

**VAIL HEALTH HOSPITAL****Discharge Fiscal year = FY 2021****Patient Type = Outpatient**

| CPT DESCRIPTION   | SELF-PAY RATE |
|---|---------------|
| 97110 - THERAPEUTIC PX 1-GREATER THAN AREAS EACH 15 MIN EXERCISES   | \$75.00       |
| 97140 - MANUAL THERAPY TQS 1-GREATER THAN REGIONS EACH 15 MINUTES   | \$73.50       |
| 87635 - IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ                | \$123.00      |
| 85025 - BLOOD COUNT COMPLETE AUTOANDAUTO DIFRNTL WBC                | \$105.75      |
| 97530 - THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN            | \$87.75       |
| 36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE                        | \$30.00       |
| 97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES    | \$47.25       |
| 97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS             | \$161.25      |
| 80053 - COMPREHENSIVE METABOLIC PANEL                               | \$228.00      |
| 97535 - SELF-CARE-HOME MGMT TRAINING EACH 15 MINUTES                | \$74.25       |
| 97116 - THER PX 1-GREATER THAN AREAS EA 15 MIN GAIT TRAIING W-STAIR | \$57.75       |
| 80048 - BASIC METABOLIC PANEL CALCIUM TOTAL                         | \$135.75      |
| 97112 - THER PX 1-GREATER THAN AREAS EACH 15 MIN NEUROMUSC REEDUCA  | \$63.75       |
| 77067 - SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD              | \$346.50      |
| 99283 - EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY                | \$680.25      |
| 77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS BI                   | \$33.75       |
| 99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY             | \$1,162.50    |
| 93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IANDR          | \$195.75      |
| 96375 - THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG                 | \$144.75      |
| 85610 - PROTHROMBIN TIME  | \$45.75       |
| 87636 - IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ             | \$147.00      |
| 87637 - IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ            | \$147.00      |
| 99285 - EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCTION          | \$2,141.25    |
| 97165 - OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS               | \$141.00      |
| 84484 - ASSAY OF TROPONIN QUANTITATIVE                              | \$116.25      |