

VAIL HEALTH HOSPITAL**Discharge Fiscal year = FY 2025****Patient Type = Outpatient**

CPT DESCRIPTION	SELF-PAY RATE
97110 - THERAPEUTIC PX 1-GREATER THAN AREAS EACH 15 MIN EXERCISES	\$91.50
97140 - MANUAL THERAPY TQS 1-GREATER THAN REGIONS EACH 15 MINUTES	\$90.00
97530 - THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	\$107.25
97112 - THER PX 1-GREATER THAN AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$77.25
85025 - BLOOD COUNT COMPLETE AUTOANDAUTO DIFRNTL WBC	\$129.00
99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY	\$1,446.00
77067 - SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$419.25
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$196.50
36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE	\$37.50
77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$42.00
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$165.00
99283 - EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$846.75
71046 - X-RAY EXAM CHEST 2 VIEWS	\$248.25
99285 - EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCTION	\$2,661.75
97535 - SELF-CARE-HOME MGMT TRAINING EACH 15 MINUTES	\$90.75
80053 - COMPREHENSIVE METABOLIC PANEL	\$276.00
97116 - THER PX 1-GREATER THAN AREAS EA 15 MIN GAIT TRAING W-STAIR	\$71.25
96375 - THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	\$177.00
93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IANDR	\$237.75
73564 - X-RAY EXAM KNEE 4 OR MORE	\$322.50
97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES	\$57.75
74177 - CT ABDOMEN & PELVIS W/ CONTRAST MATERIAL	\$3,430.50
96374 - THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	\$256.50
73030 - X-RAY EXAM OF SHOULDER 2 VIEWS	\$287.25
84484 - ASSAY OF TROPONIN QUANTITATIVE	\$141.75
70450 - CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$1,473.75
97165 - OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	\$170.25
71045 - X-RAY EXAM CHEST 1 VIEW	\$125.25