



The 'Transparency in Health Care Prices Act', which requires health care professionals and health care facilities to make available to the public the health care **prices** they assess directly for common health care services they provide. Attached you will find a list of all services provided by our facility and the current cost associated with each. This list will be updated annually.

### 2021 Pricing Information

<u>Procedure Code</u>	<u>Procedure Desc</u>	<u>Profile Amt</u>
10060	INCISION AND DRAINAGE OF ABSCESS- SIMPLE	\$210.00
11300	SHAVING LESION .5 OR LESS TRUNK, ARM LEG	\$150.00
11301	SHAVING LESION .6 TO 1.0 CM TRUNK ARM LEG	\$185.00
11302	SHAVING LESION 1.1 TO 2.0 CM TRUNK, ARM LEG	\$220.00
11303	SHAVING LESION 2.0 CM TRUNK ARM LEG	\$240.00
11305	SHAVING LESION .5 CM SCALP, NECK, HAND, FEET, GENITALIA	\$150.00
11306	SHAVING LESION .6 TO 1.0 SCALP, NECK, HAND, FEET, GENITALIA	\$190.00
11307	SHAVE LESION 1.1-2.0 CM SCALP, NECK, HAND, FEET	\$230.00
11308	SHAVE LESION OVER 2.0 SM SCALP, NECK HAND FEET, GENITALIA	\$235.00
11310	SHAVING LESION FACE, EARS, EYELID, NOSE LIPS <.05CM	\$180.00
11311	SHAVING LESION FACE, EARS, EYELIDS, NOSE, LIPS .06-1.0 CM	\$180.00
11312	SHAVING LESION 1.1 TO 2.0 CM FACE, EARS, EYELIDS, NOSE, LIPS	\$245.00
11313	SHAVE LESION FACE, EAR, EYELIDE, NOSE, LIP OVER 2.0 CM	\$285.00
20605	ARTHROCENTESIS, ASPIRATION/INJECTION JOINT	\$80.00
20610	ARTHROCENTESIS, ASPIRATION/INJECTION JOINT	\$284.00
36415	VENIPUNCTURE	\$15.00
	COLLECTION BLOOD SPECIMEN FROM IMPLANTED VENOUS ACCESS	
36540	DEVICE	\$25.00
36591	COLLECTION OF BLOOD FROM A COMPLETELY IMPLANTABLE VAD	\$25.00
	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED	
36592	CENTRAL/PORT LINE	\$25.00
	REMOVAL IMPATED CERUMEN, IRRIGATION/LAVAGE W/O	
69209	INSTRUMENTATION	\$24.00
70450	HEAD	\$284.00

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70460	HEAD W/ CONTRAST	\$371.00
70470	HEAD W/O CONTRAST	\$360.00
70480	CT MASTOIDS ORBITS EAR WITHOUT CONTRAST	\$590.00
70486	SINUSES/MAXILLOFACIAL	\$395.00
70487	SINUSES/MAILLOFACIAL W/ CONTRAST	\$485.00
70488	SINUSES/MAXILLOFACIAL W/O CONTRAST	\$600.00
70490	NECK (SOFT TISSUE)	\$367.00
70491	NECK (SOFT TISSUE) W/ CONTRAST	\$460.00
70492	NECK W/O CONTRAST	\$572.00
70496	CTA HEAD/BRAIN	\$951.00
70498	CTA NECK	\$990.00
71250	CHEST	\$368.00
71260	CHEST W/ CONTRAST	\$463.00
71270	CHEST W/O CONTRAST	\$576.00
71275	CTA CHEST	\$712.00
72125	C-SPINE	\$373.00
72126	CT C-SPINE WITH CONTRAST	\$453.00
72128	T-SPINE	\$371.00
72131	L-SPINE	\$369.00
72191	CTA PELVIS	\$717.00
72192	PELVIS	\$278.00
72193	PELVIS W/ CONTRAST	\$498.00
72194	PELVIS W/O CONTRAST	\$567.00
73200	UPPER EXTREMITY	\$366.00
73201	UPPER EXTREMITY W/ CONTRAST	\$458.00
73202	UPPER EXTREMITY W/O CONTRAST	\$612.00
73700	LOWER EXTREMITY	\$368.00
73701	LOWER EXTREMITY W CONTRAST	\$466.00
73702	LOWER EXTREMITY W/O CONTRAST	\$610.00
74150	ABDOMEN	\$275.00
74160	ABDOMEN W/ CONTRAST	\$496.00
74170	ABDOMEN W/O CONTRAST	\$579.00
74174	CTA ABD/PELVIS W/O CONTRAST	\$787.00
74175	CTA ABDOMEN	\$718.00
74176	CT ABD/PELVIS W/O CONTRAST	\$333.00

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74177	CT ABD/PELVIS W/ CONTRAST	\$588.00
74178	CT ABD AND PELVIS	\$701.00
75571	CT HEART	\$195.00
75572	CT HEART W/ CONTRAST	\$518.00
75573	CT HEART CARDIAL STRUCTURE	\$690.00
75574	CTA HEART ANGIOGRAPY	\$1,000.00
75635	CTA ABDOMEN W/ LLRO	\$764.00
76700	ULTRASOUND ABDOMINAL COMPLETE	\$225.00
76705	ULTRASOUND, LIMITED ABDOMINAL	\$184.00
76857	ULTRASOUND PELVIC LIMITED	\$65.00
78451	MPI SINGLE	\$661.00
78452	MPI, MULTIPLE	\$954.00
82962	MONITORING GLUCOSE	\$20.00
83014	H-PYLORI ADM OF DRUG/AGENT AND COLLECTION OF BREATH SAMPLE	\$25.00
87804	INFLUENZA A AND/OR B ANTIGEN DETECTION BY IMMUNOASSAY STREP A DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION	\$22.00
87880	IMMUNIZATION ADM ANY METHOD 1 VACCINE, SINGLE OR COMBI TOXOID	\$25.00
90471	EACH ADDITONAL VACCINE SINGLE OR COMBI TOXOID	\$35.00
90472	INFLUENZA VIRUS VACCINE	\$20.00
90654	INFLUENZA VACCINE, INACTIVATED	\$40.00
90658	INFLUENZA HIGH DOSE VACCINE, INACTIVED	\$34.00
90662	PNEUMOCOCCAL 13-VALENT CONJUGATE VACCIN FLUBLOK, QUADRIVALENT FLU VACCINE 0.5 ML SINGLE DOSE SYRINGE	\$34.00
90670	INFLUENZA VACCINE 0.5 mL SINGLE DOSE SYRINGE	\$226.00
90682	TETANUS TOXOID ABSORBED, .05ML SOLUTION	\$60.00
90686	TETANUS DIPHTHERIA AND PERTUSUS VACCINE	\$34.00
90703	PNEUMONIA VACCINE	\$68.00
90715	SHINGLES VACCINE	\$73.00
90732	HEP B ADULT VACCINE	\$110.00
90736	SHINGRIX 0.5 mL, ZOSTER VACCINE RECOMBINANT, ADJUVANTED SUSP	\$243.00
90746	CARDIAC RESUSCITATION	\$96.00
90750		\$180.25
92950		\$716.00

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92960	CARDIOVERSION	\$476.00
93000	EKG	\$42.00
93010	EKG INTERPRETATION	\$20.00
93015	STRESS TEST	\$184.00
93016	CARDIO STRESS (SUPERVISION ONLY)	\$52.00
93017	CARDIO STRESS (TRACING ONLY)	\$98.00
93018	CARDIO STRESS TEST (INTERPRETATION ONLY)	\$34.00
93224	HOLTER MONITOR	\$214.00
93227	HOLTER INTERPRETATION	\$65.00
93279	PPM INTERROGATION W/ADJ, SINGLE LEAD	\$116.00
93280	PPM INTERROGATION W/ ADJ, DUAL LEAD	\$134.00
93281	PPM INTERROGATION W/ AJD, MULTIPLE LEAD	\$156.00
93282	ICD INTERROGATION W/ ADJ, SINGLE	\$145.00
93283	ICD INTERROGATION W/ ADJ, DUAL LEAD	\$187.00
93284	ICD INTERROGATION W/ ADJ, MULTIPLE LEAD	\$206.00
93285	IMPLANTABLE LOOP RECORDER INTERROGATION	\$86.00
93286	PPM PERI PROCEDURAL DEVICE EVAL AND PROG	\$62.00
93287	ICD PERI PROCEDURAL DEVICE EVAL AND PROG	\$81.00
93288	PPM INTERROGATION ONLY W/O ADJ	\$86.00
93289	ICD INTERROGATION ONLY W/O ADJ, S, D OR MULT	\$151.00
93291	IMPLANTABLE LOOP RECORDER DEVICE INTERROGATION	\$125.00
93292	INTERROGATION DEVICE EVALUATION WEARABLE DEFIBRILLATOR SYSTEM	\$75.00
93306	ECHO, 2D, M-MODE W/ DOPPLER	\$435.00
93307	ECHOCARDIOGRAPHY, COMPLETE, WITHOUT SPECTRAL OR COLOR DOPPLER	\$435.00
93308	ECHO LIMITED OR FU	\$229.00
93321	DOPPLER ECHO LIMITED	\$54.00
93325	COLOR FLOW LIMITED	\$45.00
93350	STRESS ECHO	\$461.00
93880	CAROTID DUPLEX SCAN BILATER	\$552.00
93922	NON-INVASIVE PHYSIOLOGICAL STUDY OF EXTREMITY (LIMITED)	\$213.00
93923	NON-INVASIVE PHYSIOLOGICAL STUDY OF EXTREMITY	\$331.00
93970	VENOUS DUPLEX SCAN-BILATERAL	\$438.00
93971	VENOUS DUPLEX SCAN - UNILATERAL	\$265.00

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94010	SPIROMETRY	\$85.00
	SPIROMERTRY PRE AND POST BRONCHIODIALATOR	
94060	ADMINISTRATION	\$146.00
94640	NEBULIZER TREATMENT	\$43.00
96360	IV HYDRATION 31 MIN TO 1 HR	\$132.00
96361	IV HYDRATION EACH ADDITIONAL HR	\$35.00
96365	IV INFUSION UP TO 1 HOUR	\$170.00
96366	IV INFUSION EACH ADDITIONAL HR	\$50.00
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (IM/SUBQ)	\$30.00
96374	IV PUSH, SINGLE OR INITIAL SUBSTANCE	\$130.00
96375	IV PUSH, SEQUENTIAL	\$50.00
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE/PORT	\$57.00
99201	OFFICE VISIT NEW PATIENT LEVEL 1	\$101.00
99202	OFFICE VISIT NEW PATIENT LEVEL 2	\$173.00
99203	OFFICE VISIT NEW PATIENT LEVEL 3	\$251.00
99204	OFFICE VISIT NEW PATIENT LEVEL 4	\$383.00
99205	OFFICE VISIT NEW PATIENT LEVEL 5	\$476.00
99211	OFFICE VISIT ESTABLISHED PATIENT LEVEL 1 nurse	\$47.00
99212	OFFICE VISIT ESTABLISHED PATIENT LEVEL 2	\$101.00
99213	OFFICE VISIT ESTABLISHED PATIENT LEVEL 3	\$170.00
99214	OFFICE VISIT ESTABLISHED PATIENT LEVEL 4	\$250.00
99215	OFFICE VISIT ESTABLISHED PATIENT LEVEL 5	\$335.00
99217	OBSERVATION HOSPITAL DISCHARGE	\$168.00
99219	OBSERVATION HOSPITAL CARE	\$205.00
99220	OBSERVATION INITIAL COMPREHENSIVE	\$429.00
99222	HOSPITAL ADMIT	\$318.00
99223	HOSPITAL INITIAL CARE, COMPREHENSIVE	\$469.00
99226	HOSPITAL OBSERVATION/ VISIT DETAILED	\$242.00
99231	IN PATIENT SUBSEQUENT CARE	\$91.00
99232	HOSPITAL SUBSEQ CARE EXPANDED/MODERATE	\$167.00
99233	HOSPITAL SUBSEQ IP DAYS /HIGH COMPL	\$240.00
99234	HOSPITAL SAME DAY OBSERVATION ADMIT/DISCHARGE	\$310.00
99235	HOSPITAL SAME DAY OBSERVATION AND DISCHARGE	\$390.00
99238	D/C DAY MANAGEMENT	\$168.00
99239	HOSPITAL DISCHARGE SAME DAY, MORE THAN 30 MIN	\$248.00

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99354	PROLONGED PHY SVC OFC/OP SETTING 1 HR	\$230.00
99355	PROLONGED PHY SVC OFC/OP SETTING 30 MIN	\$226.00
99356	PROLONGED PHY SERVICE IS IP SETTING	\$212.00
99357	PROLONGED PHYS SVS I	\$212.00
99401	PREVENTIVE MEDICIN COUNSELING AND/OR RISK FACTOR REDUCTION	\$122.00
99406	SMOKING & TOBACCO CESSATION 3 TO 10 MINUTES	\$68.00
99407	SMOKING & TOBACCO CESSATION GREATER THAN 10 MINUTES	\$123.00
99415	PROLONGED CLINICAL STAFF SERVICE 1 HOUR	\$20.00
99416	PROLONGED CLINICAL STAFF SERVICE EA. ADD'L 30 MIN	\$10.00
99441	TELEPHONE EVALUATION AND MANAGEMENT 5-10 MINUTES	\$100.00
0296T	14 DAY HOLTER RECORDING (INCLUDING CONNECTION)	\$25.00
0298T	14 DAY HOLTER PHYSICIAN REVIEW AND INTERPRETATION	\$65.00
0498T	24 HR CARD. AMUB. MONITOR UP TO 30 DAYS REVIEW & INT P	\$100.00
A9500	TECHNETIUM Tc-99m SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	\$300.00
A9502	TETROFOSMIN (MYOVIEV) Tc-99m HEU	\$350.00
A9505	CARDIOLITE OTHER	\$96.00
G0008	ADMIN FLU	\$28.00
G0009	ADMIN PNEUMONIA	\$28.00
G0010	ADMIN HEP B	\$28.00
G0179	PHYSICIAN RE-CERTIFICATION FOR HOME HEALTH SERVICE	\$124.00
G0180	HOME HEALTH CERTIFICATION	\$249.00
G0181	HOME HEALTH RECERT	\$155.00
G0434	DRUG SCREEN-MULTIP CLASS OTHER THAN CHROMATOGRAPHIC	\$50.00
G0477	DRUG SCREEN MULTIP CLASS OTHER THAN CHROMAT	\$50.00
G2012	BRIEF COMMUNICATION TECHNOLOGY BASED SERVICE	\$40.00
G8553	E PRESCRIBE	\$33.40
GO179	HOME HEALTH RECERTIFICATION	\$100.00
GO180	HOME HEALTH CERTIFICATION	\$130.00
J0171	EPINEPHRINE	\$25.00
J0280	AMINOPHYLLINE 25mg/ml	\$10.00
J0282	AMIODARONE	\$0.23
J0461	ATROPINE SULFATE	\$25.00
J0696	ROCEPHIN 250MG/ceftriaxone	\$15.00
J1070	TESTOSTERONE CYPIONATE 100 MG	\$7.00

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J1080	TESTOSTERONE CYPIONATE 200MG	\$7.00
J1200	BENADRYL/DIPHENHYDRAMINE 50 MG	\$12.00
J1245	IV PERSANTINE PER 10 MG	\$180.00
J1642	HEPARIN LOCK IV FLUSH SYRINGE 100 UNITS/mL	\$25.00
J1720	SOLUCORTEF	\$15.00
J1885	TORADOL INJECTION 2mL Single-Dose Vile 30mg/mL	\$3.00
J1940	FUROSEMIDE INJECTION USP 20mg (10mg/ML)	\$5.00
J2001	LIDOCAINE	\$3.00
J2405	ONDANSETRON HYDROCHLORIDE INJ PER 1MG	\$1.00
J2550	PHENERGAN	\$6.00
J2785	LEXISCAN 0.4 mg/5ml SYRINGE	\$240.00
J2920	SOLUMEDROL INJECTION up to 40 mg injection	\$5.00
J2930	SOLUMEDROL up to 125 mg	\$20.00
J2930,MB	SOLUMEDROL up to 125 mg	\$20.00
J3120	TESTOSTERONE ENANTHATE 100 MG	\$10.00
J3130	TESTOSTERONE ENANTHATE 200 MG	\$10.00
J3420	B12 INJECTION	\$5.00
J3490	UNCLASSIFIED DRUG	\$8.00
J3490,MT	METOPROLOL TARTRATE 5MG	\$8.00
J7030	SODIUM CHLORIDE/NORMAL SALINE 1000 ML	\$50.00
J7040	SODIUM CHLORIDE/NORMAL SALINE 500 ML	\$25.00
J7050	SODIUM CHLORIDE/NORMAL SALINE 250 CC	\$20.00
J9390	METOPROLOL INJECTION	\$5.00
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS (AFLURIA)	\$28.00
Q2038	FLUZONE INFLUENZA VIRUS VACCINE, INACTIVATED	\$34.00
Q9967	OMNIPAGUE 350 mg/mL injection	\$2.00
S8032	LOW DOSE COMPUTED TOMOGRAPHY FOR LUNG CANCER SCREENING	\$368.50

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