



STUDENT HEALTH & COUNSELING

Administrative Fees	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
XRAY DVD	\$0.00	\$10.00
Medical Records Professional Fee - \$30 for first 15 pages, 25c per page there after	\$0.00	\$30.00
Medical Records Fee to students -	\$0.00	\$10.00 or less
Medical Records Fee - Volume - per 100 pages	\$0.00	\$10.00
Medical Visits	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
<i>The SHAC office fee is an additional charge that is not included in the SHAC student fee or billed to your insurance company.</i>		<i>15.00 each visit</i>
Office Visit for a problem or illness (New Patient 15-29 minutes) Problem Focused	\$54.75 - \$173.01	\$100.80
Office Visit for a problem or illness (New Patient 30-44 minutes) Detailed	\$62.50 - \$251.21	\$145.80
Office Visit for a problem or illness (New Patient 45-59 minutes) Moderate Complex	\$39.59 - \$101.91	\$221.85
Office Visit for a problem or illness (new Patient 60-74 minutes)	\$473.21 - \$514.00	\$274.95
Office or commonly used for services such as patient education, rechecks	\$35.75 - \$55.00	\$27.90
Office Visit for a problem or illness (Establish Patient 10-19 minutes)	\$39.47 - \$101.91	\$61.20
Office Visit for a problem or illness (Establish Patient 20-29 minutes)	\$150.08 - \$232.00	\$98.10
Office Visit for a problem or illness (Establish Patient 30-39 minutes)	\$85.01 - \$248.05	\$144.00
Office Visit for a problem or illness	\$116.27 - \$331.80	\$193.95
Travel health Consulting Appointment (Student)	Not Covered by Insurance	\$15.00
Travel health Consulting Appointment (Staff/f/c)	Not Covered by Insurance	\$50.00
Physical Education sports physical	Not Covered by Insurance	\$50.40
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS-Wound Care	\$33.43 - \$102.40	\$64.35

No Show	\$20.00	\$20.00
Telehealth	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
ONLINE DIGITAL E/M SVC EST PT <7 D 5-10 MINUTES	\$14.73 - \$48.75	\$23.40
ONLINE DIGITAL E/M SVC EST PT <7 D 11-20 MINUTES	\$28.84 - \$81.63	\$39.60
ONLINE DIGITAL E/M SVC EST PT <7 D 21+ MINUTES	\$50.32 - \$116.44	\$63.90
Telephone E/M Svc Est Pt 5-10min	\$19.60 - \$66.96	\$60.30
Telephone E/M Svc Est Pt 11-20min	\$123.07 - \$38.42	\$98.10
Telephone E/M Svc Est Pt 21-30min	\$164.41 - \$56.59	\$138.15
Physical Exam	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Not for a problem or illness, additional charges may apply.</i>		
Initial comprehensive preventive medicine evaluation (age 12-17 years)	\$180.42 - \$312.48	\$181.80
New Patient, Preventive Medicine (Age 18-39 yrs.)	\$303.36 - \$303.36	\$176.40
Initial comprehensive preventive medicine evaluation (age 40-64 years)	\$143.80 - \$333.02	\$203.85
Initial comprehensive preventive medicine evaluation (age 65 years and over)	\$107.65 - \$312.84	\$231.30
Established patient Periodic Preventive Medicine (12-17 years)	\$107.65 - \$266.23	\$154.80
Established patient Periodic Preventive Medicine (18-39 years)	\$271.16 - \$102.84	\$157.95
Established patient Periodic Preventive Medicine (40-64 years)	\$107.65 - \$289.93	\$168.30
Established patient Periodic Preventive Medicine (65 years and over)	\$107.65 - \$312.84	\$181.80
Reproductive Health	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Removal, Nonbiodegradable Contraceptive Capsules	\$134.85 - \$356.48	\$198.00
Insert Contraceptive Implant	\$134.85 - \$356.48	\$186.75
Removal, non-biodegradable drug implant	\$111.65 - \$376.58	\$210.60
Removal w/reinsertion, non-bio drug implant	\$165.53 - \$620.63	\$299.70

IUD insertion	\$107.33 - \$363.00	\$175.50
IUD removal	\$106.36 - \$256.37	\$131.85
Levonorgestrel-releasing intrauterine contraceptive system (Kyleena)	\$256.37 - \$106.36	\$681.75
Levonorgestrel-releasing intrauterine contraceptive system (Mirena)	\$385.40 - \$1,165.85	\$681.75
Levonorgestrel-releasing intrauterine contraceptive system (Skyla)	\$458.84 - \$1,067.21	\$567.90
Pap smear (with technician and pathologist interpretation)	\$48.19 - \$107.82	\$62.10
(Kyleena) Levonorgestrel-releasing Intrauterine Contraceptive System	\$423.70 - \$1,165.16	\$681.75
(Mirena) Levonorgestrel-releasing Intrauterine Contraceptive System	\$385.40 - \$1,165.85	\$681.75
(ParaGard) Intrauterine copper contraceptive	\$375.03 - \$1,134.46	\$634.50
(Skyla13.5) Levonorgestrel-releasing intrauterine contraceptive system	\$352.80 - \$1,067.21	\$567.90
(Nexplanon) Levonorgestrel (contraceptive)	\$559.80 - \$1062.38	\$675.90
DPHRM/CRV CAP FITG W/INSTRUCTIONS	\$77.14 - \$218.14	\$103.50
COLPOSCOPY CERVIX UPR/ADJ VAG	\$103.62 - \$281.81	\$149.85
COLPOSCOPY CERVIX BX CERVIX&ENDO CRV CURTG	\$142.96 - \$403.54	\$210.60
COLPOSCOPY CERVIX VAG ENDO CRV CURTG	\$125.15 - \$352.42	\$185.85
ENDO CRV CURTG NOT DONE AS PART DILAT&CURTG	\$94.87 - \$260.91	\$167.85
DILAT CRV CANAL INSTRUMENTAL SPX	\$56.50 - \$154.47	\$84.15
Intro/Injection of Anesthetic Agent Paracervical (uterine) nerve	\$78.77 - \$382.55	\$187.65
Behavioral Health and Counseling	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Crisis Psychotherapy (First 60 Minutes)	\$97.65 - \$154.24	\$173.70
Crisis Psychotherapy (Each Additional 30 Minutes)	\$4.20 - \$116.34	\$89.10
Psychiatric Diagnostic Evaluation (No Medical Services)	\$87.50 - \$151.31	\$203.40
Psychiatric Diagnostic Evaluation (with Medical Services)	\$87.15 - \$339.90	\$216.90
Psychotherapy (30 Minutes)	\$40.95 - \$131.60	\$84.60
30-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$34.65 - \$120.11	\$76.95
Psychotherapy (45 Minutes)	\$72.45 - \$174.96	\$110.25
45-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$52.50 \$96.20	\$97.20
Psychotherapy (60 Minutes)	\$87.15 - \$258.28	\$162.45
60-Minute Psychotherapy Add-On Code (Use With E/M Code)	\$70.35 - \$128.08	\$146.70
Group Psychotherapy	\$40.95 - \$82.84	\$39.15

PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	\$110.92 - \$134.02	\$151.65
PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	\$84.33 - \$154.89	\$115.20
PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	\$43.30 - \$76.29	\$61.20
PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$39.83 - \$67.86	\$56.70
PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	\$33.80 - \$57.82	\$49.50
PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	\$33.80 - \$42.68	\$49.50
Psychiatry Services	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Psychiatric Diagnostic Evaluation (No Medical Services)	\$87.50 - \$151.31	\$203.40
Psychiatric Diagnostic Evaluation (with Medical Services)	\$87.15 - \$339.90	\$216.90
Physical Therapy	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Eval Low Complex 20 Min	\$22.77 - \$161.98	\$109.35
Eval Mod Complex 30 Min	\$45.53 - \$161.98	\$109.35
Eval High Complex 45 Min	\$68.99 - \$161.98	\$109.35
Re-Evaluation - Established Plan of Care	\$12.33 - \$114.22	\$75.60
Therapeutic Procedure/ex, 1 or more areas, ea. 15 Min	\$27.31 - \$71.71	\$43.20
Neuromuse Re-Ed/15 Min	\$28.32 - \$74.58	\$45.00
Gait Training/15 Min	\$24.01 - \$63.59	\$38.25
Manual Therapy/15 Min	\$25.50 - \$67.76	\$40.50
Therapeutic Activity for Functional Perform,1:1, ea. 15 Min	\$30.27 - \$76.48	\$47.25
Hot Or Cold Pack	\$5.89 - \$20.30	\$9.90
No Wound Elect Stim	\$12.17 - \$27.92	\$21.60
Ultrasound/15 Min	\$13.79 - \$30.96	\$17.10
Elec Stim/FES 15 Min	\$15.47 - \$40.87	\$26.10
Physical Perf. Test/15 Min	\$27.85 - \$75.52	\$14.54
Aquatic Therapy W/Ex/15 Min	\$30.68 - \$85.09	\$15.66
PHYS EDUCATIONAL SVCS RENDERED PTS GRP SETTING	\$65.60 - \$105.60	\$50.40

Immunizations	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Immunization Injection Fee - 18yrs Or Younger - 1st Injection	\$15.85 - \$44.00	\$35.10
Immunization Injection Fee - 18 Yrs. Or Younger -- Each Additional Injection	\$12.10 - \$29.23	\$17.10
Immunization Injection Fee - 19 Yrs. Or Older - 1st Injection	\$43.40 - \$18.65	\$35.10
Immunization Injection Fee - 19 Yrs. Or Older - Each Addition Injection	\$12.07 - \$25.17	\$17.10
Bacillus Calmette-Guerin Vaccine (BCG) For Tuberculosis, Live	\$132.79 - \$257.60	\$162.90
(Bexsero) MENB RECOMBINANT PROT W/OUT MEMBER VESIC VACC IM	\$74.80 - \$181.47	\$120.15
(Trumenda) MENB RECOMBINANT LIPOPROTEIN IM	\$67.10 - \$158.47	\$102.15
Hepatitis A Vaccine, Adult Dosage	\$58.83 - \$85.93	\$69.75
Hepatitis A Vaccine, Pediatric/Adolescent Dosage	\$22.04 - \$41.68	\$46.35
(Twinrix) Hepatitis A And Hepatitis B Vaccine, Adult Dosage	\$72.73 - \$137.07	\$127.80
HPV Vaccine 4 Valent	\$52.00 - \$197.98	\$176.85
HPV (Gardasil-9), per dose	\$113.60 - \$287.15	\$163.35
Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced Immunogenicity	\$42.72 - \$101.41	\$72.90
Pneumococcal Conjugate Vaccine, 13 Valent	\$206.12 - \$312.17	\$256.05
Rabies Vaccine	\$283.76 - \$566.40	\$352.80
INFLUENZA VAC 4 VALENT PRSRV FREE 3 YRS PLUS IM	\$15.22 - \$20.53	\$22.50
Typhoid Vaccine, Live, Oral	\$4.82 - \$105.90	\$54.72
Typhoid Vaccine (ViCps)	\$129.86 - \$149.65	\$84.60
Measles, Mumps And Rubella Virus Vaccine (MMR)	\$30.22 - \$97.79	\$69.75
Measles, Mumps, Rubella And Varicella Vaccine	\$98.91 - \$283.24	\$185.85
Poliovirus Vaccine, Inactivated (IVP)	\$18.94 - \$49.04	\$39.60
TD Toxoids Adsorbed Preservative Free 7 YR +	\$28.99 - \$39.26	\$28.80
(Tdap) Tetanus, Diphtheria Toxoids And Acellular Pertussis Vaccine	\$32.05 - \$59.58	\$38.70
(Merck) Varicella Virus Vaccine, Live	\$129.86 - \$149.65	\$89.10
Yellow Fever Vaccine, Live	\$30.02 - \$157.54	\$90.26
Pneumococcal Polysaccharide Vaccine, 23-valent	\$56.58 - \$133.47	\$132.75
Meningococcal Polysaccharide Vaccine	\$55.20 - \$113.94	\$143.55
Zoster (Shingles) Vaccine, Live	\$80.75 - \$262.86	\$222.75
Japanese Encephalitis Virus Vaccine, Inactivated	\$249.52 - \$314.88	\$163.35

Hepatitis B Vaccine, Pediatric/Adolescent Dosage	\$26.90 - \$42.86	\$29.70
Hepatitis B Vaccine, Adult Dosage	\$65.12 - \$105.68	\$70.20
Medicine/Treatment Codes	**Cost for Service Fee designated by Insurance Company **	Self pay rate
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R (EKG)	\$5.74 - \$29.75	\$6.55
Nebulizer	\$10.33 - \$45.02	\$26.55
Allergen Immunotherapy 1 Injection	\$7.82 - \$35.36	\$17.10
Allergen Immunotherapy 2 Or More Injections.	\$9.06 - \$43.93	\$21.15
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	\$37.68 - \$135.88	\$79.20
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	\$12.20 - \$35.55	\$20.70
Medication Injection Fee - Each Injection	\$13.72 - \$60.05	\$35.10
INTRAVENOUS PUSH,SINGLE OR INITIAL SUBSTANCE/DRUG	\$36.80 - \$133.51	\$77.85
IRRIGATION IMPLTED VAD F/DRUG DLVR SYSS	\$21.06 - \$50.65	\$34.20
Acupuncture	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
ACUP 1/> NDLS W/O ELEC STIMJ 1ST 15 MIN	\$45.16 - \$94.40	\$48.15
ACUP 1/> NDLS W/O ELEC STIMJ EA 15 MIN	\$34.19 - \$73.24	\$36.45
ACUP 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	\$54.43 - \$100.62	\$51.75
ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	\$43.49 - \$81.39	\$41.40
Procedures/Other	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	\$90.72 - \$274.13	\$159.30
INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE	\$164.27 - \$362.08	\$280.80
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	\$149.21 - \$430.56	\$267.30
INCISION&REMOVAL FOREIGN BODY SUBQ TISS SMPL	\$125.88 - \$362.62	\$210.60
I&D HEMATOMA SEROMA/FLUID COLLECTION	\$126.56 - \$386.30	\$224.55

PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	\$105.93 - \$308.89	\$179.55
REMOVAL DAMAGED SKIN AND UNDERLYING TISSUE	\$80.93 - \$278.87	\$162.00
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	\$37.50 - \$112.23	\$75.60
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4<	\$47.88 - \$136.67	\$87.30
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	\$56.92 - \$163.30	\$95.40
TANGENTIAL BIOPSY SKIN SINGLE LESION	\$90.12 - \$221.19	\$128.70
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$48.68 - \$119.28	\$69.30
PUNCH BIOPSY SKIN SINGLE LESION	\$113.26 - \$278.08	\$161.55
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$55.85 - \$136.67	\$79.65
INCISIONAL BIOPSY SKIN SINGLE LESION	\$137.16 - \$336.51	\$195.30
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$65.87 - \$161.17	\$93.60
REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	\$66.72 - \$207.77	\$120.60
REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	\$16.67 - \$45.16	\$26.10
SHAVING SKIN LES 1 TRUNK/ARM/LEG DIAM 0.5CM/<	\$54.61 - \$233.06	\$135.45
SHVG SKIN LES 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	\$72.19 - \$285.97	\$166.05
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	\$86.77 - \$337.33	\$195.75
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	\$104.37 - \$371.30	\$215.55
SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	\$57.39 - \$233.06	\$135.45
SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	\$78.29 - \$288.34	\$167.40
SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	\$108.56 - \$361.04	\$209.70
SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	\$67.56 - \$270.97	\$157.50
SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	\$84.36 - \$233.99	\$153.45
SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	\$97.01 - \$383.94	\$222.75
Excision Benign Trunk/Arms/Legs 0.5 CM/<	\$103.35 -- \$294.68	\$171.00
Excision Benign Trunk/Arms/Legs 0.6-1.0 CM	\$133.60 - \$354.70	\$206.10
Excision Benign Trunk/Arms/Legs 1.1-2.0 CM	\$139.13 - \$394.20	\$229.05
Excision Benign Trunk/Arms/Legs 2.1-3.0 CM	\$157.13 - \$454.25	\$263.70
EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	\$222.69 - \$737.06	\$427.95
Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.5 CM/<	\$101.53 - \$292.31	\$169.74
Excision Benign Scalp/Neck/Hands/Feet/Genitals S/N/H/F/G 0.6-1.0CM	\$130.17 - \$374.46	\$217.35
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	\$173.16 - \$479.53	\$278.55
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	\$141.74 - \$302.37	\$232.20
Excision Benign Face/Mucous Membrane F/E/E/N/L/M 1.1-2.0CM	\$159.23 - \$340.38	\$259.20
Excision Malignant Trunk/Arms/Legs 0.5 CM/<	\$144.40 - \$458.19	\$265.95

Excision Malignant Trunk/Arms/Legs 0.6-1.0 CM	\$542.73 - \$166.40	\$315.00
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	\$176.31 - \$589.34	\$342.00
DEBRIDEMENT NAIL ANY METHOD 1-5	\$25.38 - \$56.87	\$44.10
DEBRIDEMENT NAIL ANY METHOD 6/>	\$38.32 - \$104.28	\$60.75
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	\$83.72 - \$225.89	\$134.55
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	\$32.70 \$106.44	\$50.40
EVACUATION SUBUNGUAL HEMATOMA	\$34.49 - \$116.91	\$67.95
EXCISION NAIL MATRIX PERMANENT REMOVAL	\$153.70 - \$526.13	\$305.55
WEDGE EXCISION SKIN NAIL FOLD	\$90.68 - \$395.01	\$229.50
EXCISION PILONIDAL CYST/SINUS SIMPLE	\$231.63 - \$661.22	\$383.85
INJECTION INTRALESIONAL UP TO & INCL 7	\$43.01 - \$131.93	\$76.95
INJECTION INTRALESIONAL >7	\$54.51 - \$164.33	\$95.40
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	\$134.85 - \$356.48	\$198.00
INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$99.49 - \$363.00	\$186.75
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$111.65 - \$376.58	\$210.60
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	\$141.11 - \$620.63	\$299.70
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	\$81.18 - \$364.54	\$172.35
SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	\$99.35 - \$387.23	\$183.15
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$99.78 - \$385.19	\$182.25
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0CM	\$104.68 - \$424.04	\$200.70
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5CM	\$123.06 - \$500.72	\$236.70
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5CM	\$149.43 - \$629.00	\$297.45
REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$567.23 - \$167.23	\$329.40
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$232.67 - \$724.43	\$420.30
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$242.46 - \$741.82	\$430.65
REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$323.85 - \$923.51	\$535.95
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	\$185.53 - \$575.92	\$334.35
INITIAL TX 1ST DEGREE BURN LOCAL TX	\$63.90 - \$173.01	\$94.05
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	\$78.42 - \$204.54	\$112.50
DESTRUCTION PREMALIGNANT LESION 1ST	\$57.40 - \$193.56	\$112.50
DESTRUCTION PREMALIGNANT LESION 2-14 EA	\$5.14 - \$17.92	\$9.45
DESTRUCTION BENIGN LESIONS UP TO 14	\$82.29 - \$265.47	\$154.35
DESTRUCTION BENIGN LESIONS 15/>	\$94.42 - \$314.42	\$182.70
DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	\$102.01 - \$342.86	\$199.35

DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	\$179.37 - \$549.84	\$319.05
DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	\$110.85 - \$358.05	\$208.35
DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	\$134.20 - \$421.85	\$244.80
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	\$178.64 - \$483.48	\$280.80
INJECTION THERAPEUTIC CARPAL TUNNEL	\$71.02 - \$192.69	\$103.50
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	\$54.12 - \$146.57	\$79.20
INJECTION SINGLE TENDON ORIGIN/INSERTION	\$52.79 - \$143.73	\$81.90
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	\$49.79 - \$134.19	\$75.60
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	\$56.06 - \$150.88	\$87.75
ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA	\$44.46 - \$134.16	\$63.90
ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA	\$46.77 - \$152.46	\$88.65
ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	\$56.37 - 180.51	\$85.50
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATION	\$52.60 - \$145.31	\$82.35
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	\$270.24 - \$748.92	\$434.70
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	\$333.01 - \$902.32	\$504.45
EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	\$365.81 - \$1151.04	\$667.80
CLTX IPHAL JT DISLC 1 W/MNPJ W/O ANES	\$233.91 - \$638.03	\$382.05
CLTX IPHAL JT DISLC 1 W/MNPJ REQ ANES	\$339.84 - \$913.25	\$530.10
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	\$199.66 - \$621.73	\$360.90
APPLICATION CAST ELBOW FINGER SHORT ARM	\$77.66 - \$207.77	\$120.60
APPLICATION CAST HAND&LOWER FOREARM GAUNTLET	\$82.25 - \$227.53	\$132.30
Strapping of Chest	\$27.22 - \$132.17	\$72.90
Strapping of Shoulder	\$26.60 - \$151.97	\$79.20
Strapping of Elbow or Wrist	\$27.08 - \$126.29	\$71.55
Strapping of Hand or Finger	\$27.39 - \$125.95	\$70.20
Strapping of Hip	\$28.77 - \$133.00	\$67.05
Strapping of Knee	\$26.69 - \$131.29	\$72.45
Strapping of Ankle and/or Foot	\$24.21 - \$98.21	\$51.30
Scrapping of Toes	\$17.56 - \$94.86	\$45.00
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	\$88.49 - \$256.68	\$169.20
Removal of Sub-Q Cardiac Rhythm Monitor	\$126.44 - \$300.21	\$174.60
VNPNXR 3 YEARS/> PHYS SKILL	\$15.51 - \$46.83	\$23.40
Routine Venipuncture	\$15.51 - \$46.83	\$8.55
RMVL FB FROM PHARYNX	\$155.50 - \$420.27	\$243.90

INC THROMBOSED HEMORRHOID XTRNL	\$145.84 - \$425.80	\$247.05
ANOSC DX +-COLLJ SPEC BR/WA SPX	\$74.43 - \$195.41	\$126.45
INSJ NON-NDWELLG BLDR CATH	\$43.79 - \$190.79	\$90.45
I&D OF BARTHOLINS GLAND ABSCESS	\$112.17 - \$350.63	\$201.60
DSTRJ LES VULVA SMPL	\$127.58 - \$311.26	\$209.25
BX VULVA/PR SPX 1 LES	\$76.25 - \$217.35	\$113.40
Radiology (X-Ray) in house	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Radiologic Examination, Eye, For Detection Of Foreign Body	\$23.08 - \$69.52	\$40.50
Radiologic Examination, Mandible; Partial, Less Than 4 Views	\$27.85 - \$82.94	\$48.15
Radiologic examination, mandible; complete, minimum of 4 views	\$33.94 - \$97.24	\$55.35
Radiologic Examination, Facial Bones; Less Than 3 Views	\$26.37 - \$84.21	\$41.85
Radiologic examination, facial bones; complete, minimum of 3 views	\$36.77 - \$111.67	\$59.40
Radiologic examination, nasal bones, complete, minimum of 3 views	\$27.46 - \$80.57	\$46.80
Radiologic examination; orbits, complete, minimum of 4 views	\$37.45 - \$114.79	\$60.75
Radiologic examination, sinuses, paranasal, less than 3 views	\$26.32 - \$83.01	\$43.20
Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$33.34 - \$107.72	\$54.45
Radiologic examination, skull; less than 4 views	\$32.07 - \$95.31	\$52.20
Radiologic examination, skull; complete, minimum of 4 views	\$40.79 - \$132.68	\$65.25
Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Unilateral	\$25.75 - \$76.62	\$44.55
Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth; Bilateral	\$41.13 - \$118.26	\$67.50
Radiologic examination; neck, soft tissue	\$23.08 - \$66.36	\$38.70
Radiologic examination, chest; single view	\$18.05 - \$34.24	\$27.90
Radiologic examination, chest; 2 views	\$27.48 - \$67.94	\$39.60
Radiologic examination, chest; 4 or more views	\$37.64 - \$93.23	\$54.45
Radiologic examination, ribs, unilateral; 2 views	\$29.23 - \$86.48	\$45.00
Radiologic examination, ribs, unilateral; including posteroanterior chest, minim	\$32.55 - \$102.24	\$54.90
Radiologic examination, ribs, bilateral; 3 views	\$33.40 - \$111.78	\$56.70
Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$42.59 - \$133.42	\$73.80
Radiologic examination; sternum, minimum of 2 views	\$26.40 - \$90.06	\$43.65
Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	\$32.03 - \$99.85	\$52.20

Radiologic examination, spine, single view, specify level	\$19.76 - \$60.80	\$32.85
Radiologic examination, spine, cervical; 2 or 3 views	\$29.54 - \$92.21	\$49.50
Radiologic Examination, Spine, Cervical; Complete, Including Oblique And Flexion	\$50.13 - \$163.39	\$86.40
Radiologic examination, spine; thoracic, 2 views	\$30.16 - \$92.21	\$46.80
Radiologic Examination, Spine; Thoracic, 3 Views	\$30.79 - \$88.49	\$51.75
Radiologic Examination, Spine; Thoracic, Minimum Of 4 Views	\$34.81 - \$119.90	\$61.65
Radiologic examination, spine; thoracolumbar, 2 views	\$27.38 - \$95.08	\$51.30
Radiologic examination, spine, lumbosacral; 2 or 3 views	\$31.10 - \$97.95	\$50.40
Radiologic Examination, Spine, Lumbosacral; Minimum Of 4 Views	\$43.49 - \$135.21	\$67.95
Radiologic examination, spine, lumbosacral; complete, including bending views	\$55.28 - \$171.99	\$89.10
Radiologic Examination, Spine, Lumbosacral, Bending Views Only, Minimum of 4 views	\$35.74 - \$121.81	\$59.40
Radiologic examination, pelvis; 1 or 2 views	\$26.36 - \$69.52	\$40.50
Radiologic examination, pelvis; complete, minimum of 3 views	33.76 - \$104.28	\$60.75
Radiologic examination, sacroiliac joints; less than 3 views	\$25.39 - \$74.41	\$41.40
Radiologic examination, sacroiliac joints; 3 or more views	\$29.16 - \$88.98	\$48.15
Radiologic examination, sacrum and coccyx, minimum of 2 views	\$25.08 - \$53.01	\$40.50
Radiologic examination; clavicle, complete	\$24.43 - \$52.95	\$40.50
Radiologic Examination; Scapula, Complete	\$22.81 - \$77.41	\$45.00
Radiologic examination, shoulder; 1 view	\$20.38 - \$43.91	\$33.30
Radiologic examination, shoulder; complete, minimum of 2 views	\$25.73 - \$80.26	\$43.20
Radiologic examination; acromioclavicular joints, bilateral, with/without	\$31.66 - \$97.17	\$56.70
Radiologic examination; humerus, minimum of 2 views	\$25.67 - \$79.18	\$40.50
Radiologic Examination, Elbow; 2 Views	\$24.40 - \$70.35	\$40.05
Radiologic examination, elbow; complete, minimum of 3 views	\$27.55 - \$80.57	\$46.80
Radiologic examination; forearm, 2 views	\$22.88 - \$71.43	\$39.15
Radiologic examination, wrist; 2 views	\$24.67 - \$77.41	\$45.00
Radiologic examination, wrist; complete, minimum of 3 views	\$27.79 - \$90.86	\$53.10
Radiologic examination, hand; 2 views	\$23.19 - \$69.52	\$38.70
Radiologic examination, hand; minimum of 3 views	\$26.68 - \$72.20	\$45.45
Radiologic examination, finger(s), minimum of 2 views	\$21.81 - \$81.36	\$47.25
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$36.67 - \$91.65	\$53.55
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	\$45.86 - \$114.54	\$66.60
Radiologic Examination, Hips, Bilateral, With Pelvis When Performed; 2 Views	\$35.43 - \$87.70	\$51.30

RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$43.44 - \$108.23	\$63.00
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	\$50.30 - \$125.62	\$72.90
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	\$24.74 - \$61.62	\$36.00
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	\$28.82 - \$71.89	\$41.85
Radiologic examination, knee; 1 or 2 views	\$26.36 - \$75.05	\$43.65
Radiologic examination, knee; 3 views	\$30.23 - \$90.86	\$53.10
Radiologic examination, knee; complete, 4 or more views	\$32.49 - \$105.86	\$61.65
Radiologic examination, knee; both knees, standing, anteroposterior	\$26.43 - \$86.91	\$50.85
Radiologic examination; tibia and fibula, 2 views	\$25.36 - \$73.47	\$38.70
Radiologic examination, ankle; 2 views	\$24.67 - \$69.52	\$40.50
Radiologic examination, ankle; complete, minimum of 3 views	\$26.68 - \$80.57	\$46.80
Radiologic examination, foot; 2 views	\$23.19 - \$69.52	\$38.70
Radiologic examination, foot; complete, minimum of 3 views	\$26.01 - \$76.34	\$44.10
Radiologic examination; calcaneus, minimum of 2 views	24.02 - \$68.73	\$40.05
Radiologic examination; toe(s), minimum of 2 views	\$21.81 - \$73.47	\$42.75
Radiologic examination, abdomen 1 view	\$24.59 - \$60.84	\$35.55
Radiologic examination, abdomen 2 views	\$30.00 - \$74.26	\$43.20
Radiologic examination, abdomen 3+ views	\$35.17 - \$86.91	\$50.85
Radiologic examination, abdomen; complete acute abdomen series, including supine	\$39.81 - \$118.14	\$67.50
Bone age studies	\$18.95 - \$44.35	\$32.40
Joint Survey, Single View, 2 Or More Joints (specify)	\$33.59 - \$139.98	\$66.15
Medical Supplies & Products	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pn	Pending	\$45.51
Form-Fit Ankle Brace	Pending	\$52.70
Arm Sling	Pending	\$4.73
Boot - Equalizer Walker	Pending	\$84.39
Heel Cup	Pending	\$27.08
Rebound Air Walker (Limited Supply)	Pending	\$137.08
Darco - Fx Pro Stirrup Walker (Medium)	Pending	\$84.39
Thumb Spica Wrist Brace	Pending	\$121.14

Wrist Brace	Pending	\$29.03
Exoform Knee Immobilizer	Pending	\$26.88
Form Fit Ply Knee Wrap	Pending	\$71.23
Knee Sleeve Support	Pending	\$193.63
Knee Support Elastic	Pending	\$29.83
Knee Support with Patella Control	Pending	\$71.23
Knee Wrap Around	Pending	\$52.31
ADD LOW EXTREM STRAIT KNEE JNT HEVY DUTY EA JNT	Pending	\$85.61
ADD LOW EXTREM OFFSET KNEE JNT HEVY DUTY EA JNT	Pending	\$103.28
Air cast Leg Brace Pneumatic full leg splint, prefabricated, off-the-shelf	Pending	\$93.47
Clavicle Splint Figure 8	Pending	\$31.49
Rib Belt	Pending	\$80.85
Ace Bandage	Pending	\$1.08
Cervical Collar Foam/Universal	Pending	\$13.14
Cervical Collar, Semi-rigid Thermoplastic Foam, 2-piece, Prefab	Pending	\$32.34
TAPE, WATERPROOF, PER 18 SQUARE INCHES	Pending	\$0.48-\$0.52
SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	Pending	\$1.08
SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	Pending	\$10.44
EXERCISE EQUIPMENT	Pending	\$0.00
CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	Pending	\$7.97
CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	Pending	\$18.74
In House - Labs	**Cost for Service Fee designated by Insurance Company **	Self pay rate
<i>Additional charges may apply.</i>		
UA Complete (Manual) (UAA)	Pending	\$5.85
Urine Dipstick (Manual) (CHEM)	Pending	\$4.50
Urine Pregnancy (UPREG)	Pending	\$10.80
Occult Blood (OCBLD)	Pending	\$5.85
Glucose, Fingerstick, In House	Pending	\$3.60
HCG Qualitative (PREG)	Pending	\$6.77
Differential - In house	Pending	\$3.49
CBC (Hemogram + Differential)(CBC)	Pending	\$4.19

Hemogram (HGRM)	Pending	\$5.82
WBC In house	Pending	\$4.95
Manual ESR (ESR)	Pending	\$3.84
Mono Test (MONOT)	Pending	\$9.00
Wet Prep	Pending	\$7.65
Rapid Strep Screen (RPST)	Pending	\$20.70
In House - Rapid Flu Test (Foam/Nasal Swab)	Pending	\$26.10
Send-Out Laboratory Services		
SHAC uses TriCore and Quest Laboratories. Please get in touch with them directly if you have any questions or receive a bill. TriCore P#505-462-7492/Quest P#505-292-9131		
<i>Additional charges may apply.</i>		
UR Histoplasma Ag		Not Available
Coronavirus AG IG -- BINAX Now - Rapid COVID Test		Not Available
Rapid Strep Screen In house		Not Available
Chlamydia trachomatis & Neisseria gonorrhoeae by Nucleic Acid Amplification		Not Available
State Lab -- GC Chlamydia		Not Available
Hepatitis B DNA Real Time PCR		Not Available
Hepatitis C Quant by Real Time PCR		Not Available
HIV1 Viral Load RTPCR		Not Available
HPV High Risk		Not Available
Grp A Strep DNA Hybr		Not Available
Epstein-Barr Virus by PCR		Not Available
B. pertussis RT PCR		Not Available
In House - Rapid Flu Test (Foam/Nasal Swab)		Not Available
Cryptococcal Ag Serum		Not Available
Hepatitis C Virus Genotype		Not Available
Cytology Thin Prep		Not Available
Cyto Smear, Other Source		Not Available
PAP Smear with Computer-Assisted and Manual Screening		Not Available
Level II Gross & Micro		Not Available
Level III Gross & Micro		Not Available
Level IV Gross & Micro		Not Available
Decalcification		Not Available
Fluid Crystal		Not Available

Joint Fluid Package		Not Available
Sex Hormone Binding Globulin		Not Available
Ethanol		Not Available
Glucose Tolerance Test, 2 Hour 75 G		Not Available
H2(Hydrogen) Breath Test		Not Available
Lactic Acid		Not Available
Ammonia		Not Available
Magnesium, Urine 24 Hour		Not Available
Sodium, Urine 24 Hour		Not Available
Insulin 000 Minutes		Not Available
Insulin 060 Minutes		Not Available
Insulin 090 Minutes		Not Available
Vit. D. D2D3 25-OH		Not Available
HIV 1/2 AB Confirm		Not Available
HIV Screen		Not Available
Urine Chloride		Not Available
Beta Hydroxybutyrate (Serum Ketone)		Not Available
TSH Receptor Antibodies		Not Available
Ethyl Glucuronide Screen, Urine		Not Available
Urine Drug Screen		Not Available
Carboxyhemoglobin (Carbon Monoxide)		Not Available
Eosinophils, Respiratory		Not Available
Factor XI Activity		Not Available
Complete UA, Automated (UAA) TriCore Only -- They should bill.		Not Available
ANCA (Neutrophil Cytoplasmic) Antibodies		Not Available
Parietal Cell Antibody		Not Available
Fecal Occult Blood Immunoassay (FOBTIA)		Not Available
Anti-Mitochondrial		Not Available
PTH Intact W/O Calcium		Not Available
Smooth Muscle Ab		Not Available
Allergy, Extended Respiratory Panel		Not Available
Allergy, Adult Food Panel		Not Available
Monoclonal Protein Monitoring, Serum		Not Available
Monoclonal Protein Screen, Serum		Not Available

Estradiol by TMS		Not Available
Insulin-like Gr Gac 1 (34305)		Not Available
Pro-Brain Natriuretic Peptide, N Terminal		Not Available
QuantiFERON TB Gold		Not Available
EBV Panel		Not Available
Allergy, Banana		Not Available
Immunofixation Electrophoresis, Serum		Not Available
Von Willebrand Panel		Not Available
ABO RH Antibody Screen		Not Available
Culture, Strep Special		Not Available
Sputum Culture (CSPUT)		Not Available
Vaginal Pathogens Panel By DNA Probe (VAGDNA)		Not Available
Bill only for CDiff (Do Not Order)		Not Available
Special Stool Culture		Not Available
Varicella Zoster Virus PCR		Not Available
Gastrointestinal Parasite Panel		Not Available
Gastrointestinal Viral Panel		Not Available
Trichomonas Vaginalis		Not Available
Vaginal Panel by NAA		Not Available
Monkeypox Test		Not Available
Respiratory Virus Panel PCR (RESPAN)		Not Available
Herpes Lesions, PCR		Not Available
Fecal Pathogens PCR		Not Available
COVID by PCR - May not be billable - Check with Mayra/Debra		Not Available
SARs-COV-2 IgG (Coronavirus 2019 Antibody IgG) - May not be billable		Not Available
Acetaminophen		Not Available
Salicylate		Not Available
Benzodiazepine, Medical Urine (MBENZ)		Not Available
Amphetamines, Medical		Not Available
Urine THC Screen (Cannabinoid Screen)		Not Available
Ur Buprenorphine		Not Available
Lead Filter Paper		Not Available
Total Testo F/Peds		Not Available
Free Testo F/Peds		Not Available

Lamotrigine		Not Available
Zolpidem QN, Urine		Not Available
Methylphenidate, URQN		Not Available
Estrone (ESTRS)		Not Available
Estrogens, Fraction		Not Available
Oxcarbazepine		Not Available
Zonisamide (Zonegran)		Not Available
Chromosome Analysis, Blood Stimulated		Not Available
Special Stain Group I (88312)		Not Available
Special Stain Group II (88313)		Not Available
Immunoperoxidase (88342)		Not Available
Multiplex Ab Stain (88344)		Not Available
Immunofluorescence AB1st (88346)		Not Available
IDH1 Additional IHC (88341)		Not Available
Cytology Immunocytology Assay		Not Available
Urine Aminolaevulinic Acid		Not Available
Arsenic, Urine 24		Not Available
Catecholamine, free, fractionated, urine, 24 hour		Not Available
Cadmium, Urine 24 Hour		Not Available
Copper, Urine 24 Hour		Not Available
Strongyloidiasis Stercoralis Antibody, IGG		Not Available
Carotene, Total Serum		Not Available
Cadmium, Blood		Not Available
Islet Cell Antibody IGG		Not Available
Alkaline Phosphatase Isoenzymes		Not Available
Diphtheria And Tetanus Antibodies IgG (DPTAB)		Not Available
Gliadin IgG Ab		Not Available
Tryptase		Not Available
Pertussis IgG IgM AB (BORG M)		Not Available
Bordetella Pertussis IgG Antibody (BORG)		Not Available
Bordetella Pertussis Antibody, IGG, IGM With Reflex Immunoblot (BORG M)		Not Available
Thyroid Stimulating Immunoglobulin		Not Available
Urine Porphyrin		Not Available
Fructosamine		Not Available

E. Histolytica AG		Not Available
Endomysial Ab, IgG		Not Available
Ethosuximide Level		Not Available
Anabolic Steroids, Urine Screen W/Reflex		Not Available
Sedative Hypnotic Panel		Not Available
HIV-1 by Qualitative PCR		Not Available
Herpesvirus 6 Antibody, IgG		Not Available
Poliovirus Types 1, 3 Antibodies (POLIAB)		Not Available
Thiopurine Metabolites		Not Available
Parvovirus DNA PCR (PARPCR)		Not Available
Alkaline Phosphatase Isoenzymes (ALKI)		Not Available
Schistosoma Antibody, IGGTricore Referral Test Manual Req.		Not Available

Prices are current as of 07/01/2024, subject to change.

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

Disclaimer:

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

***** Benefits and eligibility are subject to change and are not a guarantee of payment. *****