

University of New Mexico - Student Health & Counseling Estimate and Cost Price List

Administrative Fees	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
XRAY DVD	\$8.00	\$8.00
Medical Records Professional Fee - \$30 for first 15 pages, 25c per page there after	\$30.00	\$30.00
Medical Records Fee for Individuals -	\$0.00	\$10.00 or less
Medical Records Fee - Volume - per 100 pages	\$0.00	\$10.00

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Appointments	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused	\$54.75 - \$173.01	\$15.00
Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed	\$62.50 - \$251.21	\$15.00
Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity	\$39.59 - \$101.91	\$15.00
Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity	\$473.21 - \$514.00	\$15.00
Office or commonly used for services such as patient education, rechecks, Medication reviews	\$35.75 - \$55.00	\$15.00
Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward	\$39.47 - \$101.91	\$15.00
Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low	\$150.08 - \$232.00	\$15.00
Office Visit for a problem or illness (Establish Patient 30-39 minutes) Moderate	\$85.01 - \$248.05	\$15.00
Office Visit for a problem or illness (Establish Patient 40 minutes) History, examination, Decision making	\$116.27 - \$331.80	\$15.00
Travel health Consulting Appointment (Student)	\$15.00	\$15.00
Travel health Consulting Appointment (Staff)	\$50.00	\$50.00
Physical Education sports physical	Not Covered by Insurance	\$15.00 plus labs, Xrays
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$33.43 - \$102.40	\$60.00
No Show	\$20.00	\$20.00

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Telehealth	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	\$14.73 - \$48.75	\$15.00
ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	\$28.84 - \$81.63	\$15.00
ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	\$50.32 - \$116.44	\$15.00
Telephone E/M Svc Est Pt 5-10min	\$19.60 - \$66.96	\$15.00
Telephone E/M Svc Est Pt 11-20min	\$123.07 - \$38.42	\$15.00
Telephone E/M Svc Est Pt 21-30min	\$164.41 - \$56.59	\$15.00
Use when E/M done with Audio/Visual	\$0.00	\$0.00

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Prolonged Services	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Prolong Services Office O/P Direct 60 min	\$100.10 - \$179.34	\$30.00
Prolong Services Office O/P Direct additional 30 mins	\$89.45 - \$176.35	\$30.00
Prolong Services Office O/P Direct each additional 15 Minutes after billing the 99355	\$36.95 - \$36.93	\$30.00

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Physical Exam	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Not for a problem or illness, additional charges may apply.</i>		
New Patient, Preventive Medicine (Age 18-39 yrs.)	\$303.36 - \$303.36	\$15.00
Established patient Periodic Preventive Medicine (18-39)	\$271.16 - \$102.84	\$15.00

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Reproductive Health	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		

Removal, Nonbiodegradable Contraceptive Capsules	\$134.85 - \$356.48	\$120.00
Insert Contraceptive Implant	\$134.85 - \$356.48	\$100.00
Removal, non-biodegradable drug implant	\$111.65 - \$376.58	\$120.00
Removal w/reinsertion, non-bio drug implant	\$165.53 - \$620.63	\$170.00
Remove Contraceptive Implant	\$134.85 - \$356.48	\$120.00
IUD insertion	\$107.33 - \$363.00	\$70.00
IUD removal	\$106.36 - \$256.37	\$701.00
Levonorgestrel-releasing intrauterine contraceptive system (Kyleena) 19.5mg (5 Year duration)	\$256.37 - \$106.36	\$1,000.00
Levonorgestrel-releasing intrauterine contraceptive system (Mirena) 52mg (5 Year duration)	\$385.40 - \$1,165.85	\$945.00
Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 13.5mg (3 Year duration)	\$458.84 - \$1,067.21	\$786.00
Pap smear (with technician and pathologist interpretation)	\$48.19 - \$107.82	\$75.00
(Kyleena) Levonorgestrel-releasing Intrauterine Contraceptive System , 19.5 Mg	\$423.70 - \$1,165.16	\$1,000.00
(Mirena) Levonorgestrel-releasing Intrauterine Contraceptive System, 52 Mg, 5 Year Duration	\$385.40 - \$1,165.85	\$945.00
(ParaGard) Intrauterine copper contraceptive	\$375.03 - \$1,134.46	\$995.00
(Sklya13.5) Levonorgestrel-releasing intrauterine contraceptive system	\$352.80 - \$1,067.21	\$786.00
(Nexplanon) Levonorgestrel (contraceptive) implant system, including implant and supplies	\$559.80 - \$1062.38	\$820.00
DPHRM/CRV CAP FITG W/INSTRUCTIONS	\$77.14 - \$218.14	\$140.00
COLPOSCOPY CERVIX UPR/ADJ VAG	\$103.62 - \$281.81	\$70.00
COLPOSCOPY CERVIX BX CERVIX&ENDOCRV CURTG	\$142.96 - \$403.54	\$140.00
COLPOSCOPY CERVIX VAG ENDOCRV CURTG	\$125.15 - \$352.42	\$120.00
ENDOCRV CURTG NOT DONE AS PART DILAT&CURTG	\$94.87 - \$260.91	\$60.00
DILAT CRV CANAL INSTRUMENTAL SPX	\$56.50 - \$154.47	\$70.00
Intro/Injection of Anesthetic Agent Paracervical (uterine) nerve	\$78.77 - \$382.55	\$120.00

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Behavioral Health and Counseling	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Crisis Psychotherapy (First 60 Minutes)	\$97.65 - \$154.24	\$15.00
Crisis Psychotherapy (Each Additional 30 Minutes)	\$4.20 - \$116.34	\$15.00
Psychiatric Diagnostic Evaluation (No Medical Services)	\$87.50 - \$151.31	\$15.00
Psychiatric Diagnostic Evaluation (with Medical Services)	\$87.15 - \$339.90	\$30.00
Psychotherapy (30 Minutes)	\$40.95 - \$131.60	\$15.00
30-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$34.65 - \$120.11	\$15.00
Psychotherapy (45 Minutes)	\$72.45 - \$174.96	\$15.00
45-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$52.50 - \$96.20	\$15.00
Psychotherapy (60 Minutes)	\$87.15 - \$258.28	\$15.00
60-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$70.35 - \$128.08	\$15.00
Group Psychotherapy	\$40.95 - \$82.84	\$5.00 - \$15.00
PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	\$110.92 - \$134.02	\$15.00
PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	\$84.33 - \$154.89	\$15.00
PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	\$43.30 - \$76.29	\$15.00
PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$39.83 - \$67.86	\$15.00
PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	\$33.80 - \$57.82	\$15.00
PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	\$33.80 - \$42.68	\$15.00

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Psychiatry Services	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
OFFICE O/P EST 99211 - Psychiatry	\$35.75 - \$55.00	\$30.00
OFFICE O/P EST 99212 - Psychiatry	\$39.59 - \$97.50	\$30.00
OFFICE O/P EST 99213 - Psychiatry	\$57.27 - \$160.03	\$30.00
OFFICE O/P EST 99214 - Psychiatry	\$79.45 - \$242.85	\$30.00
OFFICE O/P EST 99215 - Psychiatry	\$116.27 - \$331.80	\$30.00

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Physical Therapy	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Eval Low Complex 20 Min	\$22.77 - \$161.98	\$90.00
Eval Mod Complex 30 Min	\$45.53 - \$161.98	\$90.00
Eval High Complex 45 Min	\$68.99 - \$161.98	\$35.00
Re-Evaluation - Established Plan of Care	\$12.33 - \$114.22	\$35.00

Therapeutic Procedure/ex, 1 or more areas, ea. 15 Min	\$27.31 - \$71.71	\$35.00
Neuromuse Re-Ed/15 Min	\$28.32 - \$74.58	\$35.00
Gait Training/15 Min	\$24.01 - \$63.59	\$45.00
Manual Therapy/15 Min	\$25.50 - \$67.76	\$35.00
Therapeutic Activity for Functional Perform,1:1, ea. 15 Min	\$30.27 - \$76.48	\$70.00
Hot Or Cold Pack	\$5.89 - \$20.30	\$15.00
No Wound Elect Stim	\$12.17 - \$27.92	\$15.00
Ultrasound/15 Min	\$13.79 - \$30.96	\$25.00
Elec Stim/FES 15 Min	\$15.47 - \$40.87	\$35.00
Physical Perf. Test/15 Min	\$27.85 - \$75.52	\$55.00
Aquatic Therapy W/Ex/15 Min	\$30.68 - \$85.09	\$65.00
PHYS EDUCATIONAL SVCS RENDERED PTS GRP SETTING	\$65.60 - \$105.60	\$80.00

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Immunizations	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Immunization Injection Fee - 18yrs Or Younger - 1st Injection	\$15.85 - \$44.00	\$1.00
Immunization Injection Fee - 18 Yrs. Or Younger -- Each Additional Injection	\$12.10 - \$29.23	\$1.00
Immunization Injection Fee - 19 Yrs. Or Older - 1st Injection	\$43.40 - \$18.65	\$1.00
Immunization Injection Fee - 19 Yrs. Or Older - Each Addition Injection	\$12.07 - \$25.17	\$1.00
Bacillus Calmette-Guerin Vaccine (BCG) For Tuberculosis, Live	\$132.79 - \$257.60	\$130.00
(Bexsero) MENB RECOMBINANT PROT W/OUT MEMBER VESIC VACC IM	\$74.80 - \$181.47	\$125.00
(Trumenda) MENB RECOMBINANT LIPOPROTEIN IM	\$67.10 - \$158.47	\$90.00
Hepatitis A Vaccine, Adult Dosage	\$58.83 - \$85.93	\$60.00
Hepatitis A Vaccine, Pediatric/Adolescent Dosage	\$22.04 - \$41.68	\$60.00
(Twinrix) Hepatitis A And Hepatitis B Vaccine, Adult Dosage	\$72.73 - \$137.07	\$85.00
HPV Vaccine 4 Valent	\$52.00 - \$197.98	\$125.00
HPV (Gardasil-9), per dose	\$113.60 - \$287.15	\$170.00
Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced Immunogenicity	\$42.72 - \$101.41	\$25.00
Pneumococcal Conjugate Vaccine, 13 Valent	\$206.12 - \$312.17	\$190.00
Rabies Vaccine	\$283.76 - \$566.40	\$500.00
INFLUENZA VAC 4 VALENT PRSRV FREE 3 YRS PLUS IM	\$15.22 - \$20.53	\$35.00
INFLUENZA VACCINE QUADRIVALENT 3 YRS PLUS IM	\$15.22 - \$20.53	\$35.00
Typhoid Vaccine, Live, Oral	\$4.82 - \$105.90	\$70.00
Typhoid Vaccine (ViCPs)	\$129.86 - \$149.65	\$105.00
Measles, Mumps And Rubella Virus Vaccine (MMR)	\$30.22 - \$97.79	\$70.00
Measles, Mumps, Rubella And Varicella Vaccine	\$98.91 - \$283.24	\$25.00
Poliovirus Vaccine, Inactivated (IVP)	\$18.94 - \$49.04	\$35.00
TD Toxoids Adsorbed Preservative Free 7 YR +	\$28.99 - \$39.26	\$30.00
(Tdap) Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine	\$32.05 - \$59.58	\$55.00
Varicella Virus Vaccine, Live	\$52.43 - \$170.96	\$100.00
Yellow Fever Vaccine, Live	\$30.02 - \$157.54	\$100.00
Pneumococcal Polysaccharide Vaccine, 23-valent	\$56.58 - \$133.47	\$85.00
Meningococcal Polysaccharide Vaccine	\$55.20 - \$113.94	\$120.00
Meningococcal Conjugate Vaccine, Quadrivalent	\$81.63 - \$164.87	\$130.00
Zoster (Shingles) Vaccine, Live	\$80.75 - \$262.86	\$215.00
Japanese Encephalitis Virus Vaccine, Inactivated	\$249.52 - \$314.88	\$90.00
Hepatitis B Vaccine, Adult Dosage (2 Dose Schedule)	\$140.28 - \$180.26	\$120.00
Hepatitis B Vaccine, Pediatric/Adolescent Dosage	\$26.90 - \$42.86	\$35.00
Hepatitis B Vaccine, Adult Dosage	\$65.12 - \$105.68	\$65.00

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Medicine/Treatment Codes	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Nebulizer	\$10.33 - \$45.02	\$35.00
Allergen Immunotherapy 1 Injection	\$7.82 - \$35.36	\$15.00
Allergen Immunotherapy 2 Or More Injections.	\$9.06 - \$43.93	\$15.00
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$37.68 - \$135.88	\$45.00
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$12.20 - \$35.55	\$35.00
Medication Injection Fee - Each Injection	\$13.72 - \$60.05	\$1.00
INTRAVENOUS PUSH,SINGLE OR INITIAL SUBSTANCE/DRUG	\$36.80 - \$133.51	\$35.00
IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS	\$21.06 - \$50.65	\$35.00

Acupuncture	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
ACUP 1/> NDLS W/O ELEC STIMJ 1ST 15 MIN	\$45.16 - \$94.40	\$60.00
ACUP 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$34.19 - \$73.24	\$60.00
ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$54.43 - \$100.62	\$60.00
ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	\$43.49 - \$81.39	\$60.00

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Procedures/Other	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$90.72 - \$274.13	\$35.00
INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$164.27 - \$362.08	\$180.00
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$149.21 - \$430.56	\$80.00
INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$125.88 - \$362.62	\$45.00
I&D HEMATOMA SEROMA/FLUID COLLECTION	\$126.56 - \$386.30	\$120.00
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$105.93 - \$308.89	\$45.00
REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	\$80.93 - \$278.87	\$100.00
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	\$37.50 - \$112.23	\$35.00
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4<	\$47.88 - \$136.67	\$35.00
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	\$56.92 - \$163.30	\$70.00
BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	\$128.37 - \$247.27	\$70.00
TANGENTIAL BIOPSY SKIN SINGLE LESION	\$90.12 - \$221.19	\$170.00
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$48.68 - \$119.28	\$95.00
PUNCH BIOPSY SKIN SINGLE LESION	\$113.26 - \$278.08	\$215.00
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$55.85 - \$136.67	\$105.00
INCISIONAL BIOPSY SKIN SINGLE LESION	\$137.16 - \$336.51	\$260.00
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$65.87 - \$161.17	\$125.00
REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	\$66.72 - \$207.77	\$45.00
REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	\$16.67 - \$45.16	\$35.00
SHAVING SKIN LES 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$54.61 - \$233.06	\$55.00
SHVG SKIN LES 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$72.19 - \$285.97	\$70.00
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$86.77 - \$337.33	\$90.00
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	\$104.37 - \$371.30	\$80.00
SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$57.39 - \$233.06	\$70.00
SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$78.29 - \$288.34	\$80.00
SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	\$108.56 - \$361.04	\$100.00
SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$67.56 - \$270.97	\$75.00
SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$84.36 - \$233.99	\$90.00
SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	\$97.01 - \$383.94	\$100.00
Excision Benign Trunk/Arms/Legs 0.5 CM/<	\$103.35 -- \$294.68	\$70.00
Excision Benign Trunk/Arms/Legs 0.6-1.0 CM	\$133.60 - \$354.70	\$90.00
Excision Benign Trunk/Arms/Legs 1.1-2.0 CM	\$139.13 - \$394.20	\$90.00
Excision Benign Trunk/Arms/Legs 2.1-3.0 CM	\$157.13 - \$454.25	\$120.00
EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	\$222.69 - \$737.06	\$100.00
Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.5 CM/<	\$101.53 - \$292.31	\$70.00
Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.6-1.0CM	\$130.17 - \$374.46	\$70.00
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	\$173.16 - \$479.53	\$140.00
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$141.74 - \$302.37	\$100.00
Excision Benign Face/Mucous Membrane F/E/E/N/L/M 1.1-2.0CM	\$159.23 - \$340.38	\$80.00
Excision Malignant Trunk/Arms/Legs 0.5 CM/<	\$144.40 - \$458.19	\$100.00
Excision Malignant Trunk/Arms/Legs 0.6-1.0 CM	\$542.73 - \$166.40	\$120.00
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	\$176.31 - \$589.34	\$170.00
DEBRIDEMENT NAIL ANY METHOD 1-5	\$25.38 - \$56.87	\$30.00
DEBRIDEMENT NAIL ANY METHOD 6/>	\$38.32 - \$104.28	\$45.00
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$83.72 - \$225.89	\$90.00
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	\$32.70 \$106.44	\$35.00
EVACUATION SUBUNGUAL HEMATOMA	\$34.49 - \$116.91	\$45.00
EXCISION NAIL MATRIX PERMANENT REMOVAL	\$153.70 - \$526.13	\$120.00
WEDGE EXCISION SKIN NAIL FOLD	\$90.68 - \$395.01	\$80.00
EXCISION PILONIDAL CYST/SINUS SIMPLE	\$231.63 - \$661.22	\$140.00
INJECTION INTRALESIONAL UP TO & INCL 7	\$43.01 - \$131.93	\$70.00
INJECTION INTRALESIONAL >7	\$54.51 - \$164.33	\$55.00
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	\$134.85 - \$356.48	\$120.00
INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$99.49 - \$363.00	\$100.00
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$111.65 - \$376.58	\$120.00

RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	\$141.11 - \$620.63	\$170.00
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$81.18 - \$364.54	\$35.00
SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$99.35 - \$387.23	\$100.00
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$99.78 - \$385.19	\$70.00
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	\$104.68 - \$424.04	\$70.00
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	\$123.06 - \$500.72	\$80.00
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	\$149.43 - \$629.00	\$80.00
REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$567.23 - \$167.23	\$100.00
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$232.67 - \$724.43	\$100.00
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$242.46 - \$741.82	\$100.00
REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$323.85 - \$923.51	\$100.00
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$185.53 - \$575.92	\$70.00
INITIAL TX 1ST DEGREE BURN LOCAL TX	\$63.90 - \$173.01	\$45.00
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$78.42 - \$204.54	\$35.00
DESTRUCTION PREMALIGNANT LESION 1ST	\$57.40 - \$193.56	\$35.00
DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$5.14 - \$17.92	\$25.00
DESTRUCTION BENIGN LESIONS UP TO 14	\$82.29 - \$265.47	\$45.00
DESTRUCTION BENIGN LESIONS 15/>	\$94.42 - \$314.42	\$70.00
DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$102.01 - \$342.86	\$100.00
DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	\$179.37 - \$549.84	\$130.00
DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	\$110.85 - \$358.05	\$120.00
DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	\$134.20 - \$421.85	\$120.00
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	\$178.64 - \$483.48	\$55.00
INJECTION THERAPEUTIC CARPAL TUNNEL	\$71.02 - \$192.69	\$55.00
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$54.12 - \$146.57	\$45.00
INJECTION SINGLE TENDON ORIGIN/INSERTION	\$52.79 - \$143.73	\$100.00
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$49.79 - \$134.19	\$50.00
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$56.06 - \$150.88	\$70.00
ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA	\$44.46 - \$134.16	\$45.00
ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	\$46.77 - \$152.46	\$55.00
ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	\$56.37 - 180.51	\$55.00
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATION	\$52.60 - \$145.31	\$80.00
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$270.24 - \$748.92	\$220.00
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	\$333.01 - \$902.32	\$320.00
EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	\$365.81 - \$1151.04	\$100.00
CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	\$233.91 - \$638.03	\$200.00
CLTX IPHAL JT DISLC 1 W/MNPJ REQ ANES	\$339.84 - \$913.25	\$120.00
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$199.66 - \$621.73	\$55.00
APPLICATION CAST ELBOW FINGER SHORT ARM	\$77.66 - \$207.77	\$55.00
APPLICATION CAST HAND&LOWER FOREARM GAUNTLET	\$82.25 - \$227.53	\$120.00
Strapping of Chest	\$27.22 - \$132.17	\$54.00
Strapping of Shoulder	\$26.60 - \$151.97	\$53.00
Strapping of Elbow or Wrist	\$27.08 - \$126.29	\$52.00
Strapping of Hand or Finger	\$27.39 - \$125.95	\$53.00
Strapping of Hip	\$28.77 - \$133.00	\$57.00
Strapping of Knee	\$26.69 - \$131.29	\$52.00
Strapping of Ankle and/or Foot	\$24.21 - \$98.21	\$46.00
Strapping of Toes	\$17.56 - \$94.86	\$33.00
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$88.49 - \$256.68	\$80.00
Removal of Sub-Q Cardiac Rhythm Monitor	\$126.44 - \$300.21	\$125.00
VNPNXR 3 YEARS/> PHYS SKILL	\$15.51 - \$46.83	\$45.00
Routine Venipuncture	\$15.51 - \$46.83	\$15.00
RMVL FB FROM PHARYNX	\$155.50 - \$420.27	\$45.00
INC THROMBOSED HEMORRHOID XTRNL	\$145.84 - \$425.80	\$80.00
ANOSC DX +-COLLJ SPEC BR/WA SPX	\$74.43 - \$195.41	\$35.00
INSJ NON-NDWELLG BLDR CATH	\$43.79 - \$190.79	\$55.00
I&D OF BARTHOLINS GLAND ABSCESS	\$112.17 - \$350.63	\$100.00
DSTRJ LES VULVA SMPL	\$127.58 - \$311.26	\$35.00
BX VULVA/PR SPX 1 LES	\$76.25 - \$217.35	\$70.00

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Radiology (X-Ray) in house	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Radiologic Examination, Eye, For Detection Of Foreign Body	\$23.08 - \$69.52	\$65.00
Radiologic Examination, Mandible; Partial, Less Than 4 Views	\$27.85 - \$82.94	\$80.00
Radiologic examination, mandible; complete, minimum of 4 views	\$33.94 - \$97.24	\$95.00

Radiologic Examination, Facial Bones; Less Than 3 Views	\$26.37 - \$84.21	\$75.00
Radiologic examination, facial bones; complete, minimum of 3 views	\$36.77 - \$111.67	\$100.00
Radiologic examination, nasal bones, complete, minimum of 3 views	\$27.46 - \$80.57	\$80.00
Radiologic examination; orbits, complete, minimum of 4 views	\$37.45 - \$114.79	\$110.00
Radiologic examination, sinuses, paranasal, less than 3 views	\$26.32 - \$83.01	\$75.00
Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$33.34 - \$107.72	\$100.00
Radiologic examination, skull; less than 4 views	\$32.07 - \$95.31	\$90.00
Radiologic examination, skull; complete, minimum of 4 views	\$40.79 - \$132.68	\$120.00
Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Unilater	\$25.75 - \$76.62	\$75.00
Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Bilatera	\$41.13 - \$118.26	\$115.00
Radiologic examination; neck, soft tissue	\$23.08 - \$66.36	\$65.00
Radiologic examination, chest; single view	\$18.05 - \$34.24	\$65.00
Radiologic examination, chest; 2 views	\$27.48 - \$67.94	\$85.00
Radiologic examination, chest; 4 or more views	\$37.64 - \$93.23	\$100.00
Radiologic examination, ribs, unilateral; 2 views	\$29.23 - \$86.48	\$80.00
Radiologic examination, ribs, unilateral; including posteroanterior chest, minim	\$32.55 - \$102.24	\$95.00
Radiologic examination, ribs, bilateral; 3 views	\$33.40 - \$111.78	\$100.00
Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$42.59 - \$133.42	\$135.00
Radiologic examination; sternum, minimum of 2 views	\$26.40 - \$90.06	\$90.00
Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	\$32.03 - \$99.85	\$90.00
Radiologic examination, spine, single view, specify level	\$19.76 - \$60.80	\$55.00
Radiologic examination, spine, cervical; 2 or 3 views	\$29.54 - \$92.21	\$85.00
Radiologic Examination, Spine, Cervical; Complete, Including Oblique And Flexion	\$50.13 - \$163.39	\$140.00
Radiologic examination, spine; thoracic, 2 views	\$30.16 - \$92.21	\$85.00
Radiologic Examination, Spine; Thoracic, 3 Views	\$30.79 - \$88.49	\$95.00
Radiologic Examination, Spine; Thoracic, Minimum Of 4 Views	\$34.81 - \$119.90	\$110.00
Radiologic examination, spine; thoracolumbar, 2 views	\$27.38 - \$95.08	\$85.00
Radiologic examination, spine, lumbosacral; 2 or 3 views	\$31.10 - \$97.95	\$90.00
Radiologic Examination, Spine, Lumbosacral; Minimum Of 4 Views	\$43.49 - \$135.21	\$120.00
Radiologic examination, spine, lumbosacral; complete, including bending views	\$55.28 - \$171.99	\$160.00
Radiologic Examination, Spine, Lumbosacral, Bending Views Only, Minimum Of 4 Vie	\$35.74 - \$121.81	\$110.00
Radiologic examination, pelvis; 1 or 2 views	\$26.36 - \$69.52	\$75.00
Radiologic examination, pelvis; complete, minimum of 3 views	33.76 - \$104.28	\$105.00
Radiologic examination, sacroiliac joints; less than 3 views	\$25.39 - \$74.41	\$70.00
Radiologic examination, sacroiliac joints; 3 or more views	\$29.16 - \$88.98	\$80.00
Radiologic examination, sacrum and coccyx, minimum of 2 views	\$25.08 - \$53.01	\$70.00
Radiologic examination; clavicle, complete	\$24.43 - \$52.95	\$70.00
Radiologic Examination; Scapula, Complete	\$22.81 - \$77.41	\$75.00
Radiologic examination, shoulder; 1 view	\$20.38 - \$43.91	\$60.00
Radiologic examination, shoulder; complete, minimum of 2 views	\$25.73 - \$80.26	\$75.00
Radiologic examination; acromioclavicular joints, bilateral, with or without wei	\$31.66 - \$97.17	\$95.00
Radiologic examination; humerus, minimum of 2 views	\$25.67 - \$79.18	\$70.00
Radiologic Examination, Elbow; 2 Views	\$24.40 - \$70.35	\$65.00
Radiologic examination, elbow; complete, minimum of 3 views	\$27.55 - \$80.57	\$80.00
Radiologic examination; forearm, 2 views	\$22.88 - \$71.43	\$65.00
Radiologic examination, wrist; 2 views	\$24.67 - \$77.41	\$75.00
Radiologic examination, wrist; complete, minimum of 3 views	\$27.79 - \$90.86	\$90.00
Radiologic examination, hand; 2 views	\$23.19 - \$69.52	\$65.00
Radiologic examination, hand; minimum of 3 views	\$26.68 - \$72.20	\$75.00
Radiologic examination, finger(s), minimum of 2 views	\$21.81 - \$81.36	\$80.00
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$36.67 - \$91.65	\$100.00
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$45.86 - \$114.54	\$120.00
Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 2 Views	\$35.43 - \$87.70	\$100.00
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$43.44 - \$108.23	\$120.00
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$50.30 - \$125.62	\$130.00
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$24.74 - \$61.62	\$65.00
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$28.82 - \$71.89	\$75.00
Radiologic examination, knee; 1 or 2 views	\$26.36 - \$75.05	\$75.00
Radiologic examination, knee; 3 views	\$30.23 - \$90.86	\$90.00

Radiologic examination, knee; complete, 4 or more views	\$32.49 - \$105.86	\$105.00
Radiologic examination, knee; both knees, standing, anteroposterior	\$26.43 - \$86.91	\$80.00
Radiologic examination; tibia and fibula, 2 views	\$25.36 - \$73.47	\$70.00
Radiologic examination, ankle; 2 views	\$24.67 - \$69.52	\$70.00
Radiologic examination, ankle; complete, minimum of 3 views	\$26.68 - \$80.57	\$80.00
Radiologic examination, foot; 2 views	\$23.19 - \$69.52	\$65.00
Radiologic examination, foot; complete, minimum of 3 views	\$26.01 - \$76.34	\$75.00
Radiologic examination; calcaneus, minimum of 2 views	24.02 - \$68.73	\$65.00
Radiologic examination; toe(s), minimum of 2 views	\$21.81 - \$73.47	\$70.00
Radiologic examination, abdomen 1 view	\$24.59 - \$60.84	\$55.00
Radiologic examination, abdomen 2 views	\$30.00 - \$74.26	\$65.00
Radiologic examination, abdomen 3+ views	\$35.17 - \$86.91	\$75.00
Radiologic examination, abdomen; complete acute abdomen series, including supine	\$39.81 - \$118.14	\$115.00
Bone age studies	\$18.95 - \$44.35	\$55.00
Joint Survey, Single View, 2 Or More Joints (specify)	\$33.59 - \$139.98	\$130.00

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Medical Supplies & Products	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Aircast Ankle Brace (L4350)	\$65.00	\$70.00
Ankle Sleeve (A4467)	\$15.00	\$20.00
Form Fit Ankle Brace (L1902)	\$42.00	\$50.00
Arm Sling (A4565)	\$12.00	\$25.00
Boot - Equalizer Walker (L4387)	\$80.00	\$85.00
Heel Cup (L3170)	\$15.00	\$25.00
Rebound Air Walker (Limited Supply) (L4360)	\$42.00	\$55.00
Darco - Fx Pro Stirrup Walker (Medium) (L4387)	\$80.00	\$85.00
Thumb Spica Wrist Brace (L3807)	\$47.00	\$55.00
Wrist Brace (L3908)	\$26.00	\$35.00
Exoform Knee Immobilizer (L1830)	\$50.00	\$55.00
Form Fit Ply Knee Wrap (L1820)	\$65.00	\$75.00
Knee Sleeve Support (A4467)	\$21.00	\$25.00
Knee Support Elastic (A4467)	\$21.00	\$25.00
Knee Support with Patella Control (A4467)	\$48.00	\$55.00
Knee Wrap Around (L1820)	\$55.00	\$65.00
Premium Size Knee Immobilizer (L1830)	\$50.00	\$55.00
Aircast Leg Brace (L4370)	\$82.00	\$85.00
Clavicle Splint Figure 8 (L3650)	\$33.00	\$40.00
Rib Belt (L0220)	\$23.00	\$30.00
Ace Bandage (A6449)	\$3.00	\$2.00
Cervical Collar Foam/Universal (L0210)	\$28.00	\$28.00
Cervical Collar, Semi-rigid Thermoplastic Foam, 2-piece, Prefab (L0120)	\$28.00	\$35.00
TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.10 - \$50.31	\$1.00
SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	\$15.92 - \$166.86	\$50.00
EXERCISE EQUIPMENT	\$0.48 - \$0.64	\$10.00
CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.36 - \$15.87	\$25.00
CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$7.01 - \$13.30	\$20.00
CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$19.61 - \$37.33	\$50.00
CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.76 - \$20.41	\$30.00
FINGER SPLINT, STATIC	\$0.65 - \$2.30	\$5.00
Portable Peak Flow Meter	\$0.48 - \$5.35	\$30.00
HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	\$6.06 - \$18.34	\$25.00

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Medications	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
Injection, Adrenalin, Epinephrine, 0.1 Mg	\$0.24 - \$1.08	\$1.00
INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$2.24 - \$4.52	\$5.00
Bicillin LA 1.2 Mil	\$12.25 - \$20.60	\$150.00
INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$0.26 - \$1.75	2.00 or 8.00
INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	\$26.95 - \$55.10	\$40.00
Injection, Medroxyprogesterone Acetate, 1 Mg	\$0.09 - \$0.64	\$75.00

Injection, Testosterone Cypionate, 1mg Paid In Pharmacy	\$0.02 - \$0.64	Pay in Rx
INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$.97 - \$1.89	\$1.00
Injection, Estradiol Valerate, Up To 10 Mg (Paid In Pharmacy)	\$7.83 - \$17.18	\$15.00
INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE	\$95.25 - \$91.47	\$35.00
INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$121.46 - \$250.33	\$200.00
INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.14 - \$0.65	\$1.00
INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$866.29 - \$1809.40	\$975.00
INJECTION, LORAZEPAM, 2 MG	\$52.00 - \$141.00	\$3.00
INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$2.57 - \$6.41	\$3.00
INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$7.85 - \$28.60	\$30.00
Injection, Naltrexone, Depot Form, 1 Mg	\$3.23 - \$4.42	\$1,520.00
INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.54 - \$3.39	\$0.00
5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.27 - \$1.21	\$0.00
INFUSION, D5W, 1000 CC	\$3.39 - \$4.87	\$0.00
RINGERS LACTATE INFUSION, UP TO 1000 CC	\$3.11 - \$1.48	\$0.00
METHYLPREDNISOLONE ORAL, PER 4 MG	\$0.01 - \$0.20	\$1.00
ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UN	\$0.11 - \$0.64	\$0.00
ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINA	\$0.02 - \$0.30	\$0.00
Injection, Naltrexone, Depot Form, 1 Mg	\$0.04 - \$0.27	\$1.00
Injection, Methotrexate Sodium, 5 Mg (Paid In Pharmacy)	\$1.97 - \$3.76	\$3.00
DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI	\$0.01 - \$0.28	\$0.00
INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	\$5.00 - \$9.00	\$5.00

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In-House Laboratory Services	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
UA Complete (Manual) (UAA)	\$12.00	\$12.00
Urine Dipstick (Manual) (CHEM)	\$8.00	\$8.00
Urine Pregnancy (UPREG)	\$15.00	\$15.00
Occult Blood (OCBLD)	\$10.00	\$10.00
Glucose, Fingerstick, In House	\$8.00	\$8.00
HCG Qualitative (PREG)	\$15.00	\$15.00
Differential - In house	\$15.00	\$15.00
CBC (Hemogram + Differential)(CBC)	\$15.00	\$15.00
Hemogram (HGRM)	\$15.00	\$15.00
WBC In house	\$11.00	\$11.00
Manual ESR (ESR)	\$13.00	\$13.00
Mono Test (MONOT)	\$17.00	\$17.00
Wet Prep	\$13.00	\$13.00
Rapid Strep Screen (RPST)	\$16.00	\$16.00
In House - Rapid Flu Test (Foam/Nasal Swab)	\$16.00	\$16.00

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Send-Out Laboratory Services	TriCore will bill your Insurance Plan	Uninsured with Self-Pay Discount
<i>Additional charges may apply.</i>		
UR Histoplasma Ag	Not Available	195.00
Coronavirus AG IG -- BINAX Now - Rapid COVID Test	Not Available	0.00
Rapid Strep Screen In house	Not Available	16.00
Chlamydia trachomatis & Neisseria gonorrhoeae by Nucleic Acid Amplification	Not Available	65.00
State Lab -- GC Chlamydia	Not Available	0.00
Hepatitis B DNA Real Time PCR	Not Available	90.00
Hepatitis C Quant by Real Time PCR	Not Available	150.00
HIV1 Viral Load RTPCR	Not Available	210.00
HPV High Risk	Not Available	75.00
Grp A Strep DNA Hybr	Not Available	25.00
Epstein-Barr Virus by PCR	Not Available	100.00
B. pertussis RT PCR	Not Available	165.00
In House - Rapid Flu Test (Foam/Nasal Swab)	Not Available	16.00
Cryptococcal Ag Serum	Not Available	45.00

Hepatitis C Virus Genotype	Not Available	310.00
Cytology Thin Prep	Not Available	105.00
Cyto Smear, Other Source	Not Available	130.00
PAP Smear with Computer-Assisted and Manual Screening	Not Available	45.00
Level II Gross & Micro	Not Available	45.00
Level III Gross & Micro	Not Available	55.00
Level IV Gross & Micro	Not Available	125.00
Decalcification	Not Available	40.00
Fluid Crystal	Not Available	25.00
Joint Fluid Package	Not Available	65.00
Sex Hormone Binding Globulin	Not Available	40.00
Ethanol	Not Available	50.00
Glucose Tolerance Test, 2 Hour 75 G	Not Available	10.00
H2(Hydrogen) Breath Test	Not Available	135.00
Lactic Acid	Not Available	35.00
Ammonia	Not Available	45.00
Magnesium, Urine 24 Hour	Not Available	75.00
Sodium, Urine 24 Hour	Not Available	15.00
Insulin 000 Minutes	Not Available	20.00
Insulin 060 Minutes	Not Available	20.00
Insulin 090 Minutes	Not Available	25.00
Vit. D. D2D3 25-OH	Not Available	35.00
HIV 1/2 AB Confirm	Not Available	115.00
HIV Screen	Not Available	25.00
Urine Chloride	Not Available	10.00
Beta Hydroxybutyrate (Serum Ketone)	Not Available	45.00
TSH Receptor Antibodies	Not Available	45.00
Ethyl Glucuronide Screen, Urine	Not Available	50.00
Urine Drug Screen	Not Available	45.00
Carboxyhemoglobin (Carbon Monoxide)	Not Available	30.00
Eosinophils, Respiratory	Not Available	15.00
Factor XI Activity	Not Available	145.00
Complete UA, Automated (UAA) Tricore Only -- They should bill.	Not Available	0.00
ANCA (Neutrophil Cytoplasmic) Antibodies	Not Available	50.00
Parietal Cell Antibody	Not Available	60.00
Fecal Occult Blood Immunoassay (FOBTIA)	Not Available	45.00
Anti-Mitochondrial	Not Available	30.00
PTH Intact W/O Calcium	Not Available	30.00
Smooth Muscle Ab	Not Available	25.00
Allergy, Extended Respiratory Panel	Not Available	245.00
Allergy, Adult Food Panel	Not Available	140.00
Monoclonal Protein Monitoring, Serum	Not Available	35.00
Monoclonal Protein Screen, Serum	Not Available	195.00
Estrodiol by TMS	Not Available	35.00
Insulin-like Gr Gac 1 (34305)	Not Available	75.00
Pro-Brain Natriuretic Peptide, N Terminal	Not Available	40.00
Quantiferon TB Gold	Not Available	75.00
EBV Panel	Not Available	115.00
Allergy, Banana	Not Available	15.00
Immunofixation Electrophoresis, Serum	Not Available	95.00
Von Willebrand Panel	Not Available	335.00
ABO RH Antibody Screen	Not Available	45.00
Culture, Strep Special	Not Available	15.00
Sputum Culture (CSPUT)	Not Available	20.00
Vaginal Pathogens Panel By DNA Probe (VAGDNA)	Not Available	55.00
Bill only for CDiff (Do Not Order)	Not Available	50.00
Special Stool Culture	Not Available	25.00
Varicell Zoster Virus PCR	Not Available	100.00
Gastrointestinal Parasite Panel	Not Available	115.00
Gastrointestinal Viral Panel	Not Available	135.00
Trichomonas Vaginalis	Not Available	45.00

Vaginal Panel by NAA	Not Available	155.00
Monkeypox Test	Not Available	115.00
Respiratory Virus Panel PCR (RESPAN)	Not Available	415.00
Herpes Lesions, PCR	Not Available	50.00
Fecal Pathogens PCR	Not Available	130.00
COVID by PCR - May not be billable - Check with Mayra/Debra	Not Available	120.00
SARs-COV-2 IgG (Coronavirus 2019 Antibody IgG) - May not be billable - Check with Mayra/Janette	Not Available	60.00
Acetaminophen	Not Available	60.00
Salicylate	Not Available	310.00
Bezodiazepine, Medical Urine (MBENZ)	Not Available	85.00
Amphetamines, Medical	Not Available	85.00
Urine THC Screen (Cannabinoid Screen)	Not Available	60.00
Ur Bupenorphine	Not Available	60.00
Lead Filter Paper	Not Available	35.00
Total Testo F/Peds	Not Available	26.00
Free Testo F/Peds	Not Available	65.00
Lamotrigine	Not Available	45.00
Zolpiedm QN, Urine	Not Available	60.00
Methphenidate, URQN	Not Available	145.00
Estrone (ESTRS)	Not Available	25.00
Estrogens, Fraction	Not Available	30.00
Oxcarbazepine	Not Available	20.00
Zonisamide (Zonegran)	Not Available	35.00
Chromosome Analysis, Blood Stimulated	Not Available	550.00
Special Stain Group I (88312)	Not Available	95.00
Special Stain Group II (88313)	Not Available	75.00
Immunoperoxidase (88342)	Not Available	160.00
Multiplex Ab Stain (88344)	Not Available	300.00
Immunofluorescence AB1st (88346)	Not Available	250.00
IDH1 Additional IHC (88341)	Not Available	160.00
Cytology Immunocytology Assay	Not Available	295.00
Urine Aminolevulinic Acid	Not Available	90.00
Arsenic, Urine 24	Not Available	65.00
Catecholamine, free, fractionated, urine, 24 hour	Not Available	85.00
Cadmium, Urine 24 Hour	Not Available	120.00
Copper, Urine 24 Hour	Not Available	115.00
Strongyloides Stercoralis Antibody, IGG	Not Available	120.00
Carotene, Total Serum	Not Available	60.00
Cadmium, Blood	Not Available	120.00
Islet Cell Antibody IGG	Not Available	125.00
Alkaline Phosphatase Isoenzymes	Not Available	65.00
Diphtheria And Tetanus Antibodies IgG (DPTAB)	Not Available	105.00
Gliadin IgG Ab	Not Available	115.00
Tryptase	Not Available	185.00
Pertussis IgG IgM AB (BORG M)	Not Available	90.00
Bordetella Pertussis IgG Antibody (BORG)	Not Available	70.00
Bordetella Pertussis Antibody, IGG, IGM With Reflex Immunoblot (BORG M)	Not Available	95.00
Thyroid Stimulating Immunoglobulin	Not Available	90.00
Urine Porphyrin	Not Available	75.00
Fructosamine	Not Available	115.00
E. Histolytica AG	Not Available	115.00
Endomysial Ab, IgG	Not Available	115.00
Ethosuximide Level	Not Available	120.00
Anabolic Steroids, Urine Screen W/Reflex	Not Available	230.00
Sedative Hypnotic Panel	Not Available	670.00
HIV-1 by Qualitative PCR	Not Available	380.00
Herpesvirus 6 Antibody, IgG	Not Available	180.00
Poliavirus Types 1, 3 Antibodies (POLIAB)	Not Available	105.00
Thiopurine Metabolites	Not Available	240.00
Parvovirus DNA PCR (PARPCR)	Not Available	190.00
Alkaline Phosphatase Isoenzymes (ALKI)	Not Available	115.00

Schistosoma Antibody, IGGTricore Referral Test Manual Req.	Not Available	160.00
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Prices are current as of 12/20/2022, subject to change.

*Prices are set by the reference lab company and are subject to change at any time.

Disclaimer:

***** The information provided is a UNM SHAC estimate and is not a guarantee of final billed charges. Final billed charges may vary from UNM SHAC estimates for many reasons, among them the patient's medical condition, unknown circumstances or complications, final diagnosis, and recommended treatment ordered by the physician. Professional fees, such as specialty physician, radiologist, laboratory, and pathologist fees are not included in this estimate. Insurance benefit information (where applicable) is based on information provided by you and your insurance company as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment. *****