

University of New Mexico - Student Health & Counseling Estimate and Cost Price List			
CPT codes	Administrative Fees	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
99911	XRAY DVD	\$8.00	\$8.00
99919	Medical Records Professional Fee - \$30 for first 15 pages, 25c per page there after	\$30.00	\$30.00
99920	Medical Records Fee for Individuals -	\$0.00	\$10.00 or less
99921	Medical Records Fee - Volume - per 100 pages	\$0.00	\$10.00

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CPT codes	Appointments	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
99202	Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused	\$54.75 - \$173.01	\$15.00
99203	Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed	\$62.50 - \$251.21	\$15.00
99204	Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity	\$39.59 - \$101.91	\$15.00
99205	Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity	\$473.21 - \$514.00	\$15.00
99211	Office or commonly used for services such as patient education, rechecks, Medication reviews	\$35.75 - \$55.00	\$15.00
99212	Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward	\$39.47 - \$101.91	\$15.00
99213	Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low	\$150.08 - \$232.00	\$15.00
99214	Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate	\$85.01 - \$248.05	\$15.00
99215	Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making	\$116.27 - \$331.80	\$15.00
99994	Travel health Consulting Appointment (Student)	\$15.00	
99995	Travel health Consulting Appointment (Staff)	\$50.00	\$50.00
99078	Physical Education sports physical	Not Covered by Insurance	\$15.00 plus labs, Xrays
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$33.43 - \$102.40	\$60.00
99997	No Show	\$20.00	\$20.00

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CPT codes	Telehealth	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	\$14.73 - \$48.75	\$15.00
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	\$28.84 - \$81.63	\$15.00
99423	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	\$50.32 - \$116.44	\$15.00
99441	Telephone E/M Svc Est Pt 5-10min	\$19.60 - \$66.96	\$15.00
99442	Telephone E/M Svc Est Pt 11-20min	\$123.07 - \$38.42	\$15.00
99443	Telephone E/M Svc Est Pt 21-30min	\$164.41 - \$56.59	\$15.00
95	Use when E/M done with Audio/Visual	\$0.00	\$0.00

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CPT codes	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>		
99385	New Patient, Preventive Medicine (Age 18-39 yrs.)	\$303.36 - \$303.36	\$15.00
99395	Established patient Periodic Preventive Medicine (18-39)	\$271.16 - \$102.84	\$15.00

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CPT codes	Reproductive Health	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
11976	Removal, Nonbiodegradable Contraceptive Capsules	\$134.85 - \$356.48	\$120.00
11981	Insert Contraceptive Implant	\$134.85 - \$356.48	\$100.00
11982	Removal, non-biodegradable drug implant	\$111.65 - \$376.58	\$120.00
11983	Removal w/reinsertion, non-bio drug implant	\$165.53 - \$620.63	\$170.00
11976	Remove Contraceptive Implant	\$134.85 - \$356.48	\$120.00
58300	IUD insertion	\$107.33 - \$363.00	\$70.00
58301	IUD removal	\$106.36 - \$256.37	\$701.00
J7296	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena) 19.5mg (5 Year duration)	\$256.37 - \$106.36	\$1,000.00
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena) 52mg (5 Year duration)	\$385.40 - \$1,165.85	\$945.00
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 13.5mg (3 Year duration)	\$458.84 - \$1,067.21	\$786.00
Q0091	Pap smear (with technician and pathologist interpretation)	\$48.19 - \$107.82	\$75.00
J7296	(Kyleena) Levonorgestrel-releasing Intrauterine Contraceptive System , 19.5 Mg	\$423.70 - \$1,165.16	\$1,000.00
J7298	(Mirena) Levonorgestrel-releasing Intrauterine Contraceptive System, 52 Mg, 5 Year Duration	\$385.40 - \$1,165.85	\$945.00
J7300	(ParaGard) Intrauterine copper contraceptive	\$375.03 - \$1,134.46	\$995.00
J7301	(Skyla) Levonorgestrel-releasing intrauterine contraceptive system	\$352.80 - \$1,067.21	\$786.00
J7307a	(Nexplanon) Levonorgestrel (contraceptive) implant system, including implant and supplies	\$559.80 - \$1,062.38	\$820.00
57170	DPHRM/CRV CAP FITG W/INSTRUCTIONS	\$77.14 - \$218.14	\$140.00
57452	COLPOSCOPY CERVIX UPR/ADJ VAG	\$103.62 - \$281.81	\$70.00
57454	COLPOSCOPY CERVIX BX CERVIX&ENDOCRV CURTG	\$142.96 - \$403.54	\$140.00
57456	COLPOSCOPY CERVIX VAG ENDOCRV CURTG	\$125.15 - \$352.42	\$120.00
57505	ENDOCRV CURTG NOT DONE AS PART DILAT&CURTG	\$94.87 - \$260.91	\$60.00
57800	DILAT CRV CANAL INSTRUMENTAL SPX	\$56.50 - \$154.47	\$70.00
64435	Intro/Injection of Anesthetic Agent Paracervical (uterine) nerve	\$78.77 - \$382.55	\$120.00

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CPT codes	Behavioral Health and Counseling	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
90839	Crisis Psychotherapy (First 60 Minutes)	\$97.65 - \$154.24	\$15.00
90840	Crisis Psychotherapy (Each Additional 30 Minutes)	\$4.20 - \$116.34	\$15.00
90791	Psychiatric Diagnostic Evaluation (No Medical Services)	\$87.50 - \$151.31	\$15.00
90792	Psychiatric Diagnostic Evaluation (with Medical Services)	\$87.15 - \$339.90	\$30.00
90832	Psychotherapy (30 Minutes)	\$40.95 - \$131.60	\$15.00
90833	30-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$34.65 - \$120.11	\$15.00
90834	Psychotherapy (45 Minutes)	\$72.45 - \$174.96	\$15.00
90836	45-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$52.50 - \$96.20	\$15.00
90837	Psychotherapy (60 Minutes)	\$87.15 - \$258.28	\$15.00
90838	60-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$70.35 - \$128.08	\$15.00
90853	Group Psychotherapy	\$40.95 - \$82.84	\$5.00 - \$15.00
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	\$110.92 - \$134.02	\$15.00
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	\$84.33 - \$154.89	\$15.00
96136	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	\$43.30 - \$76.29	\$15.00
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$39.83 - \$67.86	\$15.00
96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	\$33.80 - \$57.82	\$15.00
96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	\$33.80 - \$42.68	\$15.00

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

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CPT codes	Physical Therapy	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
97161	Eval Low Complex 20 Min	\$22.77 - \$161.98	\$90.00
97162	Eval Mod Complex 30 Min	\$45.53 - \$161.98	\$90.00
97163	Eval High Complex 45 Min	\$68.99 - \$161.98	\$35.00
97164	Re-Evaluation - Established Plan of Care	\$12.33 - \$114.22	\$35.00
97110	Therapeutic Procedure/ex, 1 or more areas, ea. 15 Min	\$27.31 - \$71.71	\$35.00
97112	Neuromuse Re-Ed/15 Min	\$28.32 - \$74.58	\$35.00
97116	Gait Training/15 Min	\$24.01 - \$63.59	\$45.00
97140	Manual Therapy/15 Min	\$25.50 - \$67.76	\$35.00
97530	Therapeutic Activity for Functional Perform,1:1, ea. 15 Min	\$30.27 - \$76.48	\$70.00
97010	Hot Or Cold Pack	\$5.89 - \$20.30	\$15.00
97014	No Wound Elect Stim	\$12.17 - \$27.92	\$15.00
97035	Ultrasound/15 Min	\$13.79 - \$30.96	\$25.00
97032	Elec Stim/FES 15 Min	\$15.47 - \$40.87	\$35.00
97750	Physical Perf. Test/15 Min	\$27.85 - \$75.52	\$55.00
97113	Aquatic Therapy W/Ex/15 Min	\$30.68 - \$85.09	\$65.00
99078	PHYS EDUCATIONAL SVCS RENDERED PTS GRP SETTING	\$65.60 - \$105.60	\$80.00

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CPT codes	Immunizations	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
90460	Immunization Injection Fee - 18yrs Or Younger - 1st Injection	\$15.85 - \$44.00	\$1.00
90461	Immunization Injection Fee - 18 Yrs. Or Younger -- Each Additional Injection	\$12.10 - \$29.23	\$1.00
90471	Immunization Injection Fee - 19 Yrs. Or Older - 1st Injection	\$43.40 - \$18.65	\$1.00
90472	Immunization Injection Fee - 19 Yrs. Or Older - Each Addition Injection	\$12.07 - \$25.17	\$1.00
90585	Bacillus Calmette-Guerin Vaccine (BCG) For Tuberculosis, Live	\$132.79 - \$257.60	\$130.00
90620	(Bexsero) MENB RECOMBINANT PROT W/OUT MEMBER VESIC VACC IM	\$74.80 - \$181.47	\$125.00
90621	(Trumenda) MENB RECOMBINANT LIPOPROTEIN IM	\$67.10 - \$158.47	\$90.00
90632	Hepatitis A Vaccine, Adult Dosage	\$58.83 - \$85.93	\$60.00
90633	Hepatitis A Vaccine, Pediatric/Adolescent Dosage	\$22.04 - \$41.68	\$60.00
90636	(Twinrix) Hepatitis A And Hepatitis B Vaccine, Adult Dosage	\$72.73 - \$137.07	\$85.00
90649	HPV Vaccine 4 Valent	\$52.00 - \$197.98	\$125.00
90651	HPV (Gardasil-9), per dose	\$113.60 - \$287.15	\$170.00
90662	Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced Immunogenicity	\$42.72 - \$101.41	\$25.00
90670	Pneumococcal Conjugate Vaccine, 13 Valent	\$206.12 - \$312.17	\$190.00
90675	Rabies Vaccine	\$283.76 - \$566.40	\$500.00
90686	INFLUENZA VAC 4 VALENT PRSRV FREE 3 YRS PLUS IM	\$15.22 - \$20.53	\$35.00
90688	INFLUENZA VACCINE QUADRIVALENT 3 YRS PLUS IM	\$15.22 - \$20.53	\$35.00
90690	Typhoid Vaccine, Live, Oral	\$4.82 - \$105.90	\$70.00
90691	Typhoid Vaccine (ViCps)	\$129.86 - \$149.65	\$105.00
90707	Measles, Mumps And Rubella Virus Vaccine (MMR)	\$30.22 - \$97.79	\$70.00
90710	Measles, Mumps, Rubella And Varicella Vaccine	\$98.91 - \$283.24	\$25.00

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90713	Poliovirus Vaccine, Inactivated (IVP)	\$18.94 - \$49.04	\$35.00
90714	TD Toxoids Adsorbed Preservative Free 7 YR +	\$28.99 - \$39.26	\$30.00
90715	(Tdap) Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine	\$32.05 - \$59.58	\$55.00
90716	Varicella Virus Vaccine, Live	\$52.43 - \$170.96	\$100.00
90717	Yellow Fever Vaccine, Live	\$30.02 - \$157.54	\$100.00
90732	Pneumococcal Polysaccharide Vaccine, 23-valent	\$56.58 - \$133.47	\$85.00
90733	Meningococcal Polysaccharide Vaccine	\$55.20 - \$113.94	\$120.00
90734	Meningococcal Conjugate Vaccine, Quadrivalent	\$81.63 - \$164.87	\$130.00
90736	Zoster (Shingles) Vaccine, Live	\$80.75 - \$262.86	\$215.00
90738	Japanese Encephalitis Virus Vaccine, Inactivated	\$249.52 - \$314.88	\$90.00
90739	Hepatitis B Vaccine, Adult Dosage (2 Dose Schedule)	\$140.28 - \$180.26	\$120.00
90744	Hepatitis B Vaccine, Pediatric/Adolescent Dosage	\$26.90 - \$42.86	\$35.00
90746	Hepatitis B Vaccine, Adult Dosage	\$65.12 - \$105.68	\$65.00

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CPT codes	Medicine/Treatment Codes	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
EKG	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R (EKG)		\$15.00
94640	Nebulizer	\$10.33 - \$45.02	\$35.00
NebTx	Nebulizer - Airway Inhalation Treatment		\$35.00
95115	Allergen Immunotherapy 1 Injection	\$7.82 - \$35.36	\$15.00
95117	Allergen Immunotherapy 2 Or More Injections.	\$9.06 - \$43.93	\$15.00
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$37.68 - \$135.88	\$45.00
IVTherInt	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR		\$45.00
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$12.20 - \$35.55	\$35.00
IVTherAdd	IV INFUSION HYDRATION EACH ADDITIONAL HOUR		\$35.00
96372	Medication Injection Fee - Each Injection	\$13.72 - \$60.05	\$1.00
96374	INTRAVENOUS PUSH,SINGLE OR INITIAL SUBSTANCE/DRUG	\$36.80 - \$133.51	\$35.00
96523	IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS	\$21.06 - \$50.65	\$35.00

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CPT codes	Acupuncture	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
97810	ACUP 1/> NDLS W/O ELEC STIMJ 1ST 15 MIN	\$45.16 - \$94.40	\$60.00
97811	ACUP 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$34.19 - \$73.24	\$60.00
97813	ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$54.43 - \$100.62	\$60.00
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	\$43.49 - \$81.39	\$60.00

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CPT codes	Procedures/Other	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$90.72 - \$274.13	\$35.00
10061	INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$164.27 - \$362.08	\$180.00
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$149.21 - \$430.56	\$80.00
10120	INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$125.88 - \$362.62	\$45.00
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	\$126.56 - \$386.30	\$120.00
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$105.93 - \$308.89	\$45.00
11042	REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	\$80.93 - \$278.87	\$100.00
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	\$37.50 - \$112.23	\$35.00
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4<	\$47.88 - \$136.67	\$35.00
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	\$56.92 - \$163.30	\$70.00
11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	\$128.37 - \$247.27	\$70.00
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	\$90.12 - \$221.19	\$170.00
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$48.68 - \$119.28	\$95.00
11104	PUNCH BIOPSY SKIN SINGLE LESION	\$113.26 - \$278.08	\$215.00
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$55.85 - \$136.67	\$105.00
11106	INCISIONAL BIOPSY SKIN SINGLE LESION	\$137.16 - \$336.51	\$260.00
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$65.87 - \$161.17	\$125.00
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	\$66.72 - \$207.77	\$45.00
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	\$16.67 - \$45.16	\$35.00
11300	SHAVING SKIN LES 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$54.61 - \$233.06	\$55.00
11301	SHVG SKIN LES 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$72.19 - \$285.97	\$70.00
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$86.77 - \$337.33	\$90.00
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	\$104.37 - \$371.30	\$80.00
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$57.39 - \$233.06	\$70.00
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$78.29 - \$288.34	\$80.00
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	\$108.56 - \$361.04	\$100.00
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$67.56 - \$270.97	\$75.00
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$84.36 - \$233.99	\$90.00
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	\$97.01 - \$383.94	\$100.00
11400	Excision Benign Trunk/Arms/Legs 0.5 CM/<	\$103.35 - \$294.68	\$70.00
11401	Excision Benign Trunk/Arms/Legs 0.6-1.0 CM	\$133.60 - \$354.70	\$90.00
11402	Excision Benign Trunk/Arms/Legs 1.1-2.0 CM	\$139.13 - \$394.20	\$90.00

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11403	Excision Benign Trunk/Arms/Legs 2.1-3.0 CM	\$157.13 - \$454.25	\$120.00
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	\$222.69 - \$737.06	\$100.00
11420	Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.5 CM/<	\$101.53 - \$292.31	\$70.00
11421	Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.6-1.0CM	\$130.17 - \$374.46	\$70.00
11423	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	\$173.16 - \$479.53	\$140.00
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$141.74 - \$302.37	\$100.00
11442	Excision Benign Face/Mucous Membrane F/E/E/N/L/M 1.1-2.0CM	\$159.23 - \$340.38	\$80.00
11600	Excision Malignant Trunk/Arms/Legs 0.5 CM/<	\$144.40 - \$458.19	\$100.00
11601	Excision Malignant Trunk/Arms/Legs 0.6-1.0 CM	\$542.73 - \$166.40	\$120.00
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	\$176.31 - \$589.34	\$170.00
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	\$25.38 - \$56.87	\$30.00
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	\$38.32 - \$104.28	\$45.00
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$83.72 - \$225.89	\$90.00
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	\$32.70 - \$106.44	\$35.00
11740	EVACUATION SUBUNGUAL HEMATOMA	\$34.49 - \$116.91	\$45.00
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	\$153.70 - \$526.13	\$120.00
11765	WEDGE EXCISION SKIN NAIL FOLD	\$90.68 - \$395.01	\$80.00
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	\$231.63 - \$661.22	\$140.00
11900	INJECTION INTRALESIONAL UP TO & INCL 7	\$43.01 - \$131.93	\$70.00
11901	INJECTION INTRALESIONAL >7	\$54.51 - \$164.33	\$55.00
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	\$134.85 - \$356.48	\$120.00
11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$99.49 - \$363.00	\$100.00
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$111.65 - \$376.58	\$120.00
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	\$141.11 - \$620.63	\$170.00
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$81.18 - \$364.54	\$35.00
12002	SIMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$99.35 - \$387.23	\$100.00
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$99.78 - \$385.19	\$70.00
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	\$104.68 - \$424.04	\$70.00
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	\$123.06 - \$500.72	\$80.00
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	\$149.43 - \$629.00	\$80.00
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$567.23 - \$167.23	\$100.00
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$232.67 - \$724.43	\$100.00
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$242.46 - \$741.82	\$100.00
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$323.85 - \$923.51	\$100.00
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$185.53 - \$575.92	\$70.00
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	\$63.90 - \$173.01	\$45.00
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$78.42 - \$204.54	\$35.00
17000	DESTRUCTION PREMALIGNANT LESION 1ST	\$57.40 - \$193.56	\$35.00
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$5.14 - \$17.92	\$25.00
17110	DESTRUCTION BENIGN LESIONS UP TO 14	\$82.29 - \$265.47	\$45.00
17111	DESTRUCTION BENIGN LESIONS 15/>	\$94.42 - \$314.42	\$70.00
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$102.01 - \$342.86	\$100.00
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	\$179.37 - \$549.84	\$130.00
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	\$110.85 - \$358.05	\$120.00
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	\$134.20 - \$421.85	\$120.00
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	\$178.64 - \$483.48	\$55.00
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	\$71.02 - \$192.69	\$55.00
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$54.12 - \$146.57	\$45.00
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	\$52.79 - \$143.73	\$100.00
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$49.79 - \$134.19	\$50.00
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$56.06 - \$150.88	\$70.00
20600	ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA	\$44.46 - \$134.16	\$45.00
20605	ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	\$46.77 - \$152.46	\$55.00
20610	ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	\$56.37 - \$180.51	\$55.00
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATION	\$52.60 - \$145.31	\$80.00
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$270.24 - \$748.92	\$220.00
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	\$333.01 - \$902.32	\$320.00
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	\$365.81 - \$1151.04	\$100.00
26770	CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	\$233.91 - \$638.03	\$200.00
26775	CLTX IPHAL JT DISLC 1 W/MNPJ REQ ANES	\$339.84 - \$913.25	\$120.00
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$199.66 - \$621.73	\$55.00
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	\$77.66 - \$207.77	\$55.00
29085	APPLICATION CAST HAND&LOWER FOREARM GAUNTLET	\$82.25 - \$227.53	\$120.00
29200	Strapping of Chest	\$27.22 - \$132.17	\$54.00
29240	Strapping of Shoulder	\$26.60 - \$151.97	\$53.00
29260	Strapping of Elbow or Wrist	\$27.08 - \$126.29	\$52.00
29280	Strapping of Hand or Finger	\$27.39 - \$125.95	\$53.00
29520	Strapping of Hip	\$28.77 - \$133.00	\$57.00
29530	Strapping of Knee	\$26.69 - \$131.29	\$52.00
29540	Strapping of Ankle and/or Foot	\$24.21 - \$98.21	\$46.00
29550	Strapping of Toes	\$17.56 - \$94.86	\$33.00
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$88.49 - \$256.68	\$80.00
33286	Removal of Sub-Q Cardiac Rhythm Monitor	\$126.44 - \$300.21	\$125.00
36410	VNPNXR 3 YEARS/> PHYS SKILL	\$15.51 - \$46.83	\$45.00
36415	Routine Venipuncture	\$15.51 - \$46.83	\$15.00
42809	RMVL FB FROM PHARYNX	\$155.50 - \$420.27	\$45.00
46083	INC THROMBOSED HEMORRHOID XTRNL	\$145.84 - \$425.80	\$80.00
46600	ANOSC DX +-COLLJ SPEC BR/WA SPX	\$74.43 - \$195.41	\$35.00

Prices current as of 05/18/2022, subject to change.

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51701	INSJ NON-NDWELLG BLDR CATH	\$43.79 - \$190.79	\$55.00
56420	I&D OF BARTHOLINS GLAND ABSCESS	\$112.17 - \$350.63	\$100.00
56501	DSTRJ LES VULVA SMPL	\$127.58 - \$311.26	\$35.00
56605	BX VULVA/PR SPX 1 LES	\$76.25 - \$217.35	\$70.00

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CPT codes	Radiology (X-Ray) in house	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
70030	Radiologic Examination, Eye, For Detection Of Foreign Body	\$23.08 - \$69.52	\$65.00
70100	Radiologic Examination, Mandible; Partial, Less Than 4 Views	\$27.85 - \$82.94	\$80.00
70110	Radiologic examination, mandible; complete, minimum of 4 views	\$33.94 - \$97.24	\$95.00
70140	Radiologic Examination, Facial Bones; Less Than 3 Views	\$26.37 - \$84.21	\$75.00
70150	Radiologic examination, facial bones; complete, minimum of 3 views	\$36.77 - \$111.67	\$100.00
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	\$27.46 - \$80.57	\$80.00
70200	Radiologic examination; orbits, complete, minimum of 4 views	\$37.45 - \$114.79	\$110.00
70210	Radiologic examination, sinuses, paranasal, less than 3 views	\$26.32 - \$83.01	\$75.00
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$33.34 - \$107.72	\$100.00
70250	Radiologic examination, skull; less than 4 views	\$32.07 - \$95.31	\$90.00
70260	Radiologic examination, skull; complete, minimum of 4 views	\$40.79 - \$132.68	\$120.00
70328	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Unilater	\$25.75 - \$76.62	\$75.00
70330	Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Bilatera	\$41.13 - \$118.26	\$115.00
70360	Radiologic examination; neck, soft tissue	\$23.08 - \$66.36	\$65.00
71045	Radiologic examination, chest; single view	\$18.05 - \$34.24	\$65.00
71046	Radiologic examination, chest; 2 views	\$27.48 - \$67.94	\$85.00
71048	Radiologic examination, chest; 4 or more views	\$37.64 - \$93.23	\$100.00
71100	Radiologic examination, ribs, unilateral; 2 views	\$29.23 - \$86.48	\$80.00
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minim	\$32.55 - \$102.24	\$95.00
71110	Radiologic examination, ribs, bilateral; 3 views	\$33.40 - \$111.78	\$100.00
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$42.59 - \$133.42	\$135.00
71120	Radiologic examination; sternum, minimum of 2 views	\$26.40 - \$90.06	\$90.00
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	\$32.03 - \$99.85	\$90.00
72020	Radiologic examination, spine, single view, specify level	\$19.76 - \$60.80	\$55.00
72040	Radiologic examination, spine, cervical; 2 or 3 views	\$29.54 - \$92.21	\$85.00
72052	Radiologic Examination, Spine, Cervical; Complete, Including Oblique And Flexion	\$50.13 - \$163.39	\$140.00
72070	Radiologic examination, spine; thoracic, 2 views	\$30.16 - \$92.21	\$85.00
72072	Radiologic Examination, Spine; Thoracic, 3 Views	\$30.79 - \$88.49	\$95.00
72074	Radiologic Examination, Spine; Thoracic, Minimum Of 4 Views	\$34.81 - \$119.90	\$110.00
72080	Radiologic examination, spine; thoracolumbar, 2 views	\$27.38 - \$95.08	\$85.00
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$31.10 - \$97.95	\$90.00
72110	Radiologic Examination, Spine, Lumbosacral; Minimum Of 4 Views	\$43.49 - \$135.21	\$120.00
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	\$55.28 - \$171.99	\$160.00
72120	Radiologic Examination, Spine, Lumbosacral, Bending Views Only, Minimum Of 4 Vie	\$35.74 - \$121.81	\$110.00
72170	Radiologic examination, pelvis; 1 or 2 views	\$26.36 - \$69.52	\$75.00
72190	Radiologic examination, pelvis; complete, minimum of 3 views	\$33.76 - \$104.28	\$105.00
72200	Radiologic examination, sacroiliac joints; less than 3 views	\$25.39 - \$74.41	\$70.00
72202	Radiologic examination, sacroiliac joints; 3 or more views	\$29.16 - \$88.98	\$80.00
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$25.08 - \$53.01	\$70.00
73000	Radiologic examination; clavicle, complete	\$24.43 - \$52.95	\$70.00
73010	Radiologic Examination; Scapula, Complete	\$22.81 - \$77.41	\$75.00
73020	Radiologic examination, shoulder; 1 view	\$20.38 - \$43.91	\$60.00
73030	Radiologic examination, shoulder; complete, minimum of 2 views	\$25.73 - \$80.26	\$75.00
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without wei	\$31.66 - \$97.17	\$95.00
73060	Radiologic examination; humerus, minimum of 2 views	\$25.67 - \$79.18	\$70.00
73070	Radiologic Examination, Elbow; 2 Views	\$24.40 - \$70.35	\$65.00
73080	Radiologic examination, elbow; complete, minimum of 3 views	\$27.55 - \$80.57	\$80.00
73090	Radiologic examination; forearm, 2 views	\$22.88 - \$71.43	\$65.00
73100	Radiologic examination, wrist; 2 views	\$24.67 - \$77.41	\$75.00
73110	Radiologic examination, wrist; complete, minimum of 3 views	\$27.79 - \$90.86	\$90.00
73120	Radiologic examination, hand; 2 views	\$23.19 - \$69.52	\$65.00
73130	Radiologic examination, hand; minimum of 3 views	\$26.68 - \$72.20	\$75.00
73140	Radiologic examination, finger(s), minimum of 2 views	\$21.81 - \$81.36	\$80.00
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$36.67 - \$91.65	\$100.00
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$45.86 - \$114.54	\$120.00
73521	Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 2 Views	\$35.43 - \$87.70	\$100.00
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$43.44 - \$108.23	\$120.00
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$50.30 - \$125.62	\$130.00
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$24.74 - \$61.62	\$65.00
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$28.82 - \$71.89	\$75.00
73560	Radiologic examination, knee; 1 or 2 views	\$26.36 - \$75.05	\$75.00
73562	Radiologic examination, knee; 3 views	\$30.23 - \$90.86	\$90.00
73564	Radiologic examination, knee; complete, 4 or more views	\$32.49 - \$105.86	\$105.00

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73565	Radiologic examination, knee; both knees, standing, anteroposterior	\$26.43 - \$86.91	\$80.00
73590	Radiologic examination; tibia and fibula, 2 views	\$25.36 - \$73.47	\$70.00
73600	Radiologic examination, ankle; 2 views	\$24.67 - \$69.52	\$70.00
73610	Radiologic examination, ankle; complete, minimum of 3 views	\$26.68 - \$80.57	\$80.00
73620	Radiologic examination, foot; 2 views	\$23.19 - \$69.52	\$65.00
73630	Radiologic examination, foot; complete, minimum of 3 views	\$26.01 - \$76.34	\$75.00
73650	Radiologic examination; calcaneus, minimum of 2 views	24.02 - \$68.73	\$65.00
73660	Radiologic examination; toe(s), minimum of 2 views	\$21.81 - \$73.47	\$70.00
74018	Radiologic examination, abdomen 1 view	\$24.59 - \$60.84	\$55.00
74019	Radiologic examination, abdomen 2 views	\$30.00 - \$74.26	\$65.00
74021	Radiologic examination, abdomen 3+ views	\$35.17 - \$86.91	\$75.00
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine	\$39.81 - \$118.14	\$115.00
77072	Bone age studies	\$18.95 - \$44.35	\$55.00
77077	Joint Survey, Single View, 2 Or More Joints (specify)	\$33.59 - \$139.98	\$130.00

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CPT codes	Medical Supplies & Products	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
DMEAnkl001	Aircast Ankle Brace (L4350)	\$65.00	\$70.00
DMEAnkl002	Ankle Sleeve (A4467)	\$15.00	\$20.00
DMEAnkl003	Form Fit Ankle Brace (L1902)	\$42.00	\$50.00
DMEArm001	Arm Sling (A4565)	\$12.00	\$25.00
DMEFoot001	Boot - Equalizer Walker (L4387)	\$80.00	\$85.00
DMEFoot002	Heel Cup (L3170)	\$15.00	\$25.00
DMEFoot003	Rebound Air Walker (Limited Supply) (L4360)	\$42.00	\$55.00
DMEFoot004	Darco - Fx Pro Stirrup Walker (Medium) (L4387)	\$80.00	\$85.00
DMEHand001	Thumb Spica Wrist Brace (L3807)	\$47.00	\$55.00
DMEHand002	Wrist Brace (L3908)	\$26.00	\$35.00
DMEKnee001	Exoform Knee Immobilizer (L1830)	\$50.00	\$55.00
DMEKnee002	Form Fit Ply Knee Wrap (L1820)	\$65.00	\$75.00
DMEKnee003	Knee Sleeve Support (A4467)	\$21.00	\$25.00
DMEKnee004	Knee Support Elastic (A4467)	\$21.00	\$25.00
DMEKnee005	Knee Support with Patella Control (A4467)	\$48.00	\$55.00
DMEKnee006	Knee Wrap Around (L1820)	\$55.00	\$65.00
DMEKnee007	Premium Size Knee Immobilizer (L1830)	\$50.00	\$55.00
DMELeg001	Aircast Leg Brace (L4370)	\$82.00	\$85.00
DMEMisc001	Clavicle Splint Figure 8 (L3650)	\$33.00	\$40.00
DMEMisc002	Rib Belt (L0220)	\$23.00	\$30.00
DMEMisc003	Ace Bandage (A6449)	\$3.00	\$2.00
DMENeck001	Cervical Collar Foam/Universal (L0210)	\$28.00	\$28.00
DMENeck002	Cervical Collar, Semi-rigid Thermoplastic Foam, 2-piece, Prefab (L0120)	\$28.00	\$35.00
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.10 - \$50.31	\$1.00
A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	\$15.92 - \$166.86	\$50.00
A9300	EXERCISE EQUIPMENT	\$0.48 - \$0.64	\$10.00
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.36 - \$15.87	\$25.00
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$7.01 - \$13.30	\$20.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$19.61 - \$37.33	\$50.00
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.76 - \$20.41	\$30.00
Q4049	FINGER SPLINT, STATIC	\$0.65 - \$2.30	\$5.00
S8096	Portable Peak Flow Meter	\$0.48 - \$5.35	\$30.00
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	\$6.06 - \$18.34	\$25.00

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CPT codes	Medications	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
J0171	Injection, Adrenalin, Epinephrine, 0.1 Mg	\$0.24 - \$1.08	\$1.00
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$2.24 - \$4.52	\$5.00
J0561	Bicillin LA 1.2 Mil	\$12.25 - \$20.60	\$150.00
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	\$0.26 - \$1.75	2.00 or 8.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	\$26.95 - \$55.10	\$40.00
J1050	Injection, Medroxyprogesterone Acetate, 1 Mg	\$0.09 - \$0.64	\$75.00
J1071	Injection, Testosterone Cypionate, 1mg Paid In Pharmacy	\$0.02 - \$0.64	Pay in Rx
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$ .97 - \$1.89	\$1.00
J1380	Injection, Estradiol Valerate, Up To 10 Mg (Paid In Pharmacy)	\$7.83 - \$17.18	\$15.00
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	\$95.25 - \$91.47	\$35.00
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$121.46 - \$250.33	\$200.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.14 - \$0.65	\$1.00
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$866.29 - \$1809.40	\$975.00
J2060	INJECTION, LORAZEPAM, 2 MG	\$52.00 - \$141.00	\$3.00
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$2.57 - \$6.41	\$3.00
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$7.85 - \$28.60	\$30.00
J2315	Injection, Naltrexone, Depot Form, 1 Mg	\$3.23 - \$4.42	\$1,520.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.54 - \$3.39	\$0.00

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J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.27 - \$1.21	\$0.00
J7070	INFUSION, D5W, 1000 CC	\$3.39 - \$4.87	\$0.00
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	\$3.11 - \$1.48	\$0.00
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	\$0.01 - \$0.20	\$1.00
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UN	\$0.11 - \$0.64	\$0.00
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINA	\$0.02 - \$0.30	\$0.00
J9250	Injection, Methotrexate Sodium, 5 Mg (Paid In Pharmacy)	\$0.04 - \$0.27	\$1.00
J9260	Injection, Methotrexate Sodium, 50 Mg (Paid In Pharmacy)	\$1.97 - \$3.76	\$3.00
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI	\$0.01 - \$0.28	\$0.00
50023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	\$5.00 - \$9.00	\$5.00

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CPT codes	In-House Laboratory Services	Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
81000	UA Complete (Manual) (UAA)	\$12.00	\$12.00
81002	Urine Dipstick (Manual) (CHEM)	\$8.00	\$8.00
81025	Urine Pregnancy (UPREG)	\$15.00	\$15.00
82270	Occult Blood (OCBLD)	\$10.00	\$10.00
82962	Glucose, Fingerstick, In House	\$8.00	\$8.00
84703	HCG Qualitative (PREG)	\$15.00	\$15.00
85004	Differential - In house	\$15.00	\$15.00
85025	CBC (Hemogram + Differential)(CBC)	\$15.00	\$15.00
85027	Hemogram (HGRM)	\$15.00	\$15.00
85048	WBC In house	\$11.00	\$11.00
85651	Manual ESR (ESR)	\$13.00	\$13.00
86308	Mono Test (MONOT)	\$17.00	\$17.00
87210	Wet Prep	\$13.00	\$13.00
87430	Rapid Strep Screen (RPST)	\$16.00	\$16.00
87804a	In House - Rapid Flu Test (Foam/Nasal Swab)	\$16.00	\$16.00

Prices are current as of 12/20/2022, subject to change.

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CPT codes	Send-Out Laboratory Services	TriCore will bill your Insurance Plan	Uninsured with Self-Pay Discount
	<i>Additional charges may apply.</i>		
87385	UR Histoplasma Ag	Not Available	195.00
87426	Coronavirus AG IG – BINAX Now - Rapid COVID Test	Not Available	0.00
87430	Rapid Strep Screen In house	Not Available	16.00
87491a	Chlamydia trachomatis & Neisseria gonorrhoeae by Nucleic Acid Amplification	Not Available	65.00
87491B	State Lab -- GC Chlamydia	Not Available	0.00
87517a	Hepatitis B DNA Real Time PCR	Not Available	90.00
87522	Hepatitis C Quant by Real Time PCR	Not Available	150.00
87536	HIV1 Viral Load RTPCR	Not Available	210.00
87624	HPV High Risk	Not Available	75.00
87650	Grp A Strep DNA Hybr	Not Available	25.00
87799	Epstein-Barr Virus by PCR	Not Available	100.00
87801	B. pertussis RT PCR	Not Available	165.00
87804a	In House - Rapid Flu Test (Foam/Nasal Swab)	Not Available	16.00
87899	Cryptococcal Ag Serum	Not Available	45.00
87902	Hepatitis C Virus Genotype	Not Available	310.00
88112	Cytology Thin Prep	Not Available	105.00
88160	Cyto Smear, Other Source	Not Available	130.00
88175	PAP Smear with Computer-Assisted and Manual Screening	Not Available	45.00
88302	Level II Gross & Micro	Not Available	45.00
88304	Level III Gross & Micro	Not Available	55.00
88305	Level IV Gross & Micro	Not Available	125.00
88311	Decalcification	Not Available	40.00
89060	Fluid Crystal	Not Available	25.00
89060a	Joint Fluid Package	Not Available	65.00
OUC10021	Sex Hormone Binding Globulin	Not Available	40.00
OUC10022	Ethanol	Not Available	50.00
OUC10024	Glucose Tolerance Test, 2 Hour 75 G	Not Available	10.00
OUC10033	H2(Hydrogen) Breath Test	Not Available	135.00
OUC10036	Lactic Acid	Not Available	35.00
OUC10049	Ammonia	Not Available	45.00
OUC10142	Magnesium, Urine 24 Hour	Not Available	75.00
OUC10143	Sodium, Urine 24 Hour	Not Available	15.00
OUC10305	Insulin 000 Minutes	Not Available	20.00
OUC10307	Insulin 060 Minutes	Not Available	20.00
OUC10309	Insulin 090 Minutes	Not Available	25.00
OUC10657	Vit. D. D2D3 25-OH	Not Available	35.00
OUC10658	HIV 1/2 AB Confirm	Not Available	115.00
OUC10660	HIV Screen	Not Available	25.00
OUC10064	Urine Chloride	Not Available	10.00
OUC10666	Beta Hydroxybutyrate (Serum Ketone)	Not Available	45.00

Prices current as of 05/18/2022, subject to change.

\*Prices set by reference lab company and subject to change at anytime.

OUC10688	TSH Receptor Antibodies	Not Available	45.00
OUC10691	Ethyl Glucuronide Screen, Urine	Not Available	50.00
OUC10694	Urine Drug Screen	Not Available	45.00
OUC16029	Carboxyhemoglobin (Carbon Monoxide)	Not Available	30.00
OUC18032	Eosinophils, Respiratory	Not Available	15.00
OUC20023	Factor XI Activity	Not Available	145.00
OUC22021	Complete UA, Automated (UAA) Tricore Only – They should bill.	Not Available	0.00
OUC24012	ANCA (Neutrophil Cytoplasmic) Antibodies	Not Available	50.00
OUC24016	Parietal Cell Antibody	Not Available	60.00
OUC24041	Fecal Occult Blood Immunoassay (FOBTIA)	Not Available	45.00
OUC24083	Anti-Mitochondrial	Not Available	30.00
OUC24092	PTH Intact W/O Calcium	Not Available	30.00
OUC24102	Smooth Muscle Ab	Not Available	25.00
OUC24117	Allergy, Extended Respiratory Panel	Not Available	245.00
OUC24134	Allergy, Adult Food Panel	Not Available	140.00
OUC24148	Monoclonal Protein Monitoring, Serum	Not Available	35.00
OUC24149	Monoclonal Protein Screen, Serum	Not Available	195.00
OUC24178	Estradiol by TMS	Not Available	35.00
OUC24188	Insulin-like Gr Gac 1 (34305)	Not Available	75.00
OUC24205	Pro-Brain Natriuretic Peptide, N Terminal	Not Available	40.00
OUC24239	Quantiferon TB Gold	Not Available	75.00
OUC24262	EBV Panel	Not Available	115.00
OUC24279	Allergy, Banana	Not Available	15.00
OUC28018	Immunofixation Electrophoresis, Serum	Not Available	95.00
OUC28034	Von Willebrand Panel	Not Available	335.00
OUC28582	ABO RH Antibody Screen	Not Available	45.00
OUC34066	Culture, Strep Special	Not Available	15.00
OUC34173	Sputum Culture (CSPUT)	Not Available	20.00
OUC34208	Vaginal Pathogens Panel By DNA Probe (VAGDNA)	Not Available	55.00
OUC34213	Bill only for CDiff (Do Not Order)	Not Available	50.00
OUC34993	Special Stool Culture	Not Available	25.00
OUC35005	Varicell Zoster Virus PCR	Not Available	100.00
OUC36019	Gastrointestinal Parasite Panel	Not Available	115.00
OUC36026	Gastrointestinal Viral Panel	Not Available	135.00
OUC36193	Trichomonas Vaginalis	Not Available	45.00
OUC36194	Vaginal Panel by NAA	Not Available	155.00
OUC36198	Monkeypox Test	Not Available	115.00
OUC36200	Respiratory Virus Panel PCR (RESPAN)	Not Available	415.00
OUC36203	Herpes Lesions, PCR	Not Available	50.00
OUC36204	Fecal Pathogens PCR	Not Available	130.00
OUC37990	COVID by PCR - May not be billable - Check with Mayra/Debra	Not Available	120.00
OUC37991	SARs-COV-2 IgG (Coronavirus 2019 Antibody IgG) - May not be billable - Check with Mayra/Janette	Not Available	60.00
OUC44000	Acetaminophen	Not Available	60.00
OUC44073	Salicylate	Not Available	310.00
OUC44100	Bezodiazepine, Medical Urine (MBENZ)	Not Available	85.00
OUC44128	Amphetamines, Medical	Not Available	85.00
OUC44184	Urine THC Screen (Cannabinoid Screen)	Not Available	60.00
OUC44311	Ur Bupenorphine	Not Available	60.00
OUC44316	Lead Filter Paper	Not Available	35.00
OUC44327	Total Testo F/Peds	Not Available	26.00
OUC44328	Free Testo F/Peds	Not Available	65.00
OUC44338	Lamotrigine	Not Available	45.00
OUC44343	Zolpiedm QN, Urine	Not Available	60.00
OUC44350	Methlphenidate, URQN	Not Available	145.00
OUC44351	Estrone (ESTRS)	Not Available	25.00
OUC44352	Estrogens, Fraction	Not Available	30.00
OUC44354	Oxcarbazepine	Not Available	20.00
OUC44355	Zonisamide (Zonegran)	Not Available	35.00
OUC46004	Chromosome Analysis, Blood Stimulated	Not Available	550.00
OUC50161	Special Stain Group I (88312)	Not Available	95.00
OUC50171	Special Stain Group II (88313)	Not Available	75.00
OUC50181	Immunoperoxidase (88342)	Not Available	160.00
OUC50201	Multiplex Ab Stain (88344)	Not Available	300.00
OUC51004	Immunofluorescence AB1st (88346)	Not Available	250.00
OUC51051	IDH1 Additional IHC (88341)	Not Available	160.00
OUC51286	Cytology Immunocytology Assay	Not Available	295.00
OUC90015	Urine Aminolevulinic Acid	Not Available	90.00
OUC90018	Arsenic, Urine 24	Not Available	65.00
OUC90020	Catecholamine, free, fractionated, urine, 24 hour	Not Available	85.00
OUC90021	Cadmium, Urine 24 Hour	Not Available	120.00
OUC90024	Copper, Urine 24 Hour	Not Available	115.00
OUC90040	Strongyloides Stercoralis Antibody, IGG	Not Available	120.00
OUC90101	Carotene, Total Serum	Not Available	60.00
OUC90150	Cadmium, Blood	Not Available	120.00
OUC90207	Islet Cell Antibody IGG	Not Available	125.00
OUC90356	Alkaline Phosphatase Isoenzymes	Not Available	65.00
OUC90430	Diphtheria And Tetanus Antibodies IgG (DPTAB)	Not Available	105.00
OUC90484	Gliadin IgG Ab	Not Available	115.00

Prices current as of 05/18/2022, subject to change.

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OUC90513	Tryptase	Not Available	185.00
OUC91278	Pertussis IgG IgM AB (BORG M)	Not Available	90.00
OUC91277	Bordetella Pertussis IgG Antibody (BORG)	Not Available	70.00
OUC91278	Bordetella Pertussis Antibody, IGG, IGM With Reflex Immunoblot (BORG M)	Not Available	95.00
OUC91378	Thyroid Stimulating Immunoglobulin	Not Available	90.00
OUC91498	Urine Porphyrin	Not Available	75.00
OUC92050	Fructosamine	Not Available	115.00
OUC92102	E. Histolytica AG	Not Available	115.00
OUC92261	Endomysial Ab, IgG	Not Available	115.00
OUC92315	Ethosuximide Level	Not Available	120.00
OUC93056	Anabolic Steroids, Urine Screen W/Reflex	Not Available	230.00
OUC93065	Sedative Hypnotic Panel	Not Available	670.00
OUC93103	HIV-1 by Qualitative PCR	Not Available	380.00
OUC93105	Herpesvirus 6 Antibody, IgG	Not Available	180.00
OUC93129	Poliovirus Types 1, 3 Antibodies (POLIAB)	Not Available	105.00
OUC93205	Thiopurine Metabolites	Not Available	240.00
OUC90338	Parvovirus DNA PCR (PARPCR)	Not Available	190.00
OUC90356	Alkaline Phosphatase Isoenzymes (ALKI)	Not Available	115.00
MISREF	Schistosoma Antibody, IGGTricore Referral Test Manual Req.	Not Available	160.00

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### Disclaimer:

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### Telehealth

*Additional charges may apply.*

ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES

Telephone E/M Svc Est Pt 5-10min

Telephone E/M Svc Est Pt 11-20min

Telephone E/M Svc Est Pt 21-30min

Use when E/M done with Audio/Visual

**irrent as of 12/20/2022, subject to change.**

t by the reference lab company and are subject to change at any time.

### Administrative Fees

*Additional charges may apply.*

XRAY DVD

Medical Records Professional Fee - \$30 for first 15 pages, 25c per page there after

Medical Records Fee for Individuals -

Medical Records Fee - Volume - per 100 pages

**irrent as of 12/20/2022, subject to change.**

t by the reference lab company and are subject to change at any time.

### Appointments

*Additional charges may apply.*

Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused

Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed

Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity

Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity

Office or commonly used for services such as patient education, rechecks, Medication reviews

Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward

Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low

Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate

Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making

Nutrition Visit, Initial consultation (billed in 15-minute increments)

Nutrition Visit, Follow-Up encounter (billed in 15-minute increments)

Travel health Consulting Appointment (Student)

Travel health Consulting Appointment (Staff)

Physical Education sports physical

RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS

No Show

**irrent as of 12/20/2022, subject to change.**

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medical condition, unknown circumstances or complications, final diagnosis, and recommended treatment ordered  
, laboratory, and pathologist fees, are not included in this estimate. Insurance benefit information (where applicable  
as of the date of this estimate. Benefits and eligibility are subject to change and are not a



Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$14.73 - \$48.75	\$15.00
\$28.84 - \$81.63	\$15.00
\$50.32 - \$116.44	\$15.00
\$19.60 - \$66.96	\$15.00
\$123.07 - \$38.42	\$15.00
\$164.41 - \$56.59	\$15.00
\$0.00	\$0.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$8.00	\$8.00
\$30.00	\$30.00
\$0.00	\$10.00 or less
\$0.00	\$10.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	\$20.00

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by the physician. Professional fees, such as specialty physician,  
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guarantee of payment.

CPT codes
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Telehealth
<i>Additional charges may apply.</i>
ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES
ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES
ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES
Telephone E/M Svc Est Pt 5-10min
Telephone E/M Svc Est Pt 11-20min
Telephone E/M Svc Est Pt 21-30min
Use when E/M done with Audio/Visual

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Appointments
<i>Additional charges may apply.</i>
Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused
Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed
Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity
Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity
Office or commonly used for services such as patient education, rechecks, Medication reviews
Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward
Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low
Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate
Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making
Nutrition Visit, Initial consultation (billed in 15-minute increments)
Nutrition Visit, Follow-Up encounter (billed in 15-minute increments)
Travel health Consulting Appointment (Student)
Travel health Consulting Appointment (Staff)
Physical Education sports physical
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS
No Show

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ation provided is a UNM SHAC estimate and does not guarantee final billed charges. Final billed charges may vary from 's medical condition, unknown circumstances or complications, final diagnosis, and recommended treatment order 1, radiologist, laboratory, and pathologist fees, are not included in this estimate. Insurance benefit information (wher insurance company as of the date of this estimate. Benefits and eligibility are subject to change and ar

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$14.73 - \$48.75	\$15.00
\$28.84 - \$81.63	\$15.00
\$50.32 - \$116.44	\$15.00
\$19.60 - \$66.96	\$15.00
\$123.07 - \$38.42	\$15.00
\$164.41 - \$56.59	\$15.00
\$0.00	\$0.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	\$20.00

UNM SHAC estimates for many reasons, among them the cost by the physician. Professional fees, such as specialty (if applicable) is based on information provided by your insurance. This is not a guarantee of payment.

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CPT codes
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CPT codes
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### Telehealth

*Additional charges may apply.*

ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES

Telephone E/M Svc Est Pt 5-10min

Telephone E/M Svc Est Pt 11-20min

Telephone E/M Svc Est Pt 21-30min

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### Appointments

*Additional charges may apply.*

Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused

Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed

Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity

Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity

Office or commonly used for services such as patient education, rechecks, Medication reviews

Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward

Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low

Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate

Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making

Nutrition Visit, Initial consultation (billed in 15-minute increments)

Nutrition Visit, Follow-Up encounter (billed in 15-minute increments)

Travel health Consulting Appointment (Student)

Travel health Consulting Appointment (Staff)

Physical Education sports physical

RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS

No Show

**Current as of 12/20/2022, subject to change.**

Set by the reference lab company and are subject to change at any time.

### Behavioral Health and Counseling

*Additional charges may apply.*

Crisis Psychotherapy (First 60 Minutes)

Crisis Psychotherapy (Each Additional 30 Minutes)

Psychiatric Diagnostic Evaluation (No Medical Services)

Psychiatric Diagnostic Evaluation (with Medical Services)

Psychotherapy (30 Minutes)

30-Minute Psychotherapy Add-On Code (Use With E/M Code)

Psychotherapy (45 Minutes)

45-Minute Psychotherapy Add-On Code (Use With E/M Code)

Psychotherapy (60 Minutes)

60-Minute Psychotherapy Add-On Code (Use With E/M Code)
Group Psychotherapy
PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR
PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR
PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN
PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN
PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN
PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN

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company as of the date of this estimate. Benefits and eligibility are subject to change and are

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$14.73 - \$48.75	\$15.00
\$28.84 - \$81.63	\$15.00
\$50.32 - \$116.44	\$15.00
\$19.60 - \$66.96	\$15.00
\$123.07 - \$38.42	\$15.00
\$164.41 - \$56.59	\$15.00
\$0.00	\$0.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	\$20.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$97.65 - \$154.24	\$15.00
\$4.20 - \$116.34	\$15.00
\$87.50 - \$151.31	\$15.00
\$87.15 - \$339.90	\$30.00
\$40.95 - \$131.60	\$15.00
\$34.65 - \$120.11	\$15.00
\$72.45 - \$174.96	\$15.00
\$52.50 \$96.20	\$15.00
\$87.15 - \$258.28	\$15.00

\$70.35 - \$128.08	\$15.00
\$40.95 - \$82.84	\$5.00 - \$15.00
\$110.92 - \$134.02	\$15.00
\$84.33 - \$154.89	\$15.00
\$43.30 - \$76.29	\$15.00
\$39.83 - \$67.86	\$15.00
\$33.80 - \$57.82	\$15.00
\$33.80 - \$42.68	\$15.00

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CPT codes	Telehealth
	<i>Additional charges may apply.</i>
99421	ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES
99422	ONLINE DIGITAL E/M SVC EST PT <7 D 11-20
99423	ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES
99441	Telephone E/M Svc Est Pt 5-10min
99442	Telephone E/M Svc Est Pt 11-20min
99443	Telephone E/M Svc Est Pt 21-30min
95	Use when E/M done with Audio/Visual

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.

CPT codes	Appointments
	<i>Additional charges may apply.</i>
99202	Office Visit for a problem or illness (New Patient 15)
99203	Office Visit for a problem or illness (New Patient 30)
99204	Office Visit for a problem or illness (New Patient 45)
99205	Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity
99211	Office or commonly used for services such as patient education, rechecks, Medication reviews
99212	Office Visit for a problem or illness (Establish Patier
99213	Office Visit for a problem or illness (Establish Patier
99214	Office Visit for a problem or illness (Establish Patier
99215	Office Visit for a problem or illness (Establish Patier
97802	Nutrition Visit, Initial consultation (billed in 15-minu
97803	Nutrition Visit, Follow-Up encounter (billed in 15-mi
99994	Travel health Consulting Appointment (Student)
99995	Travel health Consulting Appointment (Staff)
99078	Physical Education sports physical
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS
99997	No Show



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.

CPT codes	Physical Exam
	<i>Not for a problem or illness, additional charges may</i>
99385	New Patient, Preventive Medicine (Age 18-39 yrs.
99395	Established patient Periodic Preventive Medicine (

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CPT codes	Reproductive Health
	<i>Additional charges may apply.</i>
11976	Removal, Nonbiodegradable Contraceptive Capsule
11981	Insert Contraceptive Implant
11982	Removal, non-biodegradable drug implant
11983	Removal w/reinsertion, non-bio drug implant
11976	Remove Contraceptive Implant
58300	IUD insertion
58301	IUD removal
J7296	Levonorgestrel-releasing intrauterine contraceptive
J7298	Levonorgestrel-releasing intrauterine contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive
Q0091	Pap smear (with technician and pathologist interpret
J7296	(Kyleena) Levonorgestrel-releasing Intrauterine Contraceptive System , 19.5 Mg
J7298	(Mirena) Levonorgestrel-releasing Intrauterine Contraceptive System, 52 Mg, 5 Year Duration
J7300	(ParaGard) Intrauterine copper contraceptive
J7301	(Sklya13.5) Levonorgestrel-releasing intrauterine contraceptive system
J7307a	(Nexplanon) Levonorgestrel (contraceptive) implant system, including implant and supplies
57170	DPHRM/CRV CAP FITG W/INSTRUCTIONS
57452	COLPOSCOPY CERVIX UPR/ADJ VAG
57454	COLPOSCOPY CERVIX BX CERVIX&ENDOCRV CURTG
57456	COLPOSCOPY CERVIX VAG ENDOCRV CURTG
57505	ENDOCRV CURTG NOT DONE AS PART DILAT&CURTG

57800	DILAT CRV CANAL INSTRUMENTAL SPX
64435	Intro/Injection of Anesthetic Agent Paracervical (uterine) nerve

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CPT codes	Medicine/Treatment Codes
	<i>Additional charges may apply.</i>
94640	Nebulizer
95115	Allergen Immunotherapy 1 Injection
95117	Allergen Immunotherapy 2 Or More Injections.
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR
96372	Medication Injection Fee - Each Injection
96374	INTRAVENOUS PUSH,SINGLE OR INITIAL SUBSTANCE/DRUG
96523	IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS

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CPT codes	Procedures/Other
	<i>Additional charges may apply.</i>
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE
10061	INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE
10120	INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST
11042	REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE

11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4<
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4
11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION
11102	TANGENTIAL BIOPSY SKIN SINGLE LESION
11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION
11104	PUNCH BIOPSY SKIN SINGLE LESION
11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION
11106	INCISIONAL BIOPSY SKIN SINGLE LESION
11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<
11300	SHAVING SKIN LES 1 TRUNK/ARM/LEG DIAM 0.5CM/<
11301	SHVG SKIN LES 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM

11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM
11400	Excision Benign Trunk/Arms/Legs 0.5 CM/<
11401	Excision Benign Trunk/Arms/Legs 0.6-1.0 CM
11402	Excision Benign Trunk/Arms/Legs 1.1-2.0 CM
11403	Excision Benign Trunk/Arms/Legs 2.1-3.0 CM
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM
11420	Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.5 CM/<
11421	Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.6-1.0CM
11423	EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM
11442	Excision Benign Face/Mucous Membrane F/E/E/N/L/M 1.1-2.0CM
11600	Excision Malignant Trunk/Arms/Legs 0.5 CM/<
11601	Excision Malignant Trunk/Arms/Legs 0.6-1.0 CM
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM
11720	DEBRIDEMENT NAIL ANY METHOD 1-5
11721	DEBRIDEMENT NAIL ANY METHOD 6/>
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL
11740	EVACUATION SUBUNGUAL HEMATOMA
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL
11765	WEDGE EXCISION SKIN NAIL FOLD
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE
11900	INJECTION INTRALESIONAL UP TO & INCL 7
11901	INJECTION INTRALESIONAL >7
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES

11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL
17000	DESTRUCTION PREMALIGNANT LESION 1ST
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA
17110	DESTRUCTION BENIGN LESIONS UP TO 14
17111	DESTRUCTION BENIGN LESIONS 15/>
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE
20526	INJECTION THERAPEUTIC CARPAL TUNNEL

20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES
20600	ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA
20605	ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA
20610	ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATION
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM
26770	CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES
26775	CLTX IPHAL JT DISLC 1 W/MNPJ REQ ANES
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS
29075	APPLICATION CAST ELBOW FINGER SHORT ARM
29085	APPLICATION CAST HAND&LOWER FOREARM GAUNTLET
29200	Strapping of Chest
29240	Strapping of Shoulder
29260	Strapping of Elbow or Wrist
29280	Strapping of Hand or Finger
29520	Strapping of Hip
29530	Strapping of Knee
29540	Strapping of Ankle and/or Foot
29550	Strapping of Toes

30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE
33286	Removal of Sub-Q Cardiac Rhythm Monitor
36410	VNPNXR 3 YEARS/> PHYS SKILL
36415	Routine Venipuncture
42809	RMVL FB FROM PHARYNX
46083	INC THROMBOSED HEMORRHOID XTRNL
46600	ANOSC DX +-COLLJ SPEC BR/WA SPX
51701	INSJ NON-NDWELLG BLDR CATH
56420	I&D OF BARTHOLINS GLAND ABSCESS
56501	DSTRJ LES VULVA SMPL
56605	BX VULVA/PR SPX 1 LES

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CPT codes	Medical Supplies & Products
	<i>Additional charges may apply.</i>
DMEAnkI001	Aircast Ankle Brace (L4350)
DMEAnkI002	Ankle Sleeve (A4467)
DMEAnkI003	Form Fit Ankle Brace (L1902)
DMEArm001	Arm Sling (A4565)
DMEFoot001	Boot - Equalizer Walker (L4387)
DMEFoot002	Heel Cup (L3170)
DMEFoot003	Rebound Air Walker (Limited Supply) (L4360)
DMEFoot004	Darco - Fx Pro Stirrup Walker (Medium) (L4387)
DMEHand001	Thumb Spica Wrist Brace (L3807)
DMEHand002	Wrist Brace (L3908)
DMEKnee001	Exoform Knee Immobilizer (L1830)
DMEKnee002	Form Fit Ply Knee Wrap (L1820)

DMEKnee003	Knee Sleeve Support (A4467)
DMEKnee004	Knee Support Elastic (A4467)



DMEKnee005	Knee Support with Patella Control (A4467)
DMEKnee006	Knee Wrap Around (L1820)
DMEKnee007	Premium Size Knee Immobilizer (L1830)
DMELeg001	Aircast Leg Brace (L4370)
DMEMics001	Clavicle Splint Figure 8 (L3650)
DMEMisc002	Rib Belt (L0220)
DMEMisc003	Ace Bandage (A6449)
DMENeck001	Cervical Collar Foam/Universal (L0210)
DMENeck002	Cervical Collar, Semi-rigid Thermoplastic Foam, 2-piece, Prefab (L0120)
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
SpecialCst	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)
A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)
A9300	EXERCISE EQUIPMENT
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS
SplntArmL	LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGL (Cast Supplies)
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS
SplntarmS	SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS (Cast Supplies)
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS
SplntLegL	LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS (Cast Supplies)
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS
SplntLegS	SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS (Cast Supplies)
Q4049	FINGER SPLINT, STATIC
SplntFingr	FINGER SPLINT, STATIC
S8096	Portable Peak Flow Meter
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK

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CPT codes	Medications
	<i>Additional charges may apply.</i>
J0171	Injection, Adrenalin, Epinephrine, 0.1 Mg
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
Unasynl	AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM Injection
J0561	Bicillin LA 1.2 Mil
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG
J1050	Injection, Medroxyprogesterone Acetate, 1 Mg
J1071	Injection, Testosterone Cypionate, 1mg Paid In Pharmacy
DeptTest	Depo-Testosterone Injection (Paid In Pharmacy)
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
J1380	Injection, Estradiol Valerate, Up To 10 Mg (Paid In Pharmacy)
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
Glucagonl	GLUCAGON HYDROCHLORIDE, PER 1 MG Injection
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
J2060	INJECTION, LORAZEPAM, 2 MG
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
J2315	Injection, Naltrexone, Depot Form, 1 Mg
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG

SoluMedrol	METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG Injection
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
J3360	INJECTION, DIAZEPAM, UP TO 5 MG
ValiumI	DIAZEPAM, UP TO 5 MG Injection
J3490	UNCLASSIFIED DRUGS
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
J7070	INFUSION, D5W, 1000 CC
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UN
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINA
J9250	Injection, Methotrexate Sodium, 5 Mg (Paid In Pharmacy)
Methotx5	Methotrexate 5 Mg
J9260	Injection, Methotrexate Sodium, 50 Mg (Paid In Pharmacy)
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETI
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG

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**Disclaimer:**

The information provided is a UNM SHAC estimate and does not guarantee final billed charges. Due to changes in the patient's medical condition, unknown circumstances or complications, final diagnosis, and specialty physician, radiologist, laboratory, and pathologist fees, are not included in this estimate. Please contact your insurance company as of the date of this estimate. Benefits and eligibility information can be obtained from the Billing department, please call 505-277-3136. Thank You

**UDENT HEALTH  
COUNSELING**

<b>Cost for Service Fee designated by Insurance Company **</b>	<b>Uninsured with Self-Pay Discount</b>
\$14.73 - \$48.75	\$15.00
\$28.84 - \$81.63	\$15.00
\$50.32 - \$116.44	\$15.00
\$19.60 - \$66.96	\$15.00
\$123.07 - \$38.42	\$15.00
\$164.41 - \$56.59	\$15.00
\$0.00	\$0.00

<b>Cost for Service Fee designated by Insurance Company **</b>	<b>Uninsured with Self-Pay Discount</b>
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	\$20.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
<i>do not apply.</i>	
\$303.36 - \$303.36	\$15.00
\$271.16 - \$102.84	\$15.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$134.85 - \$356.48	\$120.00
\$134.85 - \$356.48	\$100.00
\$111.65 - \$376.58	\$120.00
\$165.53 - \$620.63	\$170.00
\$134.85 - \$356.48	\$120.00
\$107.33 - \$363.00	\$70.00
\$106.36 - \$256.37	\$701.00
\$256.37 - \$106.36	\$1,000.00
\$385.40 - \$1,165.85	\$945.00
\$458.84 - \$1,067.21	\$786.00
\$48.19 - \$107.82	\$75.00
\$423.70 - \$1,165.16	\$1,000.00
\$385.40 - \$1,165.85	\$945.00
\$375.03 - \$1,134.46	\$995.00
\$352.80 - \$1,067.21	\$786.00
\$559.80 - \$1062.38	\$820.00
\$77.14 - \$218.14	\$140.00
\$103.62 - \$281.81	\$70.00
\$142.96 - \$403.54	\$140.00
\$125.15 - \$352.42	\$120.00
\$94.87 - \$260.91	\$60.00

\$56.50 - \$154.47	\$70.00
\$78.77 - \$382.55	\$120.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$10.33 - \$45.02	\$35.00
\$7.82 - \$35.36	\$15.00
\$9.06 - \$43.93	\$15.00
\$37.68 - \$135.88	\$45.00
\$12.20 - \$35.55	\$35.00
\$13.72 - \$60.05	\$1.00
\$36.80 - \$133.51	\$35.00
\$21.06 - \$50.65	\$35.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$90.72 - \$274.13	\$35.00
\$164.27 - \$362.08	\$180.00
\$149.21 - \$430.56	\$80.00
\$125.88 - \$362.62	\$45.00
\$126.56 - \$386.30	\$120.00
\$105.93 - \$308.89	\$45.00
\$80.93 - \$278.87	\$100.00

\$37.50 - \$112.23	\$35.00
\$47.88 - \$136.67	\$35.00
\$56.92 - \$163.30	\$70.00
\$128.37 - \$247.27	\$70.00
\$90.12 - \$221.19	\$170.00
\$48.68 - \$119.28	\$95.00
\$113.26 - \$278.08	\$215.00
\$55.85 - \$136.67	\$105.00
\$137.16 - \$336.51	\$260.00
\$65.87 - \$161.17	\$125.00
\$66.72 - \$207.77	\$45.00
\$16.67 - \$45.16	\$35.00
\$54.61 - \$233.06	\$55.00
\$72.19 - \$285.97	\$70.00
\$86.77 - \$337.33	\$90.00
\$104.37 - \$371.30	\$80.00
\$57.39 - \$233.06	\$70.00
\$78.29 - \$288.34	\$80.00
\$108.56 - \$361.04	\$100.00
\$67.56 - \$270.97	\$75.00
\$84.36 - \$233.99	\$90.00



\$97.01 - \$383.94	\$100.00
\$103.35 -- \$294.68	\$70.00
\$133.60 - \$354.70	\$90.00
\$139.13 - \$394.20	\$90.00
\$157.13 - \$454.25	\$120.00
\$222.69 - \$737.06	\$100.00
\$101.53 - \$292.31	\$70.00
\$130.17 - \$374.46	\$70.00
\$173.16 - \$479.53	\$140.00
\$141.74 - \$302.37	\$100.00
\$159.23 - \$340.38	\$80.00
\$144.40 - \$458.19	\$100.00
\$542.73 - \$166.40	\$120.00
\$176.31 - \$589.34	\$170.00
\$25.38 - \$56.87	\$30.00
\$38.32 - \$104.28	\$45.00
\$83.72 - \$225.89	\$90.00
\$32.70 \$106.44	\$35.00
\$34.49 - \$116.91	\$45.00
\$153.70 - \$526.13	\$120.00
\$90.68 - \$395.01	\$80.00
\$231.63 - \$661.22	\$140.00
\$43.01 - \$131.93	\$70.00
\$54.51 - \$164.33	\$55.00
\$134.85 - \$356.48	\$120.00

\$99.49 - \$363.00	\$100.00
\$111.65 - \$376.58	\$120.00
\$141.11 - \$620.63	\$170.00
\$81.18 - \$364.54	\$35.00
\$99.35 - \$387.23	\$100.00
\$99.78 - \$385.19	\$70.00
\$104.68 - \$424.04	\$70.00
\$123.06 - \$500.72	\$80.00
\$149.43 - \$629.00	\$80.00
\$567.23 - \$167.23	\$100.00
\$232.67 - \$724.43	\$100.00
\$242.46 - \$741.82	\$100.00
\$323.85 - \$923.51	\$100.00
\$185.53 - \$575.92	\$70.00
\$63.90 - \$173.01	\$45.00
\$78.42 - \$204.54	\$35.00
\$57.40 - \$193.56	\$35.00
\$5.14 - \$17.92	\$25.00
\$82.29 - \$265.47	\$45.00
\$94.42 - \$314.42	\$70.00
\$102.01 - \$342.86	\$100.00
\$179.37 - \$549.84	\$130.00
\$110.85 - \$358.05	\$120.00
\$134.20 - \$421.85	\$120.00
\$178.64 - \$483.48	\$55.00
\$71.02 - \$192.69	\$55.00

\$54.12 - \$146.57	\$45.00
\$52.79 - \$143.73	\$100.00
\$49.79 - \$134.19	\$50.00
\$56.06 - \$150.88	\$70.00
\$44.46 - \$134.16	\$45.00
\$46.77 - \$152.46	\$55.00
\$56.37 - 180.51	\$55.00
\$52.60 - \$145.31	\$80.00
\$270.24 - \$748.92	\$220.00
\$333.01 - \$902.32	\$320.00
\$365.81 - \$1151.04	\$100.00
\$233.91 - \$638.03	\$200.00
\$339.84 - \$913.25	\$120.00
\$199.66 - \$621.73	\$55.00
\$77.66 - \$207.77	\$55.00
\$82.25 - \$227.53	\$120.00
\$27.22 - \$132.17	\$54.00
\$26.60 - \$151.97	\$53.00
\$27.08 - \$126.29	\$52.00
\$27.39 - \$125.95	\$53.00
\$28.77 - \$133.00	\$57.00
\$26.69 - \$131.29	\$52.00
\$24.21 - \$98.21	\$46.00
\$17.56 - \$94.86	\$33.00

\$88.49 - \$256.68	\$80.00
\$126.44 - \$300.21	\$125.00
\$15.51 - \$46.83	\$45.00
\$15.51 - \$46.83	\$15.00
\$155.50 - \$420.27	\$45.00
\$145.84 - \$425.80	\$80.00
\$74.43 - \$195.41	\$35.00
\$43.79 - \$190.79	\$55.00
\$112.17 - \$350.63	\$100.00
\$127.58 - \$311.26	\$35.00
\$76.25 - \$217.35	\$70.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$65.00	\$70.00
\$15.00	\$20.00
\$42.00	\$50.00
\$12.00	\$25.00
\$80.00	\$85.00
\$15.00	\$25.00
\$42.00	\$55.00
\$80.00	\$85.00
\$47.00	\$55.00
\$26.00	\$35.00
\$50.00	\$55.00
\$65.00	\$75.00

\$21.00	\$25.00
\$21.00	\$25.00

\$48.00	\$55.00
\$55.00	\$65.00
\$50.00	\$55.00
\$82.00	\$85.00
\$33.00	\$40.00
\$23.00	\$30.00
\$3.00	\$2.00
\$28.00	\$28.00
\$28.00	\$35.00
\$0.10 - \$0.31	\$1.00
	\$50.00
\$15.92 - \$166.86	\$50.00
\$0.48 - \$0.64	\$10.00
\$8.36 - \$15.87	\$25.00
	\$25.00
\$7.01 - \$13.30	\$20.00
	\$25.00
\$19.61 - \$37.33	\$50.00
	\$50.00
\$10.76 - \$20.41	\$30.00
	\$30.00
\$0.65 - \$2.30	\$5.00
	\$5.00
\$0.48 - \$5.35	\$30.00
\$6.06 - \$18.34	\$25.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$0.24 - \$1.08	\$1.00
\$2.24 - \$4.52	\$5.00
	\$5.00
\$12.25 - \$20.60	\$150.00
\$0.26 - \$1.75	2.00 or 8.00
\$26.95 - \$55.10	\$40.00
\$0.09 - \$0.64	\$75.00
\$0.02 - \$0.64	Pay in Rx
Pay in RX	Pay in Rx
\$.97 - \$1.89	\$1.00
\$7.83 - \$17.18	\$15.00
\$95.25 - \$91.47	\$35.00
\$121.46 - \$250.33	\$200.00
	\$200.00
\$0.14 - \$0.65	\$1.00
\$866.29 - \$1809.40	\$975.00
\$52.00 - \$141.00	\$3.00
\$2.57 - \$6.41	\$3.00
\$7.85 - \$28.60	\$30.00
\$3.23 - \$4.42	\$1,520.00
\$5.18 - \$6.91	\$5.00

	\$5.00
\$1.11 - \$2.72	\$2.00
\$1.56 - \$12.64	\$10.00
	\$10.00
\$0.56 - \$0.64	\$0.00
\$0.54 - \$3.39	\$0.00
\$0.27 - \$1.21	\$0.00
\$3.39 - \$4.87	\$0.00
\$3.11 - \$1.48	\$0.00
\$0.01 - \$0.20	\$1.00
\$0.11 - \$0.64	\$0.00
\$0.02 - \$0.30	\$0.00
\$0.04 - \$0.27	\$1.00
	\$1.00
\$1.97 - \$3.76	\$3.00
\$0.01 - \$0.28	\$0.00
\$5.00 - \$9.00	\$5.00



arges. Final billed charges may vary from UNM SHAC estimates for many reasons, among  
agnosis, and recommended treatment ordered by the physician. Professional fees, such as  
estimate. Insurance benefit information (where applicable) is based on information  
y are subject to change and are not a guarantee of payment. If you need to speak to SHAC's


**STUDENT HEALTH  
& COUNSELING**

CPT codes	In-House Laboratory Services	Cost for Service Fee designated by Insurance Company **
	<i>Additional charges may apply.</i>	
81000	UA Complete (Manual) (UAA)	\$12.00
81002	Urine Dipstick (Manual) (CHEM)	\$8.00
81025	Urine Pregnancy (UPREG)	\$15.00
82270	Occult Blood (OCBLD)	\$10.00
82962	Glucose, Fingerstick, In House	\$8.00
84703	HCG Qualitative (PREG)	\$15.00
85004	Differential - In house	\$15.00
85025	CBC (Hemogram + Differential)(CBC)	\$15.00
85027	Hemogram (HGRM)	\$15.00
85048	WBC In house	\$11.00
85651	Manual ESR (ESR)	\$13.00
86308	Mono Test (MONOT)	\$17.00
87210	Wet Prep	\$13.00
87430	Rapid Strep Screen (RPST)	\$16.00
87804a	In House - Rapid Flu Test (Foam/Nasal Swab)	\$16.00

**Disclaimer:**

The information provided is a UNM SHAC estimate and does not guarantee final billed charges from UNM SHAC estimates for many reasons, among them the patient's medical condition complications, final diagnosis, and recommended treatment ordered by the physician. Professional physician, radiologist, laboratory, and pathologist fees, are not included in this estimate. Insurance (if applicable) is based on information provided by your insurance company as of the date of this estimate. All charges are subject to change and are not a guarantee of payment.

Uninsured with Self-Pay Discount
\$12.00
\$8.00
\$15.00
\$10.00
\$8.00
\$15.00
\$15.00
\$15.00
\$15.00
\$11.00
\$13.00
\$17.00
\$13.00
\$16.00
\$16.00

es. Final billed charges may vary  
 y, unknown circumstances or  
 fessional fees, such as specialty  
 rance benefit information (where  
 ; estimate. Benefits and eligibility

CPT codes
99421
99422
99423
99441
99442
99443
95

Prices are ci

\*Prices are se

CPT codes
99202
99203
99204
99205
99211
99212
99213
99214
99215
97802
97803
99994
99995
99078
97602
99997

Prices are ci

\*Prices are se

CPT codes
99211Psy
99212Psy
99213Psy
99214Psy
99215Psy

Prices are ci

\*Prices are se

The inform  
them the p:  
specialty

### Telehealth

*Additional charges may apply.*

ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES

ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES

Telephone E/M Svc Est Pt 5-10min

Telephone E/M Svc Est Pt 11-20min

Telephone E/M Svc Est Pt 21-30min

Use when E/M done with Audio/Visual

**urrent as of 12/20/2022, subject to change.**

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

### Appointments

*Additional charges may apply.*

Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused

Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed

Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity

Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity

Office or commonly used for services such as patient education, rechecks, Medication reviews

Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward

Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low

Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate

Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making

Nutrition Visit, Initial consultation (billed in 15-minute increments)

Nutrition Visit, Follow-Up encounter (billed in 15-minute increments)

Travel health Consulting Appointment (Student)

Travel health Consulting Appointment (Staff)

Physical Education sports physical

RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS

No Show

**urrent as of 12/20/2022, subject to change.**

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

### Psychiatry Services

*Additional charges may apply.*

OFFICE O/P EST 99211 - Psychiatry

OFFICE O/P EST 99212 - Psychiatry

OFFICE O/P EST 99213 - Psychiatry

OFFICE O/P EST 99214 - Psychiatry

OFFICE O/P EST 99215 - Psychiatry

**urrent as of 12/20/2022, subject to change.**

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

Disclaimer:

Information provided is a UNM SHAC estimate and does not guarantee final billed charges. Final billed charges may vary from patient's medical condition, unknown circumstances or complications, final diagnosis, and recommended treatment. Physician, radiologist, laboratory, and pathologist fees, are not included in this estimate. Insurance benefit information provided by your insurance company as of the date of this estimate. Benefits and eligibility are subject to change.

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$14.73 - \$48.75	\$15.00
\$28.84 - \$81.63	\$15.00
\$50.32 - \$116.44	\$15.00
\$19.60 - \$66.96	\$15.00
\$123.07 - \$38.42	\$15.00
\$164.41 - \$56.59	\$15.00
\$0.00	\$0.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	\$20.00

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$35.75 - \$55.00	\$30.00
\$39.59 - \$97.50	\$30.00
\$57.27 - \$160.03	\$30.00
\$79.45 - \$242.85	\$30.00
\$116.27 - \$331.80	\$30.00



om UNM SHAC estimates for many reasons, among  
: ordered by the physician. Professional fees, such as  
ation (where applicable) is based on information  
: and are not a guarantee of payment.

CPT codes
99202
99203
99204
99205
99211
99212
99213
99214
99215
97802
97803
99994
99995
99078
97602
99997

Prices are ci

\*Prices are se

CPT codes
97161
97162
97163
97164
97110
97112
97116
97140
97530
97010
97014
97035
97032
97750
97113
99078

Prices are ci

\*Prices are se

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Appointments
<i>Additional charges may apply.</i>
Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused
Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed
Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complexity
Office Visit for a problem or illness (new Patient 60-74 minutes) High Complexity
Office or commonly used for services such as patient education, rechecks, Medication reviews
Office Visit for a problem or illness (Establish Patient 10-19 minutes) straightforward
Office Visit for a problem or illness (Establish Patient 20-29 minutes) Low
Office Visit for a problem or illness (Establish Patient 30-39 minutes ) Moderate
Office Visit for a problem or illness (Establish Patient 40 minutes ) History, examination, Decision making
Nutrition Visit, Initial consultation (billed in 15-minute increments)
Nutrition Visit, Follow-Up encounter (billed in 15-minute increments)
Travel health Consulting Appointment (Student)
Travel health Consulting Appointment (Staff)
Physical Education sports physical
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS
No Show

**urrent as of 12/20/2022, subject to change.**

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

Physical Therapy
<i>Additional charges may apply.</i>
Eval Low Complex 20 Min
Eval Mod Complex 30 Min
Eval High Complex 45 Min
Re-Evaluation - Established Plan of Care
Therapeutic Procedure/ex, 1 or more areas, ea. 15 Min
Neuromuse Re-Ed/15 Min
Gait Training/15 Min
Manual Therapy/15 Min
Therapeutic Activity for Functional Perform,1:1, ea. 15 Min
Hot Or Cold Pack
No Wound Elect Stim
Ultrasound/15 Min
Elec Stim/FES 15 Min
Physical Perf. Test/15 Min
Aquatic Therapy W/Ex/15 Min
PHYS EDUCATIONAL SVCS RENDERED PTS GRP SETTING

**urrent as of 12/20/2022, subject to change.**

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

**Disclaimer:**

nation provided is a UNM SHAC estimate and does not guarantee final billed charges. Final billed charge e them the patient's medical condition. unknown circumstances or complications. final diagnosis. and

g them the patient's medical condition, and the medical circumstances of complications, and professional fees, such as specialty physician, radiologist, laboratory, and pathologist fees, are not included in able) is based on information provided by your insurance company as of the date of this estimate. Benef guarantee of payment.

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$54.75 - \$173.01	\$15.00
\$62.50 - \$251.21	\$15.00
\$39.59 - \$101.91	\$15.00
\$473.21 - \$514.00	\$15.00
\$35.75 - \$55.00	\$15.00
\$39.47 - \$101.91	\$15.00
\$150.08 - \$232.00	\$15.00
\$85.01 - \$248.05	\$15.00
\$116.27 - \$331.80	\$15.00
\$16.44 - \$62.80	
\$16.44 - \$72.79	
\$15.00	\$15.00
\$50.00	\$50.00
Not Covered by Insurance	\$15.00 plus labs, Xrays
\$33.43 - \$102.40	\$60.00
\$20.00	<u>\$20.00</u>

Cost for Service Fee designated by Insurance Company **	Uninsured with Self-Pay Discount
\$22.77 - \$161.98	\$90.00
\$45.53 - \$161.98	\$90.00
\$68.99 - \$161.98	\$35.00
\$12.33 - \$114.22	\$35.00
\$27.31 - \$71.71	\$35.00
\$28.32 - \$74.58	\$35.00
\$24.01 - \$63.59	\$45.00
\$25.50 - \$67.76	\$35.00
\$30.27 - \$76.48	\$70.00
\$5.89 - \$20.30	\$15.00
\$12.17 - \$27.92	\$15.00
\$13.79 - \$30.96	\$25.00
\$15.47 - \$40.87	\$35.00
\$27.85 - \$75.52	\$55.00
\$30.68 - \$85.09	\$65.00
\$65.60 - \$105.60	\$80.00

is may vary from UNM SHAC estimates for many reasons, recommended treatment ordered by the physician.

recommended treatment ordered by the physician.  
this estimate. Insurance benefit information (where  
its and eligibility are subject to change and are not a

CPT codes	Send-Out Laboratory Services
OUC28582	ABO RH Antibody Screen
OUC44000	Acetaminophen
OUC90356	Alkaline Phosphatase Isoenzymes
OUC90356	Alkaline Phosphatase Isoenzymes (ALKI)
OUC24134	Allergy, Adult Food Panel
OUC24279	Allergy, Banana
OUC24117	Allergy, Extended Respiratory Panel
OUC10049	Ammonia
OUC44128	Amphetamines, Medical
OUC93056	Anabolic Steroids, Urine Screen W/Reflex
OUC24012	ANCA (Neutrophil Cytoplasmic) Antibodies
OUC24083	Anti-Mitochondrial
OUC90018	Arsenic, Urine 24
87801	B. pertussis RT PCR
OUC10666	Beta Hydroxybutyrate (Serum Ketone)
OUC44100	Bezodiazepine, Medical Urine (MBENZ)
OUC34213	Bill only for CDiff (Do Not Order)
OUC91278	Bordetella Pertussis Antibody, IGG, IGM With Reflex Immunoblot (BORG M)
OUC91277	Bordetella Pertussis IgG Antibody (BORG)
OUC90150	Cadmium, Blood
OUC90021	Cadmium, Urine 24 Hour
OUC16029	Carboxyhemoglobin (Carbon Monoxide)
OUC90101	Carotene, Total Serum
OUC90020	Catecholamine, free, fractionated, urine, 24 hour
OUC46004	Chromosome Analysis, Blood Stimulated
87491a	Chlamydia trachomatis & Neisseria gonorrhoeae by Nucleic Acid Amplification
OUC22021	Complete UA, Automated (UAA) Tricore Only -- They should bill.
OUC90024	Copper, Urine 24 Hour
87426	Coronavirus AG IG -- BINAX Now - Rapid COVID Test
OUC37990	COVID by PCR - May not be billable - Check with Mayra/Debra
87899	Cryptococcal Ag Serum
OUC34066	Culture, Strep Special
88160	Cyto Smear, Other Source
OUC51286	Cytology Immunocytology Assay
88112	Cytology Thin Prep
88311	Decalcification
OUC90430	Diphtheria And Tetanus Antibodies IgG (DPTAB)
OUC92102	E. Histolytica AG
OUC24262	EBV Panel
OUC92261	Endomysial Ab, IgG
OUC18032	Eosinophils, Respiratory
87799	Epstein-Barr Virus by PCR
OUC24178	Estrodiol by TMS
OUC44352	Estrogens, Fraction



OUC44351	Estrone (ESTRS)
OUC10022	Ethanol
OUC92315	Ethosuximide Level
OUC10691	Ethyl Glucuronide Screen, Urine
OUC20023	Factor XI Activity
OUC24041	Fecal Occult Blood Immunoassay (FOBTIA)
OUC36204	Fecal Pathogens PCR
89060	Fluid Crystal
OUC44328	Free Testosterone F/Peds
OUC92050	Fructosamine
OUC36019	Gastrointestinal Parasite Panel
OUC36026	Gastrointestinal Viral Panel
OUC90484	Gliadin IgG Ab
OUC10024	Glucose Tolerance Test, 2 Hour 75 G
87650	Group A Strep DNA Hybridization
OUC10033	H <sub>2</sub> (Hydrogen) Breath Test
87517a	Hepatitis B DNA Real Time PCR
87522	Hepatitis C Quant by Real Time PCR
87902	Hepatitis C Virus Genotype
OUC36203	Herpes Lesions, PCR
OUC93105	Herpesvirus 6 Antibody, IgG
OUC10658	HIV 1/2 AB Confirm
OUC10660	HIV Screen
OUC93103	HIV-1 by Qualitative PCR
87536	HIV1 Viral Load RTPCR
87624	HPV High Risk
OUC51051	IDH1 Additional IHC (88341)
OUC28018	Immunofixation Electrophoresis, Serum
OUC51004	Immunofluorescence AB1st (88346)
OUC50181	Immunoperoxidase (88342)
87804a	In House - Rapid Flu Test (Foam/Nasal Swab)
OUC10305	Insulin 000 Minutes
OUC10307	Insulin 060 Minutes
OUC10309	Insulin 090 Minutes
OUC24188	Insulin-like Growth Factor 1 (34305)
OUC90207	Islet Cell Antibody IGG
89060a	Joint Fluid Package
OUC10036	Lactic Acid
OUC44338	Lamotrigine
OUC44316	Lead Filter Paper
88302	Level II Gross & Micro
88304	Level III Gross & Micro
88305	Level IV Gross & Micro
OUC10142	Magnesium, Urine 24 Hour
OUC44350	Methylphenidate, URQN
OUC36198	Monkeypox Test
OUC24148	Monoclonal Protein Monitoring, Serum
OUC24149	Monoclonal Protein Screen, Serum

OUC50201	Multiplex Ab Stain (88344)
OUC44354	Oxcarbazine
88175	PAP Smear with Computer-Assisted and Manual Screening
OUC24016	Parietal Cell Antibody
OUC90338	Parvovirus DNA PCR (PARPCR)
OUC91278	Pertussis IgG IgM AB (BORG M)
OUC93129	Poliovirus Types 1, 3 Antibodies (POLIAB)
OUC24205	Pro-Brain Natriuretic Peptide, N Terminal
OUC24092	PTH Intact W/O Calcium
OUC24239	Quantiferon TB Gold
87430	Rapid Strep Screen In house
OUC36200	Respiratory Virus Panel PCR (RESPAN)
OUC44073	Salicylate
OUC37991	RS-COV-2 IgG (Coronavirus 2019 Antibody IgG) - May not be billable - Check with Mayra/Janet
MISREF	Schistosoma Antibody, IGGTricore Referral Test Manual Req.
OUC93065	Sedative Hypnotic Panel
OUC10021	Sex Hormone Binding Globulin
OUC24102	Smooth Muscle Ab
OUC10143	Sodium, Urine 24 Hour
OUC50161	Special Stain Group I (88312)
OUC50171	Special Stain Group II (88313)
OUC34993	Special Stool Culture
OUC34173	Sputum Culture (CSPUT)
87491B	State Lab -- GC Chlamydia
OUC90040	Strongyloides Stercoralis Antibody, IGG
OUC93205	Thiopurine Metabolites
OUC91378	Thyroid Stimulating Immunoglobulin
OUC44327	Total Testo F/Peds
OUC36193	Trichomonas Vaginalis
OUC90513	Tryptase
OUC10688	TSH Receptor Antibodies
OUC44311	Ur Bupenorphine
87385	UR Histoplasma Ag
OUC90015	Urine Aminolevulinic Acid
OUC10064	Urine Chloride
OUC10694	Urine Drug Screen
OUC91498	Urine Porphyrin
OUC44184	Urine THC Screen (Cannabinoid Screen)
OUC36194	Vaginal Panel by NAA
OUC34208	Vaginal Pathogens Panel By DNA Probe (VAGDNA)
OUC35005	Varicell Zoster Virus PCR
OUC10657	Vit. D. D2D3 25-OH
OUC28034	Von Willebrand Panel
OUC44343	Zolpiedm QN, Urine
OUC44355	Zonisamide (Zonegran)

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

TriCore will bill your Insurance Plan	Uninsured with Self-Pay Discount	Contact TriCore for Self Pay Discounts
Not Available	45	
Not Available	60	
Not Available	65	
Not Available	115	
Not Available	140	
Not Available	15	
Not Available	245	
Not Available	45	
Not Available	85	
Not Available	230	
Not Available	50	
Not Available	30	
Not Available	65	
Not Available	165	
Not Available	45	
Not Available	85	
Not Available	50	
Not Available	95	
Not Available	70	
Not Available	120	
Not Available	120	
Not Available	30	
Not Available	60	
Not Available	85	
Not Available	550	
Not Available	65	
Not Available	0	
Not Available	115	
Not Available	0	
Not Available	120	
Not Available	45	
Not Available	15	
Not Available	130	
Not Available	295	
Not Available	105	
Not Available	40	
Not Available	105	
Not Available	115	
Not Available	115	
Not Available	115	
Not Available	15	
Not Available	100	
Not Available	35	
Not Available	30	

Not Available	25
Not Available	50
Not Available	120
Not Available	50
Not Available	145
Not Available	45
Not Available	130
Not Available	25
Not Available	65
Not Available	115
Not Available	115
Not Available	135
Not Available	115
Not Available	10
Not Available	25
Not Available	135
Not Available	90
Not Available	150
Not Available	310
Not Available	50
Not Available	180
Not Available	115
Not Available	25
Not Available	380
Not Available	210
Not Available	75
Not Available	160
Not Available	95
Not Available	250
Not Available	160
Not Available	16
Not Available	20
Not Available	20
Not Available	25
Not Available	75
Not Available	125
Not Available	65
Not Available	35
Not Available	45
Not Available	35
Not Available	45
Not Available	55
Not Available	125
Not Available	75
Not Available	145
Not Available	115
Not Available	35
Not Available	195

Not Available	300
Not Available	20
Not Available	45
Not Available	60
Not Available	190
Not Available	90
Not Available	105
Not Available	40
Not Available	30
Not Available	75
Not Available	16
Not Available	415
Not Available	310
Not Available	60
Not Available	160
Not Available	670
Not Available	40
Not Available	25
Not Available	15
Not Available	95
Not Available	75
Not Available	25
Not Available	20
Not Available	0
Not Available	120
Not Available	240
Not Available	90
Not Available	26
Not Available	45
Not Available	185
Not Available	45
Not Available	60
Not Available	195
Not Available	90
Not Available	10
Not Available	45
Not Available	75
Not Available	60
Not Available	155
Not Available	55
Not Available	100
Not Available	35
Not Available	335
Not Available	60
Not Available	35

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