

Vail Health Clinics

Discharge Fiscal Year = FY 2017

Patient Type = Outpatient

CPT - DESCRIPTION	SELF-PAY RATE
99214 - OFFICE OUTPATIENT VISIT 25 MINUTES	\$ 300.90
99203 - OFFICE OUTPATIENT NEW 30 MINUTES	\$ 240.55
99213 - OFFICE OUTPATIENT VISIT 15 MINUTES	\$ 218.11
S9083 -URGENT CARE CENTER INCLUSIVE VISIT	\$ 205.40
99204 -OFFICE OUTPATIENT NEW 45 MINUTES	\$ 321.59
99202 - OFFICE OUTPATIENT NEW 20 MINUTES	\$ 192.83
99212 - OFFICE OUTPATIENT VISIT 10 MINUTES	\$ 159.53
85610 - PROTHROMBIN TIME (BLOOD CLOT TEST)	\$ 17.35
87880 - STREPT TEST GROUP A	\$ 51.21
93000 - ECG ROUTINE ECG WITH 12 LEADS	\$ 61.11
81003 - URNALYSIS MICROSCOPY	\$ 32.08
93306 - ECHO CARDIOGRAM TEST	\$ 211.00
87502 - INFECTIOUS AGENT INFLUENZA TEST 1ST 2 TYPES	\$ 145.32
99211 - OFFICE OUTPATIENT VISIT 5 MINUTES	\$ 72.49
71020 - XRAY EXAM CHEST 2 VIEWS FRONT AND SIDE	\$ 70.50
99232 - FOLLO UP HOSPITAL CARE 25 MINUTES	\$ 206.35
93016 - CARDUO STRESS TEST	\$ 71.30
93018 - CARDIO STRESS TEST AND ECG	\$ 48.20
93280 - PROGRAM EVALUATION IMPLANTABLE DUAL PACEMAKER	\$ 191.00
73564 - XRAY EXAM KNEE COMPLETE 4 OR MORE VIEWS	\$ 100.42
Z0752 - OTHER NON SPECIFIED SERVICE	\$ 55.86
99215 - OFFICE OUTPATIENT VISIT 40 MINUTES	\$ 378.73
73610 - XRAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 79.49
84703 - GONADOTROPIN TEST / QUALITATIVE	\$ 66.21
73110 - XRAY WRIST COMPLETE MINIMUM 3 VIEWS	\$ 91.01

Updated 12/27/17