

# Viario Health

## Cash Pay & DPC Member Price Transparency Schedule

*Effective April 1, 2026 | Prices subject to change without notice*

### Our Commitment to Price Transparency

At Viario Health, we believe that understanding the cost of care should never be a barrier to seeking it. We are committed to honest, upfront pricing for all of our cash-paying patients and Direct Primary Care (DPC) members. Unlike traditional insurance-based billing, our transparent fee schedule means you always know what to expect before your visit: no surprise bills, no hidden fees.

The service rates listed in the tables below apply to cash-paying patients (OTC Cash) and to members enrolled in our DPC membership plans (Essential, Complete, and DPC One for Business). Where a DPC membership tier shows "Incl.," the service is included within your membership at no additional charge. Prices marked "—" indicate services not available under that pricing category.

All prices listed are effective as of April 1, 2026 and are subject to change. For questions about pricing, your specific care plan, or DPC membership benefits, please contact our team directly.

**Legend:** \$\_\_ = service fee applies    **Incl.** = included in DPC membership    — = not available / not applicable under this plan    **Modifier suffixes** (e.g., -95 = Telehealth, -93 = Audio Only, -50 = Bilateral)

### Primary Care Visits & Preventive Exams

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
99050	Add-on Code For services Provided When The Office Is Usually Closed	\$28	\$28	Incl.	\$28
99051	Add-on Code For Services Provided During Regularly Scheduled Hours On Evenings, Weekends, Or Holidays	\$26	\$26	Incl.	\$26
99078	Breathe Free Group Visit	\$40	\$40	Incl.	\$40
99202	Office Outpatient Visit; New Level 2	\$106	\$106	Incl.	Incl.
99202-93	Office Outpatient Visit; New Level 2, Phone (audio Only)	\$106	\$106	Incl.	Incl.
99202-95	Office Outpatient Visit; New Level 2, Telehealth	\$106	\$106	Incl.	Incl.
99203	Office Outpatient Visit; New Level 3	\$186	\$186	Incl.	Incl.
99203-93	Office Outpatient Visit; New Level 3, Phone (audio Only)	\$186	\$186	Incl.	Incl.
99203-95	Office Outpatient Visit; New Level 3, Telehealth	\$186	\$186	Incl.	Incl.
99204	Office Outpatient Visit; New Level 4	\$240	\$240	Incl.	Incl.
99204-93	Office Outpatient Visit; New Level 4, Phone (audio Only)	\$240	\$240	Incl.	Incl.
99204-95	Office Outpatient Visit; New Level 4, Telehealth	\$240	\$240	Incl.	Incl.
99205	Office Outpatient Visit; New Level 5	\$256	\$256	Incl.	Incl.
99205-93	Office Outpatient Visit; New Level 5, Phone (audio Only)	\$256	\$256	Incl.	Incl.
99205-95	Office Outpatient Visit; New Level 5, Telehealth	\$256	\$256	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
99211	Nurse Only Visit; Established	\$66	\$66	Incl.	Incl.
99212	Office Outpatient Visit; Established Level 2	\$110	\$110	Incl.	Incl.
99212-93	Office Outpatient Visit; Established Level 2, Phone (audio Only)	\$110	\$110	Incl.	Incl.
99212-95	Office Outpatient Visit; Established Level 2, Telehealth	\$110	\$110	Incl.	Incl.
99213	Office Outpatient Visit; Established Level 3	\$156	\$156	Incl.	Incl.
99213-93	Office Outpatient Visit; Established Level 3, Phone (audio Only)	\$156	\$156	Incl.	Incl.
99213-95	Office Outpatient Visit; Established Level 3, Telehealth	\$156	\$156	Incl.	Incl.
99214	Office Outpatient Visit; Established Level 4	\$196	\$196	Incl.	Incl.
99214-93	Office Outpatient Visit; Established Level 4, Phone (audio Only)	\$196	\$196	Incl.	Incl.
99214-95	Office Outpatient Visit; Established Level 4, Telehealth	\$196	\$196	Incl.	Incl.
99215	Office Outpatient Visit; Established Level 5	\$240	\$240	Incl.	Incl.
99215-93	Office Outpatient Visit; Established Level 5, Phone (audio Only)	\$240	\$240	Incl.	Incl.
99215-95	Office Outpatient Visit; Established Level 5, Telehealth	\$240	\$240	Incl.	Incl.
99381	Preventative Visit; New Ages <1 Year	\$150	\$150	Incl.	Incl.
99381-25	Prevent Visit, New; Ages <1yr	\$150	\$150	Incl.	Incl.
99382	Preventative Visit; New Ages 1-4 Yrs	\$156	\$156	Incl.	Incl.
99382-25	Prevent Visit, New; Ages 1-4 Yrs	\$156	\$156	Incl.	Incl.
99383	Preventative Visit; New Ages 5-11	\$164	\$164	Incl.	Incl.
99383-25	Prevent Visit, New; Ages 5-11 Yrs	\$164	\$164	Incl.	Incl.
99384	Preventative Visit; New Ages 12-17	\$180	\$180	Incl.	Incl.
99384-25	Prevent Visit, New; Ages 12-17 Yrs	\$180	\$180	Incl.	Incl.
99385	Preventative Visit; New Ages 18-39	\$190	\$190	Incl.	Incl.
99385-25	Prevent Visit, New; Ages 18-39 Yrs	\$190	\$190	Incl.	Incl.
99386	Preventative Visit; New Ages 40-64	\$220	\$220	Incl.	Incl.
99386-25	Prevent Visit; New, Ages 40-64	\$220	\$220	Incl.	Incl.
99387	Preventative Visit; New Ages 65+ Yrs	\$234	\$234	Incl.	Incl.
99387-25	Prevent Visit, New; Ages 65+ Yrs	\$234	\$234	Incl.	Incl.
99391	Preventative Visit; Established Ages <1 Year	\$134	\$134	Incl.	Incl.
99391-25	Prevent Visit, Estab; Ages <1yr	\$134	\$134	Incl.	Incl.
99392	Preventative Visit; Established Ages 1-4	\$142	\$142	Incl.	Incl.
99392-25	Prevent Visit, Estab; Ages 1-4YRS	\$142	\$142	Incl.	Incl.
99393	Preventative Visit; Established Ages 5-11	\$142	\$142	Incl.	Incl.
99393-25	Prevent Visit, Estab; Ages 5-11YRS	\$142	\$142	Incl.	Incl.
99394	Preventative Visit; Established Ages 12-17	\$160	\$160	Incl.	Incl.
99394-25	Prevent Visit, Estab; Ages 12-17YRS	\$160	\$160	Incl.	Incl.
99395	Preventative Visit; Established Ages 18-39	\$174	\$174	Incl.	Incl.
99395-25	Prevent Visit, Estab; Ages 18-39YRS	\$174	\$174	Incl.	Incl.
99396	Preventative Visit; Established Ages 40-64	\$184	\$184	Incl.	Incl.
99396-25	Prevent Visit, Estab; Ages 40-64YRS	\$184	\$184	Incl.	Incl.
99397	Preventative Visit; Established Ages 65+	\$192	\$192	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
99397-25	Prevent Visit, Estab; Ages 65+YRS	\$192	\$192	Incl.	Incl.
99406	Breathe Free 3-10 Min Consult (dpc/cash/insurance)	\$21	Incl.	Incl.	Incl.
99407	Breathe Free 10+ Min Consult (dpc/cash/insurance)	\$33	Incl.	Incl.	Incl.
99417	Prolng Off/op E/m Ea 15 Min	\$47	\$47	Incl.	Incl.
99421	E-visit Thru Portal (initiated By Patient); 5-10 Min	\$26	\$26	Incl.	Incl.
99422	E-visit Thru Portal (initiated By Patient); 11-20 Min	\$50	\$50	Incl.	Incl.
99423	E-visit Thru Portal (initiated By Patient); 20+ Min	\$76	\$76	Incl.	Incl.
99429	Unlisted Preventive Service	\$50	\$50	Incl.	Incl.
99441	Telephone Visit; 5-10 Minutes	\$60	\$60	Incl.	Incl.
99442	Telephone Visit; 11-20 Minutes	\$96	\$96	Incl.	Incl.
99443	Telephone Visit; 21-30 Minutes	\$136	\$136	Incl.	Incl.
99455	DOT Physical (v70.5 Diagnosis Code)	\$144	\$144	Incl.	Incl.
99459	Pelvic Exam	\$32	\$32	\$32	\$32
99497	Advanced Directives	\$86	Incl.	Incl.	Incl.
G0101	Screening Pelvic And Breast Exam	\$45	Incl.	Incl.	Incl.
G0102	Prostate Cancer Screening	\$45	Incl.	Incl.	Incl.
G0402	Medicare, Welcome To Exam IPPE	\$170	Incl.	Incl.	Incl.
G0403	ECG Performed As Screening With IPPE (with Interpretation And Report)	\$20	Incl.	Incl.	Incl.
G0404	ECG Performed As Screening With IPPE (tracing Only W/o Interpretation And Report)	\$10	Incl.	Incl.	Incl.
G0405	ECG Performed As Screening With IPPE (interpretation And Report Only)	\$10	Incl.	Incl.	Incl.
G0438	Medicare, Initial AWW (after IPPE	\$175	Incl.	Incl.	Incl.
G0438-93	Medicare, Initial AWW (after IPPE Phone (audio Only)	\$175	Incl.	Incl.	Incl.
G0438-95	Medicare, Initial AWW (after IPPE Telehealth	\$175	Incl.	Incl.	Incl.
G0439	Medicare, Annual Visit, Subsequent	\$140	Incl.	Incl.	Incl.
G0439-93	Medicare, Annual Visit, Subsequent; Phone (audio Only)	\$140	Incl.	Incl.	Incl.
G0439-95	Medicare, Annual Visit, Subsequent; Telehealth	\$140	Incl.	Incl.	Incl.
G0442	Alcohol Screening	\$20	\$20	\$20	\$20
G0443	Brief Alcohol Use Counseling	\$30	\$30	\$30	\$30
G0444	Depression Screening	\$20	\$20	\$20	\$20
G0446	Behavioral Tx For Cvd	\$30	\$30	\$30	\$30
G0447	Obesity Counseling	\$30	\$30	\$30	\$30
G0513	Extra 30 Minutes	\$70	\$70	\$70	\$70
G0514	Extra 60 Minutes	\$70	\$70	\$70	\$70
G2010	Remote Evaluation Of Image/video With Interpretation And Follow Up W/in 24 Hours	\$50	Incl.	Incl.	Incl.
G2012	Clinician Check In By Phone, Email, Text, Message To Portal	\$30	Incl.	Incl.	Incl.

## Immunizations

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
90460	Immun Admin, Peds; With Counseling By Provider; 1ST Or Only Component Of Each Vaccine Administered	\$22	Incl.	Incl.	Incl.
90461	Immun Admin, Peds; With Counseling By Provider; Each Add'l Vaccine Component Administered	\$16	Incl.	Incl.	Incl.
90471	Immun Admin, Adult; 1ST Vaccine (single Or Combination Vaccine/toxoid)	\$24	Incl.	Incl.	Incl.
90472	Immun Admin, Adult; Each Add'l Vaccine (single Or Combination Vaccine/toxoid)	\$15	Incl.	Incl.	Incl.
90473	Immun Admin; Intranasal Or Oral; 1ST Vaccine (single Or Combination Vaccine/toxoid)	\$20	Incl.	Incl.	Incl.
90474	Immun Admin; Intranasal Or Oral; Each Add'l Vaccine (single Or Combination Vaccine/toxoid)	\$15	Incl.	Incl.	Incl.
90480	Admin Of Covid19 Vaccine, IM Single Dose (effective 8/14/2023)	\$25	Incl.	Incl.	Incl.
90619	Meningococcal Acwy, (menquadfi); 0.5 MI Single-dose Vial	\$175	\$175	\$175	\$175
90621	Meningococcal B (trumenba); 0.5 MI Single-dose Syringe	\$198	\$175	\$175	\$175
90632	Hep A , Adult (havrix); 1ML Single-dose Syringe	\$80	\$80	\$80	\$80
90633	Hep A, Ped (havrix); 0.5ML Single-dose Syringe	\$60	Incl.	Incl.	Incl.
90648	Hib, (pedvax Prp-omp); 0.5 MI Single-dose Vial	\$36	Incl.	Incl.	Incl.
90651	HPV (gardasil 9); 0.5 MI Single-dose Syringe	\$350	Incl.	Incl.	Incl.
90653	Influenza Vaccine, Inactivated IIV Subunit, Adjuvanted, For Intramuscular Use	\$77	Incl.	Incl.	Incl.
90656	Afluria 2025	\$15	\$15	\$15	\$15
90661	Flucelvax Triv	\$35	Incl.	Incl.	Incl.
90670	Pneumococcal 13, (prevnar 13), 0.5 MI Single-dose Syringe	\$302	\$302	\$302	\$302
90674	Flucelvax CCIV4 (egg & Preservative-free), 0.5ML Single-dose Syringe	\$38	\$25	\$25	\$25
90677	Pneumococcal 20, (prevnar 20); 0.5 MI Single-dose Syringe	\$315	\$315	\$315	\$315
90680	Rotovirus, (rotateq); 2 MI Single-dose Vial For Oral Use	\$117	\$110	\$110	\$110
90694	Fluad AIIV4 65+ Yrs, 0.5ML Single-dose Syringe	\$82	\$60	\$60	\$60
90698	Dtap/hib/ipv (pentacel); 0.5 MI Single-dose Vial	\$130	Incl.	Incl.	Incl.
90700	DTAP (infanrix); 0.5 MI Single-dose Syringe	\$54	Incl.	Incl.	Incl.
90707	MMR MMR li); 0.5 MI Single-dose Vial	\$108	Incl.	Incl.	Incl.
90713	Polio, Ipv; 0.5 MI Multi-dose Vial	\$52	Incl.	Incl.	Incl.
90714	Td (tenivac); 0.5 MI Single-dose Syringe	\$60	\$45	\$45	\$45
90715	TDAP (boostrix); 0.5 MI Single-dose Syringe	\$75	Incl.	Incl.	Incl.
90716	Varicella (varivax); 0.5 MI Single-dose Vial	\$205	\$205	\$205	\$205
90734	Meningococcal Acwy, (menveo); 0.5 MI Single-dose Vial	\$170	\$130	\$130	\$130
90744	Hep B, Ped (engerox); 0.5 MI Single-dose Syringe	\$52	Incl.	Incl.	Incl.
90746	Hep B, Adult (engerox); 1 MI Single-dose Syringe	\$87	\$55	\$55	\$55
90750	Zoster, RZV (shingrix); 0.5 MI Single-dose Vial	\$215	\$215	\$215	\$215
91301	Cvd MOD Primary 12+	\$30	Incl.	Incl.	Incl.
91322	Spikevax (covid-19 Vaccine, Mrna, 2025-2026 Formula)	\$135	\$135	\$135	\$135

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
G0008	Flu Vacc Admin	\$36	Incl.	Incl.	Incl.
G0009	Pneumococcal Admin	\$35	Incl.	Incl.	Incl.

## Laboratory Services

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
36415	Specimen Collection: Venipuncture	\$30	Incl.	Incl.	Incl.
36416	Specimen Collection: Finger Poke	\$15	Incl.	Incl.	Incl.
80048	BMP (8)	\$25	Incl.	Incl.	Incl.
80050	CMP CBC TSH Bundle Code	\$75	Incl.	Incl.	Incl.
80051	Electrolyte Panel	\$25	Incl.	Incl.	Incl.
80053	CMP (14)	\$25	Incl.	Incl.	Incl.
80061	Lipid Panel	\$25	Incl.	Incl.	Incl.
80061-QW	Lipid Panel (as Part Of Biometrics)	\$30	\$27	\$24	\$27
80069	Renal Function Panel	\$25	Incl.	Incl.	Incl.
80158	Cyclosporine, Serum Level	\$75	Incl.	Incl.	Incl.
80175	Lamotrigine, Serum Level	\$50	\$45	\$40	\$45
80178	Lithium Assay	\$25	Incl.	Incl.	Incl.
80195	Sirolimus, Serum Level	\$75	Incl.	Incl.	Incl.
80299	Dexamethasone Assay	\$50	Incl.	Incl.	Incl.
80307	Drug Screen, 10-14 Profile W/ Or W/o Reflex	\$100	\$90	\$80	\$90
81001	Urinalysis, Complete With Micro (sent To Lapcorp)	\$50	Incl.	Incl.	Incl.
81002-QW	Urinalysis, Manual Dipstick (no Micro)	\$22	Incl.	Incl.	Incl.
81003-QW	Urinalysis, Dipstick, No Micro (clinitek)	\$22	Incl.	Incl.	Incl.
81003-QW-59	Urinalysis, Dipstick, No Micro (clinitek)	\$22	Incl.	Incl.	Incl.
81015	Urine, Micro Only	\$25	Incl.	Incl.	Incl.
81025	Pregnancy Test, Urine	\$24	Incl.	Incl.	Incl.
81241	Factor V Leiden Mutation	\$138	\$124	\$110	\$124
81256	Hereditary Hemochromatosis, DNA Analysis	\$127	\$114	\$102	\$114
81374	Hla B 27 Disease Association	\$75	\$68	\$60	\$68
81377	Celiac Hla Dq Association	\$101	\$91	\$81	\$91
81377-59	Celiac Hla Dq Association	\$105	\$95	\$84	\$95
82040	Albumin	\$25	Incl.	Incl.	Incl.
82043	Albumin, Urine, Microalbumin; Quant	\$25	Incl.	Incl.	Incl.
82139	Amino Acid Profile	\$226	\$203	\$181	\$203
82150	Amylase	\$25	Incl.	Incl.	Incl.
82157	Androstenedione	\$50	\$45	\$40	\$45
82166	Anti-mllerian Hormone AMH	\$75	\$68	\$60	\$68
82172	Apolipoprotein B	\$25	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
82175	Assay Of Arsenic	\$50	\$45	Incl.	\$45
82180	Assay Of Ascorbic Acid/vitamin C	\$50	\$45	\$40	\$45
82247	Bilirubin, Total	\$12.50	Incl.	Incl.	Incl.
82248	Bilirubin, Direct	\$12.50	Incl.	Incl.	Incl.
82270	Hemocult/guaiac Test X 1	\$16	Incl.	Incl.	Incl.
82274	Fit Test (occult Blood, Fecal, IA	\$50	Incl.	Incl.	Incl.
82300	Assay Of Cadmium	\$50	\$45	Incl.	\$45
82306	Vitamin D, 25-HYDROXY	\$50	Incl.	Incl.	Incl.
82310	Calcium	\$25	Incl.	Incl.	Incl.
82330	Ionized Calcium	\$25	\$23	\$20	\$23
82390	Ceruloplasmin	\$25	\$23	\$20	\$23
82465	Assay Of Cholesterol (peds Non Fasting)	\$25	Incl.	Incl.	Incl.
82523	C-telopeptide	\$100	\$90	\$80	\$90
82525	Copper, Serum	\$50	\$45	\$40	\$45
82525-59	Copper, Rbc	\$25	\$23	\$20	\$23
82533	Total Cortisol	\$25	\$23	\$20	\$23
82550	Creatine Kinase	\$25	Incl.	Incl.	Incl.
82565	Creatinine	\$25	Incl.	Incl.	Incl.
82570	Creatinine, Urine	\$25	Incl.	Incl.	Incl.
82607	Vitamin B12	\$25	Incl.	Incl.	Incl.
82610	Cystatin C	\$50	\$45	\$40	\$45
82627	DHEAS	\$75	\$68	\$60	\$68
82652	Calcitriol (1,25 Di-oh Vit D)	\$50	\$45	\$40	\$45
82668	Assay Of Erythropoietin	\$25	\$23	\$20	\$23
82670	Estradiol	\$75	\$68	\$60	\$68
82672	Estrogens, Total	\$50	Incl.	Incl.	Incl.
82728	Ferritin	\$25	Incl.	Incl.	Incl.
82746	Folate	\$25	Incl.	Incl.	Incl.
82784	Ttg, Initial Test 1 Of 2	\$25	Incl.	Incl.	Incl.
82947	Glucose	\$25	Incl.	Incl.	Incl.
82962	Glucose, Fingerstick POC	\$16	\$14	Incl.	\$14
82977	GGT	\$25	Incl.	Incl.	Incl.
82978	Glutathione Assay	\$75	\$68	\$60	\$68
83001	FSH	\$25	Incl.	Incl.	Incl.
83002	LH	\$75	Incl.	Incl.	Incl.
83013	H Pylori Breath	\$100	Incl.	Incl.	Incl.
83036	Hgb A1c With EAG Estimation	\$25	Incl.	Incl.	Incl.
83090	Homocysteine, Urine Or Blood	\$50	\$45	\$40	\$45
83498	17-ALPHA-HYDROXYPROGESTERONE Or 17-OH Progesterone, Lc/ms	\$50	\$45	\$40	\$45
83516	Immunoassay Test	\$75	\$68	\$60	\$68
83520	Quantitative Immunoassay	\$50	\$45	\$40	\$45
83525	Assay Of Insulin	\$25	\$23	\$20	\$23

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
83540	Iron	\$25	Incl.	Incl.	Incl.
83550	TIBC	\$12.50	Incl.	Incl.	Incl.
83615	LDH	\$25	Incl.	Incl.	Incl.
83631	Lactoferrin; Fecal; Quant.	\$75	\$68	\$60	\$68
83655	Lead, Blood, Any Testing Method	\$50	Incl.	Incl.	Incl.
83690	Lipase	\$25	Incl.	Incl.	Incl.
83695	Lipoprotein(a)	\$25	Incl.	Incl.	Incl.
83704	Lipoprotein NMR	\$50	\$45	\$40	\$45
83718	Ldl, Direct Measurement (peds Non Fasting)	\$25	Incl.	Incl.	Incl.
83735	Magnesium	\$25	\$23	\$20	\$23
83789	Iodine, Serum Or Plasma	\$75	\$68	\$60	\$68
83825	Assay Of Mercury	\$50	Incl.	Incl.	Incl.
83880	Pro-bnp	\$100	Incl.	Incl.	Incl.
83921	Methylmalonic Acid	\$75	\$68	\$60	\$68
83970	Pth, Intact	\$50	Incl.	Incl.	Incl.
83993	Calprotectin, Fecal	\$189	\$170	\$151	\$170
84075	Alkaline Phosphatase	\$25	Incl.	Incl.	Incl.
84080	Bone-specific Alkaline Phosphatase (bap)	\$50	\$45	\$40	\$45
84100	Phosphorus	\$25	Incl.	Incl.	Incl.
84132	Potassium	\$25	Incl.	Incl.	Incl.
84144	Progesterone	\$50	\$45	\$40	\$45
84145	Procalcitonin	\$246	\$221	\$197	\$221
84146	Prolactin	\$50	Incl.	Incl.	Incl.
84153	Prostate-specific AG PSA	\$50	Incl.	Incl.	Incl.
84155	Protein, Total	\$25	Incl.	Incl.	Incl.
84156	Protein,total,urine (billing 2/2 For #003129)	\$25	Incl.	Incl.	Incl.
84207	Vitamin B6 Plasma	\$50	\$45	\$40	\$45
84252	Vitamin B2	\$75	\$68	\$60	\$68
84255	Selenium	\$107	\$96	\$86	\$96
84270	SHBG (sex Hormone-binding Globulin), Serum	\$25	\$23	\$20	\$23
84295	Sodium	\$25	Incl.	Incl.	Incl.
84402	Testosterone, Free	\$50	\$45	\$40	\$45
84403	Testosterone, Total	\$25	\$23	\$20	\$23
84425	Vitamin B1 Whole Blood	\$25	\$23	\$20	\$23
84432	Thyroglobulin	\$55	\$50	\$44	\$50
84436	T4 Thyroxine	\$25	Incl.	Incl.	Incl.
84439	Thyroxine T4 Free, Direct	\$25	Incl.	Incl.	Incl.
84442	Assay Of Thyroid Activity	\$25	\$23	\$20	\$23
84443	TSH	\$25	Incl.	Incl.	Incl.
84449	Assay Of Transcortin	\$50	\$45	\$40	\$45
84450	AST	\$25	Incl.	Incl.	Incl.
84460	ALT	\$25	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
84479	T3/t4 Uptake Or Binding Ratio	\$25	\$23	\$20	\$23
84480	T3	\$50	Incl.	Incl.	Incl.
84481	Triiodothyronine T3 Free	\$25	Incl.	Incl.	Incl.
84482	T3 Reverse	\$75	\$68	\$60	\$68
84484	Troponin	\$75	\$68	\$60	\$68
84520	BUN	\$25	Incl.	Incl.	Incl.
84550	Uric Acid	\$25	Incl.	Incl.	Incl.
84590	Vitamin A	\$50	\$45	\$40	\$45
84630	Zinc, Serum	\$50	\$45	\$40	\$45
84681	Assay Of C-peptide	\$25	\$23	\$20	\$23
84702	HCG Quantitative	\$50	\$45	\$40	\$45
84703	HCG Qual (serum/labcorp)	\$50	Incl.	Incl.	Incl.
85018	Hemoglobin-(sent To Labcorp)	\$25	Incl.	Incl.	Incl.
85018-QW	Hemoglobin (fingerstick) On Hemopoint	\$20	Incl.	Incl.	Incl.
85025	CBC With Differential/platelet	\$25	Incl.	Incl.	Incl.
85027	CBC No Differential	\$25	Incl.	Incl.	Incl.
85045	Blood Count (part Of Anemia Profile)	\$25	Incl.	Incl.	Incl.
85060	Peripheral Smear	\$75	Incl.	Incl.	Incl.
85379	D-dimer	\$75	Incl.	Incl.	Incl.
85384	Fibrinogen Activity	\$25	\$23	\$20	\$23
85610	Prothrombin Time PT	\$25	Incl.	Incl.	Incl.
85652	Sedimentation Rate ESR	\$25	Incl.	Incl.	Incl.
85660	Hemoglobin (hb) Solubility	\$25	\$23	\$20	\$23
85730	PTT Activated	\$25	Incl.	Incl.	Incl.
86038	Antinuclear Antibodies ANA Ifa	\$50	Incl.	Incl.	Incl.
86060	Antistreptolysin O Titer	\$25	\$23	\$20	\$23
86140	C-reactive Protein CRP Quantitative	\$25	Incl.	Incl.	Incl.
86141	CRP	\$25	Incl.	Incl.	Incl.
86160	C4+c3	\$25	\$23	\$20	\$23
86160-59	C4+c3	\$25	\$23	\$20	\$23
86200	Anti-ccp AB Igg/iga	\$50	\$45	\$40	\$45
86225	DNA Double Strand Antibody	\$133	\$120	\$106	\$120
86235	Extractable Nuclear Antigens	\$70	\$63	\$56	\$63
86235-59	Extractable Nuclear Antigens Multiple Units	\$65	\$59	\$52	\$59
86258	Ttg, Reflex Test (billing Purposes Only)	\$25	\$23	\$20	\$23
86258-59	Deamidated Gliadin Antibodies, IGA Or Iggdeamidated Gliadin Antibodies, IGA Or IGG	\$25	\$23	\$20	\$23
86304	CA 125	\$50	\$45	\$40	\$45
86308-QW	Mononucleosis, Qual, Visual Read	\$20	Incl.	Incl.	Incl.
86317	Hepatitis B Surf AB Quant	\$25	\$23	\$20	\$23
86360	T Cell Absolute Count/ratio	\$75	\$68	\$60	\$68
86364	Measurement Of Ttg IGA Or IGG	\$50	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
86364-59	Measurement Of Ttg IGA Or IGG	\$25	\$23	\$20	\$23
86376	Thyroid Peroxidase (tpo) AB	\$25	Incl.	Incl.	Incl.
86431	Rheumatoid Factor (rf)	\$25	Incl.	Incl.	Incl.
86480	Tuberculosis Testing	\$75	Incl.	Incl.	Incl.
86580	PPD TB Skin Test	\$75	Incl.	Incl.	Incl.
86592	RPR (reflex)-006099 (unorderable)	\$50	Incl.	Incl.	Incl.
86618	*lyme Serology W/reflex To Confirm	\$50	Incl.	Incl.	Incl.
86666	Anaplasma Phagocytophilum AB	\$50	\$45	\$40	\$45
86666-59	Anaplasma Phagocytophilum AB	\$25	\$23	\$20	\$23
86695	Hsv 1 Serology	\$50	Incl.	Incl.	Incl.
86696	Hsv 2 Serology	\$50	Incl.	Incl.	Incl.
86701	HIV 2 AB Differentiation (billing)	\$50	Incl.	Incl.	Incl.
86702	HIV 1 AB Differentiation (billing)	\$50	Incl.	Incl.	Incl.
86704	Hepatitis B Core Antibody (hbcab), Total, #006718	\$25	Incl.	Incl.	Incl.
86705	Hepatitis B Core Antibody (hbcab) IGM AB (reflex Test)	\$75	Incl.	Incl.	Incl.
86706	Hepatitis B Surface Antibody (hbsab)	\$25	Incl.	Incl.	Incl.
86708	*hepatitis A Screening AB With Reflex To IGM	\$50	Incl.	Incl.	Incl.
86709	Hav IGM (reflex) (not Orderable)	\$25	Incl.	Incl.	Incl.
86735	Mumps Antibodies, IGG	\$50	\$45	\$40	\$45
86753	Babesia Microti Antibody Panel	\$50	Incl.	Incl.	Incl.
86753-59	Babesia Microti Antibody Panel	\$50	\$45	\$40	\$45
86762	Rubella Antibodies	\$50	\$45	\$40	\$45
86765	Measles (rubeola) Antibodies, IGG	\$50	Incl.	Incl.	Incl.
86780	Syphilis Cascade	\$25	Incl.	Incl.	Incl.
86787	Varicella-zoster V AB IGG	\$50	\$45	\$40	\$45
86793	RPR (quan)-reflex On STI Profile Only	\$75	\$68	\$60	\$68
86800	Thyroglobulin Antibody	\$50	\$45	\$40	\$45
86803	HCV AB Rfx To Quant PCR	\$25	Incl.	Incl.	Incl.
86850	Antibody Screen	\$25	\$23	\$20	\$23
86900	Abo Blood Typing	\$12.50	\$11	\$10	\$11
86901	Rh Blood Typing	\$12.50	\$11	\$10	\$11
87045	Culture, Bacterial	\$30	\$27	\$24	\$27
87046	Campylobacter, Stool Culture	\$50	\$45	\$40	\$45
87070	Aerobic Bacterial Culture	\$50	Incl.	Incl.	Incl.
87075	Anaerobic Culture	\$50	\$45	\$40	\$45
87081	Strep, Throat Culture	\$25	Incl.	Incl.	Incl.
87086	Urine Culture, Routine	\$50	Incl.	Incl.	Incl.
87101	Yeast Only, Culture	\$25	Incl.	Incl.	Incl.
87102	Microbiology Culture And Typing Procedures	\$25	\$23	\$20	\$23
87106	Organism Identification, Yeast	\$50	\$45	\$40	\$45
87169	Scabies Examination, Skin Scrapings	\$25	\$23	\$20	\$23
87177	O & P Exam, Stool	\$30	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
87186	Sensitivity Organism #1 (urine), Billing Purposes	\$25	Incl.	Incl.	Incl.
87209	Giardia	\$25	Incl.	Incl.	Incl.
87210-QW	Wet Prep (done At Viario)	\$30	Incl.	Incl.	Incl.
87210-QW-59	Wet Prep (viario) In Additon To Trich NAA Testing (labcorp)	\$30	Incl.	Incl.	Incl.
87328	Cryptosporidium	\$75	Incl.	Incl.	Incl.
87329	Giardia, EIA	\$25	Incl.	Incl.	Incl.
87338	H. Pylori Stool AG EIA	\$75	Incl.	Incl.	Incl.
87340	Hepatitis B Surface Antigen	\$25	Incl.	Incl.	Incl.
87389	HIV Ag/ab With Reflex	\$50	Incl.	Incl.	Incl.
87426-QW	COVID Rapid Antigen POC Test (non-confirmatory)	\$20	Incl.	Incl.	Incl.
87427	Infectious Agent Detection (stool)	\$30	Incl.	Incl.	Incl.
87468	Anaplasma, PCR	\$144	\$130	\$115	\$130
87469	Babesia, PCR	\$230	\$207	\$184	\$207
87480	Candida, DNA Probe	\$30	Incl.	Incl.	Incl.
87491	Chlamydia, NAA Any Method	\$25	Incl.	Incl.	Incl.
87493	C Difficile Toxin Gene NAA Stool	\$100	Incl.	Incl.	Incl.
87510	Bacterial Vaginosis, DNA Probe	\$30	Incl.	Incl.	Incl.
87517	HBV Quant DNA (reflex To #144547)	\$173	\$156	\$138	\$156
87522	HCV Rt-pcr, Quant (reflex Test) (not Orderable)	\$144	\$130	\$115	\$130
87529	Hsv 1/2 PCR Swab	\$95	Incl.	Incl.	Incl.
87529-59	Hsv 1/2 PCR Swab	\$95	Incl.	Incl.	Incl.
87535	HIV 1, RNA Reflex (billing)	\$172.50	\$155	\$138	\$155
87536	HIV RNA PCR Quant (reflex Test)	\$120	\$108	\$96	\$108
87538	HIV 2, RNA Reflex (billing)	\$172.50	\$155	\$138	\$155
87563	Mycoplasma Genitalium, Swab Or Urine	\$25	\$23	\$20	\$23
87591	Gonorrhea, NAA Any Method	\$25	Incl.	Incl.	Incl.
87624	HPV Aptima	\$75	Incl.	Incl.	Incl.
87625	HPV Genotypes 16/18, 45	\$100	Incl.	Incl.	Incl.
87660	Trich Vag, DNA Probe	\$30	Incl.	Incl.	Incl.
87661	Trich Vag By NAA	\$50	Incl.	Incl.	Incl.
87798	Detection Of Infectious Agents By Nucleic Acid	\$80.50	\$72	\$64	\$72
87798-59	Detection Of Infectious Agents By Nucleic Acid	\$80.50	\$72	\$64	\$72
87801	Detect Agnt Mult DNA Ampli	\$100	\$90	\$80	\$90
87804-QW	Influenza A (veritor), 1 Of 2 Billing Codes	\$22	Incl.	Incl.	Incl.
87804-QW-59	Influenza A (veritor), 2 Of 2 Billing Codes	\$22	Incl.	Incl.	Incl.
87807-QW	RSV Rapid Antigen POC Test (non-confirmatory)	\$30	Incl.	Incl.	Incl.
87811-QW	COVID Rapid Antigen POC Test (non-confirmatory)	\$22	Incl.	Incl.	Incl.
87880-QW	Strep A, Rapid, Any Testing Method	\$38	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
88141	Physician Read	\$25	\$23	\$20	\$23
88142	Change Ig Pap To Lb Pap	\$50	Incl.	Incl.	Incl.
88175	Ig Pap	\$108	Incl.	Incl.	Incl.
88304	Surgical Pathology, Interpretation, Level 3	\$40	\$36	\$32	\$36
88305	Surgical Pathology, Interpretation, Level 4	\$80	\$72	\$64	\$72
88312	Surgical Pathology, Special Stains, Group 1	\$70	\$63	\$56	\$63
88313	Surgical Pathology, Special Stains, Group 2	\$70	\$63	\$56	\$63
88341	Immunohisto, Per Specimen, Each Add'l Slide	\$85	\$77	\$68	\$77
88342	Immunohisto, Per Specimen, 1ST Slide	\$85	\$77	\$68	\$77
88344	Immunohisto, Per Specimen, Each Multiplex Antibody Stain	\$85	\$77	\$68	\$77
88346	Immunofluor, 1ST Stain	\$95	\$86	\$76	\$86
88350	Immunofluor, Each Add'l Stain	\$95	\$86	\$76	\$86
99000	Specimen Handling Office-lab	\$12	\$12	Incl.	\$12
G0107	Medicare, Hemocult/guaiac X 1-3 POC Test)	\$35	Incl.	Incl.	Incl.
G0328	Medicare, Colon Cancer Screening Fit Test	\$30	Incl.	Incl.	Incl.

## Diagnostics & Biometrics

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
92551	Hearing Screen, Pure Tone Audiometry, Air Only	\$25	\$25	Incl.	\$25
92552	Hearing Screen, Puretone Audiometry Threshold	\$45	\$45	Incl.	\$45
93000	ECG Routine Electrocardiogram; With Interpretation And Report	\$130	\$130	Incl.	\$130
93005	ECG Routine Electrocardiogram; Tracing Only, Without Interpretation And Report	\$90	\$90	Incl.	\$90
94010	Spirometry, In Office	\$245	\$245	Incl.	\$245
94060	Spirometry, Including Pre/post Bronchodilator Therapy	\$65	\$65	Incl.	\$65
94640	Nebulizer Treatment	\$45	\$45	Incl.	\$45
96110	Developmental Screening, Pediatric MCHAT ASQ	\$20	\$20	Incl.	\$20
96127	Depression Screening PHQ 2/9, Psc-17)	\$5	\$5	Incl.	\$5
96156	Assessment: Initial	\$150	\$150	Incl.	\$150
96158	Intervention: Individual, Face To Face (30 Min)	\$105	\$105	Incl.	\$105
96159	Intervention: Individual, Face To Face (each Add'l 15 Min)	\$45	\$45	Incl.	\$45
96160	Patient-focused Health Risk Assessment	\$20	\$20	Incl.	\$20
96161	Caregiver-focused Health Risk Assessment	\$20	\$20	Incl.	\$20
99172	Vision Screen (includes Visual Acuity, Color Vision, Stereopsis, & Visual Fields)	\$20	\$20	Incl.	Incl.
99173	Vision Screening (snellen Chart)	\$12	\$12	Incl.	Incl.

## Minor Procedures

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
10060	Incision And Drainage Of Abscess; Simple Or Single	\$180	Incl.	Incl.	Incl.
10061	Incision And Drainage Of Abscess; Complicated Or Multiple	\$300	Incl.	Incl.	Incl.
10120	Incision And Removal Of Foreign Body, Simple	\$185	Incl.	Incl.	Incl.
10121	Incision And Removal Of Foreign Body, Complicated	\$385	Incl.	Incl.	Incl.
11102	Biopsy Skin Shave	\$155	Incl.	Incl.	Incl.
11104	Punch Biopsy, Single Lesion	\$190	Incl.	Incl.	Incl.
11105	Punch Biopsy, Each Additional Lesion	\$95	Incl.	Incl.	Incl.
11200	Removal Of Skin Tags; < 15	\$135	Incl.	Incl.	Incl.
11201	Removal Of Skin Tags; Each Add'l 10	\$45	Incl.	Incl.	Incl.
11300	Shave Skin Lesion; Trunk, Arms, Legs, <0.5 CM	\$130	Incl.	Incl.	Incl.
11301	Shave Skin Lesion; Trunk, Arms, Legs, 0.6-1.0 CM	\$155	Incl.	Incl.	Incl.
11302	Shave Skin Lesion; Trunk, Arms, Legs, 1.1-2.0 CM	\$185	Incl.	Incl.	Incl.
11303	Shave Skin Lesion; Trunk, Arms, Legs, >2.0 CM	\$200	Incl.	Incl.	Incl.
11305	Shave Skin Lesion; Scalp, Neck, Hands, Feet, Genitals, <0.5 CM	\$115	Incl.	Incl.	Incl.
11306	Shave Skin Lesion; Scalp, Neck, Hands, Feet, Genitals, 0.6-1.0 CM	\$150	Incl.	Incl.	Incl.
11307	Shave Skin Lesion; Scalp, Neck, Hands, Feet, Genitals, 1.1-2.0 CM	\$175	Incl.	Incl.	Incl.
11308	Shave Skin Lesion; Scalp, Neck, Hands, Feet, Genitals, >2.0 CM	\$190	Incl.	Incl.	Incl.
11400	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter 0.5 CM Or Less	\$185	Incl.	Incl.	Incl.
11401	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter 0.6 To 1.0 CM	\$220	Incl.	Incl.	Incl.
11402	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter 1.1 To 2.0 CM	\$245	Incl.	Incl.	Incl.
11403	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter 2.1 To 3.0 CM	\$280	Incl.	Incl.	Incl.
11404	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter 3.1 To 4.0 CM	\$320	Incl.	Incl.	Incl.
11406	Excision, Benign Lesion; Trunk, Arms Or Legs; Excised Diameter Over 4.0 CM	\$455	Incl.	Incl.	Incl.
11420	Excision, Benign Lesion; Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 CM Or Less	\$185	Incl.	Incl.	Incl.
11421	Excision, Benign Lesion; Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 To 1.0 CM	\$230	Incl.	Incl.	Incl.
11422	Excision, Benign Lesion; Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 1.1 To 2.0 CM	\$255	Incl.	Incl.	Incl.
11423	Excision, Benign Lesion; Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 2.1 To 3.0 CM	\$290	Incl.	Incl.	Incl.
11424	Excision, Benign Lesion ; Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 3.1 To 4.0 CM	\$335	Incl.	Incl.	Incl.
11440	Excision, Benign Lesion; Face, Ears, Eyelids, Nose, Lips; Excised Diameter 0.5 CM Or Less	\$205	Incl.	Incl.	Incl.
11441	Excision, Benign Lesion; Face, Ears, Eyelids, Nose, Lips; Excised Diameter 0.6 To 1.0 CM	\$250	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
11442	Excision, Benign Lesion; Face, Ears, Eyelids, Nose, Lips; Excised Diameter 1.1 To 2.0 CM	\$275	Incl.	Incl.	Incl.
11443	Excision, Benign Lesion; Face, Ears, Eyelids, Nose, Lips; Excised Diameter 2.1 To 3.0 CM	\$325	Incl.	Incl.	Incl.
11740	Trephination Of The Nail (surgical Procedure Of Nail)	\$95	Incl.	Incl.	Incl.
11981	Nexplanon (implant) Insertion	\$145	Incl.	Incl.	Incl.
11982	Nexplanon (implant) Removal	\$165	Incl.	Incl.	Incl.
12001	Simple Repair Laceration; Scalp, Neck, Axillae, External Genitalia, Trunk, Extremities (including Hands And Feet); 2.5 CM Or Less	\$95	Incl.	Incl.	Incl.
12002	Simple Repair Laceration; Scalp, Neck, Axillae, External Genitalia, Trunk, Extremities (including Hands And Feet); 2.6 CM To 7.5 CM	\$175	Incl.	Incl.	Incl.
12004	Simple Repair Laceration; Scalp, Neck, Axillae, External Genitalia, Trunk, Extremities (including Hands And Feet); 7.6 CM To 12.5 CM	\$195	Incl.	Incl.	Incl.
15851	Removal Of Sutures Or Staples Requiring Anesthesia	\$55	Incl.	Incl.	Incl.
15853	Removal Of Sutures Or Staples Not Requiring Anesthesia	\$40	Incl.	Incl.	Incl.
15854	Removal Of Both Sutures And Staples Not Requiring Anesthesia	\$70	Incl.	Incl.	Incl.
17000	Cryotherapy 1ST Premalignant Lesion (ie Actinic Keratosis)	\$125	Incl.	Incl.	Incl.
17003	Cryotherapy Premalignant Lesion 2-14 (ie Actinic Keratosis)	\$15	Incl.	Incl.	Incl.
17004	Cryotherapy Premalignant Lesion 15+ (ie Actinic Keratosis)	\$240	Incl.	Incl.	Incl.
17110	Destruction Benign Lesion (ie Warts), 1-14	\$170	Incl.	Incl.	Incl.
17111	Destruction Benign Lesion (ie Warts), 15+	\$200	Incl.	Incl.	Incl.
20520	Removal Of Foreign Body From Muscle/tendon Sheath; Simple	\$340	Incl.	Incl.	Incl.
20525	Removal Of Foreign Body From Muscle/tendon Sheath; Complicated	\$650	Incl.	Incl.	Incl.
20560	Needle Insertion(s) Without Injection(s), 1 Or 2 Muscle(s)	\$30	Incl.	Incl.	Incl.
20561	Needle Insertion(s) Without Injection(s), 3 Or More Muscle(s)	\$30	Incl.	Incl.	Incl.
30300	Removal Of Foreign Body, Nose	\$350	Incl.	Incl.	Incl.
46000	Anoscopy	\$185	Incl.	Incl.	Incl.
51701	Insertion Of A Non-indwelling Bladder Catheter	\$95	Incl.	Incl.	Incl.
58300	IUD Insertion	\$175	Incl.	Incl.	Incl.
58301	IUD Removal	\$175	Incl.	Incl.	Incl.
69000	Drainage External Ear, Abscess Or Hematoma	\$245	Incl.	Incl.	Incl.
69200	Foreign Body Removal, External Ear Canal	\$165	Incl.	Incl.	Incl.
69209	Earwax Removal; Irrigation/lavage, Unilateral	\$50	Incl.	Incl.	Incl.
69209-50	Earwax Removal; Irrigation/lavage, Bilateral	\$50	Incl.	Incl.	Incl.
69210	Earwax Removal; Requiring Instrumentation, Unilateral	\$65	Incl.	Incl.	Incl.
69210-50	Earwax Removal; Requiring Instrumentation, Bilateral	\$65	Incl.	Incl.	Incl.
96372	Administration Fee, Injection	\$70	\$70	Incl.	\$70
H0033	Administration Fee, Oral Medication	\$15	Incl.	Incl.	Incl.

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
J0171	Injection, Auto-injector, Epinephrine, Per 0.15MG	\$285	\$285	\$285	\$285
J0561	Bicillin La, Syr 1.2 Mmu/2 MI	\$350	\$350	\$350	\$350
J0696	Injection, Ceftriaxone Sodium, Per 250 Mg	\$85	\$85	\$85	\$85
J1030	*injection, Methylprednisolone Acetate, 40 Mg	\$85	\$85	\$85	\$85
J1885	Injection, Ketorolac, Per 15 Mg/0.5ml	\$35	\$35	\$35	\$35
J2310	Injection, Naloxone, 0.4 Mg/ml	\$95	\$95	\$95	\$95
J3420	*injection, Vitamin B12 Cyanocobalamin, 1000 Mcg/ml	\$85	\$85	\$85	\$85
J3490	Naloxone, Nasal Spray	\$115	\$115	\$115	\$115
J3491	Semaglutide Injection	\$100	\$100	\$100	\$100
J7297	Levonorgestrel-releasing IUD 52 Mg	\$665	\$665	\$665	\$665
J7300	Intrauterine Copper Contraceptive	\$1230	\$1195	\$1195	\$1195
J7307	*etonogestrel Implant, 68 Mg	\$1210	\$1190	\$1190	\$1190
J7613	Albuterol Nebulizer Solution (0.083%), 2.5MG/3ML	\$5	Incl.	Incl.	Incl.
J7620	Ipratropium Bromide/alubutanol, 0.5MG/3MG Per 3ML	\$10	Incl.	Incl.	Incl.
J8499	Acetaminophen, 160MG/5ML	\$2	Incl.	Incl.	Incl.

## Physical Therapy & Rehabilitation

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
97010	Supervised Application Of Hot Or Cold Therapies To Treat Condition, Injury, Or Disease	\$12	\$10.80	\$9.60	\$10.80
97012	Supervised Application Of Mechanical Traction To Treat Condition, Injury, Or Disease	\$41	\$36.90	\$32.80	\$36.90
97014	Supervised Application Of Electrical Current To Nerves Or To A Muscle Or Group Of Muscles To Treat Condition, Injury, Or Disease	\$35	\$31.50	\$28	\$31.50
97032	Constant Attendance Pm&r: Electrical Stimulation Therapy Uses Electricity To Stimulate The Muscles For The Treatment Of Pain And Other Disorders Associated With Muscles	\$39	\$35.10	\$31.20	\$35.10
97110	Pm&r Therapeutic Procedures: Therapeutic Exercise	\$65	\$58.50	\$52	\$58.50
97112	Pm&r Therapeutic Procedures: Neuromuscular Reeducation	\$85	\$76.50	\$68	\$76.50
97124	Massage Therapy, Per 15 Minutes	\$25	\$22.50	\$20	\$22.50
97140	Pm&r Therapeutic Procedures: Physical Therapy Which Uses The Controlled Movement And Pressure Of Hands To Treat Various Disorders Of Soft Tissues And Joints, Eg, Chronic Back Pain	\$65	\$58.50	\$52	\$58.50
97150	Pm&r Therapeutic Procedures: Supervised Therapeutic Exercise (group) Per Hour	\$35	\$31.50	\$28	\$31.50
97161	PT Evaluation Low Complexity	\$125	\$112.50	\$100	\$112.50
97162	PT Evaluation Moderate Complexity	\$125	\$112.50	\$100	\$112.50
97163	PT Evaluation High Complexity	\$125	\$112.50	\$100	\$112.50
97164	PT Re-evaluations	\$100	\$90	\$80	\$90
97169	Athletic Training Evaluation - Low Complexity	\$60	\$54	\$48	\$54
97170	Athletic Training Evaluation - Moderate Complexity	\$86	\$77.40	\$68.80	\$77.40

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
97171	Athletic Training Evaluation - High Complexity	\$160	\$144	\$128	\$144
97172	Athletic Training Re-evaluation	\$56	\$50.40	\$44.80	\$50.40
97530	Pm&r Therapeutic Procedures: Supervised Therapeutic Activity For Functional Performance, 1 On 1, Each 15 Minutes	\$85	\$76.50	\$68	\$76.50
97533	Pm&r Therapeutic Procedures: Supervised Therapeutic Sensory Integrative Techniques As Treatment For Dysfunction Of Sensory Processing, 1 On 1, Each 15 Minutes	\$80	\$72	\$64	\$72
97535	Pm&r Therapeutic Procedures: Consultation On Recovery Instructions For Recovery From Acute Injury, Illness, Or Disease	\$80	\$72	\$64	\$72
97597	Debridement Less Than 20 SQ CM	\$110	\$25	\$25	\$25
97602	Wound(s) Care Non-selective	\$66	\$25	\$25	\$25
97802	Medical Nutrition Therapy MNT Initial Assessment And Intervention.	\$40	\$40	\$40	\$40
97803	Medical Nutrition Therapy MNT Follow Up.	\$40	\$40	\$40	\$40
G0238	Therapeutic Procedures To Improve Respiratory Function	\$35	Incl.	Incl.	Incl.
G0283	Electrical Stimulation (unattended), To One Or More Areas For Indication(s) Other Than Wound Care	\$40	Incl.	Incl.	Incl.

## Behavioral Health

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
90785	Interactive Complexity	\$30	\$30	\$30	\$30
90791	Psychiatric Diagnostic Evaluation Without Medical Services	\$190	\$190	\$190	\$190
90791-59	Psychiatric Diagnostic Evaluation Without Medical Services	\$190	\$190	\$190	\$190
90791-93	Psychiatric Diagnostic Evaluation Without Medical Services, Audio Only	\$190	\$190	\$190	\$190
90791-95	Psychiatric Diagnostic Evaluation Without Medical Services, Telehealth	\$190	\$190	\$190	\$190
90792	Psychiatric Diagnostic Evaluation With Medical Services	\$260	\$260	\$260	\$260
90832	30 Minutes Of Individual Psychotherapy	\$110	\$110	\$110	\$110
90832-93	30 Minutes Of Individual Psychotherapy, Audio Only	\$110	\$110	\$110	\$110
90832-95	30 Minutes Of Individual Psychotherapy, Telehealth	\$110	\$110	\$110	\$110
90833	30 Minutes Of Psychotherapywith E/m Service	\$110	\$110	\$110	\$110
90834	45 Minutes Of Individual Psychotherapy	\$150	\$150	\$150	\$150
90834-59	45 Minutes Of Individual Psychotherapy	\$150	\$150	\$150	\$150
90834-93	45 Minutes Of Individual Psychotherapy, Audio Only	\$150	\$150	\$150	\$150
90834-95	45 Minutes Of Individual Psychotherapy, Telehealth	\$150	\$150	\$150	\$150
90834-HJ	EAP 45 Min Of Psychotherapy	\$150	\$146	\$146	\$146
90836	45 Minutes Of Psychotherapy With E/m Service	\$140	\$140	\$140	\$140
90837	60 Minutes Of Individual Psychotherapy	\$180	\$180	\$180	\$180

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
90837-93	60 Minutes Of Individual Psychotherapy, Audio Only	\$180	\$180	\$180	\$180
90837-95	60 Minutes Of Individual Psychotherapy, Telehealth	\$180	\$180	\$180	\$180
90839	First 60 Minutes Of Psychotherapy For Crisis	\$220	\$220	\$220	\$220
90840	Add-on Code For Each Additional 30 Minutes Of Psychotherapy For Crisis	\$110	\$110	\$110	\$110
90845	Psychoanalysis	\$130	\$130	\$130	\$130
90846	50 Minutes Of Family Psychotherapy Without The Client Present	\$165	\$165	\$165	\$165
90847	50 Minutes Of Family Psychotherapy With The Client Present	\$170	\$170	\$170	\$170
90849	Multiple-family Group Psychotherapy	\$90	\$90	\$90	\$90
90853	Group Psychotherapy	\$60	\$60	\$60	\$60
90863	Psychopharmacology With Psychotherapy	\$65	\$65	\$65	\$65
90875	30 Minutes Of Individual Psychophysiological Therapy With Biofeedback	\$85	\$85	\$85	\$85
90876	45 Minutes Of Individual Psychophysiological Therapy With Biofeedback	\$140	\$68	\$68	\$68

## Other Therapeutics (Chiropractic & Acupuncture)

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
97810	Acupuncture, Initial; Evaluation, Needle Placement, 15 Minutes Of Treatment, And Post-treatment	\$60	\$60	\$60	\$60
97811	Acupuncture, Subsequent; Each Additional 15 Minutes	\$30	\$30	\$30	\$30
97813	Acupuncture W/ Electrical Stim, Initial; Evaluation, Needle Placement, 15 Min Treatment, Post-treatment	\$60	\$60	\$60	\$60
97814	Acupuncture W/ Electrical Stimulation; Each Additional 15 Minutes	\$30	\$30	\$30	\$30
98940	Chiropractic Manipulative Treatment CMT Spinal, 1-2 Regions	\$75	\$75	\$75	\$75
98941	Chiropractic Manipulative Treatment CMT Spinal, 3-4 Regions	\$75	\$75	\$75	\$75
98942	Chiropractic Manipulative Treatment CMT Spinal, 5 Regions	\$75	\$75	\$75	\$75
98943	Chiropractic Manipulative Treatment CMT Extraspinal, 1 Or More Regions	\$75	\$75	\$75	\$75

## Radiology

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
70030	X-ray, Eye, For Detection Of Foreign Body	\$135	\$50	\$50	\$50
70030-50	X-ray, Eye, For Detection Of Foreign Body, Bilateral	\$125	\$50	\$50	\$50
70140	X-ray, Facial Bones; Less Than 3 Views	\$135	\$50	\$50	\$50
70150	X-ray, Facial Bones; Complete, Minimum Of 3 Views	\$190	\$50	\$50	\$50
70160	X-ray, Nasal Bones, Complete, Minimum Of 3 Views	\$155	\$50	\$50	\$50

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
70160-52	X-ray, Nasal Bones, Complete, Minimum Of 3 Views, Reduced View(s)	\$145	\$50	\$50	\$50
70210	X-ray, Sinuses, Paranasal, Less Than 3 Views	\$135	\$50	\$50	\$50
70220	X-ray, Sinuses, Paranasal, Complete, Minimum Of 3 Views	\$155	\$50	\$50	\$50
70250	X-ray, Skull; Less Than 4 Views	\$165	\$50	\$50	\$50
70260	X-ray, Skull; Complete, Minimum Of 4 Views	\$200	\$50	\$50	\$50
70360	X-ray; Neck, Soft Tissue	\$150	\$50	\$50	\$50
71045	X-ray, Chest; Single View	\$120	\$50	\$50	\$50
71046	X-ray, Chest; 2 Views	\$140	\$50	\$50	\$50
71047	X-ray, Chest; 3 Views	\$170	\$50	\$50	\$50
71100	X-ray; Ribs, Unilateral	\$160	\$50	\$50	\$50
71100-52	X-ray; Ribs, Unilateral, Reduced View(s)	\$145	\$50	\$50	\$50
71101	X-ray; Ribs, Unilateral With Chest	\$190	\$50	\$50	\$50
71101-52	X-ray; Ribs, Unilateral With Chest, Reduced View(s)	\$175	\$50	\$50	\$50
71111	X-ray, Ribs, Bilateral; Including Posteroanterior Chest, Minimum Of 4 Views	\$245	\$50	\$50	\$50
71111-52	X-ray, Ribs, Bilateral; Including Posteroanterior Chest, Minimum Of 4 Views, Reduced View(s)	\$230	\$50	\$50	\$50
71120	X-ray; Sternum, Minimum Of 2 Views	\$140	\$50	\$50	\$50
71120-52	X-ray; Sternum, Minimum Of 2 Views, Reduced View(s)	\$130	\$50	\$50	\$50
71130	X-ray; SC Joints (2vw)	\$170	\$50	\$50	\$50
71130-52	X-ray; SC Joints (2vw), Reduced View(s)	\$155	\$50	\$50	\$50
72020	X-ray, Spine, Single View, Specify Level	\$130	\$50	\$50	\$50
72040	X-ray, Spine, Cervical; 2 Or 3 Views	\$160	\$50	\$50	\$50
72050	X-ray, Spine, Cervical; 4 Or 5 Views	\$215	\$50	\$50	\$50
72052	X-ray, Spine, Cervical; 6 Or More Views	\$250	\$50	\$50	\$50
72070	X-ray, Spine; Thoracic, 2 Views	\$160	\$50	\$50	\$50
72081	X-ray; Entire Spine (1vw)	\$175	\$50	\$50	\$50
72082	X-ray, Spine, Entire Thoracic And Lumbar, Including Skull, Cervical And Sacral Spine If Performed (eg, Scoliosis Evaluation); 2 Or 3 Views	\$275	\$50	\$50	\$50
72100	X-ray, Spine, Lumbosacral; 2 Or 3 Views	\$165	\$50	\$50	\$50
72110	X-ray, Spine, Lumbosacral; Minimum Of 4 Views	\$215	\$50	\$50	\$50
72114	X-ray, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views	\$255	\$50	\$50	\$50
72120	X-ray, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views	\$190	\$50	\$50	\$50
72170	X-ray, Pelvis; 1 Or 2 Views	\$135	\$50	\$50	\$50
72190	X-ray, Pelvis; Complete, Minimum Of 3 Views	\$175	\$50	\$50	\$50
72220	X-ray, Sacrum And Coccyx, Minimum Of 2 Views	\$135	\$50	\$50	\$50
72220-52	X-ray, Sacrum And Coccyx, Minimum Of 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73000	X-ray; Clavicle, Complete	\$145	\$50	\$50	\$50
73000-50	X-ray; Clavicle, Complete, Bilateral	\$130	\$50	\$50	\$50
73000-52	X-ray; Clavicle, Complete, Reduced View(s)	\$130	\$50	\$50	\$50

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
73010	X-ray; Scapula, Complete	\$140	\$50	\$50	\$50
73010-50	X-ray; Scapula, Complete, Bilateral	\$125	\$50	\$50	\$50
73010-52	X-ray; Scapula, Complete, Reduced View(s)	\$125	\$50	\$50	\$50
73020	X-ray, Shoulder; 1 View	\$130	\$50	\$50	\$50
73020-50	X-ray, Shoulder; 1 View, Bilateral	\$115	\$50	\$50	\$50
73030	X-ray, Shoulder; Complete, Minimum Of 2 Views	\$145	\$50	\$50	\$50
73030-50	X-ray, Shoulder; Complete, Minimum Of 2 Views, Bilateral	\$130	\$50	\$50	\$50
73050	X-ray; Acromioclavicular Joints, Bilateral, With Or Without Weighted Distraction	\$165	\$50	\$50	\$50
73050-52	X-ray; Acromioclavicular Joints, Bilateral, With Or Without Weighted Distraction, Reduced View(s)	\$155	\$50	\$50	\$50
73060	X-ray; Humerus, Minimum Of 2 Views	\$140	\$50	\$50	\$50
73060-50	X-ray; Humerus, Minimum Of 2 Views, Bilateral	\$125	\$50	\$50	\$50
73060-52	X-ray; Humerus, Minimum Of 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73070	X-ray, Elbow; 2 Views	\$135	\$50	\$50	\$50
73070-50	X-ray, Elbow; 2 Views, Bilateral	\$125	\$50	\$50	\$50
73070-52	X-ray, Elbow; 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73080	X-ray, Elbow; Complete, Minimum Of 3 Views	\$140	\$50	\$50	\$50
73080-50	X-ray, Elbow; Complete, Minimum Of 3 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73090	X-ray; Forearm, 2 Views	\$140	\$50	\$50	\$50
73090-50	X-ray; Forearm, 2 Views, Bilateral	\$125	\$50	\$50	\$50
73090-52	X-ray; Forearm, 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73092	X-ray; Infant Upper Extremity (min 2 VW (under 12 Months))	\$135	\$50	\$50	\$50
73100	X-ray, Wrist; 2 Views	\$145	\$50	\$50	\$50
73100-50	X-ray, Wrist; 2 Views, Bilateral	\$130	\$50	\$50	\$50
73100-52	X-ray, Wrist; 2 Views, Reduced View(s)	\$130	\$50	\$50	\$50
73110	X-ray, Wrist; Complete, Minimum Of 3 Views	\$165	\$50	\$50	\$50
73110-50	X-ray, Wrist; Complete, Minimum Of 3 Views, Bilateral	\$155	\$50	\$50	\$50
73120	X-ray, Hand; 2 Views	\$135	\$50	\$50	\$50
73120-50	X-ray, Hand; 2 Views, Bilateral	\$125	\$50	\$50	\$50
73120-52	X-ray, Hand; 2 Views, Reduced View(s) (use For 1V Arthritic Hand)	\$125	\$50	\$50	\$50
73130	X-ray, Hand; Minimum Of 3 Views	\$150	\$50	\$50	\$50
73130-50	X-ray, Hand; Minimum Of 3 Views, Bilateral	\$140	\$50	\$50	\$50
73140	X-ray, Finger(s), Minimum Of 2 Views	\$155	\$50	\$50	\$50
73140-50	X-ray, Finger(s), Minimum Of 2 Views, Bilateral	\$140	\$50	\$50	\$50
73140-52	X-ray, Finger(s), Minimum Of 2 Views, Reduced View(s)	\$140	\$50	\$50	\$50
73501	X-ray, Hip, Unilateral, With Pelvis When Performed; 1 View	\$145	\$50	\$50	\$50
73501-52	X-ray, Hip, Unilateral, With Pelvis When Performed; 1 View, Reduced View(s)	\$130	\$50	\$50	\$50
73502	X-ray, Hip, Unilateral, With Pelvis When Performed; 2-3 Views	\$190	\$50	\$50	\$50

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
73522	X-ray; Hip, Bilateral (3-4 VW	\$230	\$50	\$50	\$50
73523	X-ray, Hips, Bilateral, With Pelvis When Performed; Minimum Of 5 Views	\$265	\$50	\$50	\$50
73551	X-ray, Femur; 1 View	\$125	\$50	\$50	\$50
73551-50	X-ray, Femur; 1 View, Bilateral	\$110	\$50	\$50	\$50
73552	X-ray, Femur; Minimum 2 Views	\$145	\$50	\$50	\$50
73552-50	X-ray, Femur; Minimum 2 Views, Bilateral	\$135	\$50	\$50	\$50
73560	X-ray, Knee; 1 Or 2 Views	\$145	\$50	\$50	\$50
73560-50	X-ray, Knee; 1 Or 2 Views, Bilateral	\$130	\$50	\$50	\$50
73562	X-ray, Knee; 3 Views	\$165	\$50	\$50	\$50
73562-50	X-ray, Knee; 3 Views, Bilateral	\$155	\$50	\$50	\$50
73564	X-ray, Knee; Complete, 4 Or More Views	\$185	\$50	\$50	\$50
73564-50	X-ray, Knee; Complete, 4 Or More Views, Bilateral	\$175	\$50	\$50	\$50
73565	X-ray, Knee; Both Knees, Standing, Anteroposterior	\$165	\$50	\$50	\$50
73590	X-ray; Tibia And Fibula, 2 Views	\$130	\$50	\$50	\$50
73590-50	X-ray; Tibia And Fibula, 2 Views, Bilateral	\$120	\$50	\$50	\$50
73590-52	X-ray; Tibia And Fibula, 2 Views, Reduced View(s)	\$120	\$50	\$50	\$50
73592	X-ray; Lower Extremity, Infant, Minimum Of 2 Views	\$135	\$50	\$50	\$50
73592-50	X-ray; Lower Extremity, Infant, Minimum Of 2 Views, Bilateral	\$120	\$50	\$50	\$50
73592-52	X-ray; Lower Extremity, Infant, Minimum Of 2 Views, Reduced View(s)	\$120	\$50	\$50	\$50
73600	X-ray, Ankle; 2 Views	\$140	\$50	\$50	\$50
73600-50	X-ray, Ankle; 2 Views, Bilateral	\$130	\$50	\$50	\$50
73600-52	X-ray, Ankle; 2 Views, Reduced View(s)	\$130	\$50	\$50	\$50
73610	X-ray, Ankle; Complete, Minimum Of 3 Views	\$155	\$50	\$50	\$50
73610-50	X-ray, Ankle; Complete, Minimum Of 3 Views, Bilateral	\$140	\$50	\$50	\$50
73620	X-ray, Foot; 2 Views	\$140	\$50	\$50	\$50
73620-50	X-ray, Foot; 2 Views, Bilateral	\$125	\$50	\$50	\$50
73620-52	X-ray, Foot; 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
73630	X-ray, Foot; Complete, Minimum Of 3 Views	\$145	\$50	\$50	\$50
73630-50	X-ray, Foot; Complete, Minimum Of 3 Views, Bilateral	\$130	\$50	\$50	\$50
73650	X-ray; Calcaneus, Minimum Of 2 Views	\$130	\$50	\$50	\$50
73650-50	X-ray; Calcaneus, Minimum Of 2 Views, Bilateral	\$115	\$50	\$50	\$50
73650-52	X-ray; Calcaneus, Minimum Of 2 Views, Reduced View(s)	\$115	\$50	\$50	\$50
73660	X-ray; Toe(s), Minimum Of 2 Views	\$135	\$50	\$50	\$50
73660-50	X-ray; Toe(s), Minimum Of 2 Views, Bilateral	\$125	\$50	\$50	\$50
73660-52	X-ray; Toe(s), Minimum Of 2 Views, Reduced View(s)	\$125	\$50	\$50	\$50
74018	X-ray, Abdomen; 1 View	\$115	\$50	\$50	\$50
74019	X-ray, Abdomen; 2 Views	\$155	\$50	\$50	\$50
77072	X-ray; Hand (1 VW Arthritic)	\$135	\$50	\$50	\$50

## Supplies & Durable Medical Equipment

CPT Code	Description	Cash Price	DPC Essential	DPC Complete	DPC One for Business
A4467	Orthotics Elbow Cho-pat Strap	\$30	\$30	\$30	\$30
A4565	Arm Sling	\$16	\$16	\$16	\$16
A4570	Procure Staxx Finger Splint Kit	\$5	\$5	\$5	\$5
A6196	Sterile, Alginate Or Fiber Gelling Dressing Less Than 16 SQ In	\$20	\$20	\$20	\$20
A6212	Sterile Foam Dressing With An Adhesive Border And A Pad Size 16 SQ In Or Less	\$10	\$10	\$10	\$10
A6213	Sterile, Foam Dressing Between 16 And 48 SQ In	\$10	\$10	\$10	\$10
A6222	Gauze With Other Than Water, Normal Saline, Or Hydrogel, Sterile, Up To 16 SQ In	\$5	\$5	\$5	\$5
A6448	Ace Bandage 2 In X 5 Yrd	\$6	\$6	\$6	\$6
A6449	Ace Bandage 4 In X 5 Yrd	\$6	\$6	\$6	\$6
E0114	Crutches	\$45	\$45	\$45	\$45
E0570	Devilbiss Nebulizer Machine	\$40	\$40	\$40	\$40
L1830	Orthotics Knee Immobilizer	\$45	\$45	\$45	\$45
L3260	Procure Surgical Shoe	\$45	\$45	\$45	\$45
L3809	Cock Up Wrist Splint W/thumb	\$26	\$26	\$26	\$26
L3908	Cock-up Wrist Splint	\$26	\$26	\$26	\$26
L3913	Finger Splint, Foam, Assorted Sizes	\$5	\$5	\$5	\$5
L4350	Aircast Air Stirrup Ankle/heel Brace	\$38	\$38	\$38	\$38
L4386	Walking Boot, Pediatric	\$50	\$50	\$50	\$50
L4387	Walking Boot, Adult	\$50	\$50	\$50	\$50
Q0163	Diphenhydramine, Oral Susp Or Tablet, Per 12.5MG	\$0.50	\$0.50	\$0.50	\$0.50
S4990	Nicotine Prelacement, Transdermal Patch, Per 7 Mg	\$2	\$2	\$2	\$2
S4995	Nicotine Replacement, Gum Or Mini-lozenge, Per 2 Mg	\$0.50	\$0.50	\$0.50	\$0.50

*For questions about our pricing or DPC membership plans, please contact Viaro Health at (608)668-2111 or visit ViaroHealth.com. This schedule is provided for informational purposes and represents our good-faith effort at price transparency for self-pay and DPC member services. Individual pricing may vary based on clinical circumstances. Prices are subject to change without prior notice.*