

VAIL HEALTH HOSPITAL**Discharge Fiscal year = FY 2024****Patient Type = Outpatient**

CPT DESCRIPTION	SELF-PAY RATE
97110 - THERAPEUTIC PX 1-GREATER THAN AREAS EACH 15 MIN EXERCISES	\$87.00
97140 - MANUAL THERAPY TQS 1-GREATER THAN REGIONS EACH 15 MINUTES	\$85.50
97530 - THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	\$102.00
97112 - THER PX 1-GREATER THAN AREAS EACH 15 MIN NEUROMUSC REEDUCA	\$73.50
85025 - BLOOD COUNT COMPLETE AUTOANDAUTO DIFRNTL WBC	\$122.25
99284 - EMERGENCY DEPARTMENT VISIT HIGH-URGENT SEVERITY	\$1,377.00
77067 - SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	\$399.00
97161 - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	\$186.75
36415 - COLLECTION VENOUS BLOOD VENIPUNCTURE	\$35.25
77063 - SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	\$39.75
80048 - BASIC METABOLIC PANEL CALCIUM TOTAL	\$156.75
99283 - EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	\$806.25
71046 - X-RAY EXAM CHEST 2 VIEWS	\$236.25
99285 - EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCTION	\$2,535.00
97535 - SELF-CARE-HOME MGMT TRAINING EACH 15 MINUTES	\$86.25
80053 - COMPREHENSIVE METABOLIC PANEL	\$262.50
97116 - THER PX 1-GREATER THAN AREAS EA 15 MIN GAIT TRAINING W-STAIR	\$67.50
96375 - THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	\$168.00
93005 - ECG ROUTINE ECG W-LEAST 12 LDS TRCG ONLY W-O IANDR	\$225.75
73564 - X-RAY EXAM KNEE 4 OR MORE	\$306.75
97016 - APPL MODALITY 1-GREATER THAN AREAS VASOPNEUMATIC DEVICES	\$54.75
74177 - CT ABDOMEN & PELVIS W/ CONTRAST MATERIAL	\$3,267.00
96374 - THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	\$243.75
73030 - X-RAY EXAM OF SHOULDER 2 VIEWS	\$273.00
84484 - ASSAY OF TROPONIN QUANTITATIVE	\$135.00
70450 - CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$1,403.25
97165 - OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	\$162.00
71045 - X-RAY EXAM CHEST 1 VIEW	\$190.50