE	\$ 295.00
21315	TREATMENT OF NOSE FRACTURE	\$ 530.00
21480	RESET DISLOCATED JAW	\$ 355.00
23500	TREAT CLAVICLE FRACTURE	\$ 545.00
23540	TREAT CLAVICLE DISLOCATION	\$ 520.00
23545	TREAT CLAVICLE DISLOCATION	\$ 695.00
23605	TREAT HUMERUS FRACTURE	\$ 1,190.00
23650	TREAT SHOULDER DISLOCATION	\$ 675.00
24505	TREAT HUMERUS FRACTURE	\$ 1,340.00
24600	TREAT ELBOW DISLOCATION	\$ 990.00
24640	TREAT ELBOW DISLOCATION	\$ 315.00
24655	TREAT RADIUS FRACTURE	\$ 1,080.00
25530	TREAT FRACTURE OF ULNA	\$ 645.00

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
25565	TREAT FRACTURE RADIUS & ULNA	\$ 1,365.00
25600	TREAT FRACTURE RADIUS/ULNA	\$ 565.00
25605	TREAT FRACTURE RADIUS/ULNA	\$ 1,270.00
25630	TREAT WRIST BONE FRACTURE	\$ 1,430.00
25650	REPAIR WRIST BONE FRACTURE	\$ 815.00
26010	DRAINAGE OF FINGER ABSCESS	\$ 375.00
26418	REPAIR FINGER TENDON	\$ 1,665.00
26600	TREAT METACARPAL FRACTURE	\$ 630.00
26605	TREAT METACARPAL FRACTURE	\$ 735.00
26641	TREAT THUMB DISLOCATION	\$ 855.00
26670	TREAT HAND DISLOCATION	\$ 630.00
26720	TREAT FINGER FRACTURE, EACH	\$ 440.00
26725	TREAT FINGER FRACTURE, EACH	\$ 745.00
26740	TREAT FINGER FRACTURE, EACH	\$ 570.00
26750	TREAT FINGER FRACTURE, EACH	\$ 440.00
26770	TREAT FINGER DISLOCATION	\$ 615.00
27508	TREATMENT OF THIGH FRACTURE	\$ 1,350.00
27532	TREATMENT OF KNEE FRACTURE	\$ 1,805.00
27620	EXPLORE, TREAT ANKLE JOINT	\$ 1,855.00
27752	TREATMENT OF TIBIA FRACTURE	\$ 1,650.00
27788	TREATMENT OF ANKLE FRACTURE	\$ 1,175.00
27808	TREATMENT OF ANKLE FRACTURE	\$ 1,690.00
27810	TREATMENT OF ANKLE FRACTURE	\$ 1,275.00
27818	TREATMENT OF ANKLE FRACTURE	\$ 1,400.00
28190	REMOVAL OF FOOT FOREIGN BODY	\$ 480.00
28470	TREAT METATARSAL FRACTURE	\$ 540.00
28490	TREAT BIG TOE FRACTURE	\$ 320.00
28495	TREAT BIG TOE FRACTURE	\$ 435.00
28510	TREATMENT OF TOE FRACTURE	\$ 255.00
28515	TREATMENT OF TOE FRACTURE	\$ 380.00
28660	TREAT TOE DISLOCATION	\$ 310.00
28665	TREAT TOE DISLOCATION	\$ 510.00
29075	APPLICATION OF FOREARM CAST	\$ 235.00
29105	APPLY LONG ARM SPLINT	\$ 195.00
29125	APPLY FOREARM SPLINT	\$ 145.00
29130	APPLICATION OF FINGER SPLINT	\$ 100.00
29131	APPLICATION OF FINGER SPLINT	\$ 120.00
29240	STRAPPING OF SHOULDER	\$ 110.00
29260	STRAPPING OF ELBOW OR WRIST	\$ 190.00
29280	STRAPPING OF HAND OR FINGER	\$ 95.00
29505	APPLICATION LONG LEG SPLINT	\$ 215.00
29515	APPLICATION LOWER LEG SPLINT	\$ 180.00
29530	STRAPPING OF KNEE	\$ 105.00
29540	STRAPPING OF ANKLE	\$ 80.00
29550	STRAPPING OF TOES	\$ 70.00
29580	APPLICATION OF PASTE BOOT	\$ 135.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
30300	REMOVE NASAL FOREIGN BODY	\$ 345.00
30901	CONTROL OF NOSEBLEED	\$ 230.00
30903	CONTROL OF NOSEBLEED	\$ 320.00
31500	INSERT OF EMERGENCY AIRWAY	\$ 420.00
31505	DIAGNOSTIC LARYNGOSCOPY	\$ 180.00
31525	DIAGNOSTIC LARYNGOSCOPY	\$ 730.00
32551	CHEST TUBE	\$ 730.00
36000	PLACE NEEDLE IN VEIN	\$ 100.00
36011	PLACE CATHETER IN VEIN	\$ 3,290.00
36415	VENIPUNCTURE	\$ 45.00
36416	COLLECTION OF CAPILLARY BLOOD	\$ 35.00
36556	INSERT NON-TUNNEL CV CATH	\$ 570.00
36592	COLLECTION OF BLOOD SPECIMEN	\$ 140.00
36600	WITHDRAWAL OF ARTERIAL BLOOD	\$ 85.00
36620	INSERTION CATHETER, ARTERY	\$ 225.00
37195	THROMBOLYSIS, CEREBAL	\$ 2,575.00
40650	REPAIR LIP	\$ 890.00
40652	REPAIR LIP	\$ 1,255.00
40654	REPAIR LIP	\$ 1,670.00
40830	REPAIR MOUTH LACERATION	\$ 440.00
40831	REPAIR MOUTH LACERATION	\$ 615.00
41800	DRAINAGE OF GUM LESION	\$ 360.00
42809	REMOVE PHARYNX FOREIGN BODY	\$ 410.00
43752	NASO OROGASTRIC TUBE PLACEMENT	\$ 440.00
43753	GASTRIC INTUBATION	\$ 85.00
43760	CHANGE GASTROSTOMY TUBE	\$ 655.00
46040	INCISION OF RECTAL ABSCESS	\$ 915.00
46050	INCISION OF ANAL ABSCESS	\$ 415.00
46083	INCISE EXTERNAL HEMORRHOID	\$ 355.00
46320	REMOVAL OF HEMORRHOID CLOT	\$ 410.00
46600	DIAGNOSTIC ANOSCOPY	\$ 180.00
46608	ANOSCOPY;REMOVE FOREIGN BODY	\$ 380.00
46999	ANUS SURGERY PROCEDURE	\$ 1,190.00
49082	ABD PARACENTESIS W/O GUIDE	\$ 395.00
49505	ING.HERNIA OVER 5	\$ 1,800.00
51701	INSERTION BLADDER CATHETER	\$ 175.00
51702	BLADDER CATHETER INSERTION	\$ 480.00
54220	TREATMENT OF PENIS LESION	\$ 570.00
56405	DRAINAGE-VULVA/PERINEAL ABSCESS	\$ 325.00
56420	DRAINAGE OF GLAND ABSCESS	\$ 355.00
59409	VAGINAL DELIVERY ONLY	\$ 2,330.00
62270	SPINAL FLUID TAP, DIAGNOSTIC	\$ 365.00
62272	DRAIN SPINAL FLUID	\$ 580.00
64400	INJECTION FOR NERVE BLOCK	\$ 350.00
64413	INJECTION FOR NERVE BLOCK	\$ 455.00
64450	INJECTION FOR NERVE BLOCK	\$ 300.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
64490	FACET JOING INJECTION UNILAT	\$ 700.00
65205	REMOVE FOREIGN BODY FROM EYE	\$ 165.00
65220	REMOVE FOREIGN BODY FROM EYE	\$ 210.00
65222	REMOVE FOREIGN BODY FROM EYE	\$ 235.00
65265	REMOVE FOREIGN BODY FROM EYE	\$ 2,860.00
65435	CURETTE/TREAT CORNEA	\$ 200.00
67700	DRAINAGE OF EYELID ABSCESS	\$ 400.00
69200	CLEAR OUTER EAR CANAL	\$ 235.00
69209	REMOVAL IMPACTED CERUMEN	\$ 45.00
69210	REMOVE IMPACTED EAR WAX	\$ 100.00
70100	X-RAY EXAM OF JAW	\$ 200.00
70110	X-RAY EXAM OF JAW	\$ 250.00
70140	X-RAY EXAM OF FACIAL BONES	\$ 220.00
70150	X-RAY EXAM OF FACIAL BONES	\$ 290.00
70160	X-RAY EXAM OF NASAL BONES	\$ 195.00
70200	X-RAY EXAM OF EYE SOCKETS	\$ 285.00
70210	X-RAY EXAM OF SINUSES	\$ 195.00
70220	X-RAY EXAM OF SINUSES	\$ 270.00
70250	X-RAY EXAM OF SKULL	\$ 220.00
70260	X-RAY EXAM OF SKULL	\$ 315.00
70330	X-RAY EXAM OF JAW JOINTS	\$ 320.00
70360	X-RAY EXAM OF NECK	\$ 185.00
70450	CAT SCAN OF HEAD OR BRAIN	\$ 1,455.00
70460	CONTRAST CAT SCAN OF HEAD	\$ 1,720.00
70470	CONTRAST CAT SCANS OF HEAD	\$ 2,145.00
70480	CAT SCAN OF SKULL	\$ 1,975.00
70481	CONTRAST CAT SCAN OF SKULL	\$ 2,325.00
70482	CONTRAST CAT SCANS OF SKULL	\$ 2,555.00
70486	CAT SCAN OF FACE, JAW	\$ 1,690.00
70487	CONTRAST CAT SCAN, FACE/JAW	\$ 2,110.00
70488	CONTRAST CAT SCANS FACE/JAW	\$ 2,620.00
70490	CAT SCAN OF NECK TISSUE	\$ 1,680.00
70491	CONTRAST CAT OF NECK TISSUE	\$ 1,925.00
70492	CONTRAST CAT OF NECK TISSUE	\$ 2,330.00
70496	CT HEAD WITH CONTRAST	\$ 3,315.00
70498	CT NECK WITH CONTRAST	\$ 3,300.00
71010	CHEST X-RAY	\$ 190.00
71015	CHEST X-RAY	\$ 260.00
71020	CHEST X-RAY	\$ 215.00
71022	CHEST X-RAY	\$ 310.00
71030	CHEST X-RAY	\$ 330.00
71045	CHEST X RAY	\$ 260.00
71046	2 VIEW CHEST XRAY	\$ 215.00
71100	X-RAY EXAM OF RIBS	\$ 230.00
71101	X-RAY EXAM OF RIBS, CHEST	\$ 275.00
71110	X-RAY EXAM OF RIBS	\$ 290.00

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
71111	X-RAY EXAM OF RIBS, CHEST	\$ 355.00
71120	X-RAY EXAM OF BREASTBONE	\$ 255.00
71250	CAT SCAN OF CHEST	\$ 1,735.00
71260	CONTRAST CAT SCAN OF CHEST	\$ 2,110.00
71270	CONTRAST CAT SCANS OF CHEST	\$ 2,615.00
71275	CT SCAN CHEST, W & W/O CONTRAS	\$ 3,205.00
72010	X-RAY EXAM OF SPINE	\$ 320.00
72020	X-RAY EXAM OF SPINE	\$ 165.00
72040	X-RAY EXAM OF NECK SPINE	\$ 245.00
72050	X-RAY EXAM OF NECK SPINE	\$ 350.00
72052	X-RAY EXAM OF NECK SPINE	\$ 325.00
72070	X-RAY EXAM OF THORAX SPINE	\$ 235.00
72072	X-RAY EXAM OF THORACIC SPINE	\$ 325.00
72074	X-RAY EXAM OF THORACIC SPINE	\$ 305.00
72100	X-RAY EXAM OF LOWER SPINE	\$ 250.00
72110	X-RAY EXAM OF LOWER SPINE	\$ 350.00
72120	X-RAY EXAM OF LOWER SPINE	\$ 325.00
72125	CAT SCAN OF NECK SPINE	\$ 3,405.00
72126	CONTRAST CAT SCAN OF NECK	\$ 4,105.00
72127	CONTRAST CAT SCANS OF NECK	\$ 4,985.00
72128	CAT SCAN OF THORAX SPINE	\$ 3,400.00
72129	CONTRAST CAT SCAN OF THORAX	\$ 4,245.00
72130	CONTRAST CAT SCANS OF THORAX	\$ 5,090.00
72131	CAT SCAN OF LOWER SPINE	\$ 3,400.00
72132	CONTRAST CAT OF LOWER SPINE	\$ 4,080.00
72133	CONTRAST CAT SCANS,LOW SPINE	\$ 5,030.00
72146	MAGNETIC IMAGE, CHEST SPINE	\$ 2,950.00
72170	X-RAY EXAM OF PELVIS	\$ 215.00
72190	X-RAY EXAM OF PELVIS	\$ 275.00
72191	CT PELVIS WITH CONTRAST	\$ 6,370.00
72192	CAT SCAN OF PELVIS	\$ 3,425.00
72193	CONTRAST CAT SCAN OF PELVIS	\$ 4,140.00
72200	X-RAY EXAM SACROILIAC JOINTS	\$ 205.00
72220	X-RAY EXAM OF TAILBONE	\$ 200.00
73000	X-RAY EXAM OF COLLARBONE	\$ 195.00
73010	X-RAY EXAM OF SHOULDER BLADE	\$ 210.00
73020	X-RAY EXAM OF SHOULDER	\$ 185.00
73030	X-RAY EXAM OF SHOULDER	\$ 240.00
73060	X-RAY EXAM OF HUMERUS	\$ 205.00
73070	X-RAY EXAM OF ELBOW	\$ 185.00
73080	X-RAY EXAM OF ELBOW	\$ 220.00
73090	X-RAY EXAM OF FOREARM	\$ 195.00
73092	X-RAY EXAM OF ARM, INFANT	\$ 200.00
73100	X-RAY EXAM OF WRIST	\$ 185.00
73110	X-RAY EXAM OF WRIST	\$ 230.00
73120	X-RAY EXAM OF HAND	\$ 175.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
73130	X-RAY EXAM OF HAND	\$ 205.00
73140	X-RAY EXAM OF FINGER(S)	\$ 175.00
73200	CAT SCAN OF ARM	\$ 3,240.00
73201	CONTRAST CAT SCAN OF ARM	\$ 3,880.00
73502	XRAY OF HIP	\$ 290.00
73520	X-RAY EXAM OF HIPS	\$ 430.00
73521	XRAY OF HIPS	\$ 275.00
73522	X-RAY HIP 3-4 VIEWS	\$ 345.00
73551	XRAY OF THIGH	\$ 265.00
73552	XRAY OF THIGH, 2 VIEWS	\$ 310.00
73560	X-RAY EXAM OF KNEE	\$ 205.00
73562	X-RAY EXAM OF KNEE	\$ 240.00
73564	X-RAY EXAM OF KNEE	\$ 285.00
73565	X-RAY EXAM OF KNEE	\$ 230.00
73590	X-RAY EXAM OF LOWER LEG	\$ 200.00
73600	X-RAY EXAM OF ANKLE	\$ 185.00
73610	X-RAY EXAM OF ANKLE	\$ 215.00
73620	X-RAY EXAM OF FOOT	\$ 185.00
73630	X-RAY EXAM OF FOOT	\$ 210.00
73650	X-RAY EXAM OF HEEL	\$ 180.00
73660	X-RAY EXAM OF TOE(S)	\$ 175.00
73700	CAT SCAN OF LEG	\$ 3,220.00
73701	CONTRAST CAT SCAN OF LEG	\$ 3,915.00
73702	CONTRAST CAT SCANS OF LEG	\$ 4,945.00
73721	MAGNETIC IMAGE, JOINT OF LEG	\$ 3,195.00
74000	X-RAY EXAM OF ABDOMEN	\$ 190.00
74010	X-RAY EXAM OF ABDOMEN	\$ 265.00
74018	ABDOMINAL XRAY 1 VIEW	\$ 190.00
74019	X-RAY ABDOMEN	\$ 175.00
74020	X-RAY EXAM OF ABDOMEN	\$ 270.00
74021	X-RAY EXAM OF ABDOMEN	\$ 270.00
74022	X-RAY EXAM SERIES, ABDOMEN	\$ 325.00
74150	CAT SCAN OF ABDOMEN	\$ 3,310.00
74160	CONTRAST CAT SCAN OF ABDOMEN	\$ 4,355.00
74170	CONTRAST CAT SCANS, ABDOMEN	\$ 5,625.00
74174	CT ABDOMEN PELVIS WITH CST	\$ 7,755.00
74175	CT ABDOMEN WITH CONTRAST	\$ 6,290.00
74176	CT ABDOMEN & PELVIS	\$ 3,595.00
74177	CT ABD/PELVIS W CONTRAST	\$ 5,150.00
74178	ABDOMINAL WITHOUT CONTRAST	\$ 6,290.00
75574	CT HEART, CORONARY, ART, W CST	\$ 8,300.00
75741	ARTERY X-RAYS, LUNG	\$ 4,535.00
76380	CAT SCAN FOLLOW-UP STUDY	\$ 1,125.00
76536	ECHO EXAM OF HEAD AND NECK	\$ 645.00
76604	ECHO EXAM OF CHEST	\$ 515.00
76642	LIMITED ULTARSOUND OF BREASTS	\$ 505.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
76700	ECHO EXAM OF ABDOMEN	\$ 780.00
76705	ECHO EXAM OF ABDOMEN	\$ 595.00
76706	ULTRASOUND, ABDOMINAL AORTA	\$ 665.00
76770	ECHO EXAM ABDOMEN BACK WALL	\$ 780.00
76775	ECHO EXAM ABDOMEN BACK WALL	\$ 620.00
76800	ECHO EXAM SPINAL CANAL	\$ 780.00
76801	US PREGNANT UTERUS	\$ 765.00
76805	ECHO EXAM OF PREGNANT UTERUS	\$ 855.00
76813	ULTRASOUND,PREGNANT UTERUS	\$ 780.00
76814	ULTRASOUND EACH ADDIT GESTATIO	\$ 545.00
76815	ECHO EXAM OF PREGNANT UTERUS	\$ 550.00
76817	TRANSVAGINAL ULTRASOUND PREG	\$ 650.00
76819	FETAL BIOPHYSICAL W/O NST	\$ 560.00
76830	ECHO EXAM, TRANSVAGINAL	\$ 660.00
76856	ECHO EXAM OF PELVIS	\$ 655.00
76857	ECHO EXAM OF PELVIS	\$ 530.00
76870	ECHO EXAM OF SCROTUM	\$ 635.00
76881	ULTRASOUND, EXTREMITY	\$ 700.00
76882	ULTRASOUND LTD ANATOMIC SPECIF	\$ 250.00
76932	ECHO GUIDE FOR HEART BIOPSY	\$ 680.00
76937	ULTRASOUND	\$ 270.00
76942	ECHO GUIDE FOR BIOPSY	\$ 1,095.00
77076	RAD EXAM, OSSEOUS SV INFANT	\$ 440.00
77611	ALBUTEROL INHAL CONCENTRATE	\$ 5.00
78070	NUCLEAR SCAN OF PARATHYROID	\$ 1,390.00
80047	BASIC METABOLIC PANEL	\$ 135.00
80048	BASIC METABOLIC PANEL	\$ 105.00
80050	GENERAL HEALTH SCREEN PANEL	\$ 265.00
80051	ELECTROLYTE PANEL	\$ 85.00
80053	EXECUTIVE PROFILE	\$ 330.00
80060	HYPERTENSION PANEL	\$ 155.00
80061	LIPID PROFILE	\$ 165.00
80069	RENAL FUNCTION PANEL	\$ 110.00
80074	ACUTE HEPATITIS PANEL	\$ 595.00
80076	HEPATIC FUNCTION PANEL	\$ 145.00
80100	DRUG SCREEN MULTIPLE	\$ 110.00
80104	URINE DRUG SCREEN	\$ 110.00
80156	CARBAMAZEPINE; TOTAL	\$ 145.00
80162	DIGOXIN TOXIN	\$ 165.00
80178	LITHIUM ASSAY	\$ 125.00
80184	PHENOBARBITAL	\$ 215.00
80185	PHYENLTOIN	\$ 190.00
80202	VANCOMYCIN	\$ 220.00
80300	DRUG SCREEN	\$ 175.00
80305	DRUG SCREEN	\$ 175.00
80320	DEFINITIVE DRUG TEST-ALCOHOL	\$ 140.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
80329	DEFINITIVE DRUG TEST-ANALGESIC	\$ 105.00
81000	URINALYSIS WITH MICROSCOPY	\$ 50.00
81001	URINALYSIS, AUTOMATED	\$ 65.00
81002	URINALYSIS PREG TEST	\$ 40.00
81003	URINALYSIS	\$ 45.00
81015	MICROSCOPIC EXAM OF URINE	\$ 45.00
81025	PREGNANCY TEST URINE	\$ 65.00
81374	HLA ONE ANTIGEN EQUIVALENT	\$ 700.00
82010	ACETONE ASSAY	\$ 80.00
82040	ASSAY SERUM ALBUMIN	\$ 50.00
82075	ASSAY BREATH ETHANOL	\$ 130.00
82088	RIA ASSAY, BLOOD ALDOSTERONE	\$ 480.00
82105	ALPHA-FETOPROTEIN SERUM	\$ 240.00
82140	ASSAY OF BLOOD AMMONIA	\$ 205.00
82150	ASSAY OF SERUM AMYLASE	\$ 95.00
82247	BILIRUBEN	\$ 45.00
82248	BILIRUIN DIRECT	\$ 45.00
82252	FECAL BILIRUBIN TEST	\$ 40.00
82270	BLOOD OCCULT	\$ 45.00
82271	BLOOD OCCULT	\$ 45.00
82272	HEMOCULT	\$ 50.00
82306	ASSAY OF VITAMIN D	\$ 475.00
82310	ASSAY CALCIUM IN BLOOD	\$ 95.00
82360	CALCULUS (STONE) ASSAY	\$ 175.00
82365	CALCULUS (STONE) ASSAY	\$ 190.00
82374	ASSAY BLOOD CARBON DIOXIDE	\$ 50.00
82390	ASSAY BLOOD CERULOPLASMIN	\$ 165.00
82397	CHEMILUMINESCENT ASSAY	\$ 145.00
82435	ASSAY BLOOD CHLORIDES	\$ 45.00
82441	TEST FOR CHLOROHYDROCARBONS	\$ 80.00
82465	ASSAY SERUM CHOLESTEROL	\$ 50.00
82530	CORISOL; FREE	\$ 250.00
82533	RIA ASSAY PLASMA CORTISOL	\$ 235.00
82550	ASSAY CPK IN BLOOD	\$ 85.00
82552	ASSAY CPK IN BLOOD	\$ 160.00
82553	CREATINE KINASE MB	\$ 145.00
82565	ASSAY BLOOD CREATININE	\$ 55.00
82570	ASSAY URINE CREATININE	\$ 85.00
82607	RIA ASSAY FOR VITAMIN B-12	\$ 195.00
82627	DHEA-S	\$ 305.00
82664	ELECTROPHORETIC TEST	\$ 420.00
82670	RIA ASSAY OF ESTRADIOL	\$ 350.00
82672	ESTROGEN ASSAY	\$ 350.00
82693	ETHYLENE GLYCOL	\$ 160.00
82728	ASSAY FERRITIN	\$ 215.00
82746	BLOOD FOLIC ACID RIA	\$ 195.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
82747	FOLIC ACID; RBC	\$ 290.00
82784	ASSAY GAMMAGLOBULIN A/D/G/M	\$ 145.00
82803	BLOOD GASES: PH, PO2 & PCO2	\$ 175.00
82805	LAB O2 SAT, DIRECT MEASURE	\$ 235.00
82945	GLUCOSE,BODY FLUID	\$ 70.00
82947	ASSAY BODY FLUID, GLUCOSE	\$ 50.00
82948	STICK ASSAY OF BLOOD GLUCOSE	\$ 45.00
82952	GTT-ADDED SAMPLES	\$ 50.00
82960	TEST FOR G6PD ENZYME	\$ 50.00
82962	GLUCOSE, BLOOD, MONITOR DEVICE	\$ 35.00
82977	ASSAY OF GGT ENZYME	\$ 70.00
83001	PITUITARY GONADOTROPIN RIA FSH	\$ 235.00
83002	PITUITARY GONADOTROPINS RIA	\$ 235.00
83003	RIA ASSAY GROWTH HORMONE	\$ 215.00
83010	CHEM ASSAY HAPTOGLOBIN	\$ 215.00
83020	ASSAY HEMOGLOBIN	\$ 155.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 140.00
83516	IMMUNOASSAY FOR ANALYTE	\$ 235.00
83520	IMMUNOASSAY QUANTITIVE,OTH SPE	\$ 235.00
83525	RIA ASSAY OF INSULIN	\$ 145.00
83540	ASSAY SERUM IRON	\$ 95.00
83550	SERUM IRON BINDING TEST	\$ 135.00
83605	LACTIC ACID ASSAY	\$ 200.00
83615	UV-ASSAY BLOOD LDH ENZYME	\$ 70.00
83690	ASSAY BLOOD LIPASE	\$ 110.00
83695	LIPOPROTEIN (A)	\$ 175.00
83721	LDL CHOLESTEROL	\$ 90.00
83735	ASSAY BLOOD MAGNESIUM	\$ 100.00
83873	RIA ASSAY, CSF PROTEIN	\$ 205.00
83874	MYOGLOBIN ELECTROPHORESIS	\$ 175.00
83880	ASSAY NALORPHINE	\$ 365.00
83921	ORGAINC ACID	\$ 270.00
83930	ASSAY BLOOD OSMOLALITY	\$ 135.00
83935	ASSAY URINE OSMOLALITY	\$ 150.00
84075	ASSAY ALKALINE PHOSPHATASE	\$ 50.00
84100	ASSAY BLOOD PHOSPHORUS	\$ 70.00
84119	TEST URINE FOR PORPHYRINS	\$ 110.00
84132	ASSAY BLOOD POTASSIUM	\$ 70.00
84133	ASSAY URINE POTASSIUM	\$ 55.00
84144	ASSAY PROGESTERONE	\$ 230.00
84146	RIA ASSAY FOR PROLACTIN	\$ 245.00
84150	RIA ASSAY OF PROSTAGLANDIN	\$ 275.00
84152	PSA; COMPLEXED	\$ 195.00
84154	PSA FREE	\$ 175.00
84155	ASSAY SERUM PROTEIN	\$ 50.00
84157	PROTEIN, TOTAL SERUM	\$ 70.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
84244	RIA ASSAY OF RENIN	\$ 295.00
84252	ASSAY VITAMIN B-2	\$ 220.00
84270	SHBG	\$ 250.00
84295	ASSAY BLOOD SODIUM	\$ 50.00
84300	ASSAY URINE SODIUM	\$ 70.00
84378	SUGARS SINGLE QUANTITATIVE	\$ 140.00
84402	TESTOSTERONE FREE	\$ 310.00
84403	RIA ASSAY BLOOD TESTOSTERONE	\$ 325.00
84425	ASSAY VITAMIN B-1	\$ 305.00
84436	RIA ASSAY, TRUE THYROXINE	\$ 90.00
84439	RIA ASSAY, FREE THYROXINE	\$ 150.00
84443	ASSAY THYROID STIM HORMONE TSH	\$ 205.00
84450	UV-ASSAY TRANSAMINASE (SGOT)	\$ 55.00
84460	UV-ASSAY TRANSAMINASE (SGPT)	\$ 60.00
84466	TRANSFERRIN	\$ 185.00
84478	ASSAY BLOOD TRIGLYCERIDES	\$ 70.00
84479	ASSAY TRIIODOTHYRONINE (T-3)	\$ 90.00
84480	RIA ASSAY, TT-3	\$ 190.00
84481	RIA ASSAY (FT-3)	\$ 260.00
84482	TT-3 REVERSE	\$ 270.00
84484	TROPONIN QUANTITATIVE	\$ 160.00
84510	ASSAY BLOOD TYROSINE	\$ 120.00
84520	ASSAY BUN	\$ 50.00
84550	ASSAY BLOOD URIC ACID	\$ 70.00
84560	ASSAY URINE URIC ACID	\$ 75.00
84591	VITAMIN, UNSPECIFIED	\$ 20.00
84600	ASSAY FOR VOLATILES	\$ 155.00
84702	CHORIONIC GONADOTROPIN TEST	\$ 230.00
84703	CHORIONIC GONADOTROPIN ASSAY	\$ 110.00
84704	GONADOTROPIIN FREE BETA CHAIN	\$ 215.00
84793	CLOSTRIDIUM DIFFICILE	\$ 195.00
85004	BLOOD COUNT, AUTO DIFF WBC	\$ 65.00
85009	DIFFERENTIAL WBC COUNT	\$ 40.00
85014	HEMATOCRIT	\$ 40.00
85025	AUTOMATED HEMOGRAM CBC	\$ 85.00
85027	AUTOMATED HEMOGRAM	\$ 80.00
85045	RETICULOCYTE COUNT	\$ 70.00
85060	BLOOD SMEAR INTERPRETATION	\$ 155.00
85210	BLOOD CLOT FACTOR II TEST	\$ 155.00
85345	COAGULATION TIME	\$ 65.00
85379	FIBRIN DEGRADATION	\$ 150.00
85576	BLOOD PLATELET AGGREGATION	\$ 215.00
85598	PHOSPHOLIPID HEXAGONAL PHOS	\$ 185.00
85610	PROTHROMBIN TIME	\$ 65.00
85613	RUSSELL VIPER VENOM TIME DILUT	\$ 145.00
85651	RBC SEDIMENTATION RATE	\$ 50.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
85652	SEDIMENTATION RATE, AUTOMATED	\$ 65.00
85730	THROMBOPLASTIN TIME, PARTIAL	\$ 90.00
86021	WBC ANTIBODY IDENTIFICATION	\$ 155.00
86038	ANTINUCLEAR ANTIBODIES, RIA	\$ 165.00
86060	ANTISTREPTOLYSIN O TITER	\$ 100.00
86140	C-REACTIVE PROTEIN	\$ 80.00
86146	BETA 2 GLYCOPROTEIN	\$ 270.00
86160	COMPLEMENT; ANTIGEN	\$ 210.00
86200	CCP ANTIIOBODY	\$ 140.00
86235	NUCLEAR ANTIGEN ANTIBODY	\$ 215.00
86255	FLUORESCENT ANTIBODY; SCREEN	\$ 200.00
86256	FLUORESCENT ANTIBODY; TITER	\$ 195.00
86308	HETEROPHILE ANTIBODIES	\$ 80.00
86317	IMMUNOASSAY,INFECTIOUS AGENT	\$ 145.00
86325	OTHER IMMUNOELECTROPHORESIS	\$ 260.00
86359	T CELLS TOTAL COUNT	\$ 345.00
86360	T CELLS CD4 AND CD8	\$ 485.00
86376	MICROSOMAL ANTIBODY, RIA	\$ 195.00
86403	RAPID TEST, INFECTIOUS AGENT	\$ 80.00
86430	RHEUMATOID FACTOR TEST	\$ 80.00
86431	RHEUMATOID FACTOR; QUANTITATIV	\$ 110.00
86580	TB INTRADERMAL TEST	\$ 55.00
86592	BLOOD SEROLOGY, QUALITATIVE	\$ 80.00
86615	BODETELLA	\$ 165.00
86617	BORRELIA BURGDORFERI TEST	\$ 185.00
86618	BORRELIA BURGDORFERI	\$ 245.00
86625	CAMPYLOBACTER	\$ 150.00
86631	CHLAMYDIA LABS	\$ 150.00
86644	CYTOMEGALOVIRUS	\$ 180.00
86645	CYTOMEGALOVIRUS, IGM	\$ 200.00
86664	EB VIRUS, EBNA	\$ 185.00
86665	EB VIRUS, VCA	\$ 230.00
86674	GIARDIA LAMBLIA	\$ 185.00
86677	HELICOBACTER PYLORI	\$ 205.00
86694	HERPES SIMPLEX	\$ 185.00
86695	HERPES SIMPLEX 1	\$ 180.00
86696	HERPES SIMPLEX 2	\$ 245.00
86701	HIV-1 AB	\$ 155.00
86702	HIV-2 AB	\$ 230.00
86703	HIV1 & HIV2 SINGLE RESULT TEST	\$ 235.00
86704	HEP B CORE ANTIBODY	\$ 175.00
86705	HEPATITIS B IGM ANTIBODY	\$ 175.00
86706	HEP B SURFACE ANTIBODY	\$ 145.00
86708	HEP A ANTIBODY	\$ 160.00
86709	HAAB	\$ 155.00
86735	MMR PANEL	\$ 150.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
86750	PLASMODIUM	\$ 165.00
86753	PROTOZOA, NOT SPECIFIED	\$ 160.00
86762	RUBELLA	\$ 175.00
86765	RUBEOLA	\$ 200.00
86777	TOXOPLASMA	\$ 175.00
86778	TOSOPLASMA, IGM	\$ 185.00
86780	TREPONEMA PALLIDUM	\$ 160.00
86787	VARICELLA-ZOSTER	\$ 160.00
86788	WEST NILE VIRUS, IGM	\$ 200.00
86789	WEST NILE VIRUS	\$ 180.00
86790	VIRUS NOS	\$ 160.00
86800	THYROGLOBULIN ANTIBODY, RIA	\$ 205.00
86803	HEP C ANTIBODY	\$ 195.00
86900	BLOOD TYPING	\$ 65.00
86901	BLOOD TYPE RH	\$ 65.00
86905	BLOOD TYPE RBC ANITGENS	\$ 85.00
87015	SPECIMEN CONCENTRATION	\$ 85.00
87040	BLOOD CULTURE FOR BACTERIA	\$ 145.00
87045	STOOL CULTURE FOR BACTERIA	\$ 120.00
87046	STOOL AEROBIC ADDITIONAL PATH	\$ 120.00
87070	CULTURE SPECIMEN, BACTERIA	\$ 140.00
87075	CULTURE SPECIMEN, BACTERIA	\$ 120.00
87076	BACTERIA IDENTIFICATION	\$ 95.00
87077	AEROBIC ISOLATE	\$ 95.00
87081	BACTERIA CULTURE SCREEN	\$ 85.00
87084	CULTURE OF SPECIMEN BY KIT	\$ 85.00
87086	URINE CULTURE, COLONY COUNT	\$ 105.00
87088	URINE BACTERIA CULTURE	\$ 90.00
87102	FUNGUS ISOLATION CULTURE	\$ 110.00
87106	FUNGUS IDENTIFICATION	\$ 125.00
87110	CULTURE, CHLAMYDIA	\$ 195.00
87177	OVA AND PARASITES SMEARS	\$ 105.00
87181	ANTIBIOTIC SENSITIVITY, EACH	\$ 65.00
87185	SUSPECT STUDIES ENZYME DETECT	\$ 65.00
87186	ANTIBIOTIC SENSITIVITY, MIC	\$ 100.00
87205	SMEAR, STAIN & INTERPRET	\$ 75.00
87207	SMEAR, STAIN & INTERPRET	\$ 140.00
87209	COMPLEZ SPECIAL STAIN	\$ 195.00
87210	SMEAR, STAIN & INTERPRET	\$ 55.00
87220	TISSUE EXAM FOR FUNGI	\$ 55.00
87230	ASSAY, TOXIN OR ANTITOXIN	\$ 220.00
87252	VIRUS INOCULATION FOR TEST	\$ 275.00
87255	VIRUS SPEC ENZYMATIC ACTIVITY	\$ 330.00
87265	BORDETELLA PERTUSSIS	\$ 130.00
87273	HERPES SIMPLEX VIRUS 2	\$ 125.00
87274	HERPES SIMPLES VIRUS 1	\$ 120.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
87275	INFECT AGENT ANTIGEN DET B FLU	\$ 100.00
87276	INFECT AGENT ANTIGEN DET A FLU	\$ 100.00
87280	RESPIRATORY SYNCYITAL VIRUS	\$ 125.00
87324	CLOSTRIDIUM DIFFICILE TOXIN(S)	\$ 145.00
87328	CYPROSPORIDIUM	\$ 135.00
87329	GIARDIA	\$ 150.00
87338	HELICOBACTER PYLORI	\$ 205.00
87340	HEP B SURFACE ANTIGEN	\$ 130.00
87389	HIV ANTIGEN/ANTIBODIES	\$ 230.00
87425	ROTAVIRUS	\$ 140.00
87427	SHIGA-LIKE TOXIN	\$ 145.00
87430	INFECT AGENT ANTIGEN DET STREP	\$ 100.00
87449	INFECTIOUS ANTIGEN DETECTION	\$ 125.00
87472	BARTONELLA HENSELAE AND QUINT	\$ 455.00
87480	BARTONELLA HENSELAE CANDIDA	\$ 210.00
87481	INFECT AGENT DETECT-CAND SPEC	\$ 340.00
87490	CHLAMYDIA TRACHOMATIS	\$ 195.00
87491	CHLAMYDIA TRACHOMATIS	\$ 250.00
87493	CLOSTRIDIUM DIFFICILE, TOXIN	\$ 235.00
87506	GASTROINTESTINAL PATHOGEN	\$ 645.00
87507	GASTROINTESTINAL PATHOGEN	\$ 2,560.00
87510	GARDNERELLA VAGINALIS, DPROBE	\$ 190.00
87528	HERPES SIMPLEX VIRUS	\$ 200.00
87529	HERPES SIMPLEX, AMP PROBE	\$ 370.00
87530	HERPES SIMPLEX QUANTIFICATION	\$ 430.00
87536	HIV-1 QUANTIFICATION	\$ 930.00
87590	NEISSERIA GONORRHOEAE, PROBE	\$ 195.00
87591	NEISSERIA GONORRHOEAE	\$ 325.00
87592	NEISSERIA GONORRHOEAE	\$ 415.00
87641	STAPHYLOCCUS AUREUS	\$ 345.00
87651	STREPTOCOCCUS GRP A	\$ 295.00
87653	STREPTOCOCCUS GRP B	\$ 295.00
87660	TRICHOMONAS VAGINALIS, D PROBE	\$ 200.00
87661	INFECT AGENT DETECT-TRICHO VAG	\$ 330.00
87798	INF AGENT DETECT AMP PROBE	\$ 325.00
87800	INFECT AGENT NUCLEIC ACID	\$ 385.00
87802	INFECT ANTIGEN DETECT IMMUNO	\$ 125.00
87803	CLOSTRIDIUM DIFFICILE TOXIN A	\$ 130.00
87804	INFECT AGENT ANTIGEN INFLUENZA	\$ 100.00
87807	INFECT AGENT STREP GRP B	\$ 120.00
87850	NEISSERIA GONORRHOEAE	\$ 120.00
87880	INFECT AGENT STREP GRP A	\$ 100.00
87899	INFECT AGENT DETECT NOS	\$ 125.00
88142	CYTOPATH CERVICAL	\$ 180.00
88233	TISSUE CULTURE, SKIN/BIOPSY	\$ 1,265.00
88304	TISSUE EXAM BY PATHOLOGIST	\$ 365.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
88305	TISSUE EXAM BY PATHOLOGIST	\$ 525.00
89050	BODY FLUID CELL COUNT	\$ 85.00
89051	BODY FLUID CELL COUNT	\$ 95.00
89055	LEUKOCYTE ASSESSMENT	\$ 95.00
89060	EXAM,SYNOVIAL FLUID CRYSTALS	\$ 130.00
90471	IMMUN ADMIN 1 VACCINE	\$ 70.00
90472	IMMUN ADMIN EA ADD'L VACCINE	\$ 45.00
90658	INFLUENZA VIRUS VACCINE	\$ 70.00
90673	INFLUENZA VIRUS VACCINE	\$ 45.00
90674	INFLUENZA VIRUS VACCINE	\$ 100.00
90702	DT IMMUNIZATION	\$ 55.00
90703	TETANUS IMMUNIZATION	\$ 55.00
90714	TETANUS DIPHTHERIA >7YR (TD)	\$ 100.00
90715	TETANUS DIPHTHERIA	\$ 85.00
90718	TD IMMUNIZATION	\$ 85.00
90732	PNEUMOCOCCAL IMMUNIZATION	\$ 165.00
90733	MENINGOCOCCAL IMMUNIZATION	\$ 360.00
92100	SERIAL TONOMETRY EXAM(S)	\$ 220.00
92235	FLUORESCEIN ANGIOGRAPHY	\$ 490.00
92950	HEART/LUNG/RESUSCITATION/CPR	\$ 1,370.00
92960	HEART ELECTROCONVERSION	\$ 1,005.00
93000	ELECTROCARDIOGRAM, COMPLETE	\$ 140.00
93005	ELECTROCARDIOGRAM, TRACING	\$ 100.00
93010	ELECTROCARDIOGRAM REPORT	\$ 85.00
93040	RHYTHM ECG WITH REPORT	\$ 110.00
93041	RHYTHM ECG, TRACING	\$ 50.00
93308	ECHO EXAM OF HEART	\$ 745.00
93880	EXTRACRANIAL STUDY	\$ 1,150.00
93923	STUDIES UP/LOW EXTREM ARTERIES	\$ 905.00
93925	LOWER EXTREMITY STUDY	\$ 1,425.00
93926	LOWER EXTREMITY STUDY	\$ 915.00
93930	UPPER EXTREMITY STUDY	\$ 1,320.00
93931	UPPER EXTREMITY STUDY	\$ 890.00
93970	EXTREMITY STUDY	\$ 1,345.00
93971	EXTREMITY STUDY	\$ 795.00
93976	VISCERAL VASCULAR STUDY	\$ 1,010.00
94010	BREATHING CAPACITY TEST	\$ 155.00
94640	AIRWAY INHALATION TREATMENT	\$ 110.00
94644	CONTINUOUS INHALATION TREAT	\$ 175.00
94760	MEASURE BLOOD OXYGEN LEVEL	\$ 70.00
94761	MEASURE BLOOD OXYGEN LEVEL	\$ 120.00
96116	NEUROBEHAVIORAL STATUS EXAM	\$ 450.00
96118	NEUROPSYCHOLOGICAL TESTING	\$ 465.00
96119	NEUROPSYCHOLOGICAL TESTING	\$ 330.00
96120	NEUROPSYCHOLOGICAL TESTING	\$ 270.00
96360	IV HYDRATION TREAT 1ST HR	\$ 290.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
96361	IV HYDRATION, EA ADD'L HR	\$ 125.00
96365	IV INFUSION UP TO 1 HR	\$ 365.00
96366	IV INFUSION, EACH ADDTL HOUR	\$ 155.00
96367	ADDITIONAL SEQUENTIAL INFUSION	\$ 210.00
96368	CONCURRENT INFUSION	\$ 145.00
96369	SUBQ INFUSION UP TO 1 HR	\$ 685.00
96372	THERAP PROPH DX INJECT SUB Q	\$ 95.00
96373	INJECTION INTRA-ARTERIAL	\$ 85.00
96374	INJECTION IV PUSH	\$ 150.00
96375	INJECTION EA ADD'L PUSH NEW RX	\$ 130.00
96376	INJECT EA ADD'L PUSH SAME RX	\$ 95.00
96631	CHLAMYDIA LABS	\$ 125.00
97597	DEBRIDEMENT	\$ 240.00
99000	SPECIMEN HANDLING	\$ 45.00
99070	SPECIAL SUPPLIES	\$ 165.00
99143	MODERATE SEDATION UNDER 5	\$ 400.00
99144	MODERATE (CONSCIOUS) SEDATION	\$ 435.00
99145	CONSCIOUS SED EA ADDL 15 MIN	\$ 130.00
99148	MOD SEDATION <5 FIRST 30 MIN	\$ 485.00
99150	PROLONGED MD ATTENDANCE	\$ 140.00
99151	MOD SEDATION-SAME PHYS; INIT	\$ 65.00
99152	MOD SEDATION-SAME PHYS; INITIA	\$ 35.00
99153	MOD SEDATION- SAME PHYS: ADD'L	\$ 30.00
99156	MOD SEATION-OTHER PHYS; INIT	\$ 195.00
99157	MOD SEDATION-OTHER PHYS; ADD'L	\$ 150.00
99173	VISUAL ACUITY TEST	\$ 65.00
A0396	ALS SPEC SVCS SUPPLIES	\$ 335.00
A4209	CC STERILE SYRINGE & NEEDLE	\$ 10.00
A4213	STERILE SYRING 20CC OR GREATER	\$ 5.00
A4215	STERILE NEEDLE	\$ 10.00
A4216	STERILE SALINE/WATER	\$ 30.00
A4217	STERIL WATER/SALINE, 500ML	\$ 5.00
A4218	NORMAL SALINE, 10ML	\$ 5.00
A4223	MISC INFUSION SUPPL	\$ 330.00
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$ 5.00
A4248	CHLORHEXIDINE W/ANTISEPTIC 1ML	\$ 20.00
A4301	IV START KIT	\$ 75.00
A4314	CATH TRAY, FOLEY	\$ 80.00
A4320	IRRIGATION TRAY	\$ 15.00
A4322	IRRIGATION SYRINGE	\$ 15.00
A4332	LUBRICANT, IND STERILE PKT	\$ 5.00
A4338	FOLEY CATHETER	\$ 35.00
A4344	FOLEY CATHETER	\$ 30.00
A4351	FOLEY	\$ 15.00
A4352	COUDE TIP URINARY CATH	\$ 15.00
A4353	INTERMITTENT URIN CATH	\$ 15.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
A4354	CATH INSERT TRAY W/ BAG	\$ 45.00
A4358	LEG BAG	\$ 10.00
A4364	ADHESSIVE SKIN (DERMABOND)	\$ 70.00
A4452	WATERPROOF TAPE (STERI STRIP)	\$ 5.00
A4458	REUSABLE ENEMA BAG	\$ 5.00
A4460	ELASTIC BANDAGE	\$ 10.00
A4550	SURGICAL TRAY	\$ 165.00
A4554	DISPOSABLE UNDERPADS	\$ 10.00
A4565	SLING, ARM	\$ 15.00
A4566	SHOULDER IMMOBILIZER	\$ 80.00
A4570	SPLINT, FINGER, THUMB	\$ 35.00
A4615	CANNULA NASAL	\$ 10.00
A4624	SUCTION HOSE	\$ 20.00
A4649	SURGICAL SUPPLIES	\$ 10.00
A6021	COLLAGEN DRESSING STERILE	\$ 100.00
A6203	COMPOSITE DRESSING STERILE	\$ 20.00
A6204	COMPOSITE DRESSING STERILE	\$ 35.00
A6206	CONTACT LAYER <= 16 SQ IN	\$ 35.00
A6216	NON-STERILE GAUZE<=16 SQ IN	\$ 10.00
A6219	GAUZE NON-IMPREGNATED 4X4	\$ 5.00
A6220	NON IMPREGNATED GAUZE	\$ 15.00
A6222	GAUZE	\$ 15.00
A6223	GAUZE >16<=48 W/O ADHESIVE	\$ 15.00
A6250	SKIN SEAL PROTECT MOISTURIZER	\$ 5.00
A6251	ABSORPT DRESSING	\$ 15.00
A6254	SPEC ABSORPTIVE DRESSING	\$ 5.00
A6257	TRANSPARENT FILM <= 16 SQ IN	\$ 15.00
A6260	WOUND CLEANSERS, ANY	\$ 5.00
A6266	IODIFORM GAUZE	\$ 10.00
A6402	GAUZE, STERILE NON-IMPREGNATED	\$ 5.00
A6412	OLLCUSIVE EYE PATCH	\$ 10.00
A6442	CONFORMING BANDAGE	\$ 5.00
A6443	CONFORMING BANDAGE NON ELASTIC	\$ 5.00
A6445	CONFORMING BANDAGE	\$ 5.00
A6446	CONFORM BAND 3"	\$ 10.00
A6448	LIGHT COMPRESSION BANDAGE	\$ 10.00
A6449	LIGHT COMPRESSION BANDAGE	\$ 10.00
A6453	SELF-ADHERENT BANDAGE	\$ 5.00
A6454	SELF ADHERENT BAND W>3"<5"YDS	\$ 10.00
A6455	SELF-ADHERENT BANDAGE	\$ 10.00
A6457	TUBULAR DRESSING	\$ 10.00
A7003	ADMIN SET PNEUMATIC NEBULIZER	\$ 15.00
A7015	AEROSOL MASK USED WITH NEBULIZ	\$ 15.00
A7030	FULL FACE AIR PRESSURE MASK	\$ 850.00
A7034	NASAL INTERFACE	\$ 5.00
A9150	NON-PRESCRIPTION DRUG	\$ 5.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
A9273	HOT/COLD H2O BOT/CAP/COL/WRAP	\$ 45.00
A9284	SPIROMETER, NON-ELECTRIC	\$ 20.00
B4081	NASOGASTRIC TUBING WITH STYLET	\$ 110.00
B4082	NASOGASTRIC TUBING W/O STYLET	\$ 105.00
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE	\$ 210.00
C1715	BRACHYTHERAPY NEEDLE	\$ 100.00
C1751	CATHETER IV	\$ 15.00
C1758	CATHETER, URETERAL	\$ 10.00
C9285	PATCH, LIDO / TETRACAINE	\$ 210.00
E0114	CRUTCHES	\$ 160.00
E0230	ICE CAP / COLLAR	\$ 25.00
E0325	URNINAL; MALE, JUG-TYPE	\$ 10.00
E1399	ALUMINUM FINGER SPLINT	\$ 70.00
G0168	WD CLOSURE/ADHESIVE (MCR ONLY)	\$ 150.00
G0378	OBSERVATION FACILITY	\$ 1,950.00
G0379	DIRECT ADMIT OBS	\$ 7,340.00
G0434	URINE DRUG TEST KIT	\$ 135.00
G0477	DRUG SCREEN	\$ 175.00
H0048	ALCOHOL AND/OR DRUG TEST	\$ 70.00
J0132	INJ ACETYLCYSTEINE, 100MG	\$ 20.00
J0133	INJECTION, ZOVIRAX	\$ 5.00
J0150	INJECTION, ADENOSIN	\$ 45.00
J0153	INJECTION,ADENOSINE 1MG	\$ 10.00
J0171	INJECT ADRENALIN EPINEPHRINE	\$ 5.00
J0282	AMIODARONE HYDROCHL INJECT	\$ 20.00
J0290	INJECTION-AMPICILLIN	\$ 15.00
J0295	AMPICILLIN / 1.5 GRAM	\$ 15.00
J0330	SUCCINYLCHOLINE CHORIDE, 20 MG	\$ 5.00
J0360	HYDRALAZINE INJECTION HCI	\$ 25.00
J0456	ZITHROMAX 500 MG IV	\$ 25.00
J0461	ATROPINE SULFATE INJECTION	\$ 10.00
J0500	INJECT BENTYL	\$ 260.00
J0558	INJECT BICILLIN C-R	\$ 20.00
J0561	INJECT BICILLIN L-A	\$ 30.00
J0610	CALCIUM GLUCONATE INJECT	\$ 10.00
J0636	INJ CALCITRIOL PER 0.1MCG	\$ 10.00
J0670	INJ, MEPIVACAINE HYDROCHLORIDE	\$ 10.00
J0690	INJECT ANCEF	\$ 5.00
J0692	INJ, CEFEPIME HYDRO 500MG	\$ 20.00
J0694	CEFOXITIN SODIUM INJECTION	\$ 90.00
J0696	INJECT ROCEPHIN	\$ 60.00
J0698	INJECT ZINACEF	\$ 10.00
J0735	INJECT DURACLON	\$ 105.00
J0744	CIPROFLAXIN 200 MG IV	\$ 25.00
J0780	INJECT COMPAZINE	\$ 50.00
J1030	INJECT DEPO-MEDROL 40MG	\$ 25.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
J1040	INJECT DEPO-MEDROL 80MG	\$ 50.00
J1055	TRAMADOL	\$ 10.00
J1100	INJECT DEKASOL	\$ 5.00
J1110	INJECT D.H.E.	\$ 545.00
J1160	DIGOXIN INJECTION	\$ 15.00
J1165	INJ, PHENYTOIN SOD, 50MG	\$ 10.00
J1170	INJECT DILAUDID	\$ 10.00
J1200	INJECT BENA-D	\$ 25.00
J1265	DOPAMINE, 40 MG IV	\$ 20.00
J1450	INJ FLUCONAZOLE, 200MG	\$ 25.00
J1580	INJ, GARAMYCIN, GEN UP TO 80MG	\$ 15.00
J1610	GLUCAGON HYDROCHLORIDE, 1 MG	\$ 485.00
J1630	INJ, HALOPERIDOL, UP TO 5MG	\$ 100.00
J1642	HEPARIN LOCK FLUSH	\$ 15.00
J1644	INJ. HEPARIN SODIUM, PER 1000	\$ 5.00
J1650	LOVENOX 100 MG SQ	\$ 30.00
J1720	INJECTION-SOLUCORTEF	\$ 10.00
J1790	INJ, DROPERIDOL UP TO 5MG	\$ 25.00
J1815	INSULIN INJECTION	\$ 15.00
J1885	INJECT TORADOL	\$ 30.00
J1940	LASIX	\$ 10.00
J1953	INJ LEVETIRACETAM 10 MG	\$ 10.00
J1956	LEVAQUIN, 250 MG	\$ 70.00
J1980	HYOSCYAMINE SULFATE INJ	\$ 110.00
J2001	INJECT XYLOCAINE	\$ 10.00
J2020	INJ, LINEZOLID, 200MG	\$ 245.00
J2060	INJECT ATIVAN	\$ 10.00
J2175	INJECT DEMEROL	\$ 10.00
J2180	INJECT MEPERGAN	\$ 25.00
J2250	VERSED, 1 MG	\$ 5.00
J2270	INJECT KADIAN	\$ 10.00
J2310	NARCAN INJECTION	\$ 55.00
J2358	OLANZAPINE INJECT, LA	\$ 40.00
J2360	ORPHANADRINE INJECTION	\$ 30.00
J2405	INJECT ZOFRAN	\$ 10.00
J2543	PIPERACILLIN/ZOSYN 1.125 G	\$ 155.00
J2550	INJECT PHENERGAN	\$ 25.00
J2704	PROPOFOL INJECTION 10MG	\$ 10.00
J2765	REGLAN, 10 MG IV	\$ 25.00
J2780	INJ, RANITIDINE HYDROCHLRIDE	\$ 10.00
J2920	INJ, METH SODIUM, UP TO 40MG	\$ 30.00
J2930	INJECT A-METHAPRED	\$ 15.00
J2997	INJ, ALTEPLASE RECOMBINANT 1MG	\$ 195.00
J3010	FENTANYL 0.1 MG	\$ 10.00
J3030	SUMATRIPTAN SUCCINATE 6 MG	\$ 425.00
J3105	INJ, TERBUTALINE SULF, 1MG	\$ 100.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
J3230	INJ, CHLORPROMAZINE HCl, 50MG	\$ 95.00
J3301	KENALOG IM, 10 MG	\$ 15.00
J3360	INJECT VALIUM	\$ 15.00
J3370	VANCOMYCIN 500 MG IM,IV	\$ 25.00
J3410	HYDROXYZINE HCL INJECTION	\$ 15.00
J3411	THIAMINE HCL 100MG	\$ 15.00
J3430	VITAMIN K PHYTONADIONE INJ	\$ 15.00
J3475	MAGNESIUM SULFATE, 500 MG IV	\$ 10.00
J3480	INJECT POTASSIUM CHLORIDE	\$ 10.00
J3486	ZIPRASIDONE MESYLATE	\$ 85.00
J3490	UNCLASSIFIED DRUGS	\$ 15.00
J7030	NORMAL SALINE SOL, 1000ML	\$ 80.00
J7040	INFUSION, NORMAL SALINE	\$ 30.00
J7042	5% DEXTROSE SALINE 500ML	\$ 10.00
J7050	INFUSION NORMAL SALINE SOL	\$ 25.00
J7060	DEXTROSE, IV	\$ 10.00
J7070	INF, D5W, 1000CC	\$ 10.00
J7120	RINGERS LACTATE INFUSION	\$ 90.00
J7506	PREDNISONE ORAL	\$ 5.00
J7509	METHYLPRENISOLONE 4MG	\$ 15.00
J7510	PREDNISOLONE ORAL PER 5MG	\$ 10.00
J7512	PREDNISONE 1MG ORAL	\$ 5.00
J7609	ALBUTEROL INHAL COMPOUND	\$ 5.00
J7611	ALBUTEROL INHAL CONCENTRATE	\$ 5.00
J7613	ALBUTEROL NON-COMPOUND UNIT	\$ 10.00
J7614	LEVALBUTEROL NON-COMP UNIT	\$ 35.00
J7615	CYCOLOSPORINE, 25MG	\$ 30.00
J7620	ALBUTEROL & IPRATROPIUM	\$ 5.00
J7637	DEXAMETHASONE COMP CON	\$ 10.00
J7638	DEXAMETHASONE-COMP UNIT	\$ 10.00
J7644	IPRATROPIUM BROMIDE INHAL	\$ 10.00
J7699	NOC DRUG,INHALATION SOLUTION	\$ 20.00
J8499	PRESCRIPTION DRUG NEC	\$ 15.00
J8540	DEXAMETHASONE, ORAL	\$ 5.00
J9260	METHOTREXATE SODIUM, 50MG	\$ 30.00
L0120	CERV FLEXIBLE NON-ADJUSTABLE	\$ 55.00
L0140	CERVIAL ORTHOTIC	\$ 70.00
L0172	CALIF. TRACH COLLAR	\$ 60.00
L1820	HINGED KNEE BRACE	\$ 150.00
L1830	SPLINT, KNEE IMMOBILIZER	\$ 75.00
L3100	HALL-VALGUS NIGHT DYNAMIC SPL	\$ 30.00
L3260	ORTHO SHOE POST-OP	\$ 85.00
L3265	PLASTAZOTE SANDAL EACH	\$ 40.00
L3650	SPLINT, CLAVICLE	\$ 195.00
L3660	SHOULDER ORTHOSIS RESTRAINER	\$ 200.00
L3671	SHOULDER ORTHOSIS	\$ 60.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
L3763	ELBOW-WRITS-HAND-ORTHOSIS	\$ 2,200.00
L3807	SPLINT, WRIST-COLLES	\$ 195.00
L3809	WRIST HAND FINGER ORTHOSIS	\$ 20.00
L3906	WHO W/O JOINTS CF	\$ 640.00
L3908	WRIST-HAND ORTHOSIS	\$ 40.00
L3923	PREFAB HAND FINGER ORTHOSIS	\$ 55.00
L3984	UPPER EXT FRACTURE ORTHOSIS	\$ 130.00
L4350	SURROUND GEL ANKLE	\$ 95.00
L4360	PNEUMATIC WALKING BOOT PREFAB	\$ 145.00
L4361	WALKING BOOT	\$ 125.00
L4386	SHORT WALKING BOOT	\$ 145.00
L4387	WALKING BOOT PREFABRICATED	\$ 170.00
L4398	FOOT DROP SPLINT	\$ 115.00
P9612	CATHERIATION SPECIMAN COLLECT	\$ 110.00
Q0144	ZITHROMAX 1 G. PO	\$ 10.00
Q0163	COMPOZ, DYTUSS	\$ 5.00
Q0179	ONDANSETRON HYDROCHLORIDE	\$ 155.00
Q2009	INJ, FOSPHENYTOIN, 50MG	\$ 505.00
Q2037	FLU VACCINE	\$ 55.00
Q4006	LONG ARM FIBERGLASS CAST	\$ 255.00
Q4008	PEDI LONG ARM FIBERGLASS CAST	\$ 170.00
Q4009	SHORT ARM CAST, PLASTER	\$ 100.00
Q4012	PEDI FIBERCLASS SHORT CAST	\$ 110.00
Q4015	CAST SUP GAUNLET PED PLSTER	\$ 30.00
Q4018	LONG ARM SPLINT,FIBERGLASS	\$ 475.00
Q4020	CAST SUP LNG ARM SPLINT PED F	\$ 305.00
Q4021	SHORT ARM CAST SUPPLIES PLASTE	\$ 165.00
Q4022	CAST SUPL SHORT ARM SPLINT	\$ 190.00
Q4023	PEDI SHORT ARM PLASTER CAST	\$ 55.00
Q4024	PEDIATRIC SHORT ARM SPLINT	\$ 180.00
Q4029	CAST SUPPLIES; PLASTER	\$ 365.00
Q4030	CAST SUPPLIES, FIBERLGASS	\$ 95.00
Q4042	CAST SUPL LONG LEG SPLINT	\$ 305.00
Q4044	CAST SUP LNG LEG SPLNT PED F	\$ 65.00
Q4046	CAST SUPL SHORT LEG SPLINT	\$ 240.00
Q4048	CAST SUPP SHORT LEG SPLINT	\$ 235.00
Q4049	FINGER SPLINT	\$ 195.00
Q4051	SPLINT SUPPLIES MISC	\$ 75.00
Q9965	IODINE 1ML LOCM 100-199MG/ML	\$ 15.00
Q9967	ISOVUE 300 CONTRAST	\$ 0.40
S0020	INJECT SENSORCAINE	\$ 15.00
S0028	INJECTION,FAMOTIDINE, 20 MG	\$ 10.00
S0030	INJECT FLAGYL, METRO	\$ 10.00
S0077	INJECT CLEOCIN T	\$ 10.00
S0119	ZOFRAN	\$ 70.00
S0164	PANTOPRAZOLE SODIUM 40 MG	\$ 55.00

CH1ER FACILITY FEES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>
S0166	INJ, OLANZAPINE, 2.5MG	\$ 50.00
S0181	ONDANSETRON HYROCHLORIDE	\$ 5.00
S0182	MATULANE	\$ 70.00
S1015	IV EXT SET	\$ 10.00
S5010	5% DEXTROSE .45% SALINE 1000ML	\$ 13.00
S5012	5% DEXTROSE WITH POT CHLROIDE	\$ 15.00
S5013	5% DEXTROSE/.45% SALINE W/PC	\$ 16.00
S8121	OXYGEN CONTENTS, LIQUID	\$ 10.00