

Vail Health Hospital
Discharge Fiscal Year = FY 2018
Patient Type = Outpatient

CPT - DESCRIPTION	SELF-PAY RATE
36415 - COLLECTION OF BLOOD SAMPLE	\$ 38.20
85025 - BLOOD COUNT COMPLETE WHITE CELL COUNT	\$ 129.35
97110 - THERAPEUTIC EACH 15 MIN EXERCISES	\$ 91.60
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$ 205.50
97140 - MANUAL THERAPY GREATER THAN 1 REGION EACH 15 MINUTES	\$ 81.70
99283 - EMERGENCY DEPARTMENT VISIT MODERATE	\$ 916.95
80053 - BLOOD TEST COMPREHENSIVE METABOLIC PANEL	\$ 280.45
80048 - 80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$ 166.80
99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY	\$ 1,567.35
77067 - SCREENING MAMMOGRAPHY BI-VIEW BREAST	\$ 527.30
77063 - SCREENING DIGITAL BREAST MAMO	\$ 90.00
84443 - THYROID STIMULATING HORMONE TEST	\$ 147.50
97116 - THERAPY PHYSICAL GREATER THAN 15 MINUTES STAIRS	\$ 68.50
97530 - THERAPEUTIC ACTIVITY DIRECT PATIENT EACH 15 MIN	\$ 91.30
97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES	\$ 46.10
93005 - ECG ROUTINE ECG WITH 12 LEADS	\$ 192.30
99285 - EMERGENCY DEPT VISIT HIGH SEVERITY AND THREAT	\$ 2,885.25
93010 - ECG ROUTINE WITH 12 LEADS	\$ 69.60
96374 - THERAPRPUTIC IV INJECTION SINGLE-DRUG	\$ 215.75
99213 - OFFICE OUTPATIENT VISIT 15 MINUTES	\$ 250.00
71045- CHEST X-RAY, 1 VIEW	\$ 273.75
71046- CHEST X-RAY, 2 VIEW	\$ 356.40
73030- SHOULDER X-RAY, COMPLETE	\$ 364.25
73564- KNEE X-RAY, COMPLETE	\$ 410.60
76000- FLUOROSCOPY ONLY	\$ 859.45
76642- ULTRASOUND BREAST, LIMITED	\$ 363.25
70450- CT HEAD OR BRAIN W/O CONTRAST	\$ 1,526.35
74177- CT ABDOMEN AND PELVIS W/ CONTRAST	\$ 4,154.60

***These prices include both the technical and professional component when applicable

Updated 12/19/2018