E-67-20

NIFS ID:CQPB20000007 Department: Probation

Capital:

SERVICE: NHCC Health Servives for JDC detainees

Contract ID #:CQPB20000007 NIFS Entry Date: 28-FEB-20 Term: from 01-JAN-13 to 30-SEP-18

New
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	Y
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	N
4) Material Adverse Information Identified? (if yes, attach memo):	N
5) Insurance Required	Y

Vendor Info:	
Name: **Nassau Healthcare Corporation (NHCC)**	Vendor ID#: [redacted]
Address: 2201 Hempstead Tpke, East Meadow , NY 11554	Contact Person: [redacted] [redacted]
	Phone: [redacted]

Department:
Contact Name: Dominick J. DiMaggio Jr.
Address: 400 County Seat Drive Mineola , NY 11501
Phone: 516-571-1513

Routing Slip

Department	**NIFS Entry: X**	**28-FEB-20 -- DDIMAGGIO**
Department	**NIFS Approval: X**	**28-FEB-20 -- JPLACKIS**
DPW	**Capital Fund Approved:**	
OMB	**NIFA Approval: X**	**02-MAR-20 -- IQURESHI**
OMB	**NIFS Approval: X**	**02-MAR-20 -- SJACOB**
County Atty.	**Insurance Verification: X**	**02-MAR-20 -- AAMATO**
County Atty.	**Approval to Form: X**	**02-MAR-20 -- DMCDERMOTT**
CPO	**Approval: X**	**03-APR-20 -- KOHAGENCE**

DCEC	**Approval: X**	**03-APR-20 -- JCHIARA**
Dep. CE	**Approval: X**	**04-APR-20 -- TFOX**
Leg. Affairs	**Approval/Review: X**	**24-APR-20 -- GCASTILLO**
Legislature	**Approval:**	
Comptroller	**Deputy:**	
NIFA	**NIFA Approval:**	

Contract Summary

Purpose: Contract with Nassau Health Care Corporation (NHCC) to provide all Medical / Pharmacy/ Psychiatric services to juveniles detained at Nassau County Juvenile Detention center.
Method of Procurement: Pursuant to the Successor Agreement, NHCC was selected as a preferred provider of the services listed in the agreement.
Procurement History: Pursuant to the Successor Agreement, NHCC was selected as a preferred provider of the services listed in the agreement.The vendor has been providing these services listed above , since 1999.
Description of General Provisions: Provide all Medical / Pharmacy/ Psychiatric services to juveniles detained at Nassau County Juvenile Detention center.
Impact on Funding / Price Analysis: The County's share is 51% and the State share is 49%.
Change in Contract from Prior Procurement: Not Applicable
Recommendation: (approve as submitted) Approve as submitted

Advisement Information

BUDGET CODES	
Fund:	PBGEN
Control:	**10**
Resp:	**1400**
Object:	**DE500**
Transaction:	
Project #:	
Detail:	

RENEWAL	
% Increase	0
% Decrease	0

FUNDING SOURCE	AMOUNT
Revenue Contract:	
County	$ 25,065.99
Federal	$ 0.00
State	$ 24,083.01
Capital	$ 0.00
Other	$ 0.00
TOTAL	$ **49,149.00**

LINE	INDEX/OBJECT CODE	AMOUNT
1	PBGEN1400/DE500	$ 49,149.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
	TOTAL	$ 49,149.00

RULES RESOLUTION NO. – 2020

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY PROBATION DEPARTMENT, AND NASSAU HEALTH CARE CORPORATION

WHEREAS, the County has negotiated a personal services agreement with Nassau Health Care Corporation to provide medical, dental, behavioral, nutritional and other services for the Department, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said amended agreement with Nassau Health Care Corporation.

NIFA Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: Nassau Healthcare Corporation (NHCC)

2. Dollar amount requiring NIFA approval: $49149

Amount to be encumbered: $49149

This is a New

If new contract - $ amount should be full amount of contract
If advisement – NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA
If amendment - $ amount should be full amount of amendment only

3. Contract Term: 01/01/2013-09/30/2018

Has work or services on this contract commenced? Y ____

If yes, please explain: Contract for retro mandated health services for JDC detainees

4. Funding Source:

X General Fund (GEN) Grant Fund (GRT)
Capital Improvement Fund (CAP)
Other

Federal % 0
State % 49
County % 51

Is the cash available for the full amount of the contract?	Y
If not, will it require a future borrowing?	N
Has the County Legislature approved the borrowing?	N/A
Has NIFA approved the borrowing for this contract?	N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

Contract with Nassau Health Care Corporation (NHCC) to provide all Medical, Pharmacy, Psychiatric services to juveniles detained at Nassau County Juvenile Detention center.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form Y

Nassau County Committee and/or Legislature

Date of approval(s) and citation to the resolution where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

Contract ID	Date	Amount

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approv al Request Form and any additional information submitted in connection with this request is true an d accurate and that all expenditures that will be made in reliance on this authorization are in confor mance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberation s.

IQURESHI 02-MAR-20

Authenticated User ***Date***

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau Cou nty Multi-Year Financial Plan.

Regarding funding, please check the correct response:

_ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Authenticated User ***Date***

NIFA

Amount being approved by NIFA: _

Payment is not guaranteed for any work commenced prior to this approval.

Authenticated User ***Date***

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS pri ntouts for all relevant accounts and relevant Nassau County Legislature communication docu ments and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being su bmitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

Jack Schnirman
Comptroller

OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Nassau Health Care Corporation

CONTRACTOR ADDRESS: 2201 Hempstead Turnpike East Meadow, NY 11554
FEDERAL TAX ID #: 113465690

Instructions: **Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.**

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in _____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.
The Contract was entered into after a written request for proposals was issued on _____ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in _____ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on _____ [date]. _____ [state #] proposals were received and evaluated. The evaluation committee consisted of: _____
_____
_____ (list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☐ This is a renewal, extension or amendment of an existing contract.
The contract was originally executed by Nassau County on _____[date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after_____
_____
_____ [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

☐ **A.** The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**

☐ **B.** The attached memorandum contains a detailed explanation as to the reason(s)why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☒ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

☐ **A.** There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.

☐ **B.** The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).

☐ **C.** Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no._____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

☐ **D.** Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

☒ **E.** Pursuant to the Successor Agreement, NHCC was selected as a preferred provider of the services listed in the this agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No. 928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

Instructions with respect to Sections VIII, IX and X: **All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.**

VIII. ☒ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. ☐ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to submission of the first claim voucher, for services under this contract being submitted to the Comptroller.

X. ☒ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Dominick DeMaggio Attorney II FOR John Plath V Director of Probation

Department Head Signature

2/24/20

Date

NOTE: ***Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.***

Compt. form Pers./Prof. Services Contracts: Rev. 03/16

COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

YES [X] NO [ ] If yes, to what campaign committee?

Robert Detor - Curran for Nassau

2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees identified above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Electronically signed and certified at the date and time indicated by:
Megan C. Ryan [PORTAL@NUMC.EDU]

Dated: 01/29/2020 11:37:31 AM

Vendor: Nassau Health Care Corporation

Title: Executive Vice President / General Counsel

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: John P. Maher
   Date of birth: [redacted]
   Home address: [redacted]
   City: [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
   Country: US

   Business Address: 2201 Hempstead Turnpike
   City: East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
   Country US
   Telephone: (516) 572-6711

   Other present address(es):
   City: State/Province/Territory: Zip/Postal Code:
   Country:
   Telephone:

   List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer	01/02/2012	Partner	
Vice President	01/02/2012		
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
   YES [X] NO [ ] If Yes, provide details.
   Since 2015, I have served as a Member of the Executive Committee of the Nassau Queens Performing

Provider System, LLC ("NQP"), the entity that is implementing the New York State Delivery system Reform Incentive Payment Program (DSRIP) in Nassau County and a portion of Queens.

Since June 2012, I have served as a Director of NHCC, Ltd., organized under the Companies Law of Cayman Islands. NHCC, Ltd. is a wholly-owned subsidiary of the Nassau Health Care Corp.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES [X] NO [ ] If Yes, provide details.

Nassau Queens Performing Provider System, LLC ("NQP"), the entity that is implementing the New York State Delivery System Reform Incentive Payment Program (DSRIP) in Nassau County and a portion of Queens, has a contract with New York State.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

a. Been debarred by any government agency from entering into contracts with that agency?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, John P. Maher , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, John P. Maher , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Nassau Health Care Corporation

Name of submitting business

Electronically signed and certified at the date and time indicated by:
John P. Maher [JMAHER@NUMC.EDU]

EVP/CFO

Title

01/08/2020 02:19:26 PM

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Anthony Boutin, MD
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country: US

Business Address: 2201 Hempstead Turnpike
City: East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Telephone: 5165728730

Other present address(es):
City: State/Province/Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer	01/31/2020	Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

Type	Description	Start Date
Other	Chief Medical Officer	12/04/2018

3. Do you have an equity interest in the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?

YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

a. Been debarred by any government agency from entering into contracts with that agency?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Anthony Boutin , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Anthony Boutin , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Nassau Health Care Corporation

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Anthony Boutin [ABOUTIN@NUMC.EDU]

Chief Medical Officer, Interim Chief Executive Officer

Title

01/30/2020 11:34:37 AM

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Megan Ryan
   Date of birth: [redacted]
   Home address: [redacted]
   City: [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
   Country: US

   Business Address: 2201 Hempstead Turnpike
   City: East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
   Country US
   Telephone: (516) 296-2389

   Other present address(es):
   City: State/Province/Territory: Zip/Postal Code:
   Country:
   Telephone:

   List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	04/15/2018
Chief Financial Officer		Partner	
Vice President	06/15/2017		
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

a. Been debarred by any government agency from entering into contracts with that agency?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Megan C. Ryan , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Megan C. Ryan , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

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Nassau Health Care Corporation

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Megan C. Ryan, Esq. [PORTAL@NUMC.EDU]

Executive Vice President / General Counsel

Title

01/29/2020 11:53:31 AM

Date

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 01/29/2020

1) Proposer's Legal Name: Nassau Health Care Corporation

2) Address of Place of Business: 2201 Hempstead Turnpike

City: East Meadow State/Province/Territory: NY Zip/Postal Code: 11561

Country:

3) Mailing Address (if different):

City: State/Province/Territory: Zip/Postal Code:

Country:

Phone: (631) 572-6062

Does the business own or rent its facilities? Own If other, please provide details:

4) Dun and Bradstreet number: 01-122-5825

5) Federal I.D. Number: 11 3465690

6) The proposer is a: Other (Describe) Public Benefit Corporation

7) Does this business share office space, staff, or equipment expenses with any other business?

YES [ ] NO [X] If yes, please provide details:

8) Does this business control one or more other businesses?

YES [X] NO [ ] If yes, please provide details:

Nassau Health Care Corporation ("NHCC") operates Nassau University Medical Center, A. Holly Patterson Extended Care Facility, and co-operates several community health centers.

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?

YES [X] NO [ ] If yes, please provide details:

NHCC has several clinical and educational affiliations

10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?
YES [ ] NO [X] If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

11) Has the proposer, during the past seven years, been declared bankrupt?
YES [ ] NO [X] If yes, state date, court jurisdiction, amount of liabilities and amount of assets

12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
YES [X] NO [ ] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

On September 17, 2015, former Executive Vice President for Operations Larry Slatky was acquitted of two misdemeanor charges of official misconduct regarding a 2010 sealed bid.

13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.
YES [X] NO [ ] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

NHCC has been the subject of investigations in the past 5 years by various agencies. NHCC is a public benefit corporation, and as such it has no owners. In October 2014, former EVP for Operations, Larry Slatky, was indicted on 2 misdemeanor charges of official misconduct with respect to a laundry contract resulting from a 2010 Sealed Bid. On September 17, 2015, Mr. Slatky was acquitted of both charges.
NHCC is the owner and operator of the only public hospital and skilled nursing facility in Nassau County, as well as the co-operator of several community health centers. As with many other health facilities, routine patient complaints may result in investigations by agencies. As a result of several of these investigations, NHCC has instituted corrective action plans which were accepted by the agencies involved and implemented by NHCC.

14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
a) Any felony charge pending?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17 Conflict of Interest:

a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.

(ii) Any family relationship that any employee of your firm has with any County public servant that may

create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists, to the best of my knowledge. NHCC has 3000+ employees.

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

All NHCC employees must comply with the NHCC Conflict of Interest Policy (copy attached) and are subject to NYS conflict of interest laws.

1 File(s) Uploaded: LD-215 Conflict of Interest.pdf

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Have you previously uploaded the below information under in the Document Vault?
YES [ ] NO [X]

Is the proposer an individual?
YES [ ] NO [X] Should the proposer be other than an individual, the Proposal MUST include:

i) Date of formation;
09/29/1999

ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.

NHCC is a public benefit corporation. As such, there are no shareholders, members, or partners.

No individuals with a financial interest in the company have been attached..

iii) Name, address and position of all officers and directors of the company. If none, explain.

First Name	Anthony				
Last Name	Boutin				
MI		Suffix			
Address	2201 Hempstead Turnpike				
City	East Meadow	State/Province/Territory	NY	Zip/Postal Code	11554
Country	US				
Position	Chief Medical Officer				

First Name	Russell
Last Name	Caprioli
MI	Suffix

Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Giuseppe
Last Name Caruso
MI Suffix
Address [redacted]
[redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Steven
Last Name Cohn
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Michael
Last Name DeLuca
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Robert
Last Name Detor
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Chairman of Board

First Name Jan
Last Name Figueira
MI R Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Board Member

First Name Victor
Last Name Gallo
MI A Suffix
Address [redacted]

City [redacted] /Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Martin
Last Name Glennon
MI Suffix
Address [redacted]
[redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Board Member

First Name Robert
Last Name Heatley
MI S Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Executive Vice President, Business Development and Ambulatory Services

First Name Waylyn
Last Name Hobbs
MI Suffix Jr.
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Board Member

First Name Bobby
Last Name Kalotee
MI K Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name John
Last Name Maher
MI P Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory NY Zip/Postal Code 11554
Country US
Position Executive Vice President, Chief Financial Officer

First Name Janice
Last Name Pateres
MI Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory NY Zip/Postal Code 11554

Country US
Position Executive Vice President of Nursing / Chief Nursing Officer

First Name Linda
Last Name Reed
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory QC Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Maureen
Last Name Roarty
MI Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory NY Zip/Postal Code 11554
Country US
Position Executive Vice President, Human Resources

First Name Megan
Last Name Ryan
MI C Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory NY Zip/Postal Code 11554
Country US
Position Executive Vice President, General Counsel

First Name Frank
Last Name Saracino
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name John
Last Name Sardelis
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US
Position Member of Board

First Name Warren
Last Name Zysman
MI D Suffix
Address [redacted]
[redacted] State/Province/Territory NY Zip/Postal Code [redacted]
Country US

Position: Member of Board

iv) State of incorporation (if applicable);
NY

v) The number of employees in the firm;
3000

vi) Annual revenue of firm;
587613000

vii) Summary of relevant accomplishments
NHCC has provided these services to Nassau County since its September 1999 purchase of Nassau University Medical Center and A. Holly Patterson Extended Care Facility from Nassau County. As the owner/operator of the only public hospital and nursing home in Nassau County, NHCC is uniquely qualified to provide these services to Nassau County.

viii) Copies of all state and local licenses and permits.

1 File(s) Uploaded: Operating Certificate.pdf

B. Indicate number of years in business.
21

C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.
NHCC has provided these services to Nassau County since its purchase of Nassau County Medical Center and A. Holly Patterson Geriatric Center from the County in September 1999. As the owner/operator of the only public hospital and nursing home in Nassau County, NHCC is uniquely qualified to provide these services to Nassau County.

D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company	Long Island FQHC, Inc.		
Contact Person	David Nemiroff, LCSW, Executive Director		
Address	380 Nassau Road		
City	Roosevelt	State/Province/Territory	NY
Country			
Telephone	(516) 296-3742		
Fax #	(516) 546-4154		
E-Mail Address	dnemirof@numc.edu		

Company	Northwell Health		
Contact Person	Jeffrey Kraut		
Address	200 Great Neck Road		
City	Great Neck	State/Province/Territory	NY
Country			

Telephone	(516) 465-8198
Fax #	
E-Mail Address	jkraut@northwell.edu

Company	Catholic Health Services		
Contact Person	Patrick O'Shaughnessy, DO, SVP VP Medical Affairs & CMO		
Address	992 North Village Avenue		
City	Rockville Centre	State/Province/Territory	NY
Country			
Telephone	(516) 705-7182		
Fax #			
E-Mail Address	patrickm.o'shaughnessy@chsli.org		

I, Megan C. Ryan , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Megan C. Ryan , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

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Name of submitting business: Nassau Health Care Corporation

Electronically signed and certified at the date and time indicated by:
Megan C. Ryan, Esq. [PORTAL@NUMC.EDU]

Executive Vice President/ General Counsel
Title

01/29/2020 11:41:13 AM
Date

NASSAU HEALTH CARE CORPORATION
EAST MEADOW, NEW YORK 11554

SECTION: LEADERSHIP (LD)

POLICY/PROCEDURE

TITLE: Conflict of Interest; Financial Disclosure Statement, Conflicts Disclosure Statement, Honoraria, & Outside Activities Report
APPROVED: Quality and Policy Advisory Council (QPAC)
CROSS REFERENCES: Corporate Compliance Program LD-227; Public Officers Law § 73-A; Public Officers Law § 74; 19 NYCRR § 931.4; 19 NYCRR § 933.4; 19 NYCRR § 931

1.0 POLICY

1.1 It is the policy of Nassau Health Corporation (NHCC) to review Conflict of Interest and related ethical issues and to outline the procedures and documentation required for Financial Disclosure Statements, Conflicts Disclosure Statements, Honoraria, Outside Activities, and Educational Activities in order to ensure that all of NHCC/NHCC's business activities and entities either controlled or owned by NHCC are conducted conflict free. Except as otherwise provide herein, all capitalized terms shall have the meanings ascribed to them in Section 4.0 of this policy.

2.0 PROCEDURE

2.1 Responsible Persons of the NHCC System have a primary obligation to serve the purposes to which NHCC is dedicated. As part of this obligation, each Responsible Person has a duty to conduct the affairs of NHCC in a manner that promotes the best interests of the organization. When personal interests or activities within or outside of NHCC influence or appear to influence a Responsible Person's ability to objectively serve the best interests of NHCC a conflict of interest exists.

2.2 NHCC recognizes that different organizations have different codes of ethics. However, just because a certain action may be acceptable by others outside of NHCC as "standard practice," that is by no means a sufficient reason to assume that such practice is acceptable at NHCC. As a teaching organization, NHCC staff not only provide training, but also serve as models of professional conduct for students and trainees. There is no way to develop a comprehensive, detailed set of rules to cover every business situation. This policy is designed to help all Responsible Persons recognize, disclose and resolve situations in which a personal interest or activity may result in a conflict with their responsibilities to NHCC.

2.3 Public Officers Law § 74 sets forth a Code of Ethics which prohibits officers and employees of the State from any interest, financial or otherwise, direct or indirect, in any business, transaction or professional activity or from incurring any obligation of any nature that is in substantial conflict with the proper discharge of their duties in the public interest. Areas where this may occur include: 1) other employment that may impair independence of judgment; 2) accepting other employment requiring confidential information gained in your official capacity to be improperly disclosed; 3) using such confidential information to further personal interests; 4) use of one's government position to secure unwarranted privileges or exceptions for oneself or others, including but not limited to, the misappropriation to oneself or to others of the property, services or other resources of the state for private business or other compensated non-governmental purposes; 5) personal business interests that may conflict with state duties; 6) making decisions on business matters where one has a personal financial interest in the enterprise; 7) providing goods or services to entities regulated by this agency; 8) conducting oneself in such a way that gives a reasonable basis for the impression that any person can improperly influence or unduly enjoy favor in the performance of the officer or employee's official duties, or that one is affected by the kinship, rank, position or influence of any party or person; and 9) acting in such a way that raises suspicion among the public that one is likely to be engaged in acts that are in violation of the public's trust. Responsible Persons engaged in Research activities are also required to design, conduct, and report such Research free from bias or potential bias resulting from a conflict of interest.

3.0 DISCLOSURE LEVELS

3.1 This policy provides for seven (7) levels of disclosure and review with respect to potential conflict of interest situations: Financial Disclosure, Conflicts Disclosure, Honoraria, Outside Activities, Educational Activities, Research, and participation on NHCC's Institutional Review Board (the "IRB").

3.2 Annual Financial Disclosure Statement and Reporting of Interim Changes. NYS Public Officers Law Section § 73-a requires the filing of an Annual Statement of Financial Disclosure with the New York State Joint Commission on Public Ethics (JCOPE). A state officer or employee is required to file under Section 73-A if he/she serves in a job title with an annual salary rate in excess of the job rate of SG24 ($91,821, as of 2014), is designated a policymaker by NHCC, or is an official required by statute to file. The salary rate is the rate as of April 1st in the year the statement is due. The salary rate and the financial disclosure form are available on JCOPE's website, http://www.jcope.ny.gov/. If you have any questions about your status as a designated filer, you should contact the Human Resources Department.

3.3 Conflict Disclosure Statement. On an annual basis Board members, members of management, medical staff members, Responsible Persons engaged in Research, and any individuals either employed by or who serve a key role in decision-making and are in a position of influence and decision-making within NHCC and designated as policy makers are required to disclose information concerning any (a) directorship, trusteeship, partnership or executive position in outside

organizations; (b) ownership interests exceeding 5% in outside partnerships or corporations; (c) attest that no interests present a conflict of interest with employment or Research at NHCC; (d) detail current receipt of income royalties, etc., and declaration of outside income in excess of $1,000; and (e) notify of any specific situation in which the individual is called upon to exercise authority on behalf of NHCC with respect to companies, vendors, Contracts, Research, etc., in which the Responsible Person or Family has a Material Interest. The duty to notify in writing on an updated disclosure form is a continuing one as the potential conflict presents itself.

3.4 Honoraria. An Honorarium is a payment offered in exchange for a professional service or activity such as a speech, writing an article, or serving on a panel and a seminar or conference that is not part of the State employee or officer's duties. An honorarium includes expenses incurred for travel, lodging, and meals related to the service performed.

3.4.1 For a State officer or employee, the approving authority is the Head of the State Agency or Appointing Authority. For statewide elected officials and State Agency heads the approving authority is JCOPE. Written requests should be made to the approving authority prior to performing the requested service or activity. Forms are available on JCOPE's website noted above. NHCC forms are annexed hereto as well. For all other Responsible Persons, the approving authority is the Ethics Officer.

3.4.2 In order for honoraria to be approved, the Responsible Person cannot use State resources to prepare or perform such service or activity; they must perform the service or activity during non-official personal time; they cannot accept honoraria from an Interested Source; the honoraria is not be used to conceal a payment from an Interested Source; and performing the service for which the honoraria is offered and accepted must not violate Public Officers Law § 74 or other State or Federal laws. The funds received must be reported on the filer's financial disclosure report for each source over $1,000.

3.5 Outside Activities. Every Responsible Person employed by NHCC is expected to devote their primary professional loyalty, time, and energy to, as applicable, teaching, research, patient care, and service on behalf of or to NHCC. Employees are prohibited from participating financially or engaging in any Outside Activities or other business undertaking that interferes with or is in conflict with the proper and effective discharge of their duties on behalf of NHCC. Outside activities include, but are not limited to, service for or on behalf of state or national commissions, government agencies and boards, committees or advisory groups to other hospitals, health care organizations, and not-for-profit or for-profit organizations. Such activities require notification to the appropriate Chairperson or Senior Vice President or Executive Vice President and must be disclosed on the Conflicts Disclosure Statement and Outside Activity Report and forwarded to Human Resources and the Ethic Officer. Outside Activity Forms are of two kinds, NHCC Outside Activity Report and the JCOPE Outside Activity Report:

3.5.1 NHCC approval of Outside Activities between $1,000 and $5,000. Those Responsible Persons designated as holding a "policy-making position" pursuant to Section 6.6 of this Policy must complete Outside Activities Reports prior to undertaking any outside activities from which they would earn more than $1,000 but less than $5,000 annually before engaging in outside activities, and await NHCC approval before proceeding with the activity.

3.5.2 JCOPE Approval. Those Responsible Persons designated as holding a "policy-making position" pursuant to Section 6.6 of this Policy who contemplate outside activities whereby they will: (1) earn more than $5,000 annually, or (2) hold elected or appointed public office must additionally submit their request for approval to JCOPE after it is approved by NHCC. 19 NYCRR § 932.5(a).

3.5.3 Service as a Director or Officer of a Not-for-Profit Entity. Those Responsible Persons designated as holding a "policy-making position" pursuant to Section 6.6 of this Policy who serves as a director or officer of a not-for-profit corporation and receives $999 or less per year must notify NHCC of the position prior to commencing service, but do not need such service approved by NHCC or JCOPE before proceeding with the activity. A policy maker who serves as a director or officer of a not-for-profit corporation and receives between $1,000 and $5,000 per year must have such service approved by NHCC before proceeding with the activity. A policy maker who serves as a director or officer of a not-for-profit corporation and receives more than $5,000 per year must have such service approved by NHCC and JCOPE before proceeding with the activity. No policy maker or member or director of NHCC may serve as an officer of any political party or political organization, member of a national committee of a political party or political party committee.

3.5.4 Responsible Persons engaged in Research. Responsible Persons engaged in Research but not otherwise covered by this Section (e.g. do not hold a "policy making position") must complete Outside Activities Reports and must have such activities approved by NHCC prior to undertaking any outside activities.

3.5.5 NHCC will grant or deny an Outside Activity based on its interpretation of whether the proposed Outside Activity is in accordance with applicable law and such other factors NHCC deems appropriate. Once NHCC approves an Outside Activity, such approval shall remain effective unless and until there is a material change in the policy maker's responsibilities or in the Outside Activity, at which point the policy maker must submit a new request for approval. An individual who has received approval for an Outside Activity must annually notify NHCC in writing if the individual is still engaged in the Outside Activity.

3.5.6 In no event shall a Responsible Person be permitted to receive or enter into any agreement (express or implied) for compensation for the appearance or rendition of services on behalf of themselves or others before NHCC or against NHCC's interest.

3.6 Support for Educational Activities, Including Meals and Travel. Any payment or reimbursement for the cost of attendance, registration, travel, food, or lodging related to a Responsible Person's attendance or service at a meeting, conference, seminar, convention, or professional program that is part of the Responsible Person's official duties and benefits NHCC must be approved by NHCC in writing before the Responsible Person may engage in such activities. In order for an activity to be approved, the payment or reimbursement can only cover the period of time reasonably required to attend or serve in the activity, the payment or reimbursement is consistent with all laws and NHCC policies, and the payment or reimbursement is not more than the rate at which NHCC would pay or reimburse the Responsible Person under its travel policy.

3.6.1 If any payments or reimbursements are paid by an Interested Source, all of the following criteria must be met before NHCC can approve the activity: (1) it is not reasonable, under the circumstances, to infer that the payment or reimbursement is intended to influence the Covered Person in the performance of his or her official duties; (2) the payment or reimbursement could not, under the circumstances, reasonably be expected to influence the Covered Person in the performance of his or her official duties; and (3) the payment or reimbursement is not, under the circumstances, intended as a reward for any official action on the Responsible Person's part.

3.6.2 Any approval by NHCC shall be provided to the requesting Responsible Person in writing and shall contain the following information: (1) the name of the Responsible Person to whom, or on behalf of whom, the payment or reimbursement is offered; (2) identity of the offeror and nature of the offeror's business; (3) a detailed description of the activity, including date and location; (4) the amount of the payment or reimbursement and, where applicable, an itemization of costs for the attendance, registration, travel, lodging, and meals, and the amount of a service payment, if any; and (5) a statement that NHCC has approved the payment or reimbursement, if any, in accordance with the conditions set forth in section 19 NYCRR § 931.4 and this Policy. Any Responsible Person who is required to file a financial disclosure statement shall report any payment or reimbursement in excess of $1,000 (including multiple payments made by a single offeror that together exceed $1,000) in his or her financial disclosure for the applicable year.

3.7 Research. In addition to any requirements, policies, and procedures of the Office of Research and Sponsored Programs, any Responsible Person who wishes to engage in Research activities must submit a current Conflicts Disclosure Statement to the IRB before beginning such Research. If the IRB determines that the individual's interest may be a Conflict of Interest, the IRB shall forward the Conflict Disclosure Statement to the Chief Compliance, Privacy and Ethics Officer . Such individuals cannot be involved in Research until the conflict is mitigated and/or resolved. until the Chief Compliance, Privacy and Ethics Officer confirms in writing to the requesting Responsible Person, the Office of Research

and Sponsored Programs, and the IRB either: 1) no actual or potential Conflict of Interest exists; or 2) any actual or potential Conflicts of Interest have been adequately evaluated and managed pursuant to this Policy.

3.8 Institutional Review Board. In addition to any requirements, policies, and procedures governing the IRB, any person who wishes to serve on the IRB must have his or her participation approved by the Chief Compliance, Privacy and Ethics Officer before he or she may begin serving on the IRB. Any approval by the Chief Compliance, Privacy and Ethics Officer shall be provided in writing to the requesting person and the IRB, and shall confirm that no actual or potential Conflict of Interest exists. The IRB may not have a member participate in the IRB's initial or continuing review of any project in which the member has a Conflict of Interest, except to provide information requested by the IRB.

4.0 DEFINITIONS

4.1 Business Associate includes any person, trust, corporation, partnership or other organization or enterprise (of a business nature or otherwise) with respect to which the Responsible Person or any member of their Family (a) is a director, officer, employee, member, partner or trustee; or (b) has a significant financial or any other interest which enables the Responsible Person to exercise control or significantly influence policy of the associate.

4.2 Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

4.3 Conflict of Interest exists, for purposes of this Policy, whenever any business or personal interest or activities within or outside of NHCC influence or may appear to influence a Responsible Person's ability to promote objectively the best interests of NHCC in ways that could lead or appear to lead to the personal gain or advantage of the Responsible Person, their Family, or Business Associates. A Responsible Person may have a conflict of interest when the Responsible Person, their Family or a Business Associate either (a) has an existing or potential Financial or other Material Interest which could influence or might appear to influence the Responsible Person's independent judgment in the discharge of responsibilities to NHCC; (b) may receive a financial or other material benefit from knowledge of information confidential to NHCC or from a transaction involving NHCC; or (c) has a Financial Interest that could affect the design, conduct, or reporting of Research.

4.4 Contract is any agreement or relationship involving the sale, lease or purchase of goods, services, real estate or rights of any kind, the providing or receipt of a loan or grant or the establishment of any other type of pecuniary relationship. For purposes of this Policy, a NHCC employment contract is excluded.

4.5 Interested Source is any person or entity who, on his or her own behalf, or on behalf of an entity, satisfies any one of the following:

4.5.1 Is regulated by, negotiates with, appears before in other than a ministerial matter, seeks to contract with or has contracts with, or does other business with: (i) a Responsible Person in his or her official capacity; (ii) NHCC or other agency with which a Responsible Person is affiliated; or (iii) any other state agency when the Responsible Person's agency is to receive the benefits of the Contract; or

4.5.2 Is required to be listed on a statement of registration pursuant to section 1-e(a)(1) of article 1-A of the Legislative Law and lobbies or attempts to influence actions, decisions, or policies of NHCC; or

4.5.3 Is the spouse or unemancipated child of an Interested Source; or

4.5.4 Is involved in any action or proceeding, in which administrative and judicial remedies thereto have not been exhausted, and which is adverse to either: (i) the Responsible Person in his or her official capacity; or (ii) NHCC; or

4.5.5 Has received or applied for funds from NHCC at any time during the previous 12 months up to and including the proposed or actual receipt of an honorarium, item or service of more than Nominal Value, or payment or reimbursement.

4.5.6 Interested Sources includes not only those persons and business entities with which NHCC is doing business, but also those persons and business entities interested in doing business with NHCC, or have a history of doing business with NHCC in the recent past.

4.6 Family includes the Responsible Person's spouse, parents, children, siblings, or equivalent by marriage, or other individuals residing in the same household with the Responsible Person.

4.7 Financial Interest

4.7.1 A person has a financial interest if the person has, directly or indirectly, through business, investment, or Family:

4.7.1.1 An ownership or investment interest in any entity with which NHCC has a transaction or arrangement, or

4.7.1.2 A compensation arrangement with NHCC or with any entity or individual with which NHCC has a transaction or arrangement, or

4.7.1.3 A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which NHCC is negotiating a transaction or arrangement, or

4.7.1.4 A compensation arrangement (including but not limited to consulting fees, honoraria, paid authorship, salaries, and equity interests such as stocks or stock options) with any entity that exceeds $5,000 over a twelve-month period regardless of whether that entity has a transaction or arrangement with NHCC.

4.7.2 An employee has a financial interest if the person is using his/her position as an employee to further his/her financial interests, directly or indirectly.

4.8 Gift shall mean anything of more than Nominal Value in any form including, but not limited to, money, service, loan, travel, lodging, meals, refreshments, entertainment, discount, forbearance or promise, having a monetary value, including multiple items of Nominal Value that, together, have more than a Nominal Value. This definition shall not include the exclusions listed in 19 NYCRR § 933.4 (i.e. anything for which a Responsible Person has paid fair market value, food or beverages valued at fifteen dollars or less per occasion, awards, plaques, gifts from friends or family members when it could be reasonably inferred that the gift was primarily motivated by the family or personal relationship, etc.).

4.9 Material Interest exists when a Responsible Person or a Responsible Person's Family has (a) a Financial Interest; and/or (b) is a director, officer or senior executive in the entity, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect a Responsible Person's or Family's judgment with respect to a Contract to which the entity is a party.

4.10 Nominal Value is considered such a small or trifling amount that acceptance of an item of Nominal Value could not be reasonably interpreted or construed as attempting to influence a State employee or Public Officer. Although never explicitly defined in Public Officers Law, JCOPE generally deems an item or service with a fair market value of fifteen dollars or less as having a Nominal Value.

4.11 NHCC System refers to the Nassau University Medical Center, the A. Holly Patterson Extended Care Facility, the Family Health Centers, the Nassau Health Care Foundation, the Long Island Medical Foundation and any other entity or facility owned or controlled by Nassau Health Care Corporation.

4.12 Research means a systematic investigation, study or experiment designed to develop or contribute to general knowledge relating broadly to public health, including medical, behavioral and social-sciences research. The term encompasses basic and applied research (e.g., a published article, book or book chapter) and product development (e.g., a diagnostic test or drug).

4.13 Responsible Person refers to Board members, officers, administrative staff members, medical staff, faculty, full-time or part-time employees (as identified by the Vice President, Human Resources) and volunteers (as identified by the

Director of Volunteer Services) of the NHCC System. Specifically included are any individuals either employed by or who serve a key role in decision-making who are in a position of influence and decision-making within NHCC.

5.0 CERTAIN RELATIONSHIPS AND TRANSACTIONS THAT RAISE DISCLOSURE QUESTIONS

5.1 Service as Board Member, Officer or Employee of a Competing Healthcare Institution. Responsible Persons should not accept any position as a director, officer or employee of, or paid consultant to, any healthcare system or institution that is in substantial competition with NHCC. The determination of this is made by NHCC's Chief Compliance, Privacy and Ethics Officer Officer with the advice of the Chief Executive Officer, its Legal Audit and Governance Committee, Executive Committee or Board of Directors as warranted. For purposes of this policy, a member of the medical staff who provides professional services not otherwise prohibited by their employment contract or other NHCC policies is not in competition with NHCC. In addition, Responsible Persons, or an entity in which a Responsible Person or Family has a Material Interest, should not solicit employees of NHCC for a competing purpose.

5.2 Potential conflicts of interest are situations that might not allow for impartial or objective determinations and may give rise to a Conflict of Interest. These situations include, but are not limited to, any relationship with products, services, devices, or companies that develop, manufacture or market such products. For example, (a) a Responsible Person or Family member has a Material Interest in an entity that proposes to enter into a Contract with NHCC; (b) a Responsible Person with authority for making or recommending purchases of goods or services on behalf of NHCC recommends a vendor in which the Responsible Person or Family has a Material Interest; (c) a Responsible Person with authority for selecting or recommending contractors on behalf of NHCC recommends a contractor with whom the Responsible Person or Family has a Material Interest; (d) a Responsible Person proposes that NHCC hire or contract with the Responsible Person's Family for a position or activity that is within the supervision or control of the Responsible Person; or (e) a Responsible Person or Family's Material Interest in a matter relating to Research gives the appearance of conflict in a Responsible Person's design, conducting, and/or reporting of such Research. A Responsible Person with a potential conflict of interest should take all steps necessary to avoid the appearance of any impropriety.

5.3 No Responsible Person shall participate in the selection, award, or administration of a Contract with any party or entity in which the Responsible Person or the Responsible Person's Family member has a Material Interest. In the case of a Board member who has a Material Interest with respect to any transaction that comes before the Board of Directors or a Committee on which the Director is a member, the Director will excuse himself/herself from participation in the discussion and vote on the transaction. Any Responsible Person with a Material Interest must also refrain from entering into any discussions with respect to such

matter and sharing any information generated by NHCC with the other party or entity.

5.4 Gifts and Entertainment ("Gifts"). No Responsible Person may solicit, receive, or accept a Gift from an Interested Source unless all of the following criteria are met: (1) it is not reasonable to infer that the Gift was intended to influence the Responsible Person; (2) the Gift could not reasonably be expected to influence the Responsible Person in the performance of his or her official duties; and (3) it is not reasonable to infer that the Gift was intended as a reward for any official action on the Responsible Person's part.

5.4.1 No Responsible Person may solicit, receive, or accept a Gift from persons or entities that are not Interested Sources if: (1) it could reasonably be inferred that the Gift was offered or given with the intent to influence the Responsible Person; (2) the Gift could reasonably be expected to influence the Responsible Person in the performance of his or her official duties; or (3) it could reasonably be inferred that the Gift was offered or given with the intent to reward the Responsible Person for any official action on his or her part.

5.4.2 A Responsible Person may not direct an impermissible Gift to any third party, including a charitable organization or a Family member.

5.5 Continuing Medical Education ("CME"). The purpose of CME presentations—and all associated materials—should be educational rather than marketing or promotional. Therefore, content must be independent of commercial influence prior to presentation by or for NHCC faculty/staff, trainees or students. Accordingly, Department Chairpersons and/or Office of Academic Affairs, as appropriate, must review the content of NHCC-sponsored CME presentations. For presentations by speakers with an acknowledged potential conflict of interest, content review by another faculty member is required. Regardless of location or sponsor, faculty is responsible for the content of presentations and materials at all times.

5.6 Non-CME Presentations. All presentations must be of one's own materials, not those created or supplied by drug or device companies or their agents. Presentations should be for the purpose of education and not for marketing or promotion.

5.7 Speakers' Bureaus. Membership in a Speakers' Bureau is defined as an arrangement that involves approval by a sponsoring commercial entity or its agent to give a presentation concerning the entity's products or services. Due to concerns that marketing imperatives may at times conflict with intellectual independence, NHCC staff are discouraged from being members of a Speaker's Bureau for commercial entities or their agents. Should NHCC staff engage in these activities, the content and format of their presentations and any payments or reimbursements related thereto are subject to the provisions of Section 3.5 of this Policy and 19 NYCRR § 931.

5.8 Ghost Writing. NHCC staff, trainees and students are prohibited from authoring or co-authoring articles written by employees of commercial entities. If commercial employees are co-authors, they should be acknowledged as such. Any articles or other materials written in conjunction with commercial entities must include full disclosure of the role of each author, as well as other contributions or participation by such commercial entities. NHCC authors who collaborate with commercial entities must maintain editorial independence at all times.

5.9 Inventions. Patents, royalty agreements, licensing, and any receipt of income related thereto must be disclosed as applicable on NHCC's Conflicts Disclosure Statement and in accordance with NHCC and federal intellectual property policies. For decisions where specific expertise of NHCC staff could be critical, such ties may require oversight rather than removal from the decision-making process, meeting applicable disclosure requirements.

5.10 Drug and Device Representatives. Drug and device representatives coming to NHCC shall have access to physicians, trainees, and staff only by appointment. Representatives must register with the host department in advance and wear badges identifying themselves as commercial agents (not just "visitors"). To avoid direct contact with patients, their family members or other accompanying individuals, drug representatives are not allowed in areas where direct patient care is being given. If demonstrations by commercial representatives (or their agents) are needed solely for device training, representatives should be clearly identified to staff and to any patients involved in that training, with practices that are HIPAA compliant, and patients' consent should be obtained for involvement of commercial personnel.

5.11 Drug and Device Samples. Samples are solely for patient use, not for personal use by faculty or staff. Sample storage, access and distribution by clinicians must be compliant with applicable regulations and departmental policies for safe storage and administration of medications. NHCC staff should avoid actual or apparent conflicts of interest with samples. Drug or device information for patients should be appropriate to their own condition, objective, and deliberately distributed by the responsible practitioner (e.g., not casually accessible in waiting rooms or other patient areas).

5.12 Confidential and Inside Information. All NHCC staff (including Responsible Persons) shall refrain from transmitting any knowledge, consideration, decision or any other information that might be prejudicial to the interest of NHCC to any person other than in connection with the Responsible Person's discharge or their responsibilities as a Director, Officer, employee or member of the Medical staff. The governing principal is that any material confidential information pertaining to NHCC or patients may not be used for a Responsible Person's own or their Family's benefit nor should the Responsible Person disclose it to others for their personal use.

5.13 Use of NHCC Assets. NHCC credit purchasing power shall not be used to purchase goods and/or services for individual or non-NHCC activities. NHCC facilities may be used only for NHCC related purposes.

5.14 Disclosure of Individual Interest Prior to Approval of Transaction. A Responsible Person must promptly disclose to their supervisor, Human Resources and the Chief Compliance, Privacy and Ethics Officer his/her interest in, or connection with, a proposed transaction, Research activity, or other matter being presented for consideration or approval to NHCC if the transaction or matter is of the type that would require disclosure on the Conflicts Disclosure Statement. The Responsible Person must not participate in the deliberations related to the transaction or matter, or approve or use their position to influence the matter. The Responsible Person's disclosure and non-participation should be recorded.

5.15 Voluntary Staff/Faculty. Non-salaried faculty must act in the best interests of their professional duties at NHCC, including patient care, research and education. They should avoid any potential or perceived conflict of interest, especially those related to areas of their non-academic employment.

5.16 Post Employment Restrictions. No person who has served as a NHCC employee or unpaid staff member, or part-time staff shall, within a period of two (2) years after the termination of such service or employment, appear before NHCC or receive compensation for services rendered on behalf of any person, firm, corporation or association in relation to any matter with respect to which such person was directly concerned or in which such person presently participated during the period of service or employment or which was under the active consideration of such person. Public Officers Law §73(8)(a). This applies to all individuals, regardless if they worked for one day or a 30 year hire.

6.0 PROCEDURE

6.1 All new directors, officers, administrative staff members, employees, volunteers, and medical staff members with administrative responsibilities shall receive a copy of this policy regarding conflicts of interest and complete the annexed Conflicts Disclosure Statement.

6.2 Reporting Conflicts and Interim Changes.

6.2.1 Each Responsible Person is required to provide notification on the Conflicts Disclosure Statement of any changes or specific situation in which the individual is called upon to exercise authority on behalf of NHCC with respect to companies, vendors, contracts, Research, or other matters, in which the Responsible Person or Family has a Material Interest within thirty (30) days of such change.

6.2.2 Board of Directors, members of management, Responsible Persons engaged in Research, and members of the IRB will complete the Conflicts Disclosure Statement and provide it (and any interim changes thereto) to

Human Resources and the Chief Compliance, Privacy and Ethics Officer. All others will disclose Conflict of Interest situations to their immediate supervisors. If the supervisor determines that the individual's interest may be a Conflict of Interest, the supervisor will direct the Responsible Person to fill out a Conflict Disclosure Statement and provide it to Human Resources and the Chief Compliance, Privacy and Ethics Officer.

6.2.3 Employees are encouraged to seek assistance from their immediate supervisor/manager with any legal or ethical concerns. However, NHCC realizes this may not always be possible. As a result, employees may call the Chief Compliance, Privacy and Ethics Officer at (516) 296-2389 to report anything that they cannot discuss with their immediate supervisor/ manager.

6.2.4 NHCC reserves the right to require additional or updated Conflict Disclosure Statements from Responsible Persons engaged in Research if such disclosure is required for funding applications or proposals.

6.3 Evaluation and Management of Conflicts of Interest.

6.3.1 Human Resources will review all completed Conflicts Disclosure Statements and any reported changes and, following internal consultation with the Chief Compliance, Privacy and Ethics Officer but in no event more than sixty (60) days after receiving the Conflicts Disclosure Statements or any reported changes, will take any action deemed appropriate to manage or resolve a potential for conflicts of interest (e.g. public disclosure of a conflict of interest, change of personnel, severance of relationships that create the conflict of interest, etc.).

6.3.2 All disclosures, unless irrelevant or immaterial, will be compiled and the actions taken in response thereto will be reported to the Legal Audit & Governance Committee of NHCC's Board of Directors, which may determine whether additional actions should be considered or implemented.

6.3.3 Once appropriate action for the management, reduction, or elimination of the Responsible Person's (and/or Family's) conflict of interest has been decided, the individual will be notified of the disposition of the conflict in writing. Copies of the notification will be forwarded to and maintained in the Compliance Office and sent to the person's immediate supervisor, Chairperson of the Legal Audit and Governance Committee (for Directors and Officers) and/or other individuals as the facts and circumstances warrant.

6.3.4 As necessary, conflict of interest resolution plans, including, when necessary, an interim plan, will be developed, monitored and enforced as directed by NHCC.

6.3.5 Periodically, but at least annually, the Chief Compliance, Privacy and Ethics Officer will provide the Legal Audit and Governance Committee of the Board of Directors with a report on NHCC's execution of the Conflict of Interest disclosure process and, if necessary, the nature of any issues which may require Board intervention.

6.4 Prior to CME presentations, NHCC staff must disclose relationships with relevant commercial entities to the Corporate Compliance Office, the Office of Academic Affairs, and to their audiences.

6.5 Each member of the Board of Directors shall be advised annually of this Policy and execute a Disclosure Statement which will be submitted to, and reviewed by, the Office of Legal Affairs and Corporate Compliance/ Chief Compliance, Privacy and Ethics Officer.

6.5.1 6.4.1 Any duality of interest or possible conflict of interest on the part of any governing board member should be disclosed to the other members of the board and made a matter of record either through an annual procedure or when the interest becomes a matter of board action.

6.5.2 Any governing board member having a duality of interest or possible conflict of interest on any matter should not vote or use his/her personal influence on the matter, and s/he should not be counted in determining the quorum for the meeting, even where permitted by law. The minutes of the meeting should reflect that a disclosure was made, the abstention from voting, and the presence or absence of a quorum.

6.6 This Policy shall be posted on ITWEB and a global e-mail sent requiring all Responsible Persons to review this new Policy and complete the Conflict Disclosure Statement in the event a conflict may exist and submit the report to Human Resources. Thereafter only if the Responsible Person's circumstances change necessitating disclosure shall a new Conflict Disclosure Statement be required of non-medical staff.

6.7 Policy Makers. Pursuant to the Guidelines for Determination of Persons in Policy Making Positions as formulated by JCOPE (Executive Law §94), the appointing authority shall file a written statement with the Commission by the last day of February of each year containing the name, title and home address of each person who holds a policy making position in that state agency as determined by the appointing authority. Such appointing authority shall file an amended written statement with the Commission within 30 days after the undertaking of policy making responsibilities by a new employee or by an employee whose name did

not appear on the most recent written submission. The amended statement shall contain the name, title and home address of such employee. Each appointing authority shall notify each employee in writing whom he or she designated as policy making in accordance with these guidelines.

6.8 Training. Responsible Persons engaged in Research shall receive training on this policy prior to engaging in such Research and at least every four (4) years thereafter, unless otherwise required by law.

6.9 Violations of the Conflict of Interest Policy. Prompt, appropriate and equitable corrective action will be taken concerning any activities considered to involve a Conflict of Interest. Violation of this Policy by a Responsible Person is grounds for disciplinary action, up to and including termination of employment or association with NHCC, in accordance with the disciplinary procedures applicable to the respective Responsible Person. A NHCC employee who accepts a Gift, or fails to file a financial disclosure report in violation of this Policy, could be subject to a civil penalty of up to $40,000, and be criminally charged with a Class A misdemeanor. For current enforcement actions which are published on JCOPE's website go to: http://www.jcope.ny.gov/.

6.10 Disclosure. NHCC reserves the right to disclose information submitted to it pursuant to this policy when such disclosure is required by law (including but not limited to funding applications and proposals and compliance with state or federal funding disclosure requirements).

6.11 Any questions about this Conflict of Interest Policy or the documentation described above may be directed to the Chief Compliance, Privacy and Ethics Officer at (516) 296-2389.

NHCC SYSTEM

Conflicts Disclosure Statement

Instructions: If you do not initial all the Attestations with the first letters of your first and last name below indicating agreement, then you must complete the Disclosure of Interest section further below. In addition, please sign and date the certification below.

Attestations:

☐ I hereby acknowledge that I have been provided a copy of NHCC's Conflict of Interest Policy and have carefully read, understand and will comply with its requirements.

☐ I hereby attest that neither I nor any member of my Family now has any Financial Interest, as defined in NHCC's Conflict of Interest Policy, in any organization or enterprise with which NHCC has done or now does business, any interest in any business transaction involving NHCC (other than the compensation I may receive as an employee of NHCC), or any entity that has interest (including, but not limited to, a patent, trademark, copyright, or licensing agreement) in any Research activity (including by not limited to a drug, biologic product, or device involved in a Research activities).

☐ I hereby attest that I am not employed in a position nor am involved in or have an outside interest outside NHCC that constitutes (or potentially constitutes) a conflict of interest.

☐ I hereby attest that I am not aware of any other matter that would constitute a conflict of interest.

Disclosure of Interest: In the space below, please disclose the names of all organizations in which you or members of your Family may have a leadership position (director, officer or executive position) or an ownership interest. In each case, specify the nature of the interest and, as necessary, the relationship to you of the individual, organization or entity having the interest. Attach additional sheets as necessary.

1. Leadership Position - I, or a member of my Family serve(s) as a director, officer, or in an executive position of the following organizations:

   _____
   _____
   _____

2. Ownership Interests - I, or a member of my Family, have (has) a partnership or other ownership interest of more than 5% in the following organizations:

   _____
   _____
   _____

3. Other Interests or Relationships - I, or a member of my Family, have (has) a relationship with another organization that may result in a conflict of interest, as follows: (examples include consulting, royalty, marketing, or other arrangements with current or potential NHCC vendors, conflicts with current or planned Research activities, as well as any outside activities, such as private employment, profession or business activities, from which more than $1,000 compensation is received or anticipated to be received)

   _____
   _____

_____
_____

Certification
I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of this Policy. I understand that I have an ongoing obligation to report any conflicts of interest that may become known to me during the course of the year.

Printed Name

Signature

Department & Facility

Date:

If you have any questions, please do not hesitate to call the Chief Compliance, Privacy and Ethics Officer at (516) 296-2389.

NuHealth™
Together through life

Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Family Health Centers'

Dear NHCC Staff: _____

In order to maintain compliance with the New York State Commission on Public Integrity, all NHCC staff are required to report any Honoraria received to the NHCC Department of Human Resources. Generally, Honoraria means a speaking fee, payments received for writing an article or reimbursement for travel unrelated to official NHCC duties. In order for any compensation to be considered Honoraria, it must be unrelated to your official NHCC employment or duties, regardless of who paid the compensation. The current reporting year for Honoraria is April 1, 20___ to March 31, 20___.

If you have not received any Honoraria during the reporting year, there is no need to take any action; however, if you have received Honoraria, you must provide the following information in connection with each Honorarium to kbowen@numc.edu or NHCC Department of Human Resources, Box 8 ATTN: Kasi Bowen by _____:

- Your Name and Title
- Date of Honoraria
- Sources of Honoraria
- Description, Nature and Location of Activity
- Amount of Honoraria
- If applicable, the NHCC Supervisor who approved the Honoraria

More information about the rules and regulations concerning Honoraria can be found on the New York State Public Integrity Website at http://www.jcope.ny.gov/. Specific questions may be directed to NHCC Chief Compliance, Privacy and Ethics Officer Megan C. Ryan, Esq. (516) 296-2389.
Thank you for your cooperation.

Sincerely,

Maureen Roarty
Senior Vice President of Human Resources

State of New York
Department of Health
Office of Primary Care and Health Systems Management

OPERATING CERTIFICATE
Hospital

Nassau University Medical Center
2201 Hempstead Turnpike
East Meadow, New York 11554

Operator: Nassau Health Care Corporation
Operator Class: Public County

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Effective Date
Expiration Date

Certified Beds - Total	580
AIDS	25
Burn Care	19
Chemical Dependence - Rehabilitation	30
Chemical Dependence - Detoxification	20
Coronary Care	11
Intensive Care	22
Maternity	20
Medical/Surgical	355
Neonatal Continuing Care	31
Neonatal Intensive Care	6
Neonatal Intermediate Care	9
Pediatric	26
Pediatric ICU	6
Physical Medicine and Rehabilitation	25
Prisoner	
Psychiatric	133

AIDS
Burn Center
Chemical Dependence - Rehabilitation O/P
Dental O/P
Linear Accelerator
Medical/Surgical
Nuclear Medicine - Therapeutic
Radiology - Diagnostic
Service Center

AIDS Center
Burns Care
Chemical Dependence - Withdrawal O/P
Emergency Department
Maternity
Neonatal Continuing Care
Pediatric
Rehabilitation Services
Therapy - Occupational O/P

Ambulance
Cardiac Catheterization - Adult Diagnostic
Clinic Part Time Services
Home Peritoneal Dialysis Training and Support
Medical Services - Other Medical Specialties
Neonatal Intensive Care
Pediatric Intensive Care
Renal Dialysis - Acute
Therapy - Physical O/P

Ambulatory Surgery - Multi Specialty
Certified Mental Health Services O/P
Clinical Laboratory Services
Intensive Care
Medical Services - Primary Care
Neonatal Intermediate Care
Physical Medical Rehabilitation
Respiratory Care
Therapy - Speech Language Pathology

Audiology O/P
Chemical Dependence - Detoxification
Coronary Care
Level III Perinatal Care
Medical Social Services
Nuclear Medicine - Diagnostic
Psychiatric
Radiology
Treatment - Intravenous Conscious Sedation

Other Authorized Locations

Hospital Extension Clinic
NUMC Dialysis Center @ A. Holly Patterson
Certified Care Facility
[illegible] Avenue B Building, 3rd Floor
Hicksville, New York 11801

Mobile Hospital Extension Clinic
Mobile Van Mammography
2201 Hempstead Turnpike
East Meadow, New York 11554

2/15/2014

Deputy Director, Office of Primary Care and Health Systems Management

This certificate must be conspicuously displayed on the premises

Commissioner

Facility Id 9752
Certificate No 2950002H

State of New York
Department of Health
Office of Primary Care and Health Systems Management

OPERATING CERTIFICATE

Mobile Hospital Extension Clinic

Effective Date [illegible]
Expiration Date NONE

Mobile Van Mammography
2201 Hempstead Turnpike
East Meadow, New York 11554

Operator: Nassau Health Care Corporation
Operator Class: Public County

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Medical Services - Other Medical Specialties

20150910

Deputy Director Office of Primary Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

Facsimile

Commissioner

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: Nassau Health Care Corporation

Address: 2201 Hempstead Turnpike

City: East Meadow State/Province/Territory: NY Zip/Postal Code: 11561

Country:

2. Entity's Vendor Identification Number: 113465690

3. Type of Business: Public Corp (specify)

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

First Name Warren
Last Name Zysman
MI D Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

[redacted]

First Name Frank
Last Name Saracino
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

[redacted]

First Name Maureen
Last Name Roarty
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Executive Vice President, Human Resources

[redacted]

First Name Linda
Last Name Reed
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: QC Zip/Postal Code: [redacted]
Country US

Position Member of Board

First Name Waylyn
Last Name Hobbs
MI Suffix Jr.
Address [redacted]
[redacted] [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Board Member

First Name Russell
Last Name Caprioli
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

First Name Megan
Last Name Ryan
MI C Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Position Executive Vice President, General Counsel

First Name Victor
Last Name Gallo
MI A Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

First Name Robert
Last Name Heatley
MI S Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Position Executive Vice President, Business Development and Ambulatory Services

First Name Jan
Last Name Figueira
MI R Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Board Member

First Name Martin
Last Name Glennon
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Board Member

First Name Robert
Last Name Detor
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Chairman of Board

First Name Bobby
Last Name Kalotee
MI K Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

First Name Anthony
Last Name Boutin
MI Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Position Chief Medical Officer

First Name John
Last Name Maher
MI P Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Position Executive Vice President, Chief Financial Officer

First Name Giuseppe
Last Name Caruso
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code:! [redacted]
Country US
Position Member of Board

First Name Janice
Last Name Pateres
MI Suffix
Address 2201 Hempstead Turnpike
City East Meadow State/Province/Territory: NY Zip/Postal Code: 11554
Country US
Position Executive Vice President of Nursing / Chief Nursing Officer

First Name Steven
Last Name Cohn
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

First Name John
Last Name Sardelis
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: [redacted]
Country US
Position Member of Board

First Name Michael
Last Name DeLuca
MI Suffix
Address [redacted]
City [redacted] State/Province/Territory: NY Zip/Postal Code: 1[redacted]
Country US
Position Member of Board

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.
If none, explain.

Nassau Health Care Corporation ("NHCC") is a public benefit corporation created pursuant to Public Authorities Law section 3401 et seq, and as such has no shareholders/principals

No shareholders, members, or partners have been attached to this form.

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

Nassau Health Care Foundation, Inc. (New York not-for-profit corporation) has a continuous contract with NHCC to provide services to NHCC.

Nassau Queens Performing Provider System, LLC ("NQP") is the entity that is implementing the New York State Delivery System Incentive Program ("DSRIP") in Nassau County and a portion of Queens, and has contracts with New York State.
NHCC, Ltd., organized under the Companies Law of Cayman Islands, is the malpractice insurance carrier for NHCC.

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

Are there lobbyists involved in this matter?
YES [ ] NO [X]

(a) Name, title, business address and telephone number of lobbyist(s):

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Electronically signed and certified at the date and time indicated by:
Megan C. Ryan, Esq. [PORTAL@NUMC.EDU]

Dated: 01/27/2020 03:17:14 PM

Title: Executive Vice President/ General Counsel

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

CONTRACT FOR SERVICES

THIS AGREEMENT, (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), dated as of the date (the "Effective Date") that this Agreement is executed by Nassau County, is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the **Nassau County Probation Department** (the "Department"), having its principal office at 400 County Seat Drive, Mineola, New York 11501, and (ii) **Nassau Health Care Corporation**, a public benefit corporation, with offices located at 2201 Hempstead Turnpike, East Meadow, New York, (the "Contractor" or "NHCC").

WITNESSETH:

WHEREAS, the County desires to arrange for the provision of medical, behavioral and other health related services for the residents of the Juvenile Detention Center ("JDC" or "Center") by the Contractor; and

WHEREAS, the County is responsible for the detention of alleged/convicted adolescent offenders, juvenile delinquents and designated felons in a specialized secure detention facility, certified by OCFS/Commission of Correction, with specially trained staff, which said facility shall be jointly administered by the County's detention agency and the Sheriff (County Law 218-A(6)); and

WHEREAS, the County desires to hire the Contractor and the Contractor desires to perform the services described in this Agreement; and

WHEREAS, NHCC is capable and willing to enter into an agreement with the Probation Department to provide such services; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Agreement, the parties agree as follows:

1. Term. This Agreement shall commence on January 1, 2013, shall terminate on September 30, 2018.

2. Services. (a) NHCC shall provide certain Jail-based, Hospital-based and Ancillary Services as described herein pursuant to Executive Law section 503(9), and the regulations promulgated pursuant thereto. Such services to be provided by the Contractor under this Agreement shall consist of medical, dental, behavioral, nutritional and other services as required for the residents of the JDC as requested by the Center, and as further described in Appendix B (the "Services").

3. Payment. (a) Amount of Consideration. The maximum amount that the County shall pay the Contractor as full consideration for the Services provided under this Agreement (the "Maximum Amount") shall not exceed: Forty Nine Thousand One Hundred and Forty-Nine ($49,149.00)

(i) For the period commencing January 1, 2013 through December 31, 2013, Four Thousand Eight Hundred and Thirty-Five ($4,835.00) Dollars paid in arrears in accordance

with paragraph (h) below.

(ii) For the period commencing January 1, 2014 through December 31, 2014, Seventeen Thousand Six Hundred and Seventy -Three ($17,673.00) Dollars paid in arrears in accordance with paragraph (h) below.

(iii) For the period commencing January 1, 2015 through December 31, 2015, Eight Thousand Six Hundred and Fifty- Eight ($8,658.00) Dollars paid in arrears in accordance with paragraph (h) below.

(iv) For the period commencing January 1, 2016 through December 31, 2016, Eight Thousand Three Hundred and Eighty-Two ($8,382.00) Dollars paid in arrears in accordance with paragraph (h) below.

(v) For the period commencing January 1, 2017 through December 31, 2017, Four Thousand Eight Hundred and Fifty-Nine ($4,859.00) Dollars paid in arrears in accordance with paragraph (h) below.

(vi) For the period commencing January 1, 2018 through September 30, 2018, Four Thousand Seven Hundred and Forty-Two ($4,742.00) Dollars paid in arrears in accordance with paragraph (h) below.

(b) Vouchers; Voucher Review, Approval and Audit. Payments shall be made to the Contractor in arrears and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").

(c) Timing of Payment Claims. The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.

(d) No Duplication of Payments. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County.

(e) Payments in Connection with Termination or Notice of Termination. Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

(f) Reimbursement by the Contractor upon Loss of Funding. In addition to any other remedies available to the County, in the event that the County loses funding, including reimbursement from the State or federal government for any Services arising out of or in connection with any act or omission of the Contractor or a Contractor Agent (i) the County will have no further obligation to the Contractor under this Agreement and (ii) the Contractor shall pay the County the full amount of lost funds on demand, but not in excess of the amount paid to the Contractor under this Agreement.

(g) Accounting upon Termination. (i) Within thirty (30) days of the termination of this Agreement the Contractor shall provide the Department with a complete accounting up to the date of

termination of all monies received from the County and shall immediately refund to the County any unexpended balance remaining as of the time oftermination.

(h) Additional Payment Provisions. The following provisions shall also govern payment with respect to the items to which they relate:

(i) Health Care Provider visits to the Center will be billed at One Hundred and Thirty-Three Dollars ($133.00) per hour including travel time.

(ii) Psychiatrist visits to the Center will be billed at One Hundred and Fifty Dollars ($150.00) per hour including travel.

(iii) All inpatient services provided at the Contractor's facility shall be billed at an amount no greater than the current Medicaid rate as published by the New York State Department of Health plus the mandated New York State HRCA surcharge. All outpatient services provided at the Contractor's facility shall be

billed at the market rate as outlines in the Successor Agreement between the County and NHCC plus the mandated New York State HRCA surcharge. The current market rate is fifty percent (50%) of the rate cited in Exhibit "A" attached hereto. The current New York State HRCA surcharge is 6.45%. Accordingly, the Contractor shall submit Vouchers which itemize each fee charged.

4. Independent Contractor. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, human rights, a living wage, disclosure of information and vendor registration in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

(i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;

(ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.

(iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this

Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

(d) Prohibition of Gifts. In accordance with County Executive Order 2-2018, the Contractor shall not offer, give, or agree to give anything of value to any County employee, agent, consultant, construction manager, or other person or firm representing the County (a "County Representative"), including members of a County Representative's immediate family, in connection with the performance by such County Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to this Agreement or any other County contract or matter. As used herein, "anything of value" shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outings, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. For purposes of this subsection, an immediate family member shall include a spouse, child, parent, or sibling. The Contractor shall include the provisions of this subsection in each subcontract entered into under this Agreement.

(e) Disclosure of Conflicts of Interest. In accordance with County Executive Order 2-2018, the Contractor has disclosed as part of its response to the County's Business History Form, or other disclosure form(s), any and all instances where the Contractor employs any spouse, child, or parent of a County employee of the agency or department that contracted or procured the goods and/or services described under this Agreement. The Contractor shall have a continuing obligation, as circumstances arise, to update this disclosure throughout the term of this Agreement.

7. Minimum Service Standards. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver Services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

8. Indemnification; Defense; Cooperation. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or

proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

9. Insurance. (a) Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than One Million Dollars ($1,000,000.00) per occurrence and Two Million Dollars ($2,000,000.00) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single limit liability of not less One Million Dollars ($1,000,000.00) per claim (iii) compensation insurance for the benefit of the Contractor's employees (" Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. Assignment; Amendment; Waiver; Subcontracting. This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and

void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

11. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least ninety (90) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

13. Limitations on Actions and Special Proceedings against the County. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreementunless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

15. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

16. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.

17. All Legal Provisions Deemed Included; Severability; Supremacy. (a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or

unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.

18. Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

19. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals, third party approvals and other governmental approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

21. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the Effective Date.

NASSAU HEALTH CARE CORPORATION

By: _____

Name: George J. Tsunis

Title: Chairman of NHCC Board of Directors

Date: 10/3/19

NASSAU COUNTY

By: _____

Name: _____

Title: County Executive

□ Deputy County Executive

Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the 3 day of October in the year 2019 before me personally came Gregory J. Tsunis to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the Chairman of Northwell Health One Care, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

MEGAN C RYAN
NOTARY PUBLIC STATE OF NY
NO 02RY6142488
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 5/28/22

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the_____day of_____in the year 20___before me personally came _____to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of_____; that he or she is the County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

Appendix EE
Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.

(g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions

or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall besubmitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed orinterpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.

b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.

c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction

recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars ($25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars ($100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.

b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation

c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation

d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.

e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.

f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation

g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.

h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation

i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

Appendix L

Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

1. The ~~chief executive officer~~ Chairman of the Board of Directors of the Contractor is:

George J. Tsunis (Name)

2201 Hempstead Tpke. East Meadow, NY 11554 (Address)

(516) 572-5709 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor

3. In the past five years, Contractor_____has_X__has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

_____

_____

_____

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action_____has_X__has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

10/3/19
Dated

Signature of ~~Chief Executive Officer~~ Chairman of the Board of Directors

George J. Tsunis
Name of ~~Chief Executive Officer~~ Chairman of the Board of Directors

Sworn to before me this
3rd day of October, 2019

Notary Public

MEGAN C. RYAN
NOTARY PUBLIC STATE OF NY
NO 02RY6142488
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 5/28/22

Nassau University Medical Center
Charge Description Master - 2012
Attachment A

Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
0302	0302001	L.R. Nst/Oct Intl Te	59025	$ 508.20	920
0302	0302002	L.R. Nst/Oct Sbsq Te	59025	$ 290.40	920
0302	0302050	Antepartume Care Only	59426	$ 1,548.00	720
0401	0401001	P-F Spromtry Vol Vnt	94010	$ 178.85	460
0401	0401002	Spirometry Bef&Aft Bronchdilat	94060	$ 394.50	460
0401	0401003	P-F Lung Vol N Or H	94240	$ 157.81	460
0401	0401004	P-F Thor Gas Vol	94260	$ 178.85	460
0401	0401005	P-F Diffus(Sin.Brth)	94720	$ 336.62	460
0401	0401006	P-F Flow Vol Loop	94375	$ 268.26	460
0401	0401007	P-F Sngl Brth N W&Cv	94370	$ 592.62	460
0401	0401008	P-F Vol Flow Anlysis	94375	$ 403.26	460
0401	0401010	P-F Compliance Study	94750	$ 1,334.26	460
0401	0401011	P-F Open Cir Gas Anl	94681	$ 403.26	460
0401	0401012	P-F Art Punc&Bld Col	36600	$ 198.13	761
0401	0401013	P-F Intr Arterial Ca	36620	$ 298.07	761
0401	0401014	P-F Lab Bld Gas Anal	82803	$ 157.81	300
0401	0401015	P-F Art B/Gas Interp	82803	$ 84.17	300
0401	0401016	P-F Laryn&Trachescpy	31515	$ 1,122.00	761
0401	0401017	P-F Bronchoscopy	31622	$ 1,183.48	761
0401	0401018	P-F Brnchscpy&Brshng	31622	$ 1,381.60	761
0401	0401019	P-F Brnchscpy&Biopsy	31625	$ 1,381.60	761
0401	0401020	P-F Brnc&Biop&Brshng	31625	$ 1,381.60	761
0401	0401021	P-F Brnch&Trnsb Biop	31628	$ 1,381.60	761
0401	0401022	P-F Trnsthor Ne Biop	32405	$ 495.00	761
0401	0401023	P-F Pleural Biopsy	32400	$ 495.00	761
0401	0401024	P-F Pleuroscopy	32422	$ 1,751.53	761
0401	0401025	P-F Pl Fl Ph A&Inter	83986	$ 163.06	300
0401	0401028	P-F Shunt Study	82080	$ 355.91	460
0401	0401029	P-F Co2 Stimul Test	94400	$ 803.00	460
0401	0401030	P-F Co2 Stm Tstw/Mop	94400	$ 1,066.01	460
0401	0401031	P-F Carbxy Hemog Lul	82375	$ 268.26	300
0401	0401032	P-F P50 Determin	82820	$ 592.62	300
0401	0401033	P-F Bmr-Basal Met Rt	94680	$ 592.62	460
0401	0401034	P-F Bronc Provac Tst	94070	$ 631.19	460
0401	0401035	P-F Thoracentesis	32421	$ 534.76	761
0401	0401036	P-F Trach Tbe/Button	99211	$ 135.01	460
0401	0401037	P-F Trach Tbe Change	99211	$ 268.26	460
0401	0401039	P-F Exercise Study	94620	$ 788.99	460
0401	0401041	P-F Exr Study W/Abg	94250	$ 987.10	460
0401	0401042	P-F Inspr Frce&Vtl C	94799	$ 198.13	460
0401	0401043	P-F Expir Flow Rt-Pk	94799	$ 72.60	460
0401	0401044	P-F Brnc&Trnsb Neasp	31629	$ 1,381.60	761
0401	0401045	P-F Insert Cath Vein	36489	$ -	761
0401	0401046	P-F Lungfunc Mbc/Mvv	94200	$ 140.27	460
0401	0401047	P-F Meas Airflow Res	94360	$ 219.16	460
0401	0401048	P-F Airway Inhal Trt	94640	$ 99.94	412
0401	0401051	P-F Pos Airway Press	94660	$ 173.57	410
0401	0401053	P-F Sleep Apnea Study	95807	$ 1,268.47	460
0401	0401054	P-F Pulse Oximetry Single	94760	$ 72.60	460
0401	0401055	P-F Pulse Oximetry Multiple	94761	$ 108.90	460

Nassau University Medical Center
Charge Description Master - 2012
Exhibit A

Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
0302	0302001	L.R. Nst/Oct Intl Te	59025	$ 508.20	920
0302	0302002	L.R. Nst/Oct Sbsq Te	59025	$ 290.40	920
0302	0302050	Antepartume Care Only	59426	$ 1,548.00	720
0401	0401001	P-F Spromtry Vol Vnt	94010	$ 178.85	460
0401	0401002	Spirometry Bef&Aft Bronchdilat	94060	$ 394.50	460
0401	0401003	P-F Lung Vol N Or H	94240	$ 157.81	460
0401	0401004	P-F Thor Gas Vol	94260	$ 178.85	460
0401	0401005	P-F Diffus(Sin.Brth)	94720	$ 336.62	460
0401	0401006	P-F Flow Vol Loop	94375	$ 268.26	460
0401	0401007	P-F Sngl Brth N W&Cv	94370	$ 592.62	460
0401	0401008		94375	$ 403.26	460
0401	0401010		94750	$ 1,334.26	460
0401	0401011		94681	$ 403.26	460
0401	0401012		36600	$ 198.13	761
0401	0401013		36620	$ 298.07	761
0401	0401014		82803	$ 157.81	300
0401	0401015		82803	$ 84.17	300
0401	0401016		31515	$ 1,122.00	761
0401	040101		31622	$ 1,183.48	761
0401	040101		31622	$ 1,381.60	761
0401	040101		31625	$ 1,381.60	761
0401	040102		31625	$ 1,381.60	761
0401	040102		31628	$ 1,381.60	761
0401	04010		32405	$ 495.00	761
0401	04010		32400	$ 495.00	761
0401	04010		32422	$ 1,751.53	761
0401	0401025	P-F [illegible]	83986	$ 163.06	300
0401	0401028	P-F Shunt Study	82080	$ 355.91	460
0401	0401029	P-F Co2 Stimul Test	94400	$ 803.00	460
0401	0401030	P-F Co2 Stm Tstw/Mop	94400	$ 1,066.01	460
0401	0401031	P-F Carbxy Hemog Lul	82375	$ 268.26	300
0401	0401032	P-F P50 Determin	82820	$ 592.62	300
0401	0401033	P-F Bmr-Basal Met Rt	94680	$ 592.62	460
0401	0401034	P-F Bronc Provac Tst	94070	$ 631.19	460
0401	0401035	P-F Thoracentesis	32421	$ 534.76	761
0401	0401036	P-F Trach Tbe/Button	99211	$ 135.01	460
0401	0401037	P-F Trach Tbe Change	99211	$ 268.26	460
0401	0401039	P-F Exercise Study	94620	$ 788.99	460
0401	0401041	P-F Exr Study W/Abg	94250	$ 987.10	460
0401	0401042	P-F Inspr Frce&Vtl C	94799	$ 198.13	460
0401	0401043	P-F Expir Flow Rt-Pk	94799	$ 72.60	460
0401	0401044	P-F Brnc&Trnsb Neasp	31629	$ 1,381.60	761
0401	0401045	P-F Insert Cath Vein	36489	$ -	761
0401	0401046	P-F Lungfunc Mbc/Mvv	94200	$ 140.27	460
0401	0401047	P-F Meas Airflow Res	94360	$ 219.16	460
0401	0401048	P-F Airway Inhal Trt	94640	$ 99.94	412
0401	0401051	P-F Pos Airway Press	94660	$ 173.57	410
0401	0401053	P-F Sleep Apnea Study	95807	$ 1,268.47	460
0401	0401054	P-F Pulse Oximetry Single	94760	$ 72.60	460
0401	0401055	P-F Pulse Oximetry Multiple	94761	$ 108.90	460

E-Base for Probation Dept Health Cap

Nassau University Medical Center
Charge Description Master - 2012
Exhibit A

Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
0401	0401056	P-F Pulse Oximetry Overnight	94762	$ 145.20	460
0401	0401057	P-F Neg Press Ventilation, Cnp	94662	$ 178.20	410
0401	0401058	P-F Breathing Capacity Test	94010	$ 198.00	460
0401	0401059	P-F Evaluation Of Wheezing	94060	$ 264.00	460
0401	0401060	P-F Blood Gas Analysis	94700	$ 396.00	460
0401	0401061	P-F Pulmonary Service/Procedur	94799	$ 132.00	460
0401	0401062	Occ Health Pulm Function Test	94010	$ 42.00	#Deleted
0401	0401063	Occ Health Fit Test	94799	$ 48.00	#Deleted
0401	0401064	Tracheostomy, Planned	31600	$ 540.00	764
0401	0401065	Transtracheal Introduction	31730	$ 210.00	761
0401	0401066	Thoracoscopy Dx;Lngs&Pl W/O Bx	32601	$ 510.00	761
0401	0401067	Thoracoscopy Dx;Lungs&Pl W/Bx	32602	$ 540.00	761
0401	0401068	Thoracoscopy Surg W/Pleurodes	32650	$ 1,080.00	761
0501	0501002	Amb Patient Transprt	A0425	$ -	542
0501	0501003	Amb Basic Life Suppt Per Mile	A0425	$ 13.20	#Deleted
0501	0501004	Amb Advanc Life Suppt Per Mile	A0425	$ 13.20	#Deleted
0501	0501005	Amb Als Non-Emerg Trans Lvl 1	A0426	$ 808.80	#Deleted
0501	0501006	Amb Als Emerg Trans Level 1	A0427	$ 808.80	#Deleted
0501	0501007	Amb Bls Non-Emerg Transport	A0428	$ 588.00	#Deleted
0501	0501008	Amb Bls Emergency Transport	A0429	$ 588.00	#Deleted
0501	0501009	Amb Adv Life Support Level 2	A0433	$ 808.80	#Deleted
0501	0501010	Amb Specialty Care Transport	A0434	$ 808.80	#Deleted
0501	0501011	Amb Noncovd Mileage Per Mile	A0888	$ 13.20	#Deleted
0701	0701001	Ekg	93005	$ 106.96	730
0701	0701002	Ekg Ecg Stress Test	93017	$ 403.26	482
0701	0701003	Ekg Trnsthrac Echo Not Congen	93307	$ 363.00	480
0701	0701004	Ekg Holter Monitor	93225	$ 275.27	730
0701	0701005	Ekg Phonocardiogram	93202	$ 192.86	730
0701	0701006	Ekg Vectorcardiogram	93221	$ 138.50	730
0701	0701007	Ekg Ecg Str Tst-Ef	93017	$ 145.20	482
0701	0701008	Ekg Echocdgm Eq Fee	93307	$ 363.00	480
0701	0701009	Ekg Hol Mon Eqt Fee	93225	$ 206.89	730
0701	0701010	Ekg Read & Interpret	93005	$ 39.60	730
0701	0701011	Ekg Telemetry Montr	93268	$ 297.00	730
0701	0701012	Single Chamber Transmit	93736	$ 271.76	921
0701	0701013	Ekg Dual Chmbr Trnsm	93280	$ 366.44	730
0701	0701014	Dual Chamber Transmit	93733	$ 429.55	921
0701	0701015	Ekg Finger Electrode	93731	$ 79.20	730
0701	0701304	Ekg Tel Pace Surv	93731	$ 106.96	921
0702	0702001	Ekg (12 Leads)	93005	$ 63.12	730
0702	0702002	Ekg Ecg Stress Test	93017	$ 266.50	482
0702	0702003	Ekg Thal.Stress Test	93017	$ 266.50	482
0702	0702004	Ekg Ecg Rhythm Strip	93041	$ 171.60	730
0702	0702005	Ekg Phonocard W/Ecg	93202	$ 212.15	730
0702	0702006	Ekg Intracard Phoncd	93202	$ 1,060.74	730
0702	0702007	Ekg Vectorcard W/Ecg	93221	$ 84.17	730
0702	0702008	Ekg Holter Monitor	93225	$ 361.19	731
0702	0702009	Ekg Echocard M Mode	93307	$ 363.00	480
0702	0702010	Ekg Echocard-Realtme	93308	$ 363.00	480
0702	0702011	Ekg Echocrd M+realtm	93307	$ 424.30	480

Nassau University Medical Center
Charge Description Master - 2012
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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
0702	0702012	Ekg Doppir Echo Puls/Cont Wave	93320	$ 531.25	480
0702	0702013	Ekg Rd/Int Hlth	93005	$ 39.60	730
0702	0702014	Ekg Telemetry Montr	93268	$ 297.00	730
0702	0702015	Echocrd/Transesophagl W/Probe	93312	$ 822.30	480
0702	0702016	Plcmt Of Transesoph Probe Only	93313	$ 448.80	480
0702	0702017	Imag Acquis Interp&Report Only	93314	$ 685.52	480
0702	0702018	Doppler Echo Color Flow	93325	$ 478.66	480
0702	0702019	Echcrd Rest&Stress W/Mon&Intrp	93350	$ 1,095.82	480
0702	0702020	Ekg Signal Avg Electrocardiogr	93278	$ 280.52	730
0702	0702021	Ekg Occ Health Ekg	93005	$ 49.69	730
0702	0702022	Ekg Rhythm Ecg With Report	93040	$ 66.00	730
0702	0702023	Ekg Ecg Monitor/Report, 24 Hrs	93224	$ 363.00	730
0702	0702024	Ekg Ecg Monitor/Report, 24 Hrs	93230	$ 363.00	730
0702	0702025	Ekg Echo Transesophageal	93316	$ 825.00	480
0702	0702026	Ekg Cardiovascular Stress Test	93015	$ 264.00	480
0702	0702027	Ekg Rhythm Ecg, Report	93042	$ 171.60	730
0702	0702028	Ekg Ecg Monitor/Report, 24 Hrs	93235	$ 297.00	730
0702	0702029	Ekg Echo Exam Of Heart	93307	$ 363.00	480
0702	0702030	Ekg Echo Transthoracic	93350	$ 1,122.00	480
0702	0702031	Ekg Trnsthrac Echo Congen Anom	93303	$ 211.54	480
0702	0702032	Ekg Transthoracic Echo Limited	93304	$ 94.38	480
0702	0702033	Ekg Analyze Pacemaker System	93732	$ 42.00	921
0702	0702034	Ekg Routine Ecg W/Interp&Rept	93000	$ 72.00	730
0702	0702035	Tte W/Doppler, Complete	93306	$ 1,374.00	480
0702	0702036	Inj Perflutren Lip Micros,Ml	Q9957	$ 111.76	250
0702	0702037	Tte W Or Wo Fol Wcon,Doppler	C8929	$ 1,020.00	480
0702	0702038	Tte W Or W/O Contr,Cont Ecg	C8930	$ 1,020.00	480
0702	0702039	Echocard Doppler Cont Wave F/U	93321	$ 456.00	480
0702	0702040	Card Stress Tst,No Md,Rpt Only	93018	$ 144.00	482
0702	0702041	Echo Bubble Study	96374	$ 120.00	260
0801	0801001	Eeg	95816	$ 301.57	740
0801	0801002	Echo	95999	$ 138.50	740
0801	0801003	Electronstagmogram	95999	$ 208.64	740
0801	0801004	Emg - Simple 1 Extrm	95860	$ 277.03	922
0801	0801005	Emg Cmplx More Th1ex	95861	$ 333.13	922
0801	0801006	Emg 1 Extremity	95860	$ 417.29	922
0801	0801007	Emg 2 Extremities	95861	$ 473.39	922
0801	0801008	Emg 3 Extremities	95863	$ 527.75	922
0801	0801009	Emg 4 Extremities	95864	$ 582.10	922
0801	0801010	Emg Snsry Nv Cnd/Nve	95904	$ 99.00	922
0801	0801011	Emg Mtr Nv Cond/Nve	95900	$ 96.43	922
0801	0801012	Emg Lte Resp/Nerve	95999	$ 96.43	740
0801	0801013	Emg Evkd Resp Visual	95930	$ 417.29	922
0801	0801014	Emg Evkd Resp Audtry	92585	$ 417.29	470
0801	0801015	Emg Repetitive Tstng	95937	$ 277.03	922
0801	0801016	Emg Tensilon Testing	95857	$ 138.50	740
0801	0801017	Eeg-Cctv	95951	$ 1,386.00	740
0801	0801018	Emg Somatosens Test	95925	$ 237.60	922
0802	0802001	Emg 1 Extremity	95860	$ 417.29	922
0802	0802002	Emg 2 Extremities	95861	$ 473.39	922

Nassau University Medical Center
Charge Description Master - 2012
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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
0802	0802003	Emg 3 Extremities	95863	$ 527.75	922
0802	0802004	Emg 4 Extremities	95864	$ 582.10	922
0802	0802005	Emg Snsry Nv Cnd/Nve	95904	$ 99.00	922
0802	0802006	Emg Mtr Nv Cond/Nve W/O F Wave	95900	$ 96.43	922
0802	0802007	Emg Lte Resp / Nerve	95999	$ 96.43	740
0802	0802008	Emg Evkd Resp Visual	95930	$ 417.29	922
0802	0802009	Emg Evkd Resp Audtry	92585	$ 417.29	470
0802	0802010	Emg Repetitive Tstng	95937	$ 277.03	922
0802	0802012	Emg Somatosens Test	95925	$ 237.60	922
0802	0802013	Emg Cran Nrv Musc Un	95867	$ 291.06	922
0802	0802014	Emg Cran Nrv Musc Bi	95868	$ 354.17	922
0802	0802015	Emg Lim Stdy 1 Muscl	95869	$ 166.56	922
0802	0802016	Emg Blink Reflx Test	95933	$ 340.15	740
0802	0802017	Carotid Doppler/Ultrasnd Study	93880	$ 316.80	921
0802	0802018	Emg Mtr Nv Cond/Nve W/ F Wave	95903	$ 131.50	922
0802	0802019	H-Reflx Amp/Latncy Gastro/Sol	95934	$ 262.99	922
0802	0802020	H-Reflx Amp/Latncy Non Gastro	95936	$ 237.60	922
0802	0802021	Electroencephalogram (Eeg)	95819	$ 303.60	740
0802	0802022	Eeg Long Term Monitor 1/2 Day	95951	$ 780.00	#Deleted
0802	0802023	Eeg Long Term Monitor Full Day	95951	$ 1,560.00	#Deleted
0802	0802024	Eeg Video Monitor Overnight	95951	$ 1,560.00	749
0803	0803001	Eeg-Cctv	95951	$ 1,386.00	740
1203	1203001	Card Artlns W/Cth Ic D 5/27/93	93850	$ -	469
1203	1203002	Card Artlns W/Cth Lb D 5/27/93	93850	$ -	469
1203	1203003	Card Ekg Rd/Int Hlth	93005	$ 39.60	730
1203	1203004	Card Std Transmitter	93280	$ 435.60	469
1203	1203005	Card Periocard.Initl	33010	$ 673.20	761
1203	1203006	Card Periocard.Subsq	33011	$ 673.20	761
1203	1203007	Card Foreign Bdy Rem	75961	$ 757.40	320
1203	1203008	Countershock (Cardioversion)	92960	$ 217.80	480
1203	1203009	Card Ergonovine Test	93024	$ 838.20	730
1203	1203010	Card Systolic Tm Int	93784	$ 336.60	480
1203	1203011	Card Flouroscopy	76000	$ 221.50	320
1203	1203012	Card Rt Hrt Cath-Lab	93501	$ 2,112.00	480
1203	1203013	Card Rt Hrt Cath-Icu	93501	$ 2,112.00	480
1203	1203014	Card Endocard Biopsy	93505	$ 2,112.00	480
1203	1203015	Card Left Heart Cath	93454	$ 2,904.00	480
1203	1203016	Card Rt&Lft Hrt Cath	93526	$ 2,904.00	480
1203	1203017	Card Int-Aort Baloon	93536	$ 2,112.00	480
1203	1203018	Card Ventrclgrphy-Rt	93603	$ 792.00	480
1203	1203019	Card Ventrclgrphy-Lt	93622	$ 792.00	480
1203	1203020	Card Aortography	93544	$ 435.60	480
1203	1203021	Card Coron Anglogrph	93452	$ 1,927.20	480
1203	1203022	Lt Cth,Vnt&Coron An	93510	$ 3,597.00	480
1203	1203023	Lt Cth,Vnt&Coron An2 D 11/6/92	93510	$ -	469
1203	1203024	Lt Cth,Vnt,An&Aor R	93514	$ 4,032.60	480
1203	1203025	Lt Cth,Vnt,An&Aor R2 D 11/6/92	93514	$ -	480
1203	1203026	Rt/Lt Cth,Ang&Lt Vt	93526	$ 4,455.00	480
1203	1203027	Rt/Lt Cth,Ang&Lt Vt2 D 11/6/92	93526	$ -	469
1203	1203028	Card Output Dilution	93561	$ 283.80	480

Nassau University Medical Center
Charge Description Master - 2012
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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1203	1203029	Card His Bundle	93600	$ 2,230.80	480
1203	1203030	Card Intr-Atrial Rec	93602	$ 2,230.80	480
1203	1203031	Card Intr-Vent Recrd	93622	$ 2,230.80	480
1203	1203032	Comb Intrcard Record	93786	$ 2,230.80	480
1203	1203033	Card Intr-Atrl Pacng	93610	$ 792.00	480
1203	1203034	Card Intr-Vnt Pacing	93612	$ 792.00	480
1203	1203035	Card His Bundl Pace	93600	$ 2,230.80	480
1203	1203036	Arhythmia Elec Pace	93618	$ 4,191.00	480
1203	1203037	Arhythmia Elec Pace2 D 11/6/92	93618	$ -	469
1203	1203038	Arhyth Elec Pace-Lim	93618	$ 2,230.80	480
1203	1203039	Dual Chbr Ana.Inhous	93731	$ 79.20	921
1203	1203040	Dual Chbr W/Reprogrm	93732	$ 217.80	921
1203	1203041	Dual Chbr Teletrans	93293	$ 79.20	921
1203	1203042	Electrcl Anal.Inhous	93288	$ 66.00	921
1203	1203043	Elec Anal.W/Reprogrm	93735	$ 217.80	921
1203	1203044	Elec Anal. Teletrans	93293	$ 66.00	921
1203	1203045	Venous Press Determn	93770	$ 217.80	921
1203	1203046	Card Circultime-Sngl D 5/27/93	93850	$ -	469
1203	1203047	Card Circul.Time>1 D 5/27/93	93850	$ -	469
1203	1203048	Ambul Bld Pres.Monit	93786	$ 508.20	480
1203	1203049	Dual Chbr Transmittr	93731	$ 587.40	921
1203	1203050	Card Equip Fee 1 D 5/27/93	93799	$ -	469
1203	1203051	Card Equip Fee 2 D 11/6/92	93799	$ -	469
1203	1203052	Card 02 Saturtn Levl	93799	$ 171.60	480
1203	1203053	Ekg Super Transmittr	93012	$ 693.00	730
1203	1203054	Card Artis Wo Cath-i	36620	$ 336.60	361
1203	1203055	Card Heart/Lung Resuscitat Cpr	92950	$ 244.20	480
1203	1203056	Card Dissolve Clot,Heart Vessl	92977	$ 792.00	480
1203	1203057	Lv & A Angiography	93543	$ 30.00	480
1203	1203058	Imaging Supervision Simple	93555	$ 127.20	480
1203	1203059	Imaging Supervision Complex	93556	$ 165.60	480
1203	1203060	Permanent Pm	33206	$ 866.40	360
1203	1203061	Temp Pm	33210	$ 334.80	360
1203	1203062	Icd Insertion Single	33240	$ 883.20	360
1203	1203063	Removal Of Icd	33241	$ 438.00	360
1203	1203064	Removal Of Pacemaker,Single	33236	$ 1,374.00	360
1203	1203065	Removal Of Pacemaker,Dual	33237	$ 1,557.60	360
1203	1203066	Insertion/Reposition Of Leads	33249	$ 1,723.20	360
1203	1203067	Interrogatn Single,Dual Device	93289	$ 120.00	480
1203	1203068	Interrogatn Implant Loop Recrd	93291	$ 74.40	480
1203	1203069	Eval,Program,Single,Dual Pm	93286	$ 49.20	480
1203	1203070	Eval,Program,Single,Dual Icd	93287	$ 64.80	480
1203	1203071	Eval,30 Days,Cardiovas Monitor	93297	$ 45.60	480
1203	1203072	Eval,30 Days,Loop Recorder	93298	$ 52.80	480
1203	1203073	Cardio Mon Or Loop Rec 30days	93299	$ 52.80	480
1203	1203074	Insert Replac Pulse Gen,Single	33212	$ 510.00	480
1203	1203075	Insert Replac Pulse Gen,Dual	33213	$ 580.80	480
1203	1203076	Lv Pacing At Insert Pm Or Icd	33225	$ 678.00	480
1203	1203077	Cardiac Tilt Procedure	93660	$ 348.00	480
1203	1203078	Ultrasound Contrast Echocard	Q9957	$ 313.20	250

Nassau University Medical Center
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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1203	1203079	Dobutamine Per 250 Mg Stress E	J1250	$ 378.00	636
1203	1203080	Dobutamine Nuclear Stress Mpi	78452	$ 1,277.88	480
1203	1203081	Lexiscan (Regadenoson) Nuc Mpi	78452	$ 1,277.88	480
1203	1203082	Micro T Wave Alternans	93025	$ 418.80	480
1203	1203100	Ect Ecg Complete 48-Hrs-21days	0295T	$ 473.00	730
1203	1203105	Ect Ecg Recording 48-Hrs-21day	0296T	$ 473.00	730
1203	1203110	Ect Ecg Scan W/R 48-Hrs-21days	0297T	$ 473.00	730
1203	1203115	Ect Ecg Review&It 48-Hrs-21day	0298T	$ 473.00	730
1203	1203120	Remote Pt 30day Ecg Rev/Report	93270	$ 13.00	730
1203	1203125	Ecg/Monitoring & Analysis	93271	$ 218.00	730
1203	1203130	Ecg Up To 48hrs Scan Anal Rept	93226	$ 43.00	730
1204	1204001	Bone Marrow Asp Same Inc Bm Bx	G0364	$ 141.60	361
1204	1204002	Irrigat Implant Ven Acc Device	96523	$ 133.20	940
1204	1204003	Picc Line Draw	36592	$ 133.20	300
1204	1204004	Venous Access Draw	36591	$ 133.20	300
1301	1301001	Psy Figure Draw Test	96100	$ 118.80	900
1301	1301002	Psy Full Psydiag Bat	90801	$ 526.00	900
1301	1301003	Psy Intell Scale	96100	$ 140.27	900
1301	1301004	Psy Mmpi	96100	$ 118.80	900
1301	1301005	Psy Picture Fru Stdy	90804	$ 118.80	900
1301	1301006	Psy Psychotherapy	90841	$ 52.61	900
1301	1301007	Psy Psythrpy Gr 1.5h	90853	$ 132.00	900
1301	1301008	Psy Psythrpy In	90844	$ 78.90	900
1301	1301009	Psy Rorschach Test	96100	$ 140.27	900
1301	1301010	Psy Sentence Comp	96100	$ 118.80	900
1301	1301011	Psy Thematic Aprerc	96100	$ 118.80	900
1301	1301012	Psy Wechsler Mem Scl	96115	$ 118.80	440
1301	1301013	Psy Visuo Motor Gest	96115	$ 118.80	440
1301	1301014	Psy Misc Psy Diag Pr	90801	$ 211.20	900
1301	1301015	Psy Misc Psy Di 2	90801	$ 211.20	900
1301	1301016	Psy Misc Psy Di 3	90801	$ 211.20	900
1301	1301017	Psy Misc Psy Di 4	90801	$ 211.20	900
1301	1301018	Psy Full Neurpsy Bat	96115	$ 788.99	440
1301	1301019	Psyneurpsydiagassess	96117	$ 1,751.53	900
1301	1301020	Psy Npvr Driver Eval	96115	$ 306.82	440
1301	1301021	Psy Diagnostic Interview	90801	$ 348.48	900
1301	1301022	Psy Therapy 20-30 Min	90804	$ 152.46	900
1301	1301023	Psy Therapy 45-50 Min	90806	$ 239.58	900
1301	1301024	Psy Play Therapy 20-30 Min	90810	$ 181.50	900
1301	1301025	Psy Play Therapy 45 Min	90812	$ 254.10	900
1301	1301026	Psy I/P Psychotherapy 45 Min	90818	$ 239.58	900
1301	1301027	Psy Family Therapy	90847	$ 283.14	900
1301	1301028	Psy Family Therapy W/Out Pat.	90846	$ 239.58	900
1301	1301029	Psy Group Psychotherapy	90853	$ 79.86	900
1301	1301100	Ia Indiv Pt O/P 45-50m W E/M	90813	$ 191.00	914
1301	1301105	Ia Indiv Pt O/P 75-80m Wo E/M	90814	$ 191.00	914
1301	1301110	Ia Indiv Pt O/P 75-80m W E/M	90815	$ 191.00	914
1301	1301115	Indiv Pt I/P Or Ph 20-30m Woem	90816	$ 138.00	914
1301	1301120	Indiv Pt I/P Or Ph 20-30m W Em	90817	$ 162.00	914
1301	1301125	Indiv Pt I/P Or Ph 45-50m W Em	90819	$ 231.00	914

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1301	1301130	Indiv Pt I/P Or Ph 75-80m Woem	90821	$ 300.00	914
1301	1301135	Indiv Pt I/P Or Ph 75-80m W Em	90822	$ 333.00	914
1301	1301140	Ia Pt I/P Or Ph 20-30m Wo E/M	90823	$ 151.00	914
1301	1301145	Ia Indpt I/P Or Ph 20-30m W Em	90824	$ 175.00	914
1301	1301150	Ia Indpt I/P Or Ph 45-50 Wo Em	90826	$ 215.00	914
1301	1301155	Ia Indpt I/P Or Ph 45-50m W Em	90827	$ 242.00	914
1301	1301160	Ia Indpt I/P Or Ph 75-80 Wo Em	90828	$ 310.00	914
1301	1301165	Ia Indpt I/P Or Ph 75-80m W Em	90829	$ 344.00	914
1301	1301170	Psychoanalysis	90845	$ 191.00	914
1301	1301175	Multi-Family Group Therapy	90849	$ 191.00	916
1301	1301180	Narcosynthesis	90865	$ 191.00	914
1301	1301185	Tcranial Magm Stim Tx Plan	90867	$ 191.00	900
1301	1301190	Tcranial Magn Stim Tx Deli	90868	$ 445.00	900
1301	1301195	Tcran Magn Stim Redetermine	90869	$ 61.00	900
1301	1301200	Electroconvulsive Therapy	90870	$ 292.00	901
1301	1301205	Indiv Therap W Bf; 20-30min	90875	$ 271.00	914
1301	1301210	Indiv Therap W Bf; 45-50 Min	90876	$ 191.00	914
1301	1301215	Hypnotherapy	90880	$ 191.00	914
1301	1301220	Environmental Management	90882	$ 230.00	914
1301	1301225	Psych Record Eval	90885	$ 100.00	914
1301	1301230	Results Explained To Family	90887	$ 113.00	940
1301	1301235	Psych Status Report	90889	$ 100.00	914
1301	1301240	Biofeedback Any Modality	90901	$ 100.00	914
1301	1301245	Bf Perineal Muscles Or Splncte	90911	$ 104.00	914
1501	1501001	Xray Right Hand	73130	$ 150.51	320
1501	1501002	Xray Right Wrist	73110	$ 150.51	320
1501	1501003	Xray Forearm Unilat	73090	$ 196.11	320
1501	1501004	Xray Elbow Unilat	73080	$ 150.51	320
1501	1501005	Xray Arm Unilat	73060	$ 196.11	320
1501	1501006	Xray Shoulder	73030	$ 173.31	320
1501	1501007	Xray Acrom Clav Jts Unilat	73050	$ 154.03	320
1501	1501008	Xray Ac.Ci. W Wts.	73050	$ 154.03	320
1501	1501009	Xray Sternum	71120	$ 135.00	320
1501	1501010	Xray Sterno-Cl Jts	71130	$ 135.00	320
1501	1501011	Xray Foot Unilat	73630	$ 150.51	320
1501	1501012	Xray Os Calcis Unilat	73650	$ 134.76	320
1501	1501013	Xray Ankle Unilat	73610	$ 150.51	320
1501	1501014	Xray Leg Unilat	73590	$ 196.11	320
1501	1501015	Xray Knee Unilat	73562	$ 154.03	320
1501	1501016	Xray Patella Unilat	73564	$ 141.76	320
1501	1501017	Xray Thigh (Femur) Unilat	73550	$ 196.11	320
1501	1501018	Xray Hip	73510	$ 215.40	320
1501	1501019	Xray Skull Study	70260	$ 268.00	320
1501	1501020	Xray Sinuses	70220	$ 221.00	320
1501	1501021	Xray Mastoids	70130	$ 261.00	320
1501	1501022	Xray Mandible	70110	$ 226.00	320
1501	1501023	Xray Nasal Bones	70160	$ 138.00	320
1501	1501024	Xray Facial Bones	70150	$ 319.00	320
1501	1501025	Xray T.M. Joints	70330	$ 191.00	320
1501	1501026	Xray Orb Or Opt For	70200	$ 319.00	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501027	Xray Neck-Soft Tiss	70360	$ 187.00	320
1501	1501028	Xray Routine Chest	71020	$ 198.00	324
1501	1501029	Xray Bucky Chest	71035	$ 142.00	320
1501	1501030	Xray Lordotic Chest	71021	$ 135.00	320
1501	1501031	Xray Ribs	71101	$ 247.00	320
1501	1501032	Xray Decubitus	71035	$ 196.00	320
1501	1501033	Xray Heart Study	71030	$ 179.00	320
1501	1501034	Xray Floro,Hrt,Chst	71034	$ 252.00	320
1501	1501035	Xray Cervcl Spine 5	72052	$ 241.96	320
1501	1501036	Xray Dorsal Spine	72070	$ 222.40	320
1501	1501037	Xray Occ Hlth Chest Xray	71020	$ 71.00	324
1501	1501038	Xray Pelvis	72190	$ 248.70	320
1501	1501039	Xray Lumbar Spine 3	72110	$ 252.22	320
1501	1501040	Xray Sacrum	72220	$ 178.57	320
1501	1501041	Xray Coccyx	72220	$ 178.57	320
1501	1501042	Xray Skeletal Survy	76062	$ 312.08	320
1501	1501043	Xray Scout Abdomen	74000	$ 196.11	320
1501	1501044	Xray Upright Abdm	74020	$ 134.76	320
1501	1501045	Xray Decubitus Abdm	74020	$ 246.96	320
1501	1501046	Xray Acute Abdomen Series	74022	$ 368.00	320
1501	1501047	Xray Ivp	74410	$ 476.64	320
1501	1501048	Xray Retrograde Ivp	74420	$ 357.42	320
1501	1501049	Cystogram	74430	$ 366.19	320
1501	1501050	Voiding Cysto	74455	$ 303.07	320
1501	1501051	Xray Placentogram	76499	$ 145.27	320
1501	1501052	Xray Pelvimetry	74710	$ 217.15	320
1501	1501053	Xray Drip Infsn Ivp	74410	$ 348.64	320
1501	1501054	Xray Nephrotomogram	74415	$ 748.40	320
1501	1501055	Xray Esophagram	74220	$ 275.02	320
1501	1501056	Xray Upper G.I.	74241	$ 366.19	320
1501	1501057	Xray Small Bowel	74250	$ 366.19	320
1501	1501058	Xray Barium Enema	74270	$ 381.08	320
1501	1501059	Xray Gall Bladder	74290	$ 308.32	320
1501	1501060	Xray G.I.& Sml Bowel	74245	$ 548.53	320
1501	1501061	Xray B.E. With Air	74280	$ 524.38	320
1501	1501062	Xray Exam Of Ribs	71100	$ 249.00	320
1501	1501063	Xray Hyptn Duography	74260	$ 890.20	320
1501	1501064	Xray Tomography	76100	$ 413.53	320
1501	1501065	Xray Fluoroscopy	76000	$ 308.32	320
1501	1501066	Xray Iv Cholangiogr	76499	$ 357.42	320
1501	1501067	Post Op T-Tube	74305	$ 266.24	320
1501	1501068	Oper Cholangio	74300	$ 760.66	320
1501	1501069	Xray Aortic Trnsimb	75625	$ 1,199.60	320
1501	1501070	Thoracic Aortogram W/Serl	75600	$ 1,199.60	320
1501	1501071	Thoracic Aortograph W/O Serial	75605	$ 1,451.47	320
1501	1501072	Xray Cardiac Cathetr	93555	$ 1,034.45	480
1501	1501073	Crbl Ang 4 Vsl	75680	$ 1,756.53	320
1501	1501074	Periphl Anglo Unilat	75710	$ 1,253.60	320
1501	1501075	Perph Venogram Unilat	75820	$ 778.21	320
1501	1501076	Xray Pre-Sacral Alr	75790	$ 866.14	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501077	Visc Angiography	75726	$ 1,505.82	320
1501	1501078	Renal Arterio Unilat	75722	$ 1,451.47	320
1501	1501079	Pulmonary Anglo Unil	75741	$ 1,199.60	320
1501	1501080	Peripheral (Arm) Venogram	75820	$ 618.66	320
1501	1501081	Niosh-B Interpretation	76140	$ 40.28	320
1501	1501082	Hysterosipgm	74740	$ 315.20	320
1501	1501083	Myelogram Lumbosacral	72265	$ 1,090.28	320
1501	1501084	Lymphangiogram	75807	$ 669.49	320
1501	1501085	Xray Bilat Mammogph	76091	$ 278.77	401
1501	1501086	Xray Bronchogram	71060	$ 510.00	320
1501	1501087	Arthrogram	73580	$ 485.42	320
1501	1501088	Sialogram	70390	$ 340.00	320
1501	1501089	Xray Oper Rm Study	76499	$ 637.94	320
1501	1501090	Xray Portable Xray	Q0092	$ 280.52	320
1501	1501091	Dacryocystgram	70170	$ 245.47	320
1501	1501092	Sinus Tract Study	76080	$ 262.74	320
1501	1501093	Renal Biopsy	76003	$ 434.82	320
1501	1501094	Renl Cyst Puncture	74470	$ 588.85	320
1501	1501095	Spleenoportogram	75810	$ 866.14	320
1501	1501096	Trnshpticchols	74320	$ 1,451.47	320
1501	1501097	Orbtl Venogram	75880	$ 871.14	320
1501	1501098	Xray Scanogram	76040	$ 241.96	320
1501	1501099	Xray Cine Study	76125	$ 266.24	320
1501	1501100	Xray Supr Volt Stdy	76499	$ 176.83	320
1501	1501101	Xray Quadrex Stdy	76499	$ 252.22	320
1501	1501102	Discogram	72295	$ 585.80	320
1501	1501103	Xray Exam Of Shoulder	73020	$ 176.60	320
1501	1501104	Larynogram	70373	$ 364.00	320
1501	1501105	Xray Radium Local	72190	$ 441.57	320
1501	1501106	Xray Cervcl Spine 3	72040	$ 211.89	320
1501	1501107	Xray Lum Sac Spine 5	72110	$ 308.32	320
1501	1501108	Xray Exam Of Wrist	73100	$ 176.60	320
1501	1501109	Anglogram Carotid&Cerebrl	75671	$ 1,199.60	320
1501	1501110	Anglo Retrograde Brachial	75658	$ 1,199.60	320
1501	1501111	Xray Hip Pin Spcl	73500	$ 523.98	320
1501	1501112	Vena Cava Umbr	75940	$ 871.14	320
1501	1501113	Xray Spec. Fluoro.	76001	$ 362.67	320
1501	1501114	Xray Infer-Venacav	75872	$ 929.00	320
1501	1501115	Xray Exam Of Hand	73120	$ 150.20	320
1501	1501116	Ren Veno & Assy	75893	$ 1,214.78	320
1501	1501117	Artr Embolizat	75894	$ 1,756.53	320
1501	1501118	Pitres Perfus	75896	$ 1,730.24	320
1501	1501119	Xray Ct Scan/Head	70480	$ 805.00	350
1501	1501120	Xray Outside Films	76140	$ 238.44	320
1501	1501121	Xray Retrochol-Panc	76001	$ 1,260.36	320
1501	1501122	Xray Femur W/Knee Unilat	73550	$ 260.98	320
1501	1501123	Xray Femur W/Hip Unilat	73550	$ 260.98	320
1501	1501124	Xray Mtrz Cstrngm/Ct	76499	$ 1,090.28	350
1501	1501125	Xray Exam Of Foot	73620	$ 150.20	320
1501	1501126	Xray Ct Scan/Body	71250	$ 803.00	350

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501127	Xray Mirz Cystrn/Ct	76499	$ 1,579.46	350
1501	1501128	Xray Ct Scan/Monitr	76370	$ 447.08	350
1501	1501129	Angioplasty Additional	75964	$ 1,756.53	320
1501	1501130	Bil Cath Drain	75982	$ 1,756.53	320
1501	1501131	Xray Use Of Fluoro Over 1 Hour	76001	$ 366.19	320
1501	1501132	Xray Gi Ser-Dbl Cont	74247	$ 452.08	320
1501	1501133	Xray Exam Of Toe(S)	73660	$ 150.20	320
1501	1501134	Or Angio	75710	$ 1,199.60	320
1501	1501135	Needle Biopsy W/Fluoro Gd	76003	$ 603.13	320
1501	1501136	Abscess Drainage	75989	$ 1,211.26	320
1501	1501137	Xray Ct Absces Drain	75989	$ 1,211.26	350
1501	1501138	Xray Ct Biopsy Needl	76360	$ 715.34	350
1501	1501139	Xray Prtbl Chst Xray	71010	$ 492.00	320
1501	1501140	Pc Nephrostomy	74475	$ 1,730.24	320
1501	1501141	Xray Angio Neck Unilateral	75676	$ 1,199.60	320
1501	1501142	Xray Dgt Angio Head	75671	$ 1,199.60	320
1501	1501143	Xray Dgt Angio Chest	75600	$ 1,199.60	320
1501	1501144	Xray Dgt Ang Abdomen	74175	$ 1,246.25	320
1501	1501145	Xray Dgt Ang Perphrl Unilat	75630	$ 1,199.60	320
1501	1501146	Xray Dgt Ang Cardiac	93555	$ 964.31	480
1501	1501147	Xray Ct Head W/O Cnt	70450	$ 729.00	350
1501	1501148	Xray Ct Head W Cntrs	70460	$ 773.00	350
1501	1501149	Xray Cthead W&W/O Cn	70470	$ 943.00	350
1501	1501150	Xray Ct Body W/O Cnt	72125	$ 802.75	350
1501	1501151	Xray Ct Body W Cntrs	74160	$ 918.46	350
1501	1501152	Xray Ctbody W&W/O Cn	74170	$ 1,191.98	350
1501	1501153	Xray Bone Densitmtry	78350	$ 118.80	340
1501	1501154	Xray Ct Pelvis	72192	$ 790.48	350
1501	1501155	Strptkns Infusn	75896	$ 1,756.53	320
1501	1501156	Contrast X-Ray Exam Of Colon	74283	$ 467.00	320
1501	1501157	Imaging, Cardiac Cath	93556	$ 957.00	480
1501	1501159	Xray Breast Localiza	76096	$ 410.28	402
1501	1501160	Xray Mammograph Addtl View (Bl	76091	$ 181.50	401
1501	1501161	Xray Special Mammgph	76092	$ 278.77	403
1501	1501162	Stertaxc Fn Ndl Biop	76095	$ 291.06	320
1501	1501163	Egd W/ Endoscopic Ultrasound	76975	$ 259.23	402
1501	1501164	Ductogram, Single	76086	$ 227.94	320
1501	1501165	Ven Cath Percutan Insert >age2	36489	$ 517.21	761
1501	1501166	Reposition Previous Place Cath	36493	$ 435.60	761
1501	1501167	Implant Of Venous Access Port	36533	$ 2,226.68	761
1501	1501168	Removal Of Venous Access Port	36535	$ 627.68	761
1501	1501169	Revision Of Venous Access Port	36534	$ 646.80	761
1501	1501170	Xray Ct-Limited Body	76380	$ 452.73	320
1501	1501171	Xray Ct Bone Mnrlztn	76499	$ 246.96	350
1501	1501172	Xray Unilat Mammogph	76090	$ 138.50	401
1501	1501173	Xray Specmn Radiogph	76098	$ 76.89	320
1501	1501174	Xray Bone Age	76020	$ 145.51	320
1501	1501175	Xray Scapula Unilat	73010	$ 173.31	320
1501	1501176	Xray Clavicle Unilat	73000	$ 173.31	320
1501	1501177	Xray Hip - Bilateral	73520	$ 215.40	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501178	Xray Optic Foramen	70190	$ 319.00	320
1501	1501179	Xray Ribs-Bilateral	71111	$ 247.00	320
1501	1501180	Xray Scoliosis Study	72090	$ 222.40	320
1501	1501181	Retrgrd Urthrgm	74450	$ 366.19	320
1501	1501182	Nephrostogram	74425	$ 366.19	320
1501	1501183	Xray Hypertnsive Ivp	74405	$ 350.66	320
1501	1501184	Xray Esophagus-Cine	74230	$ 487.16	320
1501	1501185	Xray Use Of Fluoro Over One Hr	76001	$ 362.67	320
1501	1501186	Aortgrph Abdom	75625	$ 1,451.47	320
1501	1501187	Aorta & Ileofem	75630	$ 1,451.47	320
1501	1501188	Xray Digtl Abdom Aor	75726	$ 1,451.47	320
1501	1501189	Xray Digtl Card Cath	93555	$ 1,034.45	480
1501	1501190	Digtl Cerbrl Ang	75665	$ 1,756.53	320
1501	1501191	Dialysis Shunt	75790	$ 1,253.60	320
1501	1501192	Periph Ang Unilat	75710	$ 1,258.60	320
1501	1501193	Xray Perph Veno Ulat	75820	$ 778.21	320
1501	1501194	Addtnl Visc Ang	75774	$ 1,505.82	320
1501	1501195	Renal Ang Bilat	75724	$ 1,451.47	320
1501	1501196	Myelgram Cervical	72240	$ 1,090.28	320
1501	1501197	Myelgram Thoracic	72255	$ 1,090.28	320
1501	1501198	Myelgram Spine	72270	$ 1,090.28	320
1501	1501199	Arthrgm Ankle	73615	$ 415.28	320
1501	1501200	Xray Left Hand	73130	$ 150.51	320
1501	1501201	Xray Left Wrist	73110	$ 150.51	320
1501	1501601	Arthrogram Hip	73525	$ 415.28	320
1501	1501602	Arthrgm Tmj	70332	$ 459.00	320
1501	1501603	Arthrgm Wrist	73115	$ 362.94	320
1501	1501604	Arthrogram Elbow	73085	$ 415.28	320
1501	1501605	Arthrgm Shoulder	73040	$ 415.28	320
1501	1501606	Inferior Vena Cava	75825	$ 929.00	320
1501	1501607	Superior Vena Cava	75827	$ 929.00	320
1501	1501608	Venogram Renal	75833	$ 1,214.78	320
1501	1501609	Xray Emboiz Followup	75898	$ 1,756.53	320
1501	1501610	Xray Followup Infusn	75898	$ 1,730.24	320
1501	1501611	Xray Ct Orbt/Sinus	70486	$ 729.00	350
1501	1501612	Xray Ct Abdomen W/O	74150	$ 785.48	350
1501	1501613	Xray Ct Lumbar Spine	72131	$ 790.48	350
1501	1501614	Angioplast Unit	75962	$ 1,756.53	320
1501	1501615	Bilary Cath Change	75984	$ 1,756.53	320
1501	1501616	Xray Bilary Stn Remv	76499	$ 1,756.53	320
1501	1501617	Xray Ct Cyst Apsir	76365	$ 1,407.89	350
1501	1501618	Xray Ct Neck W/O	70490	$ 790.00	350
1501	1501619	Xray Ct Orbt/Sns/Fce	70487	$ 807.50	350
1501	1501620	Xray Ct Sella W/Cont	70481	$ 952.50	350
1501	1501621	Xray Ct Neck W/Cont	70491	$ 819.00	350
1501	1501622	Xray Ct Orb/S/F W-Wo	70488	$ 1,007.50	350
1501	1501623	Xray Ct Sella W&W/O	70482	$ 1,092.50	350
1501	1501624	Xray Ct Neck W&W/O	70492	$ 970.00	350
1501	1501625	Xray Ct Thorc/Spn Wo	72128	$ 802.75	350
1501	1501626	Xray Ct Arm W/O	73200	$ 790.48	350

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501627	Xray Ct Leg W/O	73700	$ 790.48	350
1501	1501628	Xray Ct Cerv/Spine W	72126	$ 932.50	350
1501	1501629	Xray Ct Thorac/Spn W	72129	$ 932.50	350
1501	1501630	Xray Ct Lumbar Spn W	72132	$ 932.50	350
1501	1501631	Xray Ct Pelvs W Cont	72193	$ 899.18	350
1501	1501632	Xray Ct Lung/Medla W	71260	$ 937.75	350
1501	1501633	Xray Ct Arm W/Cont	73201	$ 802.75	350
1501	1501634	Xray Ct Leg W/Cont	73701	$ 802.75	350
1501	1501635	Xray Ct Crv/Spn W/Wo	72127	$ 1,120.10	350
1501	1501636	Xray Ct Thr/Spn W/Wo	72130	$ 1,120.10	350
1501	1501637	Xray Ct Lmbr Spnw/Wo	72133	$ 1,120.10	350
1501	1501638	Xray Ct Pelvis W&W/O	72194	$ 1,074.51	350
1501	1501639	Xray Ct Lung/Medw/Wo	71270	$ 1,139.38	350
1501	1501640	Xray Ct Arm W & W/O	73202	$ 1,035.00	350
1501	1501641	Xray Ct Leg W & W/O	73702	$ 1,040.00	350
1501	1501642	Xray Mri Brain	70551	$ 1,425.00	610
1501	1501643	Xray Mri T.M.J.	70336	$ 1,395.00	610
1501	1501644	Xray Mri Orbt/Fce/Nk	70540	$ 1,395.00	610
1501	1501645	Xray Mri Chest	71550	$ 1,580.00	610
1501	1501646	Xray Mri Spine-Cerv	72141	$ 1,416.39	610
1501	1501647	Xray Mri Spine-Thor	72146	$ 1,416.39	610
1501	1501648	Xray Mri Spine-Lumbr	72148	$ 1,395.37	610
1501	1501649	Xray Mri Up Extr N/J	73220	$ 2,030.00	610
1501	1501650	Xray Mri Up Extr Jnt	73221	$ 1,395.37	610
1501	1501651	Xray Mri L Extr No J	73720	$ 2,033.28	610
1501	1501652	Xray Mri L Extr Jnt	73721	$ 1,395.37	610
1501	1501653	Xray Mri Abdomen	74181	$ 1,416.39	610
1501	1501654	Xray Mri Contrast	76350	$ 273.52	610
1501	1501655	Xray Mri With Anesthesia	73220	$ 2,030.00	610
1501	1501656	Xray Mri Breast - Unilat	76093	$ 1,390.37	610
1501	1501657	Xray Mri Breast - Bilat	76094	$ 1,981.98	610
1501	1501658	Xray Mra (Angio) Up Extremity	73225	$ 1,660.00	610
1501	1501659	Xray Mra (Angio) Low Extremity	73725	$ 1,486.15	610
1501	1501660	Xray Cardiac Mri W/O Contrast	75552	$ 1,390.37	610
1501	1501661	Xray Cardiac Mri W Contrast	75553	$ 1,390.37	610
1501	1501662	Xray Complete Cardiac Mri	75554	$ 1,390.37	610
1501	1501663	Xray Mra Brain	70541	$ 1,089.00	610
1501	1501700	Dilat Biliary Strict	74363	$ 513.46	320
1501	1501701	Dilat Ureter Stric	74485	$ 583.59	320
1501	1501702	Ureteral Cath Stent Xchng	75984	$ 988.60	320
1501	1501703	Embolization/Coil&Balloon	75894	$ 1,721.00	320
1501	1501704	Gastrostomy Placement	74350	$ 983.60	320
1501	1501705	Gastrostomy Tube Exchange	75984	$ 583.59	320
1501	1501706	Jejunostomy Perc	74355	$ 688.78	320
1501	1501707	Cisternography	70015	$ 906.00	320
1501	1501708	Myelogram Lumbar	72265	$ 906.20	320
1501	1501709	Xray Diskography Lumbar Inject	62290	$ 1,067.22	761
1501	1501710	Shuntogram	75809	$ 614.84	320
1501	1501711	Xray Hand Bilat	73130	$ 223.03	320
1501	1501712	Xray Wrist Bilat	73110	$ 223.03	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1501	1501713	Xray Forearm Bilat	73090	$ 291.62	320
1501	1501714	Xray Elbow Bilat	73080	$ 223.03	320
1501	1501715	Xray Arm Bilat	73060	$ 291.62	320
1501	1501716	Xray Shoulder Bilateral	73030	$ 258.08	320
1501	1501717	Xray Acrom Clav Jts Bilat	73050	$ 229.12	320
1501	1501718	Xray Foot Bilat	73630	$ 223.03	320
1501	1501719	Xray Os Calcis Bilat	73650	$ 200.14	320
1501	1501720	Xray Ankle Bilat	73610	$ 223.03	320
1501	1501721	Xray Leg Bilat	73590	$ 291.62	320
1501	1501722	Xray Knee Bilat	73562	$ 229.12	320
1501	1501723	Xray Patella Bilat	73564	$ 210.82	320
1501	1501724	Xray Thigh (Femur) Bilat	73550	$ 291.62	320
1501	1501725	Periphl Angio Bilat	75716	$ 1,884.84	320
1501	1501726	Renal Arterio Bilat	75724	$ 2,174.52	320
1501	1501727	Xray Femur W/Knee Bilat	73550	$ 389.20	320
1501	1501728	Xray Femur W/Hip Bilat	73550	$ 389.20	320
1501	1501729	Xray Dgt Anglo Neck Bilat	75680	$ 1,451.85	320
1501	1501730	Xray Dgt Ang Perphrl Bilat	75630	$ 1,451.85	320
1501	1501731	Xray Scapula Bilat	73010	$ 258.08	320
1501	1501732	Xray Clavicle Bilat	73000	$ 258.08	320
1501	1501733	Transcatheter Intravasc Stents	75960	$ 2,183.00	320
1501	1501734	Transcatheter First Vessel	37205	$ 1,452.00	761
1501	1501735	Transcatheter Second Vessel	37206	$ 1,452.00	761
1501	1501736	Transcatheter Add'l Areas	37206	$ 2,178.00	761
1501	1501737	Percutaneous Cholecystostomy	47490	$ 2,613.60	761
1501	1501738	Percutaneous Cholecystost S&I	75989	$ 368.00	350
1501	1501739	Xray Referral Films	76140	$ 15.97	320
1501	1501740	Xray Referral Films Mammogph	76140	$ 15.97	320
1501	1501741	Referred Bilateral Mammo	76091	$ 63.89	401
1501	1501742	Referred Unilateral Mammo	76090	$ 31.94	401
1501	1501743	Xray Referred 1 Film	73999	$ 15.97	320
1501	1501744	Xray Referred 2 Films	73999	$ 31.94	320
1501	1501745	Xray Referred 3 Films	73999	$ 47.92	320
1501	1501746	Xray Referred 4 Films	73999	$ 63.89	320
1501	1501747	Xray Referred 5 Films	73999	$ 79.86	320
1501	1501748	Xray Enteroclysis	74251	$ 1,063.88	320
1501	1501749	Implantable Access Total Systm	A4301	$ 1,973.40	278
1501	1501750	Xray Incisional Biopsy Breast	19101	$ 790.00	761
1501	1501751	Stereotatc Localz Breast Bx Ea	76095	$ 620.40	320
1501	1501752	Rad Examination Surg Specimen	76098	$ 47.24	320
1501	1501753	Xray Breast Clip Placement	19290	$ 297.00	761
1501	1501754	Automated Vacuum-Assist Biopsy	19103	$ 665.00	761
1501	1501755	Xray Tissue Marker	C1879	$ 99.00	272
1501	1501756	Xray Us Guidance For Breast Bx	76942	$ 389.12	402
1501	1501757	Xray Us Guidance Cyst Aspiratn	76938	$ 382.80	402
1501	1501758	Xray Us Guidance Needl Loclztn	75989	$ 704.60	350
1501	1501759	Xray Interview Prolong	99358	$ 216.00	#Deleted
1501	1501953	Inject Proc Corpora Cavernosog	54230	$ 396.00	761
1501	1501954	Dynamic Cavernosography	54231	$ 528.00	761
1501	1501955	Inject Corpra Cavern Pharm Agt	54235	$ 237.60	761

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1502	1502201	Radt Trtmt Device In	77333	$ 345.15	330
1502	1502202	Radt Consult & Exam	77336	$ 499.44	330
1502	1502203	Radt Trtmt Device Cm	77334	$ 660.74	333
1502	1502204	Radt Isodose Pln-Smp	77305	$ 303.07	330
1502	1502205	Radt Isodose Pln-Int	77310	$ 373.20	330
1502	1502206	Radt Follow Up Treat	77417	$ 215.40	329
1502	1502207	Radt Follow Up Visit	77417	$ 215.40	330
1502	1502208	Radt Isodose Pln-Com	77315	$ 490.66	333
1502	1502209	Radt Special Ports	77321	$ 492.43	330
1502	1502210	Radt Trtmt Pln-Inter	77262	$ 1,535.64	330
1502	1502211	Radt Trtmnt Pln Cmpx	77263	$ 555.55	333
1502	1502212	Radt Trtmt Pln Simpl	77261	$ 250.47	330
1502	1502213	Radt Simulatn-Simple	77280	$ 491.80	330
1502	1502214	Radt Simulatr-Inter	77285	$ 890.20	330
1502	1502215	Radt Simulatr-Cmplex	77290	$ 1,443.83	333
1502	1502216	Radt Trtmt Dvce-Smpl	77332	$ 239.95	330
1502	1502217	Radt Megav Wkly Simp	77420	$ 983.60	330
1502	1502218	Radt Ther Rad Trt Pln Simple	77261	$ 249.20	330
1502	1502219	Radt Ther Rad Trt Pln Intermed	77262	$ 401.00	330
1502	1502220	Radt Ther Rad Trt Pln Complex	77263	$ 559.40	330
1502	1502221	Thr Rd Simltn Aid Fld Stg Smpl	77280	$ 491.80	330
1502	1502222	Thr Rd Smltn Aid Fld Stg Inmtd	77285	$ 890.20	330
1502	1502223	Thr Rd Smltn Aid Fld Stg Cmplx	77290	$ 1,443.83	330
1502	1502224	Thr Rd Smltn Aid Fld Stg 3 Dim	77295	$ 1,193.00	330
1502	1502225	Unlst Proc Th Rad Cl Trt Plan	77299	$ 554.40	330
1502	1502226	Radt Basic Rad Dosimetry Calc	77300	$ 170.00	330
1502	1502227	Radt Teletherapy Isodose Plan	77305	$ 302.00	330
1502	1502228	Radt Telether Isodse Pln Intmd	77310	$ 374.60	330
1502	1502229	Radt Telether Isodse Pln Cmplx	77315	$ 493.40	330
1502	1502230	Radt Special Telether Port Pln	77321	$ 493.40	330
1502	1502231	Rad Brachytherapy Isodose Calc	77326	$ 526.40	330
1502	1502232	Rad Brachyther Isodse Calc Int	77327	$ 526.40	330
1502	1502233	Brachyther Isodse Calc Complex	77328	$ 764.00	330
1502	1502234	Radt Special Dosimetry	77331	$ 176.60	330
1502	1502235	Radt Treatment Devices	77332	$ 242.60	330
1502	1502236	Radt Trtmnt Devices Intmed	77333	$ 348.20	330
1502	1502237	Radt Trtmnt Devices Complex	77334	$ 658.40	330
1502	1502238	Radt Contin Med Physcs Consult	77336	$ 500.00	330
1502	1502239	Radt Special Med Physcs Cnsult	77370	$ 335.00	330
1502	1502240	Radt Unlist Proc Med Rad Physc	77399	$ 528.00	330
1502	1502241	Radt Rad Trtmt Deliv Superficl	77401	$ 203.00	330
1502	1502242	Radt Rad Trtmt Dliv Sngl Trtmt	77402	$ 282.20	330
1502	1502243	Radt Megav Wkly Int	77425	$ 1,435.93	330
1502	1502244	Radt Sngle Fld Thrpy	77403	$ 282.03	330
1502	1502246	Radt Treatmt Complex	77405	$ 277.03	330
1502	1502247	Radt Megav Wkly Comp	77430	$ 1,555.18	330
1502	1502248	Radt Megav Dally Cmp	77411	$ 341.62	333
1502	1502249	Radt Intrstit-Intrmd	77777	$ 1,756.53	330
1502	1502250	Radt Intrstit-Complx	77778	$ 1,756.53	330
1502	1502251	Radt Intracav-Intrmd	77762	$ 1,756.53	330

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1502	1502252	Radt Intracav-Complx	77763	$ 1,756.53	330
1502	1502253	Radt Volume Implant	77776	$ 1,020.15	330
1502	1502254	Radt Brachyther Smpl	77326	$ 525.73	330
1502	1502255	Radt Brachyther Itmd	77327	$ 527.48	330
1502	1502256	Radt Brachyther Cplx	77328	$ 765.94	330
1502	1502258	Radt Intracav-Office	77750	$ 930.74	330
1502	1502259	Radt Intracav-Or	77761	$ 829.05	330
1502	1502263	Radt Beta Plaque	77789	$ 229.42	330
1502	1502264	Radt 6-10 Mev	77403	$ 269.00	330
1502	1502265	Radt 11-19 Mev	77404	$ 302.00	330
1502	1502266	Radt 20 Mev Or Greater	77406	$ 341.60	330
1502	1502267	Radt Trtmt Deliv 2 Separate	77407	$ 500.00	330
1502	1502268	Radt 6-10 Mev	77408	$ 269.00	330
1502	1502269	Radt 11-19 Mev	77409	$ 302.00	330
1502	1502270	Radt 20 Mev Or Greater	77411	$ 341.60	330
1502	1502271	Radt Trmt Del 3 Or > Sep Trtmt	77412	$ 731.00	330
1502	1502272	Radt 6-10 Mev	77413	$ 269.00	330
1502	1502273	Radt 11-19 Mev	77414	$ 302.00	330
1502	1502274	Radt 20mev Or Greater	77416	$ 341.60	330
1502	1502275	Radt Ther Radiology Port(S)	77417	$ 216.20	330
1502	1502277	Radt Rad Trmt Mgmt 5 Trtmts	77427	$ 1,226.00	330
1502	1502278	Radt Ther Mgmt W/Comp Thr 1or2	77431	$ 533.00	330
1502	1502279	Radt Stereotact Rad Trtmt Mgmt	77432	$ 335.00	330
1502	1502280	Radt Special Trtmt Procedure	77470	$ 401.00	330
1502	1502281	Radt Unlisted Proc Ther Rad	77499	$ 132.00	330
1502	1502284	Radt Proton Beam Dliv Sngl Trt	77520	$ 528.00	330
1502	1502285	Radt Proton Beam Dliv 1or2 Trt	77523	$ 660.00	330
1502	1502291	Radt Verific Proced	77417	$ 104.94	330
1502	1502293	Radt Po Chmo/Rad Sen	77402	$ 45.33	333
1502	1502294	Radt Daily Kilovolt	77465	$ 157.81	330
1502	1502296	Radt New Patient Visit:1	99201	$ 79.20	#Deleted
1502	1502297	Radt New Patient Visit:2	99202	$ 98.40	#Deleted
1502	1502298	Radt New Patient Visit:3	99203	$ 128.40	#Deleted
1502	1502299	Radt New Patient Visit:4	99204	$ 183.60	#Deleted
1502	1502300	Radt New Patient Visit:5	99205	$ 247.20	#Deleted
1502	1502301	Radt Follow Up Visit:1	99211	$ 43.20	#Deleted
1502	1502302	Radt Follow Up Visit:2	99212	$ 62.40	#Deleted
1502	1502303	Radt Follow Up Visit:3	99213	$ 79.20	#Deleted
1502	1502304	Radt Follow Up Visit:4	99214	$ 115.20	#Deleted
1502	1502305	Radt Follow Up Visit:5	99215	$ 184.80	#Deleted
1502	1502306	Radt Outpat Consultation:1	99241	$ 126.00	#Deleted
1502	1502307	Radt Outpat Consultation:2	99242	$ 159.60	#Deleted
1502	1502308	Radt Outpat Consultation:3	99243	$ 204.00	#Deleted
1502	1502309	Radt Outpat Consultation:4	99244	$ 266.40	#Deleted
1502	1502310	Radt Outpat Consultation:5	99245	$ 336.00	#Deleted
1502	1502311	Radt Inpat Consultation:1	99251	$ 166.80	#Deleted
1502	1502312	Radt Inpat Consultation:2	99252	$ 190.80	#Deleted
1502	1502313	Radt Inpat Consultation:3	99253	$ 234.00	#Deleted
1502	1502314	Radt Inpat Consultation:4	99254	$ 292.80	#Deleted
1502	1502315	Radt Inpat Consultation:5	99255	$ 368.40	#Deleted

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1502	1502319	Radt Daily Tx Mgr:Superficial	77401	$ 237.80	330
1502	1502320	Radt Daily Tx Mgr:Simple=5mev	77402	$ 242.60	330
1502	1502321	Radt Daily Tx Mgr:Intermd=5mev	77407	$ 309.80	330
1502	1502322	Radt Daily Tx Mgr:Complex=5mev	77412	$ 379.40	330
1502	1502323	Radt Brachytherapy Supervise	77790	$ 402.20	#Deleted
1502	1502324	Radt Treatment Device:Simple	77332	$ 439.40	#Deleted
1502	1502325	Radt Treatment Device:Intermed	77333	$ 536.60	#Deleted
1502	1502326	Radt Treatment Device: Complex	77334	$ 1,029.80	#Deleted
1502	1502327	Radt Prolong Phys Serv Direct	99354	$ 218.40	#Deleted
1502	1502328	Radt Prolong Addltl 30min Each	99355	$ 109.20	#Deleted
1502	1502329	Radt Prolong W/O(Addltl 30mln)	99359	$ 104.40	#Deleted
1502	1502330	Radt Nasopharyngoscopy	92511	$ 69.60	#Deleted
1502	1502331	Radt Us Placemt At Rad Fields	76950	$ 210.20	402
1502	1502332	Radt Simulation: 3d	77295	$ 2,271.80	#Deleted
1503	1503301	Nucm Brain	78605	$ 578.32	340
1503	1503302	Nucm Lung Perf Scan	78580	$ 563.55	340
1503	1503304	Nucm Lung Vent Scan	78594	$ 610.23	340
1503	1503305	Nucm Cisternography	78630	$ 967.38	340
1503	1503307	Nucm Bone Scan	78306	$ 636.44	340
1503	1503308	Nucm Bone Marrow Scn	78104	$ 672.10	340
1503	1503311	Nucm Liver-Spleen	78215	$ 588.85	340
1503	1503312	Nucm Dynamic Flow	78445	$ 472.35	340
1503	1503316	Nucm Breast Scan	78800	$ 494.08	340
1503	1503325	Nucm Renal Scan	78707	$ 610.23	340
1503	1503326	Nucm Hippuran Study	78704	$ 489.17	340
1503	1503327	Nucm Thyroid Uptake	78000	$ 199.80	340
1503	1503328	Nucm Thyroid Scan	78010	$ 460.43	340
1503	1503330	Nucm Rbc/Plasma	78111	$ 278.52	340
1503	1503331	Nucm Rbc Survival	78135	$ 994.50	340
1503	1503332	Nucm Schilling Test	78270	$ 228.03	340
1503	1503335	Nucm Schilling Test Part I	79000	$ 743.40	340
1503	1503336	Nucm Thyroid Rx Ca	79030	$ 911.71	340
1503	1503337	Nucm Thyroid Uptk W/ Stim/Supp	78003	$ 204.13	340
1503	1503338	Nucm Thyroid Uptake And Scan	78006	$ 675.35	340
1503	1503339	Nucm Thyroid Image With Flow	78011	$ 501.68	340
1503	1503340	Nucm Adrenal Imag(Cortx/Medull	78075	$ 1,246.40	340
1503	1503341	Nucm Red Blood Cell Survival	78130	$ 440.60	340
1503	1503342	Nucm Liver Imaging-Static Only	78201	$ 585.80	340
1503	1503343	Nucm Miscell Studies	78890	$ 415.54	340
1503	1503344	Nucm Liver Imaging W/Vasc Flow	78202	$ 658.40	340
1503	1503345	Nucm Liver Imag-Spect W/ Flow	78206	$ 961.95	340
1503	1503356	Nucm Portable Exam	79999	$ 427.40	340
1503	1503357	Nucm Hida Scan	78223	$ 925.03	340
1503	1503358	Nucm Thallium Heart	78460	$ 594.00	340
1503	1503359	Nucm Wall Motln Stdy	78472	$ 676.51	340
1503	1503360	Nucm Venogram/Anglo	78445	$ 480.14	340
1503	1503361	Nucm Testicular Scan	78761	$ 565.73	340
1503	1503362	Nucm Mycard Infrctsc	78466	$ 483.66	340
1503	1503363	Nucm Gallium Scan	78806	$ 946.75	340
1503	1503365	Nucm Renal-No Flow	78700	$ 490.80	340

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1503	1503366	Nucm Gi Blood Loss	78278	$ 947.83	340
1503	1503367	Nucm Brain W/Flow	78606	$ 935.88	340
1503	1503368	Nucm Bone-Limited	78300	$ 641.44	340
1503	1503369	Nucm Bone - Flow	78445	$ 641.44	340
1503	1503370	Nucm Livr/Spln W/Flw	78216	$ 588.85	340
1503	1503371	Nucm Parathyroid Scn	78070	$ 400.70	340
1503	1503372	Nucm Rbc Volume	78120	$ 269.00	340
1503	1503373	Nucm Data Manip 30m+	78891	$ 415.54	340
1503	1503374	Nucm Lymphatic Imag.	78195	$ 936.98	340
1503	1503375	Nucm Cardiac Phase	78472	$ 648.23	340
1503	1503376	Nucm Dacryocystogrph	70170	$ 415.54	320
1503	1503377	Nucm Thallium-Restng	78460	$ 873.14	340
1503	1503378	Nucm Thallium-Stress	78461	$ 1,171.20	340
1503	1503379	Nucm Wall Motn Eyrcs	78473	$ 1,206.01	340
1503	1503380	Nucm Tumor Localizin	78802	$ 943.00	340
1503	1503381	Nucm Meckels Scn-Bwl	78290	$ 918.53	340
1503	1503382	Glomerular Filt Rate	79999	$ 427.40	340
1503	1503383	Nucm Gastroesophag Reflx Study	78262	$ 678.60	340
1503	1503384	Nucm Gastric Emptying Study	78264	$ 1,349.78	340
1503	1503385	Nucm Bone Densitometer - Dexa	76075	$ 245.47	340
1503	1503386	Nucm Dual Energy Dexa Appendcl	76076	$ 290.40	340
1503	1503387	Nucm Venous Thromb Detectn-Bil	78458	$ 658.40	340
1503	1503388	Nucm Infarct Avid Imag-Spect	78469	$ 672.10	340
1503	1503389	Nucm Muga Study-Multiple	78473	$ 826.25	340
1503	1503390	Nucm Lung Perfus+krypton Vent	78584	$ 658.40	340
1503	1503391	Nucm Lung Perfus+xenon Vent	78585	$ 957.60	340
1503	1503392	Nucm Lung Vent Krypton	78591	$ 513.20	340
1503	1503393	Nucm Lung Vent Xenon	78593	$ 548.35	340
1503	1503394	Nucm Split Lung Func(Vnt+perf)	78596	$ 996.68	340
1503	1503395	Nucm Brain Imag-Lim-Static Onl	78600	$ 585.80	340
1503	1503396	Nucm Ventriculography	78635	$ 929.38	340
1503	1503397	Nucm Dacryocystography	78660	$ 479.95	340
1503	1503398	Nucm Kidney Imag W/Vasc Flow	78701	$ 602.63	340
1503	1503399	Nucm Kidney Imag W/Wo Pharmact	78709	$ 950.00	340
1503	1503800	Nucm Thyroid Metast Image Limt	78015	$ 583.08	340
1503	1503801	Nucm Thyroid Metast Image Totl	78018	$ 884.88	340
1503	1503802	Nucm Dosimetry	78020	$ 183.50	340
1503	1503803	Nucm Bone Marrow Scan-Limited	78102	$ 446.30	340
1503	1503804	Nucm Bone Marrow Scan-Multiple	78103	$ 585.25	340
1503	1503805	Nucm Whole Blood Vol(Plas&Rbc)	78122	$ 291.08	340
1503	1503806	Nucm Liver Imag-Spect No Flow	78205	$ 622.10	340
1503	1503807	Nucm Gastric Mucosa Imaging	78261	$ 688.38	340
1503	1503808	Nucm Schilling Test Part II	78271	$ 731.00	340
1503	1503809	Nucm Peritoneal Shunt Study	78291	$ 668.85	340
1503	1503810	Nucm Bone Imaging-Triple Phase	78315	$ 942.40	340
1503	1503811	Nucm Bone Imaging-Spect	78320	$ 767.30	340
1503	1503812	Nucm Bone Imaging-Mult Areas	78305	$ 876.20	340
1503	1503813	Nucm Cardiac Shunt Detection	78428	$ 494.08	340
1503	1503814	Nucm Myocard Perf-Spect-Single	78464	$ 508.20	340
1503	1503815	Nucm Myocard Perf-Spect-Mult	78465	$ 1,197.90	340

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1503	1503816	Nucm Myocard Perfus-Wall Motn	78473	$ 826.25	340
1503	1503817	Nucm Myocard Perfus-Eject Frac	78480	$ 326.70	340
1503	1503818	Nucm Muga-Gated Spect	78494	$ 664.50	340
1503	1503819	Nucm Lung Ventil Aerosol	78587	$ 589.60	340
1503	1503820	Nucm Lung Perf+aerosol Vent	78588	$ 922.85	340
1503	1503821	Nucm Brain Imag-Lim-Statc+flow	78601	$ 731.00	340
1503	1503823	Nucm Brain Imaging-Spect	78607	$ 969.55	340
1503	1503824	Nucm Brain Imaging-Flow Only	78610	$ 519.03	340
1503	1503825	Nucm Ventricular Shunt Eval	78645	$ 920.70	340
1503	1503826	Nucm Csf Leak Detection	78650	$ 956.50	340
1503	1503827	Nucm Kidney Imag W/Capto Lasix	78708	$ 622.10	340
1503	1503828	Nucm Kidney Imag With Spect	78710	$ 611.30	340
1503	1503829	Nucm Kidney Func Study-Non Img	78725	$ 440.60	340
1503	1503830	Nucm Cystogram(Uret Reflx Stud	78740	$ 615.65	340
1503	1503831	Nucm Tumor Localiz-Limtd Area	78800	$ 513.20	340
1503	1503832	Nucm Tumor Localiz-Multiple	78801	$ 731.00	340
1503	1503833	Nucm Tumor Localiz-Spect	78803	$ 953.25	340
1503	1503834	Nucm Abscess Localiz-Limited	78805	$ 513.20	340
1503	1503835	Nucm Abscess Localiz-Spect	78807	$ 953.25	340
1503	1503836	Nucm I-131 Ther Hyperthy Addtl	79001	$ 508.20	340
1503	1503837	Nucm I-131 Ther Thyr Metastic	79035	$ 726.00	340
1503	1503838	Nucm Radiopharm Ther Polycythe	79100	$ 653.40	340
1503	1503839	Nucm Radiopharm Ther Non-Thyrd	79400	$ 653.40	340
1503	1503840	Nucm I-131 Ther Thyroid Suppre	79020	$ 508.20	340
1503	1503841	Nucm Iodine 123 100 Uci	A9516	$ 72.60	636
1503	1503842	Technetium 99m Pertechnet1mci	A9512	$ 14.52	636
1503	1503843	Nucm Iodine 131(Diagnst>100uci	A4641	$ 14.52	636
1503	1503844	Nucm Iodine 131(Diagnst 1-6mci	A9518	$ 174.24	636
1503	1503845	Nucm Sestamibi Dose	A9500	$ 174.24	636
1503	1503846	Nucm Mibg 0.5 Mci	A9508	$ 1,887.60	636
1503	1503847	Tc99m Sulf Coll Bone Marr20mci	A9541	$ 21.78	636
1503	1503848	Nucm Modified Tc99m Sul Col Ly	A9520	$ 43.56	636
1503	1503849	Nucm Cr51+acd Solution 250 Uci	A9553	$ 43.56	636
1503	1503850	Nucm Tc99m Ultratag	Q3010	$ 101.64	636
1503	1503851	Tc99m Disofenin/Mebrofenl15mci	A9537	$ 50.82	636
1503	1503852	Schilling Test(Rubratope 1 Mci	A9559	$ 130.68	636
1503	1503853	Nucm Tc99m Mdp(Medronate)30mci	A9503	$ 21.78	636
1503	1503854	Nucm Tc99m Pyrophosphate 25mci	A9538	$ 21.78	636
1503	1503855	Nucm Tc99m Maa 10mci	A9540	$ 21.78	636
1503	1503856	Nucm Krypton 81m	A4641	$ 290.40	636
1503	1503857	Nucm Xe 133	Q3004	$ 43.56	636
1503	1503858	Nucm Tc99m Dtpa For Aerosol	C1098	$ 94.38	636
1503	1503859	Nucm Tc99m Ceretec(Brain Image	A9521	$ 435.60	636
1503	1503860	Nucm Tc99m Ecd(Neurolite)25mci	A9557	$ 544.50	636
1503	1503861	Nucm Tl 201 1 Mci	A9505	$ 43.56	636
1503	1503862	Nucm In 111 Dtpa	C1092	$ 1,016.40	636
1503	1503863	Nucm Tc99m Dmsa 10 Mci	A9551	$ 203.28	636
1503	1503864	Nucm Tc99m Dtpa	A9515	$ 26.14	636
1503	1503865	Nucm Tc99m Mag3	Q3005	$ 217.80	636
1503	1503866	Nucm Gallium 67 Citrate	Q3002	$ 21.78	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1503	1503867	Nucm Oncoscint(Satumornab)	A4642	$ 2,178.00	636
1503	1503868	Nucm Octreoscan (Octreotide)	J2352	$ 1,742.40	636
1503	1503869	Nucm In-111 Oxine Labeled Wbcs	C1091	$ 726.00	636
1503	1503870	Nucm Tc99m Ceretec Labeled Wbc	A9521	$ 798.60	636
1503	1503871	Nucm I131 Trtmt Hyperthrd<15mc	79001	$ 290.40	333
1503	1503872	Nucm I131 Trtmt Hyperthrd<30mc	79900	$ 435.60	636
1503	1503873	Nucm I131 Thyroid Ablat(50-75)	79900	$ 871.20	636
1503	1503874	Nucm I131 Thyr Ther Carc75-100	79900	$ 1,452.00	636
1503	1503875	Nucm I131thyr Ther Carc101-150	79900	$ 2,178.00	636
1503	1503876	Nucm I131thyr Ther Carc151-200	79900	$ 2,904.00	636
1503	1503877	Nucm I131thyr Ther Carc201-250	79900	$ 3,630.00	636
1503	1503878	Nucm I131thyr Ther Carcnom>250	79900	$ 4,356.00	636
1503	1503879	Nucm P-32 Rx Of Polycythemia	79900	$ 798.60	636
1503	1503880	Nucm P-32 Intracavitary	79900	$ 3,630.00	636
1503	1503881	Nucm Strontium-89 Chl 1mci	A9600	$ 5,082.00	636
1503	1503882	Nucm I123 Mibg 0.5 Mci	A9508	$ 2,040.00	636
1504	1504401	Sono Research Study	76999	$ 163.40	402
1504	1504402	Sono Mass Biopsy	76942	$ 634.42	402
1504	1504403	Sono Biophys Profile	76818	$ 287.29	402
1504	1504404	Sono Testicular Scan	76870	$ 295.33	402
1504	1504405	Sono Neonatal Body	76700	$ 323.55	402
1504	1504406	Sono Neonatal Renal	76775	$ 327.61	402
1504	1504408	Sono Echocard Fetal	76825	$ 435.35	402
1504	1504409	Sono Abdom Paracent	76942	$ 634.42	402
1504	1504410	Sono Thyroid Sonogm	76536	$ 327.61	402
1504	1504411	Sono Absces Drainage	75989	$ 969.31	402
1504	1504412	Sono Neonatal Head	76506	$ 481.89	402
1504	1504413	Sono Carotid Doppler	76536	$ 290.98	402
1504	1504415	Sono Doppler Arter P Unilat	93923	$ 278.77	921
1504	1504416	Sono Port Ultrasnd	76986	$ 450.60	402
1504	1504417	Sono Intrutern Trnsf	76941	$ 462.62	402
1504	1504418	Sono Extremity Unilat	76880	$ 322.61	402
1504	1504419	Sono Chest	76604	$ 327.61	402
1504	1504421	Sono Miscellaneous	76999	$ 441.57	402
1504	1504428	Sono Echocardiogrphy	93307	$ 363.00	402
1504	1504429	Sono Us Follicl Stdy	76857	$ 262.75	402
1504	1504430	Sono Us Folic Sty-Fu	76857	$ 262.75	402
1504	1504431	Sono Limited Retroperitoneum	76775	$ 282.20	402
1504	1504432	Sono Transplanted Kidney	76778	$ 462.00	402
1504	1504433	Sono Complt Ob Mult Gest >1tri	76810	$ 625.40	402
1504	1504434	Sono Ob Followup Or Repeat	76816	$ 277.20	402
1504	1504435	Sono Infant Hip	76885	$ 440.60	402
1504	1504436	Sono GI Endoscope	76975	$ 638.60	402
1504	1504437	Sno Dplx Art/Vn,Abd,Pel,Scr,Rt	93975	$ 316.80	921
1504	1504438	Sono Thoracenthesis	76942	$ 525.45	402
1504	1504439	Sono Limited Duplex	93976	$ 211.20	921
1504	1504440	Sono Dup Aorta,Ivc,Il,Bypass C	93978	$ 343.20	921
1504	1504441	Sono Dup Arta,Ivc,Il,Bypss Lmt	93979	$ 211.20	921
1504	1504442	Sono Breast Ultrasnd	76645	$ 253.98	402
1504	1504443	Sono Breast Ultsd Bl	76645	$ 291.62	402

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1504	1504445	Sono Breast Needl Localization	76096	$ 291.06	402
1504	1504446	Sono Addl Localizatn	76097	$ 133.26	402
1504	1504447	Sono Duplex Penile Vessels	93980	$ 303.60	921
1504	1504448	Sono Dplx Penile Vessls Lim/Fu	93981	$ 198.00	921
1504	1504449	Sono Ultrsnd Guid Cre Ndl Bpsy	76942	$ 525.45	402
1504	1504450	Sono Abdom Sonogram	76700	$ 425.79	402
1504	1504454	Sono Single Quadrant	76705	$ 325.86	402
1504	1504456	Sono Renal Sonogram	76775	$ 425.79	402
1504	1504458	Sono Guidance Cyst Aspir	76942	$ 634.42	402
1504	1504459	Sono Guidance For Needl Biopsy	76942	$ 634.42	402
1504	1504463	Sono Infant Hips	76880	$ 241.96	402
1504	1504465	Sono Venous Study Unilat	93922	$ 278.77	400
1504	1504466	Sono Venous Study Bilat	93965	$ 417.74	402
1504	1504470	Sono Ob Ultrasound Lmtd	76815	$ 294.30	402
1504	1504474	Sono Ob Ultrasound	76805	$ 369.69	402
1504	1504476	Sono Repeat Ob Ultsd	76816	$ 240.00	402
1504	1504477	Echo Exam Pregnant Uterus76805	76805	$ 401.00	402
1504	1504478	Echo Exam Pregnant Uterus76810	76810	$ 401.00	402
1504	1504487	Sono Transvaginal Ultrasound	76830	$ 292.05	402
1504	1504488	Sono Amniocentesis	76946	$ 462.62	402
1504	1504489	Sono Pelvic Ultrsnd	76856	$ 290.98	402
1504	1504490	Sono Hysterosonogram	76831	$ 658.40	402
1504	1504494	Sono Aorta Ultrasnd	76775	$ 327.61	402
1504	1504495	Sono Spinal Canal Ultrasound	76800	$ 462.38	402
1504	1504496	Sono Guid/Intrauterine Cordioc	76941	$ 309.92	402
1504	1504497	Sono Compressn Pseudoaneurysm	76936	$ 668.75	402
1504	1504498	Duplex Lower Ext Artery Bilat	93925	$ 417.74	921
1504	1504499	Sono Popliteal Bilat	76925	$ 483.30	921
1504	1504703	Sono Limited Retroperitoneum	76775	$ 264.93	402
1504	1504704	Sono Transplanted Kidney	76778	$ 420.00	402
1504	1504705	Comp Ob Sono Mult Gest>1trimst	76810	$ 569.00	402
1504	1504706	Ob Sono Followup Or Repeat	76816	$ 257.00	402
1504	1504707	Sono Infant Hip	76885	$ 401.00	402
1504	1504708	Sono Gi Endoscope Ultrasound	76975	$ 581.00	402
1504	1504709	Dplx-Art&Vein,Abd,Pel,Scro Cmp	93975	$ 288.00	#Deleted
1504	1504710	Sono Limited Duplex	93976	$ 192.00	#Deleted
1504	1504711	Dplx Aorta,Ivc,Iliac By Compit	93978	$ 312.00	#Deleted
1504	1504712	Dplx Aorta,Ivc,Iliac By Limitd	93979	$ 192.00	#Deleted
1504	1504713	Sono Duplex Penile Vessels	93980	$ 276.00	#Deleted
1504	1504714	Duplex Penile Vessels Lim/Fu	93981	$ 180.00	#Deleted
1504	1504715	Sono Us Core Biopsy	76942	$ 525.45	402
1505	1505590	Phys Doslmet-1	77331	$ 176.83	330
1507	1507642	Xray Mri Brain	70551	$ 1,425.00	610
1507	1507643	Xray Mri T.M.J.	70336	$ 1,395.00	610
1507	1507644	Xray Mri Orbt/Fce/Nk	70540	$ 1,395.00	610
1507	1507645	Xray Mri Chest	71550	$ 1,580.00	610
1507	1507646	Xray Mri Spine-Cerv	72141	$ 1,416.39	610
1507	1507647	Xray Mri Spine-Thor	72146	$ 1,416.39	610
1507	1507648	Xray Mri Spine-Lumbr	72148	$ 1,395.37	610
1507	1507649	Xray Mri Up Extr N/J	73220	$ 2,030.00	610

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1507	1507650	Xray Mri Up Extr Jnt	73221	$ 1,395.37	610
1507	1507651	Xray Mri L Extr No J	73720	$ 2,033.28	610
1507	1507652	Xray Mri L Extr Jnt	73721	$ 1,395.37	610
1507	1507653	Xray Mri Abdomen	74181	$ 1,416.39	610
1507	1507654	Mri Contrast	A4643	$ 273.52	250
1507	1507655	Xray Mri With Anesthesia	73220	$ 1,227.31	610
1507	1507656	Xray Mri Breast - Unilat	76093	$ 1,390.37	610
1507	1507657	Xray Mri Breast - Bilat	76094	$ 1,981.98	610
1507	1507658	Xray Mra (Angio) Up Extremity	73225	$ 1,390.37	610
1507	1507659	Xray Mra (Angio) Low Extremity	C8912	$ 1,390.37	610
1507	1507660	Xray Cardiac Mri W/O Contrast	75552	$ 1,390.37	610
1507	1507661	Xray Cardiac Mri W Contrast	75553	$ 1,390.37	610
1507	1507662	Xray Complete Cardiac Mri	75554	$ 1,390.37	610
1507	1507663	Xray Mra Brain	70544	$ 1,562.50	610
1507	1507664	Mri Cervical Spine W/Contrast	72142	$ 1,567.50	610
1507	1507665	Mri Cervical Spine W&W/O Contr	72156	$ 1,915.00	610
1507	1507666	Mri Thoracic Spine W/ Contrast	72147	$ 1,382.50	#Deleted
1507	1507667	Mri Thoracic Spine W&W/O Contr	72157	$ 1,777.50	610
1507	1507668	Mri Lumbar Spine With Contrast	72149	$ 1,557.50	610
1507	1507669	Mri Lumbar Spine W&W/O Contrst	72158	$ 1,265.00	610
1507	1507670	Mra Spine With Or W/O Contrast	72159	$ 1,680.00	610
1508	1508119	Xray Ct Scan/Head	70480	$ 805.00	350
1508	1508124	Xray Mtrz Cstrngm/Ct	76499	$ 1,090.28	350
1508	1508126	Xray Ct Scan/Body	71250	$ 802.75	350
1508	1508127	Xray Mirz Cystrn/Ct	76499	$ 1,579.46	350
1508	1508128	Xray Ct Scan Treatment Plan	76370	$ 447.08	350
1508	1508137	Xray Ct Absces Drain	75989	$ 1,211.26	350
1508	1508138	Xray Ct Biopsy Needl	76360	$ 715.34	350
1508	1508147	Xray Ct Head W/O Cnt	70450	$ 729.00	350
1508	1508148	Xray Ct Head W Cntrs	70460	$ 773.00	350
1508	1508149	Xray Cthead W&W/O Cn	70470	$ 943.00	350
1508	1508150	Xray Ct Abdomen W/O Contrast	74150	$ 802.75	350
1508	1508151	Xray Ct Abdomen With Contrast	74160	$ 918.46	350
1508	1508152	Xray Ct Abdomen W&W/O Contrast	74170	$ 1,191.98	350
1508	1508154	Xray Ct Pelvis	72192	$ 790.48	350
1508	1508170	Xray Ct-Limited Body	76380	$ 452.73	350
1508	1508171	Xray Ct Bone Mnrlztn	76070	$ 241.96	350
1508	1508611	Xray Ct Orbt/Sinus	70486	$ 729.00	350
1508	1508612	Xray Ct Abdomen W/O	74150	$ 790.48	350
1508	1508613	Xray Ct Lumbar Spine	72131	$ 790.48	350
1508	1508617	Xray Ct Cyst Apsir	76365	$ 1,407.89	350
1508	1508618	Xray Ct Neck W/O	70490	$ 790.00	350
1508	1508619	Xray Ct Orbt/Sns/Fcew/Contrast	70487	$ 807.50	350
1508	1508620	Xray Ct Sella W/Cont	70481	$ 952.50	350
1508	1508621	Xray Ct Neck W/Cont	70491	$ 819.00	350
1508	1508622	Xray Ct Orb/S/F W-Wo	70488	$ 1,007.50	350
1508	1508623	Xray Ct Sella W&W/O	70482	$ 1,092.50	350
1508	1508624	Xray Ct Neck W&W/O	70492	$ 970.00	350
1508	1508625	Xray Ct Thorc/Spn Wo	72128	$ 802.75	350
1508	1508626	Xray Ct Arm W/O	73200	$ 790.48	350

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1508	1508627	Xray Ct Leg W/O	73700	$ 790.48	350
1508	1508628	Xray Ct Cerv/Spine W	72126	$ 932.50	350
1508	1508629	Xray Ct Thorac/Spn W	72129	$ 932.50	350
1508	1508630	Xray Ct Lumbar Spn W	72132	$ 932.50	350
1508	1508631	Xray Ct Pelvs W Cont	72193	$ 899.18	350
1508	1508632	Xray Ct Lung/Media W	71260	$ 937.75	350
1508	1508633	Xray Ct Arm W/Cont	73201	$ 802.75	350
1508	1508634	Xray Ct Leg W/Cont	73701	$ 802.75	350
1508	1508635	Xray Ct Crv/Spn W/Wo	72127	$ 1,120.10	350
1508	1508636	Xray Ct Thr/Spn W/Wo	72130	$ 1,120.10	350
1508	1508637	Xray Ct Lmbr Spnw/Wo	72133	$ 1,120.10	350
1508	1508638	Xray Ct Pelvis W&W/O	72194	$ 1,074.51	350
1508	1508639	Xray Ct Lung/Medw/Wo	71270	$ 1,139.38	350
1508	1508640	Xray Ct Arm W & W/O	73202	$ 1,035.00	350
1508	1508641	Xray Ct Leg W & W/O	73702	$ 1,040.00	350
1508	1508642	Xray Ct Non-Ionic Cont Del4/98		$ 152.46	255
1508	1508643	Xray Ct Lim/Local Folup Del498	76380	$ 452.73	320
1508	1508644	Xray Ct 3-D Reconst Del 4/98	76375	$ 784.08	320
1508	1508645	Ct Angiography Of Chest	71275	$ 1,217.50	350
1508	1508646	Ct Angiography Of Head	70496	$ 1,625.00	350
1508	1508647	Ct Angiography Of Neck	70498	$ 1,657.50	350
1508	1508648	Ct Angiography Low Extremity	73706	$ 1,227.50	350
1508	1508649	Ct Angiography Abdomnl Aorta	75635	$ 1,352.73	350
1508	1508650	Ct Angiography Of Abdomen	74175	$ 1,246.25	350
1508	1508950	Nyml Ct Non-Ionic Contrast		$ 152.46	255
1508	1508951	Xray Ct Lim Or Local Follow Up	76380	$ 452.73	350
1508	1508952	Xray Ct 3-D Reconstruction	76375	$ 784.08	350
1508	1508953	Xray Ct Scanogram	76040	$ 84.00	350
1510	1510001	Xray Myelogrphy Postrior Fossa	70010	$ 849.00	320
1510	1510002	Xray Clsternogrphy Pos Contrst	70015	$ 413.00	320
1510	1510003	Xray Eye For Foreign Body	70030	$ 97.00	320
1510	1510004	Xray Mandible Partial <4 View	70100	$ 113.00	320
1510	1510005	Xray Mandible Cmplt 4or> View	70110	$ 139.00	320
1510	1510006	Xray Mastoids <3 View Per Side	70120	$ 129.00	320
1510	1510007	Xraymastoids Cmplt 3or> View	70130	$ 180.00	320
1510	1510008	Xray Intrnl Auditry Meati Cplt	70134	$ 174.00	320
1510	1510009	Xray Facial Bones <3 View/Side	70140	$ 130.00	320
1510	1510010	Xray Facial Bones Cmplt 3or>v	70150	$ 167.00	320
1510	1510011	Xray Nasal Bones Cmplt 3or>v	70160	$ 112.00	320
1510	1510012	Xray Dacryocyst Nasolacrimal	70170	$ 198.00	320
1510	1510013	Xray Optic Foramina	70190	$ 133.00	320
1510	1510014	Xray Orbits Cmplt 4or> Views	70200	$ 171.00	320
1510	1510015	Xray Sinuses Paranasal <3 View	70210	$ 127.00	320
1510	1510016	Xray Sinuses Paranasal 3> View	70220	$ 166.00	320
1510	1510017	Xray Sella Turcica	70240	$ 100.00	320
1510	1510018	Xray Skull < 4 Views	70250	$ 138.00	320
1510	1510019	Xray Skull Cmplt 4or> Views	70260	$ 197.00	320
1510	1510020	Xray Teeth Single View	70300	$ 55.00	320
1510	1510021	Xray Teeth Partl < Full Mth Vw	70310	$ 92.50	320
1510	1510022	Xray Teeth Cmplt Full Mouth	70320	$ 161.00	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510023	Xray Tmj Unilateral	70328	$ 108.00	320
1510	1510024	Xray Tmj Bilateral	70330	$ 171.00	320
1510	1510025	Xray Arthrography Tmj	70332	$ 409.00	320
1510	1510026	Xray Cephalogram Orthodont	70350	$ 93.00	320
1510	1510027	Xray Orthopantogram	70355	$ 125.00	320
1510	1510028	Xray Neck Soft Tissue	70360	$ 97.00	320
1510	1510029	Xray Pharynx/Lrynx Fluor/Mag	70370	$ 252.00	320
1510	1510030	Xray Cmplx Pharyn Spch Eval	70371	$ 462.00	320
1510	1510031	Xray Laryngography W/Cntrst	70373	$ 346.00	320
1510	1510032	Xray Salivary Glnd For Calcls	70380	$ 135.00	320
1510	1510033	Xray Sialography	70390	$ 336.00	320
1510	1510034	Xray Chest 1 View, Frontal	71010	$ 106.00	320
1510	1510035	Xray Chest 1 Vw, Frontl Stereo	71015	$ 118.00	320
1510	1510036	Xray Chest 2 Vw Frontl&Laterl	71020	$ 135.00	320
1510	1510037	Xray Chest 2 Vw Fr/Lat W/Lrdtc	71021	$ 163.00	320
1510	1510038	Xray Chest 2 Vw Fr/Lat W/Obliq	71022	$ 172.00	320
1510	1510039	Xray Chest 2 Vw Fr/Lat W/Fluor	71023	$ 190.00	320
1510	1510040	Xray Chest Cmplt 4or> Views	71030	$ 174.00	320
1510	1510041	Xray Chest Cmplt 4>vw W/Fluor	71034	$ 299.00	320
1510	1510042	Xray Chest Special Views	71035	$ 113.00	320
1510	1510043	Xray Bronchography Unilatrl	71040	$ 323.00	320
1510	1510044	Xray Bronchography Bilatrl	71060	$ 461.00	320
1510	1510045	Xray Pacemkr Insrt Fluor&Rad	71090	$ 352.00	320
1510	1510046	Xray Ribs Unilateral 2 Views	71100	$ 127.00	320
1510	1510047	Xray Ribs Unilt 2 Vw/W Chst 3v	71101	$ 150.00	320
1510	1510048	Xray Ribs Bilateral 3 Views	71110	$ 168.00	320
1510	1510049	Xray Ribs Bilt 3 Vw/W Chst 4>v	71111	$ 193.00	320
1510	1510050	Xray Sternum 2or> Views	71120	$ 137.00	320
1510	1510051	Xray Sternoclav Jnt(S) 3or> Vw	71130	$ 148.00	320
1510	1510052	Xray Spine Anteropost & Latrl	72010	$ 236.60	320
1510	1510053	Xray Spine Single View Spec Lv	72020	$ 93.80	320
1510	1510054	Xray Cervical Spine <4 Views	72040	$ 132.20	320
1510	1510055	Xray Cervical Spine 4or> Views	72050	$ 194.60	320
1510	1510056	Xray Cerv Spine W/Obliq/Flx/Ext	72052	$ 234.20	320
1510	1510057	Xray Thorac Spine Stnd(Scolios	72069	$ 117.80	320
1510	1510058	Xray Thoracic Spine, 2 Views	72070	$ 139.40	320
1510	1510059	Xray Thoracic Spine, 3 Views	72072	$ 153.80	320
1510	1510060	Xray Thoracic Spine Min 4 View	72074	$ 179.00	320
1510	1510061	Xray Thracolmbr Spne Min 4 Vw	72080	$ 145.40	320
1510	1510062	Xray Spne Scliosis Stdy Sup&Er	72090	$ 155.00	320
1510	1510063	Xray Lumbosac Spine 2/3 Views	72100	$ 145.40	320
1510	1510064	Xray Lumbosac Spine Min 4 Vws	72110	$ 197.00	320
1510	1510065	Xray Lumbosac Spine W/Bend Vw	72114	$ 243.80	320
1510	1510066	Xray Lumbosac Sp Bnd Vw Only	72120	$ 180.20	320
1510	1510067	Xray Pelvis Anteropost <3 Vws	72170	$ 111.80	320
1510	1510068	Xray Pelvis Cmplt 3or> Views	72190	$ 140.60	320
1510	1510069	Xray Sacroiliac Joint <3 Views	72200	$ 111.80	320
1510	1510070	Xray Sacroiliac Joint 3or> Vws	72202	$ 129.80	320
1510	1510071	Xray Sacrum & Coccyx 2or> Vws	72220	$ 120.20	320
1510	1510072	Xray Myelography Cervical	72240	$ 860.60	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510073	Xray Myelography Thoracic	72255	$ 793.40	320
1510	1510074	Xray Myelography Lumbosac	72265	$ 745.40	320
1510	1510075	Xray Myelography Entire Spine	72270	$ 1,131.80	320
1510	1510076	Xray Epidurography	72275	$ 456.20	320
1510	1510077	Xray Diskography Cervical	72285	$ 1,436.60	320
1510	1510078	Xray Diskography Lumbar	72295	$ 1,301.00	320
1510	1510079	Xray Clavicle Complete	73000	$ 109.40	320
1510	1510080	Xray Scapula Complete	73010	$ 111.80	320
1510	1510081	Xray Shoulder 1 View	73020	$ 101.00	320
1510	1510082	Xray Shoulder 2or> Views	73030	$ 121.40	320
1510	1510083	Xray Arthrography Shoulder	73040	$ 410.60	320
1510	1510084	Xray Acrmioclav Joint Bilaterl	73050	$ 141.80	320
1510	1510085	Xray Humerus 2or> Views	73060	$ 120.20	320
1510	1510086	Xray Elbow Less Than 3 Views	73070	$ 108.20	320
1510	1510087	Xray Elbow 3 Or More Views	73080	$ 120.20	320
1510	1510088	Xray Arthrography Elbow	73085	$ 411.80	320
1510	1510089	Xray Forearm Less Than 3 Vws	73090	$ 109.40	320
1510	1510090	Xray Up Extrem, Infant 2or> Vw	73092	$ 104.60	320
1510	1510091	Xray Wrist Less Than 3 Views	73100	$ 108.20	320
1510	1510092	Xray Wrist 3 Or More Views	73110	$ 113.00	320
1510	1510093	Xray Arthrography Wrist	73115	$ 335.00	320
1510	1510094	Xray Hand Less Than 3 Views	73120	$ 105.80	320
1510	1510095	Xray Hand 3 Or More Views	73130	$ 113.00	320
1510	1510096	Xray Finger(S) 2 Or More Views	73140	$ 90.20	320
1510	1510097	Xray Hip Unilateral 1 View	73500	$ 104.60	320
1510	1510098	Xray Hip Unlateral 2or> Views	73510	$ 128.60	320
1510	1510099	Xrayhip Bilaterl 2Or> Vw Ea Hi	73520	$ 151.40	320
1510	1510100	Xray Arthrography Hip	73525	$ 410.60	320
1510	1510101	Xray Hip Durng Operatv Proced	73530	$ 131.00	320
1510	1510102	Xray Pelvis&Hips Inf/Child 2>v	73540	$ 127.40	320
1510	1510103	Xray Arthrography Sacroiliac	73542	$ 414.20	320
1510	1510104	Xray Femur 2 Views	73550	$ 120.20	320
1510	1510105	Xray Knee Less Than 3 Views	73560	$ 109.20	320
1510	1510106	Xray Knee 3 Views	73562	$ 123.80	320
1510	1510107	Xray Knee 4 Or More Views	73564	$ 138.20	320
1510	1510108	Xray Knees(Both),Standing,Antp	73565	$ 109.40	320
1510	1510109	Xray Arthrography Knee	73580	$ 486.20	320
1510	1510110	Xray Tibia And Fibula 2 Views	73590	$ 111.80	320
1510	1510111	Xray Low Extrem Infant 2or> Vw	73592	$ 105.80	320
1510	1510112	Xray Ankle 2 Views	73600	$ 105.80	320
1510	1510113	Xray Ankle 3 Or More Views	73610	$ 113.00	320
1510	1510114	Xray Arthrography Ankle	73615	$ 411.80	320
1510	1510115	Xray Foot 2 Views	73620	$ 105.80	320
1510	1510116	Xray Foot 3 Or More Views	73630	$ 113.00	320
1510	1510117	Xray Calcaneus 2 Or More Vws	73650	$ 103.40	320
1510	1510118	Xray Toe(S) 2 Or More Views	73660	$ 90.20	320
1510	1510119	Xray Abdomen 1 Anteropost Vw	74000	$ 113.00	320
1510	1510120	Xray Abdomen Anteropst&Oblq	74010	$ 131.00	320
1510	1510121	Xray Abdomen W/Decub/Erect Vw	74020	$ 143.00	320
1510	1510122	Xray Abdomen Acute Series	74022	$ 170.60	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510123	Xray Peritoneogram	74190	$ 279.80	320
1510	1510124	Xray Pharynx &/Or Cervcl Esoph	74210	$ 241.40	320
1510	1510125	Xray Esophagus	74220	$ 259.40	320
1510	1510126	Xray Swallowing Function	74230	$ 289.40	320
1510	1510127	Xray Rmv For Bdy Esoph W/Balln	74235	$ 599.00	320
1510	1510128	Xray Upper GI Tract W/O Kub	74240	$ 339.80	320
1510	1510129	Xray Upper GI Tract W Kub	74241	$ 343.40	320
1510	1510130	Xray Upper GI W/ Small Intestn	74245	$ 515.00	320
1510	1510131	Xray Up GI Trct Hd Bar W/O Kub	74246	$ 367.40	320
1510	1510132	Xray Up GI Trct Hd Barm W/ Kub	74247	$ 374.60	320
1510	1510133	Xray Up GI Trc Hd Bar W/Sm Int	74249	$ 542.60	320
1510	1510134	Xray Small Intestine	74250	$ 279.80	320
1510	1510135	Xray Sml Intest Via Enteroclys	74251	$ 1,063.88	320
1510	1510136	Xray Duodenography Hypotonic	74260	$ 890.20	320
1510	1510137	Xray Colon Barm Enema W/O Kub	74270	$ 381.08	320
1510	1510138	Xray Colon Hi Dens Bar Glucagn	74280	$ 524.38	320
1510	1510139	Xray Ther Enema Reduct/Obstrct	74283	$ 735.80	320
1510	1510140	Xray Cholecyst W/Oral Contrast	74290	$ 169.40	320
1510	1510141	Xray Cholecyst W/ Cont Add/Rpt	74291	$ 173.73	320
1510	1510142	Xray Cholang/Pancreat Intraop	74300	$ 245.00	320
1510	1510143	Xray Cholang/Pancr Intraop Add	74301	$ 125.00	320
1510	1510144	Xray Cholang/Pancr Postop Cath	74305	$ 194.60	320
1510	1510145	Xray Cholanglog Percut Transh	74320	$ 560.60	320
1510	1510146	Xray Remov Bilary Duct Calculs	74327	$ 387.80	320
1510	1510147	Xray Endoscop Cath Biliary Dct	74328	$ 589.40	320
1510	1510148	Xray Endoscop Cath Pancreatic	74329	$ 589.40	320
1510	1510149	Xray Bile/Panc Endoscopy	74330	$ 624.20	320
1510	1510150	Xray Introduction Long GI Tube	74340	$ 483.80	320
1510	1510151	Xray Percut Plcmt Gastrost Tbe	74350	$ 594.00	320
1510	1510152	Xray Percut Plcmt Enterocl Tbe	74355	$ 523.40	320
1510	1510153	Xray Intralum Dilatn Strc/Obst	74360	$ 561.80	320
1510	1510154	Xray Percut Trans Dil Bile Duc	74363	$ 1,055.00	320
1510	1510155	Xray Urography Iv W/Wo Kub/Tom	74400	$ 341.00	320
1510	1510156	Xray Urograph Infus Drip/Bolus	74410	$ 378.20	320
1510	1510157	Xray Urogrph Inf Drp/Bol W/Nph	74415	$ 403.40	320
1510	1510158	Xray Urography Retrograde	74420	$ 455.00	320
1510	1510159	Xray Urography Antegrade	74425	$ 260.60	320
1510	1510160	Xray Cystography 3or> Views	74430	$ 216.20	320
1510	1510161	Xray Vaso/Vesiculo/Epididymogr	74440	$ 237.80	320
1510	1510162	Xray Corporo Cavernosograph	74445	$ 368.60	320
1510	1510163	Xray Urethrocyst Retrograde	74450	$ 278.60	320
1510	1510164	Xray Urethrocystogrph Voiding	74455	$ 297.80	320
1510	1510165	Xray Renal Cyst Trnslmbr W/Cnt	74470	$ 282.20	320
1510	1510166	Xray Catheter Renal Pelvis	74475	$ 696.20	320
1510	1510167	Xray Ureteral Catheter/Stent	74480	$ 696.20	320
1510	1510168	Xray Dilation Nephrostomy	74485	$ 561.80	320
1510	1510169	Xray Pelvimetry W/W/O Plac Loc	74710	$ 219.80	320
1510	1510170	Xray Hysterosalpingography	74740	$ 264.20	320
1510	1510171	Xray Trnscrv Cth Fallopian Tbe	74742	$ 572.60	320
1510	1510172	Xray Perineogram	74775	$ 330.20	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510173	Xray Aortography Thor W/O Ser	75600	$ 1,941.80	320
1510	1510174	Xray Aortography Thor By Serl	75605	$ 2,055.80	320
1510	1510175	Xray Aortography Abdom By Ser	75625	$ 2,053.40	320
1510	1510176	Xray Aortgrphy Abdom+bil Ilio	75630	$ 2,250.20	320
1510	1510177	Xray Angiogrph Cervicocerebral	75650	$ 2,114.60	320
1510	1510178	Xray Angiogrph Brachl Rtrogrd	75658	$ 2,089.40	320
1510	1510179	Xray Angiogrph Ext Carotid Unl	75660	$ 2,084.60	320
1510	1510180	Xray Angiogrph Ext Carotid Bil	75662	$ 2,150.60	320
1510	1510181	Xray Angogrph Carotd Crbrl Unl	75665	$ 2,085.80	320
1510	1510182	Xray Angogrph Carotd Crbrl Bl	75671	$ 2,145.80	320
1510	1510183	Xray Angogrph Carotd Cerv Unl	75676	$ 2,087.00	320
1510	1510184	Xray Angogrph Carotd Cerv Bl	75680	$ 2,145.80	320
1510	1510185	Xray Angogrph Vrtbrl Cervical	75685	$ 2,083.40	320
1510	1510186	Xray Angogrph Spinal Selectv	75705	$ 2,239.40	320
1510	1510187	Xray Angogrph Extremity Unilat	75710	$ 2,057.00	320
1510	1510188	Xray Angogrph Extremity Bilat	75716	$ 2,083.40	320
1510	1510189	Xray Angogrph Renal Slctv Unl	75722	$ 2,055.80	320
1510	1510190	Xray Angogrph Renal Slctv Bl	75724	$ 2,120.60	320
1510	1510191	Xray Angiography Visceral	75726	$ 2,053.40	320
1510	1510192	Xray Angiography Adrenal Unl	75731	$ 2,053.40	320
1510	1510193	Xray Angiography Adrenal Bilat	75733	$ 2,083.40	320
1510	1510194	Xray Angiography Pelvic	75736	$ 2,053.40	320
1510	1510195	Xray Angiography Pulm Unilat	75741	$ 2,083.40	320
1510	1510196	Xray Angiography Pulm Bilat	75743	$ 2,142.20	320
1510	1510197	Xray Angogrph Pulm Cath/Inject	75746	$ 2,053.40	320
1510	1510198	Xray Angogrph Intrnl Mammary	75756	$ 2,060.60	320
1510	1510199	Xray Angogrph Ea Add Vessel	75774	$ 1,919.00	320
1510	1510200	Xray Angogrph Arterioven Shunt	75791	$ 784.90	320
1510	1510201	Xray Lymphang Extremity Unilat	75801	$ 945.80	320
1510	1510202	Xray Lymphang Extremity Bilat	75803	$ 1,004.60	320
1510	1510203	Xray Lymphang Pelvic/Abdom Unl	75805	$ 1,044.20	320
1510	1510204	Xray Lymphang Pelvic/Abdom Bl	75807	$ 1,105.40	320
1510	1510205	Xray Shuntogram Of Prev Placed	75809	$ 237.78	320
1510	1510206	Xray Splenoportography	75810	$ 2,054.60	320
1510	1510207	Xray Venography Extrem Unilat	75820	$ 289.90	320
1510	1510208	Xray Venography Extrem Bilat	75822	$ 408.20	320
1510	1510209	Xray Venography Caval/Ser/Inf	75825	$ 2,054.60	320
1510	1510210	Xray Venography Caval/Ser/Sup	75827	$ 2,051.00	320
1510	1510211	Xray Venography Renal/Sel/Unl	75831	$ 2,051.00	320
1510	1510212	Xray Venography Renal/Sel/Bl	75833	$ 2,114.60	320
1510	1510213	Xray Venography Adrenal Unl	75840	$ 2,057.00	320
1510	1510214	Xray Venography Adrenal Bl	75842	$ 2,113.40	320
1510	1510215	Xray Venography Sinus/Jugulr	75860	$ 2,057.00	320
1510	1510216	Xray Venograph Sup Sagtl Sinus	75870	$ 2,057.00	320
1510	1510217	Xray Venography Epidural	75872	$ 2,053.40	320
1510	1510218	Xray Venography Orbital	75880	$ 435.35	320
1510	1510219	Xray Percut Trans Port W/Hem	75885	$ 2,103.80	320
1510	1510220	Xray Percut Trans Port W/O Hem	75887	$ 2,103.80	320
1510	1510221	Xray Hepatic Venogphy W/Hemo	75889	$ 2,051.00	320
1510	1510222	Xray Hepatic Venogphy W/O Hemo	75891	$ 2,051.00	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510223	Xray Venous Sampling By Cath	75893	$ 1,947.80	320
1510	1510224	Xray Transcath Therapy Embol	75894	$ 3,780.20	320
1510	1510225	Xray Transcath Therapy Infus	75896	$ 3,318.20	320
1510	1510226	Xray Angogrph Thru Exist Cath	75898	$ 447.80	320
1510	1510227	Xray Prev Arterial Cath W/Cont	75900	$ 3,171.80	320
1510	1510228	Xray Mech Remvl Pericath Matrl	75901	$ 458.15	320
1510	1510229	Xray Mech Remvl Intralum Matrl	75902	$ 401.00	320
1510	1510230	Xray Place Iv Filter Percutans	75940	$ 1,949.00	320
1510	1510231	Xray Intravasc Sono Initial Vs	75945	$ 750.20	320
1510	1510232	Xray Intravasc Sono Ea Add Vsl	75946	$ 416.60	320
1510	1510233	Xray Endovasc Repair Abd Aorta	75952	$ 365.00	320
1510	1510234	Xray Endovas Rpr Placmt Extens	75953	$ 365.00	320
1510	1510235	Xray Endovas Rpr Iliac Artery	75954	$ 365.00	320
1510	1510236	Xray Transcath Intro Stent Ea	75960	$ 2,336.60	320
1510	1510237	Xray Transcth Retriev Intrvasc	75961	$ 2,286.20	320
1510	1510238	Xray Angioplsty Periph Art 1st	75962	$ 2,413.40	320
1510	1510239	Xray Angplsty Periph A Ea Addl	75964	$ 1,301.00	320
1510	1510240	Xray Angplsty Renl/Vsc Art 1st	75966	$ 2,550.20	320
1510	1510241	Xray Angplsty Renl/Vsc A Addl	75968	$ 1,299.80	320
1510	1510242	Xray Transcatheter Biopsy	75970	$ 1,845.80	320
1510	1510243	Xray Angioplasty Venous	75978	$ 2,409.80	320
1510	1510244	Xray Billary Drainage W/Cntrst	75980	$ 1,051.40	320
1510	1510245	Xray Trnscth Plcmt Billary Drn	75982	$ 1,149.80	320
1510	1510246	Xray Tube/Cath W/Contrast Mon	75984	$ 416.60	320
1510	1510247	Xray Abscess Drainage W/Cath	75989	$ 673.40	320
1510	1510248	Xray Atherectomy Periph Art	75992	$ 2,407.20	320
1510	1510249	Xray Athrctmy Priph Art Ea Add	75993	$ 1,296.00	320
1510	1510250	Xray Atherectomy Renal	75994	$ 2,545.20	320
1510	1510251	Xray Atherectomy Visceral	75995	$ 2,546.40	320
1510	1510252	Xray Athrctmy Viscerl Ea Addl	75996	$ 1,292.40	320
1510	1510253	Xray Fluoroscopy Up To 1 Hour	76000	$ 227.00	320
1510	1510254	Xray Fluoroscopy > 1 Hour	76001	$ 507.80	320
1510	1510255	Xray Fluor Lcliztion Ndl Plcmt	77002	$ 286.80	320
1510	1510256	Xray Fluor Guid & Local Spine	77003	$ 291.60	320
1510	1510257	Xray Stress Applic Joint Radio	77071	$ 82.80	320
1510	1510258	Xray Nose To Rectum Child 1 Vw	76010	$ 113.00	320
1510	1510259	Xray Prct Vertbroplsty Fluor	72291	$ 240.00	320
1510	1510260	Xray Percut Vertbroplsty Ct	72292	$ 270.00	320
1510	1510261	Xray Bone Age Studies	77072	$ 109.20	320
1510	1510262	Xray Bone Length Studies	77073	$ 166.80	320
1510	1510263	Xray Osseous Survey Limited	77074	$ 226.80	320
1510	1510264	Xray Osseous Survey Complt	77075	$ 304.80	320
1510	1510265	Xray Osseous Survey Infant	77076	$ 228.00	320
1510	1510266	Xray Jnt Survey 2> Jnts 1 View	77077	$ 218.40	320
1510	1510267	Xray Dexa Axial Skeleton Study	77080	$ 507.60	320
1510	1510268	Xray Dexa Appendic Skel Study	77081	$ 151.20	320
1510	1510269	Xray Radiogrphc Absrptiomtry	76078	$ 147.60	320
1510	1510270	Xray Abscss/Fistula/Sinus Trct	76080	$ 252.20	320
1510	1510271	Xray Surgical Specimen	76098	$ 96.20	320
1510	1510272	Xray Single Plane Body Section	76100	$ 295.33	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510273	Xray Cmplx Motn Bdy Sectn Uni	76101	$ 459.23	320
1510	1510274	Xray Cmplx Motn Bdy Sectn Bi	76102	$ 651.38	320
1510	1510275	Xray Cine/Video Radiology	76120	$ 227.00	320
1510	1510276	Xray Cine/Video Rad W/Rout Exm	76125	$ 169.40	320
1510	1510277	Xray Consult Exam Done Elsewhr	76140	$ 30.00	320
1510	1510278	Xray Xeroradiography	76150	$ 62.40	320
1510	1510279	Xray Subtraction W/Contrast	76350	$ 180.00	320
1510	1510280	Xray Unlisted Fluoroscopic	76496	$ 305.00	320
1510	1510281	Xray Unlisted Diag Radiology	76499	$ 305.00	320
1510	1510282	Small Intestine Imag Trnslumnl	G0262	$ 2,845.20	320
1510	1510283	Angio Renal Art W/Cardiac Cath	G0275	$ 45.60	320
1510	1510284	Angio Iliac Art W/Cardiac Cath	G0278	$ 45.60	320
1510	1510285	Arthroscopy Knee Loose Body	G0289	$ 313.20	320
1510	1510286	Radiology Special Supplies	99070	$ -	270
1510	1510287	Radiology Surgical Tray		$ 48.00	270
1510	1510288	Locm 100-199mg/Ml Iodine, 1ml	Q9965	$ 0.30	250
1510	1510289	Locm 150-199/Ml Iodine Deleted	Q9965	$ 0.30	250
1510	1510290	Locm 200-299/Ml Iodine, 1ml	Q9966	$ 0.30	250
1510	1510291	Locm 250-299/Ml Iodine Deleted	Q9966	$ 0.30	250
1510	1510292	Locm 300-399mg/Ml Iodine,1ml	Q9967	$ 0.30	250
1510	1510293	Locm 350-399mg/Ml Iodn Deleted	Q9967	$ 0.30	250
1510	1510294	Locm>=400mg/Ml Iodine, 1ml		$ 0.30	250
1510	1510295	Inj Gad-Base Mr Contrast, 1ml	A9579	$ 3.00	636
1510	1510296	Inj Fe-Based Mr Contrast, 1ml	Q9953	$ 3.00	250
1510	1510297	Oral Mr Contrast, 100 Ml	Q9954	$ 0.30	250
1510	1510298	Hocm<=149mg/Ml Iodine, 1ml	Q9958	$ 0.36	250
1510	1510299	Hocm 150-199mg/Ml Iodine,1ml	Q9959	$ 0.36	250
1510	1510300	Hocm 200-249mg/Ml Iodine,1ml	Q9960	$ 0.36	250
1510	1510301	Hocm 250-299mg/Ml Iodine,1ml	Q9961	$ 0.36	250
1510	1510302	Hocm 300-349mg/Ml Iodine,1ml	Q9962	$ 0.36	250
1510	1510303	Hocm 350-399mg/Ml Iodine,1ml	Q9963	$ 0.36	250
1510	1510304	Hocm>=400mg/Ml Iodine, 1ml	Q9964	$ 0.36	250
1510	1510305	Thoracentesis	32421	$ 621.60	320
1510	1510306	Thoracentesis W/Tube Insert	32422	$ 621.60	320
1510	1510307	Insert Of Tunneled Pleural Cth	32550	$ 3,667.20	320
1510	1510308	Insertion Of Chest Tube	32551	$ 621.60	320
1510	1510309	Chemical Pleurodesis	32560	$ 621.60	320
1510	1510310	Declot By Thrombolytic Agent	36593	$ 296.40	361
1510	1510311	Insrt Gstro Tbe,Perc,Fluor,Doc	49440	$ 1,015.20	320
1510	1510312	Insrt Duodn,Jejun,Perc,Flr,Doc	49441	$ 1,015.20	320
1510	1510313	Insrt Colonic Tbe,Perc,Flr,Doc	49442	$ 1,303.20	320
1510	1510314	Cnvrt Gstro To Jejun,Per,Fl,Dc	49446	$ 1,015.20	320
1510	1510315	Repl Gstro/Colnc Tbe,Per,Fl,Dc	49450	$ 386.40	320
1510	1510316	Repl Duodn Jejun Tbe,Per,Fl,Dc	49451	$ 386.40	320
1510	1510317	Repl Gstro-Jejun Tbe,Per,Fl,Dc	49452	$ 386.40	320
1510	1510318	Rem Obstrct Gstro/Col Tb Fl,Dc	49460	$ 386.40	320
1510	1510319	Cntrst Inj Exst Gast/Coln Tube	49465	$ 165.60	320
1510	1510320	Rem Snre/Cpt Repl Uret Stn S&I	50385	$ 2,143.20	320
1510	1510321	Rem Snre/Cpt Uteral Stent S&I	50386	$ 714.00	320
1510	1510322	Aspiration Of Bladder By Needl	51100	$ 240.00	320

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1510	1510323	Aspir Of Bladdr Trocar/Intrcth	51101	$ 123.60	320
1510	1510324	Aspir Bladdr W/Insrt Suprapubc	51102	$ 2,310.00	320
1510	1510325	Inj Gadoteridol Per Ml	A9576	$ 0.60	250
1510	1510326	Inj Gadobenate Dimeglumine/Ml	A9577	$ 0.60	250
1510	1510327	Inj Gadobenate Dimeglum Mlt/Ml	A9578	$ 0.60	250
1511	1511001	Radt Ther Rad Trtmt Plan Simpl	77261	$ 255.80	333
1511	1511002	Radt Ther Rad Trtmt Plan Inter	77262	$ 383.00	330
1511	1511003	Radt Ther Rad Trtmt Plan Cmplx	77263	$ 564.20	333
1511	1511004	Radt Ther Rad Sim Aided Simple	77280	$ 636.20	333
1511	1511005	Radt Ther Rad Sim Aided Intrmd	77285	$ 1,010.00	330
1511	1511006	Radt Ther Rad Sim Aided Complx	77290	$ 1,443.83	333
1511	1511007	Radt Ther Rad Sim Aided 3 Dims	77295	$ 4,899.80	330
1511	1511008	Radt Unlisted Ther Rad Trtment	77299	$ 720.00	330
1511	1511009	Radt Basic Dosimetry Calc	77300	$ 309.80	333
1511	1511010	Radt Intensty Mod Radther Plan	77301	$ 5,520.20	330
1511	1511011	Radt Telether Isodse Plan Smpl	77305	$ 402.20	330
1511	1511012	Radt Telether Isodse Plan Intr	77310	$ 530.60	330
1511	1511013	Radt Telether Isodse Plan Cplx	77315	$ 666.20	333
1511	1511014	Radt Telethr Isodse Pln Sp Prt	77321	$ 761.00	330
1511	1511015	Radt Brachyther Iso Calc Smpl	77326	$ 513.80	330
1511	1511016	Radt Brachyther Iso Calc Inter	77327	$ 755.00	330
1511	1511017	Radt Brachyther Iso Calc Cmplx	77328	$ 1,095.80	330
1511	1511018	Radt Special Dosimetry	77331	$ 230.60	330
1511	1511019	Radt Trtmt Devices Simple	77332	$ 294.20	330
1511	1511020	Radt Trtmt Devices Intermed	77333	$ 433.40	333
1511	1511021	Radt Trtmt Devices Complex	77334	$ 696.20	333
1511	1511022	Radt Contin Med Rad Physc Con	77336	$ 443.00	333
1511	1511023	Radt Spec Med Rad Physc Con	77370	$ 516.20	330
1511	1511024	Radt Unlst Proc Rad Physc Dos	77399	$ 510.00	330
1511	1511025	Radt Deliv Suprfic/Orth Voltg	77401	$ 267.80	330
1511	1511026	Radt Sngl Trtmt Up To 5 Mev	77402	$ 267.80	330
1511	1511027	Radt Sngl Trtmt 6-10 Mev	77403	$ 267.80	333
1511	1511028	Radt Sngl Trtmt 11-19 Mev	77404	$ 267.80	330
1511	1511029	Radt Sngl Trtmt 20 Mev Or >	77406	$ 267.80	333
1511	1511030	Radt Two Trtmt Up To 5 Mev	77407	$ 313.40	333
1511	1511031	Radt Two Trtmt 6-10 Mev	77408	$ 313.40	333
1511	1511032	Radt Two Trtmt 11-19 Mev	77409	$ 313.40	333
1511	1511033	Radt Two Trtmt 20 Mev Or >	77411	$ 313.40	333
1511	1511034	Radt 3 >trtmt Up To 5mev	77412	$ 349.40	333
1511	1511035	Radt 3 >trtmt Up To 6-10mev	77413	$ 349.40	333
1511	1511036	Radt 3 >trtmt Up To 11-19mev	77414	$ 349.40	333
1511	1511037	Radt 3 >trtmt 20 Mev Or >	77416	$ 349.40	333
1511	1511038	Radt Ther Rad Port Film(S)	77417	$ 92.60	333
1511	1511039	Radt Intens Mod Trtmt Deliv	77418	$ 2,509.40	333
1511	1511040	Radt Trtmt Mgmt 5 Trtmts	77427	$ 579.80	333
1511	1511041	Radt Trtmt Mgmt Crs 10r2 Frac	77431	$ 331.40	330
1511	1511042	Radt Stereotct Cerebral Lesn	77432	$ 1,433.00	330
1511	1511043	Radt Speci Trtmt Procedure	77470	$ 2,006.60	330
1511	1511044	Radt Unlst Thr Rad Mgmt Srv	77499	$ 300.00	330
1511	1511045	Radt Prton Trt Smpl W/O Comp	77520	$ 300.00	330

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1511	1511046	Radt Prton Trt Smpl W/ Comp	77522	$ 600.00	330
1511	1511047	Radt Proton Trtmt Intermed	77523	$ 480.00	330
1511	1511048	Radt Proton Trtmt Complex	77525	$ 960.00	330
1511	1511049	Radt Hyperthermia To 4cm Or<	77600	$ 1,053.13	330
1511	1511050	Radt Hyperthermia >4cm	77605	$ 2,619.58	330
1511	1511051	Radt Hyperthermia 5or< Probe	77610	$ 2,465.43	330
1511	1511052	Radt Hyperthermia >5 Probe	77615	$ 2,773.90	330
1511	1511053	Radt Hyprthrm Intracav Probe	77620	$ 1,296.33	330
1511	1511054	Radt Radioelement Solution	77750	$ 1,047.80	330
1511	1511055	Radt Intracavit Radtn Simple	77761	$ 1,016.60	330
1511	1511056	Radt Intracavit Radtn Intermd	77762	$ 1,521.80	330
1511	1511057	Radt Intracavit Radtn Complex	77763	$ 2,143.40	330
1511	1511058	Radt Interstit Radtn Simple	77776	$ 1,064.60	330
1511	1511059	Radt Interstit Radtn Intermd	77777	$ 1,919.00	330
1511	1511060	Radt Interstit Radtn Complex	77778	$ 2,699.00	330
1511	1511061	Radt Hi Intens Brachyth 1-4src	77781	$ 3,270.00	330
1511	1511062	Radt Hi Intens Brachyth 5-8src	77782	$ 3,414.00	330
1511	1511063	Radt Hi Intns Brachyth 9-12src	77783	$ 3,626.40	330
1511	1511064	Radt Hi Intns Brachyth >12 Src	77784	$ 3,950.40	330
1511	1511065	Radt Surf Applic Rad Source	77789	$ 264.20	330
1511	1511066	Radt Supv/Handl/Load Rad Srce	77790	$ 260.60	330
1511	1511067	Radt Unlisted Clin Brachyther	77799	$ 2,405.00	330
1511	1511068	Rt Afterload Brachy 1 Chan	77785	$ 3,275.00	330
1511	1511069	Rt Afterload Brachy 2-12 Chan	77786	$ 3,635.00	330
1511	1511070	Rt Afterload Brachy >12 Chan	77787	$ 3,995.00	330
1511	1511071	Imrt Mlc/Design/Construct Plan	77338	$ 836.08	333
1512	1512001	Nucm Thyroid Uptake Single	78000	$ 199.80	340
1512	1512002	Nucm Thyroid Multiple Single	78001	$ 254.18	340
1512	1512003	Nucm Thyroid Uptk Stim Supprss	78003	$ 204.13	340
1512	1512004	Nucm Thyroid Imag W/Uptke Sngl	78006	$ 675.35	340
1512	1512005	Nucm Thyroid Imag W/Uptke Mult	78007	$ 545.10	340
1512	1512006	Nucm Thyroid Imaging Only	78010	$ 460.43	340
1512	1512007	Nucm Thyroid Imaging W/Flow	78011	$ 501.68	340
1512	1512008	Nucm Thyroid Crcnma Met Img Lm	78015	$ 583.08	340
1512	1512009	Nucm Thyrd Crcnma Met Img Add	78016	$ 853.38	340
1512	1512010	Nucm Thyrd Crcnma Met Img Whle	78018	$ 953.00	340
1512	1512011	Nucm Thyroid Carcnma Met Uptke	78020	$ 315.80	340
1512	1512012	Nucm Parathyroid Imaging	78070	$ 417.80	340
1512	1512013	Nucm Adrenal Imaging	78075	$ 1,246.40	340
1512	1512014	Nucm Unlisted Endocrine Procdr	78099	$ 720.00	340
1512	1512015	Nucm Bone Marrow Imaging Ltd	78102	$ 446.30	340
1512	1512016	Nucm Bone Marrow Imaging Mult	78103	$ 602.60	340
1512	1512017	Nucm Bone Marrow Imag Whl Body	78104	$ 741.80	340
1512	1512018	Nucm Plasma Volume Sngle Sampl	78110	$ 234.63	340
1512	1512019	Nucm Plasma Volume Mult Sample	78111	$ 423.80	340
1512	1512020	Nucm Red Cell Vol Dtrmn Single	78120	$ 302.60	340
1512	1512021	Nucm Red Cell Vol Dtrmn Multpl	78121	$ 487.40	340
1512	1512022	Nucm Blood Volume Determin	78122	$ 759.80	340
1512	1512023	Nucm Red Cell Survival Study	78130	$ 531.80	340
1512	1512024	Nucm Red Cell Survl W/Kinetics	78135	$ 994.50	340

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1512	1512025	Nucm Red Cell Sequestration	78140	$ 690.20	340
1512	1512026	Nucm Plasma Radioiron Turnovr	78160	$ 600.00	340
1512	1512027	Nucm Radioiron Oral Absorption	78162	$ 550.80	340
1512	1512028	Nucm Radioiron Red Cell Utiliz	78170	$ 854.40	340
1512	1512029	Nucm Total Body Iron Estimatn	78172	$ 720.00	340
1512	1512030	Nucm Spleen Imaging	78185	$ 579.83	340
1512	1512031	Nucm Kinetics Platelet Survivl	78190	$ 1,039.03	340
1512	1512032	Nucm Platelet Survival Study	78191	$ 1,187.00	340
1512	1512033	Nucm Lymphatic/Lymph Node Imag	78195	$ 936.98	340
1512	1512034	Nucm Unlisted Hem/Retic/Lymph	78199	$ 720.00	340
1512	1512035	Nucm Liver Imaging Static Only	78201	$ 524.48	340
1512	1512036	Nucm Liver Imaging With Flow	78202	$ 571.15	340
1512	1512037	Nucm Liver Imaging, Spect	78205	$ 997.40	340
1512	1512038	Nucm Liver Imagng Spect W/Flow	78206	$ 1,004.60	340
1512	1512039	Nucm Liver/Spleen Imag Static	78215	$ 536.40	340
1512	1512040	Nucm Liver/Spleen Imag W/Flow	78216	$ 614.60	340
1512	1512041	Nucm Liver Funct Study W/Agnt	78220	$ 636.20	340
1512	1512042	Nucm Hepatobillary Imaging	78223	$ 925.03	340
1512	1512043	Nucm Salivary Gland Imaging	78230	$ 459.33	340
1512	1512044	Nucm Salivary Imaging W/Serial	78231	$ 561.80	340
1512	1512045	Nucm Salivary Gland Function	78232	$ 603.80	340
1512	1512046	Nucm Esophageal Motility	78258	$ 612.40	340
1512	1512047	Nucm Gastric Mucosa Imaging	78261	$ 729.80	340
1512	1512048	Nucm Gastroesophageal Reflux	78262	$ 749.00	340
1512	1512049	Nucm Gastric Emptying Study	78264	$ 790.43	340
1512	1512050	Nucm Urea Brth Test C14 Acquis	78267	$ 300.00	340
1512	1512051	Nucm Urea Brth Test C14 Analys	78268	$ 300.00	340
1512	1512052	Nucm Vit B12 Absorp W/O Intrns	78270	$ 270.20	340
1512	1512053	Nucm Vit B12 Absorp W/Intrinsc	78271	$ 282.20	340
1512	1512054	Nucm Vit B-12 Absorp, Combined	78272	$ 395.00	340
1512	1512055	Nucm Acute Gi Blood Loss Imag	78278	$ 947.83	340
1512	1512056	Nucm Gi Protein Loss Exam	78282	$ 605.00	340
1512	1512057	Nucm Intestine Imaging	78290	$ 918.53	340
1512	1512058	Nucm Perit-Vens Shunt Patency	78291	$ 668.85	340
1512	1512059	Nucm Unlisted Gi Procedure	78299	$ 600.00	340
1512	1512060	Nucm Bone/Jnt Imaging Limited	78300	$ 481.40	340
1512	1512061	Nucm Bone/Jnt Imaging Multiple	78305	$ 687.80	340
1512	1512062	Nucm Bone/Jnt Imag Whole Body	78306	$ 783.80	340
1512	1512063	Nucm Bone/Jnt Imag Three Phase	78315	$ 942.40	340
1512	1512064	Nucm Bone/Jnt Imaging Spect	78320	$ 1,055.00	340
1512	1512065	Nucm Bone Dens 1>ste Sngl Phot	78350	$ 151.20	340
1512	1512066	Nucm Bone Dens 1>ste Dual Phot	78351	$ 54.00	340
1512	1512067	Nucm Unlisted Musclskel Proced	78399	$ 600.00	340
1512	1512068	Nucm Determ Central Cv Hemodyn	78414	$ 485.00	340
1512	1512069	Nucm Cardiac Shunt Detection	78428	$ 494.08	340
1512	1512070	Nucm Non-Card Vasclr Flow Imag	78445	$ 472.35	340
1512	1512071	Nucm Venous Thrombosis Study	78455	$ 712.80	340
1512	1512072	Nucm Acute Vens Thrmbs Peptide	78456	$ 968.45	340
1512	1512073	Nucm Venous Thrombsis Imag Uni	78457	$ 531.80	340
1512	1512074	Nucm Venous Thrombsis Imag Bi	78458	$ 751.40	340

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1512	1512075	Nucm Myocrd Imag Pet Metbl Evl	78459	$ 785.00	340
1512	1512076	Nucm Myocard Perfusn Single	78460	$ 496.80	340
1512	1512077	Nucm Myocard Perfusn Multiple	78461	$ 912.00	340
1512	1512078	Nucm Myocard Perfusn 3d Single	78464	$ 1,230.00	340
1512	1512079	Nucm Myocard Perfusn 3d Multpl	78454	$ 1,993.40	340
1512	1512080	Nucm Myocard Infarct Image	78466	$ 513.80	340
1512	1512081	Nucm Myocrd Infarct Image W/Ef	78468	$ 683.00	340
1512	1512082	Nucm Myocrd Infarct Image 3d	78469	$ 930.20	340
1512	1512083	Nucm Cardiac Gated Equil Singl	78472	$ 987.80	340
1512	1512084	Nucm Cardiac Gated Equil Mult	78473	$ 1,472.60	340
1512	1512085	Nucm Myocard Perf W/Wall Motn	78478	$ 340.80	340
1512	1512086	Nucm Myocard Perf W/Ejct Frac	78451	$ 879.43	340
1512	1512087	Nucm Cardiac First Pass Single	78481	$ 944.60	340
1512	1512088	Nucm Cardiac First Pass Multpl	78483	$ 1,421.00	340
1512	1512089	Nucm Myocard Imag Pet Single	78491	$ 1,085.00	340
1512	1512090	Nucm Myocard Imag Pet Multpl	78492	$ 1,445.00	340
1512	1512091	Nucm Card Spect/Wall W/Ej Frac	78494	$ 1,238.60	340
1512	1512092	Nucm Card Spect/Rt Vnt Ej Frac	78496	$ 1,119.80	340
1512	1512093	Nucm Unlisted Cardiovasc Proc	78499	$ 840.00	340
1512	1512094	Nucm Pulm Perf Imag Particult	78580	$ 637.40	340
1512	1512095	Nucm Pulm Perf Imag Prtc 1brth	78584	$ 647.00	340
1512	1512096	Nucm Pulm Perf Img Prtc Rb&Wsh	78585	$ 1,025.00	340
1512	1512097	Nucm Pulm Perf Img Aersl 1proj	78586	$ 470.18	340
1512	1512098	Nucm Pulm Perf Img Aersol Mult	78587	$ 589.60	340
1512	1512099	Nucm Pulm Prf Img Prt/Aersl 1>	78588	$ 922.85	340
1512	1512100	Nucm Pulm Prf Im Gas/1brth Prj	78591	$ 493.40	340
1512	1512101	Nucm Pulm Vnt Img Gas Rb&Wsh 1	78593	$ 596.60	340
1512	1512102	Nucm Plm Vnt Img Gs Rb&Wsh Mlt	78594	$ 828.20	340
1512	1512103	Nucm Pulm Quan Diff Func Study	78596	$ 1,265.00	340
1512	1512104	Nucm Unlisted Respiratory Proc	78599	$ 600.00	340
1512	1512105	Nucm Brain Imaging Ltd Static	78600	$ 504.93	340
1512	1512106	Nucm Brain Imaging Ltd W/Flow	78601	$ 601.55	340
1512	1512107	Nucm Brain Imagng Cmplt Static	78605	$ 597.80	340
1512	1512108	Nucm Brain Imagng Compl W/Flow	78606	$ 935.88	340
1512	1512109	Nucm Brain Imaging 3d	78607	$ 1,187.00	340
1512	1512110	Nucm Brain Imagng Pet Met Eval	78608	$ 1,205.00	340
1512	1512111	Nucm Brain Imag Pet Perf Eval	78609	$ 1,200.00	340
1512	1512112	Nucm Brain Imag Vasc Flow Only	78610	$ 519.03	340
1512	1512113	Nucm Cerebral Vascular Flow	78615	$ 640.80	340
1512	1512114	Nucm Cerebrospinal Fluid Cistr	78630	$ 967.38	340
1512	1512115	Nucm Cerebrospinal Fluid Ventr	78635	$ 929.38	340
1512	1512116	Nucm Cerebrospinal Fluid Shunt	78645	$ 920.70	340
1512	1512117	Nucm Cerebrospinal Fluid Spect	78647	$ 1,035.00	340
1512	1512118	Nucm Csf Leakage Detctn&Localz	78650	$ 956.50	340
1512	1512119	Nucm Radiopharm Dacryocystgphy	78660	$ 479.95	340
1512	1512120	Nucm Unlisted Nervous System	78699	$ 540.00	340
1512	1512121	Nucm Kidney Imaging	78700	$ 531.80	340
1512	1512122	Nucm Kidney Imagng W/Vasc Flow	78701	$ 611.00	340
1512	1512123	Nucm Kidney Imag W/Fun Del2007	78704	$ 710.40	340
1512	1512124	Nucm Flw/Fnc 1std W/O I	78707	$ 829.40	340

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1512	1512125	Nucm Flw/Fnc 1std W/Int	78708	$ 872.60	340
1512	1512126	Nucm Mult Stdy W/Wo Int	78709	$ 950.00	340
1512	1512127	Nucm Spect	78710	$ 989.00	340
1512	1512128	Nucm Kidney Vasc Flow Del 2007	78715	$ 286.80	340
1512	1512129	Nucm Kidney Function Study	78725	$ 333.80	340
1512	1512130	Nucm Urinary Bladdr Resid Stdy	78730	$ 284.60	340
1512	1512131	Nucm Ureteral Reflux Study	78740	$ 615.65	340
1512	1512132	Nucm Testicular Imag Del 2007	78760	$ 510.00	340
1512	1512133	Nucm Testicular Imaging W/Flow	78761	$ 599.00	340
1512	1512134	Nucm Unlisted Genitourinary	78799	$ 540.00	340
1512	1512135	Nucm Tumor Localiz Ltd Area	78800	$ 621.80	340
1512	1512136	Nucm Tumor Localiz Mult Areas	78801	$ 763.40	340
1512	1512137	Nucm Tumor Localiz Whole Body	78802	$ 968.60	340
1512	1512138	Nucm Tumor Localiz Spect	78803	$ 1,161.80	340
1512	1512139	Nucm Inflam Localiz Ltd Area	78805	$ 633.80	340
1512	1512140	Nucm Inflam Localiz Whole Body	78806	$ 1,101.80	340
1512	1512141	Nucm Inflam Localiztion Spect	78807	$ 1,163.00	340
1512	1512142	Nucm Tumor Imag Pet-Metbl Eval	78810	$ 1,140.00	340
1512	1512143	Nucm Gen Data Simple Manipul	78890	$ 201.60	340
1512	1512144	Nucm Gen Data Complex Manipul	78891	$ 403.20	340
1512	1512145	Nucm Provisn Diag Radiopharm	78990	$ 600.00	340
1512	1512146	Nucm Unlisted Misc Procedure	78999	$ 600.00	340
1512	1512147	Nucm Radiophrm Hyperthyrd Init	79005	$ 705.80	340
1512	1512148	Nucm Radphrm Hyperthyrd Subsq	79005	$ 380.60	340
1512	1512149	Nucm Radphrm Thyroid Suppress	79020	$ 699.60	340
1512	1512150	Nucm Radphrm Ablatn Thyrd Crcn	79030	$ 753.60	340
1512	1512151	Nucm Radphrm Metast Thyrd Crcn	79035	$ 828.00	340
1512	1512152	Nucm Radphrm Chronic Leukemia	79100	$ 619.20	340
1512	1512153	Nucm Colloid Ther Intracavitry	79200	$ 740.60	340
1512	1512154	Nucm Colloid Ther Interstitial	79300	$ 755.00	340
1512	1512155	Nucm Nonthyroid Nonhematolog	79400	$ 730.80	340
1512	1512156	Nucm Intravascular Particulate	79420	$ 732.00	340
1512	1512157	Nucm Radiophrm Intra-Articular	79440	$ 746.60	340
1512	1512158	Nucm Provisn Ther Radiopharm	79900	$ 750.00	340
1512	1512159	Nucm Unlistd Radpharm Ther Pro	79999	$ 755.00	340
1512	1512160	Nucm Schilling Test-Co57 1 Uci	A9559	$ 130.68	636
1512	1512161	Nucm Tc99m Maa 10 Mci	A9540	$ 21.78	636
1512	1512162	Tc99m Ecd (Neurolite)25mci	A9557	$ 544.50	636
1512	1512163	Nucm I123 Mibg 10mg Dose	A9508	$ 2,040.00	636
1512	1512164	Tc99m Sestamibi,Cardiolite	A9500	$ 174.24	636
1512	1512165	Nucm Thallium Tl 201 1 Mci	A9505	$ 43.56	636
1512	1512166	Tc99m Mebrofenin,Choletec15mci	A9537	$ 50.82	636
1512	1512167	Tc99m Disofenin, Hepatolite	A9510	$ 50.82	636
1512	1512168	Technetium 99m Pertechnet	A9512	$ 14.52	636
1512	1512169	Tc99m Pyrophosphate 25mci	A9538	$ 21.78	636
1512	1512170	Nucm Tc99m Dtpa 25 Mci	A9539	$ 26.14	636
1512	1512171	Nucm Iodine 123,Diag 100 Uci	A9516	$ 72.60	636
1512	1512172	Nucm Iodine 131 Diag 5 Uci	A9524	$ 174.24	636
1512	1512173	Tc99m Sulfur Colloid 20 Mci	A9541	$ 21.78	636
1512	1512174	Nucm Tc99m Ceretec 25 Mci	A9521	$ 435.60	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1512	1512175	In-111 Oxine Labeled Wbcs	A9570	$ 726.00	636
1512	1512176	Nucm In-111 Dtpa .5 Mci	A9548	$ 1,016.40	636
1512	1512177	Tc99m Dtpa Aerosol 75 Mci	A9567	$ 94.38	636
1512	1512178	Tc99m Tetrofosmin,Myoview40mci	A9502	$ 101.64	636
1512	1512179	Iodine 131 Sodium Iodide Cap	A9528	$ 174.24	636
1512	1512180	Iodine 131 Sodium Iodide Sol	A9529	$ 174.24	636
1512	1512181	Iodine 131 Sodium Iodide Ther	A9530	$ 174.24	636
1512	1512182	Iodine131 Sod Iodide Diag/Mcro	A9531	$ 30.00	636
1512	1512183	Tc99m Labeled Rbc Ultratag	A9560	$ 101.64	636
1512	1512184	Gallium Ga-67 Citrate,Diag	A9556	$ 21.78	636
1512	1512185	Mag-3 Tc99m Mertiatide 15mci	A9562	$ 101.64	636
1512	1512186	Tc99m Sodium Gluceptate 25 Mci	A9550	$ 101.64	636
1512	1512187	Indium In-111 Pentetreotide	A9572	$ 174.00	636
1513	1513001	Ct Head/Brain W/O Contrast	70450	$ 847.00	350
1513	1513002	Ct Head/Brain W/ Contrast	70460	$ 1,033.00	350
1513	1513003	Ct Head/Brain W/Or W/O Cntrast	70470	$ 1,266.00	350
1513	1513004	Ct Orbit/Fossa/Ear W/O Cntrast	70480	$ 924.00	350
1513	1513005	Ct Orbit/Fossa/Ear W Contrast	70481	$ 1,077.00	350
1513	1513006	Ct Orbit/Fossa/Ear W&W/O Cont	70482	$ 1,295.00	350
1513	1513007	Ct Maxillofacial W/O Contrast	70486	$ 898.00	350
1513	1513008	Ct Maxillofacial W/ Contrast	70487	$ 1,063.00	350
1513	1513009	Ct Maxillofacial W&W/O Contrst	70488	$ 1,290.00	350
1513	1513010	Ct Soft Tissue Neck W/O Cntrst	70490	$ 922.00	350
1513	1513011	Ct Soft Tissue Neck W/Contrast	70491	$ 1,077.00	350
1513	1513012	Ct Soft Tissue Neck W&W/O Cont	70492	$ 1,295.00	350
1513	1513013	Ct Angiography Head W&W/O Cont	70496	$ 1,871.00	350
1513	1513014	Ct Angiography Neck W&W/O Cont	70498	$ 1,872.00	350
1513	1513015	Ct Thorax W/O Contrast	71250	$ 1,074.20	350
1513	1513016	Ct Thorax W/ Contrast	71260	$ 1,259.00	350
1513	1513017	Ct Thorax W&W/O Contrast	71270	$ 1,543.40	350
1513	1513018	Ct Angiogrph Chest Noncor W&Wo	71275	$ 2,105.00	350
1513	1513019	Ct Cervical Spine W/O Contrast	72125	$ 1,074.20	350
1513	1513020	Ct Cervical Spine W/ Contrast	72126	$ 1,255.40	350
1513	1513021	Ct Cervical Spine W&W/O Cntrst	72127	$ 1,525.40	350
1513	1513022	Ct Thoracic Spine W/O Contrast	72128	$ 1,074.20	350
1513	1513023	Ct Thoracic Spine W/ Contrast	72129	$ 1,255.40	350
1513	1513024	Ct Thoracic Spine W&W/O Cntrst	72130	$ 1,525.40	350
1513	1513025	Ct Lumbar Spine W/O Contrast	72131	$ 1,075.40	350
1513	1513026	Ct Lumbar Spine W/ Contrast	72132	$ 1,256.60	350
1513	1513027	Ct Lumbar Spine W&W/O Cntrst	72133	$ 1,526.60	350
1513	1513028	Ct Angiogrph Pelv W&W/O Cntrst	72191	$ 2,037.80	350
1513	1513029	Ct Pelvis W/O Contrast	72192	$ 1,063.40	350
1513	1513030	Ct Pelvis W/ Contrast	72193	$ 1,212.20	350
1513	1513031	Ct Pelvis W&W/O Contrast	72194	$ 1,460.60	350
1513	1513032	Ct Upper Extremity W/O Cntrst	73200	$ 923.00	350
1513	1513033	Ct Upper Extremity W/ Contrast	73201	$ 1,075.40	350
1513	1513034	Ct Uppr Extremity W&W/O Cntrst	73202	$ 1,309.40	350
1513	1513035	Ct Angio Up Extrm W&W/O Cntrst	73206	$ 1,893.80	350
1513	1513036	Ct Lower Extremity W/O Cntrst	73700	$ 923.00	350
1513	1513037	Ct Lower Extremity W/ Contrast	73701	$ 1,074.20	350

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1513	1513038	Ct Lwr Extremity W&W/O Cntrst	73702	$ 1,305.80	350
1513	1513039	Ct Angio Lwr Extr W&W/O Cntrst	73706	$ 1,908.20	350
1513	1513040	Ct Abdomen W/O Contrast	74150	$ 1,041.80	350
1513	1513041	Ct Abdomen W/ Contrast	74160	$ 1,232.60	350
1513	1513042	Ct Abdomen W&W/O Contrast	74170	$ 1,493.00	350
1513	1513043	Ct Angio Abdom W&W/O Contrast	74175	$ 2,053.40	350
1513	1513044	Ct Angio Abdom Aorta&Bi Lw Ext	75635	$ 2,676.20	350
1513	1513045	Ct Bone Densty 1 Or>site Axial	77078	$ 476.40	350
1513	1513046	Ct Bone Densty 1 Or>site Appnd	77079	$ 452.40	350
1513	1513047	Ct Guid For Stereotact Loclztn	77011	$ 1,423.20	350
1513	1513048	Ct Guid For Needle Placement	77012	$ 1,411.20	350
1513	1513049	Ct Guid For/Mon Tissu Ablation	77013	$ 2,091.60	350
1513	1513050	Ct Guid Placmt Rad Therapy Fld	77014	$ 583.20	350
1513	1513051	Ct Guid Cor/Sag/Mult/Obliq 3d	76375	$ 546.00	350
1513	1513052	Ct Limited/Localized Follow-Up	76380	$ 687.80	350
1513	1513053	Ct Unlisted Procedure	76497	$ 1,205.00	350
1513	1513054	Reconstruct Ct Anglogrph Aorta	G0288	$ 1,491.60	350
1513	1513055	Ct Virtual Colonoscopy Screen	74263	$ 558.00	350
1513	1513056	Ct Virtual Colonoscopy Diag	74261	$ 1,282.08	350
1513	1513057	3d Rendering Ct,Mr,Us	76376	$ 605.00	350
1513	1513058	Ct Abd/Pelvis W/O Contrast	74176	$ 1,063.40	350
1513	1513059	Ct Abd/Pelvis W/ Contrast	74177	$ 1,232.60	350
1513	1513060	Ct Abd/Pelvis W/Wo Contrast	74178	$ 1,493.00	350
1513	1513063	Ct Cardiac Anglo Complete	75574	$ 1,210.00	350
1513	1513064	Ct Cardiac Calcium Score Only	75571	$ 1,210.00	350
1513	1513065	Ct Cardiac Struct&Fx W/O Coron	75572	$ 1,210.00	350
1513	1513066	Ct Cardiac W/Congenital Diseas	75573	$ 1,210.00	350
1514	1514001	Us Guid For/Mon Tissu Ablation	76490	$ 940.80	402
1514	1514002	Us Echoenceph/B-Scan/A-Mode	76506	$ 330.20	402
1514	1514003	Us Eye Echogrph A-Scan W/Amp	76511	$ 491.00	402
1514	1514004	Us Eye Echogrph Contact B-Scan	76512	$ 452.60	402
1514	1514005	Us Eye Echogrph Ant Seg B-Scan	76513	$ 488.60	402
1514	1514006	Us Eye Biomtry Echogrph A-Scan	76516	$ 378.20	402
1514	1514007	Us Eye Biomtry Ech A-Scn W/Lns	76519	$ 341.00	402
1514	1514008	Us Eye Foreign Body Localiztn	76529	$ 423.80	402
1514	1514009	Us Head/Neck/Real Time	76536	$ 311.00	402
1514	1514010	Us Chest/Real Time	76604	$ 293.00	402
1514	1514011	Us Breast(S)/Real Time	76645	$ 254.60	402
1514	1514012	Us Abdom/Real Time Comp	76700	$ 438.20	402
1514	1514013	Us Abdom B-Scan/Real Time Ltd	76705	$ 318.20	402
1514	1514014	Us Rtropritnl/Real Cplt	76770	$ 422.60	402
1514	1514015	Us Rtroperitnl B-Scan/Real Ltd	76775	$ 317.00	402
1514	1514016	Us Transpl Kidney/Real T	76776	$ 417.60	402
1514	1514017	Us Spinal Canal & Contents	76800	$ 404.60	402
1514	1514018	Us Ob<14 Wks Single/1st Gestat	76801	$ 344.60	402
1514	1514019	Us Ob<14 Wks Each Addl Gestat	76802	$ 272.60	402
1514	1514020	Us Ob>/=14 Wks Sngl/1st Gestat	76805	$ 488.60	402
1514	1514021	Us Ob>/=14 Wks Ea Addl Gestat	76810	$ 367.40	402
1514	1514022	Us Ob Detail Exam Sngl/1st Gst	76811	$ 917.00	402
1514	1514023	Us Ob Detail Exam Sngl Ea Addl	76812	$ 547.40	402

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1514	1514024	Us Ob Limited 1 Or > Fetus(S)	76815	$ 329.00	402
1514	1514025	Us Ob Follow-Up Per Fetus	76816	$ 318.20	402
1514	1514026	Us Ob Transvaginal	76817	$ 355.40	402
1514	1514027	Us Fetal Biophys Profile W/Nst	76818	$ 432.20	402
1514	1514028	Us Fetl Biophys Profil W/O Nst	76819	$ 379.40	402
1514	1514029	Us Echo Fetal Cardiovasc Sys	76825	$ 590.60	402
1514	1514030	Us Echo Fetal Cardiovasc F/U	76826	$ 444.20	402
1514	1514031	Us Doppler Fetal Crdvasc Cmplt	76827	$ 366.20	402
1514	1514032	Us Doppler Fetal Cardvasc F/U	76828	$ 272.60	402
1514	1514033	Us Transvaginal Non-Ob	76830	$ 351.80	402
1514	1514034	Us Hysterosono W/ W/O Dopplr	76831	$ 355.40	402
1514	1514035	Us Pelvic (Non-Ob) Complete	76856	$ 351.80	402
1514	1514036	Us Pelvic (Non-Ob) Ltd/Foll Up	76857	$ 353.00	402
1514	1514037	Us Scrotum And Contents	76870	$ 343.40	402
1514	1514038	Us Transrectal	76872	$ 362.60	402
1514	1514039	Us Transrect Prostate Volume	76873	$ 593.00	402
1514	1514040	Us Extremity Non-Vasc Bscn/Rl	76880	$ 313.20	402
1514	1514041	Us Infant Hips Dynamic W/Manip	76885	$ 359.00	402
1514	1514042	Us Infnt Hips Dynamc W/O Manip	76886	$ 323.00	402
1514	1514043	Us Guide Pericardiocentesis	76930	$ 349.40	402
1514	1514044	Us Guide Endomyocard Biopsy	76932	$ 349.40	402
1514	1514045	Us Gd Art Pseudaneur Fistulae	76936	$ 1,283.00	402
1514	1514046	Us Gd Intrautrn Fetal Transfus	76941	$ 463.20	402
1514	1514047	Us Guide For Needle Placement	76942	$ 548.60	402
1514	1514048	Us Guide Chorionic Villus Smpl	76945	$ 347.00	402
1514	1514049	Us Guide For Amniocentesis	76946	$ 296.60	402
1514	1514050	Us Guide Ova Aspiration	76948	$ 297.80	402
1514	1514051	Us Guide Placmt Radiother Flds	76950	$ 300.20	402
1514	1514052	Us Guide Interstit Radioelemnt	76965	$ 1,056.20	402
1514	1514053	Us Ultrasound Follow-Up	76970	$ 243.20	402
1514	1514054	Us GI Endoscopic Ultrasound	76975	$ 372.20	402
1514	1514055	Us Bone Density Measure	76977	$ 138.20	402
1514	1514056	Us Guide Intraoperative	76998	$ 598.80	402
1514	1514057	Us Unlisted Ultrasound	76999	$ 485.00	402
1514	1514058	Us Nuchal Translucency Screen	76813	$ 221.50	402
1514	1514059	Us Nuchal Transluc Add'l Fetus	76814	$ 134.60	402
1514	1514060	Us Doppir Umbil Crd,Init/Rpeat	76820	$ 107.00	402
1514	1514061	Us Doppler Mca Initial/Repeat	76821	$ 200.88	402
1514	1514062	Us Fetal Nuchal, Trans/Vag	76813	$ 221.50	402
1514	1514063	Us Fetal Nuchal, Add	76814	$ 134.60	402
1515	1515001	Mri Temporomandibular Joint(S)	70336	$ 1,912.00	610
1515	1515002	Mri Orbit/Face/Neck W/O Cntrst	70540	$ 1,846.00	610
1515	1515003	Mri Orbit/Face/Neck W/Contrast	70542	$ 2,215.00	610
1515	1515004	Mri Orbt/Fac/Nck W&W/O Contrst	70543	$ 3,946.00	610
1515	1515005	Mri Angiogrphy Head W/O Cntrst	70544	$ 1,860.00	610
1515	1515006	Mri Angiogrphy Head W/Contrast	70545	$ 1,860.00	610
1515	1515007	Mri Angiogrphy Head W&W/O Cnt	70546	$ 3,505.00	610
1515	1515008	Mri Angiogrphy Neck W/O Contr	70547	$ 1,860.00	610
1515	1515009	Mri Angiogrphy Neck W/Contrast	70548	$ 1,860.00	610
1515	1515010	Mri Angiogrphy Neck W&W/O Cntr	70549	$ 3,505.00	610

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1515	1515011	Mri Brain W/O Contrast	70551	$ 1,912.00	610
1515	1515012	Mri Brain W/ Contrast	70552	$ 2,290.00	610
1515	1515013	Mri Brain W&W/O Contrast	70553	$ 4,072.00	610
1515	1515014	Mri Chest W/O Contrast	71550	$ 1,874.60	610
1515	1515015	Mri Chest W/ Contrast	71551	$ 2,243.00	610
1515	1515016	Mri Chest W&W/O Contrast	71552	$ 3,936.20	610
1515	1515017	Mri Angio Chest W&W/O Contrast	71555	$ 1,967.00	610
1515	1515018	Mri Spine Cervical W/O Cntrst	72141	$ 1,931.00	610
1515	1515019	Mri Spine Cervical W/Contrast	72142	$ 2,315.00	610
1515	1515020	Mri Spine Thoracic W/O Cntrst	72146	$ 2,109.80	610
1515	1515021	Mri Spine Thoracic W/Contrast	72147	$ 2,313.80	610
1515	1515022	Mri Spine Lumbar W/O Contrast	72148	$ 2,089.40	610
1515	1515023	Mri Spine Lumbar W/Contrast	72149	$ 2,292.20	610
1515	1515024	Mri Spine Cervicl W&W/O Cntrst	72156	$ 4,109.00	610
1515	1515025	Mri Spine Thoracic W&W/O Ctrst	72157	$ 4,109.00	610
1515	1515026	Mri Spine Lumbar W&W/O Cntrst	72158	$ 4,074.20	610
1515	1515027	Mri Angiogrph Spine W&W/O Cont	72159	$ 2,155.40	610
1515	1515028	Mri Pelvis W/O Contrast	72195	$ 1,877.00	610
1515	1515029	Mri Pelvis W/ Contrast	72196	$ 2,240.60	610
1515	1515030	Mri Pelvis W&W/O Contrast	72197	$ 3,979.40	610
1515	1515031	Mri Angiogrph Pelvs W&W/O Cont	72198	$ 1,977.80	610
1515	1515032	Mri Up Extrem No Jnt W/O Cont	73218	$ 1,845.80	610
1515	1515033	Mri Up Extrem No Jnt W/Contrst	73219	$ 2,215.40	610
1515	1515034	Mri Up Extrem No Jnt W&W/O Cnt	73220	$ 3,949.40	610
1515	1515035	Mri Upr Extrem Jnt W/O Contrst	73221	$ 1,845.80	610
1515	1515036	Mri Upr Extrem Jnt W/Contrast	73222	$ 2,214.20	610
1515	1515037	Mri Upr Extrem Jnt W&W/O Ctrst	73223	$ 3,947.00	610
1515	1515038	Mri Angiogrph Up Ext W&W/O Cnt	73225	$ 1,965.80	610
1515	1515039	Mri Low Extrem No Jnt W/O Cont	73718	$ 1,845.80	610
1515	1515040	Mri Low Extrem No Jnt W/Cntrst	73719	$ 2,214.20	610
1515	1515041	Mri Low Extrm No Jnt W&W/O Cnt	73720	$ 3,948.20	610
1515	1515042	Mri Low Extrem Jnt W/O Contrst	73721	$ 1,845.80	610
1515	1515043	Mri Low Extrem Jnt W/Contrast	73722	$ 2,217.80	610
1515	1515044	Mri Low Extrem Jnt W&W/O Ctrst	73723	$ 3,947.00	610
1515	1515045	Mri Ang Lwr Ext W W/O Contrast	73718	$ 1,968.20	610
1515	1515046	Mri Abdomen W/O Contrast	74181	$ 1,879.40	610
1515	1515047	Mri Abdomen W/ Contrast	74182	$ 2,243.00	610
1515	1515048	Mri Abdomen W&W/O Contrast	74183	$ 3,979.40	610
1515	1515049	Mri Angio Abdom W&W/O Contrast	74185	$ 1,964.60	610
1515	1515050	Mri Cardiac Morph W/O Contrast	75552	$ 1,926.00	610
1515	1515051	Mri Cardiac Morph W Contrast	75553	$ 1,995.60	610
1515	1515052	Mri Cardiac Function Complete	75554	$ 1,969.20	610
1515	1515053	Mri Cardiac Function Limited	75555	$ 1,957.20	610
1515	1515054	Mri Cardiac Velocity Flow Map	75556	$ 1,920.00	610
1515	1515055	Mri Breast W Or W/O Ctrst Unil	77058	$ 2,871.60	610
1515	1515056	Mri Breast W Or W/O Cntrst Bil	77059	$ 3,790.80	610
1515	1515057	Mri Spectroscopy	76390	$ 1,895.00	610
1515	1515058	Mri Guide For Needle Placement	77021	$ 1,903.20	610
1515	1515059	Mri Guid/Montr Tissue Ablation	77022	$ 2,559.60	610
1515	1515060	Mri Bone Marrow Blood Supply	77084	$ 1,924.80	610

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1515	1515061	Mri Unlisted Procedure	76498	$ 1,925.00	610
1516	1516001	Dplx Scn Extrcranl Art Cmpl Bi	93880	$ 735.60	920
1516	1516002	Dplx Scn Extrcranl Art Uni/Ltd	93882	$ 501.60	920
1516	1516003	Trnscranl Dopplr Arteries Cmpl	93886	$ 843.60	920
1516	1516004	Trnscranl Doppler Arteries Ltd	93888	$ 562.80	920
1516	1516005	Duplex Scan Lw Ext Art Cmp Bi	93925	$ 823.20	920
1516	1516006	Duplex Scan Lw Ext Art Uni/Ltd	93926	$ 561.60	920
1516	1516007	Duplex Scan Up Ext Art Cmp Bi	93930	$ 672.00	920
1516	1516008	Duplex Scan Up Ext Art Uni/Ltd	93931	$ 475.20	920
1516	1516009	Duplex Scan Extrm Veln Cmpl Bi	93970	$ 721.20	920
1516	1516010	Duplex Scan Extrm Vein Limited	93971	$ 502.80	920
1516	1516011	Dplx-Art&Veln,Abd,Pel,Scro Cmp	93975	$ 1,130.40	920
1516	1516012	Dplx-Art&Veln,Abd,Pel,Scro Ltd	93976	$ 691.20	920
1516	1516013	Duplex Scan Aorta Etc Complete	93978	$ 655.20	920
1516	1516014	Duplex Scan Aorta Etc Limited	93979	$ 466.80	920
1516	1516015	Duplex Scan Penile Vssls Cmplt	93980	$ 843.60	920
1516	1516016	Duplex Scan Penile Vssls Limtd	93981	$ 777.60	920
1516	1516017	Duplex Scan Hemodial Access	93990	$ 537.60	920
1516	1516018	Doppler Echocard Color Flow	93325	$ 450.00	480
1516	1516019	Arterial Noninvasive Pvr	93923	$ 240.00	480
1516	1516020	Arterial Noninvas Exercise Pvr	93924	$ 360.00	480
1516	1516021	Pseudoaneurysm	93922	$ 240.00	480
1517	1517001	Mm Mammogram Screen Bilat	77057	$ 303.60	403
1517	1517002	Mm Digitztn Images Cmptr Mammo	76085	$ 72.00	320
1517	1517003	Mm Mammary Duct/Galact 1 Duct	77053	$ 450.00	320
1517	1517004	Mm Mammary Duct/Galact >1 Duct	77054	$ 616.80	320
1517	1517005	Mm Mammogram Unilateral	77055	$ 276.00	401
1517	1517006	Mm Mammogram Bilateral	77056	$ 343.20	401
1517	1517007	Mm Stereotact Breast Biopsy Ea	77031	$ 1,332.00	320
1517	1517008	Mm Mammo Guid Ndl Plcmt Breast	77032	$ 291.60	320
1517	1517009	Scrn Mammo Dir Digtl Img Bilat	G0202	$ 488.40	403
1517	1517010	Diag Mammo Dir Digtl Img Bilat	G0204	$ 516.00	401
1517	1517011	Diag Mammo Dir Dgtl Img Unilat	G0206	$ 416.40	401
1517	1517012	Diag Mammo Digtzn Images W/Cad	G0236	$ 72.00	320
1517	1517013	Mm Digital Mammo Right Only	G0206	$ 416.40	401
1517	1517014	Mm Digital Mammo Left Only	G0206	$ 416.40	401
1517	1517015	Mm Digital Diag Mammo Bilat	G0204	$ 516.00	401
1517	1517016	Mm Digital Screening Mammo	G0202	$ 488.40	403
1517	1517017	Mm Digital Mobile Mammo Van	G0202	$ 488.40	403
1601	1601002	Mmr Vaccine, Sc	90707	$ 58.54	636
1601	1601003	Hep B Vacc Ped/Adol 3 Dose Im	90744	$ 83.16	636
1601	1601004	Flu Vaccine, 3 Yrs, Im	90658	$ 11.04	636
1601	1601005	Pharmacy Tetanus Vaccine	90703	$ 33.00	636
1601	1601006	Pharm Student Hepatitis B Vacc	90746	$ 70.13	636
1601	1601007	Pharm Opv Vaccine	90712	$ 53.72	636
1601	1601008	Dtap Vaccine Ppd, Im	90701	$ 26.29	636
1601	1601009	Pharm Dpt Vaccine	90701	$ 33.00	636
1601	1601010	Hib Vaccine Prp-T, Im	90648	$ 26.28	636
1601	1601011	Activase (Tpa) 100mg	J2996	$ 5,864.27	636
1601	1601012	Activase (Tpa) 50mg	J2996	$ 2,932.68	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1601	1601021	Pharm Neupogen 300mcg	J1440	$ 305.33	636
1601	1601036	Pharm Depo Prove 150mg	J1055	$ 196.62	636
1601	1601075	Pharmacy Hepatitis A Vaccine	90632	$ 25.45	636
1601	1601079	Chicken Pox Vaccine, Sc	90716	$ 101.05	771
1601	1601082	Cyclophosphamide, 25mg/Oral	J8530	$ 87.67	636
1601	1601083	Etoposide, 50mg/Oral	J8560	$ 87.67	636
1601	1601084	Methotrexate, 2.5 Mg/Oral	J8610	$ 87.67	636
1601	1601085	Melphalan, 2mg/Oral	J8600	$ 87.67	636
1601	1601093	Pharm Rabies (Occ Health)	90726	$ 192.86	250
1601	1601095	Pharm Ipv	90723	$ 58.08	636
1601	1601101	Pharm Streptokinase 250mu	J2995	$ 254.10	636
1601	1601102	Pharm Streptokinase 750mu	J2995	$ 326.70	636
1601	1601105	Pharm Ceftriaxone 250mg	J0696	$ 101.64	636
1601	1601106	Pharm Ceftriaxone 1gm	J0696	$ 196.02	636
1601	1601109	Pharm Cefazolin 500mg	J0690	$ 14.52	636
1601	1601110	Pharm Cefazolin 1 Gm	J0690	$ 14.52	636
1601	1601113	Pharm Cefuroxime 100ml	J0697	$ 87.12	636
1601	1601114	Pharm Cefuroxime 250mg	J0697	$ 14.52	636
1601	1601115	Pharm Cefuroxime 750mg	J0697	$ 21.78	636
1601	1601116	Pharm Cefuroxime 1.5gm	J0697	$ 36.30	636
1601	1601119	Pharm Vancomycin Iv	J3370	$ 29.04	636
1601	1601120	Pharm Erythromycin Iv		$ 14.52	250
1601	1601122	Pharm Ampicillin/Sulbactam Iv		$ 29.04	250
1601	1601125	Pharm Ketorolac 30mg/Ml Inj	J1885	$ 29.04	636
1601	1601130	Pharm Adenosine 3mg/Ml	J0150	$ 79.86	636
1601	1601133	Pharm Imitrex 6mg/.5ml Iv		$ 113.26	250
1601	1601134	Pharm Imitrex 25mg Tablet		$ 36.30	259
1601	1601135	Pharm Succinylcholine 500mg Iv		$ 36.30	250
1601	1601136	Pharm Succinylcholine 1gm Iv		$ 43.56	250
1601	1601140	Pharm Quinopristin 10 Ml Iv		$ 226.88	250
1601	1601141	Pharm Temozolomide 5 Mg		$ 13.20	250
1601	1601142	Pharm Cytarabine Liposome 10mg	C1166	$ 825.79	636
1601	1601143	Pharm Epirubicin Hcl 2mg	C1167	$ 55.44	636
1601	1601144	Pharm Octreotide Acetate 1mg	J2353	$ 172.80	636
1601	1601145	Pharm Abciximab, 10 Mg	J0130	$ 1,188.00	636
1601	1601146	Pharm Alglucerase,Per 10 Units	J0205	$ 97.68	636
1601	1601147	Pharm Amifostine, 500 Mg	J0207	$ 802.03	636
1601	1601148	Pharm Amphotericin B, 50 Mg	J0287	$ 134.64	636
1601	1601149	Pharm Anistreplase,Per 30 Unit	J0350	$ 5,988.73	636
1601	1601150	Pharm Botulinum Toxin, Type A	J0585	$ 9.77	636
1601	1601151	Pharm Leucovorin Calcium 50mg	J0640	$ 6.60	636
1601	1601152	Pharm Cytomegalovirus Imm/Glob	J0850	$ 528.13	636
1601	1601153	Pharm Dexrazoxane Hcl 250 Mg	J1190	$ 375.94	636
1601	1601154	Pharm Dolasetron Mesylate 10mg	J1260	$ 18.13	636
1601	1601155	Pharm Eptifibatide, 5 Mg	J1327	$ 23.05	636
1601	1601156	Pharm Etidronate Disodium	J1436	$ 147.40	636
1601	1601157	Pharm Etanercept, 25 Mg	J1438	$ 1,195.28	636
1601	1601158	Pharm Filgrastim 300 Mcg	J1440	$ 373.32	636
1601	1601160	Pneumococcal Vaccine-Child	90669	$ 131.27	636
1601	1601161	Pharm Gonadorelin Hcl, 100 Mcg	J1620	$ 427.68	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1601	1601162	Pharm Granisetron Hcl, 100 Mcg	J1626	$ 285.12	636
1601	1601163	Pharm Infliximab, 10 Mg	J1745	$ 130.24	636
1601	1601164	Pharm Imiglucerase, Per Unit	J1785	$ 3,907.20	636
1601	1601165	Pharm Interferon Beta-1a 33mcg	J1825	$ 489.72	636
1601	1601166	Pharm Interferon Beta-1b .25mg	J1830	$ 174.24	636
1601	1601167	Pharm Leuprolide Acetate3.75mg	J1950	$ 1,095.36	636
1601	1601168	Pharm Morphine Sulfate 10 Mg	J2275	$ 10.19	636
1601	1601169	Pharm Octreotide Acetate, 1 Mg	J2353	$ 28.20	636
1601	1601170	Pharm Oprelvekin, 5 Mg1	J2355	$ 451.81	636
1601	1601171	Pharm Ondansetron Hcl, 1 Mg	J2405	$ 10.91	636
1601	1601172	Pharm Pamidronate Disodium30mg	J2430	$ 586.37	636
1601	1601173	Pharm Metoclopramide Hcl 10 Mg	J2765	$ 1.19	636
1601	1601174	Pharm Rho(D)Immune Globn Dose	J2790	$ 211.20	636
1601	1601176	Pharm Sargramostim 50mcg	J2820	$ 56.94	636
1601	1601177	Pharm Fentanyl Citrate 2 Ml	J3010	$ 0.55	636
1601	1601178	Pharm Thyrotropin Alfa, 0.9 Mg	J3240	$ 1,128.60	636
1601	1601179	Pharm Tirofiban Hcl 12.5 Mg	J3245	$ 924.00	636
1601	1601180	Pharm Thiethylperazine Maleate	J3280	$ 10.74	636
1601	1601181	Pharm Trimetrexate Glucuronate	J3305	$ 191.40	636
1601	1601182	Pharm Hylan G-F 20, 16 Mg	J7320	$ 237.73	636
1601	1601183	Pharm Azathioprine Oral 50 Mg	J7500	$ 1.85	636
1601	1601184	Pharm Azathioprine 100 Mg	J7501	$ 188.98	636
1601	1601185	Pharm Cyclosporine Oral 100 Mg	J7502	$ 9.40	636
1601	1601186	Pharm Lymphocyte Immune Globu	J7504	$ 553.82	636
1601	1601187	Pharm Muromonab-Cd3, 5 Mg	J7505	$ 343.20	636
1601	1601188	Pharm Tacrolimus Oral Per 1 Mg	J7507	$ 6.10	636
1601	1601189	Pharm Daclizumab Parent 25 Mg	J7513	$ 920.04	636
1601	1601190	Pharm Cyclosporin Parent 250mg	J7516	$ 192.37	636
1601	1601191	Pharm Busulfan; Oral, 2 Mg	J8510	$ 3.85	636
1601	1601192	Pharm Capecitabine Oral 150 Mg	J8520	$ 4.75	636
1601	1601197	Pharm Doxorubicin Hcl 10 Mg	J9000	$ 17.42	636
1601	1601198	Pharm Doxorubicin Lipid 10 Mg	J9001	$ 730.88	636
1601	1601199	Pharm Aldesleukin, Vial	J9015	$ 1,416.62	636
1601	1601200	Pharm Asparaginase 10,000units	J9020	$ 132.71	636
1601	1601201	Pharm Bcg (Intravesical)	J9031	$ 261.67	636
1601	1601202	Pharm Bleomycin Sulfate 15 Unt	J9040	$ 290.40	636
1601	1601203	Pharm Carboplatin, 50 Mgg	J9045	$ 227.99	636
1601	1601204	Pharm Carmustine, 100 Mgg	J9050	$ 242.22	636
1601	1601205	Pharm Cisplatin, 10 Mg	J9060	$ 73.21	636
1601	1601206	Pharm Injection Cladribine 1mg	J9065	$ 123.82	636
1601	1601207	Pharm Cyclophosphamide, 100 Mg	J9070	$ 3.96	636
1601	1601208	Pharm Cyclophosphamide Lyophzd	J9093	$ 3.96	636
1601	1601209	Pharm Cytarabine, 100 Mg	J9100	$ 60.72	636
1601	1601210	Pharm Dactinomycin, 0.5 Mg	J9120	$ 29.41	636
1601	1601211	Pharm Dacarbazine, 100 Mg	J9130	$ 22.44	636
1601	1601212	Pharm Daunorubicin Hcl, 10 Mg	J9150	$ 116.16	636
1601	1601213	Pharm Daunorubicin Citrate	J9151	$ 143.62	636
1601	1601214	Pharm Diethylstilbestrol	J9165	$ 33.37	636
1601	1601215	Pharm Docetaxel, 20 Mg	J9170	$ 630.59	636
1601	1601216	Pharm Etoposide, 10 Mg	J9181	$ 0.31	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1601	1601217	Pharm Fludarabine Phosphate	J9185	$ 548.04	636
1601	1601218	Pharm Fluorouracil, 500 Mg	J9190	$ 4.22	636
1601	1601219	Pharm Floxuridine, 500 Mg	J9200	$ 300.04	636
1601	1601220	Pharm Gemcitabine Hcl, 200 Mg	J9201	$ 227.04	636
1601	1601221	Pharm Goserelin Acetate Implan	J9202	$ 883.43	636
1601	1601222	Pharm Irinotecan, 20 Mg	J9206	$ 271.90	636
1601	1601223	Pharm Ifosfamide, 1 Gm	J9208	$ 285.17	636
1601	1601224	Pharm Mesna, 200 Mg	J9209	$ 85.64	636
1601	1601225	Pharm Idarubicin Hcl, 5 Mg	J9211	$ 796.86	636
1601	1601226	Pharm Interferon Alfa-1 1 Mcg	J9212	$ 511.63	636
1601	1601227	Pharm Interferon, Alfa-2a	J9213	$ 469.92	636
1601	1601228	Pharm Interferon, Alfa-2b	J9214	$ 78.38	636
1601	1601229	Pharm Leuprolide Acetate	J9218	$ 26.93	636
1601	1601230	Pharm Mechlorethamine Hcl	J9230	$ 25.45	636
1601	1601231	Pharm Melphalan Hcl, 50 Mg	J9245	$ 791.92	636
1601	1601232	Pharm Methotrexate Sodium 5 Mg	J9250	$ 0.37	636
1601	1601233	Pharm Paclitaxel, 30 Mg	J9265	$ 385.70	636
1601	1601234	Pharm Pegaspargase	J9266	$ 2,938.24	636
1601	1601235	Pharm Pentostatin, Per 10 Mg	J9268	$ 3,168.00	636
1601	1601236	Pharm Plicamycin, 2.5 Mg	J9270	$ 217.22	636
1601	1601237	Pharm Mitomycin, 5 Mg	J9280	$ 95.04	636
1601	1601238	Pharm Mitoxantrone Hcl 5 Mg	J9293	$ 495.79	636
1601	1601239	Pharm Rituximab, 100 Mg	J9310	$ 981.11	636
1601	1601240	Pharm Streptozocin 1 G	J9320	$ 261.52	636
1601	1601241	Pharm Thiotepa, 15 Mg	J9340	$ 140.76	636
1601	1601242	Pharm Topotecan, 4 Mg	J9350	$ 1,406.28	636
1601	1601243	Pharm Trastuzumab, 10 Mg	J9355	$ 114.02	636
1601	1601244	Pharm Valrubicin, Intravesical	J9357	$ 792.00	636
1601	1601245	Pharm Vinblastine Sulfate 1 Mg	J9360	$ 16.37	636
1601	1601246	Pharm Vincristine Sulfate 1 Mg	J9370	$ 7.92	636
1601	1601247	Pharm Vinorelbine Tartrate10mg	J9390	$ 161.15	636
1601	1601248	Pharm Epoetin Alpha Non-Esrd	Q0136	$ 26.32	636
1601	1601249	Pharm Corticorelin Ovine Trifl	Q2005	$ 786.72	636
1601	1601250	Pharm Ethanolamine Oleate	Q2007	$ 630.96	636
1601	1601251	Pharm Fomepizole, 1.5 Mg	Q2008	$ 2,640.00	636
1601	1601252	Pharm Fosphenytoin, 50 Mg	Q2009	$ 20.57	636
1601	1601253	Pharm Glatiramer Acetate	Q2010	$ 66.31	636
1601	1601254	Pharm Sermorelin Acetate	Q2014	$ 35.14	636
1601	1601255	Pharm Somatrem, 5 Mg	J2940	$ 462.00	636
1601	1601256	Pharm Somatropin, 1 Mg	J2941	$ 92.40	636
1601	1601257	Pharm Teniposide, 50 Mg	Q2017	$ 458.02	636
1601	1601258	Pharm Urofollitropin, 75 Iu	Q2018	$ 128.17	636
1601	1601259	Pharm Basiliximab, 20 Mg	Q2019	$ 3,123.43	636
1601	1601260	Pharm Histrelin Acetate, 10 Mg	J1675	$ 147.95	636
1601	1601261	Pharm Lepirudin 50 Mg	Q2021	$ 2,854.06	636
1601	1601262	Pharm Rh Ig, Minidose, Im	90385	$ 26.40	636
1601	1601263	Immunization Admin	90471	$ 18.24	771
1601	1601264	Immunization Admin Ea Addl	90472	$ 9.12	771
1601	1601265	Flu Vaccine, 6-35mo, Im	90657	$ 14.93	636
1601	1601266	Dt Vaccine <7, Im	90702	$ 9.24	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1601	1601267	Pharm Mmrv Vaccine, Sc	90710	$ 99.00	636
1601	1601268	Poliovirus, Ipv, Sc	90713	$ 27.51	636
1601	1601269	Pharm Chicken Pox Vaccine, Sc	90716	$ 46.20	636
1601	1601270	Td Vaccine >7, Im	90718	$ 19.77	636
1601	1601271	Pharm Plague Vaccine, Im	90727	$ 105.60	636
1601	1601272	Pharm Hepatitis B Immunization	90746	$ 85.80	636
1601	1601273	Pneumococcal Vaccine-Adult	90732	$ 62.96	636
1601	1601274	Pharm Influenza B Immunization	90737	$ 60.00	636
1601	1601277	Pharm Hep B Vaccine,Ill Pat,Im	90747	$ 99.00	636
1601	1601278	Pharm Vaccine Toxoid	90749	$ 59.40	510
1601	1601279	Pharm Iv Infusion Therapy,1 Hr	96360	$ 165.00	260
1601	1601280	Pharm Injection, Sc/Im	90772	$ 46.20	771
1601	1601281	Pharm Injection, Iv	96374	$ 26.40	260
1601	1601282	Pharm Injection Of Antibiotic	90772	$ 26.40	636
1601	1601283	Pharm Ther/Prophylactic/Dx Inj	90799	$ 26.40	636
1601	1601284	Pharm Rh Ig,Full-Dose, Im	90384	$ 26.40	636
1601	1601285	Pharm Rh Ig,Iv	90386	$ 26.40	636
1601	1601286	Tetanus Ig, Im	90389	$ 33.00	636
1601	1601287	Pharm Influenza Immunization	90658	$ 60.00	636
1601	1601288	Pharm Encephalitis Vaccine, Sc	90735	$ 270.45	636
1601	1601289	Pharm Hep B Vaccine, Adult, Im	90746	$ 33.02	636
1601	1601290	Pharm Iv Infusion, Addtnl Hour	90781	$ 132.00	761
1601	1601291	Pharm Synvisc 2 Ml	J7320	$ 316.80	636
1601	1601292	Pharm Zoledronic Acid 1mg	J3487	$ 488.14	636
1601	1601293	Pharm Pegfilgrastim 6 Mg	J2505	$ 3,362.98	636
1601	1601294	Pharm Fulvestrant 25mg	J9395	$ 192.00	636
1601	1601295	Hep A Vacc, Ped/Adol, 2 Dose	90633	$ 16.78	636
1601	1601296	Meningococcal Vaccine, Sc	90733	$ 106.88	636
1601	1601297	Dtap Vaccine, Im	90700	$ 48.00	636
1601	1601298	Human Ig, Im	90281	$ 48.00	636
1601	1601299	Human Ig, Iv	90283	$ 48.00	636
1601	1601300	Hep B Ig, Im	90371	$ 48.00	636
1601	1601301	Rsv Ig, Im, 50 Mg	90378	$ 48.00	636
1601	1601302	Rsv Ig, Iv	90379	$ 48.00	636
1601	1601303	Varicella-Zoster Ig, Im	90396	$ 48.00	636
1601	1601304	Pediarix(Dtap,Ipv,Hepb),Im	90723	$ 106.80	636
1601	1601305	Ppd (Tuberculin Test)	86580	$ 26.40	300
1601	1601306	Pharm Injectn, Oxaliplatin.5mg	J9263	$ 115.75	636
1601	1601307	Pharm Erbitux Per 10mg	J9055	$ 124.80	636
1601	1601308	Injectn Bevacizumab,Per 10 Mg	J9035	$ 96.00	636
1601	1601309	Ferrlict Iron Gluconate 12.5mg	J2916	$ 103.20	636
1601	1601310	Injection,Bortezomib,Per 0.1mg	J9041	$ 36.00	636
1601	1601311	Pemetrexed Per 10 Mg	J9305	$ 111.60	636
1601	1601312	Filgrastim 480 Mg	J1441	$ 660.00	636
1601	1601313	Leuprolide Acetate 7.5 Mg	J9217	$ 1,320.00	636
1601	1601315	Arsenic Trioxide, 1 Mg	J9017	$ 66.00	636
1601	1601316	Flu Vaccine, Nasal	90660	$ 42.00	636
1601	1601317	Tb Tine Test	86585	$ 30.00	636
1601	1601318	Tdap (Tetanus,Depthr,Pertus)Im	90715	$ 32.29	636
1601	1601319	Proquad (Measls,Mmps,Rubel,Var	90710	$ 99.00	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1601	1601320	Rotateq (Rotovirus, Oral)	90680	$ 66.00	636
1601	1601321	Risperdal Consta .5 Mg	J2794	$ 6.40	636
1601	1601323	Pharm Hep B Vaccine, Child, Im	90744	$ 12.18	636
1601	1601324	Pharm Hepatitis A,B(Twinrix)	90636	$ 56.01	636
1601	1601325	Pharm Typhoid	90690	$ 57.78	636
1601	1601800	Iv Inf Initial Up To 1 Hr	96365	$ 198.00	260
1601	1601810	Chemo Admin Sq Or Im Non Horm	96401	$ 198.00	331
1601	1601820	Chemo Admin Iv Push Initial	96409	$ 198.00	331
1601	1601830	Chemo Infusion 1 Hour	96413	$ 198.00	260
1601	1601851	Bone Marrow Aspiration	38220	$ 165.00	361
1601	1601852	Bone Marrow Biopsy	85102	$ 231.00	361
1601	1601900	Infusion Thpy Oth Than Chemo	96366	$ 132.00	260
1601	1601901	Iv Inf Ea Addl Hr (Same)	96366	$ 99.00	260
1601	1601910	Chemo Other Than Infuse-Im	96401	$ 132.00	331
1601	1601920	Chemo Admin Iv Push Ea Addl	96411	$ 132.00	331
1601	1601930	Chemo Infusion Up To 1 Hour	96413	$ 132.00	335
1601	1601931	Chemo Admin Iv Ea Addl Hr Same	96415	$ 99.00	335
1601	1601932	Chemotherapy, Push Technique	96408	$ 198.00	761
1601	1601951	Bone Marrow Aspiration	38220	$ 132.00	361
1601	1601952	Bone Marrow Biopsy	38221	$ 165.00	361
1601	1601953	Pharm Synvisc Per 3x2ml Syrngs	J7320	$ 706.80	636
1601	1601954	Pharmacy Zoster(Shingles)Vacc	90736	$ 221.97	636
1603	1603004	Calcijex 1mcg/Ml Injection	J0636	$ 43.84	636
1603	1603005	Infed 50mg Injection (Syringe)	J1750	$ 77.14	636
1603	1603006	Vancomycin 500mg Vial	J3370	$ 17.54	636
1603	1603007	Gentamicin 80mg Vial	J1580	$ 3.52	636
1603	1603008	Epogen 2000 Units	J0886	$ 43.56	634
1603	1603009	Epogen 4000 Units	J0886	$ 87.12	634
1603	1603010	Epogen 1000 Units	J0886	$ 21.78	634
1603	1603011	Epogen 5000 Units	J0886	$ 108.90	634
1603	1603012	Epogen 10000 Units	J0886	$ 217.80	634
1603	1603013	Epogen 6000 Units	J0886	$ 130.68	634
1603	1603014	Epogen 8000 Units	J0886	$ 174.24	634
1603	1603015	Epogen 7000 Units	J0886	$ 152.46	634
1603	1603016	Abbokinase	J3365	$ 182.77	636
1603	1603017	Epogen 500 Units	J0886	$ 10.90	634
1603	1603018	Injectn,Iron Sucrose Each 20mg		$ 30.00	250
1603	1603019	Ferrlict Iron Gluconate Ea65mg	J2916	$ 103.20	636
1603	1603020	Epogen 3000 Units	J0886	$ 65.34	634
1603	1603021	Epogen 40000 Units	J0886	$ 871.20	634
1604	1604018	Acetazolamide Inj	J1120	$ 1.20	636
1604	1604022	Acetylcysteine 10%	J7608	$ 1.20	636
1604	1604023	Acetylcysteine 10%	J7608	$ 1.20	636
1604	1604024	Acetylcysteine	J7608	$ 1.20	636
1604	1604025	Acetylcysteine 20%	J7608	$ 1.20	636
1604	1604026	Acetylcysteine 20%	J7608	$ 1.20	636
1604	1604027	Acetylcysteine	J7608	$ 1.20	636
1604	1604028	Acetylcysteine	J7608	$ 1.20	636
1604	1604040	Adenosine Syringe	J0150	$ 1.20	636
1604	1604041	Adenosine	J0152	$ 1.20	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1604	1604042	Albumin Human 25%	P9047	$ 1.20	636
1604	1604043	Albumin Human 25%	P9047	$ 1.20	636
1604	1604044	Albumin Human 5%	P9045	$ 1.20	636
1604	1604045	Albumin Human 5%	P9041	$ 1.20	636
1604	1604046	Albumin Human 5%	P9045	$ 1.20	636
1604	1604048	Albuterol 0.083% Soln	J7613	$ 1.20	636
1604	1604067	Alteplase Cath	J2997	$ 1.20	636
1604	1604068	Prazosin	J2997	$ 1.20	636
1604	1604075	Amantidine	G9017	$ 1.20	636
1604	1604077	Amifostine Vial	J0207	$ 1.20	636
1604	1604086	Aminophylline Iv	J0280	$ 1.20	636
1604	1604087	Aminophylline Iv	J0280	$ 1.20	636
1604	1604088	Amiodarone	J0282	$ 1.20	636
1604	1604090	Amiodarone	J0282	$ 1.20	636
1604	1604117	Amphotericin B Inj	J0285	$ 1.20	636
1604	1604118	Amphotericin B Lipid Iv	J0287	$ 1.20	636
1604	1604119	Ampicillin Ivpb	J0290	$ 1.20	636
1604	1604120	Ampicillin Ivpb	J0290	$ 1.20	636
1604	1604122	Ampicillin Inj	J0290	$ 1.20	636
1604	1604127	Ampicillin Inj	J0290	$ 1.20	636
1604	1604128	Ampicillin Iv	J0290	$ 1.20	636
1604	1604129	Ampicillin Na Inj	J0290	$ 1.20	636
1604	1604130	Ampicillin Na Inj	J0290	$ 1.20	636
1604	1604131	Ampicillin/Sulbactam Iv	J0295	$ 1.20	636
1604	1604132	Ampicillin/Sulbactam Iv	J0295	$ 1.20	636
1604	1604170	Atropine 20 Ml	J0460	$ 1.20	636
1604	1604171	Atropine Inj	J0460	$ 1.20	636
1604	1604175	Atropine Syringe	J0460	$ 1.20	636
1604	1604180	Azithromycin Iv	J0456	$ 1.20	636
1604	1604215	Benztropine Inj	J0515	$ 1.20	636
1604	1604220	Betamethasone	J0704	$ 1.20	636
1604	1604229	Bethanechol Inj	J0520	$ 1.20	636
1604	1604231	Biperiden	J0180	$ 1.20	636
1604	1604240	Bleomycin Iv	J9040	$ 548.28	636
1604	1604247	Bumetanide	S0171	$ 1.20	636
1604	1604250	Bumetanide Inj	S0171	$ 1.20	636
1604	1604270	Butorphanol	J0595	$ 1.20	636
1604	1604271	Butorphanol	J0595	$ 1.20	636
1604	1604272	Butorphanol Nasal Spray	S0012	$ 1.20	636
1604	1604277	Calcitonin Inj	J0635	$ 1.20	636
1604	1604281	Calcitriol	J0636	$ 1.20	636
1604	1604290	Calcium Disodium Inj	J0600	$ 1.20	636
1604	1604294	Calcium Gluconate	J0610	$ 1.20	636
1604	1604320	Carboplatin	J9045	$ 1.20	636
1604	1604321	Carboplatin	J9045	$ 1.20	636
1604	1604329	Caspofungin Iv	J0637	$ 1.20	636
1604	1604330	Caspofungin Iv	J0637	$ 1.20	636
1604	1604335	Cefazolin Ud	J0690	$ 1.20	636
1604	1604336	Cefazolin Iv	J0690	$ 1.20	636
1604	1604338	Cefazolin Inj	J0690	$ 1.20	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1604	1604339	Cefazolin Iv	J0690	$ 1.20	636
1604	1604340	Cefazolin/D5w Rtu	J0690	$ 1.20	636
1604	1604341	Cefepime	J0692	$ 1.20	636
1604	1604342	Cefepime	J0692	$ 1.20	636
1604	1604344	Cefotaxime Inj	J0698	$ 1.20	636
1604	1604345	Cefotaxime Im/Iv Inj	J0698	$ 1.20	636
1604	1604346	Cefotaxime Iv	J0698	$ 1.20	636
1604	1604347	Cefotaxime Iv	J0698	$ 1.20	636
1604	1604352	Ceftazidime Inj	J0713	$ 1.20	636
1604	1604353	Ceftazidime Iv	J0713	$ 1.20	636
1604	1604354	Ceftazidime Inj	J0713	$ 1.20	636
1604	1604355	Ceftazidime Iv	J0713	$ 1.20	636
1604	1604356	Ceftizoxime	J0715	$ 1.20	636
1604	1604357	Ceftriaxone Iv	J0696	$ 1.20	636
1604	1604358	Ceftriaxone Iv	J0696	$ 1.20	636
1604	1604359	Ceftriaxone Vial	J0696	$ 1.20	636
1604	1604360	Cefuroxime	J0697	$ 1.20	636
1604	1604361	Cefuroxime Iv	J0697	$ 1.20	636
1604	1604363	Cefuroxime Iv	J0697	$ 1.20	636
1604	1604364	Cefuroxime Inj	J0697	$ 1.20	636
1604	1604377	Chloramphenicol Inj	J0720	$ 1.20	636
1604	1604388	Chlorothiazide Inj	J1205	$ 1.20	636
1604	1604397	Chlorpromazine Inj	J3230	$ 1.20	636
1604	1604410	Ciprofloxacin-D5w	J0744	$ 1.20	636
1604	1604411	Ciprofloxacin-D5w	J0744	$ 1.20	636
1604	1604415	Cisplatin Iv	J9060	$ 67.68	636
1604	1604466	Colchicine 2 Ml	J0760	$ 1.20	636
1604	1604470	Corticotropin Inj	J0800	$ 1.20	636
1604	1604486	Cyanocobalamin Inj	J3490	$ 4.50	636
1604	1604497	Cyclophosphamide Iv	J9070	$ 170.70	636
1604	1604500	Cyclophosphamide Iv	J9070	$ 94.80	636
1604	1604523	Deferoxamine	J0895	$ 1.20	636
1604	1604533	Desmopressin	J2597	$ 1.20	636
1604	1604537	Desmopressin	J2597	$ 1.20	636
1604	1604545	Dexamethasone	J1094	$ 10.76	636
1604	1604547	Dexamethasone	J8540	$ 7.70	636
1604	1604548	Dexamethasone	J1094	$ 4.97	636
1604	1604560	Dextrose 5%	J7042	$ 9.82	636
1604	1604562	Dextrose 5%	J7042	$ 25.20	636
1604	1604564	Dextrose 5% Kcl 20meq	J3480	$ 1.20	636
1604	1604567	Dextrose 5%/0.45% Nacl	J7070	$ 7.56	636
1604	1604578	Diazepam	J3360	$ 1.20	636
1604	1604579	Diazoxide	J1730	$ 1.20	636
1604	1604589	Dicyclomine	J0500	$ 1.20	636
1604	1604598	Digoxin Inj	J1160	$ 1.20	636
1604	1604600	Dihydroergotamine	J1110	$ 1.20	636
1604	1604609	Dimecaperol	J0470	$ 1.20	636
1604	1604619	Diphenhydramine Inj	J1200	$ 2.10	636
1604	1604627	Dipyridamole	J1245	$ 12.00	636
1604	1604628	Dipyridamole	J1245	$ 1.20	636

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1604	1604638	Dobutamine Inj	J1250	$ 43.20	636
1604	1604639	Dobutamine D5w	J1250	$ 1.20	636
1604	1604640	Dobutamine D5w	J1250	$ 1.20	636
1604	1604647	Dolasetron	J1260	$ 1.20	636
1604	1604648	Dolasetron	J1260	$ 1.20	636
1604	1604663	Doxercalciferol	J1270	$ 1.20	636
1604	1604664	Doxorubicin	J9000	$ 176.26	636
1604	1604665	Doxorubicin Liposomal	J9001	$ 1,912.06	636
1604	1604672	Droperidol	J1790	$ 1.20	636
1604	1604699	Enbrel 25mg Kit	J1438	$ 1.20	636
1604	1604700	Enoxaparin	J1650	$ 1.20	636
1604	1604701	Enoxaparin	J1650	$ 1.20	636
1604	1604702	Enoxaparin	J1650	$ 1.20	636
1604	1604703	Enoxaparin	J1650	$ 1.20	636
1604	1604704	Enoxaparin	J1650	$ 1.20	636
1604	1604709	Epinephrine Inj	J0170	$ 1.20	636
1604	1604711	Epinephrine	J0170	$ 1.20	636
1604	1604713	Epinephrine Inj	J0170	$ 1.20	636
1604	1604723	Epoetin Alfa	J0885	$ 1.20	636
1604	1604724	Eptifibatide	J1327	$ 1.20	636
1604	1604725	Eptifibatide	J1327	$ 1.20	636
1604	1604726	Eptifibatide	J1327	$ 1.20	636
1604	1604748	Estradiol Valerate	J1390	$ 1.20	636
1604	1604768	Etoposide	J9181	$ 272.22	636
1604	1604789	Fentanyl	J3010	$ 1.20	636
1604	1604792	Fentanyl	J3010	$ 1.20	636
1604	1604800	Hep Lock	J1642	$ 1.20	636
1604	1604802	Filgrastim 300 Mcg	J1440	$ 463.85	636
1604	1604803	Filgrastim	J1441	$ 1.20	636
1604	1604813	Fluconazole Ns Inj	J1450	$ 1.20	636
1604	1604814	Fluconazole Ns Inj	J1450	$ 1.20	636
1604	1604815	Fluconazole Ns Inj	J1450	$ 1.20	636
1604	1604818	Fludarabine	J9185	$ 688.16	636
1604	1604835	Fluorouracil Iv	J9190	$ 13.50	636
1604	1604852	Fluphenazine Dec	J2680	$ 1.20	636
1604	1604860	Flutamide	S0175	$ 1.20	250
1604	1604872	Foscarnet Iv	J1455	$ 1.20	636
1604	1604876	Furosemide	J1940	$ 1.20	636
1604	1604878	Furosemide	J1940	$ 1.20	636
1604	1604880	Furosemide	J1940	$ 8.23	636
1604	1604888	Ganciclovir	J1570	$ 1.20	636
1604	1604892	Gemcitabine Iv	J9201	$ 295.44	636
1604	1604901	Gentamicin	J1580	$ 1.20	636
1604	1604905	Gentamicin Iv	J1580	$ 1.20	636
1604	1604914	Glucagon Inj	J1610	$ 1.20	636
1604	1604957	Haloperidol	J1630	$ 1.20	636
1604	1604958	Haloperidol Deconate	J1631	$ 1.20	636
1604	1604960	Heparin	J1644	$ 3.84	636
1604	1604961	Heparin	J1644	$ 1.20	636
1604	1604962	Heparin Lf	J1642	$ 3.84	636

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1604	1604963	Heparin/D5w	J1644	$ 1.20	636
1604	1604964	Heparin Inj	J1644	$ 1.20	636
1604	1604978	Hydralazine Inj	J0360	$ 1.20	636
1604	1604994	Hydrocortisone Inj	J1720	$ 1.20	636
1604	1604997	Hydrocortisone Inj	J1720	$ 1.20	636
1605	1605004	Hydromorphone Syr	J1720	$ 1.20	636
1605	1605006	Hydromorphone Syr	J1170	$ 1.20	636
1605	1605008	Hydromorphone Syr	J1170	$ 22.50	636
1605	1605009	Hydromorphone Vial 20ml	J1170	$ 1.20	636
1605	1605014	Hydroxyzine	J1170	$ 1.20	636
1605	1605030	Ibutilide	J3410	$ 1.20	636
1605	1605035	Imipenem/Cilastatin Im	J1742	$ 1.20	636
1605	1605036	Imipenem-Cilastatin Iv	J0743	$ 1.20	636
1605	1605037	Imipenem-Cilastatin Iv	J0743	$ 1.20	636
1605	1605041	Immune Globulin	J0743	$ 1.20	636
1605	1605042	Immune Globulin Rho Syr	J1563	$ 1.20	636
1605	1605052	Insulin Aspart	J2790	$ 1.20	636
1605	1605053	Insulin Glargine 10ml	J1815	$ 1.20	636
1605	1605054	Insulin Hum 70/30 10ml	J1815	$ 1.20	636
1605	1605055	Insulin Hum Nph 10ml	J1815	$ 1.20	636
1605	1605056	Insulin Hum Reg 10ml	J1815	$ 1.20	636
1605	1605057	Insulin Hum Reg	J1815	$ 1.20	636
1605	1605068	Irinotecan Iv	J1815	$ 1.20	636
1605	1605069	Iron Dextran	J9206	$ 1.20	636
1605	1605070	Iron Dextran	J1750	$ 1.20	636
1605	1605071	Iron Sucrose Vial	J1750	$ 1.20	636
1605	1605093	Kanamycin	J1756	$ 1.20	636
1605	1605107	Ketorolac	J1850	$ 1.20	636
1605	1605108	Ketorolac	J1885	$ 6.77	636
1605	1605132	Leucovorin Ca Inj	J1885	$ 7.20	636
1605	1605133	Leucovorin Calcium Iv	J0640	$ 1.20	636
1605	1605135	Leuprolide Kit	J0640	$ 1.20	636
1605	1605136	Leuprolide Ace 3mo Kt	J1950	$ 1.20	636
1605	1605145	Levofloxacin In D5w-Rtu	J1950	$ 1.20	636
1605	1605146	Levofloxacin In D5w-Rtu	J1956	$ 1.20	636
1605	1605147	Levofloxacin In D5w-Rtu	J1956	$ 1.20	636
1605	1605195	Lidocaine Viscous	J1956	$ 1.20	636
1605	1605196	Lincomycin Hcl	J2001	$ 67.36	636
1605	1605198	Linezolid In D5w (Rtu)	J2010	$ 1.20	636
1605	1605218	Lorazepam	J2020	$ 1.20	636
1605	1605234	Magnesium So4 Inj	J2060	$ 1.20	636
1605	1605235	Magnesium So4	J3475	$ 1.20	636
1605	1605237	Magnesium So4 Rtu	J3475	$ 1.20	636
1605	1605238	Magnesium So4 Rtu	J3475	$ 1.20	636
1605	1605239	Magnesium So4 Rtu	J3475	$ 1.20	636
1605	1605243	Mannitol	J3475	$ 1.20	636
1605	1605258	Medroxyprogesterone	J2150	$ 1.20	636
1605	1605260	Medroxyprogesterone	J1055	$ 1.20	636
1605	1605272	Meperidine C/J	J1051	$ 1.20	636
			J2175	$ 1.20	636

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1605	1605273	Meperidine	J2175	$ 1.20	636
1605	1605274	Meperidine C/J	J2175	$ 1.20	636
1605	1605276	Meperidine C/J	J2175	$ 1.20	636
1605	1605277	Meperidine Pca	J2175	$ 1.20	636
1605	1605278	Meperidine C/J	J2175	$ 1.20	636
1605	1605279	Mepivacaine 1%	J0670	$ 1.20	636
1605	1605280	Mepivacaine 1% Inj	J0670	$ 1.20	636
1605	1605281	Mepivacaine 1% Inj	J0670	$ 1.20	636
1605	1605282	Mepivacaine 2%	J0670	$ 1.20	636
1605	1605284	Mercaptopurine	S0108	$ 1.20	250
1605	1605286	Meropenem Iv	J2185	$ 1.20	636
1605	1605316	Methadone	J1230	$ 239.53	636
1605	1605329	Methocarbamol	J2800	$ 1.20	636
1605	1605334	Methotrexate Vial	J9260	$ 16.42	636
1605	1605337	Methyldopate 5 Ml	J0210	$ 1.20	636
1605	1605341	Methylergonovine Inj	J2210	$ 1.20	636
1605	1605345	Methylprednisolone	J2930	$ 1.20	636
1605	1605347	Methylprednisolone	J2920	$ 1.20	636
1605	1605348	Methylprednisolone	J2930	$ 1.20	636
1605	1605350	Methylprednisolone Ac	J1040	$ 1.20	636
1605	1605351	Methylprednisolone Ac 5ml	J1030	$ 1.20	636
1605	1605352	Methylprednisolone Ace	J1030	$ 1.20	636
1605	1605353	Methytlprednisolone	J2930	$ 1.20	636
1605	1605357	Metoclopramide	J2765	$ 4.82	636
1605	1605382	Midazolam	J2250	$ 1.20	636
1605	1605384	Midazolam Inj	J2250	$ 1.20	636
1605	1605385	Midazolam	J2250	$ 1.20	636
1605	1605386	Midazolam Inj	J2250	$ 1.20	636
1605	1605400	Misoprostol	S0191	$ 1.20	250
1605	1605401	Misoprostol	S0191	$ 1.20	250
1605	1605402	Mitomycin Inj	J9280	$ 210.00	636
1605	1605419	Morphine C/J	J2270	$ 4.61	636
1605	1605422	Morphine C/J	J2270	$ 1.20	636
1605	1605423	Morphine C/J	J2270	$ 1.20	636
1605	1605424	Morphine Pca Cartridge	J2270	$ 1.20	636
1605	1605425	Morphine Mdv	J2271	$ 1.20	636
1605	1605426	Morphine C/J	J2270	$ 1.20	636
1605	1605427	Morphine Pca Syringe	J2270	$ 1.20	636
1605	1605430	Morphine Pf	J2275	$ 1.20	636
1605	1605432	Morphine Pf	J2275	$ 1.20	636
1605	1605435	Morphine Pf	J2275	$ 1.20	636
1605	1605463	Nalbuphine	J2300	$ 1.20	636
1605	1605464	Nalbuphine Inj	J2300	$ 1.20	636
1605	1605465	Naloxone	J2310	$ 1.20	636
1605	1605466	Naloxone Hcl	J2310	$ 1.20	636
1605	1605468	Nandrolone Decanoate	J2321	$ 1.20	636
1605	1605498	Neostigmine	J2710	$ 1.20	636
1605	1605499	Neostigmine	J2710	$ 1.20	636
1605	1605503	Nesiritide Inj 0.1 Mg	J2325	$ 1.20	636
1605	1605549	Octreotide	J2354	$ 1.20	636

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1605	1605550	Octreotide	J2353	$ 1.20	636
1605	1605551	Octreotide	J2354	$ 1.20	636
1605	1605568	Oprelvekin	J2355	$ 1.20	636
1605	1605570	Oseltamivir	G9019	$ 27.76	636
1605	1605575	Oxacillin Iv	J2700	$ 1.20	636
1605	1605576	Oxacillin Iv	J2700	$ 1.20	636
1605	1605577	Oxacillin Sodium Inj	J2700	$ 1.20	636
1605	1605590	Oxytocin Inj	J2590	$ 1.20	636
1605	1605591	Oxytocin Rtu	J2590	$ 1.20	636
1605	1605592	Paclitaxel Iv	J9265	$ 1.20	636
1605	1605594	Pamidronate Vial	J2430	$ 1.20	636
1605	1605595	Pamidronate	J2430	$ 1.20	636
1605	1605605	Papaverine	J2440	$ 1.20	636
1605	1605621	Penicillin Benz La	J0580	$ 1.20	636
1605	1605622	Penicillin Benz La	J0560	$ 1.20	636
1605	1605623	Penicillin Benz La	J0560	$ 1.20	636
1605	1605624	Penicillin Cr	J0540	$ 1.20	636
1605	1605625	Penicillin Cr	J0530	$ 1.20	636
1605	1605626	Penicillin G	J2540	$ 1.20	636
1605	1605628	Penicillin G	J0580	$ 1.20	636
1605	1605631	Penicillin Gk Iv	J2540	$ 1.20	636
1605	1605632	Penicillin Gk Iv	J2540	$ 1.20	636
1605	1605640	Pentamidine Inh	J2545	$ 1.20	636
1605	1605641	Pentamidine Inj	J2545	$ 1.20	636
1605	1605642	Pentazocine	J3070	$ 1.20	636
1605	1605660	Phenobarbital	J2560	$ 1.20	636
1605	1605668	Phentolamine Mesylate Inj	J2760	$ 1.20	636
1605	1605674	Phenylephrine Hcl 10%	J2370	$ 1.20	636
1605	1605675	Phenylephrine Hcl 10%	J2370	$ 1.20	636
1605	1605679	Phenytoin	J1165	$ 1.20	636
1605	1605682	Phenytoin	J1165	$ 1.20	636
1605	1605689	Phytonadione	J3430	$ 1.20	636
1605	1605690	Phytonadione	J3430	$ 1.20	636
1605	1605707	Piperacillin Tazobactam	J2543	$ 1.20	636
1605	1605708	Piperacillin Tazobactam	J2543	$ 1.20	636
1605	1605709	Piperacillin Tazobactam	J2543	$ 1.20	636
1605	1605710	Piperacillin/Tazo	J2543	$ 1.20	636
1605	1605729	Potassium Chloride Iv	J3480	$ 1.20	636
1605	1605731	Potassium Chloride Iv	J3480	$ 1.20	636
1605	1605733	Potassium Chloride Iv	J3480	$ 1.20	636
1605	1605734	Potassium Chloride Iv	J3480	$ 1.20	636
1605	1605737	Potassium Cl Rtu	J3480	$ 1.20	636
1605	1605738	Potassium Cl	J3480	$ 1.20	636
1605	1605739	Potassium Cl Rtu	J3480	$ 1.20	636
1605	1605761	Prednisone	J7506	$ 0.85	636
1605	1605763	Prednisone Tab	J7506	$ 0.84	636
1605	1605783	Prochlorperazine	J0780	$ 28.84	636
1605	1605785	Prochlorperazine	J0780	$ 2.84	636
1605	1605794	Promethazine	J2550	$ 1.20	636
1605	1605795	Promethazine	J2550	$ 1.20	636

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1605	1605810	Propranolol	J1800	$ 1.20	636
1605	1605818	Protamine 50mg Amp Inj	J2720	$ 1.20	636
1605	1605852	Reteplase	J2993	$ 1.20	636
1605	1605853	Rho-D Immune Globulin In	J2790	$ 1.20	636
1605	1605869	Risperidone Consta 25mg	J2794	$ 531.54	636
1605	1605870	Risperidone Consta 37.5mg	J2794	$ 797.36	636
1605	1605871	Risperidone Consta 50mg	J2794	$ 1,063.08	636
1605	1605880	Rituximab Inj	J9310	$ 1,153.91	636
1605	1605881	Rituximab Inj	J9310	$ 1.20	636
1605	1605900	Sargramostim	J2820	$ 1.20	636
1606	1606015	Succinylcholine	J0330	$ 1.20	636
1606	1606026	Sumatriptan	J3030	$ 1.20	636
1606	1606050	Terbutaline	J3105	$ 1.20	636
1606	1606053	Testosterone 10ml	J1070	$ 1.20	636
1606	1606054	Testosterone Cypionate	J1080	$ 1.20	636
1606	1606056	Tetanus Immune Glob	J1670	$ 1.20	636
1606	1606061	Tetracaine 1% Inj	J0120	$ 1.20	636
1606	1606070	Theophylline D5w	J2810	$ 1.20	636
1606	1606071	Theophylline D5w	J2810	$ 1.20	636
1606	1606076	Thiamine	J3411	$ 1.20	636
1606	1606100	Tobramycin Powder Vial	J3260	$ 1.20	636
1606	1606101	Tobramycin Iv	J3260	$ 1.20	636
1606	1606105	Tobramycin Vial	J3260	$ 1.20	636
1606	1606132	Torsemide	J3265	$ 1.20	636
1606	1606152	Triamcinolone	J3301	$ 1.20	636
1606	1606153	Triamcinolone	J3301	$ 1.20	636
1606	1606155	Triamcinolone Hex Inj	J3303	$ 1.20	636
1606	1606172	Trimethobenzamide	J3250	$ 1.20	636
1606	1606174	Trimethobenzamide	J3250	$ 1.20	636
1606	1606201	Vancomycin Ud	J3370	$ 1.20	636
1606	1606204	Vancomycin	J3370	$ 1.20	636
1606	160621	Vancomycin Ivpb	J3370	$ 1.20	636
1606	1606226	Vincristine	J9370	$ 112.90	636
1606	1606227	Vinorelbine	J9390	$ 1.20	636
1606	1606238	Voriconazole Iv	J3465	$ 1.20	636
1606	1606252	Zidovudine	S0104	$ 1.20	636
1606	1606262	Ziprasidone Inj	J3486	$ 1.20	636
1606	1606268	Alteplase Inj	J2997	$ 1.20	636
1606	1606280	Betameth Acet/Betamet Sod Phos	J0704	$ 1.20	636
1606	1606281	Bevacizumab	J9035	$ 1,237.50	636
1606	1606282	Bevacizumab	J9035	$ 1.20	636
1606	1606285	Botulinum Toxin Type A	J0585	$ 1.20	636
1606	1606296	Edetate Disodium	J0600	$ 1.20	636
1606	1606300	Ertapenem Sodium	J1335	$ 1.20	636
1606	1606301	Etanercept	J1438	$ 1.20	636
1606	1606302	Fomepizole	J1451	$ 1.20	250
1606	1606303	Fondaparinux Sodium	J1652	$ 1.20	636
1606	1606305	Fulvestrant	J9395	$ 1.20	636
1606	1606307	Glatiramer Acetate	J1595	$ 1.20	636
1606	1606309	Goserelin Acetate	J9202	$ 1.20	636

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1606	1606310	Granisetron Hcl	Q0166	$ 209.14	636
1606	1606315	Hydromorphone	J1170	$ 17.14	636
1606	1606316	Hydroxyurea	S0176	$ 1.20	250
1606	1606324	Interferon Beta 1a	J1825	$ 1.20	636
1606	1606340	Milrinone Lact/D5w	J2260	$ 1.20	636
1606	1606341	Milrinone Lactate	J2260	$ 1.20	636
1606	1606346	Ondansetron	J2405	$ 1.20	636
1606	1606347	Ondansetron	J2405	$ 1.20	636
1606	1606349	Oxaliplatin	J9263	$ 3,834.18	636
1606	1606352	Pegfilgrastim	J2505	$ 1.20	636
1606	1606353	Pemetrexed	J9305	$ 1.20	636
1606	1606361	Quinupristin/Dalfopristin	J2770	$ 1.20	636
1606	1606365	Ropivacaine	J2795	$ 1.20	636
1606	1606366	Ropivacaine	J2795	$ 1.20	636
1606	1606367	Sod Ferric Gluc Cmplx/Sucrose	J2916	$ 1.20	636
1606	1606368	Streptomycin	J3000	$ 1.20	636
1606	1606373	Topotecan	J9351	$ 2,096.63	636
1606	1606374	Trastuzumab	J9355	$ 5,849.27	636
1606	1606375	Urokinase	J3365	$ 1.20	636
1606	1606376	Zoledronic Acid	J3487	$ 1.20	636
1606	1606380	Pepcid Rtu Ns	J3490	$ 25.14	636
1606	1606388	Cefotaxime Iv/Im Inj	J0698	$ 1.20	636
1606	1606396	Haldol Decanoate	J1631	$ 1.20	636
1606	1606402	Megestrol	S0179	$ 1.20	250
1606	1606430	Velcade 3.5 Mg Vial	J9041	$ 1.20	636
1606	1606437	Gentamicin Rtu	J1580	$ 1.20	636
1606	1606451	Morphine	J2271	$ 1.20	636
1606	1606456	Retrovir Iv Infusion Vial	J3485	$ 1.20	636
1606	1606500	Vinblastine Sulf Vial	J9360	$ 36.00	636
1606	1606815	Sandostatin	J2353	$ 1.20	636
1606	1606829	Erbitux Via	J9055	$ 1.20	636
1606	1606830	Acetylcyste	J0132	$ 1.20	636
1606	1606831	Remicade Vi	J1745	$ 1.20	636
1606	1606841	Docetaxel 8	J9171	$ 1.20	636
1606	1606842	Intron A 50	J9214	$ 1.20	636
1606	1606867	Enalapril T	J3490	$ 44.44	636
1606	1606903	Vitamin K A	J3430	$ 32.80	636
1606	1606915	Rabies Immune Glob 10ml Vial	90375	$ 449.74	636
1606	1606933	Rabavert Rabies Vaccine Kit	90376	$ 371.26	636
1606	1606935	Emend 80 Mg Capsule	J8501	$ 191.47	636
1606	1606936	Emend 125 Mg Capsule	J8501	$ 264.11	636
1607	1607005	Dacarbazine 200mg Vial	J9130	$ 69.42	636
1607	1607013	Magnesium Sulfate 4meq/Ml 50ml	J3490	$ 8.77	636
1607	1607038	Menactra 0.5ml Vial (Im)	90733	$ 210.88	636
1607	1607072	Gardasil 0.5ml Vial (Hpv Vacc)	90649	$ 186.00	636
1607	1607073	Orthovisc 30mg/2ml Prefill Syr	J7324	$ 1.20	636
1607	1607169	Procrit 10,000 Units/Ml	J0885	$ 295.44	636
1607	1607170	Procrit 40,000 Units/Ml	J0885	$ 1,181.70	636
1607	1607229	Cytoxan 2g Vial	J9070	$ 1.20	636
1607	1607230	Cytarabine 2g Vial	J9100	$ 1.20	250

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1607	1607231	Cytarabine 500mg/Vial	J9100	$ 1.20	250
1607	1607255	Calcium Gluconate 10ml Vial	J0610	$ 4.90	636
1607	1607256	Optiray 300mg/Ml 100ml	Q9967	$ 293.44	250
1607	1607324	Pentacel Immunization	90698	$ 270.60	771
1607	1607433	Influenza A (H1n1) Internasal	90663	$ 1.20	250
1607	1607434	Influenza A (H1n1) 5ml	90663	$ 1.20	250
1607	1607469	Aranesp 40mcg Vial	J0882	$ 103.56	636
1607	1607470	Aranesp 100mcg Syringe	J0882	$ 270.84	636
1607	1607471	Aranesp 200mcg Syringe	J0882	$ 508.98	636
1607	1607472	Aranesp 25mcg Vial	J0882	$ 65.46	636
1607	1607473	Aranesp 60mcg Vial	J0882	$ 162.42	636
1607	1607474	Aranesp 40mcg Syringe	J0882	$ 108.35	636
1607	1607475	Aranesp 100mcg Vial	J0882	$ 270.84	636
1607	1607476	Aranesp 200mcg Vial	J0882	$ 486.80	636
1607	1607477	Aranesp 25mcg Syringe	J0882	$ 67.72	636
1607	1607478	Aranesp 60mcg Syringe	J0882	$ 162.53	636
1607	1607479	Aranesp 150mcg Syringe	J0882	$ 406.26	636
1607	1607480	Aranesp 300mcg Syringe	J0882	$ 724.81	636
1607	1607481	Aranesp 150mcg Vial	J0882	$ 342.97	636
1607	1607482	Aranesp 300mcg Vial	J0882	$ 686.86	636
1607	1607484	Docetaxel 20 Mg/Ml Solutn 4ml	J9171	$ 1.20	636
1607	1607486	Regadenson 0.1 Mg	J2785	$ 267.60	636
1607	1607488	Zemplar 2 Mcg Vial	J2501	$ 5.23	636
1607	1607500	Immunization, Any, 1st Vac/Tox	90460	$ 65.00	771
1607	1607505	Im Admin Each Addl Component	90461	$ 33.00	771
1607	1607515	Pneumococcal Vacc 12 Val Im	90670	$ 1.00	636
1701	1701004	Hem Nasl Smr Eos	89190	$ 29.81	300
1701	1701012	Hem Fac Xii Hagm	85280	$ 71.89	300
1701	1701013	Hem Fac Xiii Fsf	85290	$ 43.84	300
1701	1701015	Hem Fibrin Split Pro	85362	$ 84.17	300
1701	1701016	Hem Pro Time Manual	85610	$ 21.04	300
1701	1701017	Hem Prthr Consump	85610	$ 33.30	300
1701	1701019	Hem Ptt Manual	85730	$ 29.81	300
1701	1701020	Hem Fibrinogen	85384	$ 61.37	300
1701	1701021	Hem Factor Viii	85240	$ 43.84	300
1701	1701022	Hem Factor V	85220	$ 70.13	300
1701	1701023	Hem Factor Vii	85230	$ 71.89	300
1701	1701024	Hem Factor Ix	85250	$ 71.89	300
1701	1701025	Hem Factor X	85260	$ 70.13	300
1701	1701026	Hem Factor Xi	85270	$ 70.13	300
1701	1701027	Hem Thrombin Time	85670	$ 43.84	300
1701	1701028	Hem Pt/Ptt Aut 85610	85730	$ 57.86	300
1701	1701031	Hem Bld Ct Coult	85027	$ 36.83	300
1701	1701032	Hem Bld Ct H6000	85027	$ 33.30	300
1701	1701033	Hem Wbc Ct	85048	$ 14.03	300
1701	1701034	Hem Wbc H6000	85048	$ 14.03	300
1701	1701035	Hem Rbc Coult	85041	$ 19.28	300
1701	1701036	Hem Rbc H6000	85041	$ 19.28	300
1701	1701037	Hem Hgb Coult	85018	$ 14.03	300
1701	1701038	Hem Hgb H6000	85018	$ 14.03	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1701	1701039	Hem Hct Coult	85014	$ 14.03	300
1701	1701040	Hem Hct H6000	85014	$ 14.03	300
1701	1701041	Hem Bld Diff Auto + Cbc	85025	$ 36.83	305
1701	1701042	Hem Bld Diff Manual	85007	$ 26.29	300
1701	1701043	Hem Sickle Id	85660	$ 15.79	300
1701	1701044	Hem Esr Westergr	85651	$ 21.04	300
1701	1701045	Hem Gluc 6 Pd	82960	$ 106.96	300
1701	1701046	Hem Tot Eosinoph Man Ct	85032	$ 43.84	300
1701	1701047	Hem Plat Ct H6000 Auto	85049	$ 22.80	300
1701	1701048	Hem Plat Ct Man Est-Smear	85008	$ 19.28	300
1701	1701049	Hem Retic Ct Man	85044	$ 22.80	300
1701	1701050	Hem Leuk Alkphos	85540	$ 38.58	300
1701	1701051	Hem Rbc Sed. Rate, Auto	85652	$ 21.12	300
1701	1701052	Hem Fetal Hgb Kleihauer	85460	$ 57.86	300
1701	1701053	Hem Spec Col-Fin	36415	$ -	300
1701	1701054	Venipuncture	36415	$ 10.54	300
1701	1701055	Hem Platelet Aggrgtn Each	85576	$ 227.94	300
1701	1701056	Hem Prothr Time Auto	85610	$ 21.04	300
1701	1701057	Hem Part Throm Tm Au	85730	$ 29.81	300
1701	1701058	Hem Special Stains	88319	$ 218.00	310
1701	1701060	Hem Plat Ct Coult	85049	$ 22.80	300
1701	1701064	Hem Hct Manual	85013	$ 14.03	300
1701	1701065	Hem Bdyfl Cell Ct	89050	$ 28.06	305
1701	1701067	Hem Bdy Fl Diff With Fct	89051	$ 56.11	305
1701	1701068	Hem Coult Col-Fin	85027	$ 36.83	300
1701	1701069	Hem Factor Ii	85210	$ 140.27	300
1701	1701070	Hem Fletcher Factor	85292	$ 140.27	300
1701	1701071	Hem Antithrombin Iii Clotting	85300	$ 43.84	300
1701	1701072	Hem Fac V111 Antign	85244	$ 140.27	300
1701	1701073	Hem Inhibitor Study	85732	$ 140.27	300
1701	1701074	Hem Throm Inh Time	85705	$ 140.27	300
1701	1701075	Hem Factor Inh	85335	$ 140.27	300
1701	1701076	Hem Plasminogen	85420	$ 43.84	300
1701	1701077	Hem Reptilase Time	85635	$ 57.86	300
1701	1701078	Hem Ristocetin Coftr	85245	$ 140.27	300
1701	1701079	Heme Bld Rbc Morph	85008	$ 10.54	300
1701	1701080	Hem Csf Cell Ct	89050	$ 28.06	305
1701	1701081	Hem Csf Diff (Cc With Diff)	89051	$ 29.81	305
1701	1701082	Hem Venip In/Pt	36415	$ 13.20	305
1701	1701083	Hem Rbc Frag Qnt Inc	85557	$ 63.78	300
1701	1701086	Hem Abnormal Smear	85060	$ 46.20	300
1701	1701087	Hem Bld Hgb A2	83021	$ 64.88	300
1701	1701088	Hem Bld Fetal Hgb F	83033	$ 50.84	300
1701	1701089	Hem Bld Hgb Elect	83020	$ 94.68	300
1701	1701090	Hem Bld Ac Hgb Elect	83020	$ 71.89	300
1701	1701091	Hem Se Cryoglobin	82595	$ 68.38	300
1701	1701092	Hem Ur Urinalysis Man & Micro	81000	$ 36.83	300
1701	1701093	Hem Ur Ph	81002	$ 12.28	300
1701	1701094	Hem Ur Sp Gravity	81002	$ 12.28	300
1701	1701095	Hem Ur Blood	81002	$ 12.28	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1701	1701096	Hem Ur Bilirubin	81002	$ 21.04	300
1701	1701097	Hem Ur Ketone	81002	$ 19.28	300
1701	1701098	Hem Ur Urobilinogen	84578	$ 21.04	300
1701	1701099	Hem Ur Glucose	81002	$ 12.28	300
1701	1701100	Hem Ur Pro Sulfasal	84155	$ 12.28	300
1701	1701101	Hem Ur Hemosiderin	83070	$ 29.81	300
1701	1701102	Hem Ur Reducing Sub	81002	$ 29.81	300
1701	1701103	Hem Ur Met Gran	81015	$ 24.55	300
1701	1701104	Hem Ur Myoglobin	83874	$ 54.35	300
1701	1701105	Hem Ur Porphyrin	84119	$ 43.84	300
1701	1701106	Hem Ur Porphobilin	84106	$ 43.84	300
1701	1701107	Hem Ur Melanin	83795	$ 57.86	300
1701	1701108	Hem Ur Nitrite	81002	$ 12.28	300
1701	1701109	Hem Ur Leukocyte	81002	$ 12.28	300
1701	1701110	Hem Stl Red Subst	81002	$ 29.81	300
1701	1701111	Hem Ur Fat Bodies Stain	89125	$ 56.10	300
1701	1701112	Hem Stl Trypsin	84488	$ 57.86	300
1701	1701113	Hem Stl Ph	83986	$ 29.81	300
1701	1701114	Hem Hsub Sub Culture	87070	$ 26.40	306
1701	1701115	Sphem Leuk Acd Phos	88319	$ 218.00	310
1701	1701116	Sphem Chlo Est Stain	88319	$ 218.00	310
1701	1701117	Sphem A-Naphyl Stain	88319	$ 218.00	310
1701	1701118	Hem Per Sm Scan	85008	$ 12.28	305
1701	1701119	Hem Rdw/Mpv Coult	85029	$ -	300
1701	1701120	Hem Joint Crystal Id	89060	$ 24.55	300
1701	1701121	Hem D-Dimer	85378	$ 26.29	300
1701	1701122	Hem Alpha2 Antiplasm	85410	$ 26.29	300
1701	1701123	Hem Prot C Functnal	85303	$ 45.59	300
1701	1701124	Hem Prot C Antigen	85302	$ 42.08	300
1701	1701125	Hem Prot S Functnal	85306	$ 45.59	300
1701	1701126	Hem Prot S Antigen	85305	$ 40.33	300
1701	1701127	Hem Bleeding Time	85002	$ 15.79	300
1701	1701128	Hem Factor Viii Ag	85244	$ 46.20	300
1701	1701129	Hem Plat Neutralzation	85597	$ 30.49	300
1701	1701130	Hem Heparin Assay	85520	$ 38.65	300
1701	1701131	Hem Factor Viii Half Life	85240	$ 88.58	300
1701	1701132	Hem Corrected Wbc		$ 7.55	300
1701	1701133	Hem Cbc/Diff Auto	85025	$ 36.83	305
1701	1701134	Hem Rbc Frag Uninc	85555	$ 130.68	300
1701	1701135	Hem Rbc Frag Inc	85557	$ 130.68	300
1701	1701136	Hem Urine Analysis	81003	$ 36.83	300
1701	1701137	Hem Ur Anal/Micro	81001	$ 44.74	300
1701	1701138	Hem Retic Automated	85045	$ 10.45	300
1701	1701139	Hem Se Ketone	82009	$ 26.40	300
1701	1701140	Hem D-Dimer Quant	85379	$ 33.00	300
1701	1701141	Hem Ur Eosinophics	87205	$ 13.20	300
1701	1701142	Poct Hemoglobin	85018	$ 14.40	305
1701	1701143	Serum Ketone Titer	82010	$ 284.40	300
1701	1701144	Hem Urine Microscopic	81015	$ 36.83	300
1701	1701999	Hem Custom Test	85999	$ -	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702100	Chem Gast Ph	83986	$ 24.55	300
1702	1702101	Chem Gast Free Hcl	82928	$ 24.55	300
1702	1702102	Chem Gast Tot Acid	82928	$ 24.55	300
1702	1702103	Chem Gast Occ Blood	82273	$ 36.83	300
1702	1702104	Chem Gast Sodium	84302	$ 29.81	300
1702	1702105	Chem Gast Potassium	84133	$ 29.81	300
1702	1702106	Chem Gast Chloride	82438	$ 29.81	300
1702	1702107	Chem Stl Occ Blood	82270	$ 36.83	300
1702	1702108	Chem Stl Reduc Subs	81005	$ 29.81	300
1702	1702109	Chem Stl Fat Bodies	82705	$ 29.81	300
1702	1702110	Chem Stl Lipids	82705	$ 43.84	300
1702	1702111	Chem Stl Ph	83986	$ 29.81	300
1702	1702112	Chem Stl Urobilinogn	84577	$ 63.12	300
1702	1702113	Chem Stl Trypsin	84488	$ 57.86	300
1702	1702114	Chem Csf Glucose	82945	$ 38.58	301
1702	1702115	Chem Csf Protein	84155	$ 38.58	300
1702	1702116	Chem Csf Ldh	83615	$ 31.56	300
1702	1702117	Chem Csf Sgot	84450	$ 36.83	300
1702	1702118	Chem Csf Sgpt	84460	$ 36.83	300
1702	1702119	Chem Csf Ph	83986	$ 14.03	300
1702	1702120	Chem Csf Spec Grav	84315	$ 12.28	300
1702	1702121	Chem Csf Sodium	84302	$ 29.81	300
1702	1702122	Chem Csf Potassium	84133	$ 29.81	300
1702	1702123	Chem Se Profile1-6	80006	$ 40.33	300
1702	1702124	Chem Se Profile1-A&F	80006	$ 31.56	300
1702	1702125	Chem Se Chlrd-S Chem	82435	$ 22.80	300
1702	1702126	Chem Se Chloride-A	82435	$ 22.80	300
1702	1702127	Chem Se Chloride-Man	82435	$ 22.80	300
1702	1702128	Chem Se Co2-Smac	82374	$ 22.80	300
1702	1702129	Chem Se Co2-Aca	82374	$ 22.80	300
1702	1702130	Chem Se Co2-Kodak	82374	$ 22.80	300
1702	1702131	Chem Se Potass-Smac	84132	$ 24.55	300
1702	1702132	Chem Se Potass-Flame	84132	$ 24.55	300
1702	1702133	Chem Se Sodium-Smac	84295	$ 24.55	300
1702	1702134	Chem Se Sodium-Flame	84295	$ 24.55	300
1702	1702135	Chem Se Urea N-Smac	84520	$ 21.04	301
1702	1702136	Chem Se Urea N-Aca	84520	$ 21.04	301
1702	1702137	Chem Se Glucose-Smac	82947	$ 21.04	301
1702	1702138	Chem Se Glucose-Aca	82947	$ 21.04	301
1702	1702140	Chem Se Totprot-Smac	84155	$ 29.81	300
1702	1702141	Chem Se Totprot-Aca	84155	$ 29.81	300
1702	1702142	Chem Se Totprot-Man	84160	$ 29.81	300
1702	1702143	Chem Se Albumin-Smac	82040	$ 24.55	300
1702	1702144	Chem Se Albumin-Aca	82040	$ 24.55	300
1702	1702145	Chem Se Albumin-Man	82040	$ 24.55	300
1702	1702146	Chem Se Calcium-Smac	82310	$ 26.29	300
1702	1702147	Chem Se Calcium-Aca	82310	$ 26.29	300
1702	1702148	Chem Se Calcium-Man	82310	$ 26.29	300
1702	1702150	Chem Se Inorg Phos-S	84100	$ 24.55	301
1702	1702151	Chem Se Inorg Phos-A	84100	$ 24.55	301

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702152	Chem Se Inorg Phos-M	84100	$ 24.55	301
1702	1702153	Chem Se Uric Acd-Smc	84550	$ 21.04	300
1702	1702154	Chem Se Uric Acd-Aca	84550	$ 22.80	300
1702	1702155	Chem Se Creatinne-S	82565	$ 26.29	301
1702	1702156	Chem Se Creatinne-A	82565	$ 26.29	301
1702	1702157	Chem Se Alk Phos-Smc	84075	$ 29.81	300
1702	1702158	Chem Se Alk Phos-Aca	84075	$ 29.81	300
1702	1702161	Chem Se Sgot-Smac	84450	$ 26.29	300
1702	1702162	Chem Se Sgot-Aca	84450	$ 26.29	300
1702	1702163	Chem Se Sgpt-Smac	84460	$ 29.81	300
1702	1702164	Chem Se Sgpt-Aca	84460	$ 29.81	300
1702	1702165	Chem Se Ldh-Smac	83615	$ 31.56	300
1702	1702166	Chem Se Ldh-Aca	83615	$ 31.56	300
1702	1702169	Chem Se Cpk -Smac	82550	$ 35.08	301
1702	1702170	Chem Se Cpk -Aca	82550	$ 35.08	301
1702	1702171	Chem Se Cholesterl-S	82465	$ 21.04	300
1702	1702172	Chem Se Cholesterl-A	82465	$ 21.04	300
1702	1702173	Chem Se Triglycrds-S	84478	$ 31.56	300
1702	1702174	Chem Se Triglycrds-A	84478	$ 31.56	300
1702	1702175	Chem Se Tot Bili-Smc	82247	$ 24.55	300
1702	1702176	Chem Se Tot Bili-Aca	82247	$ 24.55	300
1702	1702177	Chem Se Tot Bili-Man	82247	$ 24.55	300
1702	1702179	Chem Se Dir Bili-Aca	82248	$ 24.55	300
1702	1702180	Chem Se Dir Bili-Man	82248	$ 24.55	300
1702	1702182	Chem Se Amylase	82150	$ 50.84	301
1702	1702183	Chem Se Lipase Neph	83690	$ 43.84	300
1702	1702184	Chem Se Lithium - Aa	80178	$ 49.09	300
1702	1702185	Chem Se Salicylate	80196	$ 31.56	300
1702	1702186	Chem Se Carotene	82380	$ 50.84	300
1702	1702187	Chem Se Amonia	82140	$ 75.38	300
1702	1702188	Chem Se Osmolality	83930	$ 70.13	300
1702	1702189	Chem Se Iron Qnt	83540	$ 38.58	300
1702	1702190	Chem Se Tibc	83550	$ 57.86	301
1702	1702191	Chem Se Pyruvate	84210	$ 56.10	300
1702	1702192	Chem Se Magnesium	83735	$ 61.37	301
1702	1702193	Chem Se Acid Phos	84060	$ 75.38	300
1702	1702194	Chem Se H S Acd Phos	84060	$ 57.86	300
1702	1702195	Chem Se Ethanol	82055	$ 38.58	300
1702	1702196	Chem Se Lactic Acid	83605	$ 57.86	300
1702	1702197	Chem Se Digoxin	80162	$ 75.38	300
1702	1702198	Chem Se Mysoline	80188	$ 75.38	300
1702	1702199	Chem Se Phenobarb	80184	$ 56.10	300
1702	1702200	Chem Se Dilantin	80185	$ 68.38	300
1702	1702201	Chem Se Copper	82525	$ 61.37	300
1702	1702205	Chem Se Prof Renal	80048	$ 61.37	301
1702	1702212	Chem Se Insulin Test	83525	$ 184.10	300
1702	1702213	Chem Se B 12	82607	$ 196.37	300
1702	1702214	Chem Se Folate	82746	$ 75.38	300
1702	1702215	Chem Se T 3-Ria	84480	$ 89.41	300
1702	1702216	Chem Se T 4	84436	$ 57.86	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702217	Chem Se Aldolase	82085	$ 52.61	300
1702	1702218	Chem Se Gastrin	82941	$ 82.40	300
1702	1702219	Chem Se Anti-Dna (S)	86226	$ 135.01	300
1702	1702220	Chem Se 5-Nucleotdse	83915	$ 56.10	300
1702	1702222	Chem Ur Aldosterone	82088	$ 199.88	300
1702	1702223	Chem Se 2,3 Dpg	84999	$ 43.84	300
1702	1702224	Chem Plas Cortisol	82533	$ 289.30	300
1702	1702225	Chem Se Fsh	83001	$ 96.43	300
1702	1702226	Chem Se Lh	83002	$ 98.18	300
1702	1702227	Chem Se Parathormone	83970	$ 255.98	300
1702	1702228	Chem Se Tsh	84443	$ 87.67	300
1702	1702229	Chem Se Vitamin D	82307	$ 145.51	300
1702	1702230	Chem Plas Renin	84244	$ 113.96	300
1702	1702231	Chem Plas Progestern	84144	$ 96.43	300
1702	1702232	Chem Ur Vma	84585	$ 87.67	300
1702	1702233	Chem Ur 17 Ketoster	83586	$ 35.08	300
1702	1702234	Chem Se Estriol	82677	$ 138.50	300
1702	1702235	Chem Tissu Estro Rec	84233	$ 133.26	300
1702	1702236	Chem Tissu Progst Rc	84234	$ 275.27	300
1702	1702237	Chem Se Testosterone	84403	$ 289.30	300
1702	1702238	Chem Se Grwth Hormne	83003	$ 133.26	300
1702	1702239	Chem Se Acth	82024	$ 149.03	300
1702	1702240	Chem Se Amino Acids	82130	$ 43.84	300
1702	1702241	Chem Se Anti Intrn F	86340	$ 75.38	300
1702	1702242	Chem Se Arylsulfatas	84999	$ 84.17	300
1702	1702243	Chem Ur Hcg Quant	84702	$ 80.66	300
1702	1702245	Chem Se Cpk Isoenzym	82552	$ 91.18	300
1702	1702246	Chem Ur Cyclic Amp	82030	$ 133.26	300
1702	1702247	Chem Ur Cystine	82615	$ 52.61	300
1702	1702248	Chem Ur D-Xylose	84620	$ 40.33	300
1702	1702249	Chem Ur Epinephrine	84999	$ 112.21	300
1702	1702250	Chem Se Erythropoiet	82668	$ 92.93	300
1702	1702251	Chem Se Estadiol Ria	82670	$ 133.26	300
1702	1702252	Chem Se Ferritin Ria	82728	$ 71.89	301
1702	1702253	Chem Se Free Thyrox	84439	$ 49.09	300
1702	1702255	Chem Ur Hva	83150	$ 63.12	300
1702	1702256	Chem Se Hexosamindes	84999	$ 80.66	300
1702	1702257	Chem Ur Kynerenic Ac	84999	$ 112.21	300
1702	1702258	Chem Se Lats	84445	$ 343.64	300
1702	1702259	Chem Se Light Chains	84155	$ 91.18	300
1702	1702260	Chem Pl Methemoglobn	83050	$ 57.86	300
1702	1702261	Chem Se Zarontin	80168	$ 84.17	300
1702	1702262	Chem Ur Pregnantriol	84138	$ 112.21	300
1702	1702263	Chem Pl Pyruvkinase	84220	$ 50.84	300
1702	1702264	Chem Se Tegritol	80156	$ 50.84	300
1702	1702265	Chem Se Vitamin A	84590	$ 70.13	300
1702	1702266	Chem Se Vitamin E	84446	$ 71.89	300
1702	1702267	Chem Se Viscosity	85810	$ 68.38	300
1702	1702268	Chem Ur Xanthurentic	81099	$ 113.96	300
1702	1702269	Chem Se Zinc	84630	$ 42.08	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702270	Chem Se T3 Uptake	84479	$ 43.84	300
1702	1702271	Chem Bld Hla B 27	86812	$ 129.76	300
1702	1702272	Chem Bdy Fl Ph	83986	$ 14.03	300
1702	1702273	Chem Bdy Fl Sp Grav	84315	$ 12.28	300
1702	1702274	Chem Bdy Fl Protein	84155	$ 29.81	300
1702	1702275	Chem Bdy Fl Sodium	84302	$ 29.81	300
1702	1702276	Chem Bdy Fl Potass	84133	$ 29.81	300
1702	1702277	Chem Bdy Fl Chloride	82438	$ 29.81	300
1702	1702278	Chem Bdy Fl Urate	84560	$ 29.81	300
1702	1702279	Chem Bdy Fl Ldh	83615	$ 29.81	300
1702	1702280	Chem Bdy Fl Sgot	84450	$ 29.81	300
1702	1702281	Chem Bdy Fl Glucose	82945	$ 29.81	301
1702	1702282	Chem Bdy Fl Amylase	82150	$ 36.83	301
1702	1702283	Chem Amn F L/S Ratio	83661	$ 106.96	300
1702	1702284	Chem Amn F Opt Dens	82143	$ 54.35	300
1702	1702285	Chem Amn F Creatnne	82570	$ 29.81	300
1702	1702286	Chem Amn F Uric Acid	84560	$ 29.81	300
1702	1702287	Chem Ur Porphbilnogn	84106	$ 43.84	300
1702	1702288	Chem Ur Bnce-Jn Prot	84160	$ 36.83	300
1702	1702289	Chem Ur Catechl Frac	82384	$ 64.88	300
1702	1702290	Chem Ur Metanephrine	83835	$ 145.51	300
1702	1702291	Chem Ur Bile	81002	$ 21.04	300
1702	1702292	Chem Ur Urobilinogen	84578	$ 21.04	300
1702	1702294	Chem Ur Lipase	83690	$ 43.84	300
1702	1702295	Chem Ur Creat Quant	82570	$ 38.58	300
1702	1702296	Chem Ur Uroporphrins	84120	$ 64.88	300
1702	1702297	Chem Ur Corporphrins	84120	$ 64.88	300
1702	1702298	Chem Ur Melanin	83795	$ 57.86	300
1702	1702299	Chem Ur 5hiaa	83497	$ 64.88	300
1702	1702300	Chem Ur Copper	82525	$ 61.37	300
1702	1702301	Chem Ur Hemosiderin	83070	$ 29.81	300
1702	1702302	Chem Ur Myoglobin	83874	$ 54.35	300
1702	1702303	Chem Ur Serotonin	84260	$ 64.88	300
1702	1702304	Chem Ur Reduc Subst	81005	$ 78.90	300
1702	1702305	Chem Stone Analysis	82370	$ 49.09	300
1702	1702306	Chem Ur Oxalate	83945	$ 42.08	300
1702	1702307	Chem Ur Zinc	84630	$ 52.61	300
1702	1702308	Chem Ur Protein-Quan	84155	$ 38.58	300
1702	1702309	Chem Ur Sodium	84300	$ 38.58	300
1702	1702310	Chem Ur Potassium	84133	$ 29.81	300
1702	1702311	Chem Ur Chloride	82436	$ 40.33	300
1702	1702312	Chem Ur Calcium Aa	82340	$ 36.83	300
1702	1702313	Chem Ur Phosphorus	84105	$ 29.81	300
1702	1702314	Chem Ur Uric Acid	84560	$ 29.81	300
1702	1702315	Chem Ur Amylse Quant	82150	$ 36.83	301
1702	1702316	Chem Ur Urea Nitrogn	84540	$ 29.81	300
1702	1702317	Chem Ur Osmolal 24hr	83935	$ 49.09	300
1702	1702318	Chem Ur Routne Urine	81000	$ 36.83	300
1702	1702319	Chem Ur Acetone-Qual	82009	$ 19.28	300
1702	1702320	Chem Ur Glucose-Qual	81002	$ 12.28	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702321	Chem Ur Protein-Qual	81002	$ 12.28	300
1702	1702322	Chem Ur Occult Bld	81002	$ 12.28	300
1702	1702323	Chem Ur Spec Grav	81002	$ 12.28	300
1702	1702324	Chem Blood Gases	82803	$ 101.69	300
1702	1702325	Chem Se Theophyllin	80198	$ 68.38	300
1702	1702326	Chem Se Myoglobin	83874	$ 45.59	300
1702	1702327	Chem Ur Magnesium	83735	$ 43.84	301
1702	1702328	Chem Ur Metach Gran	84999	$ 24.55	300
1702	1702329	Chem Ur Ldh	83615	$ 31.56	300
1702	1702330	Chem Ur Citrate	82507	$ 184.10	300
1702	1702331	Chem Ur Bicarb	82374	$ 26.29	300
1702	1702332	Chem Ur Hydroxproln	83505	$ 145.51	300
1702	1702333	Chem Ur Mucopolysach	83864	$ 80.66	300
1702	1702334	Chem Ur Amino Acid	82128	$ 63.12	300
1702	1702335	Chem Ur Amin Ac Frac	82130	$ 387.49	300
1702	1702336	Chem Ur Ph	81002	$ 12.28	300
1702	1702337	Chem Ur 17 Hydroxstd	83491	$ 89.41	300
1702	1702338	Chem Se Vitamin C	82180	$ 36.83	300
1702	1702339	Chem Se Insulin Ab	86337	$ 106.96	300
1702	1702340	Chem Se Gentamicin	80170	$ 84.17	300
1702	1702341	Chem Se Ggtp	82977	$ 35.08	300
1702	1702342	Chem Se Histamine	83088	$ 145.51	300
1702	1702343	Chem Se Lead	83655	$ 56.10	300
1702	1702344	Chem Se Ionized Ca	82330	$ 50.84	300
1702	1702345	Chem Se Acetominophn	82003	$ 84.17	300
1702	1702346	Chem Se Cpk Iso Hist	82552	$ 52.61	300
1702	1702347	Chem Se Amino Acid	82128	$ 63.12	300
1702	1702348	Chem Se Prolactin	84146	$ 99.94	300
1702	1702349	Chem Se Methemalbumi	83857	$ 33.30	300
1702	1702350	Chem Se Phenylalanin	84030	$ 29.81	300
1702	1702351	Chem Se Btasub U Hcg	84702	$ 112.21	300
1702	1702352	Chem Se Amin Ac Frac	82130	$ 387.49	300
1702	1702353	Chem Urine Me Amphet	80101	$ 80.66	300
1702	1702354	Chem Urine Me Barbit	80101	$ 80.66	300
1702	1702355	Chem Urine Me Hyp Sc	80101	$ 71.89	300
1702	1702356	Chem Urine Me Nac Rb	80101	$ 80.66	300
1702	1702357	Chem Urine Me Phenoz	80101	$ 80.66	300
1702	1702358	Chem Urine Me Salicy	80196	$ 57.86	300
1702	1702359	Chem Urine Me Hm Rt	83015	$ 96.43	300
1702	1702360	Chem Ur Me Gen Scrng	80100	$ 135.01	300
1702	1702361	Chem Bld Me Carb Mon	82375	$ 63.12	300
1702	1702362	Chem Bld Me Barbitur	82205	$ 68.38	300
1702	1702363	Chem Bld Me Ethanol	82055	$ 68.38	300
1702	1702364	Chem Bld Me Mtls Asv	80100	$ 80.66	300
1702	1702365	Chem Bld Me Hv Mt Aa	80100	$ 106.96	300
1702	1702366	Chem Bld Me Hypn Son	80100	$ 80.66	300
1702	1702367	Chem Bld Me Narc+rb	80100	$ 68.38	300
1702	1702368	Chem Bld Me Othr Vol	84600	$ 68.38	300
1702	1702369	Chem Bld Me Phenothi	82486	$ 92.93	300
1702	1702370	Chem Bld Me Salicylt	80196	$ 57.86	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702371	Chem Bld Me Drug Scn	80100	$ 152.54	300
1702	1702372	Chem Se Depekane	80164	$ 68.38	300
1702	1702373	Chem Ur Norepinephrn	82382	$ 64.88	300
1702	1702374	Chem Se Lap	83670	$ 26.29	300
1702	1702375	Chem Blood Gases W/O2 Saturatn	82805	$ 105.60	300
1702	1702376	Chem Se Quinidine	80194	$ 77.14	300
1702	1702377	Chem Se Androstendin	82157	$ 289.30	300
1702	1702380	Chem Se Ldh Isoenzym	83625	$ 45.59	300
1702	1702381	Chem Hair Zinc	84630	$ 52.61	300
1702	1702382	Chem Ur Lead	83655	$ 63.12	300
1702	1702384	Chem Bld A1c Hgb	83036	$ 50.84	301
1702	1702385	Chem Ur Fat Bodies	89125	$ 56.10	300
1702	1702386	Chem Bdy Fl Osmol	83935	$ 49.09	300
1702	1702387	Chem Ur Porphyrin	84120	$ 43.84	300
1702	1702388	Chem Ur 17 Kgs	83582	$ 68.38	300
1702	1702389	Chem Se Gluc Aa2	82947	$ 21.04	301
1702	1702391	Chem Ur Glucse Quant	82945	$ 17.54	301
1702	1702392	Blood Gases W/O2 Saturation	82805	$ 105.60	300
1702	1702398	Chem Aca Cobalt	84999	$ -	300
1702	1702399	Chem Aca H20	84999	$ -	300
1702	1702400	Chem Bld Hgb Electro	83020	$ 94.68	300
1702	1702410	Chem Se Cryoglobin	82595	$ 68.38	300
1702	1702412	Chem Se Transferrin	84466	$ 68.38	300
1702	1702413	Chem Se Ceruloplsmin	82390	$ 29.81	300
1702	1702416	Chem Bdy Fl Electro	82664	$ 112.21	300
1702	1702417	Chem Bdy Fl Imglob-1	82787	$ 68.38	300
1702	1702418	Chem Bdy Fl Imglob-2	82787	$ 68.38	300
1702	1702419	Chem Bdy Fl Imglob-3	82787	$ 68.38	300
1702	1702420	Chem Bdy Fl Imglob-4	82787	$ 112.21	300
1702	1702421	Chem Bdy Fl Ige	86003	$ 64.88	300
1702	1702422	Chem Bdy Fl C3 Comp	86160	$ 45.59	300
1702	1702423	Chem Alk Denat Hgb	83030	$ 59.63	300
1702	1702424	Chem Urinalysis,Auto,W/O Scope	81003	$ 36.83	300
1702	1702425	Chem Csf Igm	82784	$ 68.38	300
1702	1702427	Chem Citrate Agar	82507	$ 184.10	300
1702	1702429	Chem Se Profile1 Kod	80006	$ 42.08	300
1702	1702430	Chem Se Chloride Ast	82435	$ 22.80	300
1702	1702431	Chem Se Co2 - Ast	82374	$ 22.80	300
1702	1702432	Chem Se Glucose Ast	82947	$ 21.04	301
1702	1702433	Chem Se Potassm Ast	84132	$ 24.55	300
1702	1702434	Chem Se Sodium - Ast	84295	$ 24.55	300
1702	1702435	Chem Se Urea N - Ast	84520	$ 21.04	301
1702	1702436	Chem Se Creatnne Ast	82565	$ 26.29	301
1702	1702437	Chem Se Lithm Flame	80178	$ 36.83	300
1702	1702438	Chem Se Iron - Aca	83540	$ 35.08	301
1702	1702439	Chem Ur Iron - Aca	83540	$ 35.08	301
1702	1702440	Chem Ur Clinitest	81002	$ 17.54	300
1702	1702441	Chem Beckman Check	84999	$ -	300
1702	1702442	Chem Ur Iron Qnt	83540	$ 52.61	301
1702	1702443	Chem Hair Iron	83540	$ 52.61	301

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702444	Chem Pl Lactate Aca	83605	$ 57.86	300
1702	1702445	Chem Hair Copper	82525	$ 61.37	300
1702	1702447	Chem Se Aldosterone	82088	$ 199.88	300
1702	1702448	Chem Bdy Fl Clcm Aca	82310	$ 29.81	300
1702	1702449	Chem Bdy Fl Calcm Sm	82310	$ 29.81	300
1702	1702450	Chem Se Lipase Aca	83690	$ 43.84	300
1702	1702452	Chem Csf Mye Bas Pro	83873	$ 87.67	300
1702	1702454	Chem Se Amikacin	80150	$ 96.43	300
1702	1702455	Chem Se Amebic Abs	86329	$ 68.38	300
1702	1702457	Chem Se Pregnancy	84702	$ 112.21	300
1702	1702458	Chem Se Ch50 Complm	86162	$ 113.96	300
1702	1702460	Chem Se Ch100 Complm	86162	$ 68.38	300
1702	1702461	Chem Se Cmv Hd	86644	$ 35.08	300
1702	1702462	Chem Se Cmv/Rubel Hd	86644	$ 35.08	300
1702	1702463	Chem Se C Peptide	84681	$ 43.84	300
1702	1702464	Chem Se Measles Hd	86765	$ 35.08	300
1702	1702465	Chem Se Mumps Hd	86735	$ 35.08	300
1702	1702466	Chem Se Somtomedin C	84305	$ 112.21	300
1702	1702467	Chem Se Tobramycin	80200	$ 82.40	300
1702	1702468	Chem Pl Ant Diur Hor	84588	$ 175.33	300
1702	1702469	Chem Pl 11 Deoxycort	82634	$ 247.22	300
1702	1702470	Chem Se Dhea Sulfate	82627	$ 268.26	300
1702	1702471	Chem Pl Catechl Totl	82383	$ 87.67	300
1702	1702472	Chem Se Herpes Hd	86694	$ 35.08	300
1702	1702473	Chem Se 170h Progest	83498	$ 289.30	300
1702	1702474	Chem Ur Cortsol Free	82530	$ 289.30	300
1702	1702475	Chem Se Vancomycin	80202	$ 73.64	300
1702	1702476	Chem Se Hbc Antbdy	86704	$ 61.37	300
1702	1702477	Chem Se Hbs Antbdy	86706	$ 56.10	300
1702	1702478	Chem Se Coxsackie Hd	86658	$ 35.08	300
1702	1702479	Chem Amn F Afp S	82106	$ 84.17	300
1702	1702480	Chem Se Al Fet Pro S	82105	$ 84.17	300
1702	1702481	Chem Smac Checks	84999	$ -	300
1702	1702482	Chem Amn F Chro Anal	88267	$ 743.40	310
1702	1702483	Chem Tissu Era/Pra	84233	$ 320.86	300
1702	1702484	Chem Ur Creat Rand	82570	$ 29.81	300
1702	1702485	Chem Ur Amylse Rand	82150	$ 36.83	301
1702	1702486	Chem Assay Of Prostaglandin	84150	$ 66.00	300
1702	1702488	Chem Ur Osmolal Rand	83935	$ 49.09	300
1702	1702489	Chem Se Anion Gap	84999	$ -	300
1702	1702490	Chem Bld Sickle I D	85660	$ 14.03	300
1702	1702491	Chem Bld Hgb A2	83020	$ 68.38	300
1702	1702492	Chem Ur Me Nw Bn Scn	80100	$ 203.39	300
1702	1702493	Chem Urine Me Pcp	83992	$ 122.74	300
1702	1702494	Chem Urine Me Thc	82489	$ 80.66	300
1702	1702495	Chem Ur Oplate Rb	80101	$ 57.86	300
1702	1702496	Chem Se Procainamide	80190	$ 87.67	300
1702	1702497	Chem Se N-Acetylproc	80192	$ 87.67	300
1702	1702498	Chem Se Lidocaine	80176	$ 87.67	300
1702	1702518	Chem Se Hrps/Rubl Hd	86694	$ 35.08	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702519	Chem Se Rubella Hd	86762	$ 35.08	300
1702	1702520	Chem Se Torch Tst Hd	80090	$ 157.81	300
1702	1702881	Chem Se Hd Lipoprot	83718	$ 42.08	300
1702	1702882	Chem Se Prof Hepatic	80058	$ 22.80	300
1702	1702883	Chem Se Chem Panel	80019	$ 129.76	300
1702	1702884	Chem Se Prof Lipid	80002	$ 26.40	300
1702	1702885	Chem Se Prof Cardiac	82552	$ 157.81	300
1702	1702886	Chem Se Hep A Antibd	86708	$ 63.12	300
1702	1702887	Chem Bld Carb Monox	82375	$ 63.12	300
1702	1702888	Chem Se Drug Screen	80101	$ 64.88	300
1702	1702889	Chem Ur Drug Screen	80101	$ 64.88	300
1702	1702890	Chem Ur Sod/Potass	80048	$ 57.86	300
1702	1702891	Chem Se C-React Prot	86140	$ 26.29	300
1702	1702892	Chem Se Cea	82378	$ 117.47	300
1702	1702893	Chem Se Afp Tum Mark	82105	$ 94.68	300
1702	1702894	Chem Se Pros Acd Phos	84066	$ 33.30	300
1702	1702895	Chem Se Prost Spec Ag	G0103	$ 63.12	300
1702	1702896	Chem Se Auto Dialysis Prof	82977	$ 26.29	300
1702	1702897	Chem Se Electrolytes	80051	$ 17.54	300
1702	1702898	Chem Se Lipid Profile	80061	$ 47.34	301
1702	1702899	Chem Se Free Thyroid Index	80091	$ 45.59	300
1702	1702900	Chem Se 50g Glu Challenge	82950	$ 15.79	300
1702	1702901	Chem Se Glu Tolr Test 3 Spec	82951	$ 45.59	300
1702	1702902	Chem Se Gtt Additional Spec	82952	$ 8.76	300
1702	1702903	Chem Se Ck Isoforms	82554	$ 26.40	300
1702	1702904	Chem Se Ph For Ca++	82800	$ 29.81	300
1702	1702905	Chem Se Free Thyroid Index	80091	$ 45.59	300
1702	1702906	Chem Se Ph	82800	$ 29.81	300
1702	1702907	Chem Se O2hgb	85018	$ -	300
1702	1702908	Chem Se Saturation O2	82810	$ 29.81	300
1702	1702909	Chem Se Arterial Na K Cl	80051	$ 17.54	300
1702	1702910	Chem Se Treponin T	84484	$ 164.56	301
1702	1702911	Chem Se Pre Albumin	84134	$ 15.70	300
1702	1702912	Chem Pt Peritoneal Equil Test	80003	$ 14.99	300
1702	1702913	Glucose Point Of Care	82962	$ 9.13	301
1702	1702914	Chem Myoglobin	83874	$ 174.24	300
1702	1702915	Chem Hep B Core Igm Ab	86705	$ 136.13	300
1702	1702916	Chem Se Prof Hepatic	80076	$ 50.82	301
1702	1702917	Chem Se Comp Metabolic Panel	80053	$ 94.38	301
1702	1702918	Chem Se Basic Metabolic Panel	80048	$ 50.82	301
1702	1702919	Chem Viral Anti Body Screening	86703	$ 72.00	300
1702	1702920	Chem Hbsag-Eia	87340	$ 91.18	300
1702	1702921	Chem Hbsag-Conf	87340	$ 54.35	300
1702	1702922	Chem Micro Albumin	82043	$ 43.24	300
1702	1702923	Chem Helicobacter Pulorlab	86677	$ 101.64	300
1702	1702924	Chem Ur Urinalysis	81003	$ 36.83	300
1702	1702925	Chem Ur Pregnancy	81025	$ 40.33	300
1702	1702926	Hiv 1 Ag-Eia	87390	$ 90.00	300
1702	1702927	Viral Ab 1&2 Screening - Eia	86703	$ 72.00	300
1702	1702928	Chem Se Psa Diagnostic	84153	$ 63.12	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1702	1702929	Poct Ucg	81025	$ 40.80	300
1702	1702930	Csf Lactate	83605	$ 148.80	300
1702	1702931	Whole Blood Chloride	82435	$ 22.80	300
1702	1702932	Whole Blood Glucose	82947	$ 21.60	300
1702	1702933	Whole Blood Potass.	84132	$ 25.20	300
1702	1702934	Whole Blood Sodium	84302	$ 29.81	300
1702	1702935	Antihbs	86706	$ 56.40	300
1702	1702936	Hcv Screening	86803	$ 146.40	300
1702	1702937	Total Anti Hbs Core	86704	$ 138.00	300
1702	1702938	Resp. Dept. Abg	82803	$ 98.40	300
1702	1702939	Resp Dept Venous Bld Gas	82803	$ 98.40	300
1702	1702940	Venous Blood Gas (Chem)	82803	$ 98.40	300
1702	1702941	Capillary Blood Gas (Chem)	82803	$ 98.40	300
1702	1702942	Capillary Blood Gas (Resp)	82803	$ 98.40	300
1702	1702943	Arterial Cord Blood Gas (Chem)	82803	$ 98.40	300
1702	1702944	Arterial Cord Blood Gas (Resp)	82803	$ 98.40	300
1702	1702945	Venous Cord Blood Gas (Chem)	82803	$ 98.40	300
1702	1702946	Venous Cord Blood Gas (Resp)	82803	$ 98.40	300
1702	1702947	Catscan Comp Metab Panel	80053	$ 94.38	300
1702	1702948	Fetal Fibronectin	82731	$ 384.00	300
1702	1702949	Scalp Ph (Resp)	82800	$ 29.81	300
1702	1702950	Probnp (Natriuretic Peptide)	83880	$ 214.08	300
1702	1702951	Chem Venous Wb Na,K,Cl	80051	$ 17.54	300
1702	1702952	Urine Amphetamine/Metamph.	80101	$ 171.34	300
1702	1702953	Urine Barbiturates	80101	$ 171.34	300
1702	1702954	Urine Benzodiazepines	80101	$ 171.34	300
1702	1702955	Urine Cannabinoids	80101	$ 171.34	300
1702	1702956	Urine Cocaine	80101	$ 171.34	300
1702	1702957	Urine Ethanol	80101	$ 171.34	300
1702	1702958	Urine Methadone	80101	$ 171.34	300
1702	1702959	Urine Opiates	80101	$ 171.34	300
1702	1702960	Urine Phenylcyclidine(Pcp)	80101	$ 171.34	300
1702	1702961	Hiv 1 Antibody Screen	80101	$ 171.34	300
1702	1702999	Chem Custom Test	86701	$ 48.00	300
1703	1703400	Im Se Afp Tum Mark	83970	$ -	300
1703	1703401	Im Se Ai Antitrypsin	82105	$ 94.68	300
1703	1703402	Im Se Dbl Str Dna	82103	$ 68.38	300
1703	1703403	Im Se Dbl Dna Titer	86225	$ 135.01	300
1703	1703404	Im Se Anti Mito Ab	86256	$ 68.38	300
1703	1703405	Im Se Anti Mitotiter	86255	$ 56.10	300
1703	1703406	Im Se Fana	86256	$ 68.38	300
1703	1703407	Im Se Fana Titer	86038	$ 91.18	300
1703	1703408	Im Se Antismooth Mus	86039	$ 68.38	300
1703	1703409	Im Se An/Sm Mus Titr	86255	$ 56.10	300
1703	1703410	Im Se C3	86256	$ 68.38	300
1703	1703411	Im Se C4	86160	$ 78.90	300
1703	1703412	Im Se Ena Sm Rnp	86160	$ 71.89	300
1703	1703413	Im Se Ena Ssa Ssb	86235	$ 106.96	300
1703	1703414	Im Se Haptoglobin	86235	$ 106.96	300
1703	1703415	Im Se Iga	83010	$ 75.38	300
			82784	$ 68.38	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1703	1703416	Im Se Igd	82784	$ 68.38	300
1703	1703417	Im Se Ige	82785	$ 73.64	300
1703	1703418	Im Se Igg	82784	$ 68.38	300
1703	1703419	Im Se Igm	82784	$ 68.38	300
1703	1703420	Im Se Low Igm	82784	$ 68.38	300
1703	1703421	Im Se Electro	84165	$ 75.38	300
1703	1703422	Im Ur Electro	84165	$ 106.96	300
1703	1703423	Im Csf Electro	84165	$ 113.96	300
1703	1703424	Im Immuno Electro	86327	$ 117.47	300
1703	1703425	Im Immuno Fix	86334	$ 117.47	300
1703	1703426	Im Bl Cell Sep'n	88180	$ -	310
1703	1703427	Im Bl Total B Cell	88180	$ 289.30	310
1703	1703428	Im Bl Total T Cell	88180	$ 289.30	310
1703	1703429	Im Bl T4/T8 Ratio	86360	$ 434.82	300
1703	1703430	Im Bl Nat.Kill Cell	88180	$ 289.30	310
1703	1703431	Im Bl Calla	88180	$ 289.30	310
1703	1703432	Im Bl Mono	88180	$ 289.30	310
1703	1703433	Im Bl Immun Panel	88180	$ 569.82	310
1703	1703434	Im Bl Ant. Stim	86353	$ 289.30	300
1703	1703435	Im Bl Mit. Stim	86353	$ 289.30	300
1703	1703436	Im Bl Chemotaxis	86155	$ 289.30	300
1703	1703437	Im Se Cea	82378	$ 117.47	300
1703	1703438	Im Csf Igg	82784	$ 68.38	300
1703	1703439	Im Se Anti Pariet.	86255	$ 56.10	300
1703	1703440	Im Se A. Par Titer	86256	$ 68.38	300
1703	1703441	Im Se Rast	86003	$ 57.86	300
1703	1703442	Im Bl Total T,B,H/S	88187	$ 531.25	310
1703	1703443	Im Bl Leukemia Eval	88180	$ 675.02	310
1703	1703444	Im Csf Oli Gam Ban	83916	$ 96.43	300
1703	1703445	Im Se Igg/A/M	86329	$ 115.73	300
1703	1703446	Im Bld Le Prep	86344	$ 57.86	300
1703	1703449	Im Consult	86999	$ -	300
1703	1703450	Im Se Anti Micro Ab	86376	$ 101.69	300
1703	1703451	Im Se Anti Thyro Ab	86376	$ 66.64	300
1703	1703452	Im Se Anti Micro Tit	86376	$ 142.12	300
1703	1703453	Im Se Anti Thyro Tit	86800	$ 92.93	300
1703	1703454	Im Se Lyme	86618	$ 103.44	300
1703	1703455	Rheum Factor Nephlo	86431	$ 19.28	300
1703	1703456	Im Se Lyme Eia	86618	$ 103.44	300
1703	1703457	Im Aso Titer; Nephelomete	86060	$ 35.08	300
1703	1703458	Im Se Rubella Igg	86762	$ 35.08	300
1703	1703459	Im Se Lymph Node Flow	88180	$ 235.22	310
1703	1703460	Im Measles	86765	$ 103.44	300
1703	1703461	Im Mumps	86735	$ 103.44	300
1703	1703462	Im Varicella Zoost	86787	$ 103.44	300
1703	1703463	Im Toxoplasm	86777	$ 103.44	300
1703	1703999	Im Custom Test	86999	$ -	300
1704	1704500	Virlgy Hemagglut 1st	86280	$ 35.08	300
1704	1704501	Virlgy Hemagglut Add	86280	$ 35.08	300
1704	1704502	Virlgy Hemag/Inhib T	86280	$ 35.08	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1704	1704503	Virlgy Hemabsorbtion Test	87253	$ 70.13	300
1704	1704505	Virlgy Polio T Mark	87250	$ 113.96	300
1704	1704506	Virlgy Rubella Test	86762	$ 99.94	300
1704	1704507	Virlgy Rubella Profl	86762	$ 33.00	300
1704	1704509	Virlgy Animal Innoc	87250	$ 46.20	300
1704	1704510	Virlgy Typing Neut Test	87253	$ 70.13	300
1704	1704517	Virlgy Viral Culture	87252	$ 99.94	300
1704	1704521	Virlgy Fluorescent Ab Test	86255	$ 80.66	300
1704	1704522	Virlgy Emer Tech Ser	87999	$ 101.69	300
1704	1704527	Virlgy Cytomeg Rsv	87252	$ 40.33	300
1704	1704528	Virlgy Her Sim Typ	86255	$ 33.00	999
1704	1704529	Virlgy Eliza Rotovirus Ag	87425	$ 40.33	300
1704	1704530	Virlgy Elisa-Chlamydia Test	87320	$ 68.38	300
1704	1704531	Virlgy C.Trachomatis Cult	87110	$ 99.94	300
1704	1704532	Virlgy Venipunct	G0001	$ 13.20	305
1704	1704533	Virlgy Spec Dencont	83520	$ 26.40	300
1704	1704534	Virlgy Improp Spec	83520	$ 26.40	300
1704	1704535	Virlgy Cult Confirm Fa Test	87140	$ 46.20	300
1704	1704537	Virlgy Media Prep	87176	$ -	300
1704	1704539	Virlgy Shell-Vial/Fa Test	86255	$ 52.61	300
1704	1704549	Virlgy Ahst	87999	$ -	300
1704	1704550	Virlgy Rapid Influenza A Test	87400	$ 80.66	300
1704	1704551	Virlgy Cmv Early Antigen	87252	$ 91.18	300
1704	1704552	Virlgy Respiratory Culture	87252	$ 91.18	300
1704	1704553	Virlgy C.Pneumoniae Cult.	87110	$ 39.60	300
1704	1704554	Virlgy Viral Quant-Pcr	87536	$ 363.00	300
1704	1704555	Virlgy Ct Nat Testing	87491	$ 81.60	300
1704	1704556	Virlgy Gc Nat Testing	87591	$ 81.60	300
1704	1704557	Virlgy Ct/Gc Nat Testing	87801	$ 122.40	300
1704	1704558	Virlgy Hcv Confirmation	87521	$ 81.60	300
1704	1704559	Virlgy Gc Aptima Nat Assay	87591	$ 81.60	300
1704	1704560	Virlgy Ct Aptima Nat Assay	87491	$ 81.60	300
1704	1704561	Rapid Influenza B	86710	$ 80.66	300
1704	1704562	Hep C Virus Rna By Branch Dna	87522	$ 351.38	300
1704	1704563	Mp-Hpv High Risk	87621	$ 102.00	300
1704	1704564	Hep C Rna Qnt Rl Tme Pcr Reflx	87522	$ 355.74	300
1704	1704565	Hep C Rna Qnt Real Time Pcr	87522	$ 355.74	300
1704	1704566	Influenza A Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704567	Influenza B Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704568	Resp Synctial Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704569	Parainfluenza 1 Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704570	Parainfluenza 2 Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704571	Parainfluenza 3 Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704572	Seasonal Flu A H1 Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704573	Seasonal Flu A H3 Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704574	2009 H1n1 Flu A Virus,Rt,Pcr	87798	$ 394.80	300
1704	1704575	Human Metapneumovirus,Rt,Pcr	87798	$ 394.80	300
1704	1704999	Virlgy Custom Test	87999	$ -	300
1705	1705550	Serlgy Feb Ag/Pnl8-S	86000	$ 70.13	300
1705	1705551	Serlgy Feb Agglut-T	86000	$ 49.09	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1705	1705552	Serlgy Inf Mono-S	86308	$ 29.81	300
1705	1705553	Serlgy Aso Titer	86060	$ 35.08	300
1705	1705554	Serlgy C-React Prot	86140	$ 29.81	300
1705	1705555	Serlgy Cold Agglut	86156	$ 43.84	300
1705	1705556	Sergly Rheum Arth S	86430	$ 24.55	300
1705	1705558	Serlgy Pregnancy T	84703	$ 40.33	300
1705	1705560	Serlgy Fta-Abs Hd	86781	$ 94.68	300
1705	1705561	Serlgy Csf Vorl	86592	$ 22.80	300
1705	1705563	Serlgy Hlth Dpt Spec	86171	$ 50.84	300
1705	1705564	Serlgy Toxoplas Hd	86777	$ 70.13	300
1705	1705565	Serlgy Darkfield Exm	87164	$ 57.86	300
1705	1705566	Serlgy Inf Mono T	86310	$ 35.08	300
1705	1705567	Serlgy Rheum Arth T	86431	$ 24.55	300
1705	1705578	Serlgy F Tlrensis-T	86000	$ 49.09	300
1705	1705586	Serlgy Syphilis, Qualitative	86592	$ 26.29	300
1705	1705587	Serlgy F Tularnsis-S	86000	$ 42.08	300
1705	1705588	Serlgy Syph Fta-Abs	86781	$ 94.68	300
1705	1705589	Serlgy Venlp	G0001	$ -	305
1705	1705594	Serlgy Cryptococc Ag	86403	$ 68.38	300
1705	1705595	Serlgy C Difficile	87324	$ 87.67	300
1705	1705596	Serlgy Rpr Titer	86593	$ 14.52	300
1705	1705597	Serlgy Syphilis,Quantitative	86593	$ 14.52	300
1705	1705598	Crypto Ag Titer-Csf	86406	$ 48.00	300
1705	1705599	Crypto Ag Titer-Bld	86406	$ 48.00	300
1705	1705999	Serlgy Custom Test	86999	$ -	300
1706	1706600	Bact Ur Culture	87088	$ 84.17	306
1706	1706601	Bact Sput Culture	87070	$ 63.12	306
1706	1706602	Bact Bdy F Culture	87070	$ 64.88	306
1706	1706605	Bact Stool Culture	87045	$ 87.67	300
1706	1706606	Bact Csf Culture	87070	$ 64.88	306
1706	1706607	Bact Throat/Nose Culture	87081	$ 54.35	300
1706	1706608	Bact Bld Culture	87040	$ 91.18	300
1706	1706610	Bact Gram Direct Sm	87205	$ 40.33	300
1706	1706611	Bact Gc Culture	87070	$ 64.88	306
1706	1706615	Bact K-B Sensitvty T	87184	$ 22.80	300
1706	1706616	Bact M/C Sens.Test	87186	$ 22.80	306
1706	1706617	Bact Coagulase/Smear	87210	$ 22.80	300
1706	1706618	Bact Serotyping	87147	$ 13.20	300
1706	1706619	Bact Api Prof20e+s	87163	$ -	300
1706	1706621	Bact Media Prep	87999	$ -	300
1706	1706628	Bact Consults	87999	$ -	300
1706	1706629	Bact Slmnla Sero	87147	$ 24.55	300
1706	1706633	Bact Cult - 1	87070	$ 64.88	306
1706	1706634	Bact Culture Bottles	87070	$ 63.12	306
1706	1706635	Bact Cult - 3	87070	$ 87.67	306
1706	1706636	Bact Cult - 4	87070	$ 64.88	306
1706	1706637	Bact Cult - 5	87070	$ 64.88	306
1706	1706638	Bact G/C Kit	87070	$ 49.09	306
1706	1706639	Bact Schlicter	87999	$ 50.84	300
1706	1706640	Bact Api Prof20a	87999	$ -	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1706	1706641	Bact Wound Cult	87070	$ 49.09	306
1706	1706643	Bact Ur Cath	P9612	$ 138.60	300
1706	1706659	Bact Misc Cult / Sensitivity	87070	$ 57.86	306
1706	1706660	Bact Csf Bact Antigens	86403	$ 29.04	300
1706	1706661	Bact Urine Bact Antigens	86403	$ 29.04	300
1706	1706662	Bact Urine Identification	87088	$ 34.32	306
1706	1706663	Bact Urine Quant Col/Ct	87086	$ 34.32	300
1706	1706664	Bact Definitv Ident,Anaerobic	87076	$ 35.64	300
1706	1706665	Bact Definitv Ident,Aerobic	87077	$ 35.64	300
1706	1706666	Bact Stool Cult,Addtnl Pathogn	87046	$ 92.40	300
1706	1706667	Bact Ident By Nucleic Acid Prb	87149	$ 46.20	300
1706	1706668	Org Id Isolate 1st	87077	$ 36.00	300
1706	1706669	Org Id Isolate 2nd	87077	$ 36.00	300
1706	1706670	Org Id Isolate 3rd	87077	$ 36.00	300
1706	1706671	Org Id Isolate 4th	87077	$ 36.00	300
1706	1706672	Org Id Isolate 5th	87077	$ 36.00	300
1706	1706673	Trichrome Charge	88313	$ 164.00	300
1706	1706674	Extra Plate And Id	87046	$ 92.40	300
1706	1706999	Bact Custom Test	87999	$ -	300
1707	1707640	Mycob Smear, Fluor	87206	$ 24.55	300
1707	1707644	Mycob Tiss Fluor Stn	87206	$ 13.20	300
1707	1707647	Mycob Sens Test	87184	$ 22.80	300
1707	1707648	Mycob Media Prep	87999	$ -	300
1707	1707649	Mycob Sub Cult	87999	$ -	300
1707	1707655	Mycob Afb Culture	87116	$ 61.37	300
1707	1707656	Mycob N/C Kinyn Stn	87206	$ -	300
1707	1707657	Mycob Tbc Id Pnl4	87163	$ -	300
1707	1707658	Mycob Oth Id Pnl16	87163	$ -	300
1707	1707667	Mycob Dna Probe Test	87797	$ 45.01	300
1707	1707668	Mycob Concentrat,Infect Agent	87015	$ 92.40	300
1707	1707669	Mycob Definitive Identificatn	87118	$ 33.00	300
1707	1707670	Mycob Ident By Nucleic Acd Prb	87149	$ 52.80	300
1707	1707999	Mycob Custom Test	87117	$ 26.40	300
1708	1708660	Mycol Dmx Gram	87205	$ 29.81	300
1708	1708661	Mycol Cult Blood	87103	$ 57.86	300
1708	1708664	Mycol Fluid Clt/Btl	87102	$ 57.86	300
1708	1708667	Mycol 1	87101	$ 57.86	300
1708	1708670	Mycol India Ink	87210	$ 40.33	300
1708	1708671	Mycol Sub Cult	87999	$ -	300
1708	1708675	Mycol 2	87102	$ 57.86	300
1708	1708676	Mycol Api Prof20c	87163	$ -	300
1708	1708677	Mycol 4	87102	$ 57.86	300
1708	1708678	Mycol 6	87102	$ 57.86	300
1708	1708684	Mycol Gram Iso Mor	87205	$ 13.20	300
1708	1708686	Mycol Yst Carbo Asm	87163	$ -	300
1708	1708687	Mycol Lpcb/Koh Smr	87210	$ 13.20	300
1708	1708688	Mycol Misc Cult/Sensitivity	87106	$ 57.86	300
1708	1708689	Mycol Defintv Ident,Yeast Fung	87106	$ 31.68	300
1708	1708999	Mycol Custom Test	87999	$ -	300
1709	1709690	Parasit Intestinal	87177	$ 61.37	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1709	1709691	Parasit Blood&Tissue	87207	$ 43.84	300
1709	1709692	Parasit Semen Qual	89300	$ 45.59	300
1709	1709693	Parasit Semen Quant	89320	$ 115.73	300
1709	1709694	Parasit Arthropod Id	87168	$ 57.86	300
1709	1709695	Parasit Stool Occ Bl	82270	$ 17.54	300
1709	1709697	Parasit Pin Worm	87172	$ 57.86	300
1709	1709698	Parasit Stain Trich	88312	$ 205.00	310
1709	1709699	Parasit Stain Giemsa	87207	$ 31.56	300
1709	1709700	Parasit Cryptospordm	87328	$ 57.86	300
1709	1709701	Parasit N/C Giem	87207	$ 13.20	300
1709	1709704	Parasit O/P Other Source	87177	$ 57.86	300
1709	1709705	Parasit Arthropod/Worm Id	87177	$ 57.86	300
1709	1709706	Parasit Concentrat Inf Agent	87015	$ 92.40	300
1709	1709999	Parasit Custom Test	87210	$ 13.20	300
1710	1710700	Cyto Smear Gyn	88164	$ 31.56	311
1710	1710701	Cyto Smear Non Gyn	88104	$ 123.00	311
1710	1710702	Cyto Smear Bdy Fl	88104	$ 123.00	311
1710	1710703	Cyto Smear Other	88160	$ 85.80	310
1710	1710704	Cyto Sex Chromatn Ct	88130	$ 77.14	310
1710	1710705	Cyto Membrane Filter	88107	$ 99.00	310
1710	1710706	Cyto Cell Block Add	88305	$ 212.00	311
1710	1710707	Cyto Matur Indx-Horm	88155	$ 26.29	310
1710	1710708	Cyto Centrif Add	88108	$ 150.00	311
1710	1710709	Cyto Cytopath, C/V, Manual	88150	$ 26.40	310
1710	1710712	Cyto Case Review	88160	$ 85.80	310
1710	1710721	Cyto Abn Smear Intpt	88141	$ 83.00	310
1710	1710722	Cyto Fine Need Asp	88170	$ 145.20	361
1710	1710723	Cyto Thin Prep	88142	$ 96.00	310
1710	1710724	Cyto Thin Prep Rescreen	88143	$ 114.00	310
1710	1710725	Cyto Thin Prep Md Review	88141	$ 83.00	310
1710	1710726	Cyto Thin Prep - Hpv	87621	$ 102.00	300
1710	1710999	Cyto Custom Test	88199	$ 26.40	310
1711	1711750	Hist Frozen Section	88331	$ 102.00	310
1711	1711751	Hist Bone Marrow	85097	$ 129.76	300
1711	1711752	Hist Surg 1-4	88305	$ 212.00	310
1711	1711753	Hist Add Block	88305	$ 212.00	310
1711	1711754	Hist Slide Cut-Unst	89399	$ 39.60	999
1711	1711755	Hist Surg 5-8	88304	$ 472.00	300
1711	1711756	Hist Surg 9+	88309	$ 657.00	300
1711	1711757	Hist P.M.Block +1 Sl	89399	$ 39.60	999
1711	1711758	Hist P.M. Add Slide	89399	$ 39.60	999
1711	1711759	Hist P.M. Slides Cut	89399	$ 39.60	999
1711	1711760	Hist Decalcification	88311	$ 22.00	310
1711	1711761	Hist Stains-Group 1	88312	$ 205.00	310
1711	1711762	Hist Stains-Group 2	88313	$ 164.00	310
1711	1711763	Hist Stains-Group 3	88319	$ 218.00	310
1711	1711764	Hist Stains-Group 4	88319	$ 218.00	310
1711	1711767	Hist Bone Marrow Aspiration	85095	$ 132.00	361
1711	1711768	Cyto-Chem Antigen	88342	$ 196.00	310
1711	1711769	Cyto-Chem Add Ag	88342	$ 196.00	311

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1711	1711770	Cyto-Chem Add Block	88305	$ 212.00	310
1711	1711776	Hist Froz Sect Add	88332	$ 35.00	310
1711	1711777	Hist Surg Gross Exam	88300	$ 72.00	310
1711	1711778	Hist Gross/M/Id	88302	$ 150.00	310
1711	1711779	Hist Smallsurg Spec	88304	$ 155.00	310
1711	1711780	Hist Froz Sect/Gross	88329	$ 79.20	310
1711	1711781	Bone Marrow Int Bpsy	88305	$ 212.00	310
1711	1711999	Hist Custom Test	89399	$ 39.60	300
1712	1712054	Bl Bnk Spec Col-Vp	G0001	$ -	305
1712	1712586	Bl Bnk Syph Rpr	86592	$ 22.80	300
1712	1712800	Bl Bnk Type Abo+rh	86901	$ 42.08	300
1712	1712801	Bl Bnk Phenotypes	86905	$ 169.88	300
1712	1712802	Bl Bnk Oth Bl Gr Sy	86905	$ 43.84	300
1712	1712803	Bl Bnk Compat Xmatch	86922	$ 59.90	300
1712	1712804	Bl Bnk Direct Coombs	86880	$ 35.08	300
1712	1712805	Bl Bnk Ind Cmbs Ast	86885	$ 35.08	300
1712	1712806	Bl Bnk Antibody Id-8	86870	$ 670.82	300
1712	1712807	Bl Bnk Isoantbdy Tit	86886	$ 57.86	300
1712	1712808	Bl Bnk Hbsag-Ria	87340	$ 91.18	309
1712	1712837	Bl Bnk Baby Allqut	86985	$ -	300
1712	1712838	Bl Bnk Rbc Sedimen	86985	$ -	300
1712	1712839	Bl Bnk Rbc Centrif	86985	$ -	300
1712	1712845	Bl Bnk Antibdy Id-16	86870	$ 670.82	390
1712	1712846	Bl Bnk Ab Cold Panel	86870	$ 670.82	390
1712	1712848	Bl Bnk Plsmphrs	36520	$ 2,532.00	390
1712	1712849	Bl Bnk Plsmphrs Addt	36520	$ 2,640.00	390
1712	1712850	Bl Bnk Leukopheresis	36520	$ 1,135.20	390
1712	1712852	Bl Bnk Frzn Rbc Unit	86930	$ -	300
1712	1712853	Bl Bnk Deglyc Rbc	86931	$ -	300
1712	1712854	Bl Bnk F F P Prep	86999	$ -	390
1712	1712855	Bl Bnk Rec Hum Plas	86999	$ -	390
1712	1712856	Bl Bnk Th Phlebotomy	99195	$ 192.86	940
1712	1712857	Bl Bnk Trnsfus React	86078	$ 79.20	300
1712	1712858	Bl Bnk Plas Xchnge	36520	$ 3,591.00	390
1712	1712859	Bl Bnk Washing Prbc	86999	$ 36.83	390
1712	1712860	Bl Bnk Thawing Prbc	86931	$ 101.69	300
1712	1712861	Bl Bnk Fetal Bl Scrn	86999	$ 38.58	300
1712	1712866	Bl Bnk Ant Id Cold	86870	$ 670.82	300
1712	1712867	Bl Bnk Ant Id Enz8	86971	$ 670.82	300
1712	1712868	Bl Bnk Ant Id En16	86971	$ 670.82	300
1712	1712869	Bl Bnk Ant Elution	86860	$ 43.84	300
1712	1712871	Bl Bnk Ant Absorpt	86978	$ 670.82	300
1712	1712872	Bl Bnk Drg Scr Pnl	86975	$ 106.96	300
1712	1712873	Bl Bnk Hbsag Conf	87340	$ 54.35	309
1712	1712874	Bl Bnk Nutrlzd Pnl	86870	$ 670.82	300
1712	1712878	Bl Bnk Abo Discrep	86870	$ 670.82	300
1712	1712883	Bl Bnk Revtyp Scrdon	86900	$ 29.81	300
1712	1712884	Bl Bnk Fortyp Donors	86900	$ 29.81	300
1712	1712885	Bl Bnk Htlv Iii	86703	$ 72.00	300
1712	1712886	Bl Bnk Diff Xmatch	86077	$ 79.20	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1712	1712887	Bl Bnk Phys Authoriz	86079	$ 79.20	300
1712	1712888	Bl Bnk Plybr Iat	86850	$ 31.56	300
1712	1712889	Bl Bnk Plybr Ant Id	86870	$ 670.82	300
1712	1712890	Xchng Transf Newborn	36450	$ 475.20	391
1712	1712891	Xchng Transf Other	36455	$ 475.20	391
1712	1712892	Coumadin Monitoring	85610	$ 175.33	300
1712	1712893	Rh Immune Globulin	85461	$ 175.33	300
1712	1712894	Autotransf Whole Bld	86890	$ 175.33	300
1712	1712896	Bl Bnk Xfusion Wbld	36430	$ 475.20	391
1712	1712897	Bl Bnk Xfusion Pcell	36430	$ 475.20	391
1712	1712898	Bl Bnk Xfusion Plts	36430	$ 475.20	391
1712	1712899	Bl Bnk Xfusion Coagf	36430	$ 475.20	391
1712	1712900	Bl Bnk Xfusion Other	36430	$ 475.20	391
1712	1712901	Bl Bnk Xfusion Bldxp	36430	$ 475.20	391
1712	1712902	Bl Bnk Xfusion Oth S	36430	$ 475.20	391
1712	1712903	Bl Bnk Xfusion Plsma	36430	$ 475.20	391
1712	1712904	Bl Bnk Xfusion Cryo	36430	$ 475.20	391
1712	1712905	Bl Bnk Interoptv Blood Salvage	86891	$ 1,566.00	300
1712	1712906	Perioperative Procedure	86891	$ 2,472.00	300
1712	1712907	Perioperative Add'l Charge	86891	$ 144.00	300
1712	1712908	Intraop Addl Chargecancel Chg	86891	$ 258.00	300
1712	1712909	Intraop Bld Salvage Cancel Chg	86891	$ 102.00	300
1712	1712910	Bloodbank Abo	86900	$ 29.81	300
1712	1712911	Bloodbank Rh	86901	$ 42.08	300
1712	1712912	Immediate Spin Crossmatch	86920	$ 101.69	300
1712	1712913	Thawing Ffp	86927	$ 101.69	300
1712	1712914	Bloodbank Thawing	86931	$ 101.69	300
1712	1712999	Bl Bnk Custom Test	86999	$ -	390
1714	1714870	Elec Mic-Complete	88348	$ 1,914.00	310
1714	1714874	Elec Mic Thick Sect	88348	$ 1,914.00	310
1714	1714875	Elec Mic Thin Sect	88348	$ 1,914.00	310
1714	1714878	Elec Mic Immun-Spec	88346	$ 189.00	310
1714	1714883	Elec Mic-Prelim Prep	88348	$ 1,914.00	310
1714	1714885	Elec Mic Add Stain	88313	$ 164.00	310
1714	1714886	Elec Mic Add Sectns	88348	$ 1,914.00	310
1714	1714887	Elec Mic Scn/Prp&Pro	88348	$ 1,914.00	310
1714	1714891	Elec Mic Fa Addit	86255	$ -	999
1714	1714892	Elec Mic Er Pr	88342	$ 196.00	310
1714	1714894	Elec Mic Era	84233	$ 201.64	999
1714	1714895	Elec Mic Pra	84234	$ 236.69	999
1714	1714896	Elec Mic Feulgen Dna	88358	$ 102.00	310
1714	1714897	Elec Mic Hpv 6 11	88365	$ 331.00	310
1714	1714898	Elec Mic Hpv 16 18	88365	$ 331.00	310
1714	1714899	Elec Mic Hpv 31 3335	88365	$ 331.00	310
1714	1714900	Elec Mic Hpv Control	88365	$ 331.00	310
1714	1714901	Elec Mic Immuno Ind	88347	$ 113.00	310
1714	1714902	Elec Mic Hpv Comb	88365	$ 331.00	310
1715	1715901	Cytogen Bld Chrmosme	88262	$ 634.69	310
1715	1715903	Cytogen Am Chr Y8801	88267	$ 820.54	310
1715	1715904	Cytogen Bm Chr Y8802	88262	$ 585.60	310

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1715	1715905	Cytogen Tls Chrmosme	88262	$ 820.54	310
1715	1715906	Cytogen Oth Chrmosme	88262	$ 820.54	310
1715	1715907	Cytogen Add Count	88285	$ 39.60	310
1715	1715908	Cytogen Add Karotyp	88280	$ 52.80	310
1715	1715909	Cytogen Amn Addstain	88299	$ -	310
1715	1715910	Cytogen Bm Add Stain	88299	$ -	310
1715	1715911	Cytogen Bld Addstain	88299	$ -	310
1715	1715912	Cytogen Tls Addstain	88299	$ -	310
1715	1715914	Cytogen Oth Addstain	88299	$ -	310
1715	1715920	Cytogen Tiss Clt Bld	88230	$ 217.80	310
1715	1715921	Cytogen Tiss Clt Skn	88233	$ 264.00	310
1715	1715922	Cytogen Tiss Clt Amn	88235	$ 277.20	310
1715	1715923	Cytogen Tiss Clt Bm	88237	$ 264.00	310
1715	1715924	Cytogen Fragile X	88248	$ 703.07	310
1715	1715925	Cytogen High Resolut	88289	$ 119.22	310
1716	1716001	B/P Cryoprcp P/F	P9012	$ 129.24	390
1716	1716002	B/P Frsh Frz Pls P/F	P9017	$ 154.20	390
1716	1716003	B/P Gam Glob 2ml P/F	J1470	$ 89.34	636
1716	1716004	B/P Gam Glob 10ml Pf	J1550	$ 196.08	636
1716	1716009	B/P Fctr 8 275u Pf	J7190	$ 330.00	636
1716	1716010	B/P Fctr 8 550u Pf	J7190	$ 660.00	636
1716	1716011	B/P Koate 750u P/F	J7190	$ 900.00	636
1716	1716012	B/P Fctr 8 1100u Pf	J7190	$ 1,320.00	636
1716	1716013	B/P Koate 1400u P/F	J7190	$ 1,680.00	636
1716	1716016	B/P Plsm Pr 250 P/F	P9048	$ 99.07	390
1716	1716017	B/P Plsm Pr 500 P/F	P9048	$ 252.48	390
1716	1716018	B/P Platlt Conc P/F	P9019	$ 344.04	390
1716	1716022	B/P Fctr 9 500u P/F	J7194	$ 660.00	636
1716	1716023	B/P Red Bl Cells P/F	P9021	$ 382.32	390
1716	1716024	B/P Rh Imm Globab Pf	J2788	$ 93.60	636
1716	1716025	B/P Rh Imm Globin Pf	J2790	$ 211.38	636
1716	1716026	B/P Srm Alb 20 25%pf	P9046	$ 78.90	390
1716	1716027	B/P Sr Alb 50 25%pf	P9047	$ 158.40	390
1716	1716028	B/P Sr Alb 100 25%pf	Q0157	$ 315.60	390
1716	1716029	B/P Sr Alb 250 5% Pf	P9045	$ 157.81	390
1716	1716030	B/P Sr Alb 500 5% Pf	Q0156	$ 315.60	390
1716	1716033	B/P Whole Blood P/F	P9010	$ 387.49	390
1716	1716034	B/P Hepb I Glb 5mlpf	J1500	$ 658.50	636
1716	1716035	B/P Allquot	86985	$ 191.16	300
1716	1716036	B/P Plateltphrsis Pf	P9034	$ 1,211.17	390
1716	1716038	B/P Fctr 9 1000u P/F	J7194	$ 1,200.00	636
1716	1716039	B/P Hepb I Glb 1mlpf	J1460	$ 166.80	636
1716	1716041	B/P Rbc Reduced Leukocyte	P9016	$ 439.08	390
1716	1716043	B/P Im Globlv 3gm	J1561	$ 208.64	636
1716	1716044	B/P Im Globlv 6gm	J1561	$ 447.08	636
1716	1716045	B/P Plsm Pr 50 P/F	P9043	$ 50.84	390
1716	1716046	B/P Autologous Fee	86890	$ 178.20	300
1716	1716047	B/P Directed Bld Don		$ 178.20	999
1716	1716048	B/P Ffp Allquot P/F	86985	$ 90.00	300
1716	1716054	B/P Im Globlv 10gm	J1561	$ 894.18	636

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1716	1716055	B/P Im Globlv 20gm	J1561	$ 1,788.36	636
1716	1716056	B/P Irradiate Rbc	86945	$ 109.56	300
1716	1716057	B/P Cmv Neg Rbc	86970	$ 115.80	300
1716	1716058	B/P Sickl Neg Rbc	85660	$ 13.07	300
1716	1716059	B/P Cmv Neg Pher P/F	86970	$ 69.59	300
1716	1716060	B/P Platelet Apher-Hla Matched	P9019	$ 1,713.60	390
1716	1716061	B/P Rbc Divided Half Units	86985	$ 191.16	300
1716	1716062	B/P Respigam	J1565	$ 1,620.00	636
1716	1716063	B/P Factor Viii	J7190	$ 1,440.00	636
1716	1716064	B/P Factorviii-Recombin	J7192	$ 1,440.00	636
1716	1716065	B/P Factor Ix-F9/10 Units	J7194	$ 11.09	636
1716	1716066	B/P Rhod Ig Iv 5000iu/1000mg	J1563	$ 970.80	636
1716	1716068	B/P Sr Alb 50 5%pf	P9041	$ 45.53	390
1716	1716069	B/P Immglb Iv/5gm	J2790	$ 840.00	636
1716	1716070	B/P Atgam - 250 Mg P/F	J7504	$ 540.00	636
1716	1716071	B/P Factor Vii - F7 2.4mg	J2790	$ 2,844.00	636
1716	1716073	B/P Immglb Iv/10gm	J2790	$ 1,728.00	636
1716	1716074	B/P Immglb Iv/20gm	J2790	$ 3,396.00	636
1716	1716075	B/P Rhod 1g Iv 1500iu/300mg	J2790	$ 1,714.80	636
1716	1716076	B/P Rhod 1g Iv 600iu/120mg	J2790	$ 857.40	636
1716	1716077	B/P Factor Viii Recomb 1080/Iu	J7192	$ 1,809.60	636
1716	1716078	B/P Factr Viii Humate-P2343/Vw	J7190	$ 2,871.60	636
1716	1716079	B/P Factr Viii Humate-P1036/Vw	J7190	$ 1,303.20	636
1716	1716080	B/P Factr Viii Humate-P 501/Vw	J7190	$ 661.20	636
1716	1716081	B/P Hepatitis B 0.05 Ml	J1500	$ 129.30	636
1717	1717001	Path Consult R.Slide	88321	$ 105.60	310
1717	1717002	Path Consult P+slide	88323	$ 169.00	310
1717	1717003	Path Consult Compreh	88325	$ 171.60	310
1717	1717004	Path Consult In Hosp	99241	$ 92.40	310
1717	1717005	Path Consit Followup	99241	$ 92.40	310
1717	1717006	Path Consult Lim Cl	80500	$ 39.60	310
1717	1717007	Path Consult Comp Cl	80502	$ 105.60	310
1717	1717008	Cyto Fna Aspiration	88170	$ 145.20	361
1717	1717009	Cnsult Autlg Bld Don	99201	$ 85.80	310
1717	1717010	Cnsult Dir Bld Don	99201	$ 85.80	310
1717	1717017	Phy Fna Breast	88173	$ 216.00	310
1717	1717018	Phy Fna Thyroid	88173	$ 216.00	310
1717	1717019	Phy Fna Lymph Node	88173	$ 216.00	310
1717	1717020	Cytopath Plim Prep	88172	$ 58.00	310
1718	1718001	Bedside Glucose Test	82962	$ 15.79	301
1718	1718002	Point Of Care,Rapid Hiv-1 Ab	86701	$ 40.00	301
1718	1718003	Point Of Care,Rapid Hiv1ab Chc	86701	$ 40.00	301
1719	1719001	Mp-Dot Blot	88365	$ 331.00	310
1719	1719002	Mp-Southern Hybrid	83897	$ 175.33	300
1719	1719003	Mp-In Situ Hybridx3	88365	$ 331.00	310
1719	1719004	Mp-Pcr/Electrophres	83898	$ 52.61	300
1719	1719005	Mp-Hpv High Risk	87621	$ 102.00	300
1719	1719006	Mp-Hpv Low Risk	87621	$ 102.00	300
1720	1720001	Sendout Gluc 6 Pd	82955	$ 106.96	300
1720	1720002	Sendout Stool O/P	87177	$ 61.37	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720003	An Angiotns Conenzy	82164	$ 85.92	300
1720	1720004	Can Ca125	86304	$ 110.46	300
1720	1720005	Caf Chromanal Amnfld	88267	$ 1,204.51	310
1720	1720006	Ebv Epstein Barr Vir	86664	$ 257.74	300
1720	1720007	Hbe Hepbe Ag Ab	87350	$ 117.47	300
1720	1720008	Cab Hepc Ab	86803	$ 145.51	300
1720	1720009	Lf Lipfract Ldl Hdl	83715	$ 110.46	300
1720	1720010	Psa Prost Spec Ag	84153	$ 124.48	300
1720	1720011	Ls Lymph Subset	88180	$ 327.86	310
1720	1720012	Va Varicella	86787	$ 87.67	300
1720	1720013	Bf B12 Fol	82746	$ 140.27	300
1720	1720014	Leg Legionella	86713	$ 106.96	300
1720	1720015	My Mycoplasma	87109	$ 59.63	300
1720	1720016	Urp Ureaplasma	87109	$ 120.98	300
1720	1720017	17pn 17-Oh Pregnenolone	84143	$ 166.56	300
1720	1720018	N17 17-Oh Progesterone	83498	$ 173.57	300
1720	1720019	3ad 3-Alpha-Androstanediol	82154	$ 259.49	300
1720	1720020	N5n 5' Nucleotidase	83915	$ 70.13	300
1720	1720021	Nacth Acth	82024	$ 262.99	300
1720	1720022	Nald Aldosterone	82088	$ 257.74	300
1720	1720023	Andr Androstendione	82157	$ 208.64	300
1720	1720024	Ance Ace	82164	$ 101.69	300
1720	1720025	Atpo Anti Tpo	86376	$ 91.18	300
1720	1720026	Nathy Anti-Tgb	86800	$ 94.68	300
1720	1720027	Nath Anti-Thyroid Microsom	86376	$ 94.68	300
1720	1720028	Calc Calcitonin	82308	$ 192.86	300
1720	1720029	Ica Ionized Calcium	82330	$ 103.44	300
1720	1720030	Coms Cpd S (11-Deoxycortisol)	82634	$ 182.34	300
1720	1720031	Cort Corticosterone	82528	$ 161.30	300
1720	1720032	Doc Deoxycorticosterone	82633	$ 241.96	300
1720	1720033	Dhe Dhea	82626	$ 278.77	300
1720	1720034	Dheas Dhea-S	82627	$ 170.06	300
1720	1720035	Dht Dihydro-Test	82651	$ 219.16	300
1720	1720036	Nesta Estradiol	82670	$ 180.59	300
1720	1720037	Estg Estrogen, Total	82672	$ 178.85	300
1720	1720038	Est Estrone	82679	$ 192.86	300
1720	1720039	Igf1 Somatomedin	84305	$ 241.96	300
1720	1720040	Nins Insulin Total	83525	$ 78.90	300
1720	1720041	Insa Insulin Ab	86337	$ 187.60	300
1720	1720042	Ila Islet Cell Antibody	86341	$ 142.02	300
1720	1720043	Ost Osteocalcin	83937	$ 173.57	300
1720	1720044	Palb Pre-Albumin	84134	$ 113.96	300
1720	1720045	Prog Progesterone	84144	$ 108.72	300
1720	1720046	Npth Pth, C Terminal	83970	$ 257.74	300
1720	1720047	Ipth Pth, Intact	83970	$ 236.69	300
1720	1720048	Nren Renin	84244	$ 149.03	300
1720	1720049	Ser Serotonin	84260	$ 366.44	300
1720	1720050	Shbg Sex Hormone	84270	$ 112.21	300
1720	1720051	Tbg T3 Uptake	84479	$ 257.74	300
1720	1720052	Ftes Test-Free	84402	$ 278.77	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720053	Ntes Test-Total	84403	$ 166.56	300
1720	1720054	Thg Thyroglobulin	84432	$ 170.06	300
1720	1720055	Tsi Thyroid Stim Ig	84445	$ 424.30	300
1720	1720056	Vip	84586	$ 278.77	300
1720	1720057	V125 Vit D 1,25	82652	$ 329.62	300
1720	1720058	Nvid Vit D 25	82306	$ 319.12	300
1720	1720059	Nft4 T4-Free	84439	$ 113.96	300
1720	1720060	Rt3 Reverse T3	84482	$ 257.74	300
1720	1720061	Nadh Adh	84588	$ 277.03	300
1720	1720062	Prp Pth-Related Protein	83519	$ 262.99	300
1720	1720063	Nkgg 17 Ketogenic Steroids	83582	$ 115.73	300
1720	1720064	Nks 17ks	83586	$ 92.93	300
1720	1720065	N5hi 5hiaa	83497	$ 112.21	300
1720	1720066	Nual Aldo	82088	$ 278.77	300
1720	1720067	Ucort Cort, Free And Creat	82530	$ 149.03	300
1720	1720068	Fhp Oh-Prolin Free	83500	$ 220.93	300
1720	1720069	Thp Oh-Prolin Total	83505	$ 277.03	300
1720	1720070	Metan Metanephrines	83835	$ 312.08	300
1720	1720071	Umar Micro-Alb Random	82043	$ 85.92	300
1720	1720072	Numa Micro-Alb 24 Hr	82043	$ 113.96	300
1720	1720073	2pcc Pyridium 2h	82491	$ 231.43	300
1720	1720074	24pcc Pyridium 24h	82491	$ 231.43	300
1720	1720075	Nvma Vma	84585	$ 136.76	300
1720	1720076	Uest Estriol	82677	$ 126.23	300
1720	1720077	Fampln Pregnancy T	81025	$ 40.33	300
1720	1720078	Occ Hlth Alcohol Screen	82055	$ 72.24	300
1720	1720079	Occ Hlth Hematology/Urinalysis	81000	$ 24.84	300
1720	1720080	Occ Hlth Pcb's	84600	$ 112.64	300
1720	1720081	Occ Hlth Fep	84600	$ 20.40	300
1720	1720082	Occ Hlth Blood - Thallium	83015	$ 66.24	300
1720	1720083	Occ Hlth Blood - Cadmium	82300	$ 66.24	300
1720	1720084	Occ Hlth Blood - Benzene	84600	$ 86.14	300
1720	1720085	Occ Hlth Arsenic,Lead,Mercury	83015	$ 124.25	300
1720	1720086	Occ Hlth Tyme Titre	86585	$ 66.24	300
1720	1720087	Occ Hlth Mantoux T.B. Test	86580	$ 24.84	300
1720	1720088	Occ Hlth Stool Specimens	82270	$ 127.80	300
1720	1720089	Occ Hlth Hydrocarbon Screen	82441	$ 159.76	300
1720	1720090	Occ Hlth Urine - Benzene	84600	$ 86.14	300
1720	1720091	Occ Hlth Urine - Cadmium	82300	$ 131.98	300
1720	1720092	Civil Ser Phleb./Tech/3hrs	36415	$ 131.50	300
1720	1720093	Occ Health Drug Screen	80100	$ 63.91	300
1720	1720096	Occ Health Cbc With Differnti	85025	$ 16.67	300
1720	1720097	Occ Health Urinalysis	81000	$ 9.94	300
1720	1720098	Occ Health Smac 12	80048	$ 27.60	301
1720	1720099	Occ Health Blood - Lead	83655	$ 33.12	300
1720	1720100	Occ Health Hep B Titre Surf	86706	$ 63.91	300
1720	1720101	Occ Health Hepatitis Antigen	87340	$ 48.04	309
1720	1720102	Occ Health Stool Hemocult	85018	$ 8.34	300
1720	1720103	Occ Health Rheumatoid Factor	86431	$ 23.62	300
1720	1720104	Bilirubin Amn Fluid	82247	$ 76.96	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720105	17-Oh-Pregnenolone	84143	$ 188.76	300
1720	1720106	17-Ketogenic Steroids	83582	$ 131.77	300
1720	1720107	Acetaldehyde (B)	82000	$ 136.13	300
1720	1720108	Acetone	82009	$ 113.26	300
1720	1720109	Acetylcholine Rec Ab-Blocking	84238	$ 291.85	300
1720	1720110	Adenovirus Antibody Csf	86603	$ 159.72	300
1720	1720111	Acetazlamide Serum	80299	$ 196.02	300
1720	1720112	Adrenal Antibody	86255	$ 156.82	300
1720	1720113	Adrenocorticotrophic Horm Acth	82024	$ 284.59	300
1720	1720114	Acetylcholine Receptor Ab	84238	$ 297.66	300
1720	1720115	Acid Phosphatase By Immuno,Pro	84066	$ 89.30	300
1720	1720116	Albumin/Globulin Ratio	80002	$ 45.74	300
1720	1720117	Alcohol, Ethyl (U)	82055	$ 141.22	300
1720	1720118	Fam Plan Urine Preg Screen	81025	$ 16.54	300
1720	1720119	Alcohol, Methyl (U)	84600	$ 141.22	300
1720	1720120	Aldolase	82085	$ 84.59	300
1720	1720121	Aldosterone	82088	$ 284.59	300
1720	1720122	Aldosterone (U)	82088	$ 306.37	300
1720	1720123	Acid Phosphatase, Total	84060	$ 71.52	300
1720	1720124	Alk, Phos Isoenzymes	84080	$ 104.92	300
1720	1720125	Acetone, Urine	82010	$ 139.39	300
1720	1720126	Acute Lymphocyte Leuk/Lymph	88180	$ 574.99	310
1720	1720127	Alpha-Feto Protein,Amniotc Fld	82106	$ 152.46	300
1720	1720128	Acyclovir	80299	$ 225.06	300
1720	1720129	Aluminium	82108	$ 239.58	300
1720	1720130	Amebiasis Iha	86280	$ 152.46	300
1720	1720131	Amino Acid Screen, Plasma	82128	$ 133.58	300
1720	1720132	Amino Acid Screen, Urine	82128	$ 148.10	300
1720	1720133	Amino Acid Fractionatn, Plasma	82131	$ 675.18	300
1720	1720134	Amiodarone	80299	$ 245.39	300
1720	1720135	Amitriptyline	80152	$ 152.46	300
1720	1720136	Amylase Isoenzymes	82150	$ 220.70	300
1720	1720137	Androstanediol Glucuronide	82154	$ 306.37	300
1720	1720141	Antihyaluronidase	86609	$ 127.42	300
1720	1720144	Antidiuretic Hormone (Adh)	84588	$ 306.37	300
1720	1720145	Adenovirus Antibody	86603	$ 140.48	300
1720	1720146	Albumin Fluid	82042	$ 63.89	300
1720	1720147	Benzodiazepine Clincal Scr (U)	80101	$ 131.77	300
1720	1720148	Aspergillus Ab By Id Ql	86606	$ 113.26	300
1720	1720149	Albumin - Urine	82042	$ 63.89	300
1720	1720150	Albumin - Csf	82042	$ 63.89	300
1720	1720151	Albuteral	80299	$ 347.03	300
1720	1720152	Beta-2-Microglobulin	82232	$ 149.56	300
1720	1720153	Beta-2-Microglobulin (U)	82232	$ 169.88	300
1720	1720154	Bile Acids Fractionated	82240	$ 270.07	300
1720	1720155	Alcohol, Ethyl - Blood	82055	$ 113.26	300
1720	1720156	Alcohol, Isopropyl (B)	84600	$ 141.22	300
1720	1720157	Bordetella Pertussistoin Igrb	86615	$ 146.65	300
1720	1720158	Brucella Abortus Antibodies	86622	$ 76.96	300
1720	1720159	Buspirone	80299	$ 187.31	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720160	Butalbital	82205	$ 153.91	300
1720	1720161	C-Peptide	84681	$ 181.50	300
1720	1720162	Alcohol, Methyl (B)	84600	$ 113.26	300
1720	1720163	Alpha-1-Antitrypsin Phenotype	82104	$ 178.60	300
1720	1720164	C1 Esterase Inh (F)	86161	$ 306.37	300
1720	1720165	Ca 19-9	86301	$ 174.24	300
1720	1720166	Calcitonin	82308	$ 216.35	300
1720	1720167	Alpha-2-Macroglobulin	83051	$ 119.80	300
1720	1720168	Alpha-Subunit	83519	$ 169.88	300
1720	1720169	Calculus Analysis (Stone)	82355	$ 105.28	300
1720	1720170	Ca 125 (Cancer Ag 125)	86304	$ 174.24	300
1720	1720171	Candida Antibodies	86628	$ 193.12	300
1720	1720172	Alprazolam	80154	$ 185.86	300
1720	1720173	Aluminum, Plasma	82108	$ 126.32	300
1720	1720174	Aluminum (U)	82108	$ 146.65	300
1720	1720175	Amino Acid, Fractionated (U)	82139	$ 685.34	300
1720	1720176	Cardiolipin Ab	86147	$ 320.89	300
1720	1720177	Carnitine	82379	$ 243.94	300
1720	1720178	Carotene	82380	$ 104.92	300
1720	1720179	Catecholamines, Fractioned (U)	82384	$ 241.03	300
1720	1720180	Catecholamines, Free (U)	82382	$ 127.06	300
1720	1720181	Cellular Immune Panel, Basic	86360	$ 368.81	300
1720	1720182	Centromere Ab	86235	$ 119.80	300
1720	1720183	Ceruloplasmin	82390	$ 89.30	300
1720	1720184	Chlamydia Antigen (Eia)Del3/98	83518	$ 145.20	300
1720	1720185	Chloramphenicol, Peak	82415	$ 149.56	300
1720	1720186	Chlordiazepoxide	80154	$ 185.86	300
1720	1720187	Chlorpromazine	84022	$ 133.58	300
1720	1720188	Cholinesterase+dibucaine(#)	82480	$ 145.20	300
1720	1720190	Chromium (U)	82495	$ 187.31	300
1720	1720191	Chromogranin-A	82397	$ 222.16	300
1720	1720192	Chromosome Analysis(Amniotic F	88269	$ 1,344.55	310
1720	1720193	Chromosome Analysis Bond	88262	$ 908.95	310
1720	1720194	Chromosome Analysis Bond Tissu	88262	$ 1,353.26	310
1720	1720195	Amino Acid Frac Random	82131	$ 685.34	300
1720	1720196	Citric Acid (U)	82507	$ 286.04	300
1720	1720197	Citric Acid, Random (U)	82507	$ 286.04	300
1720	1720198	Clonazepam (Serum)	80154	$ 162.62	300
1720	1720199	Clozapine	80154	$ 144.48	300
1720	1720200	Coag Factor V Activity	85220	$ 241.03	300
1720	1720201	Coag Factor VIII Activity	85240	$ 241.03	300
1720	1720202	Coag Factor X Activity	85260	$ 241.03	300
1720	1720203	Coccidiodes Ab By Id Ql	86635	$ 40.66	300
1720	1720205	Coma Panel	80100	$ 425.44	300
1720	1720206	Complement Component C1q	86160	$ 137.94	300
1720	1720207	Aminolevulinic Acid, Urine	82135	$ 162.62	300
1720	1720208	Complement Component 5	86160	$ 156.82	300
1720	1720209	Complement Specif Immun Complx	86332	$ 223.61	300
1720	1720210	Complement Total (Ch50)	86162	$ 171.34	300
1720	1720212	Copper	82525	$ 96.20	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720213	Copper (U)	82525	$ 114.35	300
1720	1720214	Copper Random Urine	82525	$ 114.35	300
1720	1720215	Corticosterone	82528	$ 206.18	300
1720	1720216	Cortisol, Free (U)	82530	$ 153.91	300
1720	1720217	Aminolevulinic Acid, Rnd	82135	$ 162.62	300
1720	1720218	Amitriptyline, Urine Gastrc Ql	80152	$ 124.87	300
1720	1720219	Coxsackie B Ab(+G) By Neut Ser	86790	$ 319.44	300
1720	1720220	Amoxcipine	80299	$ 178.60	300
1720	1720221	Amphetamine Cnfrm Bybc/Ms(U)Ql	80102	$ 185.86	300
1720	1720222	Amphotericin B	80299	$ 146.65	300
1720	1720223	Cryptococcus Ab	86641	$ 166.98	300
1720	1720224	Amylase (Body Fluid)	82150	$ 70.43	301
1720	1720226	Culture,Legionella Species	87070	$ 193.12	306
1720	1720227	Culture,M Hominis+ureaplasma	87109	$ 193.12	300
1720	1720228	Culture, Ureaplasma	87070	$ 168.43	306
1720	1720229	Cyanide, Blood	82600	$ 153.91	300
1720	1720230	Cyclic Amp, Plasma	82030	$ 284.59	300
1720	1720231	Cyclic Amp, Urine	82030	$ 284.59	300
1720	1720232	Cyclobenzaprine	80299	$ 171.34	300
1720	1720233	Cyclosporine By Fpia	80158	$ 235.22	300
1720	1720234	Cysticercus Ab Igg Csf	86682	$ 170.98	300
1720	1720235	Cystine, Random Urine	82127	$ 111.44	300
1720	1720236	Cystine, Urine	82131	$ 111.44	300
1720	1720237	Cmv Igg Ab	86644	$ 131.77	300
1720	1720238	Cmv Igg Ab Csf	86644	$ 151.01	300
1720	1720239	Cmv Igm Ab By Eia	86645	$ 131.77	300
1720	1720240	Dhea Sulfate	82627	$ 196.02	300
1720	1720241	Dhea Unconjugated (Plrla)	82626	$ 306.37	300
1720	1720242	Dengue Virus Ab Total	86790	$ 185.86	300
1720	1720243	Deoxycorticosterone	82633	$ 328.15	300
1720	1720244	Deoxycortisolill	82634	$ 306.37	300
1720	1720245	Desipramine	80160	$ 164.08	300
1720	1720247	Diazepam	80299	$ 140.48	300
1720	1720248	Tacrolimus (Fk506) Prograf	80197	$ 223.61	300
1720	1720249	Dihydrotestosterone,5alpha Dht	82651	$ 259.91	300
1720	1720250	Diltiazem	80299	$ 355.74	300
1720	1720251	Diphenhydramine, Serum	80299	$ 131.77	300
1720	1720252	Diphteria Ab	86648	$ 165.53	300
1720	1720253	Disopuramide	80299	$ 131.77	300
1720	1720254	Dna Ab,Single Strand+native	86225	$ 238.13	300
1720	1720255	Doxepin	80166	$ 164.08	300
1720	1720256	Androstenedione	82157	$ 239.58	300
1720	1720257	Drug Abuse Eval Urine	80100	$ 143.75	300
1720	1720258	Echinoccus Ab Igg Ib	86682	$ 156.82	300
1720	1720259	Echovirus Ab	86658	$ 252.65	300
1720	1720260	Angintensin Conv En	82164	$ 131.77	300
1720	1720261	Epstein Barr Virus	86665	$ 155.36	300
1720	1720262	Ebv Ab Comp (A+c)	86665	$ 297.66	300
1720	1720263	Ebv Nuclear Ab Ab	86664	$ 130.32	300
1720	1720264	Ertythropoletin	82668	$ 182.95	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720265	Estradiol Rapid (Ivb)	82670	$ 207.64	300
1720	1720266	Estriol, Unconjugated	82677	$ 133.58	300
1720	1720267	Estrogen, Total Era Pra	82672	$ 203.28	300
1720	1720268	Era/Pra Assay	84233	$ 476.26	300
1720	1720269	Estrone	82679	$ 182.95	300
1720	1720270	Ethosuximide	80168	$ 119.80	300
1720	1720271	Febrile Agglutinins	86000	$ 158.27	300
1720	1720272	Fecal Fatqualitative	82705	$ 91.12	300
1720	1720273	Felbamate	80299	$ 102.37	300
1720	1720274	Angiotension Conv En (Fld)	82164	$ 151.01	300
1720	1720275	Fetal Hemoglobin	83030	$ 102.37	300
1720	1720276	Flecainide	80299	$ 92.93	300
1720	1720277	Fluoxetine	80299	$ 137.58	300
1720	1720278	Fluphenazine	80299	$ 152.46	300
1720	1720279	Folic Acid	82746	$ 104.92	300
1720	1720280	Folic Acid Rbc	82747	$ 182.95	300
1720	1720281	Anti-Dnase B Ther	86215	$ 149.56	300
1720	1720282	Formic Acid, (B)	84999	$ 151.01	300
1720	1720283	Fragile (X) Chromosome	88262	$ 965.58	310
1720	1720285	Gastrin	82941	$ 117.98	300
1720	1720286	Gliardia Lamblia Ag	87328	$ 90.02	300
1720	1720287	Gliadin Antibody Igg Iga	83516	$ 198.92	300
1720	1720288	Glomerular Basement Membrne Ab	84999	$ 239.58	300
1720	1720289	Glucagon, Plasma	82943	$ 185.86	300
1720	1720290	Antinuclear Ab Csf	86038	$ 108.90	300
1720	1720291	Glucose-6-Phosphate Dehydro Qn	82955	$ 119.80	300
1720	1720292	Glucohemoglobin A/C	83036	$ 84.59	301
1720	1720293	Gmi Ab Serum	86849	$ 421.08	300
1720	1720294	Antibiotic Microbial Assay	80299	$ 164.08	300
1720	1720295	Granulocule Ab Qi	86255	$ 251.20	300
1720	1720296	Haloperidol	80173	$ 191.66	300
1720	1720297	Antimony, Hair Screening	83015	$ 220.70	300
1720	1720298	Heavy Metal (U)	82175	$ 280.24	300
1720	1720299	Helicobacter Pulori Ab	86677	$ 111.80	300
1720	1720300	Antimony (U)	83015	$ 140.48	300
1720	1720301	Antithrombin Iii Activity	85300	$ 257.00	300
1720	1720302	Antithrombin Iii Ag	85301	$ 257.00	300
1720	1720303	Antithrombin Iiipanel Activ+ag	85300	$ 464.64	300
1720	1720304	Hep C Ab	86803	$ 109.99	300
1720	1720305	Hep B Core Ab Total	86704	$ 137.94	300
1720	1720306	Hep B Surface Ab Qi	86706	$ 92.93	300
1720	1720307	Hep B Surface Ag	87340	$ 86.76	309
1720	1720308	Hep A Ab, Total	86708	$ 106.73	300
1720	1720309	Hep B Core Igm Ab	86705	$ 136.13	300
1720	1720310	Helicobacter Pylori, Quant.	86677	$ 152.46	300
1720	1720311	Hep C Virus Ab By Imm	86304	$ 290.40	300
1720	1720312	Hep C Rna Quant By Pcr	87522	$ 355.74	300
1720	1720313	Hep Delta Virus Ab	86692	$ 153.91	300
1720	1720315	Herpes Simplex 1+2 Igg Ab Csf	86695	$ 141.22	300
1720	1720316	Herpes Simplex 1+2 Igg Ab(A+c)	86695	$ 113.26	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720317	Heterphile, Differential Absor	86310	$ 67.88	300
1720	1720318	Hexosaminidase A, Plt	83080	$ 175.69	300
1720	1720319	Histamine (B)	83088	$ 270.07	300
1720	1720320	Histamine (U)	83088	$ 284.59	300
1720	1720321	Histone Ab	83520	$ 156.82	300
1720	1720322	Histoplasma Ab By Id Ql	86698	$ 106.73	300
1720	1720323	Hla B27 Antigen	86812	$ 174.24	300
1720	1720324	Hla-Dr Typing	86817	$ 550.31	300
1720	1720325	Homocysteine,Total (U)	83090	$ 326.70	300
1720	1720326	Htlv Ab By Eia	86687	$ 165.53	300
1720	1720327	Parovirus B19 Ab Panel Byelisa	86747	$ 169.88	300
1720	1720328	Hydroxycorticosteroids17,Urine	83491	$ 164.08	300
1720	1720329	Hydroxycorticosterone 18	83491	$ 341.22	300
1720	1720330	Hydroxindoleacetic Acid5,Urine	83497	$ 113.26	300
1720	1720331	Hydroxprogesterone 17,Alpha	83498	$ 200.38	300
1720	1720332	Hydroxproline,Free+total	83500	$ 463.19	300
1720	1720333	Hypersens Pneumonitis Panel Ql	86606	$ 303.47	300
1720	1720334	Ibuprofen	80299	$ 141.58	300
1720	1720335	Imipramine	80174	$ 164.08	300
1720	1720336	Immune Complex Clq Bind Assay	86332	$ 168.43	300
1720	1720338	Immunoglobulins (Fluid)	82784	$ 201.83	300
1720	1720340	Immunoglobulin G Subclass Pani	82787	$ 415.27	300
1720	1720342	Influenza Type A+b By Cf	86790	$ 277.33	300
1720	1720343	Insulin	83525	$ 90.76	300
1720	1720344	Insulin Ab	86337	$ 214.90	300
1720	1720345	Intrinsic Factor Ab	86340	$ 148.10	300
1720	1720346	Ionized Calcium	82330	$ 133.58	300
1720	1720347	Iron, Urine	83540	$ 239.58	300
1720	1720348	Jo + (Antibody)	86235	$ 162.62	300
1720	1720350	Lactic Acid Csf	83605	$ 148.10	300
1720	1720351	Latex (K82) Ige	86003	$ 65.71	300
1720	1720352	Lead, Blood	83655	$ 86.76	300
1720	1720353	Lead, Urine	83655	$ 105.28	300
1720	1720354	Lecithin/Sphingomuelin Ratio	83661	$ 476.26	300
1720	1720355	Legionella, Ag Urine Ria	87449	$ 196.02	300
1720	1720356	Legionella Pneumophilia Ab	86713	$ 182.95	300
1720	1720357	Leukocyte Alkalin Phosph Stain	85540	$ 106.73	300
1720	1720359	Lipids, Total Feces	82710	$ 196.02	300
1720	1720360	Liver/Kidney Microsomal Ab	86376	$ 156.82	300
1720	1720361	Lupus Type Anticoagulant	85730	$ 193.12	300
1720	1720363	Lyme Disease, Western Biot	86617	$ 178.60	300
1720	1720364	Lymes Disease Ab Fluid	86618	$ 191.66	300
1720	1720365	Acetaldehyde (B)	82000	$ 136.13	300
1720	1720366	Lysergic Acid Diethylamide (U)	80101	$ 196.02	300
1720	1720367	Lysozyme	85549	$ 149.56	300
1720	1720368	Lysozyme,Random Urine	85549	$ 149.56	300
1720	1720369	Mag Ab Igm	86849	$ 214.90	300
1720	1720370	Manganese	83785	$ 136.13	300
1720	1720371	Measles (Rubeola) Igm	86765	$ 140.48	300
1720	1720372	Meprobamate	83805	$ 164.08	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720373	Mescaline (U)	80101	$ 175.69	300
1720	1720374	Apolipoprotein A1	82172	$ 76.96	300
1720	1720375	Metanphrine, Fract (U)	83835	$ 333.96	300
1720	1720376	Mexiletine	80299	$ 182.95	300
1720	1720377	Microalbumin (U)	82043	$ 142.30	300
1720	1720378	Polycosaminoglycans(Gags)(U)	83864	$ 271.52	300
1720	1720379	Mumps Virus Igg Abby Eia,Serum	86735	$ 140.48	300
1720	1720380	Mycoplasma Pneumoniae Igm Ab	86738	$ 79.14	300
1720	1720381	Muelin Ab	86255	$ 164.08	300
1720	1720382	Muelin Basic Protein, Csf	83873	$ 174.24	300
1720	1720383	Myeloperoxidase Ab	86021	$ 198.92	300
1720	1720384	Myocardial Ab	86255	$ 319.44	300
1720	1720385	Mytoglobin,Random U Quant	83874	$ 175.69	300
1720	1720386	Neuron-Specific Enalase	86316	$ 165.53	300
1720	1720387	Neutrophilcytoplasmic Ab Anca	86255	$ 233.77	300
1720	1720388	Nortriptuline	80182	$ 164.08	300
1720	1720389	Nucleotidase, 5	83915	$ 90.76	300
1720	1720390	Oligoclonal Bonding, Csf	83916	$ 156.82	300
1720	1720391	Opiates, U/Gastric Ql	80101	$ 131.77	300
1720	1720392	Osteocalcin	83937	$ 193.12	300
1720	1720393	Apoliprotein B	82172	$ 76.96	300
1720	1720394	Oxalate (U)	83945	$ 111.44	300
1720	1720395	Pancreatic Islet Cell Ab	86341	$ 164.08	300
1720	1720396	Pancreatic Polypeptide	83519	$ 223.61	300
1720	1720397	Parathyroid Hormone C Term	83970	$ 284.59	300
1720	1720398	Parietal Cell Ab	86255	$ 106.73	300
1720	1720399	Phencyclidine Pcp Drug	83992	$ 164.08	300
1720	1720400	Phencyclidine (U)	83992	$ 144.12	300
1720	1720401	Phencyclidine With Gc/Ms (B)	80102	$ 185.86	300
1720	1720402	Apolipoprotein Evaluation	82172	$ 134.68	300
1720	1720403	Phytanate (Plutanic Acid)	82491	$ 338.32	300
1720	1720404	Apolipoprotein (E) Genotyping	82172	$ 277.33	300
1720	1720405	Platelet Ab	86022	$ 191.66	300
1720	1720406	Pneumocustis Detection Dea	86255	$ 137.94	300
1720	1720407	Poliovirus Types 1,2,3 Ab	86658	$ 306.37	300
1720	1720408	Polychlorinated Biphenyls	84600	$ 145.20	300
1720	1720409	Arbovirus Ab By Ifa, Csf	86652	$ 429.79	300
1720	1720410	Porphobilinogen (U)	84110	$ 90.76	300
1720	1720411	Porphyrins, Fract Feces	84126	$ 306.37	300
1720	1720412	Porphyrins, Fract U	84120	$ 191.66	300
1720	1720413	Prealbumin	84134	$ 140.48	300
1720	1720414	Profile 27 Hep Be Ag/Ab	86707	$ 175.69	300
1720	1720415	Progesterone	84144	$ 133.58	300
1720	1720416	Proinsulin	84206	$ 342.67	300
1720	1720418	Propranolol	80299	$ 115.80	300
1720	1720419	Arsenic, Blood	82175	$ 200.38	300
1720	1720420	Arsenic, Gastric	82175	$ 148.10	300
1720	1720421	Protein C Activity + Ag	85302	$ 396.40	300
1720	1720422	Arsenic, Urine	82175	$ 188.76	300
1720	1720423	Protein S, Activity + Ag	85305	$ 410.92	300

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Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720424	Arylsulfase A (U)	84311	$ 107.45	300
1720	1720425	Protoporphyrin,Free Erythrocyt	84202	$ 137.94	300
1720	1720426	Protoporphyrin, Zinc	84202	$ 185.86	300
1720	1720427	Pth Intact Double Ab Immunoass	83970	$ 303.47	300
1720	1720428	Pth N-Terminal+ca Ionized	83970	$ 339.77	300
1720	1720429	Pth Related Protein	83519	$ 302.02	300
1720	1720430	Pyridinium Crosslinks	82523	$ 236.68	300
1720	1720431	Pyruvate, Blood	84210	$ 140.48	300
1720	1720432	Pyruvate, Fluid	84210	$ 159.72	300
1720	1720433	Aspergillus Ab By Cf	86606	$ 156.82	300
1720	1720434	Aspergillus Flavus Ab	86606	$ 85.67	300
1720	1720435	Renin Activity	84244	$ 164.08	300
1720	1720436	Aspergillus Fumigatus Ab	86606	$ 85.67	300
1720	1720437	Rickettsial Igm Ab	86609	$ 168.43	300
1720	1720438	Rubella Virus Igg Ab Eia	86762	$ 74.78	300
1720	1720439	Rubella Virus Igm Ab	86762	$ 203.28	300
1720	1720440	Aspergillus Viger Ab	86606	$ 85.67	300
1720	1720441	Scat (Waaler-Rose)	86431	$ 130.32	300
1720	1720442	Scleroderma Ab	86235	$ 156.82	300
1720	1720443	Selenium, Plasma	84255	$ 128.87	300
1720	1720444	Serotonin, Blood	84260	$ 386.23	300
1720	1720445	Serotonin, Serum	84260	$ 213.44	300
1720	1720446	Sex Hormone, Binding Globulin	84270	$ 140.48	300
1720	1720447	Slogrens Ab (Ssa)	86235	$ 168.43	300
1720	1720448	Skeletal Muscle Ab	86255	$ 156.82	300
1720	1720449	Somatomedin C	84305	$ 297.66	300
1720	1720450	Sperm Ab Panel	89325	$ 348.48	300
1720	1720451	Strptozume	86317	$ 76.96	300
1720	1720452	Substance Abuse Panel 6	80100	$ 123.42	300
1720	1720453	Substance Abuse Panel 11	80100	$ 143.75	300
1720	1720455	Bismuth	83018	$ 140.48	300
1720	1720456	T+b Lymphocyte Evaluation	89399	$ 702.77	300
1720	1720457	T4(Thyroxine) Free	84439	$ 149.56	300
1720	1720458	Blastomyces Ab By Cf	86612	$ 149.56	300
1720	1720459	Teichoic Acid Ab	86331	$ 140.48	300
1720	1720460	Testosterone, Free+weaklybound	84402	$ 306.37	300
1720	1720461	Testosterone, Total	84403	$ 193.12	300
1720	1720462	Tetanus (Ab)	86774	$ 132.50	300
1720	1720463	Thiocyanate	84430	$ 162.62	300
1720	1720464	Thyroglobulin Ab	86800	$ 115.80	300
1720	1720465	Thyroglobulin Profile	84432	$ 196.02	300
1720	1720466	Thyroid Autoantibodies	86376	$ 197.47	300
1720	1720467	Thyroid Peroxidase Ab	86376	$ 115.80	300
1720	1720468	Thyroid Stim Hormone Ultrasens	84443	$ 165.53	300
1720	1720469	Blastomyces Ab By Cf,Csf	86612	$ 166.98	300
1720	1720470	Thyroid Stim Immunoglobulins	84445	$ 441.41	300
1720	1720472	Thyroxine Binding Globulin	84442	$ 172.79	300
1720	1720473	Thyroxine By Equilib Dial,Free	84439	$ 164.08	300
1720	1720474	Torch Evaluation	86645	$ 390.59	300
1720	1720475	Toxocara Ab Igg Eia	86682	$ 166.98	300

Nassau University Medical Center
Charge Description Master - 2012
Exhibit A

Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720476	Toxoplasma Igg Ab	86777	$ 131.77	300
1720	1720477	Toxoplasma Ab On Csf	86777	$ 151.01	300
1720	1720478	Toxoplasma Igm Ab Screen Byeia	86778	$ 171.34	300
1720	1720479	Transferrin	84466	$ 104.92	300
1720	1720480	Tranylcypromine Sulfate	80299	$ 164.08	300
1720	1720481	Trazodone	80299	$ 188.76	300
1720	1720482	Trichinella Igg Ab	86784	$ 156.82	300
1720	1720483	Tricyclic Anti Depression Eval	80299	$ 296.21	300
1720	1720484	Triiodothyronine Reverse (T3)	84482	$ 284.59	300
1720	1720485	Bordetella Pertusis Igg Vacine	86615	$ 255.55	300
1720	1720488	Pertussis Bordetella/Parapertu	86615	$ 146.65	300
1720	1720489	Bromide	83015	$ 120.89	300
1720	1720490	Bupropion (Wellbutrin)	80299	$ 238.13	300
1720	1720491	Cl Esterase + Nh Anti(C1r)Func	86161	$ 106.73	300
1720	1720492	Vanillylmandelic Acid Urin(Vma	84585	$ 133.58	300
1720	1720493	Varicella Zoster Virus Ab (Igg	86787	$ 142.30	300
1720	1720494	Vasoactive Intestinal Polypept	84586	$ 306.37	300
1720	1720495	Verapamil/Norverapamil	80299	$ 271.52	300
1720	1720496	Viscosity	85810	$ 117.98	300
1720	1720497	Vitamin A	84590	$ 162.62	300
1720	1720498	Vitamin B12	82607	$ 113.26	300
1720	1720499	B12 + Folic Acid	82746	$ 185.86	300
1720	1720500	Vitamin C	82180	$ 104.92	300
1720	1720501	Vitamin D(1,25 Dihydroxy)	82652	$ 354.29	300
1720	1720502	Vitamin D (25-Hydroxy)	82306	$ 342.67	300
1720	1720503	Vitamin E Total	84446	$ 133.58	300
1720	1720504	Volatiles	84600	$ 132.86	300
1720	1720505	Warfarin	80299	$ 156.82	300
1720	1720506	Xylose Absorption (B)	84620	$ 140.48	300
1720	1720507	Xylose Absorption Panel	84620	$ 219.25	300
1720	1720508	Zinc (P)	84630	$ 96.20	300
1720	1720509	Hla, Abc Phenotype	86813	$ 665.02	300
1720	1720510	C-Peptide (U)	84681	$ 193.12	300
1720	1720511	Ca 72-4	86316	$ 145.20	300
1720	1720513	Cadium (B)	82300	$ 165.53	300
1720	1720514	Cadium (U)	82300	$ 188.76	300
1720	1720515	Caffeine	80299	$ 113.26	300
1720	1720516	Ca 15-3	86300	$ 277.33	300
1720	1720517	Cannabinoids Screen	80101	$ 171.34	300
1720	1720518	Marijuana By Gc/Ms (U)-Io	80101	$ 251.20	300
1720	1720520	Carisoprodol	80299	$ 164.08	300
1720	1720522	Catecholamines Frac+total	82384	$ 252.65	300
1720	1720524	Chlamydia Differential Ab Pnl	86631	$ 181.50	300
1720	1720525	Chlamydia Pneumoniae Ab Panel	86631	$ 232.32	300
1720	1720526	Chlamydia Trachomatis Ab Iggab	86631	$ 148.10	300
1720	1720527	Chlamydia Trachomatis Ab Igmab	86632	$ 148.10	300
1720	1720528	Chloral Hydrate	80299	$ 166.98	300
1720	1720529	Chloride, Feces	82438	$ 91.12	300
1720	1720530	Cholesterol, Fluid	82465	$ 58.45	300
1720	1720531	Cholesterol Verylow Dens Lipop	83719	$ 210.54	300

Nassau University Medical Center
Charge Description Master - 2012
Exhibit A

Dept Code	Charge Code	Charge Description	CPT Code	Charge	Rev Code
1720	1720532	Cholinesterase,Acetyl Rbc (B)	82482	$ 113.26	300
1720	1720533	Cholinesterase,Pseudo	82480	$ 89.30	300
1720	1720534	Cholylgycine	82240	$ 140.48	300
1720	1720535	Chromium (B)	82495	$ 140.48	300
1720	1720536	Chromium, Hair	82495	$ 185.86	300
1720	1720537	Chromium, Serum	82495	$ 168.43	300
1720	1720538	Chylomicrons	84999	$ 106.73	300
1720	1720539	Clomipraminet	80299	$ 135.04	300
1720	1720540	Clonazepam, Urine	80154	$ 165.53	300
1720	1720541	Clonidine	80299	$ 355.74	300
1720	1720542	Clorazepate (Nordiazepam)	80154	$ 142.30	300
1720	1720543	Clostridium Diffide Tox A Scrn	87324	$ 96.56	300
1720	1720545	C Diffide Toxin B	87230	$ 181.50	300
1720	1720546	Clozapine/Norolozupine	80154	$ 137.94	300
1720	1720547	Coag Factor II Activity	85210	$ 241.03	300
1720	1720548	Coag Factor Vii Activity	85230	$ 241.03	300
1720	1720549	Coag Factor Viii Activ Vonwill	85240	$ 679.54	300
1720	1720550	Coag Factor Viii R-Ag	85246	$ 241.03	300
1720	1720551	Coag Factor Viii V,M Von Wille	85247	$ 241.03	300
1720	1720552	Coag Factor Ix Activity	85250	$ 241.03	300
1720	1720553	Coag Factor Xi Activity	85270	$ 241.03	300
1720	1720555	Coag Factor Xiii Screen	85291	$ 156.82	300
1720	1720557	Coag Inhibitor Xi Screen	85270	$ 238.13	300
1720	1720558	Coag Inhibitor Xii Screen	85335	$ 238.13	300
1720	1720559	Cobalt	84999	$ 140.48	300
1720	1720560	Cocaine + Metabolites	82520	$ 331.06	300
1720	1720561	Cocaine Metabolites By Gc/Ms(U	82520	$ 152.46	300
1720	1720562	Coccidiodes Ab By Cf	86635	$ 149.56	300
1720	1720563	Codeine Includes Metabolites	82101	$ 254.10	300
1720	1720564	Complement Specific Imune Comp	86332	$ 323.80	300
1720	1720565	Coxsackie A Virus Ab	86658	$ 251.20	300
1720	1720566	Cryoglobulins,Quant	82595	$ 171.34	300
1720	1720567	Cryptococcus Ag (Csf)	87327	$ 103.82	300
1720	1720568	Culture,Mycoplasma Hominis	87109	$ 193.12	300
1720	1720569	Culture,Mycoplasma Pneumoniae	87109	$ 156.82	300
1720	1720570	Cushing's Disease Eval	89399	$ 592.42	300
1720	1720571	Cyclosporine	80158	$ 257.00	300
1720	1720572	Cyclosporine By Tox Whl Blood	80158	$ 239.58	300
1720	1720573	Cyproheptadine	80299	$ 168.43	300
1720	1720574	Cysticercus Ab Igg	86682	$ 184.40	300
1720	1720575	Cmv Igg Ab (Eld)	86644	$ 151.01	300
1720	1720576	Cmv Igg+Igm Ab By Eia	86644	$ 238.13	300
1720	1720578	Cmv Igg+Igm Ab, Csf	86644	$ 238.13	300
1720	1720579	Hepatitis Be Ag	87350	$ 127.20	300
1720	1720580	Hepatitis Be Ab	86707	$ 127.20	300
1720	1720581	Diatoxin	80299	$ 119.80	300
1720	1720583	Dna Ab,Native	86225	$ 111.44	300
1720	1720585	Echovirus Ab, Csf	86658	$ 268.62	300
1720	1720586	Ehrlichia Ab	86609	$ 196.02	300
1720	1720587	Electrolytes Fluid	80051	$ 72.97	300

Appendix B

Scope of Services

Contractor shall provide Jail-Based, Hospital-Based and Ancillary Services which shall include but not be limited to medical, dental, nutritional, mental health and other services as required by the facility ("Services") for the residents of the Nassau County Juvenile Detention Center (the "Center"), and provide:

1. New York State licensed Health Care Providers including Physicians, Physicians Assistants and Nurse Practitioners, that shall visit the Center a minimum of two (2) times a week, on a schedule, mutually agreed to by Contractor and Center, to examine new admissions, administer blood tests and injections as necessary and to provide follow-up visits on other medical problems. The Primary Care Physician shall make referrals to other medical specialties as necessary and appropriate. Medical, nursing and hospital services shall be available to the Center's residents on a 24-hour basis at Contractor's facilities. To identify a New York State licensed Primary Care Physician to be on 24-hour call for telephone consultation, prescriptions and medical direction as needed.

2. A comprehensive health assessment shall be completed within 72 hours of admission to the JDC.

3. Comprehensive health assessment at yearly intervals.

4. The comprehensive health assessments immediately above (2 and 3) shall include, but not be limited to the following: medical history, standard review of illnesses and symptoms, and physical examination that meets current medical standards as required by OCFS.

5. Analysis of blood tests in laboratory.

6. X-rays and other tests in laboratory.

7. Provision of an EMR with capability of electronic prescribing and access to health center patient information.

8. Provision of cross coverage needs.

9. Recommendations for replacement clinical equipment and other new clinical equipment needs.

10. Conducting on-site Medical Evaluation and Treatment, to include the following:

    a. Performing Comprehensive Physical Assessments, initial and then as needed;
    b. Conducting Sick Call (if Sick Call is being conducted when on-site);

c. Conducting Periodic Evaluations for youth with acute and chronic illnesses as clinically indicated;
d. Reviewing currently prescribed medication(s) and ordering new prescription medication(s), excluding psychotropic medications.

11. Assist in the development of the Facility Operating Policies, and Procedures for Medical and Dental episodic (non-emergent illnesses and injuries) and emergency care, including annual review/revision of episodic and emergency Protocols, Policies and Procedures. Quality Assurance reviews

12. Communicating regularly with the facility Superintendent/Director and/or Assistant Superintendent/Director on all matters relative to the medical needs of the youth in the facility.

13. Availability for consultation by electronic means twenty-four hours per day, seven days per week, for acute medical concerns, emergency care, coordination of off-site services and other responsibilities.

14. Verification of credentials and available to JDC Director for submission to NYS Office of Children and Family Services upon request

15. In-service training for JDC nursing staff regarding adolescent development, STD's, infection control, best practices, etc.

16. Compliance with JDC PREA (Prison Rape Elimination Act) requirements and provide first responder services to victims of abuse or neglect while in detention; referral to emergent care as needed

17. Final interpretation of laboratory tests, X-ray studies and EKG

18. On-site STD testing and treatment

19. Provide radiology, laboratory, a full range of special diagnostic or therapeutic services (e.g., orthopedics, obstetrician), and dentist or orthodontist services.

20. Nutritionist or Dietician to visit and review Kitchen menus and food service every 6 months, available for consultation on matters for youth with special dietary needs.

21. Ability to refer youth for dental services within 60 days of admission and ensure youth receive preventative and regular dental care of-site at the medical center.

22. Behavioral Health and Psychiatric Services: Youth shall be taken for immediate treatment at NHCC, if at admission, upon initial visual inspection, the youth appears to be seriously physically harmed, exhibits signs of intoxication due to drugs or alcohol, or exhibits signs of disorientation or psychosis, and cannot be appropriately treated at the facility. The youth

shall be admitted to the JDC when he or she has been cleared by a hospital or other medical facility for admission.

23. A Psychiatrist shall visit the Center a minimum of once (1) a week for four (4) hours each visit, on a schedule, mutually agreed to by Contractor and Center. Emergency Psychiatric services available on a 24-hour basis for youngsters requiring immediate services at Contractor's facilities. Additional services required include:

a. Admission screening interview upon entry to a specialized secure detention facility.
b. If the interview results in an immediate referral, the youth must be assessed by a qualified mental health provider within 24 hours.
c. Provide emergency behavioral health services.
d. Assessments, observations, evaluations, diagnosis and treatment services shall be provided by qualified mental health professionals with a master's level or above.
e. A suicide risk and prevention program, consistent with training approved by OCFS and SCOC. All specialized secure detention facility staff responsible for youth supervision shall be trained in the approved program, including the use of a cut down tool, and shall receive an annual suicide prevention refresher training.
f. Assist the Department and the JDC to develop written policies and procedures, which shall be submitted to OCFS for approval, to govern behavioral health services.

24. Such other medical services as residents of the Center may require, on either an outpatient or inpatient basis, which the Contractor is equipped to provide.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/8/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER **COVERAGE INDEPENDENTLY PROCURED BY INSURED**	CONTACT NAME: Client Services Insurance Dept. PHONE (A/C, No, Ext): (345) 949-7988 FAX (A/C, No): (345) 949-7849 E-MAIL ADDRESS: cayman.certs@marsh.com
INSURED Nassau Health Care Corporation (Together with all other Insureds listed on the policy) 2201 Hempstead Turnpike East Meadow NY 11554	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: NHCC, Ltd. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2020 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	X		HPL 001-20-A	1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 3,000,000 $ $ $ $ 3,000,000 $ $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	HOSPITAL PROFESSIONAL LIABILITY - CLAIMS MADE			HPL 001-20-A	1/1/2020	1/1/2021	EACH CLAIM AGGREGATE	$3,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named Additional Insured as their interest may appear under the terms and conditions of the above mentioned policy.

CERTIFICATE HOLDER

County of Nassau
1550 Franklin Ave.
Mineola, NY 11501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Administrator/DM Marsh Management Services Cayman Ltd.

Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance Coverage

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address):	Business Applying For: Contract with Government Agency
NASSAU HEALTH CARE CORPORATION DBA: NU HEALTH 2201 HEMPSTEAD TURNPIKE EAST MEADOW, NY 11554 PHONE: 516-572-6711 FEIN: XXXXX5690	From: NYS OFFICE OF MENTAL HEALTH

Workers' Compensation Exemption Statement:

The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVER** for the following reason:

The applicant is a political subdivision that is legally exempt from providing statutory disability and/or paid family leave benefits coverage.

I, JOHN MAHER, am the Treasurer with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE | **Signature:** [signature] **Date:** 6/28/2019

Exemption Certificate Number
2019-045446

Received
June 27, 2019
NYS Workers' Compensation Board

CE-200 12/2008

NEW YORK STATE OF OPPORTUNITY. | Workers' Compensation Board

ANDREW M. CUOMO
GOVERNOR

CLARISSA M. RODRIGUEZ
CHAIR

Office of the Secretary
Compliance With Workers' Compensation Law

I, Kim McCarroll, Secretary for the Workers' Compensation Board, DO HEREBY Certify that:

Name: Nassau Health Care Corporation

WCB #: W840078

Tax ID #: 11-3465690

Qual Date: 9/29/1999

has secured compensation to its employees as a self-insurer in the following manner:

Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law. (County, city, village, town, school district, fire district or other political subdivision)

The status of the self-insurer was effective as noted above and remains in full force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Workers' Compensation Board this 9th day of April 2019.

Kim McCarroll

KIM MCCARROLL
SECRETARY

Status Confirmed By
Office of Self Insurance
(518) 402-0247
SelfInsurance@wcb.ny.gov
4/9/2019

LAURA CURRAN
COUNTY EXECUTIVE

JOHN PLACKIS
DIRECTOR

NASSAU COUNTY PROBATION DEPARTMENT
400 COUNTY SEAT DRIVE
MINEOLA, NY 11501-4823

To: Robert Cleary, Chief Procurement Officer

From: Dominick DiMaggio Jr., Attorney III

Date: February 25, 2020

Subject: Nassau Health Care Corporation

Contract for Nassau Health Care Corporation (NHCC)

This memorandum is respectfully submitted to provide information relating to the Contract between Nassau County and Nassau Health Care Corporation (NHCC) covering (6) years of retroactive State mandated Health services provided to the Nassau County Juvenile Detention Center detainees. The Probation Department is seeking approval by the Legislature.

These contracts are funded 49% by New York State and 51% Nassau County. As a threshold matter, the Department respectfully acknowledges a delay in the routing of these contracts. When the Department's former Attorney retired in 2016, there was a gap in the processing of contracts in the "pipeline" pending execution. While the Department has been working on moving those contracts forward, there were several changes to the procurement forms for newly executed contracts, therefore it became necessary to have vendors submit revised forms since previously executed disclosure forms which were in the "pipeline" contained information which were outdated. The Department is committed to moving forward with its contracts in a timely fashion. As more fully set forth below, this contract is to pay for essential State mandated Health services already provided to detainees at the Nassau county Juvenile Detention center.

CONTRACT

There are (6) Years for the Nassau Health Care Corporation years 2013-2018:

1/1/13-12/31/13	$4,835.00
1/1/14-12/31/14	$17,673.00
1/1/15-12/31/15	$8,658.00
1/1/16-12/31/16	$8,382.00
1/1/17-12/31/17	$4,859.00
1/1/18- 9/30/18	$4,742.00

Total $49,149.00