

Iliuliuk Family and Health Services, Inc.

Price List for Common Health Care Services 2020

CPT CODE	DESCRIPTION	PRICE
12001	SIMPLE REPAIR <2.5CM	\$335.48
20610	ARTHROCENTESIS ASPIRATION MAJOR JOINT WITHOUT ULTRASOUND	\$226.75
36415	COLLECTION VENOUS BLOOD	\$15.30
51702	INSERTION OF A TEMPORARY INDWELLING BLADDER CATHETER	\$262.55
69209	REMOVAL OF IMPACTED CERUMEN/IRRIGATION	\$47.74
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$114.04
73140	RADIOLOGIC EXAM FINGR MINIMUM 2 VIEWS	\$257.04
73130	RADIOLOGIC EXAM HAND MINIMUM 3 VIEWS	\$112.71
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	\$107.41
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$74.26
73610	RADIOLOGIC EXAM ANKLE COMPLETE MINIMUM 3 VIEWS	\$116.69
73630	RADIOLOGIC EXAM FOOT COMPLETE MINIMUM 3 VIEWS	\$107.41
72100	RADIOLOGIC EXAM SPINE LUMBOSACRAL 2/3 VIEWS	\$129.95
73110	RADIOLOGIC EXAM WRIST COMPLETE MINIMUM 3 VIEWS	\$131.27
73562	RADIOLOGIC KNEE 3 VIEWS	\$ 127.30
85025	BLOOD COUNT COMPLETE	\$53.96
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	\$58.70
80053	COMPREHENSIVE METABOLIC PANEL	\$73.29
84484	ASSAY OF TROPONIN QUANTITATIVE	\$68.29
80076	HEPATIC FUNCTION PANEL	\$56.66
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$67.37
81003	URINALYSIS DIP STICK WITHOUT MICROSCOPY	\$15.61
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	\$29.17
87635	SARS COVID-2 RNA PCR TESTING	\$261.69
83690	ASSAY OF LIPASE	\$47.84
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	\$ 318.24
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	\$ 248.88
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	\$ 462.06
99202	OFFICE OUTPATIENT NEW 20 MINUTES	\$ 374.85
99203	OFFICE OUTPATIENT NEW 30 MINUTES	\$ 489.60
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	\$ 738.48
99204	OFFICE OUTPATIENT NEW 45 MINUTES	\$ 698.70

CPT CODE	DESCRIPTION	PRICE
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	\$ 300.00
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$74.26
99391	PERIODIC PREVENTIVE MEDICAL VISIT ESTABLISHED PATIENT	\$371.28
99070	SUPPLIES&MATERIALS ABOVE AND BEYOND PROVIDED BY PHYSICIAN	\$13.50
90471	INTRAMUSCULAR OR SUBCUTANEOUS INJECTION- ONE VACCINE	\$147.70
99050	SERVICES PROVIDED OUTSIDE OF NORMAL BUSINESS HOURS	\$67.63
90460	IMMUNIZATION ADMINISTRATION	\$94.15
90686	FLUARIX VACCINE ADMINISTRATION	\$12.46
93005	ECHOCARDIOGRAM WITH AT LEAST 12 LEADS	\$198.90
99058	EMERGENCY SERVICES DURING CLINIC DAY- DISRUPTION OF SERVICES	\$80.89
90674	INFLUENZA QUADRIVALENT VACCINE PRESERVATIVE FREE 0.5 ML	\$35.00
90715	TDAP VACCINE >7 YRS	\$117.30
95115	PROFESSIONAL SERVICES ALLERGY	\$33.15

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