

VAIL HEALTH HOSPITAL**Discharge Fiscal year = FY 2020****Patient Type = Outpatient**

CPT DESCRIPTION	SELF-PAY RATE
97110 - THERAPEUTIC PX 1-GREATER THAN AREAS EACH 15 MIN EXERCISES	\$93.24
97140 - MANUAL THERAPY TQS 1-GREATER THAN REGIONS EACH 15 MINUTES	\$88.34
85025 - BLOOD COUNT COMPLETE AUTOANDAUTO DIFRNTL WBC	\$132.77
97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES	\$54.75
36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE	\$38.01
97530 - THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	\$106.51
97535 - SELF-CARE-HOME MGMT TRAINING EACH 15 MINUTES	\$91.66
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$203.34
80053 - COMPREHENSIVE METABOLIC PANEL	\$230.90
97116 - THER PX 1-GREATER THAN AREAS EA 15 MIN GAIT TRAIING W-STAIR	\$72.41
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$167.96
99283 - EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$881.00
82948 - GLUCOSE BLOOD REAGENT STRIP	\$42.01
97112 - THER PX 1-GREATER THAN AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$82.31
77067 - SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$436.00
77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$43.00
87635 - IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$139.62
93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IANDR	\$243.89
99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY	\$1,506.04
85610 - PROTHROMBIN TIME	\$57.08
83735 - ASSAY OF MAGNESIUM	\$70.37
84484 - ASSAY OF TROPONIN QUANTITATIVE	\$145.95
71046 - RADIOLOGIC EXAM CHEST 2 VIEWS	\$258.17
97165 - OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	\$178.22
77385 - INTENSITY MODULATED RADIATION TX DLVR SIMPLE	\$4,647.07