

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	\$78.75
97140 - MANUAL THERAPY TQS 1-GREATER THAN REGIONS EACH 15 MINUTES	\$77.25
85025 - BLOOD COUNT COMPLETE AUTOANDAUTO DIFRNTL WBC	\$111.00
97530 - THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	\$92.25
99283 - EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$735.75
36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE	\$31.50
77067 - SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$363.75
87635 - IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$129.00
77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$35.25
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$142.50
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$169.50
99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY	\$1,257.75
97535 - SELF-CARE-HOME MGMT TRAINING EACH 15 MINUTES	\$78.00
80053 - COMPREHENSIVE METABOLIC PANEL	\$239.25
97112 - THER PX 1-GREATER THAN AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$66.75
71046 - X-RAY EXAM CHEST 2 VIEWS	\$215.25
99285 - EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCTION	\$2,316.00
97116 - THER PX 1-GREATER THAN AREAS EA 15 MIN GAIT TRAINING W-STAIR	\$60.75
97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES	\$49.50
87637 - IDNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	\$154.50
73564 - X-RAY EXAM KNEE 4 OR MORE	\$279.75
93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IANDR	\$205.50
96375 - THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	\$152.25
71045 - X-RAY EXAM CHEST 1 VIEW	\$173.25
74177 - CT ABDOMEN & PELVIS W/ CONTRAST MATERIAL	\$2,985.00