

VAIL HEALTH CLINICS**Discharge Fiscal year = FY 2025****Patient Type = Outpatients**

CPT DESCRIPTION	SELF-PAY RATE
99214 - OFFICE-OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	\$272.25
93000 - ECG ROUTINE ECG W-LEAST 12 LDS W-IANDR	\$58.50
99213 - OFFICE-OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	\$184.50
93306 - ECHO TTHRC R-T 2D W-WOM-MODE COMPL SPECANDCOLR D	\$547.50
99204 - OFFICE-OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	\$417.75
85610 - PROTHROMBIN TIME	\$18.00
93793 - ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	\$66.75
99203 - OFFICE-OUTPATIENT NEW LOW MDM 30-44 MINUTES	\$275.25
93294 - REM INTERROG PM-LDLS PM LESS THAN 90 D PHYS-QHP	\$61.50
49650 - LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	\$1,061.25
93016 - CV STRS TST XERSAND-OR RX CONT ECG W-O IANDR	\$57.00
93018 - CV STRS TST XERSAND-OR RX CONT ECG IANDR ONLY	\$38.25
93297 - REM INTERROG ICPMS LESS THAN 30 D PHYS-QHP	\$69.00
93298 - REM INTERROG SCRMS LESS THAN 30 D PHYS-QHP	\$69.00
99212 - OFFICE-OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	\$112.50
99215 - OFFICE-OUTPATIENT ESTABLISHED HI MDM 40-54 MIN	\$368.25
93280 - PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	\$149.25
93010 - ECG ROUTINE ECG W-LEAST 12 LDS IANDR ONLY	\$7.50
99202 - OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	\$188.25
47563 - LAPARO CHOLECYSTECTOMY/GRAPH	\$1,772.25
93702 - BIS XTRACELL FLUID ANALYSIS	\$213.75
93295 - INTERROGATION EVAL REMOTE LESS THAN -90 D 1-2-MLT LD DFB	\$170.25
99211 - OFFICE-OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	\$54.75
36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE	\$23.25
45380 - COLONOSCOPY AND BIOPSY	\$1,128.00