

**Iliuliuk Family and Health Services, Inc.**  
**Price List for Common Health Care Services 2020**

<b>CPT CODE</b>	<b>DESCRIPTION</b>	<b>PRICE</b>
<b>12001</b>	<b>SIMPLE REPAIR &lt;2.5CM</b>	<b>\$ 335.48</b>
<b>20610</b>	<b>ARTHROCENTESIS ASPIRATION- MAJOR JOINT WITHOUT ULTRASOUND</b>	<b>\$ 226.75</b>
<b>36415</b>	<b>COLLECTION VENOUS BLOOD</b>	<b>\$ 15.30</b>
<b>51702</b>	<b>INSERTION OF A TEMPORARY INDWELLING BLADDER CATHETER</b>	<b>\$ 262.55</b>
<b>69209</b>	<b>REMOVAL OF IMPACTED CERUMEN/IRRIGATION</b>	<b>\$ 47.74</b>
<b>71046</b>	<b>RADIOLOGIC EXAM CHEST 2 VIEWS</b>	<b>\$ 114.04</b>
<b>73140</b>	<b>RADIOLOGIC EXAM FINGR MINIMUM 2 VIEWS</b>	<b>\$ 257.04</b>
<b>73130</b>	<b>RADIOLOGIC EXAM HAND MINIMUM 3 VIEWS</b>	<b>\$ 112.71</b>
<b>73030</b>	<b>RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS</b>	<b>\$ 107.41</b>
<b>71045</b>	<b>RADIOLOGIC EXAM CHEST SINGLE VIEW</b>	<b>\$ 74.26</b>
<b>73610</b>	<b>RADIOLOGIC EXAM ANKLE COMPLETE MINIMUM 3 VIEWS</b>	<b>\$ 116.69</b>
<b>73630</b>	<b>RADIOLOGIC EXAM FOOT COMPLETE MINIMUM 3 VIEWS</b>	<b>\$ 107.41</b>

<b>72100</b>	<b>RADIOLOGIC EXAM SPINE LUMBOSACRAL 2/3 VIEWS</b>	<b>\$ 129.95</b>
<b>73110</b>	<b>RADIOLOGIC EXAM WRIST COMPLETE MINIMUM 3 VIEWS</b>	<b>\$ 131.27</b>
<b>73562</b>	<b>RADIOLOGIC KNEE 3 VIEWS</b>	<b>\$ 127.30</b>
<b>85025</b>	<b>BLOOD COUNT COMPLETE</b>	<b>\$ 53.96</b>
<b>80048</b>	<b>BASIC METABOLIC PANEL CALCIUM TOTAL</b>	<b>\$ 58.70</b>
<b>80053</b>	<b>COMPREHENSIVE METABOLIC PANEL</b>	<b>\$ 73.29</b>
<b>84484</b>	<b>ASSAY OF TROPONIN QUANTITATIVE</b>	<b>\$ 68.29</b>
<b>80076</b>	<b>HEPATIC FUNCTION PANEL</b>	<b>\$ 56.66</b>
<b>83036</b>	<b>HEMOGLOBIN GLYCOSYLATED A1C</b>	<b>\$ 67.37</b>
<b>81003</b>	<b>URINALYSIS DIP STICK WITHOUT MICROSCOPY</b>	<b>\$ 15.61</b>
<b>86580</b>	<b>SKIN TEST TUBERCULOSIS INTRADERMAL</b>	<b>\$ 29.17</b>
<b>87635</b>	<b>SARS COVID-2 RNA PCR TESTING</b>	<b>\$ 261.69</b>
<b>83690</b>	<b>ASSAY OF LIPASE</b>	<b>\$ 47.84</b>
<b>99213</b>	<b>OFFICE OUTPATIENT VISIT 15 MINUTES</b>	<b>\$ 318.24</b>
<b>99212</b>	<b>OFFICE OUTPATIENT VISIT 10 MINUTES</b>	<b>\$ 248.88</b>
<b>99214</b>	<b>OFFICE OUTPATIENT VISIT 25 MINUTES</b>	<b>\$ 462.06</b>
<b>99202</b>	<b>OFFICE OUTPATIENT NEW 20 MINUTES</b>	<b>\$ 374.85</b>
<b>99203</b>	<b>OFFICE OUTPATIENT NEW 30 MINUTES</b>	<b>\$ 489.60</b>
<b>99215</b>	<b>OFFICE OUTPATIENT VISIT 40 MINUTES</b>	<b>\$ 738.48</b>
<b>99204</b>	<b>OFFICE OUTPATIENT NEW 45 MINUTES</b>	<b>\$ 698.70</b>

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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