

Authority Request No. 151

REQUEST FOR LEGAL SERVICES

This form is used to provide legal opinions and contract approval by the District Attorney's Office. Only that advice that is related to a pending or potential claim against the County or its officers and employees is protected by the attorney-client privilege. Opinions that are privileged should not be disclosed to anyone or the privilege may be waived.

All legal opinions and approvals rendered are based only on the documentation and information stated below or attached to this form and, thus, it is important that all relevant facts and information be provided at the time of review. Please advise the District Attorney's Office of new or additional information, as it may cause the opinion to change. In all cases, the opinions of the District Attorney's Office are not binding on the County, its officers or employees and may be followed or disregarded in the discretion of the elected official.

Date of Request: 4/2/2025 Department: Benefits and Retirement

State the nature of the legal request: Please review the attached Provider Services Agreement

between Health Check Screening, LLC. and Oklahoma County to be effective July 1, 2025, as to form and
legality.

RECEIVED

APR 02 2025

**CIVIL DIVISION
DISTRICT ATTORNEY**

Jon Wilkerson
Signature

Reply of District Attorney's Office: _____

Revised

Date of Reply: 4/3/25

Deu E. Lopez
Assistant District Attorney

PROVIDER SERVICES AGREEMENT

THIS PROVIDER SERVICES AGREEMENT ("Agreement") is made and entered into as of July 1, 2025 ("Effective Date") by and between the County of Oklahoma County and Health Check Screening, LLC, an Oklahoma Limited Liability Company ("Provider").

WITNESSETH:

WHEREAS, Oklahoma County offers the Oklahoma County Health Benefit plan, providing health care benefits and coverage (collectively, the "Employer or Employer's Plan"), to their employees, retirees and their eligible dependents of the Plan ("Participants"); and,

WHEREAS, Provider is an organization that provides certain Covered Services and desires to provide such services to Participants at negotiated rates as set forth herein; and,

WHEREAS, Oklahoma County desires that Provider provide certain Covered Services to Participants:

NOW THEREFORE, the parties hereto, in consideration of the terms and conditions set forth herein, agree as follows:

1. **Definitions.** For purposes of this Agreement, the following definitions shall apply:

(a) "Covered Services" means a Reasonable, Medically Necessary service, wellness or preventive service, treatment or supply, meant to diagnose or improve a condition, or participant's health, which is eligible for coverage in the "Plan". Covered Services will be determined based upon all other "Plan" provisions.

(b) "Participants" means any person or eligible dependent thereof, at the time of the service, entitled to receive Covered Services pursuant to the "Plan."

(c) "Plan" means Oklahoma County's self-funded health plan that specifies the Covered Services that Provider shall provide as a benefit to Participants and the terms and conditions applicable to the provision of such services.

2. **TERM.** (a) The initial term of this Agreement shall commence on the Effective Date and continue until June 30, 2026, subject to the provisions contained herein. Thereafter, this agreement may be renewed by mutual consent of the parties in writing with 60 days prior notice to renew for successive one (1) year terms (each an "Extended Term").

(b) Each party can terminate this agreement for any reason by providing a 60-day notice of termination.

(c) In addition to the foregoing, Oklahoma County may immediately terminate Provider in the event that Oklahoma County reasonably determines that continued participation by such Provider may adversely affect the health or welfare of Participants.

(d) Termination shall not release Provider of its obligation to complete treatment of Participants then receiving treatment.

3. **SERVICE.** Subject to the terms and conditions set forth herein, including, without limitation, Sections 4 and 5 herein, Provider agrees to render to Participants Covered Services within their scope of care. In providing services, Provider shall adhere to all the "Plan" terms, conditions and policies, including, but not limited to terms relating to data compilation and reporting requirements, credentialing criteria and requirements, coordination of benefits rules and utilization processes. Provider shall maintain appropriate licensure, privileging, or accreditation as applicable. Evidence of such compliance shall be submitted to Oklahoma County upon request.

4. **COMPENSATION / BILLING.** (a) The "Plan" shall pay Provider in accordance with the rates provided in Exhibit A for Covered Services provided to Participants. Provider will submit all claims for Covered Services on the agreed upon invoice or other agreed upon format. Such claims must be submitted within ninety (90) days after the date of service provided to a Participant. Claims are subject to review for inappropriate billing practices (e.g. unbundling, upcoding) and appropriateness of treatment. The Participant's medical record must substantiate the services provided. Claims shall include, at a minimum, the following to be considered clean and complete: (i) Provider name; (ii) Provider tax identification number; (iii) identifying patient information; (iv) diagnosis; (v) date of service; and (vi) other information as required by the "Plan".

(b) The "Plan" will pay Provider for all undisputed bills within Thirty (30) days of receipt unless Oklahoma County provides Provider with notification of a basis for non-payment.

5. **QUALITY ASSURANCE.** (a) The "Plan" may implement a program of utilization, quality assurance, and peer review based upon standards established by Federal and State law, the purpose of which is to promote adherence to accepted medical treatment standards. Provider agrees to participate in, cooperate with, and comply with the decisions, rules and regulations established by the "Plan's" utilization management program, including but not limited to, precertification of elective admissions and procedures, referral processes, and reporting of clinical encounter data.

6. **MEDICAL RECORDS.** Medical records information for Participants will be maintained and made available to the Plan's third-party administrator for the purposes of assessing quality of care, medical necessity and the time of each initial visit for a course of treatment, and to release such records to the "Plan." Provider agrees to make such records available to applicable State and Federal authorities and their agents involved in assessing the quality of care or investigating member grievances or complaints; and to comply with applicable State and Federal laws related to privacy and confidentiality of medical records.

7. **INDEPENDENT CONTRACTOR.** In the performance of the work, duties, and obligations of the parties pursuant to this Agreement, each party shall at all times act as independent contractor. No relationship of employer/employee, principal/agent, partnership, or joint venture is created by this Agreement.

8. **IDEMNIFICATION.** Health Check Screening, LLC agrees to indemnify, defend and hold harmless Oklahoma County from any claim, loss, damage, cost, charge or expense arising out of any negligent act, omission or failure to act by Health Check Screening, LLC, or claims by third parties for any and all violations pursuant to HIPAA 45 C.F.R Parts 160,162 & 164 and/or any State counterpart to HIPAA, including, but not limited to, death, caused by the negligence or willful misconduct of Health Check Screening, LLC. Nothing herein is intended to or shall be construed to waive any rights Oklahoma County may have under the laws of Oklahoma.

9. **ASSIGNMENT.** The parties shall not assign nor transfer their respective rights or obligations under this Agreement except with the other party's prior written consent. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their successors and permitted assigns.

10. **THIRD PARTY RIGHTS.** Provider and Oklahoma County reserve the right to amend or terminate this Agreement, pursuant to paragraph 2, without notice to, or consent of, any Participants. This Agreement is not a third-party member contract and shall not in any respect whatsoever create any rights on behalf of any Participants, except as provided in Section 4(c) above.

11. **ENTIRE AGREEMENT; AMENDMENT.** This Agreement, together with all attachments that are attached hereto and made a part hereof, constitutes the entire understanding of the parties to this Agreement. This Agreement may not be amended except by a written agreement executed by both parties.

12. **SEVERABILITY**. If any provision of this Agreement is held to be invalid, void, or unenforceable, the remaining provisions shall nevertheless remain in full force and effect.

13. **GOVERNING LAW**. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Oklahoma.

14. **WAIVER**. The waiver by any party of any breach by the other of any of the provisions or a waiver of any subsequent breach of the same or of a different provision of this Agreement shall not be construed as a waiver of breach.

15. **CONFIDENTIALITY**. The "Plan" and Provider shall comply with all relevant State and Federal laws regarding the privacy and confidentiality of the Participants' medical records, this agreement, or any other proprietary information. The "Plan" shall have the right to share information concerning Provider with the medical director, credentials committee or consulting physician advisors when there are questions regarding quality of care, billing practices or credential review of Provider.

16. **NON-DISCRIMINATION**. Provider will not discriminate against any member on the basis of participation in a managed care plan, source of payment, age, sex, race, color, religion, origin, health status, handicap or otherwise in providing health services under this agreement.

17. **NOTICE**. All notices under this Agreement will be in writing and mailed by certified mail with receipt to the following addresses:

For Oklahoma County:

Oklahoma County
Attn: Benefits Director
320 Robert S. Kerr Ave. Room #220
Oklahoma City, OK 73102

For Health Check Screening, LLC:

Alex McDonald
Health Check Screening, LLC
3209 NW Expressway
Oklahoma City, OK 73112

NON-IDENTIFIED PROCEDURES

In the event a procedure is performed by the provider that is not listed on Exhibit A, the charges will be subject to negotiation between Health Check Screening, LLC and Oklahoma County.

ADDITIONAL SERVICES

Exhibit A may be amended from time to time to include additional services to be provided and the charges therefor by mutual written consent of the parties or by separate agreement.

IN WITNESS WHEREOF, the undersigned have executed this Agreement the date set forth below.

HEALTH CHECK SCREENING, LLC

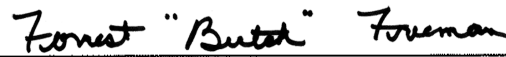
By: _____
Alex McDonald, President
_____, 2025

Approved on the 17 day of April, 2025 by

OKLAHOMA COUNTY BUDGET BOARD

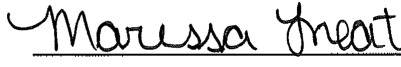



Chairman to the Board



Vice-Chairman to the Board

ATTEST:

Secretary to the Board

Approved on _____, 2025.

By Board of County Commissioners

Chairman


Vice-Chairman

Member

ATTEST:

County Clerk

Exhibit A

|  | | |
|--|--------------------------------------|------|
| Pricing below includes all pre-op, post-op, radiology, facility, supplies and office fees. | | |
| CPT Code | Description | Fee |
| IMAGING | | |
| CT - All Locations | | |
| 70450 | CT Head w/o contrast | 299 |
| 70460 | CT Head w/contrast | 349 |
| 70470 | CT Head w/w/o contrast | 399 |
| 70480 | CT Orbits w/o contrast | 299 |
| 70481 | CT Orbit /IAC w/contrast | 349 |
| 70482 | CT Orbit /IAC w/w/o contrast | 399 |
| 70486 | CT Sinus and Head w/o contrast | 299 |
| 70487 | CT Max/Facial w/contrast | 349 |
| 70488 | Ct maxillofacial w/o & w/dye | 399 |
| 70490 | CT Soft Tissue Neck w/o contrast | 299 |
| 70491 | CT Neck w/contrast | 349 |
| 70492 | CT Neck w/w/o contrast | 399 |
| 70496 | Ct angiography head | 399 |
| 70498 | Ct angiography neck | 399 |
| 71250 | CT Chest w/o contrast | 299 |
| 71260 | CT Chest w/contrast | 349 |
| 71270 | CT Chest w/w/o contrast | 399 |
| 71275 | Ct angiography chest | 399 |
| 72125 | CT C Spine w/o contrast | 299 |
| 72126 | CT C Spine w/contrast | 349 |
| 72127 | Ct neck spine w/o & w/dye | 399 |
| 72128 | CT T Spine w/o contrast | 299 |
| 72129 | CT T Spine w/contrast | 349 |
| 72130 | Ct chest spine w/o & w/dye | 399 |
| 72131 | CT L Spine w/o contrast | 299 |
| 72132 | CT L Spine w/contrast | 349 |
| 72133 | Ct lumbar spine w/o & w/dye | 399 |
| 72191 | Ct angiograph pelv w/o&w/dye | 399 |
| 72192 | CT Pelvis w/o contrast | 299 |
| 72193 | CT Pelvis w/contrast | 349 |
| 72194 | CT Pelvis w/w/o contrast | 399 |
| 73200 | CT Upper Extremity | 299 |
| 73201 | CT Upper Extremity w/contrast | 349 |
| 73202 | CT Upper Extremity w/w/o contrast | 399 |
| 73700 | CT Lower Extremity | 299 |
| 73701 | CT Lower Extremity w/contrast | 349 |
| 73702 | CT Lower Extremity w/w/o contrast | 399 |
| 74150 | CT Abdomen w/o contrast | 399 |
| 74160 | CT Abdomen w/contrast | 449 |
| 74170 | CT Abdomen w/ w/o contrast | 499 |
| 74174 | Ct angio abd&peiv w/o&w/dye | 499 |
| 74175 | Ct angio abdom w/o & w/dye | 499 |
| 74176 | CT Abdomen and Pelvis w/o contrast | 399 |
| 74177 | CT Abdomen and Pelvis w/contrast | 449 |
| 74178 | CT Abdomen and Pelvis w/w/o contrast | 499 |
| 74261 | Virtual Colonoscopy Diagnostic | 1190 |
| 75571 | Ct hrt w/o dye w/ca test | 199 |

| CPT Code | Description | Fee |
|----------------------------|--|------|
| MRI - All Locations | | |
| 70544 | MRA Brain w/o contrast | 749 |
| 70547 | MRA Neck w/o contrast | 749 |
| 70336 | MRI TMJ | 599 |
| 70540 | MRI Orbit Face/Neck w/o contrast | 599 |
| 70542 | Mri orbit/face/neck w/dye | 649 |
| 70543 | MRI Orbit Face/Neck w/w/o contrast | 749 |
| 70551 | MRI Brain w/o contrast | 599 |
| 70552 | Mri brain w/dye | 649 |
| 70553 | MRI Brain w/w/o contrast | 749 |
| 71550 | MRI Chest w/o contrast | 599 |
| 71552 | MRI Chest w/w/o contrast | 749 |
| 72141 | MRI C-spine w/o contrast | 599 |
| 72142 | Mri neck spine w/dye | 649 |
| 72146 | MRI Tspine w/o contrast | 599 |
| 72147 | Mri chest spine w/dye | 649 |
| 72148 | MRI L-spine w/o contrast | 599 |
| 72149 | Mri lumbar spine w/dye | 649 |
| 72156 | MRI C-Spine w/w/o contrast | 749 |
| 72157 | MRI T-Spine w/w/o contrast | 749 |
| 72158 | MRI L-Spine w/w/o contrast | 749 |
| 72195 | MRI Pelvis w/o contrast | 599 |
| 72196 | Mri pelvis w/dye | 649 |
| 72197 | MRI Pelvis w/w/o contrast | 749 |
| 73218 | MRI Upper Extremity w/o contrast | 599 |
| 73219 | Mri upper extremity w/dye | 649 |
| 73220 | MRI Upper Extremity w/w/o contrast | 749 |
| 73221 | MRI Upper Extremity joint w/o contrast | 599 |
| 73222 | MRI Upper Extremity joint w/contrast | 649 |
| 73223 | MRI Upper Extremity joint w/w/o contrast | 749 |
| 73718 | MRI Lower Extremity w/o contrast | 599 |
| 73719 | Mri lower extremity w/dye | 649 |
| 73720 | MRI Lower Extremity w/w/o contrast | 749 |
| 73721 | MRI Lower Extremity joint w/o contrast | 599 |
| 73722 | MRI Lower Extremity joint w/contrast | 649 |
| 73723 | MRI Lower Extremity joint w/w/o contrast | 749 |
| 74181 | Mri abdomen w/o dye | 599 |
| 74183 | MRI Abdomen w/w/o contrast | 749 |
| 73222/23350 | MRI Shoulder Arthrogram w/contrast | 1025 |
| 73222/24220 | MRI Elbow Arthrogram w/contrast | 1025 |
| 73222/25246 | MRI Wrist Arthrogram w/contrast | 1025 |
| 73722/27093 | MRI Hip Arthrogram w/contrast | 925 |
| 73722/27369 | MRI Knee Arthrogram w/contrast | 925 |
| 73722/27648 | MRI Ankle Arthrogram w/contrast | 925 |

| CPT Code | Description | Fee |
|----------------------------|--|-----|
| Ultrasound - All Locations | | |
| 51798 | Us urine capacity measure | 299 |
| 76536 | Thyroid US | 165 |
| 76700 | Abdomen Complete US | 165 |
| 76705 | Abdomen Limited US | 145 |
| 76770 | Aorta/Renal Complete US | 165 |
| 76775 | Aorta/Renal Limited US | 145 |
| 76830 | Transvaginal US non-OB | 165 |
| 76856 | Pelvic US Complete non-OB | 165 |
| 76857 | Pelvic US Limited/follow up | 165 |
| 76870 | Genitalia/Scrotal US | 165 |
| 76881 | Soft Tissue Extremity or Axillary Complete | 165 |
| 76882 | Soft tissue extremity or axillary limited | 145 |
| 93306 | Echocardiogram | 349 |
| 93308 | TTE f-up or lmtd | 299 |
| 93880 | Carotid US | 299 |
| 93925 | Arterial Extremity Bilateral | 299 |
| 93926 | Arterial Extremity Unilateral | 299 |
| 93970 | Venous Doppler Extremity Bilateral | 299 |
| 93971 | Venous Doppler Extremity Unilateral | 299 |
| 93975 | Abdomen Pelvis Doppler US | 299 |
| 93976 | Abdomen Pelvis Doppler US Limited | 299 |

| CPT Code | Description | Fee |
|-----------------------|--|-----|
| X-Ray - All Locations | | |
| 70110 | Mandible Complete | 45 |
| 70120 | X-ray exam of mastoids | 35 |
| 70130 | X-ray exam of mastoids | 35 |
| 70134 | X-ray exam of middle ear | 35 |
| 70140 | Facial Bones; less than 3 views | 45 |
| 70200 | Orbits Complete 4 views minimum | 75 |
| 70210 | Sinus ; less than 3 views | 45 |
| 70220 | Sinus ; complete | 75 |
| 70250 | Skull ; less than 4 views | 75 |
| 70360 | Neck ; soft tissue | 45 |
| 71045 | Radiologic examination, chest: single view | 35 |
| 71046 | Radiologic examination, chest; 2 views | 45 |
| 71047 | Radiologic examination, chest; 3 views | 45 |
| 71048 | Radiologic examination, chest: 4 or more views | 75 |
| 71100 | Ribs , Unilateral, 2 views | 45 |
| 71101 | X-ray exam of ribs/chest | 45 |
| 71110 | Ribs bilateral 3 views | 75 |
| 71111 | X-ray exam of ribs/chest | 45 |
| 71120 | Sternum : 2 views | 45 |
| 71130 | Sternoclavicular joints | 45 |
| 72020 | X-ray exam of spine | 45 |
| 72040 | Cervical Spine 2/3 views | 75 |
| 72050 | X-ray exam of neck spine | 45 |
| 72052 | Cervical Spine Complete | 75 |
| 72070 | Thoracic Spine 2 views | 45 |
| 72072 | X-ray exam of thoracic spine | 45 |
| 72074 | Thoracic Spine 4 views | 75 |
| 72080 | X-ray exam of trunk spine | 45 |
| 72081 | X-ray exam entire spi 1 vw | 45 |
| 72082 | X-ray exam entire spi 2/3 vw | 75 |
| 72083 | X-ray exam entire spi 4/5 vw | 75 |
| 72084 | X-ray exam entire spi 6/> vw | 75 |
| 72100 | Lumbar Spine 2/3 views | 45 |
| 72110 | Lumbar Spine 5 views Complete | 75 |
| 72114 | Lumbar Spine Complete W/ bending | 75 |
| 72120 | X-ray exam of lower spine | 45 |
| 72170 | X-ray exam of pelvis | 45 |
| 72190 | X-ray exam of pelvis | 45 |
| 72200 | X-ray exam sacroiliac joints | 45 |
| 72202 | Radiologic Exam, Sacroiliac Joints: 3+ Views | 75 |
| 72220 | X-ray exam of tailbone | 45 |

| CPT Code | Description | Fee |
|------------------------------|------------------------------------|-----|
| X-Ray - All Locations | | |
| 73000 | Clavicle | 45 |
| 73010 | Radiologic Exam: Scapula, Complete | 45 |
| 73020 | X-ray exam of shoulder | 35 |
| 73030 | Shoulder, 2 Views | 35 |
| 73050 | Shoulder ; AC joints | 45 |
| 73060 | Humerus ; 2 views | 45 |
| 73070 | X-ray exam of elbow | 35 |
| 73080 | Elbow ; 3 views | 45 |
| 73090 | Forearm : 2 views | 45 |
| 73092 | X-ray exam of arm infant | 45 |
| 73100 | X-ray exam of wrist | 35 |
| 73110 | Wrist; Complete | 45 |
| 73120 | X-ray exam of hand | 35 |
| 73130 | Hand ; 3 views | 45 |
| 73140 | Fingers ; 2 views | 45 |
| 73501 | X-ray exam hip uni 1 view | 35 |
| 73502 | X-ray exam hip uni 2-3 views | 45 |
| 73503 | X-ray exam hip uni 4/> views | 75 |
| 73510 | Hip ; 2 views | 45 |
| 73520 | Hips : bilateral w/ AP pelvis | 75 |
| 73521 | X-ray exam hips bi 2 views | 45 |
| 73522 | X-ray exam hips bi 3-4 views | 75 |
| 73523 | X-ray exam hips bi 5/> views | 75 |
| 73550 | Femur ; 2 views | 45 |
| 73551 | X-ray exam of femur 1 | 35 |
| 73552 | X-ray exam of femur 2/> | 45 |
| 73560 | X-ray exam of knee 1 or 2 | 35 |
| 73562 | Knee ; 3 views | 45 |
| 73564 | X-ray exam knee 4 or more | 75 |
| 73565 | Bilateral Standing knees | 75 |
| 73590 | Tibia/Fibula; 2 views | 45 |
| 73592 | X-ray exam of leg infant | 45 |
| 73600 | X-ray exam of ankle | 35 |
| 73610 | Ankle ; 3 views | 75 |
| 73620 | Foot ; 2views | 45 |
| 73630 | Foot Complete | 75 |
| 73650 | Calcaneus; 2 views | 45 |
| 73660 | Toes; 2 views | 45 |
| 74018 | Abdomen: single view | 45 |
| 74019 | Abdomen, 2 views | 45 |
| 74021 | Abdomen; 3 or more views | 45 |
| 74022 | X-ray exam series abdomen | 75 |
| 77071 | X-ray stress view | 35 |
| 77072 | X-rays for bone age | 35 |
| 77073 | X-rays bone length studies | 35 |
| 77074 | X-rays bone survey limited | 35 |
| 77075 | X-rays bone survey complete | 35 |
| 77076 | X-rays bone survey infant | 45 |
| 77077 | Joint survey single view | 35 |

| CPT Code | Description | Fee |
|---|--|-----|
| Cardiology - Oklahoma City Location Only | | |
| 99204 | New Patient Evaluation | 250 |
| 99214 | Follow Up Evaluation | 150 |
| 93351 | Transthoracic Stress Echo, complete w continuous EKG | 750 |
| 93922 | Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries | 200 |
| 93923 | Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more | 250 |
| 93924 | Noninvasive physiologic studies of lower extremity arteries, complete bilateral study | 375 |
| 93000 | Electro cardiogram , routine EKG with at least 12 leads; with interpretation and report | 100 |
| 96374 | Injection (specify substance or drug); intravenous push, single or initial substance/drug | 50 |
| 93224 | Holter Monitor | 175 |
| 93247 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage, Scanning analysis with report | 500 |
| 93352 | Use of echocardiographic contrast agent during stress echocardiography | 50 |

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| | Physical Therapy - OKC and Plano Locations | | |
| | 97110 | Therapeutic Proc, 1+ Areas: Therapeutic Exercises (per visit bundled rate) | 80 |
| | Pain Management - Oklahoma City Location Only | | |
| | 99204 | New patient evaluation | 250 |
| | 99214 | Follow Up Evaluation | 150 |
| | Sacroiliac Joint Injection | | |
| | 27096 | Sacroiliac Injection | 900 |
| | Epidural Steroid Injection | | |
| | 62321-72275 | Cervical Epidural | 1000 |
| | 62323-72275 | Lumbar Epidural Steroid | 800 |
| | 64479 | Cervical Transforaminal Injection | 750 |
| | 64480 | Cervical Transforaminal Injection - Each additional level | 150 |
| | 64483 | Lumbar Transforaminal Injection | 750 |
| | 64484 | Lumbar Transforaminal Injection - Each additional level | 150 |
| | Facet Joints | | |
| | 64490 | Cervical Joint/Medial Branch Block | 600 |
| | 64491 | Cervical Joint/Medial Branch Block-2nd Level | 150 |
| | 64492 | Cervical Joint/Medial Branch Block-3rd Level | 150 |
| | 64493 | Lumbar Joint/Medial Branch Block | 500 |
| | 64494 | Lumbar Joint/Medial Branch Block-2nd Level | 150 |
| | 64495 | Lumbar Joint/Medial Branch Block-3rd Level | 150 |
| | Soft Tissue Injection/Aspiration | | |
| | 20550 | Tendon Sheath or ligament (trigger finger, De Quervain's, planter fascia) | 495 |
| | 20551 | Tendon Origin or Insertion | 495 |
| | 20552 | Trigger Point - 1 or 2 muscles | 495 |
| | 20553 | Trigger Point - 3 or more muscles | 495 |
| | 20526 | Carpal Tunnel | 495 |
| | 20612 | Ganglion Cyst aspiration | 495 |
| | Joints and Bursa | | |
| | 20611 | Joint injection Major w/US guidance (knee,hip,shoulder,trochanteric,subacromial, pes anserine) | 495 |
| | 20610 | Joint injection Major w/Flouro (knee,hip,shoulder,trochanteric,subacromial, pes anserine) | 525 |
| | 20606 | Joint injection Intermediate w/US guidance (TMJ,acromioclavicular,wrist, elbow,ankle,olecranon) | 495 |
| | 20605 | Joint injection Intermediate w/Flouro (TMJ,acromioclavicular,wrist, elbow,ankle,olecranon) | 525 |
| | 20604 | Joint injection Minor w/US guidance (digits) | 495 |
| | 20600 | Joint injection Minor w/Flouro (digits) | 525 |
| | Arthrography | | |
| | 23350 | Injection Proc. Shoulder Arthrography/Enhanced CT/MRI | 376 |
| | 24220 | Injection Procedure, Elbow Arthrography | 376 |
| | 25246 | Injection Procedure,Wrist Arthrography | 376 |
| | 27093 | Injection Procedure,Hip Arthrography | 276 |
| | 27370 | Injection Procedure,Knee Arthrography | 276 |
| | 27648 | Injection Procedure,Ankle Arthrography | 276 |
| | Myelography | | |
| | 72240 | Myelography, Cervical, Radiological S&I | 250 |
| | 72255 | Myelography, Thoracic, Radiological S&I | 250 |
| | 72265 | Myelography, Lumbosacral, Radiological S&I | 250 |
| | 62284 | Injection Procedure Myelography/CT Spinal | 300 |