

Description:

This report shows CPT codes for a particular procedure when the procedure was performed in the Respiratory, Physical Therapy, Nutritional Services, Diabetes Education and Cardiology departments. It is the actual charge for that particular procedure and does not reflect the total charges provided on a given day of service. Other charges and services provided along with or in addition to this procedure are not included. The self pay price is the price extended to patients without insurance. Patients with insurance have a contractually "allowed amount." for the procedure (not published) that was negotiated by their insurance plan.

CPT	Charge Description	Charge	Self -Pay Price
97110	THERAPEUTIC EXERCISES	2775.87	913.26
93306	TTE W/DOPPLER COMPLETE	6023.88	1981.86
93320	DOPPLER ECHO EXAM HEART	6801.48	2237.69
93005	ELECTROCARDIOGRAM TRACING	2120.31	697.58
96372	THER/PROPH/DIAG INJ SC/IM	2837.26	933.46
95811	POLYSOM 6/>YRS CPAP 4/> PARM	4491.22	1477.61
94060	EVALUATION OF WHEEZING	2554.10	840.30
95810	POLYSOM 6/> YRS 4/> PARAM	4255.45	1400.04
93798	CARDIAC REHAB/MONITOR	3984.05	1310.75
93971	EXTREMITY STUDY	3858.52	1269.45
95819	EEG AWAKE AND ASLEEP	3053.18	1004.50
93225	ECG MONIT/REPRT UP TO 48 HRS	1560.79	513.50
94640	AIRWAY INHALATION TREATMENT	3347.38	1101.29
97162	PT EVAL MOD COMPLEX 30 MIN	1833.01	603.06
97113	AQUATIC THERAPY/EXERCISES	2287.59	752.62
97140	MANUAL THERAPY 1/> REGIONS	2899.14	953.82
96374	THER/PROPH/DIAG INJ IV PUSH	5010.26	1648.38
93017	CARDIOVASCULAR STRESS TEST	3268.63	1075.38
90471	IMMUNIZATION ADMIN	2061.14	678.12
97014	ELECTRIC STIMULATION THERAPY	3054.12	1004.81
96361	HYDRATE IV INFUSION ADD-ON	5118.02	1683.83
93270	REMOTE 30 DAY ECG REV/REPORT	934.75	307.53
95806	SLEEP STUDY UNATT&RESP EFFT	706.12	232.31
93880	EXTRACRANIAL BILAT STUDY	3697.15	1216.36
95886	MUSC TEST DONE W/N TEST COMP	1345.33	442.61
93922	UPR/L XTREMITY ART 2 LEVELS	1128.54	371.29
97035	ULTRASOUND THERAPY	2796.24	919.96
97112	NEUROMUSCULAR REEDUCATION	3046.90	1002.43
93351	STRESS TTE COMPLETE	5053.81	1662.71
94762	MEASURE BLOOD OXYGEN LEVEL	175.90	57.87
97161	PT EVAL LOW COMPLEX 20 MIN	1461.99	480.99
96365	THER/PROPH/DIAG IV INF INIT	7933.36	2610.07
97802	MEDICAL NUTRITION INDIV IN	409.21	134.63
97605	NEG PRESS WOUND TX <=50 CM	324.43	106.74
93308	TTE F-UP OR LMTD	2116.44	696.31
96413	CHEMO IV INFUSION 1 HR	21730.12	7149.21
97163	PT EVAL HIGH COMPLEX 45 MIN	2407.29	792.00

93970	EXTREMITY STUDY	4565.94	1502.20
97530	THERAPEUTIC ACTIVITIES	1739.82	572.40
96375	TX/PRO/DX INJ NEW DRUG ADDON	24641.01	8106.89
95910	NRV CNDJ TEST 7-8 STUDIES	1232.38	405.45
95250	CONT GLUC MNTR PHYS/QHP EQP	731.57	240.69
93312	ECHO TRANSESOPHAGEAL	6896.30	2268.88
97001	PT EVALUATION	2392.08	787.00
93975	VASCULAR STUDY	2726.10	896.89
95908	NRV CNDJ TST 3-4 STUDIES	1016.92	334.57
95953	EEG MONITORING/COMPUTER	7641.00	2513.89
97597	RMVL DEVITAL TIS 20 CM/<	1167.57	384.13
95992	CANALITH REPOSITIONING PROC	1624.82	534.57
94070	EVALUATION OF WHEEZING	1605.63	528.25
96360	HYDRATION IV INFUSION INIT	4292.61	1412.27
93660	TILT TABLE EVALUATION	2770.79	911.59
97799	PHYSICAL MEDICINE PROCEDURE	1211.26	398.51
92507	SPEECH/HEARING THERAPY	5165.35	1699.40
97032	ELECTRICAL STIMULATION	3079.48	1013.15
97164	PT RE-EVAL EST PLAN CARE	1730.86	569.45
97606	NEG PRESS WOUND TX >50 CM	364.19	119.82
93303	ECHO TRANSTHORACIC	5857.60	1927.15
93923	UPR/LXTR ART STDY 3+ LVLS	2895.80	952.72
91010	ESOPHAGUS MOTILITY STUDY	5107.06	1680.22
93926	LOWER EXTREMITY STUDY	2561.59	842.76
93925	LOWER EXTREMITY STUDY	1855.06	610.32
90375	RABIES IG IM/SC	17705.81	5825.21
90853	GROUP PSYCHOTHERAPY	507.60	167.00
97018	PARAFFIN BATH THERAPY	3141.54	1033.57
97165	OT EVAL LOW COMPLEX 30 MIN	1940.07	638.28
90715	TDAP VACCINE 7 YRS/> IM	2243.06	737.97
96523	IRRIG DRUG DELIVERY DEVICE	147.19	48.43
97166	OT EVAL MOD COMPLEX 45 MIN	2091.93	688.25
94010	BREATHING CAPACITY TEST	1589.08	522.81
97116	GAIT TRAINING THERAPY	2608.42	858.17
91110	GI TRACT CAPSULE ENDOSCOPY	5524.77	1817.65