

Fee Schedule Name	CDM #	Default CPT/HCPCS Code	Default Rev Code	Default Mod	Procedure Description	Price Modifier	Unit Charge
MLA PRIMARY CARE FEE SCHEDULE		10040			PR ACNE SURGERY		450.00
MLA PRIMARY CARE FEE SCHEDULE		10060			PR DRAIN SKIN ABSCESS SIMPLE		306.00
MLA PRIMARY CARE FEE SCHEDULE		10061			PR DRAIN SKIN ABSCESS COMPLIC		532.00
MLA PRIMARY CARE FEE SCHEDULE		10120			PR REMOVE FOREIGN BODY SIMPLE		479.00
MLA PRIMARY CARE FEE SCHEDULE		10121			PR REMOVE FOREIGN BODY COMPLIC		1,000.00
MLA PRIMARY CARE FEE SCHEDULE		10140			PR DRAINAGE OF HEMATOMA/FLUID		600.00
MLA PRIMARY CARE FEE SCHEDULE		10160			PR PUNCTURE DRAINAGE OF LESION		336.00
MLA PRIMARY CARE FEE SCHEDULE		11000			PR DEBRIDEMENT, INFECTED SKIN, UP TO 10% BSA		300.00
MLA PRIMARY CARE FEE SCHEDULE		11042			PR DEBRIDEMENT, SKIN, SUB-Q TISSUE		350.00
MLA PRIMARY CARE FEE SCHEDULE		11045			PR DEBRIDEMENT, SKIN, SUB-Q TISSUE, EACH ADD 20 SQ CM		114.00
MLA PRIMARY CARE FEE SCHEDULE		11055			PR TRIM HYPERKERATOTIC SKIN LESION, ONE		100.00
MLA PRIMARY CARE FEE SCHEDULE		11056			TRIM BENIGN HYPERKERATOTIC SKIN LESION, 2-4		150.00
MLA PRIMARY CARE FEE SCHEDULE		11057			TRIM BENIGN HYPERKERATOTIC SKIN LESION, >4		200.00
MLA PRIMARY CARE FEE SCHEDULE		11100			PR BIOPSY OF SKIN LESION		272.00
MLA PRIMARY CARE FEE SCHEDULE		11101			PR BIOPSY, EACH ADDED LESION		150.00
MLA PRIMARY CARE FEE SCHEDULE		11102			PR TANGENTIAL BIOPSY SKIN SINGLE LESION		202.00
MLA PRIMARY CARE FEE SCHEDULE		11103			PR TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION		200.00
MLA PRIMARY CARE FEE SCHEDULE		11104			PR PUNCH BIOPSY SKIN SINGLE LESION		254.00
MLA PRIMARY CARE FEE SCHEDULE		11105			PR PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION		600.00
MLA PRIMARY CARE FEE SCHEDULE		11106			PR INCISIONAL BIOPSY SKIN SINGLE LESION		575.00
MLA PRIMARY CARE FEE SCHEDULE		11107			PR INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION		700.00
MLA PRIMARY CARE FEE SCHEDULE		11200			PR REMOVAL OF SKIN TAGS, UP TO 15		370.00
MLA PRIMARY CARE FEE SCHEDULE		11201			PR REMOVAL OF SKIN TAGS, EACH ADD 10		100.00
MLA PRIMARY CARE FEE SCHEDULE		11300			PR SHAV SKIN LES <5MM TRUNK, ARM, LEG		250.00
MLA PRIMARY CARE FEE SCHEDULE		11301			PR SHAV SKIN LES 6-10MM TRUNK, ARM, LEG		300.00
MLA PRIMARY CARE FEE SCHEDULE		11302			PR SHAV SKIN LES 11-20MM TRUNK, ARM, LEG		400.00
MLA PRIMARY CARE FEE SCHEDULE		11303			PR SHAV SKIN LES >21MM TRUNK, ARM, LEG		450.00
MLA PRIMARY CARE FEE SCHEDULE		11305			PR SHAV SKIN LES <5MM REMAINDR BODY		250.00
MLA PRIMARY CARE FEE SCHEDULE		11306			PR SHAV SKIN LES 6-10MM REMAINDR BODY		350.00
MLA PRIMARY CARE FEE SCHEDULE		11307			PR SHAV SKIN LES 11-20MM REMAINDR BODY		400.00
MLA PRIMARY CARE FEE SCHEDULE		11310			PR SHAV SKIN LES <5MM FACE, FACIAL		300.00
MLA PRIMARY CARE FEE SCHEDULE		11311			PR SHAV SKIN LES 6-10MM FACE, FACIAL		350.00
MLA PRIMARY CARE FEE SCHEDULE		11312			PR SHAV SKIN LES 11-20MM FACE, FACIAL		465.00
MLA PRIMARY CARE FEE SCHEDULE		11400			PR EXC SKIN BENIG <5MM TRUNK, ARM, LEG		400.00
MLA PRIMARY CARE FEE SCHEDULE		11401			PR EXC SKIN BENIG 0.6-1CM TRUNK, ARM, LEG		450.00
MLA PRIMARY CARE FEE SCHEDULE		11402			PR EXC SKIN BENIG 1.1-2CM TRUNK, ARM, LEG		600.00
MLA PRIMARY CARE FEE SCHEDULE		11403			PR EXC SKIN BENIG 2.1-3CM TRUNK, ARM, LEG		858.00
MLA PRIMARY CARE FEE SCHEDULE		11404			PR EXC SKIN BENIG 3.1-4CM TRUNK, ARM, LEG		646.00
MLA PRIMARY CARE FEE SCHEDULE		11406			PR EXC SKIN BENIG >4CM TRUNK, ARM, LEG		1,300.00
MLA PRIMARY CARE FEE SCHEDULE		11420			PR EXC SKIN BENIG <5MM REMAINDR BODY		350.00
MLA PRIMARY CARE FEE SCHEDULE		11421			PR EXC SKIN BENIG 0.6-1CM REMAINDR BODY		500.00
MLA PRIMARY CARE FEE SCHEDULE		11422			PR EXC SKIN BENIG 1.1-2CM REMAINDR BODY		600.00
MLA PRIMARY CARE FEE SCHEDULE		11423			PR EXC SKIN BENIG 2.1-3CM REMAINDR BODY		486.00
MLA PRIMARY CARE FEE SCHEDULE		11424			PR EXC SKIN BENIG 3.1-4CM REMAINDR BODY		790.00
MLA PRIMARY CARE FEE SCHEDULE		11426			PR EXC SKIN BENIG >4CM REMAINDR BODY		950.00
MLA PRIMARY CARE FEE SCHEDULE		11440			PR EXC SKIN BENIG <5MM FACE, FACIAL		450.00
MLA PRIMARY CARE FEE SCHEDULE		11441			PR EXC SKIN BENIG 0.6-1CM FACE, FACIAL		450.00
MLA PRIMARY CARE FEE SCHEDULE		11442			PR EXC SKIN BENIG 1.1-2CM FACE, FACIAL		800.00
MLA PRIMARY CARE FEE SCHEDULE		11443			PR EXC SKIN BENIG 2.1-3CM FACE, FACIAL		1,000.00
MLA PRIMARY CARE FEE SCHEDULE		11600			PR EXC SKIN MALIG <5MM TRUNK, ARM, LEG		600.00
MLA PRIMARY CARE FEE SCHEDULE		11601			PR EXC SKIN MALIG 0.6-1CM TRUNK, ARM, LEG		700.00
MLA PRIMARY CARE FEE SCHEDULE		11602			PR EXC SKIN MALIG 1.1-2CM TRUNK, ARM, LEG		800.00
MLA PRIMARY CARE FEE SCHEDULE		11603			PR EXC SKIN MALIG 2.1-3CM TRUNK, ARM, LEG		718.00
MLA PRIMARY CARE FEE SCHEDULE		11604			PR EXC SKIN MALIG 3.1-4CM TRUNK, ARM, LEG		1,100.00
MLA PRIMARY CARE FEE SCHEDULE		11606			PR EXC SKIN MALIG >4CM TRUNK, ARM, LEG		2,000.00
MLA PRIMARY CARE FEE SCHEDULE		11620			PR EXC SKIN MALIG <5MM REMAINDR BODY		600.00
MLA PRIMARY CARE FEE SCHEDULE		11621			PR EXC SKIN MALIG 0.6-1CM REMAINDR BODY		700.00
MLA PRIMARY CARE FEE SCHEDULE		11622			PR EXC SKIN MALIG 1.1-2CM REMAINDR BODY		700.00
MLA PRIMARY CARE FEE SCHEDULE		11623			PR EXC SKIN MALIG 2.1-3CM REMAINDR BODY		1,000.00
MLA PRIMARY CARE FEE SCHEDULE		11624			PR EXC SKIN MALIG 3.1-4CM REMAINDR BODY		750.00
MLA PRIMARY CARE FEE SCHEDULE		11626			PR EXC SKIN MALIG >4CM REMAINDR BODY		900.00
MLA PRIMARY CARE FEE SCHEDULE		11640			PR EXC SKIN MALIG <5MM FACE, FACIAL		600.00
MLA PRIMARY CARE FEE SCHEDULE		11641			PR EXC SKIN MALIG 0.6-1CM FACE, FACIAL		800.00
MLA PRIMARY CARE FEE SCHEDULE		11642			PR EXC SKIN MALIG 1.1-2CM FACE, FACIAL		1,000.00
MLA PRIMARY CARE FEE SCHEDULE		11643			PR EXC SKIN MALIG 2.1-3CM FACE, FACIAL		1,200.00
MLA PRIMARY CARE FEE SCHEDULE		11644			PR EXC SKIN MALIG 3.1-4CM FACE, FACIAL		1,300.00
MLA PRIMARY CARE FEE SCHEDULE		11719			PR TRIM NAIL(S)		60.00
MLA PRIMARY CARE FEE SCHEDULE		11720			PR DEBRIDEMENT OF NAIL(S), 1-5		83.00
MLA PRIMARY CARE FEE SCHEDULE		11730			PR REMOVAL OF NAIL PLATE		270.00
MLA PRIMARY CARE FEE SCHEDULE		11740			PR DRAIN BLOOD FROM UNDER NAIL		120.00
MLA PRIMARY CARE FEE SCHEDULE		11750			PR REMOVAL OF NAIL BED		667.00
MLA PRIMARY CARE FEE SCHEDULE		11765			PR EXCISION OF NAIL FOLD, TOE		500.00
MLA PRIMARY CARE FEE SCHEDULE		11900			INJECTION INTO SKIN LESIONS, UP TO 7		150.00
MLA PRIMARY CARE FEE SCHEDULE		11976			PR REMOVAL OF CONTRACEPTIVE CAPSUL		300.00
MLA PRIMARY CARE FEE SCHEDULE		11981			PR INSERTION DRUG IMPLANT DEVICE		600.00
MLA PRIMARY CARE FEE SCHEDULE		11982			PR REMOVAL DRUG IMPLANT DEVICE		600.00
MLA PRIMARY CARE FEE SCHEDULE		12001			PR REPR SUPERF WND BODY <2.5CM		700.00
MLA PRIMARY CARE FEE SCHEDULE		12002			PR REPR SUP NPTERF WND BODY 2.6-7.5		1,164.00

MLA PRIMARY CARE FEE SCHEDULE	12004	PR REPR SUPERF WND BODY 7.6-12.5	1,000.00
MLA PRIMARY CARE FEE SCHEDULE	12011	PR REPR SUPERF WND FACE <2.5CM	800.00
MLA PRIMARY CARE FEE SCHEDULE	12013	PR REPR SUPERF WND FACE 2.6-5	1,000.00
MLA PRIMARY CARE FEE SCHEDULE	12014	PR REPR SUPERF WND FACE 5.1-7.5	1,000.00
MLA PRIMARY CARE FEE SCHEDULE	12031	PR LAYR CLOS WND TRUNK,ARM,LEG <2.5 CM	800.00
MLA PRIMARY CARE FEE SCHEDULE	16000	PR INITIAL RX BURN(S) 1ST DEGREE	250.00
MLA PRIMARY CARE FEE SCHEDULE	16020	PR DRESS/DEBRID SMALL BURN NO ANES	350.00
MLA PRIMARY CARE FEE SCHEDULE	17000	PR DESTRUC PREMALIGNANT, FIRST LESION	171.00
MLA PRIMARY CARE FEE SCHEDULE	17003	PR DESTRUC PREMALIGNANT,2-14 LESIONS	15.00
MLA PRIMARY CARE FEE SCHEDULE	17004	PR DESTRUC PREMALIGNANT,15+ LESIONS	500.00
MLA PRIMARY CARE FEE SCHEDULE	17110	PR DESTRUCTION BENIGN LESIONS UP TO 14	287.00
MLA PRIMARY CARE FEE SCHEDULE	17111	DESTRUCTION BENIGN LESIONS 15 OR MORE	500.00
MLA PRIMARY CARE FEE SCHEDULE	17280	PR DESTR MALIG FACE,NOSE,LIP <0.6 CM	450.00
MLA PRIMARY CARE FEE SCHEDULE	19020	PR EXPLO/DRAIN BREAST ABSCESS	1,500.00
MLA PRIMARY CARE FEE SCHEDULE	20005	PR INCISION OF DEEP/COMPLIC ABSCESS	1,400.00
MLA PRIMARY CARE FEE SCHEDULE	20526	PR INJECT CARPAL TUNNEL	400.00
MLA PRIMARY CARE FEE SCHEDULE	20527	PR INJECTION ENZYME PALMAR FASCIAL CORD	350.00
MLA PRIMARY CARE FEE SCHEDULE	20550	PR INJECT TENDON SHEATH/LIGAMENT	250.00
MLA PRIMARY CARE FEE SCHEDULE	20551	PR INJECT TENDON ORIGIN/INSERT	311.00
MLA PRIMARY CARE FEE SCHEDULE	20552	PR INJECT TRIGGER POINT, 1 OR 2	125.00
MLA PRIMARY CARE FEE SCHEDULE	20553	PR INJECT TRIGGER POINTS, > 3	350.00
MLA PRIMARY CARE FEE SCHEDULE	20600	PR ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	300.00
MLA PRIMARY CARE FEE SCHEDULE	20605	PR ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	131.00
MLA PRIMARY CARE FEE SCHEDULE	20610	PR DRAIN/INJECT LARGE JOINT/BURSA	766.00
MLA PRIMARY CARE FEE SCHEDULE	20612	PR ASPIRAT/INJECTION GANGLION CYST(S)	250.00
MLA PRIMARY CARE FEE SCHEDULE	25600	PR CLOSED RX DIST RAD/ULNA FX	1,500.00
MLA PRIMARY CARE FEE SCHEDULE	26010	PR DRAIN FINGER ABSCESS,SIMPLE	1,100.00
MLA PRIMARY CARE FEE SCHEDULE	27096	PR INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMAGE	1,100.00
MLA PRIMARY CARE FEE SCHEDULE	27786	PR CLOSED RX DIST FIBULA FX	1,400.00
MLA PRIMARY CARE FEE SCHEDULE	28190	PR REMV FOOT FOREIGN BODY,SUBCUTANEOUS	1,400.00
MLA PRIMARY CARE FEE SCHEDULE	29065	PR APPLY LONG ARM CAST	600.00
MLA PRIMARY CARE FEE SCHEDULE	29075	PR APPLY FOREARM CAST	450.00
MLA PRIMARY CARE FEE SCHEDULE	29085	PR APPLY HAND/WRIST CAST	450.00
MLA PRIMARY CARE FEE SCHEDULE	29086	PR APPLY CAST,FINGER (CONTRACTURE)	404.00
MLA PRIMARY CARE FEE SCHEDULE	29125	PR APPLY FOREARM SPLINT,STATIC	300.00
MLA PRIMARY CARE FEE SCHEDULE	29345	PR APPLY LONG LEG CAST	600.00
MLA PRIMARY CARE FEE SCHEDULE	29515	PR APPLY LOWER LEG SPLINT	250.00
MLA PRIMARY CARE FEE SCHEDULE	29580	PR APPLY OF PASTE BOOT	179.00
MLA PRIMARY CARE FEE SCHEDULE	29581	PR APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	350.00
MLA PRIMARY CARE FEE SCHEDULE	30300	PR REMOVE NASAL FOREIGN BODY	1,000.00
MLA PRIMARY CARE FEE SCHEDULE	30901	PR CTRL NOSEBLEED,ANTER,SIMPLE	450.00
MLA PRIMARY CARE FEE SCHEDULE	30903	PR CTRL NOSEBLEED,ANTER,COMPLEX	597.00
MLA PRIMARY CARE FEE SCHEDULE	36415	PR COLLECTION VENOUS BLOOD,VENIPUNCTURE	16.00
MLA PRIMARY CARE FEE SCHEDULE	36416	PR COLLECTION CAPILLARY BLOOD SPECIMEN	15.00
MLA PRIMARY CARE FEE SCHEDULE	40490	PR BIOPSY OF LIP	600.00
MLA PRIMARY CARE FEE SCHEDULE	41800	PR DRAINAGE OF GUM LESION	1,250.00
MLA PRIMARY CARE FEE SCHEDULE	46083	PR INCISE EXTERNAL HEMORRHOID	773.00
MLA PRIMARY CARE FEE SCHEDULE	46320	PR EXCISION THROMBOSED HEMORRHOID, EXTERNAL	800.00
MLA PRIMARY CARE FEE SCHEDULE	46600	PR ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	400.00
MLA PRIMARY CARE FEE SCHEDULE	54050	PR DESTR PENIS LESN,SIMPL,CHEMICAL	400.00
MLA PRIMARY CARE FEE SCHEDULE	54065	PR DESTR PENIS LESN,EXTENSIVE	800.00
MLA PRIMARY CARE FEE SCHEDULE	56405	PR I&D OF VULVA/PERINEUM ABSCESS	600.00
MLA PRIMARY CARE FEE SCHEDULE	57135	PR EXCIS VAGINAL CYST/TUMOR	750.00
MLA PRIMARY CARE FEE SCHEDULE	57454	PR COLPOSC,CERVIX W/ADJ VAG,W/BX & CURRETAG	800.00
MLA PRIMARY CARE FEE SCHEDULE	57455	PR COLPOSCOPY,CERVIX W/ADJ VAGINA,W/BX	700.00
MLA PRIMARY CARE FEE SCHEDULE	57460	PR COLPOSCOPY,CERVIX W/ADJ VAG,W/LOOP BX	1,300.00
MLA PRIMARY CARE FEE SCHEDULE	57500	PR BIOPSY CERVIX, 1 OR MORE, OR EXCISION OF LESION	700.00
MLA PRIMARY CARE FEE SCHEDULE	57511	PR CRYOCAUTERY OF CERVIX	700.00
MLA PRIMARY CARE FEE SCHEDULE	58100	PR BIOPSY OF UTERUS LINING	500.00
MLA PRIMARY CARE FEE SCHEDULE	58120	PR DILATION/CURETTAGE,DIAGNOSTIC	1,400.00
MLA PRIMARY CARE FEE SCHEDULE	58301	PR REMOVE INTRAUTERINE DEVICE	450.00
MLA PRIMARY CARE FEE SCHEDULE	59025	PR FETAL NON-STRESS TEST	300.00
MLA PRIMARY CARE FEE SCHEDULE	59426	PR ANTEPARTUM CARE ONLY, >7 VISITS	3,000.00
MLA PRIMARY CARE FEE SCHEDULE	59430	PR CARE AFTER DELIVERY ONLY	400.00
MLA PRIMARY CARE FEE SCHEDULE	64405	PR INJECTION AA&/STRD GREATER OCCIPITAL NERVE	700.00
MLA PRIMARY CARE FEE SCHEDULE	65205	PR REMV F.B.,EYE,SUPERF CONJUNC	292.00
MLA PRIMARY CARE FEE SCHEDULE	65220	PR REMV F.B.,EYE,CORNEA,NO SLIT	300.00
MLA PRIMARY CARE FEE SCHEDULE	65222	PR REMV F.B.,EYE,CORNEA,SLIT LAMP	350.00
MLA PRIMARY CARE FEE SCHEDULE	67700	PR DRAINAGE OF EYELID ABSCESS	590.00
MLA PRIMARY CARE FEE SCHEDULE	67938	PR REMOVE EYELID FOREIGN BODY,EMBEDDED	400.00
MLA PRIMARY CARE FEE SCHEDULE	69000	PR DRAIN EXT EAR ABCS/BLOOD,SIMPLE	600.00
MLA PRIMARY CARE FEE SCHEDULE	69020	PR DRAIN EXT AUD CANAL ABSCESS	600.00
MLA PRIMARY CARE FEE SCHEDULE	69100	PR BIOPSY OF EXTERNAL EAR	200.00
MLA PRIMARY CARE FEE SCHEDULE	69200	PR REMV EXT CANAL FOREIGN BODY	450.00
MLA PRIMARY CARE FEE SCHEDULE	69209	PR REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	100.00
MLA PRIMARY CARE FEE SCHEDULE	69210	PR REMOVE IMPACTED EAR WAX	167.00
MLA PRIMARY CARE FEE SCHEDULE	80048	CHG BASIC METABOLIC PANEL CALCIUM TOTAL	43.00
MLA PRIMARY CARE FEE SCHEDULE	80050	CHG GENERAL HEALTH PANEL	98.00
MLA PRIMARY CARE FEE SCHEDULE	80051	CHG ELECTROLYTE PANEL	36.00
MLA PRIMARY CARE FEE SCHEDULE	80053	CHG METABOLIC PANEL,COMPREHENSIVE	50.00
MLA PRIMARY CARE FEE SCHEDULE	80055	CHG OBSTETRIC PANEL	120.00
MLA PRIMARY CARE FEE SCHEDULE	80061	CHG LIPID PANEL	56.00

MLA PRIMARY CARE FEE SCHEDULE	80069	CHG RENAL FUNCTION PANEL	53.00
MLA PRIMARY CARE FEE SCHEDULE	80076	CHG HEPATIC FUNCTION PANEL	44.00
MLA PRIMARY CARE FEE SCHEDULE	80156	ASSAY OF CARBAMAZEPINE TOTAL	47.00
MLA PRIMARY CARE FEE SCHEDULE	80162	CHG DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	45.00
MLA PRIMARY CARE FEE SCHEDULE	80164	CHG DRUG SCREEN QUANT DIPROPYLACETIC ACID TOTAL	47.00
MLA PRIMARY CARE FEE SCHEDULE	80184	ASSAY OF PHENOBARBITAL	40.00
MLA PRIMARY CARE FEE SCHEDULE	80185	ASSAY OF PHENYTOIN, TOTAL	44.00
MLA PRIMARY CARE FEE SCHEDULE	80192	ASSAY OF PROCAINAMIDE W METABOLITES	56.00
MLA PRIMARY CARE FEE SCHEDULE	80307	CHG DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	120.00
MLA PRIMARY CARE FEE SCHEDULE	81000	CHG URINALYSIS, NONAUTO, W/SCOPE	16.00
MLA PRIMARY CARE FEE SCHEDULE	81002	CHG URINALYSIS NONAUTO W/O SCOPE	17.00
MLA PRIMARY CARE FEE SCHEDULE	81003	CHG URINALYSIS, AUTO, W/O SCOPE	44.00
MLA PRIMARY CARE FEE SCHEDULE	81025	CHG URINE PREGNANCY TEST	50.00
MLA PRIMARY CARE FEE SCHEDULE	82040	CHG ASSAY OF SERUM ALBUMIN	15.00
MLA PRIMARY CARE FEE SCHEDULE	82043	CHG URINE ALBUMIN QUANTITATIVE	51.00
MLA PRIMARY CARE FEE SCHEDULE	82105	CHG ALPHA-FETOPROTEIN, SERUM	70.00
MLA PRIMARY CARE FEE SCHEDULE	82140	CHG ASSAY OF AMMONIA	37.00
MLA PRIMARY CARE FEE SCHEDULE	82150	CHG ASSAY OF AMYLASE	24.00
MLA PRIMARY CARE FEE SCHEDULE	82272	BLOOD OCCULT,BY PEROXID, FECES, 1-3 SIMULT, NON CA SCREEN	14.00
MLA PRIMARY CARE FEE SCHEDULE	82274	CHG BLOOD,OCCULT,FECAL HGB,FECES,1-3 SIMULT	49.00
MLA PRIMARY CARE FEE SCHEDULE	82306	CHG ASSAY OF VIT D,CALCIFEDIOL W FRACTIONS, IF PERFORMED	150.00
MLA PRIMARY CARE FEE SCHEDULE	82310	ASSAY OF CALCIUM, TOTAL	26.00
MLA PRIMARY CARE FEE SCHEDULE	82378	CHG CARCINOEMBRYONIC ANTIGEN	100.00
MLA PRIMARY CARE FEE SCHEDULE	82550	ASSAY OF CK (CPK)	23.00
MLA PRIMARY CARE FEE SCHEDULE	82565	ASSAY OF CREATININE	18.00
MLA PRIMARY CARE FEE SCHEDULE	82570	ASSAY OF URINE CREATININE	28.00
MLA PRIMARY CARE FEE SCHEDULE	82607	CHG VITAMIN B-12	69.00
MLA PRIMARY CARE FEE SCHEDULE	82627	CHG DEHYDROEPIANDROSTERONE-SULFATE	100.00
MLA PRIMARY CARE FEE SCHEDULE	82670	CHG ASSAY OF TOTAL ESTRADIOL	93.00
MLA PRIMARY CARE FEE SCHEDULE	82677	ASSAY OF ESTRIOL	86.00
MLA PRIMARY CARE FEE SCHEDULE	82728	ASSAY OF FERRITIN	73.00
MLA PRIMARY CARE FEE SCHEDULE	82746	CHG BLOOD FOLIC ACID SERUM	80.00
MLA PRIMARY CARE FEE SCHEDULE	82947	ASSAY QUANTITATIVE,BLOOD GLUCOSE	25.00
MLA PRIMARY CARE FEE SCHEDULE	82948	CHG REAGENT STRIP/BLOOD GLUCOSE	16.00
MLA PRIMARY CARE FEE SCHEDULE	82950	CHG GLUCOSE TEST	26.00
MLA PRIMARY CARE FEE SCHEDULE	83001	CHG GONADOTROPIN (FSH)	75.00
MLA PRIMARY CARE FEE SCHEDULE	83002	CHG GONADOTROPIN (LH)	75.00
MLA PRIMARY CARE FEE SCHEDULE	83036	PR GLYCOSYLATED HEMOGLOBIN TEST	53.00
MLA PRIMARY CARE FEE SCHEDULE	83525	CHG ASSAY OF INSULIN,TOTAL	79.00
MLA PRIMARY CARE FEE SCHEDULE	83540	ASSAY OF IRON	23.00
MLA PRIMARY CARE FEE SCHEDULE	83550	CHG IRON BINDING TEST	35.00
MLA PRIMARY CARE FEE SCHEDULE	83690	ASSAY OF LIPASE	47.00
MLA PRIMARY CARE FEE SCHEDULE	83721	ASSAY OF BLOOD LIPOPROTEIN,LDL CHOLEST	42.00
MLA PRIMARY CARE FEE SCHEDULE	83735	ASSAY OF MAGNESIUM	26.00
MLA PRIMARY CARE FEE SCHEDULE	83880	CHG NATRIURETIC PEPTIDE	98.00
MLA PRIMARY CARE FEE SCHEDULE	83970	CHG ASSAY OF PARATHORMONE	120.00
MLA PRIMARY CARE FEE SCHEDULE	84066	ASSAY PHOSPHATASE ACID PROSTATIC	49.00
MLA PRIMARY CARE FEE SCHEDULE	84075	CHG ASSAY ALKAL PHOSPHATASE	17.00
MLA PRIMARY CARE FEE SCHEDULE	84100	ASSAY OF INORGANIC PHOSPHORUS	14.00
MLA PRIMARY CARE FEE SCHEDULE	84132	CHG ASSAY OF SERUM POTASSIUM	15.00
MLA PRIMARY CARE FEE SCHEDULE	84146	ASSAY OF PROLACTIN	80.00
MLA PRIMARY CARE FEE SCHEDULE	84153	CHG PROSTATE SPECIFIC ANTIGEN,TOTAL	77.00
MLA PRIMARY CARE FEE SCHEDULE	84154	CHG PROSTATE SPECIFIC ANTIGEN,FREE	64.00
MLA PRIMARY CARE FEE SCHEDULE	84155	CHG PROTEIN TOT XCPT REFRACTOMETRY SERUM	18.00
MLA PRIMARY CARE FEE SCHEDULE	84156	PROTEIN TOT XCPT REFRACTOMETRY URINE	23.00
MLA PRIMARY CARE FEE SCHEDULE	84295	CHG ASSAY OF SERUM SODIUM	17.00
MLA PRIMARY CARE FEE SCHEDULE	84403	ASSAY OF TOTAL TESTOSTERONE	92.00
MLA PRIMARY CARE FEE SCHEDULE	84436	ASSAY OF TOTAL THYROXINE	32.00
MLA PRIMARY CARE FEE SCHEDULE	84439	ASSAY OF FREE THYROXINE	57.00
MLA PRIMARY CARE FEE SCHEDULE	84443	CHG ASSAY THYROID STIM HORMONE	81.00
MLA PRIMARY CARE FEE SCHEDULE	84450	TRANSFERASE ASPARTATE AMINO (AST) (SGOT)	23.00
MLA PRIMARY CARE FEE SCHEDULE	84460	TRANSFERASE ALANINE AMINO (ALT) (SGPT)	23.00
MLA PRIMARY CARE FEE SCHEDULE	84480	CHG TRIIODOTHYRONINE TOTAL ASSAY, TT-3	83.00
MLA PRIMARY CARE FEE SCHEDULE	84481	CHG TRIIODOTHYRONINE FREE ASSAY (FT-3)	100.00
MLA PRIMARY CARE FEE SCHEDULE	84484	ASSAY OF TROPONIN, QUANT	55.00
MLA PRIMARY CARE FEE SCHEDULE	84520	ASSAY UREA NITROGEN, QUAN	20.00
MLA PRIMARY CARE FEE SCHEDULE	84540	CHG ASSAY URINE UREA-N	53.00
MLA PRIMARY CARE FEE SCHEDULE	84550	ASSAY OF URIC ACID, BLOOD	20.00
MLA PRIMARY CARE FEE SCHEDULE	84702	CHORIONIC GONADOTROPIN, QUANT	68.00
MLA PRIMARY CARE FEE SCHEDULE	84703	CHORIONIC GONADOTROPIN, QUAL	41.00
MLA PRIMARY CARE FEE SCHEDULE	85013	CHG MICROHEMATOCRIT,SPUN	14.00
MLA PRIMARY CARE FEE SCHEDULE	85014	CHG HEMATOCRIT	15.00
MLA PRIMARY CARE FEE SCHEDULE	85018	CHG HEMOGLOBIN	15.00
MLA PRIMARY CARE FEE SCHEDULE	85025	CHG COMPLETE CBC & AUTO DIFF WBC	28.00
MLA PRIMARY CARE FEE SCHEDULE	85041	CHG RED BLOOD CELL (RBC) COUNT	19.00
MLA PRIMARY CARE FEE SCHEDULE	85048	CHG LEUKOCYTE (WBC) COUNT	18.00
MLA PRIMARY CARE FEE SCHEDULE	85610	CHG PROTHROMBIN TIME	50.00
MLA PRIMARY CARE FEE SCHEDULE	85651	CHG RBC SED RATE, NONAUTO	24.00
MLA PRIMARY CARE FEE SCHEDULE	85652	CHG RBC SED RATE, AUTO	23.00
MLA PRIMARY CARE FEE SCHEDULE	85730	CHG THROMBOPLAS TIME PARTIAL	33.00
MLA PRIMARY CARE FEE SCHEDULE	86038	CHG ANTINUCLEAR ANTIBODIES	76.00
MLA PRIMARY CARE FEE SCHEDULE	86063	CHG ANTISTREPTOLYSIN O SCREEN	38.00

MLA PRIMARY CARE FEE SCHEDULE	86140	CHG C-REACTIVE PROTEIN	35.00
MLA PRIMARY CARE FEE SCHEDULE	86304	CHG IMMUNOASSAY, TUMOR ANTIGEN, CA 125	89.00
MLA PRIMARY CARE FEE SCHEDULE	86308	CHG HETEROPHILE ANTIBODIES,SCREEN	58.00
MLA PRIMARY CARE FEE SCHEDULE	86403	CHG PARTICLE AGGLUTINATION TEST	33.00
MLA PRIMARY CARE FEE SCHEDULE	86431	CHG RHEUMATOID FACTOR, QUANT	41.00
MLA PRIMARY CARE FEE SCHEDULE	86580	CHG TB INTRADERMAL TEST	50.00
MLA PRIMARY CARE FEE SCHEDULE	86592	CHG SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	28.00
MLA PRIMARY CARE FEE SCHEDULE	86617	CHG LYME DISEASE ANTIBODY	95.00
MLA PRIMARY CARE FEE SCHEDULE	86677	CHG HELICOBACTER PYLORI	90.00
MLA PRIMARY CARE FEE SCHEDULE	86689	CHG HTLV/HIV CONFIRMATORY TEST	95.00
MLA PRIMARY CARE FEE SCHEDULE	86701	CHG HIV-1	62.00
MLA PRIMARY CARE FEE SCHEDULE	86705	CHG HEP B CORE AB TEST, IGM	69.00
MLA PRIMARY CARE FEE SCHEDULE	86709	CHG HEPATITIS ANTIBODY HAAB IGM ANTIBODY	63.00
MLA PRIMARY CARE FEE SCHEDULE	86735	CHG MUMPS	72.00
MLA PRIMARY CARE FEE SCHEDULE	86803	CHG HEPATITIS C AB TEST	89.00
MLA PRIMARY CARE FEE SCHEDULE	86830	CHG ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	350.00
MLA PRIMARY CARE FEE SCHEDULE	86901	CHG BLOOD TYPING SEROLOGIC RH (D)	21.00
MLA PRIMARY CARE FEE SCHEDULE	87070	CHG CULTURE SPEC, BACTERIA, NOT URINE,STOOL,BLOOD	39.00
MLA PRIMARY CARE FEE SCHEDULE	87077	CHG BACTERIA IDENTIFICATION, AEROBIC ISOLATE	43.00
MLA PRIMARY CARE FEE SCHEDULE	87081	CHG BACTERIA CULTURE SCREEN	26.00
MLA PRIMARY CARE FEE SCHEDULE	87086	CHG URINE CULTURE, COLONY COUNT	35.00
MLA PRIMARY CARE FEE SCHEDULE	87088	PR URINE BACT CULT ID, EACH	34.00
MLA PRIMARY CARE FEE SCHEDULE	87147	CHG CULTURE TYPING, SEROLOGIC	23.00
MLA PRIMARY CARE FEE SCHEDULE	87177	CHG OVA AND PARASITES SMEARS	42.00
MLA PRIMARY CARE FEE SCHEDULE	87186	CHG ANTIBIOTIC SENS,MIC,EACH	36.00
MLA PRIMARY CARE FEE SCHEDULE	87205	CHG SMEAR,PRIMARY W/INTERP	23.00
MLA PRIMARY CARE FEE SCHEDULE	87210	CHG SMEAR,STAIN,WET MNT,INTERP	20.00
MLA PRIMARY CARE FEE SCHEDULE	87220	CHG TISSUE EXAM BY KOH	28.00
MLA PRIMARY CARE FEE SCHEDULE	87340	CHG IAAD IA HEPATITIS B SURFACE ANTIGEN	35.00
MLA PRIMARY CARE FEE SCHEDULE	87491	CHG CHYLLMD TRACH, DNA, AMP PROBE	77.00
MLA PRIMARY CARE FEE SCHEDULE	87591	CHG N.GONORRHOEA, DNA, AMP PROB	86.00
MLA PRIMARY CARE FEE SCHEDULE	87880	CHG STREP A ASSAY W/OPTIC	40.00
MLA PRIMARY CARE FEE SCHEDULE	88141	CHG CYTOPATH CERV/VAG INTERPRET	66.00
MLA PRIMARY CARE FEE SCHEDULE	88164	CHG CYTOPATH TBS CERV/VAG MANUAL	44.00
MLA PRIMARY CARE FEE SCHEDULE	88175	PR CYTOPAT,CER/VAG,THIN LAYER,MAN RES,INTER	51.00
MLA PRIMARY CARE FEE SCHEDULE	88302	CHG SURG PATH,LEVEL II	120.00
MLA PRIMARY CARE FEE SCHEDULE	88304	CHG SURG PATH,LEVEL III	150.00
MLA PRIMARY CARE FEE SCHEDULE	88305	CHG SURG PATH,LEVEL IV	200.00
MLA PRIMARY CARE FEE SCHEDULE	88313	PR SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT&IMHIS	120.00
MLA PRIMARY CARE FEE SCHEDULE	90471	PR IMMUNIZ ADMIN,1 SINGLE/COMB VAC/TOXOID	50.00
MLA PRIMARY CARE FEE SCHEDULE	90472	PR IMMUNIZ,ADMIN,EACH ADDL	30.00
MLA PRIMARY CARE FEE SCHEDULE	90633	PR HEP A VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	156.00
MLA PRIMARY CARE FEE SCHEDULE	90647	PR HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	140.00
MLA PRIMARY CARE FEE SCHEDULE	90649	PR 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	521.75
MLA PRIMARY CARE FEE SCHEDULE	90651	PR 9VHPV VACC 2/3 DOSE SCHED IM USE	553.00
MLA PRIMARY CARE FEE SCHEDULE	90656	PR IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	123.42
MLA PRIMARY CARE FEE SCHEDULE	90662	PR IIV VACCINE PRESERV FREE INCREASED AG COUNT IM	186.05
MLA PRIMARY CARE FEE SCHEDULE	90670	PR PCV13 VACCINE FOR INTRAMUSCULAR USE	464.05
MLA PRIMARY CARE FEE SCHEDULE	90675	PR RABIES VACCINE, IM	835.85
MLA PRIMARY CARE FEE SCHEDULE	90676	PR RABIES VACCINE, ID	500.00
MLA PRIMARY CARE FEE SCHEDULE	90680	PR RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	146.15
MLA PRIMARY CARE FEE SCHEDULE	90685	PR IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	126.80
MLA PRIMARY CARE FEE SCHEDULE	90686	PR IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	124.15
MLA PRIMARY CARE FEE SCHEDULE	90688	PR IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	119.05
MLA PRIMARY CARE FEE SCHEDULE	90696	PR DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	191.80
MLA PRIMARY CARE FEE SCHEDULE	90700	DTAP IMMUNIZATION, IM, <7 YO	136.95
MLA PRIMARY CARE FEE SCHEDULE	90707	PR MMR VIRUS IMMUNIZATION, SUBCUT	244.90
MLA PRIMARY CARE FEE SCHEDULE	90710	PR COMBINED VACCINE,MMR+VARICELLA,SUB-Q	310.00
MLA PRIMARY CARE FEE SCHEDULE	90713	PR POLIOMYELITIS IMMUNIZATN,INACTV,SUB-Q	80.00
MLA PRIMARY CARE FEE SCHEDULE	90714	PR TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	155.20
MLA PRIMARY CARE FEE SCHEDULE	90715	PR TDAP VACCINE >7 YO, IM	181.10
MLA PRIMARY CARE FEE SCHEDULE	90716	PR VAR VACCINE LIVE FOR SUBCUTANEOUS USE	358.95
MLA PRIMARY CARE FEE SCHEDULE	90723	PR DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	245.80
MLA PRIMARY CARE FEE SCHEDULE	90732	PR PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	297.90
MLA PRIMARY CARE FEE SCHEDULE	90733	PR MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	250.00
MLA PRIMARY CARE FEE SCHEDULE	90734	PR MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	344.30
MLA PRIMARY CARE FEE SCHEDULE	90744	PR HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	134.95
MLA PRIMARY CARE FEE SCHEDULE	90746	PR HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	205.40
MLA PRIMARY CARE FEE SCHEDULE	90750	PR HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NUX	367.50
MLA PRIMARY CARE FEE SCHEDULE	90791	PR PSYCHIATRIC DIAGNOSTIC EVALUATION	250.00
MLA PRIMARY CARE FEE SCHEDULE	90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	125.00
MLA PRIMARY CARE FEE SCHEDULE	90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	150.00
MLA PRIMARY CARE FEE SCHEDULE	90837	PR PSYCHOTHERAPY W/PATIENT 60 MINUTES	175.00
MLA PRIMARY CARE FEE SCHEDULE	90847	PR FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	175.00
MLA PRIMARY CARE FEE SCHEDULE	92100	PR SERIAL TONOMETRY EXAM(S)	200.00
MLA PRIMARY CARE FEE SCHEDULE	92507	PR SPEECH/HEARING THERAPY	40.00
MLA PRIMARY CARE FEE SCHEDULE	92551	PR PURE TONE HEARING TEST, AIR	61.00
MLA PRIMARY CARE FEE SCHEDULE	92552	PR PURE TONE AUDIOMETRY, AIR	85.00
MLA PRIMARY CARE FEE SCHEDULE	92567	PR TYMPANOMETRY	100.00
MLA PRIMARY CARE FEE SCHEDULE	93000	PR ELECTROCARDIOGRAM, COMPLETE	80.00
MLA PRIMARY CARE FEE SCHEDULE	93005	PR ELECTROCARDIOGRAM, TRACING	71.00
MLA PRIMARY CARE FEE SCHEDULE	93010	PR ELECTROCARDIOGRAM REPORT	55.00

MLA PRIMARY CARE FEE SCHEDULE	93016	PR CV STRS TST XERS&/OR RX CONT ECG W/O I&R	56.00
MLA PRIMARY CARE FEE SCHEDULE	93018	PR CARDIAC STRESS TST,INTERP/REPT ONLY	61.00
MLA PRIMARY CARE FEE SCHEDULE	93040	PR RHYTHM ECG WITH REPORT	41.00
MLA PRIMARY CARE FEE SCHEDULE	93922	PR NONINVASV EXTREM EXAM,1LEVEL,BILAT	600.00
MLA PRIMARY CARE FEE SCHEDULE	94640	PR PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	60.00
MLA PRIMARY CARE FEE SCHEDULE	94664	PR DEMO &/OR EVAL,PT USE,AEROSOL DEVICE	90.00
MLA PRIMARY CARE FEE SCHEDULE	95115	PR IMMUNOTHERAPY, ONE INJECTION	35.00
MLA PRIMARY CARE FEE SCHEDULE	95117	PR IMMUNOTHERAPY, 2+ INJECTIONS	68.00
MLA PRIMARY CARE FEE SCHEDULE	96365	PR IV INFUSION, THERAP/PROPH/DIAGNOST,INITIAL,1ST HOUR	350.00
MLA PRIMARY CARE FEE SCHEDULE	96372	PR INJECTION, THERAP/PROPH/DIAGNOST, IM OR SUBCUT	100.00
MLA PRIMARY CARE FEE SCHEDULE	97039	PR PHYSICAL THERAPY TREATMENT	40.00
MLA PRIMARY CARE FEE SCHEDULE	97530	PR THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	40.00
MLA PRIMARY CARE FEE SCHEDULE	99000	PR HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	1.00
MLA PRIMARY CARE FEE SCHEDULE	99195	PR PHLEBOTOMY	120.00
MLA PRIMARY CARE FEE SCHEDULE	99201	PR OFFICE OUTPATIENT NEW 10 MINUTES	100.00
MLA PRIMARY CARE FEE SCHEDULE	99202	PR OFFICE/OUTPATIENT NEW 20 MINUTES	150.00
MLA PRIMARY CARE FEE SCHEDULE	99203	PR OFFICE/OUTPATIENT NEW 30 MINUTES	200.00
MLA PRIMARY CARE FEE SCHEDULE	99204	PR OFFICE/OUTPATIENT NEW 45 MINUTES	250.00
MLA PRIMARY CARE FEE SCHEDULE	99205	PR OFFICE/OUTPATIENT NEW 60 MINUTES	300.00
MLA PRIMARY CARE FEE SCHEDULE	99211	PR OFFICE OUTPATIENT VISIT 5 MINUTES	50.00
MLA PRIMARY CARE FEE SCHEDULE	99212	PR OFFICE/OUTPATIENT VISIT 10 MINUTES	100.00
MLA PRIMARY CARE FEE SCHEDULE	99213	PR OFFICE/OUTPATIENT VISIT 15 MINUTES	150.00
MLA PRIMARY CARE FEE SCHEDULE	99214	PR OFFICE/OUTPATIENT VISIT 25 MINUTES	200.00
MLA PRIMARY CARE FEE SCHEDULE	99215	PR OFFICE/OUTPATIENT VISIT 40 MINUTES	250.00
MLA PRIMARY CARE FEE SCHEDULE	99304	PR INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	100.00
MLA PRIMARY CARE FEE SCHEDULE	99305	PR INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	150.00
MLA PRIMARY CARE FEE SCHEDULE	99306	PR INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	100.00
MLA PRIMARY CARE FEE SCHEDULE	99307	PR SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	72.00
MLA PRIMARY CARE FEE SCHEDULE	99308	PR SBSQ NURSING FACIL CARE/DAY MINOR COMPLI 15 MIN	100.00
MLA PRIMARY CARE FEE SCHEDULE	99309	PR SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	120.00
MLA PRIMARY CARE FEE SCHEDULE	99310	PR SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	150.00
MLA PRIMARY CARE FEE SCHEDULE	99315	PR NURSING FAC DISCHRG DAY,1-30 MIN	200.00
MLA PRIMARY CARE FEE SCHEDULE	99316	PR NURSING FAC DISCHRG DAY,MORE 30 MIN	250.00
MLA PRIMARY CARE FEE SCHEDULE	99334	PR DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	200.00
MLA PRIMARY CARE FEE SCHEDULE	99335	PR DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	250.00
MLA PRIMARY CARE FEE SCHEDULE	99336	PR DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	400.00
MLA PRIMARY CARE FEE SCHEDULE	99337	PR DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	600.00
MLA PRIMARY CARE FEE SCHEDULE	99347	PR HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES	75.00
MLA PRIMARY CARE FEE SCHEDULE	99348	PR HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	96.00
MLA PRIMARY CARE FEE SCHEDULE	99349	PR HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	120.00
MLA PRIMARY CARE FEE SCHEDULE	99350	PR HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS	200.00
MLA PRIMARY CARE FEE SCHEDULE	99381	PR PREVENTIVE VISIT,NEW,INFANT < 1 YR	150.00
MLA PRIMARY CARE FEE SCHEDULE	99382	PR PREVENTIVE VISIT,NEW,AGE 1-4	150.00
MLA PRIMARY CARE FEE SCHEDULE	99383	PR PREVENTIVE VISIT,NEW,AGE5-11	150.00
MLA PRIMARY CARE FEE SCHEDULE	99384	PR PREVENTIVE VISIT,NEW,12-17	150.00
MLA PRIMARY CARE FEE SCHEDULE	99385	PR PREVENTIVE VISIT,NEW,18-39	200.00
MLA PRIMARY CARE FEE SCHEDULE	99386	PR PREVENTIVE VISIT,NEW,40-64	200.00
MLA PRIMARY CARE FEE SCHEDULE	99387	PR PREVENTIVE VISIT,NEW,65 & OVER	300.00
MLA PRIMARY CARE FEE SCHEDULE	99391	PR PREVENTIVE VISIT,EST, INFANT < 1 YR	150.00
MLA PRIMARY CARE FEE SCHEDULE	99392	PR PREVENTIVE VISIT,EST,AGE 1-4	150.00
MLA PRIMARY CARE FEE SCHEDULE	99393	PR PREVENTIVE VISIT,EST,AGE5-11	150.00
MLA PRIMARY CARE FEE SCHEDULE	99394	PR PREVENTIVE VISIT,EST,12-17	150.00
MLA PRIMARY CARE FEE SCHEDULE	99395	PR PREVENTIVE VISIT,EST,18-39	200.00
MLA PRIMARY CARE FEE SCHEDULE	99396	PR PREVENTIVE VISIT,EST,40-64	200.00
MLA PRIMARY CARE FEE SCHEDULE	99397	PR PREVENTIVE VISIT,EST,65 & OVER	300.00
MLA PRIMARY CARE FEE SCHEDULE	99406	PR TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	59.00
MLA PRIMARY CARE FEE SCHEDULE	99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	150.00
MLA PRIMARY CARE FEE SCHEDULE	99441	PR PHYSICIAN TELEPHONE EVALUATION 5-10 MIN	25.00
MLA PRIMARY CARE FEE SCHEDULE	99442	PR PHYSICIAN TELEPHONE EVALUATION 11-20 MIN	30.00
MLA PRIMARY CARE FEE SCHEDULE	99443	PR PHYSICIAN TELEPHONE EVALUATION 21-30 MIN	35.00
MLA PRIMARY CARE FEE SCHEDULE	99455	PR WORK-RELATED OR MEDICAL DISABILITY EXAMINATION	450.00
MLA PRIMARY CARE FEE SCHEDULE	99495	TRANSITIONAL CARE MANAGE (MODERATE DECISION) 14 DAY DISCHARGE	350.00
MLA PRIMARY CARE FEE SCHEDULE	99496	TRANSITIONAL CARE MANAGE (HIGH DECISION) 7 DAY DISCHARGE	500.00
MLA PRIMARY CARE FEE SCHEDULE	99497	PR ADVANCE CARE PLANNING FIRST 30 MINS	350.00
MLA PRIMARY CARE FEE SCHEDULE	99498	PR ADVANCE CARE PLANNING EA ADDL 30 MINS	400.00
MLA PRIMARY CARE FEE SCHEDULE	11110160	PBB PUNCT ASP ABSC HEMAT CYST	250.00
MLA PRIMARY CARE FEE SCHEDULE	11111623	PBB EXC S/N/H/F/G MAL+MRG 2.1-3	500.00
MLA PRIMARY CARE FEE SCHEDULE	11112031	PBB INT REP S/A/T/EX 2.5 CM/<	400.00
MLA PRIMARY CARE FEE SCHEDULE	11136416	PBB CAPILLARY BLOOD DRAW	12.00
MLA PRIMARY CARE FEE SCHEDULE	11146320	PBB EXC EXT THROMBOSED HEMORRHOIDS	400.00
MLA PRIMARY CARE FEE SCHEDULE	11199304	PBB NURSING FACILITY CARE INIT LVL 1	100.00
MLA PRIMARY CARE FEE SCHEDULE	11199305	PBB NURSING FACILITY CARE INIT LVL 2	150.00
MLA PRIMARY CARE FEE SCHEDULE	11199306	PBB NURSING FACILITY CARE INIT LVL 3	150.00
MLA PRIMARY CARE FEE SCHEDULE	11199307	PBB NURSING FAC CARE SUBQ LVL1	62.00
MLA PRIMARY CARE FEE SCHEDULE	11199308	PBB NURSING FAC CARE SUBQ LVL 2	86.00
MLA PRIMARY CARE FEE SCHEDULE	11199309	PBB NURSING FAC CARE SUBQ LVL 3	120.00
MLA PRIMARY CARE FEE SCHEDULE	11199310	PBB NURSING FAC CARE SUBSEQ	150.00
MLA PRIMARY CARE FEE SCHEDULE	98100116	PR PUNCT ASP ABSC HEMATOMA CYST	500.00
MLA PRIMARY CARE FEE SCHEDULE	3008F	PR BODY MASS INDEX (BMI) DOCUMENTED	20.00
MLA PRIMARY CARE FEE SCHEDULE	A9270	PR NON-COVERED ITEM OR SERVICE	94.80
MLA PRIMARY CARE FEE SCHEDULE	C9290	PR INJ, BUPIVACAINE LIPOSOME	1.00
MLA PRIMARY CARE FEE SCHEDULE	G0008	PR ADMIN INFLUENZA VIRUS VAC	55.00

MLA PRIMARY CARE FEE SCHEDULE		G0009		PR ADMIN PNEUMOCOCCAL VACCINE	55.00
MLA PRIMARY CARE FEE SCHEDULE		G0010		PR ADMIN HEPATITIS B VACCINE	55.00
MLA PRIMARY CARE FEE SCHEDULE		G0402		PR MEDICARE INITIAL PREVENTIVE EXAM	200.00
MLA PRIMARY CARE FEE SCHEDULE		G0403		PR EKG FOR INITIAL PREVENT EXAM	120.00
MLA PRIMARY CARE FEE SCHEDULE		G0404		PR EKG TRACING FOR INITIAL PREV	59.00
MLA PRIMARY CARE FEE SCHEDULE		G0438		PR PPPS, MEDICARE ANNUAL WELLNESS VISIT, INITIAL	250.00
MLA PRIMARY CARE FEE SCHEDULE		G0439		PR PPPS, MEDICARE ANNUAL WELLNESS VISIT, SUBSEQUENT	150.00
MLA PRIMARY CARE FEE SCHEDULE		G0511		PR CCM/BHI BY RHC/FQHC 20MIN MO	100.00
MLA PRIMARY CARE FEE SCHEDULE		G2025		PR DIS SITE TELE SVCS RHC/FQHC	110.00
MLA PRIMARY CARE FEE SCHEDULE		J0696		PR CEFTRIAXONE SODIUM INJECTION PER 250 MG	22.63
MLA PRIMARY CARE FEE SCHEDULE		J1030		PR METHYLPREDNISOLONE 40 MG INJ	108.65
MLA PRIMARY CARE FEE SCHEDULE		J1050		PR MEDROXYPROGESTERONE ACETATE 1 MG	3.00
MLA PRIMARY CARE FEE SCHEDULE		J1100		PR DEXAMETHASONE SODIUM PHOS 1 MG	23.08
MLA PRIMARY CARE FEE SCHEDULE		J1610		PR GLUCAGON HYDROCHLORIDE/1 MG	430.70
MLA PRIMARY CARE FEE SCHEDULE		J1885		PR KETOROLAC TROMETHAMINE PER 15 MG INJ	47.40
MLA PRIMARY CARE FEE SCHEDULE		J2001		PR LIDOCAINE 10 MG INJECTION	91.60
MLA PRIMARY CARE FEE SCHEDULE		J2310		PR INJ NALOXONE HYDROCHLORIDE 1 MG	119.20
MLA PRIMARY CARE FEE SCHEDULE		J2795		PR ROPIVACAINE HCL 1 MG INJECTION	115.00
MLA PRIMARY CARE FEE SCHEDULE		J2920		PR METHYLPREDNISOLONE UP TO 40 MG INJECTION	75.00
MLA PRIMARY CARE FEE SCHEDULE		J3301		PR TRIAMCINOLONE ACETONIDE 10 MG INJ	26.56
MLA PRIMARY CARE FEE SCHEDULE		J3420		PR VITAMIN B12 UP TO 1,000 MCG INJECTION	101.35
MLA PRIMARY CARE FEE SCHEDULE		J7620		PR ALBUTEROL IPRATROP NON-COMP 2.5/.05 MG	1.28
MLA PRIMARY CARE FEE SCHEDULE		J7626		PR BUDESONIDE NON-COMP UNIT UP TO 0.5 MG	10.00
MLA PRIMARY CARE FEE SCHEDULE		Q3014		PR TELEHEALTH FACILITY FEE	54.00
MLA PRIMARY CARE FEE SCHEDULE		S0020		PR INJECTION, BUPIVACAINE HYDRO	30.43
MLC HOSPITAL FEE SCHEDULE	10010101	00000	360	HC SURGERY LEVEL 1 - INIT 30 MIN	2,000.00
MLC HOSPITAL FEE SCHEDULE	10010102	00000	360	HC SURGERY LEVEL 2 - INIT 30 MIN	3,500.00
MLC HOSPITAL FEE SCHEDULE	10010103	00000	360	HC SURGERY LEVEL 3 - INIT 30 MIN	5,500.00
MLC HOSPITAL FEE SCHEDULE	10010104	00000	360	HC SURGERY LEVEL 4 - INIT 30 MIN	6,500.00
MLC HOSPITAL FEE SCHEDULE	10010105	00000	360	HC SURGERY LEVEL 5 - INIT 30 MIN	8,000.00
MLC HOSPITAL FEE SCHEDULE	10010106	00000	360	HC SURGERY LEVEL 6 - INIT 30 MIN	9,500.00
MLC HOSPITAL FEE SCHEDULE	20020101	00000	360	HC SURGERY LEVEL 1 - EA ADDTL 15 MIN	200.00
MLC HOSPITAL FEE SCHEDULE	20020102	00000	360	HC SURGERY LEVEL 2 - EA ADDTL 15 MIN	350.00
MLC HOSPITAL FEE SCHEDULE	20020103	00000	360	HC SURGERY LEVEL 3 - EA ADDTL 15 MIN	500.00
MLC HOSPITAL FEE SCHEDULE	20020104	00000	360	HC SURGERY LEVEL 4 - EA ADDTL 15 MIN	650.00
MLC HOSPITAL FEE SCHEDULE	20020105	00000	360	HC SURGERY LEVEL 5 - EA ADDTL 15 MIN	800.00
MLC HOSPITAL FEE SCHEDULE	20020106	00000	360	HC SURGERY LEVEL 6 - EA ADDTL 15 MIN	950.00
MLC HOSPITAL FEE SCHEDULE	27003280	00000	270	HC OXYGEN INITIAL DAY	200.00
MLC HOSPITAL FEE SCHEDULE	27003281	00000	270	HC OXYGEN SUBQ DAY	200.00
MLC HOSPITAL FEE SCHEDULE	27100001	00000	270	RHC MED/SURG SUPPLY LEVEL 1	14.00
MLC HOSPITAL FEE SCHEDULE	27100002	00000	270	RHC MED/SURG SUPPLY LEVEL 2	28.00
MLC HOSPITAL FEE SCHEDULE	27100003	00000	270	RHC MED/SURG SUPPLY LEVEL 3	56.00
MLC HOSPITAL FEE SCHEDULE	27100004	00000	270	RHC MED/SURG SUPPLY LEVEL 4	84.00
MLC HOSPITAL FEE SCHEDULE	27100005	00000	270	RHC MED/SURG SUPPLY LEVEL 5	112.00
MLC HOSPITAL FEE SCHEDULE	27100006	00000	270	RHC MED/SURG SUPPLY LEVEL 6	140.00
MLC HOSPITAL FEE SCHEDULE	27100007	00000	270	RHC MED/SURG SUPPLY LEVEL 7	168.00
MLC HOSPITAL FEE SCHEDULE	27100008	00000	270	RHC MED/SURG SUPPLY LEVEL 8	196.00
MLC HOSPITAL FEE SCHEDULE	27100009	00000	270	RHC MED/SURG SUPPLY LEVEL 9	224.00
MLC HOSPITAL FEE SCHEDULE	27100010	00000	270	RHC MED/SURG SUPPLY LEVEL 10	252.00
MLC HOSPITAL FEE SCHEDULE	27100011	00000	270	RHC MED/SURG SUPPLY LEVEL 11	280.00
MLC HOSPITAL FEE SCHEDULE	27100012	00000	270	RHC MED/SURG SUPPLY LEVEL 12	350.00
MLC HOSPITAL FEE SCHEDULE	27100013	00000	270	RHC MED/SURG SUPPLY LEVEL 13	420.00
MLC HOSPITAL FEE SCHEDULE	27100014	00000	270	RHC MED/SURG SUPPLY LEVEL 14	490.00
MLC HOSPITAL FEE SCHEDULE	27100015	00000	270	RHC MED/SURG SUPPLY LEVEL 15	560.00
MLC HOSPITAL FEE SCHEDULE	27100016	00000	270	RHC MED/SURG SUPPLY LEVEL 16	630.00
MLC HOSPITAL FEE SCHEDULE	27100017	00000	270	RHC MED/SURG SUPPLY LEVEL 17	700.00
MLC HOSPITAL FEE SCHEDULE	27100018	00000	270	RHC MED/SURG SUPPLY LEVEL 18	770.00
MLC HOSPITAL FEE SCHEDULE	27100019	00000	270	RHC MED/SURG SUPPLY LEVEL 19	840.00
MLC HOSPITAL FEE SCHEDULE	27100020	00000	270	RHC MED/SURG SUPPLY LEVEL 20	910.00
MLC HOSPITAL FEE SCHEDULE	27100021	00000	270	RHC MED/SURG SUPPLY LEVEL 21	980.00
MLC HOSPITAL FEE SCHEDULE	27100022	00000	270	RHC MED/SURG SUPPLY LEVEL 22	1,050.00
MLC HOSPITAL FEE SCHEDULE	27100023	00000	270	RHC MED/SURG SUPPLY LEVEL 23	1,120.00
MLC HOSPITAL FEE SCHEDULE	27100024	00000	270	RHC MED/SURG SUPPLY LEVEL 24	1,190.00
MLC HOSPITAL FEE SCHEDULE	27100025	00000	270	RHC MED/SURG SUPPLY LEVEL 25	1,260.00
MLC HOSPITAL FEE SCHEDULE	27100026	00000	270	RHC MED/SURG SUPPLY LEVEL 26	1,330.00
MLC HOSPITAL FEE SCHEDULE	27100027	00000	270	RHC MED/SURG SUPPLY LEVEL 27	1,000.00
MLC HOSPITAL FEE SCHEDULE	27100028	00000	270	RHC MED/SURG SUPPLY LEVEL 28	1,100.00
MLC HOSPITAL FEE SCHEDULE	27100029	00000	270	RHC MED/SURG SUPPLY LEVEL 29	1,200.00
MLC HOSPITAL FEE SCHEDULE	27100030	00000	270	RHC MED/SURG SUPPLY LEVEL 30	1,300.00
MLC HOSPITAL FEE SCHEDULE	27100031	00000	270	RHC MED/SURG SUPPLY LEVEL 31	1,400.00
MLC HOSPITAL FEE SCHEDULE	27100032	00000	270	RHC MED/SURG SUPPLY LEVEL 32	1,500.00
MLC HOSPITAL FEE SCHEDULE	27100033	00000	270	RHC MED/SURG SUPPLY LEVEL 33	1,600.00
MLC HOSPITAL FEE SCHEDULE	27100034	00000	270	RHC MED/SURG SUPPLY LEVEL 34	1,700.00
MLC HOSPITAL FEE SCHEDULE	27100035	00000	270	RHC MED/SURG SUPPLY LEVEL 35	1,800.00
MLC HOSPITAL FEE SCHEDULE	27100036	00000	270	RHC MED/SURG SUPPLY LEVEL 36	2,000.00
MLC HOSPITAL FEE SCHEDULE	27100037	00000	270	RHC MED/SURG SUPPLY LEVEL 37	2,200.00
MLC HOSPITAL FEE SCHEDULE	27100038	00000	270	RHC MED/SURG SUPPLY LEVEL 38	2,400.00
MLC HOSPITAL FEE SCHEDULE	27100039	00000	270	RHC MED/SURG SUPPLY LEVEL 39	2,600.00
MLC HOSPITAL FEE SCHEDULE	27100040	00000	270	RHC MED/SURG SUPPLY LEVEL 40	2,800.00
MLC HOSPITAL FEE SCHEDULE	27100041	00000	270	RHC MED/SURG SUPPLY LEVEL 41	3,000.00
MLC HOSPITAL FEE SCHEDULE	27100042	00000	270	RHC MED/SURG SUPPLY LEVEL 42	3,200.00
MLC HOSPITAL FEE SCHEDULE	27100043	00000	270	RHC MED/SURG SUPPLY LEVEL 43	3,400.00

MLC HOSPITAL FEE SCHEDULE	27100126	00000	273	RHC TAKE HOME SUPPLY LEVEL 7	168.00
MLC HOSPITAL FEE SCHEDULE	27100127	00000	273	RHC TAKE HOME SUPPLY LEVEL 8	196.00
MLC HOSPITAL FEE SCHEDULE	27100128	00000	273	RHC TAKE HOME SUPPLY LEVEL 9	224.00
MLC HOSPITAL FEE SCHEDULE	27100129	00000	273	RHC TAKE HOME SUPPLY LEVEL 10	252.00
MLC HOSPITAL FEE SCHEDULE	27100130	00000	258	RHC IV SOLUTION 500 ML	14.00
MLC HOSPITAL FEE SCHEDULE	27100131	00000	258	RHC IV SOLUTION 1000 ML	28.00
MLC HOSPITAL FEE SCHEDULE	27100132	00000	270	RHC MED/SURG SUPPLY LEVEL 46	4,000.00
MLC HOSPITAL FEE SCHEDULE	27100133	00000	270	RHC MED/SURG SUPPLY LEVEL 47	4,000.00
MLC HOSPITAL FEE SCHEDULE	27100134	00000	258	RHC IV SOLUTION	14.00
MLC HOSPITAL FEE SCHEDULE	27100135	00000	278	RHC MISC IMPLANT CHARGE LEVEL 14	9,000.00
MLC HOSPITAL FEE SCHEDULE	27100136	00000	278	RHC MISC IMPLANT CHARGE LEVEL 15	10,000.00
MLC HOSPITAL FEE SCHEDULE	27100137	00000	278	RHC MISC IMPLANT CHARGE LEVEL 16	11,000.00
MLC HOSPITAL FEE SCHEDULE	27100138	00000	278	RHC MISC IMPLANT CHARGE LEVEL 17	12,000.00
MLC HOSPITAL FEE SCHEDULE	27100139	00000	278	RHC MISC IMPLANT CHARGE LEVEL 18	13,000.00
MLC HOSPITAL FEE SCHEDULE	27100140	00000	278	RHC MISC IMPLANT CHARGE LEVEL 19	14,000.00
MLC HOSPITAL FEE SCHEDULE	27100141	00000	278	RHC MISC IMPLANT CHARGE LEVEL 20	15,000.00
MLC HOSPITAL FEE SCHEDULE	27100142	00000	278	RHC MISC IMPLANT CHARGE LEVEL 21	16,000.00
MLC HOSPITAL FEE SCHEDULE	27100143	00000	278	RHC MISC IMPLANT CHARGE LEVEL 22	17,000.00
MLC HOSPITAL FEE SCHEDULE	27100144	00000	278	RHC MISC IMPLANT CHARGE LEVEL 23	18,000.00
MLC HOSPITAL FEE SCHEDULE	27100145	00000	278	RHC MISC IMPLANT CHARGE LEVEL 24	19,000.00
MLC HOSPITAL FEE SCHEDULE	27100146	00000	278	RHC MISC IMPLANT CHARGE LEVEL 25	20,000.00
MLC HOSPITAL FEE SCHEDULE	27100147	00000	278	RHC MISC IMPLANT CHARGE LEVEL 26	22,000.00
MLC HOSPITAL FEE SCHEDULE	27100148	00000	278	RHC MISC IMPLANT CHARGE LEVEL 27	24,000.00
MLC HOSPITAL FEE SCHEDULE	27100149	00000	278	RHC MISC IMPLANT CHARGE LEVEL 28	26,000.00
MLC HOSPITAL FEE SCHEDULE	27100150	00000	278	RHC MISC IMPLANT CHARGE LEVEL 29	28,000.00
MLC HOSPITAL FEE SCHEDULE	27100151	00000	278	RHC MISC IMPLANT CHARGE LEVEL 30	30,000.00
MLC HOSPITAL FEE SCHEDULE	27100152	00000	278	RHC MISC IMPLANT CHARGE LEVEL 31	32,000.00
MLC HOSPITAL FEE SCHEDULE	27100154	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 46	4,000.00
MLC HOSPITAL FEE SCHEDULE	27100155	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 47	5,000.00
MLC HOSPITAL FEE SCHEDULE	27100156	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 48	6,000.00
MLC HOSPITAL FEE SCHEDULE	27100157	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 49	7,000.00
MLC HOSPITAL FEE SCHEDULE	27100158	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 50	8,000.00
MLC HOSPITAL FEE SCHEDULE	27100159	00000	272	RHC STERILE MED/SURG SUPPLY LEVEL 51	8,000.00
MLC HOSPITAL FEE SCHEDULE	40040001	00000	370	HC ANESTHESIA LOCAL MIN	40.00
MLC HOSPITAL FEE SCHEDULE	40040002	00000	370	HC ANESTHESIA BASE	500.00
MLC HOSPITAL FEE SCHEDULE	40040003	00000	370	HC ANESTHESIA MIN	40.00
MLC HOSPITAL FEE SCHEDULE	40040004	00000	370	HC ANESTHESIA LOCAL BASE	500.00
MLC HOSPITAL FEE SCHEDULE	40040005	00000	370	HC ANESTHESIA MAC BASE	500.00
MLC HOSPITAL FEE SCHEDULE	40040006	00000	370	HC ANESTHESIA MAC MIN	40.00
MLC HOSPITAL FEE SCHEDULE	40040007	00000	371	HC ANESTHESIA BASE INCIDENT TO RADIOLOGY	500.00
MLC HOSPITAL FEE SCHEDULE	40040008	00000	371	HC ANESTHESIA MINUTE INCIDENT TO RADIOLOGY	40.00
MLC HOSPITAL FEE SCHEDULE	50050007	00000	200	HC DAILY CARE INTENSIVE	2,045.00
MLC HOSPITAL FEE SCHEDULE	50050012	00000	120	HC DAILY CARE SEMIPRIVATE ROUTINE	1,540.00
MLC HOSPITAL FEE SCHEDULE	50050051	00000	125	HC DAILY CARE SEMIPRIVATE HOSPICE	1,540.00
MLC HOSPITAL FEE SCHEDULE	50050063	00000	990	HC HOSPITALITY LEVEL I	300.00
MLC HOSPITAL FEE SCHEDULE	50050088	00000	120	HC DAILY CARE SEMIPRIVATE EMU/HIGH ACUITY	1,985.00
MLC HOSPITAL FEE SCHEDULE	50050093	00000	120	HC DAILY CARE SEMIPRIVATE SWING	1,058.00
MLC HOSPITAL FEE SCHEDULE	50050109	00000	125	HC DAILY CARE SEMIPRIVATE HOSPICE RESPITE	1,540.00
MLC HOSPITAL FEE SCHEDULE	70070001	00000	710	HC AMBULATORY CARE CLASS I	100.00
MLC HOSPITAL FEE SCHEDULE	70070002	00000	710	HC AMBULATORY CARE CLASS II	250.00
MLC HOSPITAL FEE SCHEDULE	70070003	00000	710	HC AMBULATORY CARE CLASS III	300.00
MLC HOSPITAL FEE SCHEDULE	70070004	00000	710	HC AMBULATORY CARE CLASS IV	350.00
MLC HOSPITAL FEE SCHEDULE	70070005	00000	710	HC AMBULATORY CARE CLASS V	400.00
MLC HOSPITAL FEE SCHEDULE	70070006	00000	710	HC PACU CLASS 1 PER MIN	20.00
MLC HOSPITAL FEE SCHEDULE	70070007	00000	710	HC PACU CLASS 2 PER MIN	20.00
MLC HOSPITAL FEE SCHEDULE	70070008	00000	710	HC PACU CLASS 3 PER MIN	20.00
MLC HOSPITAL FEE SCHEDULE	98101048	00300	964	PR ANESTH HEAD/NECK/PTRUNK	60.00
MLC HOSPITAL FEE SCHEDULE	98101050	00400	964	PR ANESTH SKIN EXT/PER/ATRUNK	60.00
MLC HOSPITAL FEE SCHEDULE	98101707	00410	964	PR ANESTH CORRECT HEART RHYTHM	60.00
MLC HOSPITAL FEE SCHEDULE	98101540	00450	964	PR ANESTH SURGERY OF CLAVICLE/SCA NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98102515	00731	964	PR ANES UPR GI NDSC PX NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98102516	00732	964	PR ANES UPR GI NDSC PX ERCP	60.00
MLC HOSPITAL FEE SCHEDULE	98101147	00750	964	PR ANESTH REPAIR HERNIA UPPER NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98101086	00752	964	PR ANESTH REPAIR OF HERNIA	60.00
MLC HOSPITAL FEE SCHEDULE	98101055	00790	964	PR ANESTH SURG UPPER ABDOMEN	60.00
MLC HOSPITAL FEE SCHEDULE	98102517	00811	964	PR ANES LWR INTST NDSC NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98102518	00812	964	PR ANES LWR INTST SCR COLSC	60.00
MLC HOSPITAL FEE SCHEDULE	98102519	00813	964	PR ANES UPR LWR GI NDSC PX	60.00
MLC HOSPITAL FEE SCHEDULE	98100352	00830	964	PR ANESTH REPAIR OF HERNIA LOWER NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98101058	00840	964	PR ANESTH SURG LOWER ABDOMEN	60.00
MLC HOSPITAL FEE SCHEDULE	98101061	00851	964	PR ANESTH TUBAL LIGATION	60.00
MLC HOSPITAL FEE SCHEDULE	98102836	00872	964	PR ANESTH KIDNEY STONE DESTR W H2O BATH	60.00
MLC HOSPITAL FEE SCHEDULE	98102464	00873	964	PR ANESTH KIDNEY STONE DESTR WO H2O BATH	60.00
MLC HOSPITAL FEE SCHEDULE	98101064	00902	964	PR ANESTH ANORECTAL SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101546	00910	964	PR ANESTH BLADDER SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101550	00912	964	PR ANESTH BLADDER TUMOR SURG	60.00
MLC HOSPITAL FEE SCHEDULE	98101549	00914	964	PR ANESTH REMOVAL OF PROSTATE RESECTION	60.00
MLC HOSPITAL FEE SCHEDULE	98101709	00918	964	PR ANESTH STONE REMOVAL	60.00
MLC HOSPITAL FEE SCHEDULE	98101065	00920	964	PR ANESTH GENITALIA SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101066	00940	964	PR ANESTH VAGINAL PROCEDURES	60.00
MLC HOSPITAL FEE SCHEDULE	98101537	00952	964	PR ANESTH HYSTEROSCOPE/GRAPH	60.00
MLC HOSPITAL FEE SCHEDULE	98101682	01210	964	PR ANESTH HIP JOINT SURGERY OPEN	60.00

MLC HOSPITAL FEE SCHEDULE	98101068	01214	964	PR ANESTH HIP ARTHROPLASTY	60.00
MLC HOSPITAL FEE SCHEDULE	98101075	01382	964	PR ANESTH DX KNEE ARTHROSCOPY	60.00
MLC HOSPITAL FEE SCHEDULE	98101703	01392	964	PR ANESTH KNEE AREA SURGERY UPPER	60.00
MLC HOSPITAL FEE SCHEDULE	98100353	01400	964	PR ANESTH KNEE JOINT SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101076	01402	964	PR ANESTH KNEE ARTHROPLASTY	60.00
MLC HOSPITAL FEE SCHEDULE	98101077	01462	964	PR ANESTH LOWER LEG PROCEDURE	60.00
MLC HOSPITAL FEE SCHEDULE	98101079	01470	964	PR ANESTH LOWER LEG SURGERY NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98101696	01472	964	PR ANESTH ACHILLES TENDON SURG	60.00
MLC HOSPITAL FEE SCHEDULE	98100354	01480	964	PR ANESTH LOWER LEG BONE SURG	60.00
MLC HOSPITAL FEE SCHEDULE	98101975	01482	964	PR ANESTH RADICAL LEG SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101082	01620	964	PR ANESTH SHOULDER PROCEDURE	60.00
MLC HOSPITAL FEE SCHEDULE	98101083	01630	964	PR ANESTH SURGERY OF SHOULDER NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98101085	01710	964	PR ANESTH ELBOW AREA SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101036	01730	964	PR ANESTH UPPR ARM PROCEDURE	60.00
MLC HOSPITAL FEE SCHEDULE	98101037	01740	964	PR ANESTH UPPER ARM SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101038	01810	964	PR ANESTH LOWER ARM SURGERY	60.00
MLC HOSPITAL FEE SCHEDULE	98101039	01830	964	PR ANESTH LOWER ARM SURGERY NOS	60.00
MLC HOSPITAL FEE SCHEDULE	98101040	01922	964	PR ANESTH CAT OR MRI SCAN	60.00
MLC HOSPITAL FEE SCHEDULE	10000295	10005	761	HC FNA BX W/US GDN 1ST LES	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000075	10060	761	HC I&D ABSC SMPL OR SGL	250.00
MLC HOSPITAL FEE SCHEDULE	98100001	10060	981	PR I&D ABSC SMPL OR SGL	100.00
MLC HOSPITAL FEE SCHEDULE	10000004	10120	360	HC INC & REM FB SQ SMPL	800.00
MLC HOSPITAL FEE SCHEDULE	98100005	10120	981	PR INC & REM FB SQ SMPL	200.00
MLC HOSPITAL FEE SCHEDULE	10000005	10121	360	HC INC & REM FB SQ COMPL	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100006	10121	981	PR INC & REM FB SQ COMPL	600.00
MLC HOSPITAL FEE SCHEDULE	10000077	10140	360	HC I&D HEMATOMA	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100007	10140	981	PR I&D HEMATOMA/FLUID	200.00
MLC HOSPITAL FEE SCHEDULE	10000078	10160	360	HC PUNCT ASP ABSC HEMAT CYST	750.00
MLC HOSPITAL FEE SCHEDULE	98100116	10160	981	PR PUNCT ASP ABSC HEMATOMA CYST	300.00
MLC HOSPITAL FEE SCHEDULE	10000089	11000	360	HC DEBR EXZ/INF SKIN 10% BS	300.00
MLC HOSPITAL FEE SCHEDULE	98100502	11000	975	PR DEBR EXZ/INF SKIN 10% BS	150.00
MLC HOSPITAL FEE SCHEDULE	98100503	11004	975	PR DEBR NECROTIZ SC TISS GENITALS/PERINEUM	250.00
MLC HOSPITAL FEE SCHEDULE	98102866	11006	975	PR DEBR NECROTIZ STISS - GENIT PERIN & ABD WALL	250.00
MLC HOSPITAL FEE SCHEDULE	10000080	11042	761	HC DEBRIDE SKIN TO SQ TISSUE	250.00
MLC HOSPITAL FEE SCHEDULE	98100009	11042	981	PR DEB SUBQ TISSUE 20 SQ CM/<	294.00
MLC HOSPITAL FEE SCHEDULE	10000008	11043	761	HC DEBRIDE SKIN & MUSCLE	300.00
MLC HOSPITAL FEE SCHEDULE	98100226	11043	981	PR DEBR MUSC/FASCIA 20 SQ CM/<	600.00
MLC HOSPITAL FEE SCHEDULE	98101616	11046	983	PR DEB MUSC/FASCIA ADD-ON	200.00
MLC HOSPITAL FEE SCHEDULE	10000013	11055	761	HC PARE BENIGN LES SGL	148.00
MLC HOSPITAL FEE SCHEDULE	10000014	11056	761	HC TRIM SKIN LESIONS 2 TO 4	142.00
MLC HOSPITAL FEE SCHEDULE	10000015	11057	761	HC TRIM SKIN LESIONS OVER 4	256.00
MLC HOSPITAL FEE SCHEDULE	10000081	11200	360	HC REM SKIN TAGS TO 15	300.00
MLC HOSPITAL FEE SCHEDULE	98100010	11200	981	PR REM SKIN TAGS TO 15	206.00
MLC HOSPITAL FEE SCHEDULE	98100011	11300	981	PR SHAVE LES T/A/L 0.5 CM/<	200.00
MLC HOSPITAL FEE SCHEDULE	10000245	11307	761	HC SHAVE LES S/N/H/F/G 1.1-2.0 CM	400.00
MLC HOSPITAL FEE SCHEDULE	10000178	11311	761	HC SHAVE LES F/E/N/L 0.6-1.0 CM	400.00
MLC HOSPITAL FEE SCHEDULE	10000246	11312	761	HC SHAVE LES F/E/N/L 1.1-2.0 CM	400.00
MLC HOSPITAL FEE SCHEDULE	10000141	11400	360	HC EXC TR-EXT B9+MARG 0.5 CM/<	300.00
MLC HOSPITAL FEE SCHEDULE	10000019	11402	761	HC EXC BEN LES T/A/L 1.1-2.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100356	11402	982	PR EXC BEN LES T/A/L 1.1-2.0 CM	300.00
MLC HOSPITAL FEE SCHEDULE	98100358	11404	982	PR EXC BEN LES T/A/L; 3.1-4.0 CM	566.00
MLC HOSPITAL FEE SCHEDULE	10000142	11406	360	HC EXC BEN LES T/A/L > 4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100012	11406	981	PR EXC BEN LES T/A/L > 4.0 CM	800.00
MLC HOSPITAL FEE SCHEDULE	98100392	11422	975	PR EXC BENIGN LES S/N/EX/G 1.1-2.0 CM	250.00
MLC HOSPITAL FEE SCHEDULE	98100395	11426	975	PR EXC BENIGN LES S/N/EX/G > 4.0 CM	500.00
MLC HOSPITAL FEE SCHEDULE	10000183	11441	761	HC EXC FACE-MM B9+MARG 0.6-1.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100398	11443	975	PR EXC FACE-MM B9+MARG 2.1-3.0 CM	500.00
MLC HOSPITAL FEE SCHEDULE	10000186	11601	761	HC EXC TR-EXT MAL+MARG 0.6-1.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	10000196	11602	360	HC EXC TR-EXT MAL+MARG 1.1-2.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	10000092	11604	360	HC EXC M LES T/A/L 3.1-4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000188	11606	761	HC EXC TR-EXT MAL+MARG >4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000269	11620	360	HC EXC H-F-NK-SP MAL+MARG 0.5 <	500.00
MLC HOSPITAL FEE SCHEDULE	98100405	11623	975	PR EXC S/N/H/F/G MAL + MRG 2.1-3.0 CM	500.00
MLC HOSPITAL FEE SCHEDULE	10000249	11624	761	HC EXC S/N/H/F/G MAL+MRG 3.1-4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100407	11626	975	PR EXC S/N/H/F/G MAL + MRG > 4.0 CM	750.00
MLC HOSPITAL FEE SCHEDULE	10000250	11644	761	HC EXC F/E/E/N/L MAL+MRG 3.1-4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000251	11646	761	HC EXC F/E/E/N/L MAL+MRG > 4.0 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000155	11719	761	HC TRIM ND NAILS	75.00
MLC HOSPITAL FEE SCHEDULE	10000082	11720	360	HC DEBRIDE NAILS 1-5	50.00
MLC HOSPITAL FEE SCHEDULE	98100584	11720	975	PR DEBRIDE NAILS 1-5	50.00
MLC HOSPITAL FEE SCHEDULE	10000083	11730	360	HC SPL AVULSE NP SGL	200.00
MLC HOSPITAL FEE SCHEDULE	98100015	11730	981	PR SMPL AVULSE NP SGL	200.00
MLC HOSPITAL FEE SCHEDULE	10000021	11740	360	HC EVAC SU HEMATOMA	100.00
MLC HOSPITAL FEE SCHEDULE	98100016	11740	981	PR EVAC SU HEMATOMA	100.00
MLC HOSPITAL FEE SCHEDULE	10000022	11750	360	HC REMOVAL OF NAIL BED	450.00
MLC HOSPITAL FEE SCHEDULE	98100386	11750	981	PR REMOVL OF NAIL BED	300.00
MLC HOSPITAL FEE SCHEDULE	98100359	11770	982	PR EXC PILONID CYST SMPL	900.00
MLC HOSPITAL FEE SCHEDULE	98100360	11771	982	PR EXC PILONID CYST EXTENS	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100361	11772	982	PR EXC PILONID CYST COMPL	1,500.00
MLC HOSPITAL FEE SCHEDULE	10000117	11900	761	HC INJECTION INTO SKIN LESIONS=<7	100.00
MLC HOSPITAL FEE SCHEDULE	10000198	11982	360	HC REMOVE DRUG IMPLANT	900.00
MLC HOSPITAL FEE SCHEDULE	98101340	11982	983	PR REMOVE DRUG IMPLANT	200.00

MLC HOSPITAL FEE SCHEDULE	10000025	12001	360	HC SREP S/N/A/G/TR/E 2.5 CM/<	600.00
MLC HOSPITAL FEE SCHEDULE	98100019	12001	981	PR SREP S/N/A/G/TR/E 2.5 CM/<	200.00
MLC HOSPITAL FEE SCHEDULE	10000026	12002	360	HC SREP S/N/A/G/TR/E 2.6-7.5 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100020	12002	981	PR SREP S/N/A/G/TR/E 2.6-7.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000027	12004	360	HC SREP S/N/A/G/TR/E 7.6-12.5 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100021	12004	981	PR SREP S/N/A/G/TR/E 7.6-12.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000028	12005	360	HC SREP S/N/A/G/TR/E 12.6-20.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100022	12005	981	PR SREP S/N/A/G/TR/E 12.6-20.0 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000029	12006	360	HC SREP S/N/A/G/TR/E 20.1-30.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100023	12006	981	PR SREP S/N/A/G/TR/E 20.1-30.0 CM	900.00
MLC HOSPITAL FEE SCHEDULE	10000030	12007	360	HC SREP S/N/A/G/TR/E >30 CM	900.00
MLC HOSPITAL FEE SCHEDULE	98100024	12007	981	PR SREP S/N/A/G/TR/E >30 CM	300.00
MLC HOSPITAL FEE SCHEDULE	10000031	12011	360	HC SREP F/E/N/L/MM 2.5 CM/<	600.00
MLC HOSPITAL FEE SCHEDULE	98100025	12011	981	PR SREP F/E/N/L/MM 2.5 CM/<	200.00
MLC HOSPITAL FEE SCHEDULE	10000032	12013	360	HC SREP F/E/N/L/MM 2.6-5.0 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100026	12013	981	PR SREP F/E/N/L/MM 2.6-5.0 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000033	12014	360	HC SREP F/E/N/L/MM 5.1-7.5 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100119	12014	981	PR S REP F/E/N/L/MM 5.1-7.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000034	12015	360	HC SREP F/E/N/L/MM 7.6-12.5 CM	600.00
MLC HOSPITAL FEE SCHEDULE	98100027	12015	981	PR SREP F/E/N/L/MM 7.6-12.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000037	12020	360	HC TX S WND DEHISC SMPL	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100123	12020	981	PR TX SF WOUND DEHISC SMPL	300.00
MLC HOSPITAL FEE SCHEDULE	10000039	12031	360	HC INT REP S/A/T/EX 2.5 CM/<	700.00
MLC HOSPITAL FEE SCHEDULE	98100028	12031	981	PR INTM WND RPR S/TR/EXT 2.5 CM/<	200.00
MLC HOSPITAL FEE SCHEDULE	10000040	12032	360	HC INT REP S/A/T/EX 2.6-7.5 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100029	12032	981	PR INTM WND RPR S/TR/EXT 2.6-7.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000041	12034	360	HC INT REP S/A/T/EX 7.6-12.5 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100030	12034	981	PR INTM WND RPR S/TR/EXT 7.6-12.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000042	12035	360	HC INT REP S/A/T/EX 12.6-20.0 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100031	12035	981	PR INT REP S/A/T/EX 12.6-20.0 CM	214.00
MLC HOSPITAL FEE SCHEDULE	10000045	12041	360	HC INT REP N/H/F/G 2.5 CM/<	700.00
MLC HOSPITAL FEE SCHEDULE	98100032	12041	981	PR INT REP N/H/F/G 2.5 CM/<	300.00
MLC HOSPITAL FEE SCHEDULE	10000046	12042	360	HC INT REP N/H/F/G 2.6-7.5 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100033	12042	981	PR INT REP N/H/F/G 2.6-7.5 CM	200.00
MLC HOSPITAL FEE SCHEDULE	98100125	12044	981	PR INTERM REP N/H/F/G 7.6-12.5 CM	1,084.00
MLC HOSPITAL FEE SCHEDULE	10000051	12051	360	HC INT REP F/E/N/L/MM 2.5 CM/<	700.00
MLC HOSPITAL FEE SCHEDULE	98100034	12051	981	PR INT REP F/E/N/L/MM 2.5 CM/<	300.00
MLC HOSPITAL FEE SCHEDULE	10000052	12052	360	HC INT REP F/E/N/L/MM 2.6-5.0 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100035	12052	981	PR INT REP F/E/N/L/MM 2.6-5.0 CM	200.00
MLC HOSPITAL FEE SCHEDULE	10000053	12053	360	HC INT REP F/E/N/L/MM 5.1-7.5 CM	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100036	12053	981	PR INT REP F/E/N/L/MM 5.1-7.5 CM	500.00
MLC HOSPITAL FEE SCHEDULE	10000054	12054	360	HC INT REP F/E/N/L/MM 7.6-12.5 CM	700.00
MLC HOSPITAL FEE SCHEDULE	98100129	12054	981	PR INTERM REP F/E/N/L/MM 7.6-12.5 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000058	13120	360	HC C REP S/A/L 1.1-2.5 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101029	13120	981	PR C REP S/A/L; 1.1-2.5CM	700.00
MLC HOSPITAL FEE SCHEDULE	10000062	13132	360	HC CREP F/G/H/F 2.6-7.5 CM	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100038	13132	981	PR CREP F/G/H/F 2.6-7.5 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000066	13152	360	HC CREP E/N/E/L 2.6-7.5 CM	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100039	13152	981	PR CREP E/N/E/L 2.6-7.5 CM	700.00
MLC HOSPITAL FEE SCHEDULE	10000163	15120	761	HC SKIN SPLT A-GRFT FAC/NCK/HF/G 100 SQ CM/1% BA	4,948.00
MLC HOSPITAL FEE SCHEDULE	98100596	15120	975	PR SKIN SPLT A-GRFT FAC/NCK/HF/G 100 SQ CM/1% BA	2,474.00
MLC HOSPITAL FEE SCHEDULE	10000164	15220	761	HC SKIN FULL GRFT SCLP/ARM/LEG =< 20 SQ CM	1,300.00
MLC HOSPITAL FEE SCHEDULE	98100506	15220	975	PR SKIN FULL GRFT SCLP/ARM/LEG =< 20 SQ CM	700.00
MLC HOSPITAL FEE SCHEDULE	10000074	16000	360	HC INIT TX 1ST DEGR BURN	400.00
MLC HOSPITAL FEE SCHEDULE	98100040	16000	981	PR INIT TX 1ST DEGR BURN	100.00
MLC HOSPITAL FEE SCHEDULE	10000085	16020	360	HC DRESS/DEBRID P-THICK BURN S <5%	500.00
MLC HOSPITAL FEE SCHEDULE	98100041	16020	981	PR DRESS/DEBRID P-THICK BURN S	100.00
MLC HOSPITAL FEE SCHEDULE	10000086	16025	360	HC DRESS/DEBRID P-THICK BURN M 5-10%	500.00
MLC HOSPITAL FEE SCHEDULE	98100042	16025	981	PR DRESS/DEBRID P-THICK BURN M	300.00
MLC HOSPITAL FEE SCHEDULE	10000087	16030	360	HC DRESS/DEBRID P-THICK BURN L >10%	1,100.00
MLC HOSPITAL FEE SCHEDULE	98100134	16030	981	PR DRESS/DEBRID P-THICK BURN LARGE >10%	600.00
MLC HOSPITAL FEE SCHEDULE	10000088	17250	761	HC CHEM CAUT GRANULATION TISS	400.00
MLC HOSPITAL FEE SCHEDULE	98100750	17250	981	PR CHEM CAUT GRANULATION TISS	211.00
MLC HOSPITAL FEE SCHEDULE	10000242	17271	360	HC DESTR MLES S/N/H/F/G; 0.6 - 1	300.00
MLC HOSPITAL FEE SCHEDULE	10000243	17272	360	HC DESTR MLES S/N/H/F/G; 1.1-2.0	400.00
MLC HOSPITAL FEE SCHEDULE	10000105	19000	360	HC PUNCT ASP BREAST CYST INITIAL	327.00
MLC HOSPITAL FEE SCHEDULE	10000102	19020	360	HC MASTOTOMY W EXPL DEEP	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000203	19083	360	HC BX BREAST 1ST LESION US IMAG	2,000.00
MLC HOSPITAL FEE SCHEDULE	10000204	19084	360	HC BX BREAST ADD LESION US IMAG	1,000.00
MLC HOSPITAL FEE SCHEDULE	10000207	19281	360	HC PERQ DEV BREAST 1ST LES MAMMO	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100414	20525	975	PR REM FB MUSCLE DEEP	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100111	20550	981	PR INJ SGL TENDON SHTH OR LIGAMENT	185.00
MLC HOSPITAL FEE SCHEDULE	20000113	20605	761	HC DRAIN/INJ INTERM JNT/BURSA	200.00
MLC HOSPITAL FEE SCHEDULE	98100047	20605	981	PR DRAIN/INJECT INTERM JNT/BURSA	100.00
MLC HOSPITAL FEE SCHEDULE	20000115	20610	761	HC DRAIN/INJ MAJOR JNT/BURSA	600.00
MLC HOSPITAL FEE SCHEDULE	20000116	20610	761	50 HC DRAIN/INJ MAJOR JNT/BURSA BILAT	900.00
MLC HOSPITAL FEE SCHEDULE	98100048	20610	981	PR DRAIN/INJ MAJOR JNT/BURSA	300.00
MLC HOSPITAL FEE SCHEDULE	98101483	20610	983	50 PR DRAIN/INJ MAJOR JNT/BURSA BILAT	450.00
MLC HOSPITAL FEE SCHEDULE	98100137	20680	975	PR REM IMPLANT DEEP	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000006	21480	450	HC CL TX TMJ DISLOCATION INITIAL	900.00
MLC HOSPITAL FEE SCHEDULE	98100050	21480	981	PR CL TX TMJ DISLOCATION INITIAL	200.00
MLC HOSPITAL FEE SCHEDULE	98102593	23044	983	PR ARTHROT ACL SCL INF JNT	1,000.00

MLC HOSPITAL FEE SCHEDULE	98101762	23120	983	PR CLAVICULECTOMY; PARTIAL	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100293	23130	975	PR ACROMIOPL/ACROMIONECT PARTIAL	3,000.00
MLC HOSPITAL FEE SCHEDULE	20000187	23350	360	HC INJ ARTHROGRAM SHOULDER	600.00
MLC HOSPITAL FEE SCHEDULE	98100138	23410	975	PR OPEN REPAIR ROTATOR CUFF	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101557	23412	983	PR REPAIR ROTATOR CUFF; CHRONIC	1,500.00
MLC HOSPITAL FEE SCHEDULE	98101764	23420	983	PR RECONSTR RC AVULSION CHRONIC	10,000.00
MLC HOSPITAL FEE SCHEDULE	20000016	23650	450	HC CL TX SHLDR DISL W MANI WO ANESTH	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100110	23650	981	PR CL TX SHLDR DISL W MANIP WO ANESTH	500.00
MLC HOSPITAL FEE SCHEDULE	20000134	23655	450	HC CL TX SHLDR DISL W MANIP W ANESTH	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100250	23655	981	PR CL TX SHLDR DISL W MANIP W ANESTH	200.00
MLC HOSPITAL FEE SCHEDULE	98100054	23931	981	PR INF BURSA I&D UA/ELBOW	500.00
MLC HOSPITAL FEE SCHEDULE	98101767	24000	983	PR EXPL INF/REM FB - ELBOW	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102348	24066	975	PR DEEP ST BX - UA OR ELBOW	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000450	24076	360	HC EX ARM/ELBOW TUM DEEP < 5 CM	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100415	24105	982	PR EXCISE OLECRANON BURSA	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102349	24147	975	PR PART EXC OLECRANON PROCESS BONE	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101910	24201	983	PR DEEP REM FB FROM UA/ELBOW	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100055	24500	981	PR CL TX HUMERUS FX WO MANIP	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000023	24650	450	HC CL TX RADIAL HD/NECK FX WO MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101192	24685	983	PR OPEN TX ULNAR FRACTURE PROXIMAL END	3,000.00
MLC HOSPITAL FEE SCHEDULE	98100142	25111	975	PR EXC WRIST GANGLION PRIMARY	750.00
MLC HOSPITAL FEE SCHEDULE	20000189	25246	360	HC INJ ARTHROGRAM WRIST	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000026	25500	450	HC CL TX OF RADIAL SHAFT FX WO MANIP	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100253	25500	981	PR CL TX RADIAL SHAFT FX WO MANIP	900.00
MLC HOSPITAL FEE SCHEDULE	98101148	25505	981	PR CL TX RADIAL SHFT FX W MANIP	700.00
MLC HOSPITAL FEE SCHEDULE	20000028	25530	450	HC CL TX ULNAR SHAFT FX WO MANIP	1,500.00
MLC HOSPITAL FEE SCHEDULE	20000033	25605	450	HC TX FRACTURE D RADIUS/ULNA W MANIP	4,300.00
MLC HOSPITAL FEE SCHEDULE	98100057	25605	981	PR CLTX DSTL RDL FX/EPIPH SEP W MANIP	1,500.00
MLC HOSPITAL FEE SCHEDULE	20000368	25635	450	HC CL TX CARPL BONE FX W MANIP EA	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100294	25635	975	PR CL TX CARPL BONE FX W MANIP EA BONE	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000344	25660	450	HC CLTX RAD/INTERCARPL DISL 1+ BONE W MANIP	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101489	25660	981	PR CLTX RAD/INTERCARPL DISL 1+ BONE W MANIP	500.00
MLC HOSPITAL FEE SCHEDULE	20000145	25680	450	HC CL TX TRANS-SPL FX DISL W MANIP	3,000.00
MLC HOSPITAL FEE SCHEDULE	98102481	25680	983	PR CL TX TRANS-SPL FX DISL W MANIP	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101678	26040	975	PR PERC RELEASE DUPUYTREN'S CONTRACTR	1,517.00
MLC HOSPITAL FEE SCHEDULE	98100145	26055	975	PR TENDON SHEATH INCISION/TRIGGER FINGER	500.00
MLC HOSPITAL FEE SCHEDULE	20000446	26070	450	HC EXPL/REM FB CMC JOINT	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102228	26070	981	PR EXPL/REM FB CMC JOINT	500.00
MLC HOSPITAL FEE SCHEDULE	20000329	26075	450	HC EXPL/REM FB MCP JOINT	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100388	26075	981	PR EXPL/REM FB MCP JOINT	700.00
MLC HOSPITAL FEE SCHEDULE	98100345	26115	981	PR EXC HAND LES SC < 1.5 CM	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101215	26116	983	PR EXC HAND TUM DEEP < 1.5 CM	3,000.00
MLC HOSPITAL FEE SCHEDULE	98102140	26123	983	PR PALM W SGL DIGIT RELEASE	1,500.00
MLC HOSPITAL FEE SCHEDULE	98102143	26125	983	PR PALM W SGL DIGIT RELEASE EA ADDTL	500.00
MLC HOSPITAL FEE SCHEDULE	98100146	26160	975	PR TENDON SHEATH EXC LESION HAND/FINGER	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000043	26600	450	HC CL TX MC FX SGL WO MANIP EA BONE	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100058	26600	981	PR CL TX MC FX SGL WO MANIP EA BONE	700.00
MLC HOSPITAL FEE SCHEDULE	20000045	26641	450	HC CL TX CMC DISLOC THUMB W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100296	26641	981	PR CL TX CMC DISL THUMB W MANIP	500.00
MLC HOSPITAL FEE SCHEDULE	20000218	26670	450	HC CL TX CMC DISL W MANIP EA	300.00
MLC HOSPITAL FEE SCHEDULE	98100297	26670	981	PR CL TX CMC DISL W MANIP EA	1,535.00
MLC HOSPITAL FEE SCHEDULE	20000449	26675	360	HC CL TX CMC DISLOC W MANIP & ANESTH	2,000.00
MLC HOSPITAL FEE SCHEDULE	20000320	26705	450	HC CL TX MCP DISLOC W MANIP W ANESTH	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101091	26705	981	PR CL TX MCP DISLOC W MANIP W ANESTH	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000049	26725	450	HC CL TX PHALANG SHFT FX W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100059	26725	981	PR CL TX PHALANG SHFT FX W MANIP	500.00
MLC HOSPITAL FEE SCHEDULE	98101231	26735	983	PR OPEN TX PHALANG SHAFT FRACT PROX/MIDDLE EA	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000050	26742	450	HC CL TX ART FX MCP/IP JNT W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100150	26742	975	PR CL TX ART FX MCP/IP JOINT W MANIP	750.00
MLC HOSPITAL FEE SCHEDULE	20000052	26755	450	HC CL TX D PHAL FX FGR/THUMB W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100258	26755	981	PR CL TX D PHAL FX FGR/THUMB W MANIP	500.00
MLC HOSPITAL FEE SCHEDULE	20000053	26770	450	HC CL TX IP JNT D W MANIP WO ANESTH	350.00
MLC HOSPITAL FEE SCHEDULE	98100060	26770	981	PR CL TX IP JNT D W MANIP WO ANES	170.00
MLC HOSPITAL FEE SCHEDULE	98102966	27080	975	PR REMOVAL OF TAIL BONE	2,000.00
MLC HOSPITAL FEE SCHEDULE	20000192	27093	360	HC INJ ARTHROGRAM HIP W/O ANESTH	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000119	27096	761	HC SIJ ANESTH/STERIOD INJ PAIN	1,500.00
MLC HOSPITAL FEE SCHEDULE	20000120	27096	761	50 HC SIJ ANESTH/STERIOD INJ PAIN BILAT	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100755	27096	964	PR SIJ ANESTH/STERIOD INJ	950.00
MLC HOSPITAL FEE SCHEDULE	98101907	27096	983	50 PR SIJ ANESTH/STERIOD INJ BILAT	500.00
MLC HOSPITAL FEE SCHEDULE	98101240	27125	983	PR PARTIAL HIP REPL PROSTHESIS	5,000.00
MLC HOSPITAL FEE SCHEDULE	98100153	27130	975	PR TOTAL HIP ARTHORPLASTY	5,000.00
MLC HOSPITAL FEE SCHEDULE	98100298	27236	975	PR BIPOLAR HIP REPLACEMENT	3,000.00
MLC HOSPITAL FEE SCHEDULE	20000155	27252	450	HC CL TX TRAUMA HIP DISLOC W ANESTH	5,500.00
MLC HOSPITAL FEE SCHEDULE	98100155	27252	981	PR CL TX TRAUMA HIP DISL W ANESTH	2,500.00
MLC HOSPITAL FEE SCHEDULE	20000058	27265	450	HC CL TX POST HIP DISLOC WO ANESTH	2,500.00
MLC HOSPITAL FEE SCHEDULE	98100062	27265	981	PR CL TX POST HIP DISLOC WO ANESTH	500.00
MLC HOSPITAL FEE SCHEDULE	98102599	27310	983	PR EXPL KNEE W DRAIN/REM FB	3,200.00
MLC HOSPITAL FEE SCHEDULE	98101568	27324	975	PR DEEP SFT TISS BX THIGH/KNEE	2,065.00
MLC HOSPITAL FEE SCHEDULE	98101779	27327	983	PR EXC THIGH/KNEE LES SC < 3 CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100301	27340	975	PR EXCISION PREPATELLAR BURSA	1,865.00
MLC HOSPITAL FEE SCHEDULE	98100517	27347	975	PR EXC LESION MENISCUS/CAPSULE	2,360.00
MLC HOSPITAL FEE SCHEDULE	20000549	27369	360	HC INJ CONTRAST KNEE ARTHG/CT/MRI	1,300.00

MLC HOSPITAL FEE SCHEDULE	98101782	27407	983	PR REPR TORN CRUCIATE KNEE LIGAM	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100157	27425	975	PR LATERAL RETINACULAR RELEASE OPEN	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102350	27441	975	PR ARTHROPLASTY KNEE TP; W DEBRID	3,000.00
MLC HOSPITAL FEE SCHEDULE	98100158	27447	975	PR TOTAL KNEE ARTHORPLASTY	5,000.00
MLC HOSPITAL FEE SCHEDULE	98100159	27486	975	PR REVISE/REPLACE KNEE JOINT 1 COMP	5,000.00
MLC HOSPITAL FEE SCHEDULE	98101093	27487	975	PR REV TOTAL KNEE ARTHROPL FEM & TIB	3,000.00
MLC HOSPITAL FEE SCHEDULE	20000259	27502	450	HC CL TX FEMORAL SHAFT FX W MANIP	4,000.00
MLC HOSPITAL FEE SCHEDULE	98101149	27502	981	PR CL TX FEMORAL SHAFT FX W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100303	27524	975	PR OPEN TX PATEL FX W IF &/OR REPAIR	3,000.00
MLC HOSPITAL FEE SCHEDULE	98101264	27603	983	PR I&D LEG/ANKLE DEEP ABCS/HEMATOMA	1,025.00
MLC HOSPITAL FEE SCHEDULE	98102351	27610	975	PR INC ANKLEW EXPL - INFECTION /REM FB	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101266	27650	983	PR PRIMARY REPAIR RUPT ACHILLES TENDON	1,500.00
MLC HOSPITAL FEE SCHEDULE	98101267	27695	983	PR SUTURE LIGAMENT ANKLE; COLLATERAL	3,000.00
MLC HOSPITAL FEE SCHEDULE	20000065	27752	450	HC CL TX TIB SHFT FX W MANIP	4,500.00
MLC HOSPITAL FEE SCHEDULE	98101788	27752	983	PR CL TX TIB SHFT FX W MANIP	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101276	27766	983	PR OPTX MEDIAL ANKLE FX	3,000.00
MLC HOSPITAL FEE SCHEDULE	20000069	27780	450	HC CL TX PROX FIB/SHAFT FX WO MANIP	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100162	27792	975	PR OPEN TX DISTAL FIBULAR FX LAT MALLEOLUS	2,000.00
MLC HOSPITAL FEE SCHEDULE	20000075	27818	450	HC CL TX TRIMALL ANKLE FX W MANIP	5,000.00
MLC HOSPITAL FEE SCHEDULE	98100389	27818	981	PR CL TX TRIMALL ANKLE FX; W MANIP	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100163	27822	975	PR OPEN TX TRIMALLEOLAR ANKLE FX WO FIX POST LIP	3,000.00
MLC HOSPITAL FEE SCHEDULE	98101286	27829	983	PR TREAT LOWER LEG JOINT	4,000.00
MLC HOSPITAL FEE SCHEDULE	98101287	27840	983	PR CL TX ANKLE DISLOCATION; WO ANESTH	1,000.00
MLC HOSPITAL FEE SCHEDULE	20000297	27842	450	HC CL TX ANKLE DISLOC W ANESTH	1,800.00
MLC HOSPITAL FEE SCHEDULE	98102267	27880	975	PR AMPUTATELEG THRU TIBIA AND FIBULA	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102171	28160	975	PR INTERPHALANG TOE JNT EXC EA SGL	750.00
MLC HOSPITAL FEE SCHEDULE	20000117	28190	360	HC REM FB FOOT SQ	1,400.00
MLC HOSPITAL FEE SCHEDULE	98100068	28190	981	PR REM FB FOOT SQ	300.00
MLC HOSPITAL FEE SCHEDULE	98100165	28192	981	PR REM DEEP FOREIGN BODY FOOT	925.00
MLC HOSPITAL FEE SCHEDULE	98101847	28208	983	PR REPR FOOT EXTENSOR TENDON EA	1,500.00
MLC HOSPITAL FEE SCHEDULE	98101105	28270	975	PR MTP JOINT CAPSULOTOMY EA	750.00
MLC HOSPITAL FEE SCHEDULE	98101106	28285	975	PR REPAIR HAMMERTOES OPEN EA TOE	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101972	28289	975	PR REPAIR/CORRECT HALLUX RIGIDUS WO IMPLANT	2,260.00
MLC HOSPITAL FEE SCHEDULE	98101108	28292	975	PR CORRECT HALLUX VALGUS	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101109	28296	975	PR BUNION CORRECT W MTRSL BONE INC	2,500.00
MLC HOSPITAL FEE SCHEDULE	20000087	28515	450	HC CL TX FX PHALANX/PHALANG W MANIP	495.00
MLC HOSPITAL FEE SCHEDULE	98100070	28515	981	PR CL TX FX PHALANX/PHALANG W MANIP	370.00
MLC HOSPITAL FEE SCHEDULE	20000089	28630	450	HC CL TX MTP JNT DISLOC WO ANESTH	600.00
MLC HOSPITAL FEE SCHEDULE	98100167	28630	981	PR CL TX MTP JNT DISL WO ANESTH	200.00
MLC HOSPITAL FEE SCHEDULE	98102610	28636	983	PR PERC SK FIX MTP JNT DISL W MANIP	500.00
MLC HOSPITAL FEE SCHEDULE	20000091	29065	360	HC APPLY LONG ARM CAST	300.00
MLC HOSPITAL FEE SCHEDULE	20000092	29075	360	HC APPLY SHORT ARM CAST	500.00
MLC HOSPITAL FEE SCHEDULE	98100071	29075	981	PR APPLY SHORT ARM CAST	300.00
MLC HOSPITAL FEE SCHEDULE	20000094	29105	360	HC APPLY LONG ARM SPLINT	200.00
MLC HOSPITAL FEE SCHEDULE	98100072	29105	981	PR APPLY LONG ARM SPLINT	200.00
MLC HOSPITAL FEE SCHEDULE	20000095	29125	360	HC APPLY SHORT ARM SPLINT STATIC	220.00
MLC HOSPITAL FEE SCHEDULE	98100073	29125	981	PR APPLY SHORT ARM SPLINT STATIC	100.00
MLC HOSPITAL FEE SCHEDULE	20000096	29130	360	HC APPLY FINGER SPLINT STATIC	100.00
MLC HOSPITAL FEE SCHEDULE	98100074	29130	981	PR APPLY FINGER SPLINT STATIC	200.00
MLC HOSPITAL FEE SCHEDULE	20000097	29240	360	HC STRAPPING SHOULDER	200.00
MLC HOSPITAL FEE SCHEDULE	20000118	29405	360	HC APPLY SH LEG CAST	300.00
MLC HOSPITAL FEE SCHEDULE	98100311	29405	981	PR APPLY SHORT LEG CAST	100.00
MLC HOSPITAL FEE SCHEDULE	20000103	29505	360	HC APPLY LONG LEG SPLINT	200.00
MLC HOSPITAL FEE SCHEDULE	98100269	29505	981	PR APPLY SPLINT LONG LEG	200.00
MLC HOSPITAL FEE SCHEDULE	20000104	29515	360	HC APPLY SHORT LEG SPLINT	200.00
MLC HOSPITAL FEE SCHEDULE	98100075	29515	981	PR APPLY SHORT LEG SPLINT	200.00
MLC HOSPITAL FEE SCHEDULE	20000106	29580	761	HC UNNA BOOT STRAPPING	100.00
MLC HOSPITAL FEE SCHEDULE	20000168	29580	761	HC UNNA BOOT STRAPPING BILATERAL	300.00
MLC HOSPITAL FEE SCHEDULE	98100273	29580	981	PR STRAPPING UNNA BOOT	100.00
MLC HOSPITAL FEE SCHEDULE	98101314	29824	983	PR SHOULDER MUMFORD PROC	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100316	29826	975	PR SHOULDER ARTHROSCOPY/SURGERY	2,000.00
MLC HOSPITAL FEE SCHEDULE	98101448	29827	983	PR ROTATOR CUFF REP ARTHROSCOPY	2,500.00
MLC HOSPITAL FEE SCHEDULE	98101634	29828	983	PR ARTHROSCOPY BICEPS TENODESIS	1,500.00
MLC HOSPITAL FEE SCHEDULE	98101450	29870	983	PR DX KNEE ARTHROSCOPY	2,500.00
MLC HOSPITAL FEE SCHEDULE	98100317	29874	975	PR ARTHROSCOPY KNEE REM FB	3,000.00
MLC HOSPITAL FEE SCHEDULE	98101798	29875	983	PR ARTHROSCOPY KNEE; LIM SYNOVECTOMY	4,000.00
MLC HOSPITAL FEE SCHEDULE	98100169	29877	975	PR ARTHROSCOPY KNEE; DEBRID/SHAVE AC	2,500.00
MLC HOSPITAL FEE SCHEDULE	98101319	29879	983	PR ARTHROSCOPY KNEE; ABRAS ARTHROPL	6,000.00
MLC HOSPITAL FEE SCHEDULE	98100170	29880	975	PR ARTHROSCOPY/SURGERY KNEE W MENISCECTOMY M/L	5,000.00
MLC HOSPITAL FEE SCHEDULE	98100318	29881	975	PR KNEE ARTHROSCOPY/SURGERY	3,000.00
MLC HOSPITAL FEE SCHEDULE	98100319	29888	975	PR ARTHROSCOPIC ANT CRUCIATE LIG REP/AUGM	5,000.00
MLC HOSPITAL FEE SCHEDULE	30000001	30300	360	HC REM FB INTRANASAL	600.00
MLC HOSPITAL FEE SCHEDULE	98100171	30300	981	PR REM FOREIGN BODY INTRANASAL	200.00
MLC HOSPITAL FEE SCHEDULE	30000002	30901	761	HC CONTROL NASAL HEMORRH ANT SMPL	800.00
MLC HOSPITAL FEE SCHEDULE	98100076	30901	981	PR CONTROL NASAL HEMORRH ANT SMPL	200.00
MLC HOSPITAL FEE SCHEDULE	30000003	30903	360	HC CONTROL NASAL HEMORRH ANT COMPL	400.00
MLC HOSPITAL FEE SCHEDULE	98100077	30903	981	PR CONTROL NASAL HEMORRH ANT COMPL	200.00
MLC HOSPITAL FEE SCHEDULE	30000004	30905	360	HC CNTRL POST EPISTAX INIT	800.00
MLC HOSPITAL FEE SCHEDULE	98100078	30905	981	PR CNTRL POST EPISTAX INIT	200.00
MLC HOSPITAL FEE SCHEDULE	30000078	31500	761	HC INTUBATION ET EMERGENT	600.00
MLC HOSPITAL FEE SCHEDULE	98100079	31500	981	PR INTUBATION ET EMERGENT	500.00
MLC HOSPITAL FEE SCHEDULE	30000008	31720	761	HC CATHETER ASPIRATION NASOTRACHEAL	100.00

MLC HOSPITAL FEE SCHEDULE	30000011	32551	761	HC INSERTION OF CHEST TUBE	300.00
MLC HOSPITAL FEE SCHEDULE	98100082	32551	981	PR INSERTION OF CHEST TUBE	800.00
MLC HOSPITAL FEE SCHEDULE	30000293	32555	761	HC ASPIRATE PLEURA W/ IMAGING	4,000.00
MLC HOSPITAL FEE SCHEDULE	30000102	36000	761	HC NONSELECTIVE CATH PLACEMENT IN VEIN	320.00
MLC HOSPITAL FEE SCHEDULE	30000599	36430	391	HC TRANSFUSION BLOOD OR COMPONENT PER UNIT	700.90
MLC HOSPITAL FEE SCHEDULE	30000055	36591	300	HC DRAW BLOOD OFF VENOUS DEVICE	100.00
MLC HOSPITAL FEE SCHEDULE	30000056	36592	300	HC COLLECT BLOOD FROM PICC	100.00
MLC HOSPITAL FEE SCHEDULE	30000084	36600	761	HC ARTERIAL PUNCTURE BLOOD FOR DX	200.00
MLC HOSPITAL FEE SCHEDULE	98100336	36600	981	PR ARTERIAL PUNCTURE BLOOD FOR DX	92.00
MLC HOSPITAL FEE SCHEDULE	30000341	36660	360	HC UMBIL CATH NB FOR DX OR TX	500.00
MLC HOSPITAL FEE SCHEDULE	30000057	36680	450	HC PLACE NEEDLE INTRAOSSEOUS INFUSION	300.00
MLC HOSPITAL FEE SCHEDULE	98100084	36680	981	PR PLACE NEEDLE INTRAOSSEOUS INFUS	192.00
MLC HOSPITAL FEE SCHEDULE	30000166	38505	360	HC BX LYMPH NODES PERC SUPERFICIAL	900.00
MLC HOSPITAL FEE SCHEDULE	40000005	41800	450	HC DR ABCS CYST HEMATOM DENTOALVEOLAR	500.00
MLC HOSPITAL FEE SCHEDULE	40000007	42960	450	HC CONTROL OROPHARYNGEAL HEMORRH SMPL	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102098	42960	983	PR CONTROL OROPHARYNGEAL HEMORRH SIMPLE	500.00
MLC HOSPITAL FEE SCHEDULE	98101575	43233	975	PR EGD BALLOON DIL ESOPH30 MM/>	750.00
MLC HOSPITAL FEE SCHEDULE	98100421	43235	975	PR UGI DIAGNOSTIC	500.00
MLC HOSPITAL FEE SCHEDULE	98100365	43239	982	PR UGI W BX SGL/MULTIPLE	600.00
MLC HOSPITAL FEE SCHEDULE	98101804	43245	983	PR EGD DILATE STRICTURE	500.00
MLC HOSPITAL FEE SCHEDULE	98100529	43247	975	PR UGI W REMOVAL OF FB	750.00
MLC HOSPITAL FEE SCHEDULE	98100656	43251	975	PR UGI W REM TUM/POLYP/LES BY SNARE	750.00
MLC HOSPITAL FEE SCHEDULE	98102620	43254	975	PR EGD ENDO MUCOSAL RESECTION	750.00
MLC HOSPITAL FEE SCHEDULE	98100086	43450	981	PR DILATE ESOPH UNGUIDED SND/BOUG	200.00
MLC HOSPITAL FEE SCHEDULE	40000053	43752	761	HC NG TUBE PLC W FLUORO	300.00
MLC HOSPITAL FEE SCHEDULE	98101687	43752	960	PR NASAL /OROGASTRIC W/TUBE PLMT	100.00
MLC HOSPITAL FEE SCHEDULE	40000008	43753	450	HC TX GASTRO INTUB W/ASP	208.00
MLC HOSPITAL FEE SCHEDULE	98100745	43753	981	PR TX GASTRO INTUB W/ASP	80.00
MLC HOSPITAL FEE SCHEDULE	98102226	44050	975	PR REDUCE VOLVULUS INTUSSUSCEPTION	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100367	44960	982	PR APPY FOR RUPT APPENDIX W PERITONITIS	2,500.00
MLC HOSPITAL FEE SCHEDULE	98100368	44970	982	PR LAPAROSCOPY APPENDECTOMY	1,500.00
MLC HOSPITAL FEE SCHEDULE	98102761	45005	975	PR I&D OF SUBMUCOSAL ABSCESS RECTUM	500.00
MLC HOSPITAL FEE SCHEDULE	98100537	45330	975	PR SIGMOIDOSCOPY FLEX DX	500.00
MLC HOSPITAL FEE SCHEDULE	98100676	45331	975	PR SIGMOIDOSCOPY FLEX W BX	500.00
MLC HOSPITAL FEE SCHEDULE	98100369	45378	982	PR COLONOSCOPY FLEX DX	500.00
MLC HOSPITAL FEE SCHEDULE	98100370	45380	982	PR COLONOSCOPY FLEX W BX SGL/MULTI	500.00
MLC HOSPITAL FEE SCHEDULE	98100431	45384	975	PR COLONOSCOPY FLEX W REM T/P/LES BY HBF	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100371	45385	982	PR COLONOSCOPY FLEX W REM LESION BY SNARE	800.00
MLC HOSPITAL FEE SCHEDULE	98100542	45915	975	PR REMOVE FECAL IMPACT OR FB W ANESTH	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100679	46040	975	PR I&D PERIRECTAL OR ISCHIAL ABSCESS	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102307	46045	975	PR I&D; SUPERF ABSCESS PERI/ISCHEAL	1,100.00
MLC HOSPITAL FEE SCHEDULE	40000012	46083	360	HC INCISE THROMBOSED HEMORRHOID EXT	500.00
MLC HOSPITAL FEE SCHEDULE	98100372	46250	982	PR REMOVE EXT HEM 2+ GROUPS	1,200.00
MLC HOSPITAL FEE SCHEDULE	98100375	46270	982	PR REMOVE ANAL FIST SUBQ	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100377	46320	982	PR REMOVE HEMORRHOID CLOT	200.00
MLC HOSPITAL FEE SCHEDULE	40000014	46600	450	HC ANOSCOPY DX	600.00
MLC HOSPITAL FEE SCHEDULE	98100088	46600	981	PR ANOSCOPY DX	200.00
MLC HOSPITAL FEE SCHEDULE	98100545	46606	975	PR ANOSCOPY W BX SGL/MULTI	1,000.00
MLC HOSPITAL FEE SCHEDULE	40000255	47536	360	HC EXCHANGE BILIARY DRG CATH	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100381	47562	982	PR LAPAROSCOPY CHOLECYSTECOMY	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100689	47564	975	PR LAP CHOLE W EXPL COMM DUCT	1,333.00
MLC HOSPITAL FEE SCHEDULE	98103021	48001	975	PR PL PARIPANCREAS DR; W CHOLECY GASTRO JEJ	6,500.00
MLC HOSPITAL FEE SCHEDULE	98102238	49060	975	PR DRAIN OPEN RETROPERI ABSCESS	3,000.00
MLC HOSPITAL FEE SCHEDULE	40000146	49083	360	HC ABD PARACENTESIS W/IMAGING	3,000.00
MLC HOSPITAL FEE SCHEDULE	98101655	49440	975	PR PLACE GASTROSTOMY TUBE PERC	2,032.00
MLC HOSPITAL FEE SCHEDULE	98100383	49505	982	PR REPAIR I/HERN INIT REDUC 5+ YR	1,200.00
MLC HOSPITAL FEE SCHEDULE	98100383	49505	982	PR REPAIR I/HERN INIT REDUC 5+ YR	1,800.00
MLC HOSPITAL FEE SCHEDULE	98100549	49507	975	PR REPAIR INIT ING HERNIA BLOCK 5+ YR	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100437	49520	975	PR REPAIR RECURR INGUINAL HERNIA ANY AGE	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100550	49521	975	PR REPAIR RECURR ING HERNIA INCARC/STRANG	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100697	49525	975	PR REPAIR INGUINAL HERNIA SLIDING	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100551	49550	975	PR REPAIR INIT FEMORAL HERNIA REDUC	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100438	49560	975	PR REPAIR INIT INC/VENTR HERNIA REDUC	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101811	49566	983	PR REP RECURRENT INCISI HERNIA; INCARCERATE	6,000.00
MLC HOSPITAL FEE SCHEDULE	98100699	49568	975	PR HERNIA REPAIR W MESH	500.00
MLC HOSPITAL FEE SCHEDULE	98100440	49585	975	PR REPAIR UMBIL HERNIA REDUC 5+ YR	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100701	49587	975	PR REPAIR UMBIL HERNIA BLOCK 5+ YR	1,860.00
MLC HOSPITAL FEE SCHEDULE	98101813	49652	983	PR LAP VENT/ABD HERNIA REPAIR	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102361	50590	975	PR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE	2,000.00
MLC HOSPITAL FEE SCHEDULE	50000003	51102	360	HC DRAIN BL W/CATH INSERTION SUPRAPUBIC	1,500.00
MLC HOSPITAL FEE SCHEDULE	50000046	51600	360	HC INJ FOR CYSTOGRAM VCU	500.00
MLC HOSPITAL FEE SCHEDULE	50000004	51700	761	HC SMPL BLADDER IRRIGATE LAVAGE/INSTILL	300.00
MLC HOSPITAL FEE SCHEDULE	98102070	51700	983	PR SIMPLE BLADDER IRRIGATE LAVAGE/INSTILL	200.00
MLC HOSPITAL FEE SCHEDULE	50000005	51701	761	HC INSERT BLADDER CATHETER	200.00
MLC HOSPITAL FEE SCHEDULE	50000006	51702	761	HC INSERT TEMP BLADDER CATH	325.00
MLC HOSPITAL FEE SCHEDULE	50000027	51703	360	HC INS BLADDER CATH COMPLEX	215.00
MLC HOSPITAL FEE SCHEDULE	98100556	51703	975	PR INS BLADDER CATH COMPLEX	250.00
MLC HOSPITAL FEE SCHEDULE	50000007	51705	360	HC CHANGE OF CYSTOSTOMY TUBE SIMPLE	700.00
MLC HOSPITAL FEE SCHEDULE	98101152	51705	981	PR CHANGE OF CYSTOSTOMY TUBE SIMPLE	200.00
MLC HOSPITAL FEE SCHEDULE	50000048	51720	761	HC TREATMENT OF BLADDER LESION	800.00
MLC HOSPITAL FEE SCHEDULE	50000017	51741	920	HC COMPLEX UROFLOWMETRY	347.00
MLC HOSPITAL FEE SCHEDULE	50000008	51798	761	HC US PV RESIDUAL URINE	160.00

MLC HOSPITAL FEE SCHEDULE	50000019	52000	360	HC CYSTOURETHROSCOPY	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100704	52000	975	PR CYSTOURETHROSCOPY	500.00
MLC HOSPITAL FEE SCHEDULE	50000209	52001	360	HC CYSTO W MULTI OBSTR CLOT REM	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102364	52001	975	PR CYSTO W MULTI OBSTR CLOT REM	750.00
MLC HOSPITAL FEE SCHEDULE	50000210	52204	360	HC CYSTOSCOPY W/BIOPSY(S)	2,300.00
MLC HOSPITAL FEE SCHEDULE	98102365	52204	975	PR CYSTOSCOPY W/BIOPSY(S)	750.00
MLC HOSPITAL FEE SCHEDULE	98102368	52234	975	PR CYSTO W FULG BLADDR TUMOR(S); 0.5-2.0CM	750.00
MLC HOSPITAL FEE SCHEDULE	50000214	52235	360	HC CYSTO W FULG BLADDR TUMOR(S); 2.0-5.0CM	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102369	52235	975	PR CYSTO W FULG BLADDR TUMOR(S); 2.0-5.0CM	750.00
MLC HOSPITAL FEE SCHEDULE	98102547	52240	983	PR CYSTO W FULGERTN LG BLADDER TUMOR(S)	1,000.00
MLC HOSPITAL FEE SCHEDULE	50000217	52270	360	HC CYSTO W INT URETHROTOMY; FEMALE	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102781	52270	975	PR CYSTO W INT URETHROTOMY; FEMALE	750.00
MLC HOSPITAL FEE SCHEDULE	50000120	52310	360	HC CYSTO W REM FB/CALC/STNT URETH OR BLDR SMPL	2,161.00
MLC HOSPITAL FEE SCHEDULE	98101815	52310	983	PR CYSTO W REM FB/STNT URETH/BLDR; SIMPLE	300.00
MLC HOSPITAL FEE SCHEDULE	98102237	52317	975	PR LITHOLAPAXY; IN BLAD&REM FRAG; <2.5CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102370	52318	975	PR LITHOLAPAXY; IN BLAD&REM FRAG; >2.5CM	1,000.00
MLC HOSPITAL FEE SCHEDULE	50000167	52332	360	HC CYST W INS OF INDWELLING URETER STENT	3,000.00
MLC HOSPITAL FEE SCHEDULE	98102372	52332	975	PR CYST W INS OF INDWELLING URETER STENT	750.00
MLC HOSPITAL FEE SCHEDULE	98102704	52341	975	PR CYSTO W URETER STRICTURE TX	750.00
MLC HOSPITAL FEE SCHEDULE	98102373	52352	975	PR CYSTO W STONE MANIP OR REM	750.00
MLC HOSPITAL FEE SCHEDULE	98102375	52354	975	PR CYSTO W BIOPSY OR LES FULG	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102414	52356	975	PR CYSTO/URETERO W/LITHOTRIPSY	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102414	52356	975	PR CYSTO/URETERO W/LITHOTRIPSY	1,500.00
MLC HOSPITAL FEE SCHEDULE	98102759	52441	975	PR CYSTOURETHRO W/IMPLANT	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102760	52442	975	PR CYSTOURETHRO W/ADDL IMPLANT	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102415	52601	975	PR TRANSUR ELECTR RESECTION OF PROSTATE	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102377	52648	975	PR LASER VAPORIZATION OF PROSTATE	6,210.00
MLC HOSPITAL FEE SCHEDULE	98102643	53450	975	PR URETHROMEATOPLASTY W MUCOUS ADV	1,618.00
MLC HOSPITAL FEE SCHEDULE	50000123	53660	360	HC DILATE FEMALE URETHRA; INITIAL	512.00
MLC HOSPITAL FEE SCHEDULE	98101862	53660	983	PR DILATE FEMALE URETHRA; INITIAL	256.00
MLC HOSPITAL FEE SCHEDULE	50000119	54001	360	HC SLIT PREPUCE DORSAL OR LAT NOT NEWBORN	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102378	54001	975	PR SLIT PREPUCE DORSAL OR LAT; NOT NEWBORN	500.00
MLC HOSPITAL FEE SCHEDULE	50000274	54050	360	HC DESTR LESION(S) PENIS SIMPLE; CHEM	400.00
MLC HOSPITAL FEE SCHEDULE	98102379	54161	761	HC CIRCUM 28 DAYS OR OLDER	1,500.00
MLC HOSPITAL FEE SCHEDULE	98100559	54161	975	PR CIRCUMCISION 28 DAYS OR OLDER	500.00
MLC HOSPITAL FEE SCHEDULE	98101666	55000	975	PR PUNCT ASP HYDROCELE TUNICA VAGINALIS	250.00
MLC HOSPITAL FEE SCHEDULE	98100441	55040	975	PR EXCISE HYDROCELE UNILATERAL	750.00
MLC HOSPITAL FEE SCHEDULE	50000126	55250	360	HC VASECTOMY UNIL OR BILAT	2,500.00
MLC HOSPITAL FEE SCHEDULE	98100442	55250	975	PR VASECTOMY UNIL OR BILAT	750.00
MLC HOSPITAL FEE SCHEDULE	98100563	55500	975	PR EXCISE HYDROCELE OF SPERM CORD UNIL	750.00
MLC HOSPITAL FEE SCHEDULE	50000050	55700	360	HC BX PROSTATE NDLE PUNCH	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102379	55700	975	PR PROSTATE NEEDLE PUNCH BX	500.00
MLC HOSPITAL FEE SCHEDULE	50000051	55876	360	HC PLACE RT DEVICE/MARKER, PROS	1,000.00
MLC HOSPITAL FEE SCHEDULE	98102380	55876	975	PR PLACE RT DEVICE/MARKER PROS	500.00
MLC HOSPITAL FEE SCHEDULE	50000009	56405	450	HC I & D OF VULVA OR PERINEAL ABSCESS	600.00
MLC HOSPITAL FEE SCHEDULE	50000343	57150	761	HC IRRIGATE VAGINA W MEDS	300.00
MLC HOSPITAL FEE SCHEDULE	50000064	59025	720	HC FETAL NON-STRESS TEST	300.00
MLC HOSPITAL FEE SCHEDULE	60000037	62270	761	HC SPINAL PUNCTURE LUMBAR DIAG	500.00
MLC HOSPITAL FEE SCHEDULE	98100093	62270	981	PR SPINAL PUNCTURE LUMBAR DIAG	300.00
MLC HOSPITAL FEE SCHEDULE	60000038	62273	761	HC INJ EPIDURAL BLOOD OR CLOT PATCH	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100761	62273	964	PR INJ EPIDURAL BLOOD OR CLOT PATCH	300.00
MLC HOSPITAL FEE SCHEDULE	60000177	62304	761	HC MYELOGRAPHY LUMBAR INJ LS	4,000.00
MLC HOSPITAL FEE SCHEDULE	60000220	62320	761	HC INJ INTERLAM C/T WO IMG	1,000.00
MLC HOSPITAL FEE SCHEDULE	60000039	64400	360	HC INJ ANESTH/STER TRIGEMINAL NERVE EA BR	1,000.00
MLC HOSPITAL FEE SCHEDULE	98101573	64400	983	PR INJ ANESTH/STER TRIGEMINAL NERVE EA BR	241.00
MLC HOSPITAL FEE SCHEDULE	60000040	64405	761	HC INJ ANESTH/STER GREATER OCCIPITAL NERVE	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100764	64405	964	PR INJ ANESTH/STER GREATER OCCIPITAL NERVE	300.00
MLC HOSPITAL FEE SCHEDULE	60000042	64450	360	HC INJ ANESTH/STER OTHR PERIPHERAL NRV/BRANCH	700.00
MLC HOSPITAL FEE SCHEDULE	98100278	64450	981	PR INJ ANESTH/STER OTHR PERIPHERAL NRV/BRANCH	500.00
MLC HOSPITAL FEE SCHEDULE	98101118	64455	983	PR N BLOCK INJ PLANTAR DIGIT	100.00
MLC HOSPITAL FEE SCHEDULE	60000047	64483	360	HC INJ(S) FORAMEN EPIDURAL L/S SGL LEV	3,000.00
MLC HOSPITAL FEE SCHEDULE	60000049	64484	360	HC INJ(S) FORAMEN EPID L/S ADDTL LEV	1,000.00
MLC HOSPITAL FEE SCHEDULE	60000051	64490	761	HC INJ PARAVERTE F JNT C/T 1 LEV	1,000.00
MLC HOSPITAL FEE SCHEDULE	60000253	64561	761	HC IMPLANT NEUROELECTRODES SACRAL NERVE W IMAGE	5,000.00
MLC HOSPITAL FEE SCHEDULE	98102554	64561	983	PR IMPLANT NEUROELECTRODES SACRAL NERVE W IMAGE	3,000.00
MLC HOSPITAL FEE SCHEDULE	98102555	64581	983	PR IMPLANT NEUROELECTRODES SACRAL NERVE	2,000.00
MLC HOSPITAL FEE SCHEDULE	98102568	64590	975	PR INSRT/REDO PN/GASTR STIMUL	927.00
MLC HOSPITAL FEE SCHEDULE	60000291	64632	761	HC N BLOCK INJ COMMON DIGIT	574.00
MLC HOSPITAL FEE SCHEDULE	60000110	64633	761	HC DESTROY CERV/THOR FACET JNT UNIL	3,500.00
MLC HOSPITAL FEE SCHEDULE	60000112	64634	761	HC DESTROY C/TH FACET JNT ADDL UNIL	1,500.00
MLC HOSPITAL FEE SCHEDULE	60000114	64635	761	HC DESTROY LUMB/SAC FACET JNT UNIL	3,000.00
MLC HOSPITAL FEE SCHEDULE	60000116	64636	761	HC DESTROY L/S FACET JNT ADDL UNIL	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100779	64636	964	PR DESTROY L/S FACET JNT ADDL	300.00
MLC HOSPITAL FEE SCHEDULE	60000026	64640	761	HC DESTR W NEUROLYTIC OTHR PERIPH NRV	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100178	64718	975	PR NEUROPLASTY ULNAR NERVE AT ELBOW	3,500.00
MLC HOSPITAL FEE SCHEDULE	98100179	64721	975	PR NEUROPLASTY MEDIAN NERVE CARP TUNNEL	1,000.00
MLC HOSPITAL FEE SCHEDULE	60000027	65205	450	HC REM FB CONJUNCTIVA SUPERFICIAL	300.00
MLC HOSPITAL FEE SCHEDULE	98100279	65205	981	PR REMOVE FB CONJUNCTIVA SUPERFICIAL	200.00
MLC HOSPITAL FEE SCHEDULE	60000028	65210	450	HC REM FB CONJUNCTIVA EMBEDDED	300.00
MLC HOSPITAL FEE SCHEDULE	98100280	65210	981	PR REMOVE FB CONJUNCTIVA EMBEDDED	100.00
MLC HOSPITAL FEE SCHEDULE	60000029	65220	450	HC REM FB EXT EYE CORNEAL WO SLIT LAMP	300.00
MLC HOSPITAL FEE SCHEDULE	98100095	65220	981	PR REM FB EXT CORNEAL WO SLIT LAMP	100.00

MLC HOSPITAL FEE SCHEDULE	60000075	67938	450	HC REMOVE EMBEDDED FB EYELID	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100322	67938	981	PR REMOVE EMBEDDED FB EYELID	200.00
MLC HOSPITAL FEE SCHEDULE	60000185	69100	360	HC BX EXTERNAL EAR	400.00
MLC HOSPITAL FEE SCHEDULE	60000033	69200	450	HC REM FB EXT AUDITORY CANAL WO ANESTH	300.00
MLC HOSPITAL FEE SCHEDULE	98100096	69200	981	PR REM FB EXT AUD CANAL WO ANESTH	100.00
MLC HOSPITAL FEE SCHEDULE	60000201	69209	360	HC REMOVE IMPACTED EAR WAX UNI	100.00
MLC HOSPITAL FEE SCHEDULE	98102074	69209	983	PR REMOVE IMPACTED EAR WAX UNI	50.00
MLC HOSPITAL FEE SCHEDULE	60000034	69210	360	HC REMOVAL IMPACTED CERUMEN (EARWAX)	200.00
MLC HOSPITAL FEE SCHEDULE	98100180	69210	981	PR REMOVAL IMPACTED CERUMEN/EARWAX	100.00
MLC HOSPITAL FEE SCHEDULE	70000310	70030	320	HC FOREIGN BODY IN EYE	300.00
MLC HOSPITAL FEE SCHEDULE	70000001	70100	320	HC MANDIBLE LESS THAN 4 VIEWS	150.00
MLC HOSPITAL FEE SCHEDULE	70000002	70110	320	HC MANDIBLE MIN 4 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000006	70150	320	HC FACIAL BONES MIN 3 VIEWS	325.00
MLC HOSPITAL FEE SCHEDULE	70000007	70160	320	HC NASAL BONES MIN 3 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000009	70210	320	HC SINUSES LESS THAN 3 VIEWS	150.00
MLC HOSPITAL FEE SCHEDULE	70000010	70220	320	HC SINUSES MIN 3 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000011	70250	320	HC SKULL LESS THAN 4 VIEWS	100.00
MLC HOSPITAL FEE SCHEDULE	70000012	70260	320	HC SKULL MIN 4 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000315	70328	320	HC TMJ UNILATERAL	173.00
MLC HOSPITAL FEE SCHEDULE	70000013	70330	320	HC TMJ BILATERAL	300.00
MLC HOSPITAL FEE SCHEDULE	70000014	70360	320	HC SOFT TISSUE NECK	250.00
MLC HOSPITAL FEE SCHEDULE	70000016	70450	351	HC CT HEAD OR BRAIN WO CONTRAST	900.00
MLC HOSPITAL FEE SCHEDULE	70000017	70460	351	HC CT HEAD OR BRAIN W CONTRAST	1,200.00
MLC HOSPITAL FEE SCHEDULE	70000018	70470	351	HC CT HEAD OR BRAIN W CONTRAST	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000019	70480	351	HC CT ORBIT SELLA MID INNER EAR WO CONTR	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000022	70486	351	HC CT MAXILLOFACIAL WO CONTRAST	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000023	70487	351	HC CT MAXILLOFACIAL W CONTRAST	1,362.00
MLC HOSPITAL FEE SCHEDULE	70000025	70490	351	HC CT SOFT TISSUE NECK WO CONTRAST	1,460.00
MLC HOSPITAL FEE SCHEDULE	70000026	70491	351	HC CT SOFT TISSUE NECK W CONTRAST	1,700.00
MLC HOSPITAL FEE SCHEDULE	70000028	70496	351	HC CT ANGIOGRAPHY HEAD W WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000029	70498	351	HC CT ANGIOGRAPHY NECK W WO CONTRAST	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000030	70540	610	HC MRI ORBIT FACE NECK WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000032	70543	610	HC MRI ORBIT FACE NECK W WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000033	70544	615	HC MRA HEAD WO CONTRAST	2,200.00
MLC HOSPITAL FEE SCHEDULE	70000035	70546	615	HC MRA HEAD W WO CONTRAST	3,200.00
MLC HOSPITAL FEE SCHEDULE	70000036	70547	615	HC MRA NECK WO CONTRAST	2,130.00
MLC HOSPITAL FEE SCHEDULE	70000038	70549	615	HC MRA NECK W WO CONTRAST	3,200.00
MLC HOSPITAL FEE SCHEDULE	70000039	70551	611	HC MRI BRAIN WO CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000041	70553	611	HC MRI BRAIN W WO CONTRAST	5,000.00
MLC HOSPITAL FEE SCHEDULE	70000800	71045	324	HC X-RAY EXAM CHEST 1 VIEW	200.00
MLC HOSPITAL FEE SCHEDULE	70000801	71046	324	HC X-RAY EXAM CHEST 2 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000049	71100	320	HC RIBS UNILATERAL 2 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000050	71101	320	HC RIBS CHEST UNIL MIN 3 VIEWS	350.00
MLC HOSPITAL FEE SCHEDULE	70000051	71110	320	HC RIBS BILAT 3 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000052	71111	320	HC RIBS CHEST BILAT MIN 4 VIEWS	350.00
MLC HOSPITAL FEE SCHEDULE	70000053	71120	320	HC STERNUM MIN 2 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000320	71130	320	HC STERNOCLAVICULAR MIN 3 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000054	71250	352	HC CT CHEST WO CONTRAST DIAG	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000055	71260	352	HC CT CHEST W CONTRAST DIAG	2,100.00
MLC HOSPITAL FEE SCHEDULE	70000056	71270	352	HC CT CHEST W WO CONTRAST DIAG	2,100.00
MLC HOSPITAL FEE SCHEDULE	70000057	71275	352	HC CT ANGIOGRAPHY CHEST W WO CONTRAST	2,600.00
MLC HOSPITAL FEE SCHEDULE	70000058	71550	610	HC MRI CHEST WO CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000060	71552	610	HC MRI CHEST W WO CONTRAST	5,000.00
MLC HOSPITAL FEE SCHEDULE	70000061	72020	320	HC SPINE 1 VIEW ANY LOCATION	150.00
MLC HOSPITAL FEE SCHEDULE	70000062	72040	320	HC CERVICAL SPINE 2 OR 3 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000063	72050	320	HC CERVICAL SPINE MIN 4 VIEWS	350.00
MLC HOSPITAL FEE SCHEDULE	70000064	72052	320	HC COMPLETE CERVICAL SPINE	400.00
MLC HOSPITAL FEE SCHEDULE	70000066	72070	320	HC THORACIC SPINE 2 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000321	72072	320	HC THORACIC SPINE 3 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000750	72081	320	HC X-RAY EXAM ENTIRE SPINE 1 VW	400.00
MLC HOSPITAL FEE SCHEDULE	70000751	72082	320	HC X-RAY EXAM ENTIRE SPINE 2/3 VW	400.00
MLC HOSPITAL FEE SCHEDULE	70000068	72100	320	HC LUMBOSACR SPINE 2 OR 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000069	72110	320	HC LUMBOSACR SPINE MIN 4 VIEWS	400.00
MLC HOSPITAL FEE SCHEDULE	70000324	72114	320	HC LUMBOSACR SPINE COMPL W BENDING MIN 6 VW	500.00
MLC HOSPITAL FEE SCHEDULE	70000070	72125	352	HC CT CERVICAL SPINE WO CONTRAST	750.00
MLC HOSPITAL FEE SCHEDULE	70000073	72128	352	HC CT THORACIC SPINE WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000074	72131	352	HC CT LUMBAR SPINE WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000076	72133	352	HC CT LUMBAR SPINE W WO CONTRAST	1,800.00
MLC HOSPITAL FEE SCHEDULE	70000077	72141	612	HC MRI SPINE CERVICAL WO CONTRAST	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000078	72146	612	HC MRI SPINE THORACIC WO CONTRAST	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000079	72148	612	HC MRI SPINE LUMBAR WO CONTRAST	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000080	72156	612	HC MRI SPINE CERVICAL W WO CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000081	72157	612	HC MRI SPINE THORACIC W WO CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000082	72158	612	HC MRI SPINE LUMBAR W WO CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000083	72170	320	HC PELVIS 1 OR 2 VIEWS	200.00
MLC HOSPITAL FEE SCHEDULE	70000086	72192	352	HC CT PELVIS WO CONTRAST	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000087	72193	352	HC CT PELVIS W CONTRAST	1,750.00
MLC HOSPITAL FEE SCHEDULE	70000088	72194	352	HC CT PELVIS W WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000331	72195	610	HC MRI PELVIS WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000089	72196	610	HC MRI PELVIS W CONTRAST	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000090	72197	610	HC MRI PELVIS W WO CONTRAST	4,500.00
MLC HOSPITAL FEE SCHEDULE	70000333	72200	320	HC SI JOINTS LESS THAN 3 VIEWS	200.00

MLC HOSPITAL FEE SCHEDULE	70000091	72202	320	HC SI JOINTS MIN 3 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000092	72220	320	HC SACRUM COCCYX MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000098	73000	320	HC CLAVICLE COMPLETE	300.00
MLC HOSPITAL FEE SCHEDULE	70000099	73010	320	HC SCAPULA COMPL	300.00
MLC HOSPITAL FEE SCHEDULE	70000100	73020	320	HC SHOULDER 1 VIEW	300.00
MLC HOSPITAL FEE SCHEDULE	70000101	73030	320	HC SHOULDER MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000103	73050	320	HC ACJ BILATERAL W WO WEIGHTS	300.00
MLC HOSPITAL FEE SCHEDULE	70000104	73060	320	HC HUMERUS MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000105	73070	320	HC ELBOW 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000106	73080	320	HC ELBOW MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000108	73090	320	HC FOREARM 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000110	73100	320	HC WRIST 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000111	73110	320	HC WRIST COMPL MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000112	73115	322	HC WRIST ARTHROGRAM	351.00
MLC HOSPITAL FEE SCHEDULE	70000113	73120	320	HC HAND 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000114	73130	320	HC HAND MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000115	73140	320	HC FINGER OR FINGERS MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000116	73200	352	HC CT UPPER EXTR WO CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000119	73218	610	HC MRI UP EXTR NOT JOINT WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000121	73220	610	HC MRI UP EXTR NOT JOINT W WO CONTR	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000122	73221	610	HC MRI UP EXTR ANY JOINT WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000123	73222	610	HC MRI UP EXTR ANY JOINT W CONTRAST	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000338	73223	610	HC MRI UP EXTR ANY JOINT W WO CONTR	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000754	73501	320	HC X-RAY EXAM HIP UNI 1 VIEW	300.00
MLC HOSPITAL FEE SCHEDULE	70000755	73502	320	HC X-RAY EXAM HIP UNI 2-3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000757	73521	320	HC X-RAY EXAM HIPS BI 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000127	73525	322	HC HIP ARTHROGRAM	600.00
MLC HOSPITAL FEE SCHEDULE	70000760	73551	320	HC X-RAY EXAM OF FEMUR 1 VW	170.00
MLC HOSPITAL FEE SCHEDULE	70000761	73552	320	HC X-RAY EXAM OF FEMUR 2/> VW	300.00
MLC HOSPITAL FEE SCHEDULE	70000130	73560	320	HC KNEE 1 OR 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000131	73562	320	HC KNEE 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000132	73564	320	HC KNEE MIN 4 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000133	73580	322	HC KNEE ARTHROGRAM	600.00
MLC HOSPITAL FEE SCHEDULE	70000134	73590	320	HC TIBIA FIBULA 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000135	73592	320	HC LOWR EXTR INFANT MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000136	73600	320	HC ANKLE 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000137	73610	320	HC ANKLE MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000138	73620	320	HC FOOT 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000139	73630	320	HC FOOT MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000139	73630	320	HC FOOT MIN 3 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000140	73650	320	HC CALCANEUS MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000141	73660	320	HC TOE OR TOES MIN 2 VIEWS	300.00
MLC HOSPITAL FEE SCHEDULE	70000142	73700	352	HC CT LOWER EXTR WO CONTRAST	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000145	73718	610	HC MRI LOW EXTR NOT JOINT WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000147	73720	610	HC MRI LOW EXTR NOT JOINT W WO CONTR	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000148	73721	610	HC MRI LOW EXTR ANY JOINT WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000149	73722	610	HC MRI LOW EXTR ANY JOINT W CONTRAST	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000150	73723	610	HC MRI LOW EXTR ANY JOINT W WO CONTR	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000804	74018	320	HC X-RAY EXAM ABDOMEN 1 VIEW	200.00
MLC HOSPITAL FEE SCHEDULE	70000805	74019	320	HC X-RAY EXAM ABDOMEN 2 VIEWS	250.00
MLC HOSPITAL FEE SCHEDULE	70000154	74022	320	HC COMPL ACUTE ABDOMEN W 1 VW CHEST	300.00
MLC HOSPITAL FEE SCHEDULE	70000155	74150	352	HC CT ABDOMEN WO CONTRAST	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000156	74160	352	HC CT ABDOMEN W CONTRAST	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000157	74170	352	HC CT ABDOMEN W WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000600	74174	352	HC CT ANGIO ABD AND PELV WO W CONTRAST	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000158	74175	352	HC CT ANGIOGRAPHY ABDOMEN W WO CONTRAST	1,187.00
MLC HOSPITAL FEE SCHEDULE	70000281	74176	352	HC CT ABD & PELVIS WO CONTRAST	2,500.00
MLC HOSPITAL FEE SCHEDULE	70000282	74177	352	HC CT ABDOMEN & PELVIS W CONTRAST	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000283	74178	352	HC CT ABD & PELVIS W WO CONTR 1+ REG/SEC	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000159	74181	610	HC MRI ABDOMEN WO CONTRAST	3,000.00
MLC HOSPITAL FEE SCHEDULE	70000160	74182	610	HC MRI ABDOMEN W CONTRAST	2,924.00
MLC HOSPITAL FEE SCHEDULE	70000161	74183	610	HC MRI ABDOMEN W WO CONTRAST	3,500.00
MLC HOSPITAL FEE SCHEDULE	70000162	74220	320	HC ESOPHAGRAM SGL CONTRAST STUDY	300.00
MLC HOSPITAL FEE SCHEDULE	70000163	74230	320	HC SWALLOWING FUNCTION W CINE VIDEO	500.00
MLC HOSPITAL FEE SCHEDULE	70000166	74246	320	HC UGI W AIR W OR WO KUB	584.00
MLC HOSPITAL FEE SCHEDULE	70000169	74250	320	HC SMALL BOWEL W SERIAL IMG	400.00
MLC HOSPITAL FEE SCHEDULE	70000349	74270	320	HC COLON W CONTRAST SGL	500.00
MLC HOSPITAL FEE SCHEDULE	70000170	74280	320	HC COLON W AIR AND BARIUM DBL CONTRAST	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000180	74420	320	HC RETROGRADE PYELOGRAM W WO KUB	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000183	74455	320	HC VOIDING URETHROCYSTOGRAM	500.00
MLC HOSPITAL FEE SCHEDULE	70000189	75635	352	HC CT ANGIOGRAPHY AORTA ILIOFEMORAL RUNOFF	4,000.00
MLC HOSPITAL FEE SCHEDULE	70000202	76000	320	HC FLUOROSCOPE EXAMINATION	500.00
MLC HOSPITAL FEE SCHEDULE	70000208	76377	350	HC 3D RENDER W POSTPROCESS	500.00
MLC HOSPITAL FEE SCHEDULE	70000368	76506	402	HC US EXAM OF HEAD ECHOENCEPHALOGRAM	600.00
MLC HOSPITAL FEE SCHEDULE	70000209	76536	402	HC US EXAM OF HEAD AND NECK	700.00
MLC HOSPITAL FEE SCHEDULE	70000294	76604	402	HC US EXAM CHEST	560.00
MLC HOSPITAL FEE SCHEDULE	70000721	76642	402	HC US BREAST LIMITED	600.00
MLC HOSPITAL FEE SCHEDULE	70000211	76700	402	HC US EXAM ABDOMEN COMPLETE	700.00
MLC HOSPITAL FEE SCHEDULE	70000295	76705	402	HC US EXAM ABDOMEN LIMITED	600.00
MLC HOSPITAL FEE SCHEDULE	70000786	76706	402	HC US ABDL AORTA SCREEN AAA	600.00
MLC HOSPITAL FEE SCHEDULE	70000212	76770	402	HC US EXAM RETROPERITONEAL COMPL	700.00
MLC HOSPITAL FEE SCHEDULE	70000296	76775	402	HC US EXAM RETROPERITONEAL LTD	600.00

MLC HOSPITAL FEE SCHEDULE	70000214	76801	402	HC US OB LESS THAN 14 WKS SNGL FETUS	400.00
MLC HOSPITAL FEE SCHEDULE	70000215	76802	402	HC US OB LESS THAN 14 WKS ADDL FETUS	400.00
MLC HOSPITAL FEE SCHEDULE	70000216	76805	402	HC US OB COMPLETE SNGL FETUS	500.00
MLC HOSPITAL FEE SCHEDULE	70000297	76815	402	HC US OB LIMITED FETUS(S)	600.00
MLC HOSPITAL FEE SCHEDULE	70000219	76816	402	HC US OB FOLLOW UP PER FETUS	400.00
MLC HOSPITAL FEE SCHEDULE	70000220	76817	402	HC US OB TRANSVAGINAL	400.00
MLC HOSPITAL FEE SCHEDULE	70000221	76819	402	HC US FBP WO NONSTRESS TEST	400.00
MLC HOSPITAL FEE SCHEDULE	70000298	76830	402	HC US NON OB TRANSVAG	600.00
MLC HOSPITAL FEE SCHEDULE	70000223	76856	402	HC US EXAM PELVIC COMP TRANSABDOMINAL	600.00
MLC HOSPITAL FEE SCHEDULE	70000373	76857	402	HC US EXAM PELVIC LTD TRANSABDOMINAL	350.00
MLC HOSPITAL FEE SCHEDULE	70000299	76870	402	HC US SCROTUM AND CONTENTS	600.00
MLC HOSPITAL FEE SCHEDULE	70000374	76872	402	HC US TRANSRECTAL	600.00
MLC HOSPITAL FEE SCHEDULE	70000300	76881	402	HC US XTR NON-VASC COMPLETE	600.00
MLC HOSPITAL FEE SCHEDULE	70000301	76882	402	HC US XTR NON-VASC LTD	200.00
MLC HOSPITAL FEE SCHEDULE	70000303	76942	402	HC US GUIDED NEEDLE PLACEMENT	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000376	76998	402	HC US GUIDANCE INTRAOPERATIVE	600.00
MLC HOSPITAL FEE SCHEDULE	70000425	77002	320	HC FLUOROGUIDANCE FOR NEEDLE PLC	600.00
MLC HOSPITAL FEE SCHEDULE	70000377	77003	320	HC FLUOROGUIDANCE FOR SPINE INJECT	600.00
MLC HOSPITAL FEE SCHEDULE	70000734	77061	401	HC BREAST TOMOSYNTHESIS DIG DX UNIL	500.00
MLC HOSPITAL FEE SCHEDULE	70000736	77062	401	HC BREAST TOMOSYNTHESIS DIG DX BILAT	750.00
MLC HOSPITAL FEE SCHEDULE	70000722	77063	403	HC BREAST TOMOSYNTHESIS DIG SCREEN BILAT	50.00
MLC HOSPITAL FEE SCHEDULE	70000816	77063	403	52 HC BREAST TOMOSYNTHESIS DIG SCREEN UNIL	50.00
MLC HOSPITAL FEE SCHEDULE	70000787	77065	401	HC DX MAMMO INCL CAD UNIL	500.00
MLC HOSPITAL FEE SCHEDULE	70000788	77066	401	HC DX MAMMO INCL CAD BILAT	600.00
MLC HOSPITAL FEE SCHEDULE	70000789	77067	403	HC SCR MAMMO INCL CAD BILAT	500.00
MLC HOSPITAL FEE SCHEDULE	70000790	77067	403	52 HC SCR MAMMO INCL CAD UNIL	500.00
MLC HOSPITAL FEE SCHEDULE	70000239	77072	320	HC BONE AGE STUDIES	210.00
MLC HOSPITAL FEE SCHEDULE	70000388	77080	320	HC DXA BONE DENSITY AXIAL	700.00
MLC HOSPITAL FEE SCHEDULE	70000611	77081	320	HC MM DXA BONE DENSITY/PERIPHERAL 1+ SITES	300.00
MLC HOSPITAL FEE SCHEDULE	70000672	78014	341	HC THYROID IMAG W/BLOOD FLOW SGL/MULT QUAN	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000247	78070	341	HC NM PARATHYROID IMAGING	761.00
MLC HOSPITAL FEE SCHEDULE	70000591	78227	341	HC NM HEPATOBIL SYST IMAGE W/DRUG	1,500.00
MLC HOSPITAL FEE SCHEDULE	70000258	78300	341	HC NM BONE IMAGING LTD	903.00
MLC HOSPITAL FEE SCHEDULE	70000260	78306	341	HC NM BONE IMAGING WHOLE BODY	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000261	78315	341	HC NM BONE IMAGING 3 PHASE	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000263	78451	341	HC NM HEART MUSCLE SPECT SGL	2,000.00
MLC HOSPITAL FEE SCHEDULE	70000264	78452	341	HC NM HEART MUSCLE SPECT MULT	5,000.00
MLC HOSPITAL FEE SCHEDULE	70000592	78579	341	HC NM LUNG VENTILATION IMAGING	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000266	78580	341	HC NM LUNG PERFUSION IMAGING	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000593	78582	341	HC NM LUNG VENTILAT&PERFUS IMAGING	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000271	78707	341	HC NM KIDNEY FLOW FUNCT WO DRUG	1,000.00
MLC HOSPITAL FEE SCHEDULE	70000272	78708	341	HC NM KIDNEY FLOW FUNCT W DRUG	1,006.00
MLC HOSPITAL FEE SCHEDULE	70000279	78816	404	HC NM PET IMAGE W CT WHOLE BODY	11,000.00
MLC HOSPITAL FEE SCHEDULE	80000033	80074	301	HC ACUTE HEPATITIS PANEL	400.00
MLC HOSPITAL FEE SCHEDULE	80000016	81003	307	HC AUTOM URINALYSIS WO MICRO	44.00
MLC HOSPITAL FEE SCHEDULE	80000017	81025	307	HC URINE PREGNANCY, VISUAL COLOR	50.00
MLC HOSPITAL FEE SCHEDULE	80000010	82270	301	HC OCCULT BLOOD FECES	42.00
MLC HOSPITAL FEE SCHEDULE	80000120	82310	301	HC CALCIUM; TOTAL	75.00
MLC HOSPITAL FEE SCHEDULE	80000002	82375	301	HC CARBOXYHEMOGLOBIN QUAN	150.00
MLC HOSPITAL FEE SCHEDULE	80000003	82800	301	HC BLOOD GAS PH ONLY	150.00
MLC HOSPITAL FEE SCHEDULE	80000004	82803	301	HC BLOOD GAS MIXED WO O2 SAT	200.00
MLC HOSPITAL FEE SCHEDULE	80000011	82947	301	HC GLUCOSE QUAN BLOOD	50.00
MLC HOSPITAL FEE SCHEDULE	80001116	82948	301	HC GLUCOSE; BLOOD REAGENT STRIP	75.00
MLC HOSPITAL FEE SCHEDULE	80000262	83970	301	HC PARATHORMONE	400.00
MLC HOSPITAL FEE SCHEDULE	80000310	84402	301	HC TESTOSTERONE, FREE	250.00
MLC HOSPITAL FEE SCHEDULE	80000352	85018	305	HC HEMOGLOBIN	53.00
MLC HOSPITAL FEE SCHEDULE	80000394	85610	305	HC PROTHROMBIN TIME	50.00
MLC HOSPITAL FEE SCHEDULE	80000433	86308	302	HC QUAL HETEROPHILE AB	75.00
MLC HOSPITAL FEE SCHEDULE	80000461	86580	302	HC SKIN TEST; TB, ID	30.00
MLC HOSPITAL FEE SCHEDULE	80000576	87140	306	HC CULTURE; IF, EA ANTISERUM	100.00
MLC HOSPITAL FEE SCHEDULE	80000578	87149	306	HC DNA/RNA DIRECT PROBE	550.00
MLC HOSPITAL FEE SCHEDULE	80001274	87624	306	HC HPV HIGH-RISK TYPES	150.00
MLC HOSPITAL FEE SCHEDULE	80000811	87880	306	HC STREP A ASSAY W/OPTIC	40.00
MLC HOSPITAL FEE SCHEDULE	80000647	88141	311	HC CYTOPATH, C/V, INTERPRET	100.00
MLC HOSPITAL FEE SCHEDULE	80000981	88142	311	HC CP CERV/VAG ATL MANUAL SCRIN	140.00
MLC HOSPITAL FEE SCHEDULE	80000686	88333	310	HC INTRAOP CYTO PATH CONSULT, 1	150.00
MLC HOSPITAL FEE SCHEDULE	80000009	89220	309	HC AEROSOL SPUTUM COLLECT	100.00
MLC HOSPITAL FEE SCHEDULE	90001018	90375	250	HC RABIES IG INJECTION IM/SQ	1,500.00
MLC HOSPITAL FEE SCHEDULE	900000834	90460	771	HC IM ADMIN 1ST/ONLY W COUNSEL AGE 0-18	50.00
MLC HOSPITAL FEE SCHEDULE	90000001	90471	771	HC IMMUNIZATION ADM 1 VACCINE	50.00
MLC HOSPITAL FEE SCHEDULE	90000281	90471	771	HC ADMIN PNEUMONIA VACCINE	50.00
MLC HOSPITAL FEE SCHEDULE	90000282	90471	771	HC ADMIN INFLUENZA VIRUS VACCINE	50.00
MLC HOSPITAL FEE SCHEDULE	90000002	90472	771	HC IMMUNIZATION ADM EA ADDTL VACCINE	30.00
MLC HOSPITAL FEE SCHEDULE	25001101	90630	250	HC IIV4 FLU VACC NO PRESERV ID	175.00
MLC HOSPITAL FEE SCHEDULE	90000958	90662	636	HC FLU VACC PRSV FREE INC ANTIG IM	150.00
MLC HOSPITAL FEE SCHEDULE	90000942	90670	636	HC PNEUMOCOCCAL VACC 13 VAL IM	400.00
MLC HOSPITAL FEE SCHEDULE	90001017	90675	250	HC IM RABIES VACCINE	700.00
MLC HOSPITAL FEE SCHEDULE	90000957	90688	636	HC IIV4 VACCINE SPLT 0.5 ML IM	100.00
MLC HOSPITAL FEE SCHEDULE	90000870	90707	250	HC SQ MMR VACCINE	96.00
MLC HOSPITAL FEE SCHEDULE	90000209	90746	636	HC HEP B VACC ADULT 3 DOSE IM	250.00
MLC HOSPITAL FEE SCHEDULE	97000053	92507	440	HC SPEECH/HEARING THERAPY	300.00
MLC HOSPITAL FEE SCHEDULE	97000273	92522	440	HC EVALUATE SPEECH PRODUCTION	600.00

MLC HOSPITAL FEE SCHEDULE	97000274	92523	440	HC EVAL SPEECH SOUND LANG COMPREHEN	1,000.00
MLC HOSPITAL FEE SCHEDULE	97000275	92524	440	HC BEHAVIORAL QUAL ANALYSIS VOICE	700.00
MLC HOSPITAL FEE SCHEDULE	97000055	92526	440	HC TREAT SWALLOWING DYSFUNCTION	200.00
MLC HOSPITAL FEE SCHEDULE	97000080	92579	471	HC VISUAL REINFORCEMENT AUDIOMETRY	150.00
MLC HOSPITAL FEE SCHEDULE	97000309	92582	471	HC CONDITIONING PLAY AUDIOMETRY	100.00
MLC HOSPITAL FEE SCHEDULE	97000086	92591	471	HC HEARING AID EXAM BOTH EARS	300.00
MLC HOSPITAL FEE SCHEDULE	97000058	92607	440	HC EVAL FOR SPEECH DEVICE RX 1HR	1,200.00
MLC HOSPITAL FEE SCHEDULE	97000060	92609	440	HC THERAPEUTIC SP DEVICE SERVICE	300.00
MLC HOSPITAL FEE SCHEDULE	97000061	92610	440	HC EVALUATE SWALLOWING FUNCTION	1,000.00
MLC HOSPITAL FEE SCHEDULE	97000062	92611	440	HC MOTION FLUORO SWALLOW FCN	350.00
MLC HOSPITAL FEE SCHEDULE	90000100	92950	480	HC CPR	750.00
MLC HOSPITAL FEE SCHEDULE	90000020	92953	480	HC TEMP TRANSCUTAN PACING	600.00
MLC HOSPITAL FEE SCHEDULE	90000101	92960	480	HC CARDIOVERSION	1,200.00
MLC HOSPITAL FEE SCHEDULE	98100099	92960	981	PR CARDIOVERSION	517.00
MLC HOSPITAL FEE SCHEDULE	90000679	92977	360	HC THROMBOLYSIS CORON IV INFUS	1,500.00
MLC HOSPITAL FEE SCHEDULE	90000210	93005	730	HC 12 LEAD EKG; TRACING ONLY	200.00
MLC HOSPITAL FEE SCHEDULE	98100343	93010	981	PR 12 LEAD EKG INT & REP	100.00
MLC HOSPITAL FEE SCHEDULE	90000290	93017	482	HC CVSLR STRESS TEST; TRACING	400.00
MLC HOSPITAL FEE SCHEDULE	98100456	93018	982	PR CVSLR STRESS TEST INT & REP	100.00
MLC HOSPITAL FEE SCHEDULE	90000292	93225	731	HC ECG MONITOR 0-24 HRS RECORDING	250.00
MLC HOSPITAL FEE SCHEDULE	90000293	93225	731	HC ECG MONITOR 0-48 HRS RECORDING	250.00
MLC HOSPITAL FEE SCHEDULE	90000295	93226	731	HC ECG 0-24 HRS SCANNING ANALYSIS REPORT	500.00
MLC HOSPITAL FEE SCHEDULE	90000296	93226	731	HC ECG 0-48 HRS SCANNING ANALYSIS REPORT	500.00
MLC HOSPITAL FEE SCHEDULE	98101605	93227	985	PR ECG MONIT/REPORT UP TO 48 HRS	250.00
MLC HOSPITAL FEE SCHEDULE	98101606	93228	985	PR REMOTE 30 DAY ECG REV/REPORT	200.00
MLC HOSPITAL FEE SCHEDULE	90000297	93270	731	HC REMOTE PT 30 DAY ECG REV/REPORT	500.00
MLC HOSPITAL FEE SCHEDULE	90000300	93303	480	HC TTE CONG ABN; COMPLETE WO CONTRAST	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000302	93306	483	HC TTE W/ DOPPLER COMPLETE	2,200.00
MLC HOSPITAL FEE SCHEDULE	90000033	93308	480	HC 2-D ECHO LIMITED OR FOLLOWUP	700.00
MLC HOSPITAL FEE SCHEDULE	90000307	93320	483	HC DOPPLER ECHO; COMPLETE	528.00
MLC HOSPITAL FEE SCHEDULE	90000308	93321	483	HC DOPPLER ECHO; LIMITED/ F-UP	300.00
MLC HOSPITAL FEE SCHEDULE	90000309	93325	483	HC DOPPLER COLOR FLOW	500.00
MLC HOSPITAL FEE SCHEDULE	97000088	93797	943	HC CARDIAC REHAB WO CONT ECG	189.00
MLC HOSPITAL FEE SCHEDULE	97000018	93798	943	HC CARDIAC REHAB W CONT ECG PHASE I	250.00
MLC HOSPITAL FEE SCHEDULE	97000019	93798	943	HC CARDIAC REHAB W CONT ECG PHASE II	250.00
MLC HOSPITAL FEE SCHEDULE	90000311	93880	921	HC CAROTID DUPLEX SCAN; BILAT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000312	93882	921	HC CAROTID DUPLEX SCAN; UNIL/LIMIT	640.00
MLC HOSPITAL FEE SCHEDULE	90000066	93922	921	HC UPR/L XTREMITY ART 2 LEVELS	500.00
MLC HOSPITAL FEE SCHEDULE	90000315	93924	921	HC LWXR XTR VASC STUDY BILAT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000316	93925	921	HC DUPLEX LE ART/BPG; BILAT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000317	93926	921	HC DUPLEX LE ART/BPG; UNIL/LIMIT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000318	93930	921	HC DUPLEX UE ART/BPG; BILAT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000319	93931	921	HC DUPLEX UE ART/BPG; UNIL/LIMIT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000320	93970	921	HC DUPLEX EXT VEINS; BILAT	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000068	93971	921	HC DUPLEX EXT VEINS UNIL/LIMIT	700.00
MLC HOSPITAL FEE SCHEDULE	90000162	93975	920	HC US DUPLEX ARTERIAL FLOW COMPL	1,200.00
MLC HOSPITAL FEE SCHEDULE	90000069	93976	921	HC DUPLEX ARTERIAL FLOW LIMITED	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000321	93978	921	HC DUPLEX A IVC IL/BPG; COMPL	1,000.00
MLC HOSPITAL FEE SCHEDULE	90000196	94010	460	HC SPIROMETRY	100.00
MLC HOSPITAL FEE SCHEDULE	98102345	94010	976	PR SPIROMETRY	100.00
MLC HOSPITAL FEE SCHEDULE	90000073	94060	460	HC BRONCHOSPASM PRE & POST BD	350.00
MLC HOSPITAL FEE SCHEDULE	98101820	94060	983	PR BRONCHOSPASM - PRE & POST BD	25.00
MLC HOSPITAL FEE SCHEDULE	90000166	94070	460	HC BRONCHOSPASM PROVOCATION EVAL	785.00
MLC HOSPITAL FEE SCHEDULE	98103027	94070	983	PR EVALUATION OF WHEEZING	110.00
MLC HOSPITAL FEE SCHEDULE	90000167	94200	460	HC MAXIMAL VOLUNTARY VENTILATION	150.00
MLC HOSPITAL FEE SCHEDULE	90001108	94618	460	HC PULMONARY STRESS TESTING	215.00
MLC HOSPITAL FEE SCHEDULE	90000102	94640	410	HC AIRWAY INHALATION TREATMENT INITIAL	100.00
MLC HOSPITAL FEE SCHEDULE	90000103	94640	410	HC MDI AIRWAY INHALATION TX INITIAL	100.00
MLC HOSPITAL FEE SCHEDULE	90000104	94640	410	HC AIRWAY INHALATION TREATMENT SUBQ	100.00
MLC HOSPITAL FEE SCHEDULE	90000105	94640	410	HC MDI AIRWAY INHALATION TX SUBQ	100.00
MLC HOSPITAL FEE SCHEDULE	90000078	94644	410	HC CONT BRONCHODILATOR TX 1ST HOUR	200.00
MLC HOSPITAL FEE SCHEDULE	90000079	94645	410	HC CONT BRONCHODILATOR TX EA ADDL HOUR	200.00
MLC HOSPITAL FEE SCHEDULE	90000652	94660	410	HC POS AIRWAY PRESSURE CPAP/BIPAP INITIAL	300.00
MLC HOSPITAL FEE SCHEDULE	90000653	94660	410	HC POS AIRWAY PRESSURE CPAP/BIPAP SUBQ	200.00
MLC HOSPITAL FEE SCHEDULE	90000108	94664	410	HC EVALUATE PT USE OF INHALER	50.00
MLC HOSPITAL FEE SCHEDULE	90000109	94667	410	HC CHEST PT INIT OR EVAL	150.00
MLC HOSPITAL FEE SCHEDULE	90000110	94667	410	HC FLUTTER VALVE/ACAPELLEA CHEST PT INIT	150.00
MLC HOSPITAL FEE SCHEDULE	90000111	94668	410	HC CHEST PT SUBSEQUENT	100.00
MLC HOSPITAL FEE SCHEDULE	90000112	94668	410	HC FLUTTER VALVE/ACAPELLEA CHEST PT SUBQ	100.00
MLC HOSPITAL FEE SCHEDULE	90000990	94669	460	HC MECH CHEST WALL OSCILL PER SESSION	125.00
MLC HOSPITAL FEE SCHEDULE	90000455	94726	460	HC PULM FUNCT TST PLETHYSMOGRAP	400.00
MLC HOSPITAL FEE SCHEDULE	98101853	94726	983	PR PULM FUNCT TST PLETHYSMOGRAP	25.00
MLC HOSPITAL FEE SCHEDULE	90000458	94729	460	HC CO/MEMBRANE DIFFUSE CAPACITY	300.00
MLC HOSPITAL FEE SCHEDULE	98101854	94729	983	PR CO DIFFUSE CAPACITY	25.00
MLC HOSPITAL FEE SCHEDULE	90000169	94760	460	HC PULSE OX SGL	75.00
MLC HOSPITAL FEE SCHEDULE	90000081	94761	460	HC PULSE OX MULTIPLE	150.00
MLC HOSPITAL FEE SCHEDULE	90000171	94770	460	HC CO2 EXPIRED GAS BY IR	200.00
MLC HOSPITAL FEE SCHEDULE	90000680	95115	761	HC IMMUNOTHERAPY SGL INJECTION	50.00
MLC HOSPITAL FEE SCHEDULE	90000327	95805	740	TC HC MSLT/MWT; GLOBAL	3,500.00
MLC HOSPITAL FEE SCHEDULE	90000328	95810	740	HC PSS W 4/> PARAM W TECH 6+ YRS	4,500.00
MLC HOSPITAL FEE SCHEDULE	90000329	95811	740	HC PSS W 4/> PARAM W CPAP/BIPAP 6+ YRS	5,000.00
MLC HOSPITAL FEE SCHEDULE	97000063	96105	440	HC APHASIA ASSESSMENT PER HR	400.00

MLC HOSPITAL FEE SCHEDULE	90000090	96360	260	HC HYDRATION IV INFUSION INIT 31-60 MIN	600.00
MLC HOSPITAL FEE SCHEDULE	90000091	96361	260	HC HYDRATE IV INFUSION EA ADDTL HR	300.00
MLC HOSPITAL FEE SCHEDULE	90000092	96365	260	HC THER/PROPH/DX IV INF INIT UP TO 1HR	600.00
MLC HOSPITAL FEE SCHEDULE	90000093	96366	260	HC THER/PROPH/DX IV INF EA ADDTL HR	300.00
MLC HOSPITAL FEE SCHEDULE	90000113	96372	260	HC THER/PROPH/DIAG INJ SC/IM	100.00
MLC HOSPITAL FEE SCHEDULE	90000097	96374	260	HC THER/PRO/DX INJ IV PUSH	300.00
MLC HOSPITAL FEE SCHEDULE	90000098	96375	260	HC TX/PRO/DX INJ NEW DRG ADD-ON	250.00
MLC HOSPITAL FEE SCHEDULE	90000099	96376	260	HC TX/PRO/DX INJ SAME DRG ADD-ON	250.00
MLC HOSPITAL FEE SCHEDULE	90000271	96402	331	HC CHEMO HORMON ANTINEOPL SQ/IM	250.00
MLC HOSPITAL FEE SCHEDULE	90000217	96523	761	HC IRRIG DRUG DELIVERY DEVICE	200.00
MLC HOSPITAL FEE SCHEDULE	97000005	97012	420	HC MODALITY MECHANICAL TRACTION	75.00
MLC HOSPITAL FEE SCHEDULE	97000050	97014	420	HC NON WND ELECT STIM	50.00
MLC HOSPITAL FEE SCHEDULE	97000021	97018	420	HC MODALITY PARAFFIN BATH	75.00
MLC HOSPITAL FEE SCHEDULE	97000024	97032	420	HC MODALITY M ELECTR STIM EA 15M	150.00
MLC HOSPITAL FEE SCHEDULE	97000025	97033	420	HC MODALITY IONTOPHORESIS EA 15M	150.00
MLC HOSPITAL FEE SCHEDULE	97000027	97035	420	HC MODALITY ULTRASOUND EA 15M	75.00
MLC HOSPITAL FEE SCHEDULE	97000028	97110	420	HC THERAP EXERCISE ROM EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	98102346	97110	960	PR THERAPEUTIC EXERCISES EA 15 MINS	92.00
MLC HOSPITAL FEE SCHEDULE	97000029	97112	420	HC NEUROMUSCLE RE-EDUC EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	97000006	97116	420	HC GAIT TRAINING THERAPY EA 15 MIN	75.00
MLC HOSPITAL FEE SCHEDULE	97000329	97129	420	HC THER IVNTJ COG FUNCN 1ST 15 MIN	226.00
MLC HOSPITAL FEE SCHEDULE	97000330	97130	420	HC THER IVNTJ COG FUNCN EA ADDL 15 MIN	200.00
MLC HOSPITAL FEE SCHEDULE	97000031	97140	420	HC MANUAL THERAPY EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	98102347	97140	960	PR MANUAL THERAPY EA 15 MINS	100.00
MLC HOSPITAL FEE SCHEDULE	97000301	97161	424	HC PT EVAL LOW COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000302	97162	424	HC PT EVAL MOD COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000303	97163	424	HC PT EVAL HIGH COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000304	97164	424	HC PT RE-EVAL EST PLAN CARE	150.00
MLC HOSPITAL FEE SCHEDULE	97000305	97165	434	HC OT EVAL LOW COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000306	97166	434	HC OT EVAL MOD COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000307	97167	434	HC OT EVAL HIGH COMPLEX	300.00
MLC HOSPITAL FEE SCHEDULE	97000308	97168	434	HC OT RE-EVAL EST PLAN CARE	150.00
MLC HOSPITAL FEE SCHEDULE	97000033	97530	420	HC THERAPEUTIC ACTIVITY DIR EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	97000035	97533	420	HC SENSORY INTEGRATION EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	97000036	97535	420	HC ADL/SELF CARE TRN EA 15M	100.00
MLC HOSPITAL FEE SCHEDULE	97000041	97597	420	HC SLCTV WND DEBRIDEM 20 CM OR <	426.00
MLC HOSPITAL FEE SCHEDULE	98100283	97597	982	PR SLCTV WND DEBRIDEM 20 CM OR <	200.00
MLC HOSPITAL FEE SCHEDULE	97000042	97598	420	HC SLCTV WND DEBRIDEM ADDTL 20 CM/<	200.00
MLC HOSPITAL FEE SCHEDULE	98101627	97598	983	PR SLCTV WND DEBRIDEM >20 CM	100.00
MLC HOSPITAL FEE SCHEDULE	98100284	97602	981	PR NSW DEBRIDEM WO ANESTH/SESSION	100.00
MLC HOSPITAL FEE SCHEDULE	97000007	97605	761	HC NEG PRESS WOUND TX <=50 CM (DME)	300.00
MLC HOSPITAL FEE SCHEDULE	97000008	97606	761	HC NEG PRESS WOUND TX >50 CM (DME)	200.00
MLC HOSPITAL FEE SCHEDULE	97000045	97760	420	HC ORTHOTIC MGMT AND TRAINING EA 15M	150.00
MLC HOSPITAL FEE SCHEDULE	90000237	97802	942	HC INIT NUTRITION THERAPY; EACH 15M	50.00
MLC HOSPITAL FEE SCHEDULE	90000238	97803	942	HC RE-ASSESS NUTRITION THER; EA 15M	50.00
MLC HOSPITAL FEE SCHEDULE	98102210	99155	964	PR MOD SED OTHER PHYS/QHP <5 YRS 15M	100.00
MLC HOSPITAL FEE SCHEDULE	90001038	99156	370	HC MOD SED OTHER PHYS/QHP 5/>YRS 15M	650.00
MLC HOSPITAL FEE SCHEDULE	98102221	99156	964	PR MOD SED OTH PHYS/QHP 5/>YRS	200.00
MLC HOSPITAL FEE SCHEDULE	90001039	99157	370	HC MOD SED OTHER PHYS/QHP EA 15 MIN	480.00
MLC HOSPITAL FEE SCHEDULE	98102211	99157	964	PR MOD SED OTHER PHYS/QHP EA 15 MIN	300.00
MLC HOSPITAL FEE SCHEDULE	90000218	99195	940	HC PHLEBOTOMY, THERAPEUTIC	100.00
MLC HOSPITAL FEE SCHEDULE	99000001	99201	510	HC O/P VISIT NEW LEVEL 1	125.00
MLC HOSPITAL FEE SCHEDULE	98100185	99202	960	PR OP VISIT NEW PT LEVEL 2	225.00
MLC HOSPITAL FEE SCHEDULE	99000002	99202	510	HC O/P VISIT NEW LEVEL 2	150.00
MLC HOSPITAL FEE SCHEDULE	98100186	99203	960	PR OP VISIT NEW PT LEVEL 3	250.00
MLC HOSPITAL FEE SCHEDULE	99000003	99203	510	HC O/P VISIT NEW LEVEL 3	175.00
MLC HOSPITAL FEE SCHEDULE	98100187	99204	960	PR OP VISIT NEW PT LEVEL 4	275.00
MLC HOSPITAL FEE SCHEDULE	99000004	99204	510	HC O/P VISIT NEW LEVEL 4	200.00
MLC HOSPITAL FEE SCHEDULE	99000011	99211	510	HC O/P VISIT EST LEVEL 1	125.00
MLC HOSPITAL FEE SCHEDULE	98100190	99212	960	PR OP VISIT EST PT LEVEL 2	125.00
MLC HOSPITAL FEE SCHEDULE	99000012	99212	510	HC O/P VISIT EST LEVEL 2	150.00
MLC HOSPITAL FEE SCHEDULE	98100191	99213	981	PR OP VISIT EST PT LEVEL 3	150.00
MLC HOSPITAL FEE SCHEDULE	99000013	99213	510	HC O/P VISIT EST LEVEL 3	175.00
MLC HOSPITAL FEE SCHEDULE	98100192	99214	960	PR OP VISIT EST PT LEVEL 4	175.00
MLC HOSPITAL FEE SCHEDULE	98100194	99217	981	PR OBSERVATION CARE DISCHARGE	200.00
MLC HOSPITAL FEE SCHEDULE	98100195	99218	981	PR INITIAL OBSERVATION CARE LOW/LVL 1	200.00
MLC HOSPITAL FEE SCHEDULE	98100196	99219	987	PR INITIAL OBSERVATION CARE MID/LVL 2	300.00
MLC HOSPITAL FEE SCHEDULE	98100197	99220	987	PR INITIAL OBSERVATION CARE HIGH/LVL 3	400.00
MLC HOSPITAL FEE SCHEDULE	98100199	99222	987	PR INITIAL HOSPITAL CARE LVL 2	400.00
MLC HOSPITAL FEE SCHEDULE	98100200	99223	987	PR INITIAL HOSPITAL CARE LVL 3	450.00
MLC HOSPITAL FEE SCHEDULE	98100347	99225	982	PR SUBSEQUENT OBSERVATION CARE LVL 2	200.00
MLC HOSPITAL FEE SCHEDULE	98100459	99226	982	PR SUBSEQUENT OBSERVATION CARE LVL 3	250.00
MLC HOSPITAL FEE SCHEDULE	98100201	99231	987	PR SUBQ HOSPITAL CARE LVL 1	150.00
MLC HOSPITAL FEE SCHEDULE	98100202	99232	987	PR SUBQ HOSPITAL CARE LVL 2	200.00
MLC HOSPITAL FEE SCHEDULE	98100203	99233	987	PR SUBQ HOSPITAL CARE LVL 3	250.00
MLC HOSPITAL FEE SCHEDULE	98100205	99235	981	PR OBS/HOSP SAME DATE LVL 2	300.00
MLC HOSPITAL FEE SCHEDULE	98100206	99236	987	PR OBS/HOSP SAME DATE LVL 3	400.00
MLC HOSPITAL FEE SCHEDULE	98100344	99238	981	PR HOSP DC DAY MANAGEMENT 30 MIN/< (MD)	200.00
MLC HOSPITAL FEE SCHEDULE	98100747	99239	987	PR HOSP DC DAY MANAGEMENT > 30 MIN (MD)	250.00
MLC HOSPITAL FEE SCHEDULE	98100208	99242	988	PR OFFICE CONSULT LVL 2	275.00
MLC HOSPITAL FEE SCHEDULE	98100210	99244	988	PR OFFICE CONSULT LVL 4	300.00
MLC HOSPITAL FEE SCHEDULE	98100211	99245	988	PR OFFICE CONSULT LVL 5	400.00

MLC HOSPITAL FEE SCHEDULE	98100100	99281	981	PR ED LEVEL 1 VISIT	200.00
MLC HOSPITAL FEE SCHEDULE	99000016	99281	450	HC ED LEVEL 1 VISIT	199.00
MLC HOSPITAL FEE SCHEDULE	99000017	99281	450	HC ED LEVEL 1 INIT ASSESS	1.00
MLC HOSPITAL FEE SCHEDULE	98100101	99282	981	PR ED LEVEL 2 VISIT	300.00
MLC HOSPITAL FEE SCHEDULE	99000018	99282	450	HC ED LEVEL 2 VISIT	299.00
MLC HOSPITAL FEE SCHEDULE	99000019	99282	450	HC ED LEVEL 2 INIT ASSESS	1.00
MLC HOSPITAL FEE SCHEDULE	98100102	99283	981	PR ED LEVEL 3 VISIT	500.00
MLC HOSPITAL FEE SCHEDULE	99000020	99283	450	HC ED LEVEL 3 VISIT	499.00
MLC HOSPITAL FEE SCHEDULE	99000021	99283	450	HC ED LEVEL 3 INIT ASSESS	1.00
MLC HOSPITAL FEE SCHEDULE	98100103	99284	981	PR ED LEVEL 4 VISIT	700.00
MLC HOSPITAL FEE SCHEDULE	99000022	99284	450	HC ED LEVEL 4 VISIT	999.00
MLC HOSPITAL FEE SCHEDULE	99000023	99284	450	HC ED LEVEL 4 INIT ASSESS	1.00
MLC HOSPITAL FEE SCHEDULE	98100104	99285	981	PR ED LEVEL 5 VISIT	1,000.00
MLC HOSPITAL FEE SCHEDULE	99000024	99285	450	HC ED LEVEL 5 VISIT	1,999.00
MLC HOSPITAL FEE SCHEDULE	99000038	99285	450	HC ED LEVEL 5 INIT ASSESS	1.00
MLC HOSPITAL FEE SCHEDULE	90000119	99291	450	HC CRITICAL CARE 30-74 MIN	2,000.00
MLC HOSPITAL FEE SCHEDULE	98100105	99291	981	PR CRITICAL CARE 30-74 MIN	500.00
MLC HOSPITAL FEE SCHEDULE	90000120	99292	450	HC CRITICAL CARE EACH ADDTL 30 MIN	1,000.00
MLC HOSPITAL FEE SCHEDULE	98100106	99292	981	PR CRITICAL CARE EACH ADDTL 30 MIN	300.00
MLC HOSPITAL FEE SCHEDULE	98100574	99304	988	PR NURSING FACILITY CARE INIT LVL 1	200.00
MLC HOSPITAL FEE SCHEDULE	98100730	99305	988	PR NURSING FACILITY CARE INIT LVL 2	250.00
MLC HOSPITAL FEE SCHEDULE	98100731	99306	988	PR NURSING FACILITY CARE INIT LVL 3	300.00
MLC HOSPITAL FEE SCHEDULE	98100732	99307	988	PR NURSING FAC CARE SUBQ LVL1	75.00
MLC HOSPITAL FEE SCHEDULE	98100217	99308	987	PR NURSING FAC CARE SUBQ LVL 2	100.00
MLC HOSPITAL FEE SCHEDULE	98100733	99309	988	PR NURSING FAC CARE SUBQ LVL 3	150.00
MLC HOSPITAL FEE SCHEDULE	98100998	99310	960	PR NURSING FAC CARE SUBSEQ	300.00
MLC HOSPITAL FEE SCHEDULE	98100748	99315	981	PR SNF DISCHARGE DAY < 30 MIN	200.00
MLC HOSPITAL FEE SCHEDULE	98101125	99316	983	PR SNF DISCHARGE DAY > 30 MIN	200.00
MLC HOSPITAL FEE SCHEDULE	98101581	99344	960	PR HOME VISIT NEW PATIENT LVL 4	350.00
MLC HOSPITAL FEE SCHEDULE	99000084	99386	770	HC INIT PREV E/M NEW AGE 40-64 YRS	600.00
MLC HOSPITAL FEE SCHEDULE	99000092	99395	770	HC PREV REEVAL EST AGE 18-39 YRS	300.00
MLC HOSPITAL FEE SCHEDULE	90000121	99406	942	HC SMOKE/TOBACCO COUNSELING 3-10 MIN	100.00
MLC HOSPITAL FEE SCHEDULE	90000122	99407	942	HC SMOKE/TOBACCO COUNSELING > 10 MIN	150.00
MLC HOSPITAL FEE SCHEDULE	98102973	99441	960	PR PHONE E/M PHYS/QHP 5-10 MIN	40.00
MLC HOSPITAL FEE SCHEDULE	98102974	99442	960	PR PHONE E/M PHYS/QHP 11-20 MIN	45.00
MLC HOSPITAL FEE SCHEDULE	98102975	99443	960	PR PHONE E/M PHYS/QHP 21-30 MIN	50.00
MLC HOSPITAL FEE SCHEDULE	90000601	0296T	730	HC EXT ECG RECORDING 48 HRS TO 21 DAYS	400.00
MLC HOSPITAL FEE SCHEDULE	98103069	0298T	982	PR EXT ECG REVIEW AND INTERP	150.00
MLC HOSPITAL FEE SCHEDULE	98102857	1111F	960	PR DSCHRG MED/CURRENT MED MERGE	0.01
MLC HOSPITAL FEE SCHEDULE	80080023	A0999	540	HC GROUND EMERGENCY MEDICAL TRANSPORTATION (GEMT) SERVICES	1,183.97
MLC HOSPITAL FEE SCHEDULE	90000223	A9270	990	GY HC MILEAGE CHARGE	18.00
MLC HOSPITAL FEE SCHEDULE	90000560	A9270	990	GY HC SPEECH THERAPY SPECIAL	41.00
MLC HOSPITAL FEE SCHEDULE	97000125	A9270	990	GY HC MISC PATIENT CONVENIENCE ITEM	28.00
MLC HOSPITAL FEE SCHEDULE	97000277	A9270	990	GY HC SPEECH/LANGUAGE EVAL SPECIAL	42.00
MLC HOSPITAL FEE SCHEDULE	97000279	A9270	990	GY HC PT/OT EVAL SPECIAL	42.00
MLC HOSPITAL FEE SCHEDULE	97000280	A9270	990	GY HC PT/OT THERAPY SPECIAL	41.00
MLC HOSPITAL FEE SCHEDULE	27002284	A9500	343	HC TC99M SESTAMIBI	700.00
MLC HOSPITAL FEE SCHEDULE	27002286	A9503	343	HC TC99M MEDRONATE TO 30 MCI	300.00
MLC HOSPITAL FEE SCHEDULE	27003390	A9509	343	HC IODINE I-123 SOD IODIDE MIL PER 1 MCI	350.00
MLC HOSPITAL FEE SCHEDULE	27002296	A9537	343	HC TC99M MEBROFENIN TO 15 MCI	305.00
MLC HOSPITAL FEE SCHEDULE	27002298	A9539	343	HC TC99M PENTETATE TO 25 MCI	300.00
MLC HOSPITAL FEE SCHEDULE	27002299	A9540	343	HC TC99M MAA TO 10 MCI	300.00
MLC HOSPITAL FEE SCHEDULE	27002311	A9562	343	HC TC99M MAG3 TO 15 MCI	798.00
MLC HOSPITAL FEE SCHEDULE	90000358	C8929	483	HC TTE W OR W/O CONTR FOLLOW W CONTR DOPPLER	2,000.00
MLC HOSPITAL FEE SCHEDULE	97000012	G0239	410	HC PULM FCN STRENGTH 2/> INDIV	100.00
MLC HOSPITAL FEE SCHEDULE	98101432	G0289	983	PR KNEE ARTHRO DIFF COMPARTMENT SK	2,000.00
MLC HOSPITAL FEE SCHEDULE	90000973	G0297	350	HC LOW DOSE CT LUNG SCREENING	1,000.00
MLC HOSPITAL FEE SCHEDULE	50050010	G0378	762	HC OBSERVATION PER HOUR	60.00
MLC HOSPITAL FEE SCHEDULE	50050045	G0378	762	HC OBSERVATION PER HOUR EMU/HIGH ACUITY	90.00
MLC HOSPITAL FEE SCHEDULE	90000266	G0379	762	HC DIRECT REFER HOSPITAL OBSERV	500.00
MLC HOSPITAL FEE SCHEDULE	90000188	G0390	684	HC FULL TRAUMA RESPONS W CC FAC LEV 4	3,000.00
MLC HOSPITAL FEE SCHEDULE	97000014	G0424	948	HC PULMONARY REHAB W EXER	120.00
MLC HOSPITAL FEE SCHEDULE	25001004	J1885	250	HC TORADOL INJ PER 15 MG	93.00
MLC HOSPITAL FEE SCHEDULE	25000464	J2805	250	HC SINCALIDE 5 MCG INJ	254.00
MLC HOSPITAL FEE SCHEDULE	25001031	J3420	250	HC VITAMIN B-12 INJECTION TO 1000 MCG	28.00
MLC HOSPITAL FEE SCHEDULE	27001655	L3807	274	HC PREFAB WHFO WO JNTS LVL 1	600.00
MLC HOSPITAL FEE SCHEDULE	27001661	L3808	274	HC WHFO, RIGID W/O JOINTS LVL 1	900.00
MLC HOSPITAL FEE SCHEDULE	27001673	L3906	274	HC WHO W/O JOINTS CF LVL 1	1,000.00
MLC HOSPITAL FEE SCHEDULE	27001699	L3913	274	HC HFO W/O JOINTS CF LVL 1	500.00
MLC HOSPITAL FEE SCHEDULE	27001709	L3917	274	HC PREFAB METACARPL FX ORTHOSIS LVL 1	200.00
MLC HOSPITAL FEE SCHEDULE	27001719	L3919	274	HC HO W/O JOINTS CF LVL 1	500.00
MLC HOSPITAL FEE SCHEDULE	27001739	L3923	274	HC HFO W/O JOINTS PF LVL 1	500.00
MLC HOSPITAL FEE SCHEDULE	27001769	L3933	274	HC FO W/O JOINTS CF LVL 1	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000254	10040	360	HC ACNE SURGERY MILIA CYSTS	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102846	10040	983	PR ACNE SURGERY MILIA CYSTS	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000076	10061	360	HC I&D ABSC COMPL OR MULTI	1,202.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100002	10061	981	PR I&D ABSC COMPL OR MULTI	601.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000078	10160	360	HC PUNCT ASP ABSC HEMAT CYST	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100116	10160	981	PR PUNCT ASP ABSC HEMATOMA CYST	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100009	11042	981	PR DEB SUBQ TISSUE 20 SQ CM/<	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000010	11045	761	HC DEB SUBQ TISSUE ADD-ON	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101615	11045	983	PR DEB SUBQ TISSUE ADD-ON	100.00

MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000013	11055	761	HC PARE BENIGN LES SGL	150.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000014	11056	761	HC TRIM SKIN LESIONS 2 TO 4	150.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000015	11057	761	HC TRIM SKIN LESIONS OVER 4	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000307	11106	761	HC INCISIONAL BX SKN SINGLE LES	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102727	11106	975	PR INCISIONAL BX SKN SINGLE LES	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000308	11107	761	HC INCISIONAL BX SKN EA SEP/ADDL	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102728	11107	975	PR INCISIONAL BX SKN EA SEP/ADDL	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000150	11404	761	HC EXC BEN LES T/A/L; 3.1-4.0 CM	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100358	11404	982	PR EXC BEN LES T/A/L; 3.1-4.0 CM	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000151	11420	360	HC EXC BEN LES S/N/HF/G; 0.5 CM/<	150.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100236	11420	981	PR EXC BENIGN LESION S/N/HF/G 0.5 CM/<	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000181	11422	761	HC EXC BENIGN LES S/N/EX/G 1.1-2.0 CM	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100392	11422	975	PR EXC BENIGN LES S/N/EX/G 1.1-2.0 CM	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000185	11443	761	HC EXC FACE-MM B9+MARG 2.1-3.0 CM	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000082	11720	360	HC DEBRIDE NAILS 1-5	50.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000020	11721	761	HC DEBRIDE NAILS 6/>	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000083	11730	360	HC SPL AVULSE NP SGL	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000022	11750	360	HC REMOVAL OF NAIL BED	450.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000228	11980	360	HC SQ HORMONE PELLET IMPL	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101338	11980	983	PR SQ HORMONE PELLET IMPL	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000240	11981	360	HC INSERT DRUG IMPLANT	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000252	11983	360	HC REMOVE W INS DRUG IMPLANT	1,100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101341	11983	983	PR REMOVE W INS DRUG IMPLANT	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100589	13160	975	PR LCL SURG WND/DEH EXTENSIVE	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	10000104	17110	360	HC DESTRUCT B9 LESION 1-14	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000280	20526	761	HC CARPAL TUNNEL TX INJ	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000396	20526	761	50 HC CARPAL TUNNEL TX INJ BILAT	1,010.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100511	20526	975	PR CARPAL TUNNEL TX INJ	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100511	20526	975	PR CARPAL TUNNEL TX INJ	366.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000110	20550	761	HC INJ SGL TENDON SHTH OR LIGAMENT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100111	20550	981	PR INJ SGL TENDON SHTH OR LIGAMENT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000251	20551	761	HC INJ TENDON ORIGIN INSERT	350.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102138	20551	983	PR INJ TENDON ORIGIN/INSERT	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000111	20552	761	HC INJ TRIGGER POINT 1/2 MUSCL	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100045	20552	981	PR INJ TRIGGER POINT 1-2 MUSCLES	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000004	20553	761	HC INJECT TRIGGER POINTS=/>3	350.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100752	20553	964	PR INJECT TRIGGER POINTS=/>3	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000112	20600	360	HC DRAIN/INJECT SM JNT/BURSA	150.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000533	20600	360	50 HC DRAIN/INJ SMALL JOINT/BURSA W/O US BILAT	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100046	20600	981	PR DRAIN/INJECT SM JNT/BURSA	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102605	20600	983	50 PR DRAIN/INJ SMALL JOINT/BURSA W/O US BILAT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000113	20605	761	HC DRAIN/INJ INTERM JNT/BURSA	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000114	20605	761	50 HC DRAIN/INJ INTERM JNT/BURSA BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100047	20605	981	PR DRAIN/INJECT INTERM JNT/BURSA	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101478	20605	983	50 PR DRAIN/INJECT INTERM JNT/BURSA BILAT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000115	20610	761	HC DRAIN/INJ MAJOR JNT/BURSA	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000116	20610	761	50 HC DRAIN/INJ MAJOR JNT/BURSA BILAT	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100048	20610	981	PR DRAIN/INJ MAJOR JNT/BURSA	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101483	20610	983	50 PR DRAIN/INJ MAJOR JNT/BURSA BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000197	20612	360	HC ASPIRATE/INJ GANGLION CYST	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100136	20612	983	PR ASPIRATE/INJECT GANGLION CYST	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000315	20670	450	HC REMOVE SUPPORT IMPLANT SUPERFICIAL	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100292	20670	975	PR REMOVE SUPPORT IMPLANT	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000011	23500	450	HC CL TX CLAVICULAR FX WO MANIP	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100052	23500	981	PR CL TX CLAVICULAR FX WO MANIP	350.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000013	23540	450	HC CL TX ACLAV DISLOC WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100249	23540	981	PR CL TX ACLAV DISL WO MANIP	525.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000014	23570	450	HC CL TX SCAPULAR FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100327	23570	981	PR CL TX SCAPULAR FX WO MANIP	800.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000015	23600	450	HC CL TX PROX HUMERAL FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100053	23600	981	PR CL TX PROX HUMERAL FX WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000018	24500	450	HC CL TX HUMERUS FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100055	24500	981	PR CL TX HUMERUS FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000138	24505	450	HC CL TX HUMERUS FX W MANIP	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101179	24505	983	PR CL TX HUMERUS FX W MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000019	24530	450	HC CL TX SC/TC HUMERUS FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000021	24600	450	HC TX CL ELBOW DISLOC WO ANESTH	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100141	24600	981	PR CL TX ELBOW DISL WO ANESTH	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000022	24640	450	HC CL TX NURSEMAID ELBOW W MANIP	517.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100252	24640	981	PR CL TX NURSEMAID ELBOW W MANIP	329.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101600	24650	983	PR CL TX RADIAL HD/NECK FX; WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000024	24655	450	HC CL TX RADIAL HD/NECK FX W MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101190	24655	983	PR CL TX RADIAL HD/NECK FX; W MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000025	24670	450	HC TREAT ULNAR FRACTURE WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101191	24670	983	PR CLOSED TX ULNAR FRACTURE PROXIMAL END WO MNP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000026	25500	450	HC CL TX OF RADIAL SHAFT FX WO MANIP	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100253	25500	981	PR CL TX RADIAL SHAFT FX WO MANIP	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000028	25530	450	HC CL TX ULNAR SHAFT FX WO MANIP	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100330	25530	981	PR CL TX ULNAR SHAFT FX WO MANIP	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000030	25560	450	HC CL TX RADIAL & ULNAR FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100331	25560	981	PR CL TX RADIAL & ULNAR FX WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000031	25565	450	HC CL TX RADIAL & ULNA FX W MANIP	436.00

MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100254	25565	981	PR CL TX RADIAL/ULNA FX W MANIP	145.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000032	25600	450	HC TX FRACTURE D RADIUS/ULNA WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100056	25600	981	PR CLTX DSTL RDL FX/EPIPH SEP WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000034	25622	450	HC CL TX CARPAL SCAPHOID FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100144	25622	975	PR CL TX CARPAL SCAPHOID FX WO MANIP	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000035	25630	450	HC CL TX CARP B FX (NOT NAV) WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101208	25630	983	PR CLTX CARPL BONE FX WO MNP EA BONE	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000040	26011	360	HC DRAIN FINGER ABSX COMPLICATED	1,197.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100333	26011	981	PR DRAIN FINGER ABSX COMPLICATED	647.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000044	26605	450	HC CL TX MC FX SGL W MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100148	26605	975	PR CL TX MC FX SGL W MANIP	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000046	26645	450	HC CL TX CMC FX DISLOC THUMB W MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101223	26645	983	PR CL TX CMC FX DISLOC THUMB W MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100297	26670	981	PR CL TX CMC DISL W MANIP EA	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000048	26720	450	HC CL TX PHAL SHAFT FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100149	26720	981	PR CL TX PHAL SHAFT FX WO MANIP	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000219	26740	450	HC CL TX ART FX MCP/IP JNT WO MANIP	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102701	26740	981	PR CL TX ART FX MCP/IP JNT; WO MAN	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000051	26750	450	HC CL TX D PHAL FX FGR/THMB WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100257	26750	981	PR CL TX D PHAL FX FGR/THUMB WO MANIP	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000149	26765	450	HC OPEN TX D PHAL FX FGR/THMB EACH	3,450.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100151	26765	975	PR OPEN TX DISTAL PHAL FX FGR/THUMB EA	1,460.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000337	27096	761	HC DX INJ SI JOINT ARTHROGRAPHY	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100755	27096	964	PR SIJ ANESTH/STERIOD INJ	950.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000441	27197	450	HC CL TX PELVIC RING FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102172	27197	975	PR CL TX PELVIC RING FX WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000056	27220	450	HC CL TX OF ACETABULUM FX WO MANIP	3,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102436	27220	975	PR CL TX OF ACETABULUM X(S); WO MAN	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000499	27235	360	HC PERC FIX FEM PROX NK FX	4,950.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100906	27235	975	PR PERC FIX FEM FX PROX END NECK	1,650.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000228	27246	450	HC CL TX GTR TROCHNTRC FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101245	27246	983	PR CL TX GTR TROCHNTRC FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000158	27500	450	HC CL TX FEMORAL SHAFT FX WO MANIP	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101251	27500	983	PR CL TX FEMORAL SHAFT FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000269	27508	450	HC CL TX D FEM FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102139	27508	983	PR CL TX D FEM FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000060	27520	450	HC CLOSED TX PATELLAR FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101255	27520	983	PR CLOSED TX PATELLAR FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000061	27530	450	HC CL TX PROX TIBIAL FX WO MANIP	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101444	27530	983	PR CL TX PROX TIBIAL FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000613	27602	761	HC DF LEG; ANT/LAT & P COMPARTM	4,376.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101787	27602	983	PR DF LEG; ANT/LAT & P COMPARTM	2,188.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000064	27750	450	HC CL TX TIB SHFT FX WO MANIP	2,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100063	27750	981	PR CL TX TIB SHFT FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000565	27759	360	HC OP/PERC TX TIB SHAFT FX BY IM IMPL	8,368.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101275	27759	983	PR OP/PERC TX TIB SHAFT FX BY IM IMPL	3,951.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000067	27767	450	HC CLTX POST ANKLE FX WO MANIP	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103034	27767	983	PR CLTX POST ANKLE FX	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000069	27780	450	HC CL TX PROX FIB/SHAFT FX WO MANIP	2,126.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100262	27780	981	PR CL TX PROX FIBULA/SHAFT FX WO MANIP	1,063.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000070	27786	450	HC CL TX DSTL FIB FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100065	27786	981	PR CL TX DSTL FIB FX WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000072	27808	450	HC CL TX BIMALLEOLAR ANKLE FX WO MANIP	2,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101278	27808	983	PR CLTX BIMALLEOLAR ANKLE FRACT WO MNP	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000079	28400	450	HC CL TX CALCANEAL FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101292	28400	983	PR CL TX CALCANEAL FX; WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000080	28430	450	HC CL TX TALUS FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101294	28430	983	PR CL TX TALUS FX; WO MANIP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000082	28470	450	HC CL TX METATARSAL FX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100166	28470	981	PR CL TX METATARSAL FX WO MANIP	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000084	28490	450	HC CL TX FX GT PHALANX WO MANIP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100334	28490	981	PR CL TX FX GT PHALANX WO MANIP	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000086	28510	450	HC CL TX FX PHALNX/PHALNG WO MANIP	334.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100069	28510	981	PR CL TX FX PHALANX/PHALANG WO MANIP	293.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000091	29065	360	HC APPLY LONG ARM CAST	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000092	29075	360	HC APPLY SHORT ARM CAST	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100071	29075	981	PR APPLY SHORT ARM CAST	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000094	29105	360	HC APPLY LONG ARM SPLINT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000095	29125	360	HC APPLY SHORT ARM SPLINT STATIC	220.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100073	29125	981	PR APPLY SHORT ARM SPLINT STATIC	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000118	29405	360	HC APPLY SH LEG CAST	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100311	29405	981	PR APPLY SHORT LEG CAST	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000101	29425	360	HC APPLY WLKR SH LEG CAST	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000103	29505	360	HC APPLY LONG LEG SPLINT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	20000104	29515	360	HC APPLY SHORT LEG SPLINT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100075	29515	981	PR APPLY SHORT LEG SPLINT	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	30000002	30901	761	HC CONTROL NASAL HEMORRH ANT SMPL	800.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	30000095	36589	360	HC REMOVE TNL CV CATH	800.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	30000282	37609	360	HC LIGATION OR BIOPSY TEMPORAL ARTERY	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100523	37609	975	PR LIGATION OR BIOPSY TEMPORAL ARTERY	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	40000011	46050	360	HC I&D PERIANAL ABSCESS	1,398.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100277	46050	981	PR I&D PERIANAL ABSCESS SUPERFICIAL	699.00

MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000156	50435	360	HC EXCHANGE NEPHROSTOMY CATH	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102796	50435	975	PR EXCHANGE NEPHROSTOMY CATH	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000004	51700	761	HC SMPL BLADDER IRRIGATE LAVAGE/INSTILL	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000083	51728	920	HC CYSTOMETROGRAM W/VP	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102579	51728	975	PR CYSTOMETROGRAM W/VP	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000017	51741	920	HC COMPLEX UROFLOWMETRY	347.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102659	51741	975	PR COMPLEX UROFLOWMETRY	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000008	51798	761	HC US PV RESIDUAL URINE	160.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101350	51798	983	PR US PV RESIDUAL URINE	80.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000353	51800	360	HC CYSTOPLASTY OR CYSTOURETHROPLASTY	5,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102572	51800	975	PR CYSTOPLASTY OR CYSTOURETHROPLASTY	3,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000019	52000	360	HC CYSTOURETHROSCOPY	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100704	52000	975	PR CYSTOURETHROSCOPY	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000096	52005	360	HC CYSTOURETHROSCOPY W URETERAL CATH	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102320	52005	975	PR CYSTOURETHROSCOPY WITH URETERAL CATH	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	500000219	52276	360	HC CYSTO W DIR VISION INT URETHROTOMY	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102602	52276	983	PR CYSTO W DIR VISION INT URETHROTOMY	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000020	52281	450	HC CYSTO W DIL OF URETHRAL STRICTURE	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102091	52281	983	PR CYSTO W DIL OF URETHRAL STRICTURE	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000120	52310	360	HC CYSTO W REM FB/CALC/STNT URETH OR BLDR SMPL	2,161.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000228	52341	360	HC CYSTO W URETER STRICTURE TX	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102704	52341	975	PR CYSTO W URETER STRICTURE TX	750.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000234	52352	360	HC CYSTO W STONE MANIP OR REM	3,636.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102373	52352	975	PR CYSTO W STONE MANIP OR REM	1,212.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000452	52441	360	HC CYSTOURETHRO W/IMPLANT	6,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102759	52441	975	PR CYSTOURETHRO W/IMPLANT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000453	52442	360	HC CYSTOURETHRO W/ADDL IMPLANT	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102760	52442	975	PR CYSTOURETHRO W/ADDL IMPLANT	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000021	53600	450	HC DIL URETH STRICT SOUND MALE INITIAL	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100705	53600	975	PR DIL URETH STRICT SOUND MALE INITIAL	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000123	53660	360	HC DILATE FEMALE URETHRA; INITIAL	512.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101862	53660	983	PR DILATE FEMALE URETHRA; INITIAL	256.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000148	54060	360	HC DESTR LESION(S) PENIS SIMPLE SURG EXC	1,284.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101889	54060	983	PR DESTR LESION(S) PENIS SIMPLE SURG EXC	642.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000130	54235	761	HC INJ CORPORA CAVERNOSA W PHARM AGENTS	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102806	54235	983	PR INJ CORPORA CAVERNOSA W PHARM AGENTS	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000024	55100	450	HC DRAINAGE OF SCROTAL WALL ABCESS	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100760	55100	981	PR DRAINAGE OF SCROTAL WALL ABCESS	700.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000126	55250	360	HC VASECTOMY UNIL OR BILAT	2,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000137	56605	360	HC BIOPSY OF VULVA/PERINEUM 1 LESION	700.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101456	56605	983	PR BIOPSY OF VULVA/PERINEUM 1 LESION	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000456	56700	360	HC PARTIAL HYMENECTOMY OR REVISION	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000344	56820	360	HC COLPOSCOPY OF VULVA	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000431	56821	360	HC VULVA COLPOSC W BX	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000124	57100	360	HC BX VAGINAL MUCOSA; SIMPLE	800.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000343	57150	761	HC IRRIGATE VAGINA W MEDS	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000088	57160	450	HC FIT OR INSERT PESSARY	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101363	57160	983	PR FIT OR INSERT PESSARY	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000140	57421	360	HC EXAM/BIOPSY OF VAG W/SCOPE	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000011	57452	450	HC COLPOSCOPY OF CERVIX	700.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000105	57454	360	HC COLPOSCOPY CERVIX W BX & EC CURETT	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000106	57455	360	HC COLPOSCOPY CERVIX W BX	312.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000107	57456	360	HC COLPOSCOPY CERVIX W EC CURETT	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000055	57500	761	HC BIOPSY OF CERVIX	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000102	57505	360	HC ENDOCERVICAL CURETTAGE	700.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000449	57800	360	HC DILATE CERVICAL CANAL INSTRUMENTAL	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000090	58100	450	HC ENDOMETRIAL BX WO CERVICAL DILATION	800.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100720	58100	975	PR ENDOMETRIAL BX WO CERVICAL DILATION	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000113	58110	360	HC BX DONE W COLPOSCOPY ADD-ON	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000125	58300	360	HC INSERT IUD	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101464	58300	983	PR INSERT IUD	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	50000012	58301	450	HC REMOVE IUD	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102177	62320	983	PR INJ INTERLAM C/T WO IMG	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000221	62321	761	HC INJ INTERLAM C/T W IMG	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102178	62321	983	PR INJ INTERLAM C/T W IMG	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000222	62322	761	HC INJ INTERLAM L/S WO IMG	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102179	62322	983	PR INJ INTERLAM L/S WO IMG	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000223	62323	761	HC INJ INTERLAM L/S W IMG	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102180	62323	983	PR INJ INTERLAM L/S W IMG	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000042	64450	360	HC INJ ANESTH/STER OTHR PERIPHERAL NRV/BRANCH	700.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100278	64450	981	PR INJ ANESTH/STER OTHER PERIPHERAL NRV/BRANCH	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000153	64455	761	HC N BLOCK INJ PLANTAR DIGIT	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000047	64483	360	HC INJ(S) FORAMEN EPIDURAL L/S SGL LEV	3,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000048	64483	761	50 HC INJ(S) FORAMEN EPID L/S SGL LEV BILAT	3,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100770	64483	964	PR INJ(S) FORAMEN EPID L/S SGL LEV	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102485	64483	983	50 PR INJ FORAMEN EPIDURAL L/S BILAT	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000049	64484	360	HC INJ(S) FORAMEN EPID L/S ADDTL LEV	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100771	64484	964	PR INJ(S) FORAMEN EPID L/S ADDTL LEV	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000051	64490	761	HC INJ PARAVERT F JNT C/T 1 LEV	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000052	64490	360	50 HC INJ PARAVERT F JNT C/T 1 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100772	64490	964	PR INJ PARAVERT F JNT C/T 1 LEV	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102477	64490	964	50 PR INJ PARAVERT F JNT C/T 1 LEV BILAT	900.00

MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000053	64491	360		HC INJ PARAVERT F JNT C/T 2 LEV	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000054	64491	761	50	HC INJ PARAERT F JNT C/T 2 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100773	64491	964		PR INJ PARAERT F JNT C/T 2 LEV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102478	64491	964	50	PR INJ PARAERT F JNT C/T 2 LEV BILAT	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000055	64492	360		HC INJ PARAERT F JNT C/T 3 LEV	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000056	64492	360	50	HC INJ PARAERT F JNT C/T 3 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100774	64492	964		PR INJ PARAERT F JNT C/T 3 LEV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102479	64492	964	50	PR INJ PARAERT F JNT C/T 3 LEV BILAT	900.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000057	64493	360		HC INJ PARAERT F JNT L/S 1 LEV	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000058	64493	360	50	HC INJ PARAERT F JNT L/S 1 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100775	64493	964		PR INJ PARAERT F JNT L/S 1 LEV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102490	64493	983	50	PR INJ PARAERT F JNT L/S 1 LEV BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000059	64494	360		HC INJ PARAERT F JNT L/S 2 LEV	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000060	64494	360	50	HC INJ PARAERT F JNT L/S 2 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100776	64494	964		PR INJ PARAERT F JNT L/S 2 LEV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102489	64494	983	50	PR INJ PARAERT F JNT L/S 2 LEV BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000061	64495	360		HC INJ PARAERT F JNT L/S 3 LEV	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000062	64495	761	50	HC INJ PARAERT F JNT L/S 3 LEV BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100777	64495	964		PR INJ PARAERT F JNT L/S 3 LEV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102488	64495	983	50	PR INJ PARAERT F JNT L/S 3 LEV BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000023	64520	761		HC INJ ANESTH LUMB/THOR SYMPATHETIC	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102227	64520	983		PR INJ ANESTH; LUMB/THOR (SYMPATHETIC)	550.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000247	64566	761		HC NEUROELTRD STIM POST TIBIAL	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102675	64566	975		PR NEUROELTRD STIM POST TIBIAL	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000245	64581	360		HC IMPLANT NEUROELECTRODES	4,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102555	64581	983		PR IMPLANT NEUROELECTRODES SACRAL NERVE	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000089	64612	761		HC CHEMODENERVATION; FACE NERVE MUSCLES	1,290.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000230	64612	761	50	HC DESTROY NERVE FACE MUSCLE BILAT	1,935.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103008	64612	983		PR DESTROY NERVE FACE MUSCLE	645.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103008	64612	983	50	PR DESTROY NERVE FACE MUSCLE	968.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000145	64615	761		HC CHEMODENERV MUSC MIGRAINE	1,142.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102788	64615	975		PR CHEMODENERV MUSC MIGRAINE	565.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000155	64616	761		HC CHEMODENERV MUSC NECK DYSTON	1,220.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000231	64616	761	50	HC CHEMODENERV MUSC NECK DYSTON BILAT	1,830.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102676	64616	983		PR CHEMODENERV MUSC NECK DYSTON	610.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102676	64616	983	50	PR CHEMODENERV MUSC NECK DYSTON	915.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000110	64633	761		HC DESTROY CERV/THOR FACET JNT UNIL	3,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101729	64633	960		PR DESTROY CERV/THOR FACET JNT	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000112	64634	761		HC DESTROY C/TH FACET JNT ADDL UNIL	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101730	64634	960		PR DESTROY C/TH FACET JNT ADDL	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000115	64635	761	50	HC DESTROY LUMB/SAC FACET JNT BILAT	4,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100778	64635	964		PR DESTROY L/S FACET JNT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102791	64635	964	50	PR DESTROY LUMB/SAC FACET JNT BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000117	64636	761	50	HC DESTROY L/S FACET JNT ADDL BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102764	64636	964	50	PR DESTROY L/S FACET JNT ADDL BILAT	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000026	64640	761		HC DESTR W NEUROLYTIC OTHER PERIPH NRV	2,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000124	64640	761	50	HC DSTR W NEUROLYTIC OTHER PERIPH NRV BILAT	2,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101733	64640	960		PR DESTR W NEUROLYTIC; OTHER PERIPH NRV	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102574	64640	960	50	PR DESTR W NEUROLYTIC; OTHER PERIPH NRV BILAT	500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000156	64642	761		HC CHEMODENERV 1 EXTREM 1-4 MUSC	1,112.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102570	64642	975		PR CHEMODENERV 1 EXTREMITY 1-4	646.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000157	64643	761		HC CHEMODENERV 1 EXTREM 1-4 MUSC ADTDL	770.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102571	64643	975		PR CHEMODENERV 1 EXTREM 1-4 EA	385.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000158	64644	761		HC CHEMODENERV 1 EXTREM 5/> MUSC	1,244.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103006	64644	983		PR CHEMODENERV 1 EXTREM 5/> MUSC	622.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000159	64645	761		HC CHEMODENERV 1 EXTREM 5/> MUSC ADTDL	1,020.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103007	64645	983		PR CHEMODENERV 1 EXTREM 5/> EA	510.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000184	64721	360		HC NEUROPLASTY; MEDIAN NERVE AT CARP TUNNEL	5,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100179	64721	975		PR NEUROPLASTY MEDIAN NERVE CARP TUNNEL	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000034	69210	360		HC REMOVAL IMPACTED CERUMEN (EARWAX)	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	60000035	69420	360		HC MYRINGOTOMY	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102381	74420	972		PR RETROGRADE PYELOGRAM	90.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000072	92552	471		HC PTA AIR ONLY	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000074	92555	471		HC SPEECH AUDIOM THRESHOLD	50.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000075	92556	471		HC SPEECH AUDIOM THRESHOLD W SR	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000076	92557	471		HC COMPREHENSIVE AUDIOMETRY EVAL W SR	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000077	92567	471		HC TYMPANOMETRY SLP	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000309	92582	471		HC CONDITIONING PLAY AUDIOMETRY	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000056	92587	471		HC EVOKED AUDITORY TEST LIMITED	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000103	92593	471		HC HEARING AID CHECK BOTH EARS	50.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000335	95860	922		HC MUSCLE TEST 1 LIMB	1,000.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000336	95861	922		HC MUSCLE TEST 2 LIMBS	1,500.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000518	95885	922		HC MUSC TST DONE W/NERV TEST LTD	170.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103004	95885	983		PR MUSC TST DONE W/NERV TST LIM	75.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000519	95886	922		HC MUSC TEST DONE W/NERV TEST COMP	156.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102991	95886	983		PR MUSC TEST DONE W/N TEST COMP	142.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000745	95908	920		HC NRV CONDUCT TST 3-4 STUDIES	230.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102992	95908	983		PR NRV CNDJ TST 3-4 STUDIES	180.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000746	95909	920		HC NRV CONDUCT TST 5-6 STUDIES	163.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98102993	95909	983		PR NRV CNDJ TST 5-6 STUDIES	275.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000747	95910	920		HC NRV CONDUCT TST 7-8 STUDIES	429.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103000	95910	983		PR NRV CNDJ TEST 7-8 STUDIES	364.00

MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000748	95911	920		HC NRV CONDUCT TST 9-10 STUDIES	537.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103001	95911	983		PR NRV CNDJ TEST 9-10 STUDIES	390.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000749	95912	920		HC NRV CONDUCT TST 11-12 STUDIES	600.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103002	95912	983		PR NRV CNDJ TEST 11-12 STUDIES	475.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000750	95913	920		HC NRV CONDUCT TST 13/> STUDIES	732.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98103003	95913	983		PR NRV CNDJ TEST 13/> STUDIES	468.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000113	96372	260		HC THER/PROPH/DIAG INJ SC/IM	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000041	97597	420		HC SLCTV WND DEBRIDEM 20 CM OR <	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100184	99201	960		PR OP VISIT NEW PT LEVEL 1	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100185	99202	960		PR OP VISIT NEW PT LEVEL 2	225.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000002	99202	510		HC O/P VISIT NEW LEVEL 2	400.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100186	99203	960		PR OP VISIT NEW PT LEVEL 3	250.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000003	99203	510		HC O/P VISIT NEW LEVEL 3	425.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100187	99204	960		PR OP VISIT NEW PT LEVEL 4	275.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000004	99204	510		HC O/P VISIT NEW LEVEL 4	450.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100188	99205	960		PR OP VISIT NEW PT LEVEL 5	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000041	99205	510		HC O/P VISIT NEW LEVEL 5	475.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100189	99211	960		PR OP VISIT EST PT LEVEL 1	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100190	99212	960		PR OP VISIT EST PT LEVEL 2	125.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000012	99212	510		HC O/P VISIT EST LEVEL 2	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100191	99213	981		PR OP VISIT EST PT LEVEL 3	150.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000013	99213	510		HC O/P VISIT EST LEVEL 3	325.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100192	99214	960		PR OP VISIT EST PT LEVEL 4	175.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000014	99214	510		HC O/P VISIT EST LEVEL 4	350.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100193	99215	960		PR OP VISIT EST PT LEVEL 5	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	99000037	99215	510		HC O/P VISIT EST LEVEL 5	375.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100200	99223	987		PR INITIAL HOSPITAL CARE LVL 3	450.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98100733	99309	988		PR NURSING FAC CARE SUBQ LVL 3	200.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	98101580	99343	960		PR HOME VISIT NEW PATIENT LVL 3	300.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000117	A9270	990	GY	HC HEARING SCREEN	25.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	25001003	J1020	250		HC DEPO-MEDROL 20 MG INJ	33.19
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	90000685	P9612	300		HC CATH FOR SPECIMEN COLLECT SGL PT	120.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	97000094	V5014	470		HC HEARING AID REPAIR/MODIFYING	50.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	27002551	V5264	273		HC EAR MOLD/INSERT	100.00
MLC SPECIALITY CLINIC (HOD) FEE SCHEDULE	27002552	V5266	273		HC BATTERY FOR HEARING DEVICE	1.00
MLC UC BILLING ONLY FEE SCHEDULE	99000011	99211	510		HC O/P VISIT EST LEVEL 1	100.00