

Shoppable Services as of Jan. 1, 2021

ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
PT Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
PT Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
PT Treatment	PT Gait Training Units	97116	0420	\$161	\$0	\$161	\$97
PT Treatment	PT Manual Therapy Units	97140	0420	\$194	\$0	\$194	\$116
PT Treatment	PT Neuromuscular Reeducation Units	97112	0420	\$189	\$0	\$189	\$113
PT Treatment	PT Group Therapy Units	97150	0420	\$93	\$0	\$93	\$56
PT Treatment	PT Double Therapy Units	97150	0420	\$93	\$0	\$93	\$56
PT Treatment	PT Work Hardening-Initial 2 Hours Units	97545	0420	\$580	\$0	\$580	\$348
PT Treatment	PT Short Leg Cast Application Units	29405	0420	\$189	\$0	\$189	\$113
PT Treatment	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
PT Treatment	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
PT Treatment	PT Aquatic Units	97113	0420	\$194	\$0	\$194	\$116
PT Treatment	Canalith Repositioning Units	95992	0420	\$175	\$0	\$175	\$105
PT Treatment	PT Evaluation Low Complexity Charge	97161	0424	\$205	\$0	\$205	\$123
PT Treatment	PT Attended E-Stim Units	97032	0420	\$215	\$0	\$215	\$129
PT Treatment	PT Physical Performance Test	97750	0420	\$206	\$0	\$206	\$124
PT Treatment	PT Ultrasound Units	97035	0420	\$156	\$0	\$156	\$94
PT Treatment	PT NM Reed Units	97112	0420	\$189	\$0	\$189	\$113
PT Treatment	PT Evaluation High Complexity	97163	0424	\$205	\$0	\$205	\$123
OT Treatment	OT Therapeutic Activities Units	97530	0430	\$177	\$0	\$177	\$106
OT Treatment	OT Therapeutic Exercise Units	97110	0430	\$191	\$0	\$191	\$115
OT Treatment	OT Neuromuscular Reeducation Units	97112	0430	\$189	\$0	\$189	\$113
OT Treatment	OT Manual Therapy Units	97140	0430	\$194	\$0	\$194	\$116
OT Treatment	OT Orthotic/Prosthetic Use Subsequent Unit(s)	97763	0430	\$168	\$0	\$168	\$101
OT Treatment	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
OT Treatment	OT Short Arm Cast Units	29075	0430	\$189	\$0	\$189	\$113
OT Treatment	OT Long Arm Cast Units	29065	0430	\$189	\$0	\$189	\$113
OT Treatment	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
OT Treatment	OT Ultrasound Units	97035	0430	\$156	\$0	\$156	\$94
OT Treatment	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
OT Treatment	OT Orthotic Management/Train Units	97760	0430	\$161	\$0	\$161	\$97
OT Treatment	OT Hand and Lower Forearm Cast Units	29085	0430	\$189	\$0	\$189	\$113
OT Treatment	OT Prosthetic Management/Train Units	97761	0430	\$176	\$0	\$176	\$106
PT Evaluation	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
PT Evaluation	PT Evaluation Low Complexity Charge	97161	0424	\$205	\$0	\$205	\$123
PT Evaluation	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
PT Evaluation	PT Evaluation High Complexity	97163	0424	\$205	\$0	\$205	\$123
PT Evaluation	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
PT Evaluation	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
PT Evaluation	PT Gait Training Units	97116	0420	\$161	\$0	\$161	\$97
PT Evaluation	PT NM Reed Units	97112	0420	\$189	\$0	\$189	\$113
PT Evaluation	PT Physical Performance Test	97750	0420	\$206	\$0	\$206	\$124
PT Evaluation	PT Manual Therapy Units	97140	0420	\$194	\$0	\$194	\$116
PT Evaluation	PT Neuromuscular Reeducation Units	97112	0420	\$189	\$0	\$189	\$113
PT Evaluation	Canalith Repositioning Units	95992	0420	\$175	\$0	\$175	\$105
SLP Treatment	SLP Auditory Processing Treatment Units	92507	0440	\$128	\$0	\$128	\$77
SLP Treatment	SLP Swallow Dysfunction Oral Feed Tx Unit	92526	0440	\$181	\$0	\$181	\$109
SLP Treatment	Evaluation of Speech Sound Production w/ Evaluatio	92523	0444	\$232	\$0	\$232	\$139
SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	0440	\$134	\$0	\$134	\$80
SLP Treatment	SLP Pharyngeal Swallow Fcnctn Eval Units	92610	0444	\$228	\$0	\$228	\$137
SLP Treatment	SLP Non-Speech AAC Device Tx Units	92606	0440	\$146	\$0	\$146	\$88
Telehealth PT Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
Telehealth PT Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Telehealth PT Treatment	PT Neuromuscular Reeducation Units	97112	0420	\$189	\$0	\$189	\$113
Telehealth PT Treatment	PT Gait Training Units	97116	0420	\$161	\$0	\$161	\$97
Telehealth PT Treatment	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
Telehealth PT Treatment	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
Lymphedema Therapy Treatment	OT Manual Therapy Units	97140	0430	\$194	\$0	\$194	\$116
Lymphedema Therapy Treatment	PT Manual Therapy Units	97140	0420	\$194	\$0	\$194	\$116
Lymphedema Therapy Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
Lymphedema Therapy Treatment	OT Therapeutic Exercise Units	97110	0430	\$191	\$0	\$191	\$115
Lymphedema Therapy Treatment	OT Therapeutic Activities Units	97530	0430	\$177	\$0	\$177	\$106
Lymphedema Therapy Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Telehealth SLP Treatment	SLP Auditory Processing Treatment Units	92507	0440	\$128	\$0	\$128	\$77
Telehealth SLP Treatment	SLP Swallow Dysfunction Oral Feed Tx Unit	92526	0440	\$181	\$0	\$181	\$109
Telehealth SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	0440	\$134	\$0	\$134	\$80
Telehealth SLP Treatment	Evaluation of Speech Sound Production w/ Evaluatio	92523	0444	\$232	\$0	\$232	\$139
PT WH Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
PT WH Treatment	PT Manual Therapy Units	97140	0420	\$194	\$0	\$194	\$116
PT WH Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
PT WH Treatment	PT Neuromuscular Reeducation Units	97112	0420	\$189	\$0	\$189	\$113
PT WH Treatment	PT Self Care/Home Management Units	97535	0420	\$160	\$0	\$160	\$96
PT WH Treatment	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338

Shoppable Services as of Jan. 1, 2021

ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Physician Recheck	Office Visit Level 5 Est Charge- 99215	99215	0510	\$424	\$332	\$756	\$454
Physician Recheck	Office Visit Level 2 Est Charge- 99212	99212	0510	\$252	\$78	\$330	\$198
Physician Recheck	Chiro E-Stim Attended Charge	97032	0420	\$0	\$184	\$184	\$110
Physician Recheck	Office Visit Level 3 New Charge- 99203	99203	0510	\$332	\$237	\$569	\$341
Physician Recheck	Office Visit Level 4 New Charge- 99204	99204	0510	\$424	\$386	\$810	\$486
NeuroPsych	Psych or neuropsych test admin by technician, each	96139	0918	\$235	\$107	\$342	\$205
NeuroPsych	Neuropsych testing by physician or other qualified	96133	0918	\$589	\$271	\$860	\$516
NeuroPsych	Neurobehavioral Status Exam, per hour	96116	0918	\$385	\$186	\$571	\$343
NeuroPsych	Neuropsych testing by physician or other qualified	96132	0918	\$655	\$302	\$957	\$574
NeuroPsych	Psych or neuropsych test admin and scoring, each a	96137	0918	\$295	\$135	\$430	\$258
NeuroPsych	Psych or neuropsych test admin and scoring by tech	96138	0918	\$262	\$119	\$381	\$229
NeuroPsych	Psych or Neuropsych test admin or scoring by physi	96136	0918	\$328	\$150	\$478	\$287
NeuroPsych	Neurobehavioral Status Exam Add On (96121)	96121	0918	\$0	\$106	\$106	\$64
Telehealth OT Treatment	OT Therapeutic Activities Units	97530	0430	\$177	\$0	\$177	\$106
Telehealth OT Treatment	OT Therapeutic Exercise Units	97110	0430	\$191	\$0	\$191	\$115
Telehealth OT Treatment	OT Manual Therapy Units	97140	0430	\$194	\$0	\$194	\$116
Telehealth OT Treatment	OT Neuromuscular Reeducation Units	97112	0430	\$189	\$0	\$189	\$113
Telehealth OT Treatment	OT Orthotic/Prosthetic Use Subsequent Unit(s)	97763	0430	\$168	\$0	\$168	\$101
Telehealth Physician Recheck	Telehealth Visit Level 4 Est Charge- 99214	99214		\$0	\$184	\$184	\$110
Telehealth Physician Recheck	Telehealth Visit Level 3 Est Charge- 99213	99213		\$0	\$117	\$117	\$70
Telehealth Physician Recheck	Audio Telephone E/M Services 11-20 min - 99442	99442	0960	\$0	\$59	\$59	\$35
Telehealth Physician Recheck	Audio Telephone E/M Services 21-30 min - 99443	99443	0960	\$0	\$88	\$88	\$53
Telehealth Physician Recheck	Telehealth Visit Level 5 Est Charge- 99215	99215		\$0	\$266	\$266	\$160
Telehealth Physician Recheck	Telehealth Visit Level 2 Est Charge- 99212	99212		\$0	\$63	\$63	\$38
Telehealth Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Telehealth Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Telehealth Physician Recheck	Audio Telephone E/M Services 5-10 min - 99441	99441	0960	\$0	\$29	\$29	\$17
Botulinumtoxin Injection	EMG Guidance with Chemodeneration Charge (95874)	95874	0922	\$226	\$107	\$333	\$200
Botulinumtoxin Injection	CHEMODENERV EACH ADD'L EXTRM 1-4 MUSCLES (64643)	64643	0361	\$0	\$272	\$272	\$163
Botulinumtoxin Injection	CHEMODENERV 1 EXTREM 5/> MUS (64644)	64644	0361	\$1,613	\$443	\$2,056	\$1,234
Botulinumtoxin Injection	CHEMODENERV 1 EXTREMITY 1-4 (64642)	64642	0361	\$1,613	\$404	\$2,017	\$1,210
Botulinumtoxin Injection	CHEMODENERV EACH ADD'L EXTREM 5/> MUSCLES (64645)	64645	0361	\$0	\$313	\$313	\$188
Botulinumtoxin Injection	CHEMODENERV MUSC NECK DYSTON (64616)	64616	0361	\$920	\$421	\$1,341	\$805
Botulinumtoxin Injection	CHEMODENERV TRUNK MUSC 1-5 (64646)	64646	0361	\$1,613	\$438	\$2,051	\$1,231
Botulinumtoxin Injection	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
PT Pool Treatment	PT Aquatic Units	97113	0420	\$194	\$0	\$194	\$116
PT Pool Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
PT Pool Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
Physician Evaluation	Office Visit Level 3 New Charge- 99203	99203	0510	\$332	\$237	\$569	\$341
Physician Evaluation	Office Visit Level 4 New Charge- 99204	99204	0510	\$424	\$386	\$810	\$486
Physician Evaluation	Office Visit Level 5 New Charge- 99205	99205	0510	\$552	\$503	\$1,055	\$633
Physician Evaluation	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Physician Evaluation	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Physician Evaluation	Office Visit Level 5 Est Charge- 99215	99215	0510	\$424	\$332	\$756	\$454
Physician Evaluation	Psych or neuropsych test admin and scoring, each a	96137	0918	\$295	\$135	\$430	\$258
Physician Evaluation	Office Consult Level 4 Charge- 99244	99244	0510	\$198	\$519	\$717	\$430
Physician Evaluation	Office Visit Level 2 New Charge- 99202	99202	0510	\$252	\$153	\$405	\$243
OT Evaluation	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
OT Evaluation	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
OT Evaluation	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
OT Evaluation	OT Therapeutic Exercise Units	97110	0430	\$191	\$0	\$191	\$115
OT Evaluation	OT Therapeutic Activities Units	97530	0430	\$177	\$0	\$177	\$106
WSC Evaluation	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
WSC Evaluation	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
WSC Evaluation	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
WSC Evaluation	OT Wheelchair Management Units	97542	0430	\$160	\$0	\$160	\$96
WSC Evaluation	PT Wheelchair Management Units	97542	0420	\$160	\$0	\$160	\$96
WSC Evaluation	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
WSC Evaluation	PT Evaluation Low Complexity Charge	97161	0424	\$205	\$0	\$205	\$123
WSC Treatment Fitting	OT Wheelchair Management Units	97542	0430	\$160	\$0	\$160	\$96
WSC Treatment Fitting	PT Wheelchair Management Units	97542	0420	\$160	\$0	\$160	\$96
WSC Treatment Fitting	OT Double Therapy Units	97150	0430	\$93	\$0	\$93	\$56
WSC Treatment Fitting	PT Double Therapy Units	97150	0420	\$93	\$0	\$93	\$56
Tech Center SLP Treatment	SLP Auditory Processing Treatment Units	92507	0440	\$128	\$0	\$128	\$77
Tech Center SLP Treatment	SLP Treatment-Speech Gen Device Units	92609	0440	\$134	\$0	\$134	\$80
Tech Center SLP Treatment	SLP Speech AAC Eval First Hour Units	92607	0444	\$630	\$0	\$630	\$378
SLP Evaluation	Evaluation of Speech Sound Production w/ Evaluatio	92523	0444	\$232	\$0	\$232	\$139
SLP Evaluation	SLP Pharyngeal Swallow Fcnctn Eval Units	92610	0444	\$228	\$0	\$228	\$137
SLP Evaluation	Evaluation of Language Comprehension and Expressio	92523	0444	\$232	\$0	\$232	\$139

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ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
SLP Evaluation	SLP Auditory Processing Treatment Units	92507	0440	\$128	\$0	\$128	\$77
SLP Evaluation	SLP Swallow Dysfnctn Oral Feed Tx Unit	92526	0440	\$181	\$0	\$181	\$109
SLP Evaluation	Evaluation of Speech Sound Production Units	92522	0444	\$232	\$0	\$232	\$139
Telehealth PT Evaluation	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
Telehealth PT Evaluation	PT Evaluation Low Complexity Charge	97161	0424	\$205	\$0	\$205	\$123
Telehealth PT Evaluation	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
Telehealth PT Evaluation	PT Evaluation High Complexity	97163	0424	\$205	\$0	\$205	\$123
Telehealth PT Evaluation	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
Telehealth PT Evaluation	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
PT WH Eval	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
PT WH Eval	PT Evaluation Low Complexity Charge	97161	0424	\$205	\$0	\$205	\$123
PT WH Eval	PT Re-Evaluation	97164	0424	\$158	\$0	\$158	\$95
PT WH Eval	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
PT WH Eval	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Injection	DRAIN/INJ MAJOR JOINT/BURSA W/US (20611)	20611	0361	\$889	\$214	\$1,103	\$662
Injection	Lumbar Epidural (64483)	64483	0361	\$2,904	\$572	\$3,476	\$2,086
Injection	Arthrocentesis Major Joint Charge (20610)	20610	0361	\$889	\$156	\$1,045	\$627
Injection	Fluoroscopic Guidance- Needle Localization (77002)	77002	0320	\$2,987	\$431	\$3,418	\$2,051
Injection	Injection Trigger Point(s): 3 or more Muscle(s) Ch	20553	0361	\$955	\$176	\$1,131	\$679
Injection	Inj Paravert F Jnt L/S One Level (64493)	64493	0361	\$2,987	\$307	\$3,294	\$1,976
Injection	Injection Trigger Point(s): 1 or 2 Muscle(s) Chrg	20552	0361	\$955	\$176	\$1,131	\$679
Injection	Ultrasonic Guidance for Injection Charge (76942)	76942	0402	\$150	\$261	\$411	\$247
Injection	Inj Paravert F Jnt L/S Two Levels (64494)	64494	0361	\$1,059	\$176	\$1,235	\$741
Injection	NJX INTERLAMINAR CRV/THRC, with imaging guidance (	62321	0361	\$2,055	\$358	\$2,413	\$1,448
Injection	NJX INTERLAMINAR LMBR/SAC, with imaging guidance (	62323	0361	\$2,055	\$327	\$2,382	\$1,429
Injection	Sacroiliac Joint Injection (27096)	27096	0361	\$976	\$279	\$1,255	\$753
Injection	Other Nerve Block Peripheral or Branch Charge (644	64450	0361	\$1,684	\$427	\$2,111	\$1,267
Injection	DRAIN/INJ INTER JOINT/BURSA W/US (20606)	20606	0361	\$889	\$179	\$1,068	\$641
Injection	Inj Paravert F Jnt C/T One Level (64490)	64490	0361	\$2,987	\$361	\$3,348	\$2,009
Injection	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Injection	Injection Tendon Sheath, Ligament Charge (20550)	20550	0361	\$955	\$182	\$1,137	\$682
Telehealth PT WH Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
Telehealth PT WH Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Telehealth PT WH Treatment	PT Neuromuscular Reeducation Units	97112	0420	\$189	\$0	\$189	\$113
Psychology Evaluation	Health and Behavior Assessment/Re-Assessment (9615	96156	0914	\$273	\$244	\$517	\$310
Pediatric Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Pediatric Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Pediatric Physician Recheck	Chiro E-Stim Attended Charge	97032	0420	\$0	\$184	\$184	\$110
Pediatric Physician Recheck	Office Visit Level 5 Est Charge- 99215	99215	0510	\$424	\$332	\$756	\$454
WSC Treatment	OT Wheelchair Management Units	97542	0430	\$160	\$0	\$160	\$96
WSC Treatment	PT Wheelchair Management Units	97542	0420	\$160	\$0	\$160	\$96
Telehealth Psychology Evaluation	Health and Behavior Assessment/Re-Assessment (9615	96156	0914	\$273	\$244	\$517	\$310
Wound Re-check	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Wound Re-check	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Wound Re-check	Apply Multlay Compr LWR Leg (29581)	29581	0361	\$436	\$138	\$574	\$344
Wound Re-check	Selective Debridement Less than or Equal to 20 cm	97597	0361	\$599	\$215	\$814	\$488
Wound Re-check	SKIN SPLT GRFT TRNK/ARM/LEG 100 SQ CM/1% BA (15100	15100		\$0	\$2,062	\$2,062	\$1,237
Wound Re-check	Debridement-skin , sub q, muscle/fascia 20 Sq cm/<	11043	0361	\$1,184	\$977	\$2,161	\$1,297
Baclofen Pump	ANL SP infusion pmp wt/MD reprogram and refill (62	62370	0361	\$828	\$130	\$958	\$575
Baclofen Pump	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Baclofen Pump	Office Visit Level 2 Est Charge- 99212	99212	0510	\$252	\$78	\$330	\$198
Baclofen Pump	Pump Analysis with Reprogramming Charge (62368)	62368	0361	\$956	\$153	\$1,109	\$665
Baclofen Pump	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Tech Center OT Treatment	OT Therapeutic Activities Units	97530	0430	\$177	\$0	\$177	\$106
PT Treatment - Casting	PT Short Leg Cast Application Units	29405	0420	\$189	\$0	\$189	\$113
PT Treatment - Casting	PT Gait Training Units	97116	0420	\$161	\$0	\$161	\$97
PT Treatment - Casting	PT Cylindrical Cast Application Units	29365	0420	\$189	\$0	\$189	\$113
PT Treatment - Casting	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
PT Treatment - Casting	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Lymphedema Therapy Eval	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
Lymphedema Therapy Eval	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
Lymphedema Therapy Eval	PT Manual Therapy Units	97140	0420	\$194	\$0	\$194	\$116
Lymphedema Therapy Eval	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
Lymphedema Therapy Eval	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
Lymphedema Therapy Eval	OT Manual Therapy Units	97140	0430	\$194	\$0	\$194	\$116
PMC Med Refill	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Telehealth SLP Evaluation	Evaluation of Speech Sound Production w/ Evaluatio	92523	0444	\$232	\$0	\$232	\$139
Telehealth SLP Evaluation	SLP Speech AAC Eval First Hour Units	92607	0444	\$630	\$0	\$630	\$378
Telehealth SLP Evaluation	SLP Pharyngeal Swallow Fnctn Eval Units	92610	0444	\$228	\$0	\$228	\$137

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ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
Telehealth SLP Evaluation	SLP Auditory Processing Treatment Units	92507	0440	\$128	\$0	\$128	\$77
Lokomat Treatment	PT Gait Training Units	97116	0420	\$161	\$0	\$161	\$97
Lokomat Treatment	PT Therapeutic Activity Units	97530	0420	\$177	\$0	\$177	\$106
Lokomat Treatment	PT Therapeutic Exercise Units	97110	0420	\$191	\$0	\$191	\$115
FCE	PT Physical Performance Test	97750	0420	\$206	\$0	\$206	\$124
EMG / Nerve Conduction	Needle electromyography, each extremity, with rela	95886	0922	\$151	\$129	\$280	\$168
EMG / Nerve Conduction	MOTOR&/SENS 5-6 NRV CNDJ TST (95909)	95909	0922	\$205	\$203	\$408	\$245
EMG / Nerve Conduction	MOTOR&SENS 7-8 NRV CNDJ TEST (95910)	95910	0922	\$205	\$273	\$478	\$287
EMG / Nerve Conduction	MOTOR&SEN 9-10 NRV CNDJ TEST (95911)	95911	0922	\$378	\$340	\$718	\$431
EMG / Nerve Conduction	Needle electromyography, each extremity; limited (	95885	0922	\$144	\$46	\$190	\$114
EMG / Nerve Conduction	MOTOR&/SENS 3-4 NRV CNDJ TST (95908)	95908	0922	\$205	\$171	\$376	\$226
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 3 Est Charge- 99213	99213		\$0	\$117	\$117	\$70
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 4 Est Charge- 99214	99214		\$0	\$184	\$184	\$110
Telehealth Pediatric Physician Recheck	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Telehealth Pediatric Physician Recheck	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Telehealth Pediatric Physician Recheck	Telehealth Visit Level 2 Est Charge- 99212	99212		\$0	\$63	\$63	\$38
Telehealth Physician Evaluation	Telehealth Visit Level 5 New Charge- 99205	99205		\$0	\$402	\$402	\$241
Telehealth Physician Evaluation	Telehealth Visit Level 3 New Charge- 99203	99203		\$0	\$190	\$190	\$114
Telehealth Physician Evaluation	Telehealth Visit Level 4 New Charge- 99204	99204		\$0	\$309	\$309	\$185
Telehealth Physician Evaluation	Telehealth Visit Level 2 New Charge- 99202	99202		\$0	\$123	\$123	\$74
Telehealth OT Evaluation	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
Telehealth OT Evaluation	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
Telehealth OT Evaluation	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
Acupuncture Recheck	Acupuncture without E-Stim. Initial 15 minutes Cha	97810	2101	\$0	\$95	\$95	\$57
PT Group	PT Group Therapy Units	97150	0420	\$93	\$0	\$93	\$56
Tech Center SLP Evaluation	SLP Speech AAC Eval First Hour Units	92607	0444	\$630	\$0	\$630	\$378
PMC MD Half Program Recheck 15 min	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
PMC MD Half Program Recheck 15 min	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
PMC Physician Evaluation	Office Visit Level 5 New Charge- 99205	99205	0510	\$552	\$503	\$1,055	\$633
PMC Physician Evaluation	Prolonged Face to Face (1-60 min) Charge-99354	99354	0929	\$0	\$403	\$403	\$242
PMC Physician Evaluation	Office Visit Level 5 Est Charge- 99215	99215	0510	\$424	\$332	\$756	\$454
Neuropsych Follow Up	Neuropsych testing by physician or other qualified	96133	0918	\$589	\$271	\$860	\$516
PMC MD Full Program Recheck 15 min	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
PMC MD Full Program Recheck 15 min	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
PMC MD Peds Program Recheck 30 min	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
PMC MD Peds Program Recheck 30 min	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Tech Center OT Evaluation	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
Tech Center OT Evaluation	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
Tech Center OT Evaluation	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
Amputee Re-check	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Acute Concussion Neuropsych	Neuropsych testing by physician or other qualified	96132	0918	\$655	\$302	\$957	\$574
Acute Concussion Neuropsych	Psych or Neuropsych test admin or scoring by physi	96136	0918	\$328	\$150	\$478	\$287
Acute Concussion Neuropsych	Psych or neuropsych test admin and scoring, each a	96137	0918	\$295	\$135	\$430	\$258
Acute Concussion Neuropsych	Neurobehavioral Status Exam, per hour	96116	0918	\$385	\$186	\$571	\$343
Tech Center OT/SLP Evaluation	OT Evaluation High Complexity Charge	97167	0434	\$205	\$0	\$205	\$123
Tech Center OT/SLP Evaluation	OT Evaluation Moderate Complexity	97166	0434	\$205	\$0	\$205	\$123
Tech Center OT/SLP Evaluation	OT Evaluation Low Complexity	97165	0434	\$205	\$0	\$205	\$123
PT Expert Evaluation	PT Evaluation Moderate Complexity Charge	97162	0424	\$205	\$0	\$205	\$123
PT Expert Evaluation	PT Evaluation High Complexity	97163	0424	\$205	\$0	\$205	\$123
Pediatric Physician Eval	Office Visit Level 4 New Charge- 99204	99204	0510	\$424	\$386	\$810	\$486
Pediatric Physician Eval	Office Visit Level 5 New Charge- 99205	99205	0510	\$552	\$503	\$1,055	\$633
Parkinson's & Movement Recheck	Office Visit Level 4 Est Charge- 99214	99214	0510	\$332	\$231	\$563	\$338
Parkinson's & Movement Recheck	Office Visit Level 3 Est Charge- 99213	99213	0510	\$252	\$146	\$398	\$239
Exec Health Phy Eval	Office Visit Level 3 New Charge- 99203	99203	0510	\$332	\$237	\$569	\$341
Exec Health Phy Eval	Office Visit Level 4 New Charge- 99204	99204	0510	\$424	\$386	\$810	\$486
Women's Health Physician Eval	Office Visit Level 3 New Charge- 99203	99203	0510	\$332	\$237	\$569	\$341
	Psychotherapy, 30 min 90832	90832		\$0	\$186	\$186	\$112
	Psychotherapy, 45 min 90834	90834		\$0	\$374	\$374	\$224
	Psychotherapy, 60 min 90837	90837		\$0	\$561	\$561	\$337
	Family psychotherapy, not including patient, 50 min 90846	90846		\$258	\$146	\$404	\$242
	Family psychotherapy, including patient, 50 min 90847	90847		\$258	\$176	\$434	\$260
	Group psychotherapy 90853	90853		\$104	\$50	\$154	\$92
	Patient office consultation, typically 40 min 99243	99243		\$145	\$334	\$479	\$287
	Initial new patient preventive medicine evaluation (18-39 years) 99385	99385		\$0	\$357	\$357	\$214
	Initial new patient preventive medicine evaluation (40-64 years) 99386	99386		\$0	\$390	\$390	\$234
	Basic metabolic panel 80048	80048		\$433	\$390	\$823	\$494
	Blood test, comprehensive group of blood chemicals 80053	80053		\$413	\$372	\$785	\$471
	Blood test, lipids (cholesterol and triglycerides) 80061	80061		\$376	\$340	\$716	\$430

Shoppable Services as of Jan. 1, 2021

ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
	Kidney function panel test 80069	80069		\$386	\$348	\$734	\$440
	Liver function blood test panel 80076	80076		\$304	\$274	\$578	\$347
	Manual urinalysis test with examination using microscope 81000 or 81001	81000 or 81001		\$105	\$95	\$200	\$120
	Automated urinalysis test 81002 or 81003	81002 or 81003		\$69	\$63	\$132	\$79
	PSA (prostate specific antigen) 84153-84154	84153-84154		\$64		\$64	\$38
	Blood test, thyroid stimulating hormone (TSH) 84443	84443		\$220	\$199	\$419	\$251
	Complete blood cell count, with differential white blood cells, automated 85025	85025		\$173	\$157	\$330	\$198
	Complete blood count, automated 85027	85027		\$149	\$134	\$283	\$170
	Blood test, clotting time 85610	85610		\$103	\$0	\$103	\$62
	Coagulation assessment blood test 85730	85730		\$205	\$185	\$390	\$234
	CT scan, head or brain, without contrast 70450	70450		\$3,110	\$0	\$3,110	\$1,866
	MRI scan of brain before and after contrast 70553	70553		\$5,920	\$0	\$5,920	\$3,552
	X-Ray, lower back, minimum four views 72110	72110		\$941	\$0	\$941	\$565
	MRI scan of lower spinal canal 72148	72148		\$4,970	\$0	\$4,970	\$2,982
	CT scan, pelvis, with contrast 72193	72193		\$4,167	\$0	\$4,167	\$2,500
	MRI scan of leg joint 73721	73721		\$5,090	\$0	\$5,090	\$3,054
	CT scan of abdomen and pelvis with contrast 74177	74177		\$8,063	\$0	\$8,063	\$4,838
	Removal of one knee cartilage using an endoscope 29881	29881		\$0	\$2,743	\$2,743	\$1,646
	Sleep study 95810	95810		\$4,641	\$745	\$5,386	\$3,232
	Obstetric blood test panel 80055	80055		N/A	N/A	N/A	N/A
	Ultrasound of abdomen 76700	76700		N/A	N/A	N/A	N/A
	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus 76805	76805		N/A	N/A	N/A	N/A
	Ultrasound pelvis through vagina 76830	76830		N/A	N/A	N/A	N/A
	Mammography of one breast 77065	77065		N/A	N/A	N/A	N/A
	Mammography of both breasts 77066	77066		N/A	N/A	N/A	N/A
	Mammography, screening, bilateral 77067	77067		N/A	N/A	N/A	N/A
	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities 216		216	N/A	N/A	N/A	N/A
	Spinal fusion except cervical without major comorbid conditions or complications (MCC) 460		460	N/A	N/A	N/A	N/A
	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC). 470		470	N/A	N/A	N/A	N/A
	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). 473		473	N/A	N/A	N/A	N/A
	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) 743		743	N/A	N/A	N/A	N/A
	Removal of 1 or more breast growth, open procedure 19120	19120		N/A	N/A	N/A	N/A
	Shaving of shoulder bone using an endoscope 29826	29826		N/A	N/A	N/A	N/A
	Removal of tonsils and adenoid glands patient younger than age 12 42820	42820		N/A	N/A	N/A	N/A
	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope 43235	43235		N/A	N/A	N/A	N/A
	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope 43239	43239		N/A	N/A	N/A	N/A
	Diagnostic examination of large bowel using an endoscope 45378	45378		N/A	N/A	N/A	N/A
	Biopsy of large bowel using an endoscope 45380	45380		N/A	N/A	N/A	N/A
	Removal of polyps or growths of large bowel using an endoscope 45385	45385		N/A	N/A	N/A	N/A
	Ultrasound examination of lower large bowel using an endoscope 45391	45391		N/A	N/A	N/A	N/A
	Removal of gallbladder using an endoscope 47562	47562		N/A	N/A	N/A	N/A
	Repair of groin hernia patient age 5 years or older 49505	49505		N/A	N/A	N/A	N/A
	Biopsy of prostate gland 55700	55700		N/A	N/A	N/A	N/A
	Surgical removal of prostate and surrounding lymph nodes using an endoscope 55866	55866		N/A	N/A	N/A	N/A
	Routine obstetric care for vaginal delivery, including pre- and post-delivery care 59400	59400		N/A	N/A	N/A	N/A
	Routine obstetric care for cesarean delivery, including pre- and post-delivery care 59510	59510		N/A	N/A	N/A	N/A

Shoppable Services as of Jan. 1, 2021

ApptType	Description	CPT	Revenue Code	Facility Price	Professional Price	Total Price	Self Pay Price
	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care 59610	59610		N/A	N/A	N/A	N/A
	Removal of recurring cataract in lens capsule using laser 66821	66821		N/A	N/A	N/A	N/A
	Removal of cataract with insertion of lens 66984	66984		N/A	N/A	N/A	N/A
	Electrocardiogram, routine, with interpretation and report 93000	93000		N/A	N/A	N/A	N/A
	Insertion of catheter into left heart for diagnosis 93452	93452		N/A	N/A	N/A	N/A