



2024 PUBLISHED PRICING AND DPC MEMBER PRICING

Code	Description	2024 Price	DPC Price	DPC PLUS Price
11200	REMOVAL OF SKIN TAGS; < 15	\$ 130.00	\$ 63.00	INCLUDED
11201	REMOVAL OF SKIN TAGS; EACH ADD'L 10	\$ 40.00	\$ 19.00	INCLUDED
11300	SHAVE SKIN LESION; TRUNK, ARMS, LEGS, <0.5 CM	\$ 122.00	\$ 58.00	INCLUDED
11306	SHAVE SKIN LESION; SCALP, NECK, HANDS, FEET, GENTIALS, 0.6-1.0 CM	\$ 144.00	\$ 69.00	INCLUDED
11981	NEXPLANON (IMPLANT) INSERTION	\$ 138.00	\$ 68.00	INCLUDED
17000	CRYOTHERAPY 1ST PREMALIGNANT LESION (IE ACTINIC KERATOSIS)	\$ 124.00	\$ 46.00	INCLUDED
17110	DESTRUCTION BENIGN LESION (IE WARTS), 1-14	\$ 170.00	\$ 57.00	INCLUDED
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 1 OR 2 MUSCLE(S)	\$ 26.00	\$ 23.00	INCLUDED
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S), 3 OR MORE MUSCLE(S)	\$ 26.00	\$ 23.00	INCLUDED
36415	SPECIMEN COLLECTION: VENIPUNCTURE	\$ 12.00	INCLUDED	INCLUDED
36416	SPECIMEN COLLECTION: FINGER POKE	\$ 12.00	INCLUDED	INCLUDED
58300	IUD INSERTION	\$ 170.00	INCLUDED	INCLUDED
58301	IUD REMOVAL	\$ 170.00	INCLUDED	INCLUDED
69209	EARWAX REMOVAL; IRRIGATION/LAVAGE, UNILATERAL	\$ 46.00	INCLUDED	INCLUDED
69210	EARWAX REMOVAL; REQUIRING INSTRUMENTATION, UNILATERAL	\$ 60.00	INCLUDED	INCLUDED
71046	X-RAY, CHEST; 2 VIEWS	\$ 122.00	\$ 35.00	INCLUDED
71100	X-RAY; RIBS, UNILATERAL	\$ 140.00	\$ 35.00	INCLUDED
71111	X-RAY, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	\$ 222.00	\$ 35.00	INCLUDED
72040	X-RAY, SPINE, CERVICAL; 2 OR 3 VIEWS	\$ 142.00	\$ 35.00	INCLUDED
72070	X-RAY, SPINE; THORACIC, 2 VIEWS	\$ 140.00	\$ 35.00	INCLUDED
72082	X-RAY, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, SCOLIOSIS EVALUATION); 2 OR 3 VIEWS	\$ 254.00	\$ 35.00	INCLUDED
72100	X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	\$ 144.00	\$ 35.00	INCLUDED
73030	X-RAY, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	\$ 126.00	\$ 35.00	INCLUDED
73050	X-RAY; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$ 148.00	\$ 35.00	INCLUDED
73110	X-RAY, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	\$ 148.00	\$ 35.00	INCLUDED
73120	X-RAY, HAND; 2 VIEWS	\$ 118.00	\$ 35.00	INCLUDED
73130	X-RAY, HAND; MINIMUM OF 3 VIEWS	\$ 132.00	\$ 35.00	INCLUDED
73140	X-RAY, FINGER(S), MINIMUM OF 2 VIEWS	\$ 136.00	\$ 35.00	INCLUDED
73502	X-RAY, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	\$ 170.00	\$ 35.00	INCLUDED



VIAROHEALTH

Code	Description	2024 Price	DPC Price	DPC PLUS Price
	X-RAY, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF 5 VIEWS	\$ 244.00	\$ 35.00	INCLUDED
73523				
73560	X-RAY, KNEE; 1 OR 2 VIEWS	\$ 124.00	\$ 35.00	INCLUDED
73562	X-RAY, KNEE; 3 VIEWS	\$ 148.00	\$ 35.00	INCLUDED
73590	X-RAY; TIBIA AND FIBULA, 2 VIEWS	\$ 114.00	\$ 35.00	INCLUDED
73600	X-RAY, ANKLE; 2 VIEWS	\$ 122.00	\$ 35.00	INCLUDED
73610	X-RAY, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	\$ 134.00	\$ 35.00	INCLUDED
73630	X-RAY, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	\$ 124.00	\$ 35.00	INCLUDED
73660	X-RAY; TOE(S), MINIMUM OF 2 VIEWS	\$ 118.00	\$ 35.00	INCLUDED
74018	X-RAY, ABDOMEN; 1 VIEW	\$ 98.00	\$ 35.00	INCLUDED
80048	BMP (8)	\$ 12.00	INCLUDED	INCLUDED
80051	ELECTROLYTE PANEL	\$ 10.00	INCLUDED	INCLUDED
80053	CMP (14)	\$ 14.00	INCLUDED	INCLUDED
80061	LIPID PANEL	\$ 28.00	INCLUDED	INCLUDED
80069	RENAL FUNCTION PANEL	\$ 12.00	INCLUDED	INCLUDED
80158	CYCLOSPORINE, SERUM LEVEL	\$ 52.00	INCLUDED	INCLUDED
80175	LAMOTRIGINE, SERUM LEVEL	\$ 46.00	INCLUDED	INCLUDED
80195	SIROLUMUS, SERUM LEVEL	\$ 58.00	INCLUDED	INCLUDED
81001	URINALYSIS, COMPLETE WITH MICRO (SENT TO LAPCORP)	\$ 10.00	INCLUDED	INCLUDED
81015	URINE, MICRO ONLY	\$ 10.00	INCLUDED	INCLUDED
82043	ALBUMIN, URINE, MICROALBUMIN; QUANT	\$ 24.00	INCLUDED	INCLUDED
82150	AMYLASE	\$ 14.00	INCLUDED	INCLUDED
82247	BILIRUBIN, TOTAL	\$ 6.00	INCLUDED	INCLUDED
82248	BILIRUBIN, DIRECT	\$ 6.00	INCLUDED	INCLUDED
82274	FIT TEST (OCCULT BLOOD, FECAL, IA)	\$ 38.00	INCLUDED	INCLUDED
82306	VITAMIN D, 25-HYDROXY	\$ 68.00	INCLUDED	INCLUDED
82310	CALCIUM	\$ 10.00	INCLUDED	INCLUDED
82465	ASSAY OF CHOLESTEROL (PEDS NON-FASTING)	\$ 12.00	INCLUDED	INCLUDED
82525	COPPER, SERUM	\$ 26.00	\$ 23.00	INCLUDED
82550	CREATINE KINASE	\$ 20.00	INCLUDED	INCLUDED
82565	CREATININE	\$ 10.00	INCLUDED	INCLUDED
82570	CREATININE, URINE	\$ 8.00	INCLUDED	INCLUDED



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Code	Description	2024 Price	DPC Price	DPC PLUS Price
	VITAMIN B12	\$ 30.00	INCLUDED	INCLUDED
82607				
82670	ESTRADIOL	\$ 52.00	INCLUDED	INCLUDED
82728	FERRITIN	\$ 22.00	INCLUDED	INCLUDED
82746	FOLATE	\$ 24.00	INCLUDED	INCLUDED
82784	TTG, INITIAL TEST 1 OF 2	\$ 30.00	INCLUDED	INCLUDED
82947	GLUCOSE	\$ 12.00	INCLUDED	INCLUDED
82962	GLUCOSE, FINGERSTICK (POC)	\$ 4.00	\$ 4.00	INCLUDED
82977	GGT	\$ 10.00	INCLUDED	INCLUDED
83001	FSH	\$ 30.00	INCLUDED	INCLUDED
83002	LH	\$ 54.00	INCLUDED	INCLUDED
83036	HGB A1C WITH EAG ESTIMATION	\$ 18.00	INCLUDED	INCLUDED
83498	17-ALPHA-HYDROXYPROGESTERONE OR 17-OH PROGESTERONE, LC/MS	\$ 38.00	INCLUDED	INCLUDED
83520	THYROTROPIN RECEPTOR ANTIBODY, SERUM	\$ 46.00	\$ 41.00	INCLUDED
83540	IRON	\$ 10.00	INCLUDED	INCLUDED
83550	TIBC	\$ 12.00	INCLUDED	INCLUDED
83655	LEAD, BLOOD, ANY TESTING METHOD	\$ 30.00	INCLUDED	INCLUDED
83690	LIPASE	\$ 18.00	INCLUDED	INCLUDED
83718	LDL, DIRECT MEASUREMENT (PEDS NON-FASTING)	\$ 12.00	INCLUDED	INCLUDED
83735	MAGNESIUM	\$ 14.00	INCLUDED	INCLUDED
83970	PTH, INTACT	\$ 54.00	INCLUDED	INCLUDED
84075	ALKALINE PHOSPHATASE	\$ 10.00	INCLUDED	INCLUDED
84132	POTASSIUM	\$ 10.00	INCLUDED	INCLUDED
84146	PROLACTIN	\$ 38.00	INCLUDED	INCLUDED
84153	PROSTATE-SPECIFIC AG (PSA)	\$ 40.00	INCLUDED	INCLUDED
84156	PROTEIN, TOTAL, URINE (BILLING 2/2 FOR #003129)	\$ 6.00	INCLUDED	INCLUDED
84295	SODIUM	\$ 10.00	INCLUDED	INCLUDED
84402	TESTOSTERONE, FREE	\$ 102.00	INCLUDED	INCLUDED
84403	TESTOSTERONE, TOTAL	\$ 38.00	INCLUDED	INCLUDED
84436	T4, THYROXINE	\$ 18.00	INCLUDED	INCLUDED
84439	THYROXINE (T4) FREE, DIRECT	\$ 30.00	INCLUDED	INCLUDED
84443	TSH	\$ 28.00	INCLUDED	INCLUDED



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Code	Description	2024 Price	DPC Price	DPC PLUS Price
	AST	\$ 10.00	INCLUDED	INCLUDED
84450				
84460	ALT	\$ 10.00	INCLUDED	INCLUDED
84479	T3/T4 UPTAKE OR BINDING RATIO	\$ 14.00	INCLUDED	INCLUDED
84480	T3	\$ 28.00	INCLUDED	INCLUDED
84481	TRIIODOTHYRONINE (T3), FREE	\$ 56.00	INCLUDED	INCLUDED
84520	BUN	\$ 10.00	INCLUDED	INCLUDED
84550	URIC ACID	\$ 10.00	INCLUDED	INCLUDED
84630	ZINC, SERUM	\$ 21.00	\$ 18.00	INCLUDED
84702	HCG, QUANTITATIVE	\$ 46.00	INCLUDED	INCLUDED
85018	HEMOGLOBIN-(SENT TO LABCORP)	\$ 14.00	INCLUDED	INCLUDED
85025	CBC WITH DIFFERENTIAL/PLATELET	\$ 10.00	INCLUDED	INCLUDED
85027	CBC, NO DIFFERENTIAL	\$ 10.00	INCLUDED	INCLUDED
85044	RETICULOCYTE COUNT	\$ 12.00	INCLUDED	INCLUDED
85045	BLOOD COUNT (PART OF ANEMIA PROFILE)	\$ 14.00	INCLUDED	INCLUDED
85060	PERIPHERAL SMEAR	\$ 58.00	INCLUDED	INCLUDED
85652	SEDIMENTATION RATE (ESR)	\$ 12.00	INCLUDED	INCLUDED
85660	HEMOGLOBIN (HB) SOLUBILITY	\$ 24.00	INCLUDED	INCLUDED
86038	ANTINUCLEAR ANTIBODIES (ANA), IFA	\$ 26.00	INCLUDED	INCLUDED
86141	CRP	\$ 20.00	INCLUDED	INCLUDED
86200	ANTI-CCP AB, IGG/IGA	\$ 30.00	INCLUDED	INCLUDED
86258	TTG, REFLEX TEST (BILLING PURPOSES ONLY)	\$ 42.00	INCLUDED	INCLUDED
86317	HEPATITIS B SURF AB, QUANT	\$ 28.00	INCLUDED	INCLUDED
86364	MEASUREMENT OF TTG (IGA OR IGG)	\$ 30.00	\$ 27.00	INCLUDED
86431	RHEUMATOID FACTOR (RF)	\$ 12.00	INCLUDED	INCLUDED
86580	PPD, (APLISOL); MULTI-DOSE VIAL	\$ 90.00	INCLUDED	INCLUDED



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86592	RPR (REFLEX)-006099 (UNORDERABLE)	\$ 34.00	INCLUDED	INCLUDED
86618	*LYME SEROLOGY W/REFLEX TO CONFIRM	\$ 42.00	INCLUDED	INCLUDED
86704	HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL, #006718	\$ 68.00	INCLUDED	INCLUDED
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$ 28.00	INCLUDED	INCLUDED
86708	*HEPATITIS A SCREENING AB WITH REFLEX TO IGM	\$ 26.00	INCLUDED	INCLUDED
86709	HAV IGM (REFLEX) (NOT ORDERABLE)	\$ 18.00	INCLUDED	INCLUDED

Code	Description	2024 Price	DPC Price	DPC PLUS Price
	MUMPS ANTIBODIES, IGG	\$ 26.00	INCLUDED	INCLUDED
86735				
86762	RUBELLA ANTIBODIES	\$ 26.00	INCLUDED	INCLUDED
86765	MEASLES (RUBEOLA) ANTIBODIES, IGG	\$ 26.00	INCLUDED	INCLUDED
86780	PREP: SYPHILIS CASCADE	\$ 20.00	INCLUDED	INCLUDED
86787	VARICELLA-ZOSTER V AB, IGG	\$ 36.00	INCLUDED	INCLUDED
86803	PREP: HCV AB RFX TO QUANT PCR	\$ 24.00	INCLUDED	INCLUDED
87045	CULTURE, BACTERIAL	\$ 32.00	INCLUDED	INCLUDED
87046	CAMPYLOBACTER, STOOL CULTURE	\$ 26.00	INCLUDED	INCLUDED
87081	STREP, THROAT CULTURE	\$ 18.00	INCLUDED	INCLUDED
87086	URINE CULTURE, ROUTINE	\$ 22.00	INCLUDED	INCLUDED
87186	SENSITIVITY ORGANISM #1 (URINE), BILLING PURPOSES	\$ 24.00	INCLUDED	INCLUDED
87210	WET PREP (SENT TO LABCORP)	\$ 30.00	INCLUDED	INCLUDED
87328	CRYPTOSPORIDIUM	\$ 64.00	INCLUDED	INCLUDED
87329	GIARDIA, EIA	\$ 20.00	INCLUDED	INCLUDED
87338	H. PYLORI STOOL AG, EIA	\$ 70.00	INCLUDED	INCLUDED
87340	HEPATITIS B SURFACE ANTIGEN	\$ 28.00	INCLUDED	INCLUDED
87389	PREP: HIV AG/AB WITH REFLEX	\$ 32.00	INCLUDED	INCLUDED
87427	INFECTIOUS AGENT DETECTION (STOOL)	\$ 32.00	INCLUDED	INCLUDED
87468	ANAPLASMA, PCR	\$ 144.00	INCLUDED	INCLUDED
87469	BABESIA, PCR	\$ 230.00	INCLUDED	INCLUDED
87491	CHLAMYDIA, NAA, ANY METHOD	\$ 36.00	INCLUDED	INCLUDED
87493	C DIFFICILE TOXIN GENE NAA, STOOL	\$ 92.00	INCLUDED	INCLUDED
87529	HSV 1/2 PCR SWAB	\$ 96.00	INCLUDED	INCLUDED
87563	MYCOPLASMA GENITALIUM, SWAB OR URINE	\$ 48.00	INCLUDED	INCLUDED
87591	GONORRHEA, NAA, ANY METHOD	\$ 38.00	INCLUDED	INCLUDED



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87624	HPV, APTIMA	\$ 58.00	INCLUDED	INCLUDED
87660	TRICH VAG, DNA PROBE	\$ 26.00	INCLUDED	INCLUDED
87661	TRICH VAG BY NAA	\$ 42.00	INCLUDED	INCLUDED
88141	PHYSICIAN READ	\$ 28.00	INCLUDED	INCLUDED
88175	IG PAP	\$ 108.00	INCLUDED	INCLUDED
88305	SURGICAL PATHOLOGY, INTERPRETATION, LEVEL 4	\$ 76.00	\$ 68.00	INCLUDED

Code	Description	2024 Price	DPC Price	DPC PLUS Price
90460	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; 1ST OR ONLY COMPONENT OF EACH VACCINE ADMINISTERED	\$ 22.00	INCLUDED	INCLUDED
90461	IMMUN ADMIN, PEDS; WITH COUNSELING BY PROVIDER; EACH ADD'L VACCINE COMPONENT ADMINISTERED	\$ 16.00	INCLUDED	INCLUDED
90471	IMMUN ADMIN, ADULT; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$ 24.00	INCLUDED	INCLUDED
90472	IMMUN ADMIN, ADULT; EACH ADD'L VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$ 15.00	INCLUDED	INCLUDED
90473	IMMUN ADMIN; INTRANASAL OR ORAL; 1ST VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$ 20.00	INCLUDED	INCLUDED
90621	MENINGOCOCCAL B (TRUMENBA); 0.5 ML SINGLE-DOSE SYRINGE	\$ 198.00	INCLUDED	INCLUDED
90632	HEP A , ADULT (HAVRIX); 1ML SINGLE-DOSE SYRINGE	\$ 105.00	INCLUDED	INCLUDED
90633	HEP A, PED (HAVRIX); 0.5ML SINGLE-DOSE SYRINGE	\$ 60.00	INCLUDED	INCLUDED
90648	HIB, (PEDVAX PRP-OMP); 0.5 ML SINGLE-DOSE VIAL	\$ 36.00	INCLUDED	INCLUDED
90651	HPV, (GARDASIL 9); 0.5 ML SINGLE-DOSE SYRINGE	\$ 308.00	INCLUDED	INCLUDED
90670	PNEUMOCOCCAL 13, (PREVNAR 13), 0.5 ML SINGLE-DOSE SYRINGE	\$ 292.00	INCLUDED	INCLUDED
90672	FLUMIST (LAIV4), 2-49 YRS, 0.2 ML SINGLE-USE NASAL SPRAY (2023/24)	\$ 36.00	INCLUDED	INCLUDED
90677	PNEUMOCOCCAL 20, (PREVNAR 20); 0.5 ML SINGLE-DOSE SYRINGE	\$ 292.00	INCLUDED	INCLUDED
90680	ROTOVIRUS, (ROTATEQ); 2 ML SINGLE-DOSE VIAL FOR ORAL USE	\$ 114.00	INCLUDED	INCLUDED
90686	FLULAVAL (IIV4), 0.5 ML SINGLE-DOSE SYRINGE (2023/24)	\$ 27.00	INCLUDED	INCLUDED
90694	FLUAD (AIIV4), 65+ YRS, 0.5ML SINGLE-DOSE SYRINGE (2023/2024)	\$ 82.00	INCLUDED	INCLUDED
90698	DTAP/HIB/IPV (PENTACEL); 0.5 ML SINGLE-DOSE VIAL	\$ 130.00	INCLUDED	INCLUDED
90700	DTAP (INFANRIX); 0.5 ML SINGLE-DOSE SYRINGE	\$ 54.00	INCLUDED	INCLUDED
90707	MMR (M-M-R II); 0.5 ML SINGLE-DOSE VIAL	\$ 105.00	INCLUDED	INCLUDED
90713	POLIO, IPV; 0.5 ML MULTI-DOSE VIAL	\$ 52.00	INCLUDED	INCLUDED
90714	TD (TENIVAC); 0.5 ML SINGLE-DOSE SYRINGE	\$ 60.00	INCLUDED	INCLUDED
90715	TDAP (BOOSTRIX); 0.5 ML SINGLE-DOSE SYRINGE	\$ 75.00	INCLUDED	INCLUDED
90716	VARICELLA (VARIVAX); 0.5 ML SINGLE-DOSE VIAL	\$ 180.00	INCLUDED	INCLUDED
90734	MENINGOCOCCAL ACWY, (MENVEO); 0.5 ML SINGLE-DOSE VIAL	\$ 170.00	INCLUDED	INCLUDED



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90744	HEP B, PED (ENGERIX); 0.5 ML SINGLE-DOSE SYRINGE	\$ 52.00	INCLUDED	INCLUDED
90746	HEP B, ADULT (ENGERIX); 1 ML SINGLE-DOSE SYRINGE	\$ 84.00	INCLUDED	INCLUDED
90750	ZOSTER, RZV (SHINGRIX); 0.5 ML SINGLE-DOSE VIAL	\$ 206.00	INCLUDED	INCLUDED
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	\$ 186.00	INCLUDED	INCLUDED
90832	30 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$ 110.00	INCLUDED	INCLUDED
90833	30 MINUTES OF PSYCHOTHERAPYWITH E/M SERVICE	\$ 106.00	INCLUDED	INCLUDED
90834	45 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$ 146.00	INCLUDED	INCLUDED

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	45 MINUTES OF PSYCHOTHERAPY WITH E/M SERVICE	\$ 136.00	INCLUDED	INCLUDED
90836				
90837	60 MINUTES OF INDIVIDUAL PSYCHOTHERAPY	\$ 174.00	INCLUDED	INCLUDED
90847	50 MINUTESOF FAMILY PSYCHOTHERAPY WITH THE CLIENT PRESENT	\$ 164.00	INCLUDED	INCLUDED
92551	HEARING SCREEN, PURE TONE AUDIOMETRY, AIR ONLY	\$ 22.00	INCLUDED	INCLUDED
93000	ECG, ROUTINUE ELECTROCARDIOGRAM; WITH INTERPRETATION AND REPORT	\$ 126.00	INCLUDED	INCLUDED
93005	ECG, ROUTINE ELECTROCARDIOGRAM; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	\$ 84.00	INCLUDED	INCLUDED
94010	SPIROMETRY, IN OFFICE	\$ 242.00	INCLUDED	INCLUDED
96127	DEPRESSION SCREENING (PHQ 2/9, PSC-17)	\$ 10.00	INCLUDED	INCLUDED
96160	PATIENT-FOCUSED HEALTH RISK ASSESSMENT	\$ 18.00	INCLUDED	INCLUDED
96372	ADMINISTRATION FEE, INJECTION	\$ 68.00	INCLUDED	INCLUDED
97014	SUPERVISED APPLICATION OF ELECTRICAL CURRENT TO NERVES OR TO A MUSCLE OR GROUP OF MUSCLES TO TREAT CONDITION, INJURY, OR DISEASE	\$ 34.00	INCLUDED	INCLUDED
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	\$ 38.00	INCLUDED	INCLUDED
97110	PM&R THERAPEUTIC PROCEDURES: THERAPEUTIC EXERCISE	\$ 60.00	INCLUDED	INCLUDED
97112	PM&R THERAPEUTIC PROCEDURES: NEUROMUSCULAR REEDUCATION	\$ 80.00	INCLUDED	INCLUDED
97124	MASSAGE THERAPY, PER 15 MINUTES	\$ 22.50	\$ 18.75	\$ 18.75
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	\$ 60.00	INCLUDED	INCLUDED
97161	PT EVALUATION LOW COMPLEXITY	\$ 120.00	INCLUDED	INCLUDED
97162	PT EVALUATION MODERATE COMPLEXITY	\$ 120.00	INCLUDED	INCLUDED
97163	PT EVALUATION HIGH COMPLEXITY	\$ 120.00	INCLUDED	INCLUDED
97164	PT RE-EVALUATIONS	\$ 96.00	INCLUDED	INCLUDED
97530	PM&R THERAPEUTIC PROCEDURES: SUPERVISED THERAPEUTIC ACTIVITY FOR FUNCTIONAL PERFORMANCE, 1 ON 1, EACH 15 MINUTES	\$ 80.00	INCLUDED	INCLUDED



97810	ACUPUNCTURE, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MINUTES OF TREATMENT, AND POSTTREATMENT	\$ 50.00	\$ 44.00	\$ 44.00
97811	ACUPUNCTURE, SUBSEQUENT; EACH ADDITIONAL 15 MINUTES	\$ 25.00	\$ 23.00	\$ 23.00
97813	ACUPUNCTURE W/ ELECTRICAL STIM, INITIAL; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POST-TREATMENT	\$ 55.00	\$ 53.00	\$ 53.00
97814	ACUPUNCTURE W/ ELECTRICAL STIMULATION; EACH ADDITIONAL 15 MINUTES	\$ 25.00	\$ 23.00	\$ 23.00
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	\$ 56.00	\$ 50.00	\$ 50.00
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	\$ 56.00	\$ 50.00	\$ 50.00
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	\$ 56.00	\$ 50.00	\$ 50.00

Code	Description	2024 Price	DPC Price	DPC PLUS Price
	BREATHE FREE GROUP VISIT	\$ 40.00	INCLUDED	INCLUDED
99078				
99172	VISION SCREEN (INCLUDES VISUAL ACUITY, COLOR VISION, STEREOPSIS, & VISUAL FIELDS)	\$ 20.00	INCLUDED	INCLUDED
99173	VISION SCREENING (SNELLEN CHART)	\$ 12.00	INCLUDED	INCLUDED
99202	OFFICE OUTPATIENT VISIT; NEW LEVEL 2	\$ 106.00	INCLUDED	INCLUDED
99203	OFFICE OUTPATIENT VISIT; NEW LEVEL 3	\$ 186.00	INCLUDED	INCLUDED
99204	OFFICE OUTPATIENT VISIT; NEW LEVEL 4	\$ 240.00	INCLUDED	INCLUDED
99205	OFFICE OUTPATIENT VISIT; NEW LEVEL 5	\$ 256.00	INCLUDED	INCLUDED
99211	NURSE ONLY VISIT; ESTABLISHED	\$ 66.00	INCLUDED	INCLUDED
99212	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 2	\$ 110.00	INCLUDED	INCLUDED
99213	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 3	\$ 156.00	INCLUDED	INCLUDED
99214	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 4	\$ 196.00	INCLUDED	INCLUDED
99215	OFFICE OUTPATIENT VISIT; ESTABLISHED LEVEL 5	\$ 240.00	INCLUDED	INCLUDED
99381	PREVENTATIVE VISIT; NEW AGES <1 YEAR	\$ 150.00	INCLUDED	INCLUDED
99382	PREVENTATIVE VISIT; NEW AGES 1-4 YRS	\$ 156.00	INCLUDED	INCLUDED
99383	PREVENTATIVE VISIT; NEW AGES 5-11	\$ 164.00	INCLUDED	INCLUDED
99384	PREVENTATIVE VISIT; NEW AGES 12-17	\$ 180.00	INCLUDED	INCLUDED
99385	PREVENTATIVE VISIT; NEW AGES 18-39	\$ 190.00	INCLUDED	INCLUDED
99386	PREVENTATIVE VISIT; NEW AGES 40-64	\$ 220.00	INCLUDED	INCLUDED
99387	PREVENTATIVE VISIT; NEW AGES 65+ YRS	\$ 234.00	INCLUDED	INCLUDED
99391	PREVENTATIVE VISIT; ESTABLISHED AGES <1 YEAR	\$ 134.00	INCLUDED	INCLUDED
99392	PREVENTATIVE VISIT; ESTABLISHED AGES 1-4	\$ 142.00	INCLUDED	INCLUDED
99393	PREVENTATIVE VISIT; ESTABLISHED AGES 5-11	\$ 142.00	INCLUDED	INCLUDED
99394	PREVENTATIVE VISIT; ESTABLISHED AGES 12-17	\$ 160.00	INCLUDED	INCLUDED



VIARO HEALTH

99395	PREVENTATIVE VISIT; ESTABLISHED AGES 18-39	\$ 174.00	INCLUDED	INCLUDED
99396	PREVENTATIVE VISIT; ESTABLISHED AGES 40-64	\$ 184.00	INCLUDED	INCLUDED
99397	PREVENTATIVE VISIT; ESTABLISHED AGES 65+	\$ 192.00	INCLUDED	INCLUDED
99406	BREATHE FREE 3-10 MIN CONSULT (DPC/CASH/INSURANCE)	\$ 20.00	INCLUDED	INCLUDED
99407	BREATHE FREE 10+ MIN CONSULT (DPC/CASH/INSURANCE)	\$ 32.00	INCLUDED	INCLUDED
99423	E-VISIT THRU PORTAL (INITIATED BY PATIENT); 20+ MIN	\$ 76.00	INCLUDED	INCLUDED
99429	UNLISTED PREVENTIVE SERVICE	\$ 50.00	INCLUDED	INCLUDED
99455	DOT PHYSICAL (V70.5 DIAGNOSIS CODE)	\$ 144.00	INCLUDED	INCLUDED
Code	Description	2024 Price	DPC Price	DPC PLUS Price
	FLU VACC ADMIN	\$ 36.00	INCLUDED	INCLUDED
G0008				
G0439	MEDICARE, ANNUAL VISIT, SUBSEQUENT	\$ 136.00	INCLUDED	INCLUDED
J7297	LEVONORGESTREL-RELEASING IUD, 52 MG	\$ 610.00	\$ 610.00	\$ 610.00
L3809	COCK UP WRIST SPLINT W/THUMB	\$ 26.00	\$ 10.00	INCLUDED
L4387	WALKING BOOT, ADULT	\$ 50.00	\$ 30.00	INCLUDED
MISC97124	MASSAGE THERAPY, CASH PRICE, PER 15 MIN [SPECIAL]	\$ 22.50	\$ 18.50	\$ 18.50
MISC97810	ACUPUNCTURE, INITIAL; CASH PRICE; EVALUATION, NEEDLE PLACEMENT, 15 MIN TREATMENT, POSTTREATMENT [SPECIAL]	\$ 50.00	\$ 35.00	\$ 35.00
MISC97811	ACUPUNCTURE, SUBSEQUENT; CASH PRICE; EACH ADDITIONAL 15 MINUTES [SPECIAL]	\$ 25.00	\$ 15.00	\$ 15.00
MISC98941	CHIROPRACTIC MANIPULATION TREATMENT; CASH PRICE; SPINAL 3-4 REGIONS [SPECIAL]	\$ 56.00	\$ 43.00	\$ 43.00

The prices listed herein are effective as of the date of publication and are intended to provide transparency regarding our clinic's fees. However, please note that these prices are subject to change without notice as governed by applicable law.

It's important to understand that the actual charges and patient responsibility may vary based on individual circumstances, including insurance coverage. The file does not contain information concerning patients' expected copayments, deductible amounts, or coinsurance obligations. For payment estimates specific to the amount you may owe for items and services you may receive at this clinic, please call 608-668-2103 and speak with a Patient Liaison.

The table updated on an annual basis. The "Last Full Update" date contained herein reflects the date the file was last fully updated. The file may also contain technical revisions, corrections, or additions after the Last Full Update, which are noted using a Revision Date. Changes in charges, rates, network participation, or other data elements that become effective following the date of the Last Full Update may not be shown, regardless of the Last Revision date.

Rates and charges are based upon the specific facts and circumstances of the care provided to each individual patient and episode of care.



Comparisons of rates within the file between payers or comparison of files between clinics will not reflect distinctions in prices due to variations in pricing methodology. Additionally, the values in this file reflect a single unit of pricing and do not reflect variations that may occur based upon pricing structures such as additional charges based on individual patient circumstances.

The file does not include information for DPC Membership Costs, non-clinic items and services, or rates for care provided by physicians and other professionals who are not clinic employees.