

Bundled Reimbursement Schedule

Pricing includes the Surgeon, Anesthesia and Inpatient/Outpatient Facility Fees

| CPT | DRG | Description | Bundled Rate |
|--|-----|--|---------------|
| INPATIENT | | | |
| | ** | Total Joints (Inpatient) | |
| 27125, 27130, 27447 | 462 | Bilateral or Multiple Major Joint Replacement of Lower Extremity without Complication or Comorbidity | \$ 35,200.00 |
| 27487 | 467 | Revision of Hip or Knee Replacement with Complication or Comorbidity | \$ 31,000.00 |
| 27487 | 468 | Revision of Hip or Knee Replacement without Complication or Comorbidity | \$ 25,200.00 |
| 27125, 27130, 27447 | 469 | Major Joint Replacement or Reattachment of Lower Extremity with Major Complication or Comorbidity (Total Knee or Hip with Major Complication or Comorbidity) | \$ 30,975.00 |
| 27125, 27130, 27447 | 470 | Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity) | \$ 20,500.00 |
| 27125, 27130, 27447 | 470 | Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity) WITH NICKLE FREE IMPLANT | \$ 22,200.00 |
| 23420, 23470, 23472 | 483 | Major Joint & Limb Reattachment Procedures of Upper Extremity with Complication/Comorbidity (Total Shoulder) | \$ 21,000.00 |
| | | Spine/Back (Inpatient) | |
| TLIF 22633, 22840, 22853, 63052 360 22612, 22558, 22840, 22853, (maybe 63047) PTP 22612, 22558, 22840, 22853 (maybe 63047) | 402 | Single Level Combined Anterior and Posterior Spinal Fusion, Except Cervical | \$ 46,233.00 |
| Multi-level TLIF 22633, 22634, 22842, 22853x2, 63052, 63053 Multi-level 360 22612, 22614, 22558, 22585, 22842, 22853x2, (maybe 63047, 63048) | 426 | Multiple Level Combined Anterior and Posterior Spinal Fusion, Except Cervical, WITH MCC or Custom-made Anatomically Designed Interbody Fusion Device | \$ 108,923.00 |
| Multi-level TLIF 22633, 22634, 22842, 22853x2, 63052, 63053 Multi-level 360 22612, 22614, 22558, 22585, 22842, 22853x2, (maybe 63047, 63048) | 427 | Multiple Level Combined Anterior and Posterior Spinal Fusion, Except Cervical, WITH CC | \$ 76,944.00 |
| Multi-level TLIF 22633, 22634, 22842, 22853x2, 63052, 63053 Multi-level 360 22612, 22614, 22558, 22585, 22842, 22853x2, (maybe 63047, 63048) | 428 | Multiple Level Combined Anterior and Posterior Spinal Fusion, Except Cervical, WITHOUT CC/MCC | \$ 61,865.00 |
| Posterior Spinal Fusion (CERVICAL) 22600, 22554, 22845, 20931 | 429 | Combined Anterior and Posterior Cervical Spinal Fusion WITH MCC | \$ 84,884.00 |

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| Posterior Spinal Fusion (CERVICAL) 22600, 22554, 22845, 20931 | 430 | Combined Anterior and Posterior Cervical Spinal Fusion WITHOUT MCC | \$ 57,632.00 |
| Posterior Spinal Fusion (LUMBAR) 22612, 22614, 22842 | 447 | Multiple Level Spinal Fusion, Except Cervical, WITH MCC or Custom-made Anatomically Designed Interbody Fusion Device | \$ 68,495.00 |
| Posterior Spinal Fusion (LUMBAR) 22612, 22614, 22842 | 448 | Multiple Level Spinal Fusion, Except Cervical, WITHOUT MCC | \$ 43,625.00 |
| Posterior Spinal Fusion (LUMBAR) 22612, 22840 Anterior Lumbar Interbody Fusion (LUMBAR) ALIF 22558, 22853 | 450 | Single Level Spinal Fusion, Except Cervical, WITH MCC or Custom-made Anatomically Designed Interbody Fusion Device | \$ 55,737.00 |
| Posterior Spinal Fusion (LUMBAR) 22612, 22840 Anterior Lumbar Interbody Fusion (LUMBAR) ALIF 22558, 22853 | 451 | Single Level Spinal Fusion, Except Cervical, WITHOUT MCC | \$ 36,197.00 |
| 63081, 63082 | 472 | Cervical Spinal Fusion with Complication or Comorbidity | \$ 29,000.00 |
| 63081, 63082, 22551 | 473 | Cervical Spinal Fusion without Complication or Comorbidity | \$ 25,000.00 |
| 63020, 63035, 63045, 63047 | 518 | Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity/Major Complication or Comorbidity or DISC Device | \$ 27,000.00 |
| 63020, 63035, 63045, 63047 | 519 | Back & Neck Procedures (except Spinal Fusion) with Complication or Comorbidity | \$ 17,000.00 |
| 63020, 63035, 63045, 63047 | 520 | Back & Neck Procedures (except Spinal Fusion) without Complication or Comorbidity | \$ 13,000.00 |
| Hip or Leg (Inpatient) | | | |
| 27244, 27507, 27245 | 481 | Hip & Femur Procedures (except Major Joint) with Complication or Comorbidity | \$ 15,500.00 |
| Knee (Inpatient) | | | |
| 27486 | 488 | Knee Procedures without PDX of Infection with Complication or Comorbidity | \$ 19,000.00 |
| Upper Arm/Shoulder (Inpatient) | | | |
| 23474, 23472, 28725, 27640, 28320, 20680, 23334 | 496 | Local Excision & Removal Internal Fix Devices (except Hip & Femur) with Complication or Comorbidity | \$ 14,000.00 |
| 25810 | 497 | Local Excision & Removal Internal Fix Devices (except Hip & Femur) without Complication or Comorbidity | \$ 11,500.00 |
| Ankle/Foot (Inpatient) | | | |
| 23615, 23412, 23472, 27524 | 493 | Lower Extremity & Humerus Procedures (except Hip, Foot, Femur) with Complication or Comorbidity | \$ 17,500.00 |
| 27870, 28725, 27814, 27822, 27871, 27726, 27829, 27825, 27840 | 494 | Lower Extremity & Humerus (except Hip, Foot, Femur) without Complication or Comorbidity | \$ 13,250.00 |
| 28292, 28285, 28289, 28415, 28725, 28476, 28270, 28730, 28465 | 505 | Foot Procedures without Complication or Comorbidity | \$ 12,000.00 |
| Soft Tissue (Inpatient) | | | |
| 28725, 27062, 28320, 28315, 27685, 27048, 28740 | 501 | Soft Tissue Procedures with Complication or Comorbidity (usually Foot Procedures) | \$ 17,250.00 |
| 29826, 23430, 27685, 29824, 28300, 27691, 29727, 27650, 24342 | 502 | Soft Tissue Procedures without Complication or Comorbidity (usually Tendon Repair) | \$ 12,750.00 |
| OUTPATIENT | | | |
| Total Joints (Outpatient) | | | |
| 27125, 27130, 27447 | | Major Joint Replacement or Reattachment of Lower Extremity without Complication or Comorbidity (Total Knee or Hip without Complication or Comorbidity) | \$ 18,500.00 |
| Shoulder/Upper Extremity (Outpatient) | | | |

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| 23071 | Excision, Tumor, Soft Tissue of Shoulder Area, Subcutaneous; 3 cm or greater | \$ 3,250.00 |
| 23120 | Distal Clavicle Excision (Shoulder) | \$ 5,000.00 |
| 23410 | Repair Rotator Cuff; Acute | \$ 6,500.00 |
| 23412 | Repair Rotator Cuff; Chronic | \$ 6,500.00 |
| 23430 | Repair Biceps Tendon | \$ 5,700.00 |
| 23515 | Treat Clavicle Fracture | \$ 7,250.00 |
| 23700 | Fixation of Shoulder | \$ 2,300.00 |
| 24341 | Repair Tendon or Muscle, Upper Arm or Elbow, each | \$ 6,300.00 |
| 29806 | Shoulder Arthroscopy; Surgery Capsulorrhaphy | \$ 6,250.00 |
| 29807 | Shoulder Arthroscopy; Surgery Slap Lesion | \$ 6,750.00 |
| 29823 | Shoulder Arthroscopy; Surgery Debridement, Extensive | \$ 6,250.00 |
| 29824 | Distal Clavicle Excision (Shoulder), including Articular Surface | \$ 6,250.00 |
| 29826/29822 | Shoulder Arthroscopy; Surgery Debridement, Subacromial Decompression | \$ 6,250.00 |
| 29827 | Shoulder Arthroscopy; Rotator Cuff Repair | \$ 8,500.00 |
| | Wrist/Hand/Finger (Outpatient) | |
| 25000 | Wrist Incision, Extensor Tendon Sheath; (deQuervains Disease) | \$ 3,000.00 |
| 25111 | Ganglion Cyst Removal | \$ 3,000.00 |
| 25447 | Repair Wrist Joints | \$ 4,950.00 |
| 25605 | Treat Fracture, Radius/Ulna | \$ 2,100.00 |
| 26055 | Incise Finger Tendon Sheath | \$ 3,000.00 |
| 26123 | Fasciectomy; Partial Release Palm Contracture | \$ 4,250.00 |
| 26145 | Synvectomy; Tendon Excision Palm/Finger | \$ 3,000.00 |
| 26160 | Excision of Lesion of Tendon Sheath or Joint Capsule (eg., cyst, mucous cyst or ganglion) Hand or Finger | \$ 2,900.00 |
| 26426 | Repair Finger/Hand Tendon | \$ 3,500.00 |
| 26727 | Percutaneous Pinning; Finger 1-2 pins | \$ 3,700.00 |
| 64718 | Revise Ulnar Nerve at Elbow | \$ 4,000.00 |
| 64721 | Carpal Tunnel Surgery | \$ 3,000.00 |
| 25525 | Open Treatment of Radial Shaft Fracture, with Internal and/or External Fixation & Closed Treatment of Dislocation of Distal Radioulnar Joint, with or without Percutaneous | \$ 8,700.00 |
| | Spine/Back (Outpatient) | |
| 22856 | 1 Level Cervical Arthroplasty | \$ 28,500.00 |
| 22856/22858 | 2 Level Cervical Arthroplasty | \$ 29,500.00 |
| 63020 | Laminotomy; Cervical (Hemilaminectomy) with decomp, facetectomy, foraminotomy | \$ 8,500.00 |
| 63030 | Laminotomy; Lumbar (microdiscectomy) | \$ 9,000.00 |
| 63685 | Spinal Cord Stimulator Placement (Permanent and Redo) | \$ 30,500.00 |
| | Foot/Ankle (Outpatient) | |
| 27650 | Repair Achilles Tendon | \$ 6,500.00 |
| 27698 | Repair, Secondary, Disrupted Ligament, Ankle, Collateral | \$ 5,250.00 |
| 28060 | Fasciectomy; Partial Plantar Fascia | \$ 3,500.00 |
| 28080 | Excision, Interdigital (Morton) Neuroma; Single | \$ 3,250.00 |
| 28285 | Repair of Hammertoe (1) | \$ 2,750.00 |
| 28285 | Repair of Hammertoe (2) | \$ 3,250.00 |
| 28285 | Repair of Hammertoe (3) | \$ 3,750.00 |
| 28289 | Hallux Rigidus Correction with Cheilectomy, Debridement Capsular Release of 1st Metatarsophalangeal | \$ 4,000.00 |
| 28292 | Correction of Bunion | \$ 4,500.00 |
| 28750 | Fusion of Big Toe Joint | \$ 6,500.00 |
| 28825 | Partial Amputation of Toe | \$ 3,100.00 |
| 28114, 28750, 28285x4, 27687 | Foot Reconstruction (all of these codes grouped) | \$ 11,750.00 |
| 27654, 28120, 27687 | Achilles Tendon Degenerative Reconstruction (all of these codes grouped) | \$ 6,900.00 |
| 28288 | Osteotomy, Partial, Exostectomy or Condylectomy, Metatarsal Head, each metatarsal head | \$ 4,500.00 |

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| 27696 | Repair of Ankle Ligament | \$ 8,000.00 |
| 28308 | Osteotomy Metatarsal 2nd-5th | \$ 4,400.00 |
| 28008 | Fasciotomy Foot and/or Toe | \$ 4,400.00 |
| 28296 | Bunionectomy with Distal Osteotomy | \$ 4,700.00 |
| 28645 | Open Treatment Toe Dislocation with Fixation | \$ 4,600.00 |
| 27687 | Revision of Calf Tendon | \$ 4,500.00 |
| | Hip Scope (Outpatient) | |
| 29914 & 29916 | Hip Arthroscopy; Femoroplasty, Shaving Femoral Head/Neck Junction; Labral Repair | \$ 11,500.00 |
| 29916 | Arthroscopy, Hip with Labral Repair | \$ 9,500.00 |
| | Knee (Outpatient) | |
| 27446 | Arthroplasty, Knee, Condyle and Plateau; Medial or Lateral Compartment (Robotic Partial Knee) | \$ 16,000.00 |
| 27570 | Fixation of Knee Joint | \$ 1,750.00 |
| 29870 | Arthroscopy, Knee, Surgical; with or without Biopsy | \$ 4,250.00 |
| 29871 | Arthroscopy, Knee, Surgical; for Infection, Lavage and Drainage | \$ 4,250.00 |
| 29873 | Arthroscopy, Knee, Surgical; with Lateral Release | \$ 4,500.00 |
| 29875 | Arthroscopy, Knee, Surgical; Synovectomy, Limited (e.g., plica or shelf resection) (separate procedure) | \$ 4,500.00 |
| 29876 | Arthroscopy, Knee, Surgical; Synovectomy, Major, Two or More Compartments (e.g., medial or lateral) | \$ 4,250.00 |
| 29877 | Arthroscopy, Knee, Surgical; Debridement/Shaving of Articular Cartilage (Chondroplasty) | \$ 4,250.00 |
| 29880 | Arthroscopy, Knee, Surgical; with Meniscectomy (medial AND lateral, including any meniscal shaving) | \$ 4,250.00 |
| 29881 | Arthroscopy, Knee, Surgical; with Meniscectomy (medial OR lateral, including any meniscal shaving) | \$ 4,500.00 |
| 29882 | Arthroscopy, Knee, Surgical; Debridement, limited | \$ 5,000.00 |
| 29888 | Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; without Allograph | \$ 7,500.00 |
| 29888 | Knee Arthroscopically-aided Anterior Cruciate Ligament Repair/Augmentation or Reconstruction; with Allograph | \$ 9,500.00 |
| | Ankle (Outpatient) | |
| 29891 | Ankle Arthroscopy; Surgical; Excision of Osteochondral Defect of Talus and/or Tibia | \$ 6,500.00 |
| 29894 | Ankle Arthroscopy; Removal of Loose Body | \$ 4,000.00 |
| | Hardware Removal (Outpatient) | |
| 20680 | Removal of Support Implant | \$ 3,900.00 |
| | Pain Procedures (Outpatient) | |
| 62320 | Cervical, Thoracic Epidural Steroid Injection, without Imaging Guidance | \$ 975.00 |
| 62321 | Cervical, Thoracic Epidural with imaging guidance (fluoroscopy or CT) | \$ 975.00 |
| 62322 | Lumbar Intralaminar Epidural Steroid Injection, without Imaging Guidance | \$ 975.00 |
| 62323 | Lumbar Intralaminar Epidural Steroid Injection, with Imaging Guidance (fluoroscopy or CT) | \$ 975.00 |
| 64445 | Injection Anesthetic Agent; Sciatic Nerve, Single level | \$ 850.00 |
| 64447 | Injection Anesthetic Agent; Femoral Nerve, Single level | \$ 550.00 |
| 64483 | Injection/Steroid, Epidural Lumbar or Sacral, Single level | \$ 975.00 |
| 64484 | Injection/Steroid, Epidural Lumbar or Sacral, Additional level | \$ 600.00 |
| 64490 | Injection(s), Diagnostic or Therapeutic Agent; Paravertebral Facet (zygapophyseal) Joint (or nerves innervating that joint) with Imaging Guidance (fluoroscopy or CT), Cervical or Thoracic; single level | \$ 975.00 |
| 64491 | Second Level (list separately in addition to code for primary procedure) | \$ 400.00 |
| 64492 | Third and any Additional Level(s) (list separately in addition to code for primary procedure) | \$ 400.00 |
| 64493 | Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 1 level | \$ 975.00 |
| 64494 | Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 2 level | \$ 300.00 |

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| 64495 | | Injection(s), Diagnostic or Therapeutic Agent, Paravertebral Facet Joint 3 level | \$ 300.00 |
| 27096 | | SI Joint Injection | \$ 975.00 |
| 64635 | | Paravertebral Facet Joint Nerve(s), (fluroscopy or CT); Lumbar or Sacral, Single Facet Joint | \$ 1,600.00 |
| 64636 | | Paravertebral Facet Joint Nerve(s), (fluroscopy or CT); Lumbar or Sacral, each additional Facet Joint | \$ 850.00 |
| Pediatric ENT Procedures (Outpatient) | | | |
| 41520 | | Frenuloplasty | \$ 2,000.00 |
| 42830 | | Adenoidectomy | \$ 2,700.00 |
| 42825 | | Tonsilectomy | \$ 3,100.00 |
| 42820 | | Tonsilectomy & Adenoidectomy | \$ 3,250.00 |
| 69436 | | Bilateral Myringotomy & Tympanostomy Tubes | \$ 1,800.00 |
| 69610 | | Myringoplasty Paper Patch | \$ 1,800.00 |
| 69620 | | Myringoplasty Fat Graft | \$ 2,500.00 |
| 69631 | | Tympanoplasty | \$ 5,000.00 |
| 30130 | | Bilateral Turbinate Reduction | \$ 2,800.00 |
| 42830 & 30130 | | Adenoidectomy & Turbinate Reduction | \$ 2,800.00 |
| Radiology Procedures (Outpatient) | | | |
| 73040/23350 | | Arthrogram of Shoulder with Injection Procedure | \$ 525.00 |
| 73525/27093 | | Arthrogram of Hip with Injection Procedure | \$ 550.00 |
| 73115/25246 | | Arthrogram of Wrist with Injection Procedure | \$ 550.00 |
| 73085/24220 | | Arthrogram of Elbow with Injection Procedure | \$ 550.00 |
| 77002/20610 | | Intra Articular Joint Injections under Fluroscopy | \$ 250.00 |
| 77080 | | Bone Density | \$ 100.00 |
| 70551 | | MRI - Brain Stem; without Contrast | \$ 700.00 |
| 70553 | | MRI - Brain Stem; with or without Contrast | \$ 825.00 |
| 72141 | | MRI - Cervical Spine; without Contrast | \$ 675.00 |
| 72156 | | MRI - Cervical Spine; with or without Contrast | \$ 700.00 |
| 71552 | | MRI - Chest; with and without Contrast | \$ 825.00 |
| 71550 | | MRI - Chest; without Contrast | \$ 650.00 |
| 73718 | | MRI - Lower Extremity, Non-Joint; without Contrast | \$ 675.00 |
| 73719 | | MRI - Lower Extremity; with Contrast | \$ 675.00 |
| 73720 | | MRI - Lower Extremity, Non-Joint; with and without Contrast | \$ 800.00 |
| 73721 | | MRI - Lower Extremity, Joint; without Contrast | \$ 700.00 |
| 73722 | | MRI - Lower Extremity; with Contrast | \$ 650.00 |
| 73723 | | MRI - Lower Extremity, Joint; with or without Contrast | \$ 825.00 |
| 72157 | | MRI - Thoracic Spine; with and without Contrast | \$ 675.00 |
| 72158 | | MRI - Lumbar Spine; with Contrast | \$ 800.00 |
| 72148 | | MRI - Lumbar Spine; without Contrast | \$ 750.00 |
| 72195 | | MRI - Pelvis | \$ 600.00 |
| 72197 | | MRI - Pelvis; with or without Contrast | \$ 900.00 |
| 72146 | | MRI - Thoracic Spine; without Contrast | \$ 600.00 |
| 73223 | | MRI - Upper Extremity Joint; with or without Contrast | \$ 825.00 |
| 73222 | | MRI - Upper Extremity Joint; with Contrast | \$ 650.00 |
| 73221 | | MRI - Upper Extremity Joint | \$ 650.00 |
| 73218 | | MRI - Upper Extremity (Non-Joint); without Contrast | \$ 675.00 |
| 73219 | | MRI - Upper Extremity (Non-Joint); with Contrast | \$ 675.00 |
| 73220 | | MRI - Upper Extremity (Non-Joint); with and without Contrast | \$ 800.00 |
| CT Procedures (Outpatient) | | | |
| Head | | | |
| 70450 | | Routine Head; without Contrast | \$ 325.00 |
| 70460 | | Routine Head; with Contrast | \$ 475.00 |
| 70470 | | Routine Head; without and with Contrast | \$ 525.00 |
| 70486 | | Maxillofacial, Sinuses; without Contrast | \$ 325.00 |
| 70487 | | Maxillofacial, Sinuses; with Contrast | \$ 475.00 |
| 70488 | | Maxillofacial, Sinuses; with and without Contrast | \$ 525.00 |

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| 70480 | Orbits; without Contrast, includes Internal Auditory Canal (IACs) | \$ 325.00 |
| 70481 | Orbits; with Contrast, includes Internal Auditory Canal (IACs) | \$ 475.00 |
| 70482 | Orbits; with and without Contrast, includes Internal Auditory Canal (IACs) | \$ 525.00 |
| | Neck | |
| 72125 | C-Spine; without Contrast | \$ 325.00 |
| 72126 | C-Spine; with Contrast | \$ 475.00 |
| 72127 | C-Spine; with and without Contrast | \$ 500.00 |
| 70490 | Soft Tissue, Neck; without Contrast | \$ 300.00 |
| 70491 | Soft Tissue, Neck; with Contrast | \$ 475.00 |
| 70492 | Soft Tissue, Neck; with and without Contrast | \$ 525.00 |
| | Abdomen | |
| 74150 | Abdomen without Contrast | \$ 325.00 |
| 74160 | Abdomen with Contrast | \$ 475.00 |
| 74170 | Abdomen with and without Contrast | \$ 525.00 |
| 74175 | CTA Abdomen (Aortic Aneurysm) | \$ 550.00 |
| 74176 | Abdomen/Pelvis without Contrast (Renal Stone) | \$ 500.00 |
| 74177 | Abdomen/Pelvis with Contrast | \$ 675.00 |
| 74178 | Abdomen/Pelvis with and without Contrast | \$ 675.00 |
| 74174 | CTA Abdomen/Pelvis (Aortic Aneurysm) | \$ 675.00 |
| | Back | |
| 72128 | T-Spine without Contrast | \$ 325.00 |
| 72129 | T-Spine with Contrast | \$ 475.00 |
| 72130 | T-Spine with and without Contrast | \$ 525.00 |
| 72131 | L-Spine without Contrast | \$ 325.00 |
| 72132 | L-Spine with Contrast | \$ 475.00 |
| 72133 | L-Spine with and without Contrast | \$ 525.00 |
| | Upper Extremity | |
| 73200 | Shoulder without Contrast | \$ 420.00 |
| 73200 | Elbow without Contrast | \$ 420.00 |
| 73200 | Wrist without Contrast | \$ 420.00 |
| 73200 | Hand without Contrast | \$ 420.00 |
| 73200 | Humerus without Contrast | \$ 420.00 |
| 73200 | Forearm without Contrast | \$ 420.00 |
| 73201 | Upper Extremity with Contrast | \$ 475.00 |
| 73202 | Upper Extremity with and without Contrast | \$ 525.00 |
| | Thorax | |
| 71250 | Chest without Contrast | \$ 325.00 |
| 71260 | Chest with Contrast | \$ 525.00 |
| 71270 | Chest with and without Contrast | \$ 475.00 |
| 71270 | High Res Chest | \$ 475.00 |
| 71275 | CTA Chest with Contrast (Pulmonary Embolism) | \$ 550.00 |
| | Lower Extremity | |
| 73700 | Hip without Contrast | \$ 420.00 |
| 73700 | Femur without Contrast | \$ 420.00 |
| 73700 | Knee without Contrast | \$ 420.00 |
| 73700 | Tib/Fib without Contrast | \$ 420.00 |
| 73700 | Ankle without Contrast | \$ 420.00 |
| 73700 | Foot without Contrast | \$ 420.00 |
| 73701 | Lower Extermity with Contrast | \$ 475.00 |
| 73702 | Lower Extermity with and without Contrast | \$ 525.00 |
| | Pelvis | |
| 72192 | Bony Pelvis without Contrast | \$ 325.00 |
| 72193 | Bony Pelvis with Contrast | \$ 475.00 |
| 72194 | Bony Pelvis with and without Contrast | \$ 525.00 |
| | Ultrasound Procedures (Outpatient) | |
| 93975 | Venous Doppler (Upper or Lower Extremity); Bilateral | \$ 420.00 |

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| 93975 | Venous Doppler (Upper or Lower Extremity); Unilateral | \$ 420.00 |
| 93922 | Arterial Doppler (Upper or Lower Extremity); Bilateral or Unilateral, 1 - 2 Levels | \$ 325.00 |
| 93923 | Arterial Doppler (Upper or Lower Extremity); Bilateral or Unilateral, 3 or more Levels | \$ 325.00 |
| 93880 | Carotid | \$ 420.00 |
| 76705 | Abdominal, Limited | \$ 375.00 |
| 76706 | Ultrasound, Abdominal aorta; Real Time with Image | \$ 375.00 |
| 76700 | Abdominal, Complete | \$ 375.00 |
| 76775 | Aorta | \$ 375.00 |
| 76770 | Renal | \$ 375.00 |
| 76536 | Thyroid | \$ 375.00 |
| 76536 | Soft Tissue | \$ 375.00 |
| 76870 | Scrotum | \$ 375.00 |
| | Physical Therapy (Outpatient) | |
| 97161-97164 | Physical Therapy Evaluation and Treatment | \$ 125.00 |
| 97110 | Physical Therapy Treatment, per diem | \$ 90.00 |