

EPISCOPAL HEALTH SERVICES INC.

SHOPPABLE SERVICES LISTING - SJEH- SJMS PC - as of December 1, 2021

SJEH= St. John's

St. John's Medical Services, PC=SJMS PC

Episcopal Hospital

SJEH Inpatient charges include room and board charges, medication, supplies and ancillary procedure charges (lab, radiology, etc.) where applicable.

SJEH Surgical charge packages include operating room time charges, recovery room time charges, medication, supplies and ancillary procedure charges (lab, radiology, etc) where applicable.

NOTES:

DRG/CPT Code	CMS-Specified Shoppable Service Y/N	Inpatient or Outpatient	Service CPT Description	Medicare Alternate Code	SJEH Facility Charge	SJEH Facility Discounted Cash Price
216	Y	Inpatient	Cardiac valve and other major cardiothoracic procedure with cardiac catheterization with major complications or comorbidities		n/a	n/a
460	Y	Inpatient	Spinal fusion except cervical without major comorbid conditions or complications (MCC)		n/a	n/a
470 [MS-DRG 470/APR-DRG 302]	Y	Inpatient	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)		\$ 78,822.05	\$ 78,822.05
473	Y	Inpatient	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)		n/a	n/a
743 [MS-DRG 743/APR-DRG 519]	Y	Inpatient	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MMC)		\$ 45,705.34	\$ 45,705.34
19120	Y	Outpatient	Removal of 1 or more breast growth, open procedure		\$ 18,385.55	\$ 18,385.55
29826	Y	Outpatient	Shaving of shoulder bone using an endoscope		\$ 16,460.19	\$ 16,460.19
29881	Y	Outpatient	Removal of one knee cartilage using an endoscope		\$ 15,465.10	\$ 15,465.10

42820	Y	Outpatient	Removal of tonsils and adenoid glands patient younger than age 12		\$ 21,220.88	\$ 21,220.88
43235	Y	Outpatient	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope		\$ 9,616.47	\$ 9,616.47
43239	Y	Outpatient	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope		\$ 12,903.94	\$ 12,903.94
45378	Y	Outpatient	Diagnostic examination of large bowel using an endoscope		\$ 11,265.17	\$ 11,265.17
45380	Y	Outpatient	Biopsy of large bowel using an endoscope		\$ 11,361.21	\$ 11,361.21
45385	Y	Outpatient	Removal of polyps or growths of large bowel using an endoscope		\$ 12,296.27	\$ 12,296.27
45391	Y	Outpatient	Ultrasound examination of lower large bowel using an endoscope		n/a	n/a
47562	Y	Outpatient	Removal of gallbladder using an endoscope		\$ 29,683.62	\$ 29,683.62
49505	Y	Outpatient	Repair of groin hernia patient age 5 years or older		\$ 24,922.74	\$ 24,922.74
55700	Y	Outpatient	Biopsy of prostate gland		n/a	n/a
55866	Y	Outpatient	Surgical removal of prostate and surrounding lymph nodes using an endoscope		n/a	n/a
59400	Y	Outpatient	Routine obstetric care for vaginal deliery, including pre-and post-delivery care		n/a	n/a
59510	Y	Outpatient	Routine obstetric care for cesarean delivery, including pre-and post-delivery care		n/a	n/a
59610	Y	Outpatient	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care		n/a	n/a
62323	Y	Outpatient	Injection of substance into spinal canal of lower back or sacrum using imaging guidance		\$ 10,150.75	\$ 10,150.75
64483	Y	Outpatient	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance		\$ 7,919.42	\$ 7,919.42
66821	Y	Not Provided	Removal of recurring cataract in lens capsule using laser		n/a	n/a

66984	Y	Outpatient	Removal of cataract with insertion of lens		\$ 22,503.02	\$ 22,503.22
70110	N	Outpatient	X-ray of mandible, minimum of 4 views		\$ 415.00	\$ 415.00
70150	N	Outpatient	X-ray of bones of face, minimum of 3 views		\$ 415.00	\$ 415.00
70160	N	Outpatient	X-ray of bones of nose, minimum of 3 views		\$ 225.00	\$ 225.00
70200	N	Outpatient	X-ray of eye bones, minimum of 4 views		\$ 415.00	\$ 415.00
70260	N	Outpatient	X-ray of skull, complete, minimum of 4 views		\$ 415.00	\$ 415.00
70330	N	Outpatient	X-ray of jaw joints on both sides of the face		\$ 325.00	\$ 325.00
70360	N	Outpatient	X-ray of soft tissue of neck		\$ 225.00	\$ 225.00
70450	Y	Outpatient	CT scan, head or brain, without contrast		\$ 1,325.00	\$ 1,325.00
70460	N	Outpatient	CT scan head or brain with contrast		\$ 1,610.00	\$ 1,610.00
70470	N	Outpatient	CT scan head or brain before and after contrast		\$ 2,500.00	\$ 2,500.00
70480	N	Outpatient	CT scan of cranial cavity		\$ 1,445.00	\$ 1,445.00
70481	N	Outpatient	CT scan of cranial cavity with contrast		\$ 1,685.00	\$ 1,685.00
70482	N	Outpatient	CT scan of cranial cavity before and after contrast		\$ 2,178.00	\$ 2,178.00
70486	N	Outpatient	CT scan of face; without contrast material		\$ 1,400.00	\$ 1,400.00
70487	N	Outpatient	CT scan of face with contrast		\$ 1,660.00	\$ 1,660.00
70488	N	Outpatient	CT scan of face; without contrast material, followed by contrast material(s) and further sections		\$ 2,025.00	\$ 2,025.00
70490	N	Outpatient	CT scan of neck		\$ 1,445.00	\$ 1,445.00
70491	N	Outpatient	CT scan of neck with contrast		\$ 1,685.00	\$ 1,685.00
70492	N	Outpatient	CT scan of neck; without contrast material followed by contrast material(s) and further sections		\$ 2,025.00	\$ 2,025.00
70496	N	Outpatient	CT scan of blood vessel of head with contrast		\$ 2,200.00	\$ 2,200.00
70498	N	Outpatient	CT scan of neck blood vessels with contrast		\$ 1,900.00	\$ 1,900.00
70540	N	Outpatient	MRI scan bones of the eye, face, and/or neck		\$ 2,965.00	\$ 2,965.00
70542	N	Outpatient	MRI scan bones of the eye, face, and/or neck with contrast		\$ 1,645.00	\$ 1,645.00
70543	N	Outpatient	MRI scan bones of the eye, face, and/or neck before and after contrast		\$ 2,910.00	\$ 2,910.00

70544	N	Outpatient	MRA scan of head blood vessels		\$ 2,970.00	\$ 2,970.00
70545	N	Outpatient	MRA scan of head blood vessels with contrast		\$ 3,635.00	\$ 3,635.00
70546	N	Outpatient	MRA scan of head blood vessels before and after contrast		\$ 4,075.00	\$ 4,075.00
70547	N	Outpatient	MRA scan of neck blood vessels		\$ 2,970.00	\$ 2,970.00
70548	N	Outpatient	MRA scan of neck blood vessels with contrast		\$ 3,635.00	\$ 3,635.00
70549	N	Outpatient	MRA scan of neck blood vessels before and after contrast		\$ 4,075.00	\$ 4,075.00
70551	N	Outpatient	MRI scan brain		\$ 2,965.00	\$ 2,965.00
70552	N	Outpatient	MRI scan of brain with contrast		\$ 3,560.00	\$ 3,560.00
70553	Y	Outpatient	MRI scan of brain before and afer contrast		\$ 6,320.00	\$ 6,320.00
71045	N	Outpatient	X-Ray Exam Chest 1 View		\$ 230.00	\$ 230.00
71046	N	Outpatient	X-Ray Exam Chest 2 Views		\$ 250.00	\$ 250.00
71047	N	Outpatient	X-Ray Exam Chest 3 Views		\$ 270.00	\$ 270.00
71048	N	Outpatient	X-Ray Exam Chest 4 or More Views		\$ 425.00	\$ 425.00
71100	N	Outpatient	X-ray of ribs of one side of body, 2 views		\$ 230.00	\$ 230.00
71101	N	Outpatient	X-ray of ribs on one side of body including the chest, minimum of 3 views		\$ 285.00	\$ 285.00
71111	N	Outpatient	X-ray of both sides of the ribs including the chest, minimum of 4 views		\$ 500.00	\$ 500.00
71120	N	Outpatient	X-ray of breast bone, minimum of 2 views		\$ 225.00	\$ 225.00
71250	N	Outpatient	CT scan chest		\$ 1,675.00	\$ 1,675.00
71260	N	Outpatient	CT scan chest with contrast		\$ 1,965.00	\$ 1,965.00
71270	N	Outpatient	CT scan chest before and after contrast		\$ 2,400.00	\$ 2,400.00
71271	N	Outpatient	CT scan thorax, low dose for lung cancer screening, without contrast material(s)		\$ 400.00	\$ 400.00
71275	N	Outpatient	CT scan of blood vessels in chest with contrast		\$ 2,400.00	\$ 2,400.00
71550	N	Outpatient	MRI scan of chest		\$ 3,000.00	\$ 3,000.00
71552	N	Outpatient	MRI scan of chest before and after contrast		\$ 6,165.00	\$ 6,165.00
72040	N	Outpatient	X-ray of spine of neck, 2 or 3 views		\$ 225.00	\$ 225.00
72050	N	Outpatient	X-ray of upper spine, 4 or 5 views		\$ 415.00	\$ 415.00

72070	N	Outpatient	X-ray of middle spine, 3 views		\$ 385.00	\$ 385.00
72072	N	Outpatient	X-ray of middle spine, 3 views		\$ 400.00	\$ 400.00
72080	N	Outpatient	X-ray of middle and lower spine, 2 views		\$ 240.00	\$ 240.00
72081	N	Outpatient	X-ray of spine, 1 view		\$ 240.00	\$ 240.00
72082	N	Outpatient	X-ray of spine, 2 or 3 views		\$ 415.00	\$ 415.00
72083	N	Outpatient	X-ray of spine, 4 or 5 views		\$ 750.00	\$ 750.00
72084	N	Outpatient	X-ray of spine, minimum of 6 views		\$ 775.00	\$ 775.00
72100	N	Outpatient	X-ray of lower and sacral spine, 2 or 3 views		\$ 415.00	\$ 415.00
72110	Y	Outpatient	X-Ray, lower back, minimum four views		\$ 465.00	\$ 465.00
72125	N	Outpatient	CT scan of upper spine		\$ 1,675.00	\$ 1,675.00
72126	N	Outpatient	CT scan of upper spine with contrast		\$ 1,955.00	\$ 1,955.00
72127	N	Outpatient	CT scan of upper spine before and after contrast		\$ 2,340.00	\$ 2,340.00
72128	N	Outpatient	CT scan of middle spine		\$ 1,675.00	\$ 1,675.00
72129	N	Outpatient	CT scan of middle spine; with contrast material		\$ 1,955.00	\$ 1,955.00
72130	N	Outpatient	CT scan of middle spine before and after contrast		\$ 2,340.00	\$ 2,340.00
72131	N	Outpatient	CT scan of lower spine		\$ 1,675.00	\$ 1,675.00
72132	N	Outpatient	CT scan of lower spine with contrast		\$ 1,955.00	\$ 1,955.00
72133	N	Outpatient	CT scan of lower spine; without contrast material, followed by contrast material(s) and further sections		\$ 2,340.00	\$ 2,340.00
72141	N	Outpatient	MRI scan of upper spinal canal		\$ 3,000.00	\$ 3,000.00
72142	N	Outpatient	MRI scan of upper spinal canal with contrast		\$ 1,645.00	\$ 1,645.00
72146	N	Outpatient	MRI scan of middle spinal canal		\$ 3,280.00	\$ 3,280.00
72147	N	Outpatient	MRI scan of middle spinal canal with contrast		\$ 3,600.00	\$ 3,600.00
72148	Y	Outpatient	MRI scan of lower spinal canal		\$ 3,245.00	\$ 3,245.00
72149	N	Outpatient	MRI scan of lower spinal canal with contrast		\$ 1,645.00	\$ 1,645.00
72156	N	Outpatient	MRI scan of upper spinal canal before and after contrast		\$ 6,380.00	\$ 6,380.00
72157	N	Outpatient	MRI scan of middle spinal canal before and after contrast		\$ 6,380.00	\$ 6,380.00

72158	N	Outpatient	MRI scan of lower spinal canal before and after contrast		\$ 6,320.00	\$ 6,320.00
72170	N	Outpatient	X-ray of pelvis, 1 or 2 views		\$ 415.00	\$ 415.00
72190	N	Outpatient	X-ray of pelvis, minimum of 3 views		\$ 430.00	\$ 430.00
72192	N	Outpatient	CT scan pelvis		\$ 1,655.00	\$ 1,655.00
72193	Y	Outpatient	CT scan, pelvis, with contrast		\$ 1,885.00	\$ 1,885.00
72194	N	Outpatient	CT scan of pelvis before and after contrast		\$ 2,265.00	\$ 2,265.00
72195	N	Outpatient	MRI scan of pelvis		\$ 3,000.00	\$ 3,000.00
72196	N	Outpatient	MRI scan of pelvis with contrast		\$ 3,400.00	\$ 3,400.00
72197	N	Outpatient	MRI scan of pelvis before and after contrast		\$ 5,875.00	\$ 5,875.00
72200	N	Outpatient	X-ray of sacroiliac joints; less than 3 views		\$ 415.00	\$ 415.00
72202	N	Outpatient	X-ray of scarioilica joints; 3 or more views		\$ 500.00	\$ 500.00
72220	N	Outpatient	X-ray of pelvis, minimum of 2 views		\$ 225.00	\$ 225.00
73000	N	Outpatient	X-ray of collar bone, complete		\$ 225.00	\$ 225.00
73010	N	Outpatient	X-ray of shoulder blade		\$ 415.00	\$ 415.00
73030	N	Outpatient	X-ray of shoulder, minimum of 2 views		\$ 225.00	\$ 225.00
73050	N	Outpatient	X-ray of both collar bones		\$ 380.00	\$ 380.00
73060	N	Outpatient	X-ray of upper arm, minimum of 2 views		\$ 225.00	\$ 225.00
73070	N	Outpatient	X-ray of elbow, 2 views		\$ 225.00	\$ 225.00
73080	N	Outpatient	X-ray of elbow, minimum of 3 views		\$ 225.00	\$ 225.00
73090	N	Outpatient	X-ray of forearm, 2 views		\$ 225.00	\$ 225.00
73100	N	Outpatient	X-ray of wrist, 2 views		\$ 225.00	\$ 225.00
73110	N	Outpatient	X-ray of wrist, minimum of 3 views		\$ 225.00	\$ 225.00
73120	N	Outpatient	X-ray of hand, 2 views		\$ 415.00	\$ 415.00
73130	N	Outpatient	X-ray of hand, minimum of 3 views		\$ 225.00	\$ 225.00
73140	N	Outpatient	X-ray of fingers, minimum of 2 views		\$ 225.00	\$ 225.00
73200	N	Outpatient	CT scan of arm		\$ 810.00	\$ 810.00
73201	N	Outpatient	CT scan of arm with contrast		\$ 910.00	\$ 910.00
73221	N	Outpatient	MRI scan of arm joint		\$ 1,720.00	\$ 1,720.00
73222	N	Outpatient	MRI scan of arm joint with contrast		\$ 2,450.00	\$ 2,450.00
73223	N	Outpatient	MRI scan of arm joint before and after contrast		\$ 2,230.00	\$ 2,230.00
73502	N	Outpatient	X-ray of hip with pelvis, 2-3 views		\$ 235.00	\$ 235.00
73503	N	Outpatient	X-ray of hip with pevlis, minimum of 4 views		\$ 415.00	\$ 415.00

73521	N	Outpatient	X-ray of hips, bilateral, with pelvis; 2 views		\$ 415.00	\$ 415.00
73522	N	Outpatient	X-ray of hips, bilateral, with pelvis; 3-4 views		\$ 440.00	\$ 440.00
73523	N	Outpatient	X-ray of hips, bilateral, with pelvis; minimum of 5 views		\$ 465.00	\$ 465.00
73552	N	Outpatient	X-ray of femur, minimum 2 views		\$ 235.00	\$ 235.00
73560	N	Outpatient	X-ray of knee, 1 or 2 views		\$ 225.00	\$ 225.00
73562	N	Outpatient	X-ray of knee, 3 views		\$ 225.00	\$ 225.00
73564	N	Outpatient	X-ray of knee, 4 or more views		\$ 415.00	\$ 415.00
73590	N	Outpatient	X-ray of lower leg, 2 views		\$ 225.00	\$ 225.00
73600	N	Outpatient	X-ray of ankle, 2 views		\$ 225.00	\$ 225.00
73610	N	Outpatient	X-ray of ankle, minimum of 3 views		\$ 225.00	\$ 225.00
73620	N	Outpatient	X-ray of foot, 2 views		\$ 225.00	\$ 225.00
73630	N	Outpatient	X-ray of foot, minimum of 3 views		\$ 225.00	\$ 225.00
73650	N	Outpatient	X-ray of heel, minimum of 2 views		\$ 225.00	\$ 225.00
73660	N	Outpatient	X-ray of toes, minimum of 2 views		\$ 225.00	\$ 225.00
73700	N	Outpatient	CT scan leg		\$ 800.00	\$ 800.00
73701	N	Outpatient	CT scan leg with contrast injection		\$ 910.00	\$ 910.00
73702	N	Outpatient	CT scan of leg before and after contrast injection		\$ 1,020.00	\$ 1,020.00
73718	N	Outpatient	MRI scan of leg		\$ 1,700.00	\$ 1,700.00
73720	N	Outpatient	MRI scan of leg before and after contrast		\$ 2,085.00	\$ 2,085.00
73721	Y	Outpatient	MRI scan of leg joint		\$ 1,700.00	\$ 1,700.00
73723	N	Outpatient	MRI scan of leg joint before and after contrast		\$ 1,795.00	\$ 1,795.00
74018	N	Outpatient	X-Ray Exam Abdomen 1 View		\$ 230.00	\$ 230.00
74019	N	Outpatient	X-Ray Exam Abdomen 2 Views		\$ 415.00	\$ 415.00
74021	N	Outpatient	X-Ray Exam Abdomen 3 Views		\$ 455.00	\$ 455.00
74150	N	Outpatient	CT scan abdomen		\$ 1,625.00	\$ 1,625.00
74160	N	Outpatient	CT scan abdomen with contrast		\$ 1,920.00	\$ 1,920.00
74170	N	Outpatient	CT scan abdomen before and after contrast		\$ 2,325.00	\$ 2,325.00
74174	N	Outpatient	CT scan of abdominal and pelvic blood vessels with contrast		\$ 2,500.00	\$ 2,500.00
74175	N	Outpatient	CT scan of abdominal blood vessels with contrast		\$ 2,325.00	\$ 2,325.00

74176	N	Outpatient	CT scan of abdomen and pelvis		\$ 1,210.00	\$ 1,210.00
74177	Y	Outpatient	CT scan of adomen and pelvis with contrast		\$ 2,020.00	\$ 2,020.00
74178	N	Outpatient	CT scan of abdomen and pelvis before and after contrast		\$ 2,600.00	\$ 2,600.00
74181	N	Outpatient	MRI scan of abdomen		\$ 3,000.00	\$ 3,000.00
74182	N	Outpatient	MRI scan of abdomen with contrast		\$ 3,165.00	\$ 3,165.00
74183	N	Outpatient	MRI scan of abdomen before and after contrast		\$ 3,340.00	\$ 3,340.00
74230	N	Outpatient	Imaging for evaluation of swallowing function		\$ 455.00	\$ 455.00
74240	N	Outpatient	X-ray of upper digestive tract		\$ 550.00	\$ 550.00
74280	N	Outpatient	X-ray of large bowel with contrast		\$ 1,152.00	\$ 1,152.00
74330	N	Outpatient	Placement of catheter of gallbladder and pancreas under imaging using an endoscope		\$ 953.00	\$ 953.00
74425	N	Outpatient	Radiological supervision and interpretation X-ray of urinary tract		\$ 1,645.00	\$ 1,645.00
74430	N	Outpatient	Radiologica supervision and interpretation X-ray of bladder, minimum of 3 views		\$ 910.00	\$ 910.00
74455	N	Outpatient	Radiological supervision and interpretation X-ray of urinary bladder and urethra		\$ 838.00	\$ 838.00
75571	N	Outpatient	CT scan of heart, without contrast material, with quantitative evaluation of coronary calcium		\$ 1,900.00	\$ 1,900.00
75572	N	Outpatient	CT scan of heart, with contrast material, for evaluation of cardiac structure and morphology		\$ 2,100.00	\$ 2,100.00
75573	N	Outpatient	CT scan of congenital heart structure defect with contrast		\$ 2,300.00	\$ 2,300.00
75574	N	Outpatient	CT scan of heart blood vessels and grafts with contrast dye		\$ 2,500.00	\$ 2,500.00
76506	N	Outpatient	Ultrasound of brain		\$ 837.00	\$ 837.00
76536	N	Outpatient	Ultrasound of head and neck		\$ 490.00	\$ 490.00
76604	N	Outpatient	Ultrasound of chest		\$ 462.00	\$ 462.00
76641	N	Outpatient	Ultrasound of one breast		\$ 415.00	\$ 415.00

76700	Y	Outpatient	Ultrasound of abdomen		\$ 1,063.00	\$ 1,063.00
76775	N	Outpatient	Ultrasound behind abdominal cavity, limited		\$ 703.00	\$ 703.00
76800	N	Outpatient	Ultrasound of spinal canal		\$ 485.00	\$ 485.00
76805	Y	Outpatient	Abdominal ultrasound of pregnant uterus (greater or equal to 14 wks 0 days) single or first fetus		\$ 415.00	\$ 415.00
76830	Y	Outpatient	Ultrasound pelvis thorough vagina		\$ 538.00	\$ 538.00
76856	N	Outpatient	Ultrasound of pelvis, complete		\$ 538.00	\$ 538.00
76857	N	Outpatient	Ultrasound of pelvis		\$ 415.00	\$ 415.00
76870	N	Outpatient	Ultrasound of scrotum		\$ 533.00	\$ 533.00
76881	N	Outpatient	Ultrasound of leg or arm		\$ 425.00	\$ 425.00
76885	N	Outpatient	Ultrasound of hips with manipulation, infant		\$ 573.00	\$ 573.00
76942	N	Outpatient	Ultrasonic guidance imaging supervision and interpretation for insertion of needle		\$ 548.00	\$ 548.00
77065	Y	Outpatient	Mammography of one breast		\$ 374.00	\$ 374.00
77066	Y	Outpatient	Mammography of both breast		\$ 460.00	\$ 460.00
77067	Y	Outpatient	Mammography, screening, bilateral		\$ 216.00	\$ 216.00
77075	N	Outpatient	X-ray survey of forearm or wrist bone density		\$ 600.00	\$ 600.00
77080	N	Outpatient	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		\$ 788.00	\$ 788.00
78012	N	Outpatient	Nuclear medicine imaging for thyroid uptake measurements		\$ 1,260.00	\$ 1,260.00
78070	N	Outpatient	Imaging of Parathyroid (planar imaging)		\$ 1,300.00	\$ 1,300.00
78195	N	Outpatient	Imaging of lymphatic tissue and lymph node		\$ 1,900.00	\$ 1,900.00
78201	N	Outpatient	Imaging of liver		\$ 4,335.00	\$ 4,335.00
78215	N	Outpatient	Imaging of Liver and spleen		\$ 1,470.00	\$ 1,470.00
78226	N	Outpatient	Imaging of liver and bile duct system		\$ 1,260.00	\$ 1,260.00
78264	N	Outpatient	Stomach emptying study		\$ 1,260.00	\$ 1,260.00
78278	N	Outpatient	Acute digestive tract blood loss imaging		\$ 1,542.00	\$ 1,542.00
78300	N	Outpatient	Bone and/or joint imaging; limited area		\$ 1,360.00	\$ 1,360.00
78305	N	Outpatient	Bone and/or joint imaging; multiple areas		\$ 1,500.00	\$ 1,500.00
78306	N	Outpatient	Bone and/or joint imaging, whole body		\$ 2,200.00	\$ 2,200.00

78315	N	Outpatient	Bone and/or joint imaging, 3 phase study		\$ 2,500.00	\$ 2,500.00
78452	N	Outpatient	Nuclear medicine study of vessels of heart using drugs or exercise multiple studies		\$ 4,450.00	\$ 4,450.00
78580	N	Outpatient	Nuclear medicine study of blood circulation in the lungs		\$ 1,420.00	\$ 1,420.00
78582	N	Outpatient	Nuclear medicine study of lung ventilation and blood circulation in the lungs		\$ 1,632.00	\$ 1,632.00
78802	N	Outpatient	Nuclear medicine study of radioactive material distribution at tumor locations in whole body, single day imaging		\$ 4,335.00	\$ 4,335.00
78803	N	Outpatient	Nuclear medicine study of radioactive material distribution		\$ 2,045.00	\$ 2,045.00
79005	N	Outpatient	Oral administration of radioactive material therapy agent		\$ 860.00	\$ 860.00
79101	N	Outpatient	Radioactive material therapy into vein		\$ 1,000.00	\$ 1,000.00
80048	Y	Outpatient	Basic metabolic panel		\$ 55.00	\$ 55.00
80053	Y	Outpatient	Blood test, comprehensive group of blood chemicals		\$ 76.00	\$ 76.00
80055	Y	Outpatient	Obstetric blood test panel		n/a	n/a
80061	Y	Outpatient	Blood test, lipids (cholesterol and triglycerides)		\$ 177.00	\$ 177.00
80069	Y	Outpatient	Kidney function panel test		n/a	n/a
80076	Y	Outpatient	Live function blood test panel		\$ 62.00	\$ 62.00
80164	N	Outpatient	Valproic acid (dipropylacetic acid); total		\$ 114.00	\$ 114.00
81001	Y	Outpatient	Manual urinalysis test with examination using microscope		\$ 21.00	\$ 21.00
81003	Y	Outpatient	Automated urinalysis test		\$ 34.00	\$ 34.00
81025	N	Outpatient	Urine pregnancy test, by visual color comparison methods		\$ 142.00	\$ 142.00
82565	N	Outpatient	Creatinine; blood		\$ 54.00	\$ 54.00
83036	N	Outpatient	Hemoglobin; glycosylated (A1C)		\$ 53.00	\$ 53.00
84153	Y	Outpatient	PSA (prostate specific antigen)		\$ 186.00	\$ 186.00
84439	N	Outpatient	Thyroxine; free		\$ 150.00	\$ 150.00

84443	Y	Outpatient	Blood test, thyroid stimulating hormone (TSH)		\$ 93.00	\$ 93.00
84520	N	Outpatient	Urea nitrogen; quantitative		\$ 46.00	\$ 46.00
84703	N	Outpatient	Gonadotropin, chorionic (hCG); qualitative		\$ 51.00	\$ 51.00
85007	N	Outpatient	Blood count; blood smear, microscopic examination with manual differential WBC count		\$ 25.00	\$ 25.00
85025	Y	Outpatient	Complete blood cell count, with differential white blood cells, automated		\$ 56.00	\$ 56.00
85027	Y	Outpatient	Complete blood count, automated		\$ 22.00	\$ 22.00
85610	Y	Outpatient	Blood test clotting time		\$ 47.00	\$ 47.00
85730	Y	Outpatient	Coagulation assessment blood test		\$ 46.00	\$ 46.00
86140	N	Outpatient	C-reactive protein;		\$ 42.00	\$ 42.00
86360	N	Outpatient	T cells; absolute CD4 and CD8 count, including ratio		\$ 312.00	\$ 312.00
87536	N	Outpatient	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed		\$ 652.00	\$ 652.00
87635	N	Outpatient	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique		\$ 153.93	\$ 153.93
90832	Y	Outpatient	Psychotherapy, 30 min		\$ 447.00	\$ 447.00
90834	Y	Outpatient	Psychotherapy, 45 min		\$ 520.00	\$ 520.00
90837	Y	Outpatient	Psychotherapy, 60 min		\$ 593.00	\$ 593.00
90846	Y	Outpatient	Family psychotherapy, not including patient, 50 min		\$ 447.00	\$ 447.00
90847	Y	Outpatient	Family psychotherapy, including patient, 50 min		\$ 894.00	\$ 894.00
90849	N	Outpatient	Multiple-family group psychotherapy		\$ 457.00	\$ 457.00
90853	Y	Outpatient	Group psychotherapy		\$ 300.00	\$ 300.00

93000	Y	Outpatient	Electrocardiogram, routine, with interpretation and report		n/a	n/a
93005	N	Outpatient	Routine electrocardiogram (EKG) with tracing using at least 12 leads		\$ 202.00	\$ 202.00
93225	N	Outpatient	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)		\$ 380.00	\$ 380.00
93306	N	Outpatient	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography		\$ 2,450.00	\$ 2,450.00
93308	N	Outpatient	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study		\$ 1,380.00	\$ 1,380.00
93312	N	Outpatient	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report		\$ 2,450.00	\$ 2,450.00
93351	N	Outpatient	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional		\$ 2,225.00	\$ 2,225.00

93452	Y	Outpatient	Insertion of catheter into left heart for diagnosis		n/a	n/a
93880	N	Outpatient	Ultrasound scanning of blood flow (outside the brain) on both sides of head and neck		\$ 1,150.00	\$ 1,150.00
93923	N	Outpatient	Ultrasound study of arteries of both arms and legs		\$ 500.00	\$ 500.00
93925	N	Outpatient	Ultrasound study of arteries and arterial grafts of both legs		\$ 1,105.00	\$ 1,105.00
93926	N	Outpatient	Ultrasound study of arteries and arterial grafts of one leg or limited		\$ 950.00	\$ 950.00
93931	N	Outpatient	Ultrasound study of arteries and arterial grafts of one arm or limited		\$ 980.00	\$ 980.00
93970	N	Outpatient	Ultrasound scan of veins of both arms or legs including assessment of compression and functional maneuvers		\$ 1,155.00	\$ 1,155.00
93971	N	Outpatient	Ultrasound scan of veins of one arm or leg or limited including assessment of compression and functional maneuvers		\$ 850.00	\$ 850.00
93975	N	Outpatient	Ultrasound scan of abdominal, pelvic, and/or scrotal arterial inflow and venous outflow		\$ 1,550.00	\$ 1,550.00
93976	N	Outpatient	Ultrasound limited scan of abdominal, pelvic, and/or scrotal arterial inflow and venous outflow		\$ 1,550.00	\$ 1,550.00
93978	N	Outpatient	Ultrasound scan of vena cava or groin graft or vessel blood flow		\$ 1,145.00	\$ 1,145.00
94060	N	Outpatient	Measurement and graphic recording of the amount and speed of breathed air, before and following medication administration		\$ 1,200.00	\$ 1,200.00
94150	N	Outpatient	Measurement of largest amount of air exhaled from lungs		\$ 492.00	\$ 492.00
94375	N	Outpatient	Diagnostic testing in a pulmonary function lab		\$ 898.00	\$ 898.00
94726	N	Outpatient	Determination of lung volumes using plethysmography		\$ 898.00	\$ 898.00

94729	N	Outpatient	Measurement of lung diffusing capacity		\$ 182.00	\$ 182.00
94762	N	Outpatient	Overnight measurement of oxygen saturation in blood using ear or finger device		\$ 492.00	\$ 492.00
95810	Y	Outpatient	Sleep study		n/a	n/a
96369	N	Outpatient	Infusion into tissue for therapy or prevention up to 1 hour		\$ 690.00	\$ 690.00
96370	N	Outpatient	Infusion into tissue for therapy or prevention, beneath the skin		\$ 134.00	\$ 134.00
96521	N	Outpatient	Refilling and maintenance of portable pump		\$ 690.00	\$ 690.00
97012	N	Outpatient	Application of mechanical traction to 1 or more areas		\$ 81.00	\$ 81.00
97032	N	Outpatient	Application of electrical stimulation to 1 or more areas, each 15 minutes		\$ 81.00	\$ 81.00
97035	N	Outpatient	Application of ultrasound to 1 or more areas, each 15 minutes		\$ 67.00	\$ 67.00
97110	Y	Outpatient	Physical therapy, therapeutic exercise		\$ 119.00	\$ 119.00
97112	N	Outpatient	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes		\$ 119.00	\$ 119.00
97116	N	Outpatient	Walking training to 1 or more areas, each 15 minutes		\$ 10.00	\$ 10.00
97124	N	Outpatient	Therapeutic massage to 1 or more areas, each 15 minutes		\$ 59.00	\$ 59.00
97140	N	Outpatient	Manual (physical) therapy techniques to 1 or more regions, each 15 minutes		\$ 76.00	\$ 76.00
97150	N	Outpatient	Therapeutic procedures in a group setting		\$ 45.00	\$ 45.00
97161	N	Outpatient	Evaluation of physical therapy, typically 20 minutes		\$ 360.00	\$ 360.00
97162	N	Outpatient	Evaluation of physical therapy, typically 30 minutes		\$ 424.00	\$ 424.00
97163	N	Outpatient	Evaluation of physical therapy, typically 45 minutes		\$ 504.00	\$ 504.00
97164	N	Outpatient	Re-evaluation of physical therapy, typically 20 minutes		\$ 239.00	\$ 239.00

97165	N	Outpatient	Evaluation of occupational therapy, typically 30 minutes		\$ 339.00	\$ 339.00
97166	N	Outpatient	Evaluation of occupational therapy, typically 45 minutes		\$ 403.00	\$ 403.00
97167	N	Outpatient	Evaluation of occupational therapy established plan of care, typically 60 minutes		\$ 482.00	\$ 482.00
97168	N	Outpatient	Re-evaluation of occupational therapy established plan of care, typically 30 minutes		\$ 212.00	\$ 212.00
97530	N	Outpatient	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes		\$ 119.00	\$ 119.00
97535	N	Outpatient	Self-care or home management training, each 15 minutes		\$ 119.00	\$ 119.00
97542	N	Outpatient	Wheelchair management, each 15 minutes		\$ 78.00	\$ 78.00
97750	N	Outpatient	Physical performance test or measurement with report, each 15 minutes		\$ 119.00	\$ 119.00
97760	N	Outpatient	Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk each 15 minutes		\$ 119.00	\$ 119.00
97761	N	Outpatient	Training in use of prosthesis for arms and/or legs each 15 minutes		\$ 119.00	\$ 119.00
97763	N	Outpatient	Orthotic management and training		\$ 185.00	\$ 185.00
99202	N	Outpatient	New patient office or other outpatient visit, typically 15-29 min	G0463	\$ 310.00	\$ 310.00
99203	Y	Outpatient	New patient office or other outpatient visit, typically 30 min	G0463	\$ 410.00	\$ 410.00
99204	Y	Outpatient	New patient office or other outpatient visit, typically 45 min	G0463	\$ 515.00	\$ 515.00
99205	Y	Outpatient	New patient office or other outpatient visit, typically 60 min	G0463	\$ 540.00	\$ 540.00
99212	N	Outpatient	Established patient office or other outpatient visit, typically 10-19 min	G0463	\$ 254.00	\$ 254.00
99213	N	Outpatient	Established patient office or other outpatient visit, typically 20-29 min	G0463	\$ 292.00	\$ 292.00

99214	N	Outpatient	Established patient office or other outpatient visit, typically 30-39 min	G0463	\$ 323.00	\$ 323.00
99215	N	Outpatient	Established patient office or other outpatient visit, typically 40-54 min	G0463	\$ 419.00	\$ 419.00
99243	Y	Outpatient	Patient Office consultation, typically 40 min		n/a	n/a
99244	Y	Outpatient	Patient Office consultation, typically 60 min		n/a	n/a
99381	N	Outpatient	Initial new patient preventive medicine evaluation infant younger than 1 year	G0439	\$ 197.00	\$ 197.00
99382	N	Outpatient	Initial new patient preventive medicine evaluation, age 1 through 4 years	G0439	\$ 208.00	\$ 208.00
99383	N	Outpatient	Initial new patient preventive medicine evaluation, age 5 through 11 years	G0439	\$ 222.00	\$ 222.00
99384	N	Outpatient	Initial new patient preventive medicine evaluation, age 12 through 17 years	G0439	\$ 261.00	\$ 261.00
99385	Y	Outpatient	Initial new patient preventative medicine evaluation, age 18 through 39 years	G0439	\$ 252.00	\$ 252.00
99386	Y	Outpatient	Initial new patient preventative medicine evaluation, age 40 through 64 years	G0439	\$ 305.00	\$ 305.00
99387	N	Outpatient	Initial new patient preventative medicine evaluation, age 65 years and older	G0439	\$ 328.00	\$ 328.00
99391	N	Outpatient	Established patient periodic preventive medicine examination infant younger than 1 year	G0439	\$ 180.00	\$ 180.00
99392	N	Outpatient	Established patient periodic preventive medicine examination, age 1 through 4 years	G0439	\$ 197.00	\$ 197.00
99393	N	Outpatient	Established patient periodic preventive medicine examination, age 5 through 11 years	G0439	\$ 208.00	\$ 208.00
99394	N	Outpatient	Established patient periodic preventive medicine examination, age 12 through 17 years	G0439	\$ 222.00	\$ 222.00
99395	N	Outpatient	Established patient periodic preventive medicine examination, age 18 through 39 years	G0439	\$ 227.00	\$ 227.00

99396	N	Outpatient	Established patient periodic preventive medicine examination, age 40 through 64 years	G0439	\$ 248.00	\$ 248.00
99397	N	Outpatient	Established patient periodic preventive medicine examination, age 65 years and older	G0439	\$ 354.00	\$ 354.00