



Medical - Transparency in Health Care Prices Act

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Current Procedural Terminology (CPT) Code	Service Description	Self-Pay Costs					
		Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL
99395	PREVENTATIVE VISIT EST AGE 18-39	\$ 20.00	\$ 97.60	\$ 134.20	\$ 170.80	\$ 207.40	\$ 244.00
99393	PREVENTATIVE VISIT EST AGE 5-11	\$ 20.00	\$ 71.60	\$ 98.45	\$ 125.30	\$ 152.15	\$ 179.00
99392	PREVENTATIVE VISIT EST AGE 1-4	\$ 20.00	\$ 68.00	\$ 93.50	\$ 119.00	\$ 144.50	\$ 170.00
99214	OFFICE OUTPATIENT VISIT ESTABLISHED 30-39 MINUTES	\$ 20.00	\$ 80.00	\$ 110.00	\$ 140.00	\$ 170.00	\$ 200.00
99213	OFFICE OUTPATIENT VISIT ESTABLISHED 20-29 MINUTES	\$ 20.00	\$ 60.00	\$ 82.50	\$ 105.00	\$ 127.50	\$ 150.00
99204	OFFICE OUTPATIENT VISIT NEW 45-59 MINUTES	\$ 20.00	\$ 124.80	\$ 171.60	\$ 218.40	\$ 265.20	\$ 312.00
99203	OFFICE OUTPATIENT VISIT NEW 30-44 MINUTES	\$ 20.00	\$ 81.20	\$ 111.65	\$ 142.10	\$ 172.55	\$ 203.00
93000	ELECTROCARDIOGRAM COMPLETE	\$ 10.00	\$ 31.60	\$ 43.45	\$ 55.30	\$ 67.15	\$ 79.00
87880	STREP A ASSAY WOPTIC	\$ 10.00	\$ 15.60	\$ 21.45	\$ 27.30	\$ 33.15	\$ 39.00
87804	INFLUENZA ASSAY WOPTIC	\$ 10.00	\$ 16.00	\$ 22.00	\$ 28.00	\$ 34.00	\$ 40.00
85025	COMPLETE CBC WAUTO DIFF WBC	\$ 10.00	\$ 12.00	\$ 16.50	\$ 21.00	\$ 25.50	\$ 30.00
84443	ASSAY THYROID STIM HORMONE	\$ 10.00	\$ 40.00	\$ 55.00	\$ 70.00	\$ 85.00	\$ 100.00
84439	ASSAY OF FREE THYROXINE	\$ 10.00	\$ 18.00	\$ 24.75	\$ 31.50	\$ 38.25	\$ 45.00
83721	ASSAY OF BLOOD LIPOPROTEIN	\$ 10.00	\$ 18.00	\$ 24.75	\$ 31.50	\$ 38.25	\$ 45.00
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 10.00	\$ 22.40	\$ 30.80	\$ 39.20	\$ 47.60	\$ 56.00
81025	URINE PREGNANCY TEST	\$ 10.00	\$ 10.80	\$ 14.85	\$ 18.90	\$ 22.95	\$ 27.00
81002	URINALYSIS NONAUTO WO SCOPE	\$ 10.00	\$ 10.00	\$ 10.00	\$ 11.20	\$ 13.60	\$ 16.00
80305	DRUG SCREEN NON TLC DEVICES	\$ 10.00	\$ 10.00	\$ 13.75	\$ 17.50	\$ 21.25	\$ 25.00
80061	LIPID PANEL	\$ 10.00	\$ 20.80	\$ 28.60	\$ 36.40	\$ 44.20	\$ 52.00
80053	COMPREHEN METABOLIC PANEL	\$ 10.00	\$ 26.00	\$ 35.75	\$ 45.50	\$ 55.25	\$ 65.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by the Billing Manager and will be displayed on the [Great Salt Plains Health Care](#) website.

Please contact [580-596-2800](tel:580-596-2800) with any questions.



GSP HEALTH

Behavioral Health - Transparency in Health Care Prices Act

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90791	PSYCH DIAGNOSTIC EVALUATION	\$ 20.00	\$ 77.60	\$ 106.70	\$ 135.80	\$ 164.90	\$ 194.00
90792	PSYCH DIAG EVAL WMED SRVCS	\$ 20.00	\$ 128.80	\$ 177.10	\$ 225.40	\$ 273.70	\$ 322.00
90832	PSYTX PT&FAMILY 30 MINUTES	\$ 20.00	\$ 32.00	\$ 44.00	\$ 56.00	\$ 68.00	\$ 80.00
90833	PSYTX PT&FAM WE&M 30 MIN	\$ 20.00	\$ 49.20	\$ 67.65	\$ 86.10	\$ 104.55	\$ 123.00
90834	PSYTX PT&FAM WE&M 30 MIN	\$ 20.00	\$ 50.00	\$ 68.75	\$ 87.50	\$ 106.25	\$ 125.00
90836	PSYTX PT&FAM WE&M 45 MIN	\$ 20.00	\$ 54.80	\$ 75.35	\$ 95.90	\$ 116.45	\$ 137.00
90837	PSYTX PT&FAMILY 60 MINUTES	\$ 20.00	\$ 60.00	\$ 82.50	\$ 105.00	\$ 127.50	\$ 150.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 20.00	\$ 60.00	\$ 82.50	\$ 105.00	\$ 127.50	\$ 150.00
90846	FAMILY PSYTX W/O PATIENT	\$ 20.00	\$ 50.00	\$ 68.75	\$ 87.50	\$ 106.25	\$ 125.00
90847	FAMILY PSYTX WPATIENT	\$ 20.00	\$ 60.00	\$ 82.50	\$ 105.00	\$ 127.50	\$ 150.00
98966	HC PRO PHONE CALL 5-10 MIN	\$ 20.00	\$ 20.00	\$ 20.00	\$ 21.00	\$ 25.50	\$ 30.00
98967	HC PRO PHONE CALL 11-20 MIN	\$ 20.00	\$ 21.20	\$ 29.15	\$ 37.10	\$ 45.05	\$ 53.00
98968	HC PRO PHONE CALL 21-30 MIN	\$ 20.00	\$ 43.60	\$ 59.95	\$ 76.30	\$ 92.65	\$ 109.00

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Dental - Transparency in Health Care Prices Act

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		Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL	
D0120	PERIODIC ORAL EVALUATION	\$ 35.00	\$ 35.00	\$ 35.00	\$ 41.30	\$ 50.15	\$ 59.00	
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$ 35.00	\$ 39.20	\$ 53.90	\$ 68.60	\$ 83.30	\$ 98.00	
D0150	COMPREHENSVE ORAL EVALUATION	\$ 35.00	\$ 41.60	\$ 57.20	\$ 72.80	\$ 88.40	\$ 104.00	
D0220	INTRAORAL PERIAPICAL FIRST FILM	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	
D0230	INTRAORL PERIAPICAL EA ADD FILM	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	
D0272	BITEWINGS - TWO FILMS	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.70	\$ 43.35	\$ 51.00	
D0274	DENTAL BITEWINGS FOUR FILMS	\$ 35.00	\$ 35.00	\$ 39.60	\$ 50.40	\$ 61.20	\$ 72.00	
D0330	DENTAL PANORAMIC FILM	\$ 35.00	\$ 50.00	\$ 68.75	\$ 87.50	\$ 106.25	\$ 125.00	
D2950	CORE BUILD-UP INCL ANY PINS	\$ 35.00	\$ 120.00	\$ 165.00	\$ 210.00	\$ 255.00	\$ 300.00	
D2330	RESIN ONE SURFACE-ANTERIOR	\$ 35.00	\$ 68.00	\$ 93.50	\$ 119.00	\$ 144.50	\$ 170.00	
D2331	RESIN TWO SURFACES-ANTERIOR	\$ 35.00	\$ 86.80	\$ 119.35	\$ 151.90	\$ 184.45	\$ 217.00	
D2391	POST 1 SRFC RESINBASED CMPST	\$ 35.00	\$ 79.60	\$ 109.45	\$ 139.30	\$ 169.15	\$ 199.00	
D2392	POST 2 SRFC RESINBASED CMPST	\$ 35.00	\$ 104.40	\$ 143.55	\$ 182.70	\$ 221.85	\$ 261.00	
D2393	POST 3 SRFC RESINBASED CMPST	\$ 35.00	\$ 129.60	\$ 178.20	\$ 226.80	\$ 275.40	\$ 324.00	
D3120	PULP CAP INDIRECT	\$ 35.00	\$ 36.40	\$ 50.05	\$ 63.70	\$ 77.35	\$ 91.00	
D3221	GROSS PULPAL DEBRIDEMENT	\$ 35.00	\$ 102.00	\$ 140.25	\$ 178.50	\$ 216.75	\$ 255.00	
D7140	EXTRACTION ERUPTED TOOTHEXR	\$ 35.00	\$ 79.20	\$ 108.90	\$ 138.60	\$ 168.30	\$ 198.00	
D7210	SURG REMOVAL ERUPTED TOOTH/REMOV BONE ELEV FLAP	\$ 35.00	\$ 112.40	\$ 154.55	\$ 196.70	\$ 238.85	\$ 281.00	
D7250	SURG REMOVAL RESIDUAL TOOTH ROOTS	\$ 35.00	\$ 118.80	\$ 163.35	\$ 207.90	\$ 252.45	\$ 297.00	
D9230	ANALG ANXIOLYSIS INHAL NITROUS OXID	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	

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Radiology - Transparency in Health Care Prices Act

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71046	X-RAY OF CHEST 2 VIEWS	\$ 20.00	\$ 20.00	\$ 27.50	\$ 35.00	\$ 42.50	\$ 50.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	\$ 20.00	\$ 20.00	\$ 22.00	\$ 28.00	\$ 34.00	\$ 40.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	\$ 20.00	\$ 20.00	\$ 22.55	\$ 28.70	\$ 34.85	\$ 41.00
72100	X-RAY EXAM L-S SPINE 2-3 VWS	\$ 20.00	\$ 20.00	\$ 26.95	\$ 34.30	\$ 41.65	\$ 49.00
73030	X-RAY EXAM OF SHOULDER	\$ 20.00	\$ 22.80	\$ 31.35	\$ 39.90	\$ 48.45	\$ 57.00
73130	X-RAY EXAM OF HAND	\$ 20.00	\$ 26.40	\$ 36.30	\$ 46.20	\$ 56.10	\$ 66.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 20.00	\$ 27.60	\$ 37.95	\$ 48.30	\$ 58.65	\$ 69.00
73562	X-RAY EXAM OF KNEE 3	\$ 20.00	\$ 28.80	\$ 39.60	\$ 50.40	\$ 61.20	\$ 72.00
73590	X-RAY EXAM OF LOWER LEG	\$ 20.00	\$ 21.20	\$ 29.15	\$ 37.10	\$ 45.05	\$ 53.00
73610	X-RAY EXAM OF ANKLE	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 21.25	\$ 25.00
73630	X-RAY EXAM OF FOOT	\$ 20.00	\$ 20.00	\$ 27.50	\$ 35.00	\$ 42.50	\$ 50.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$ 20.00	\$ 24.40	\$ 33.55	\$ 42.70	\$ 51.85	\$ 61.00
76536	US EXAM OF HEAD AND NECK	\$ 50.00	\$ 68.40	\$ 94.05	\$ 119.70	\$ 145.35	\$ 171.00
76642	ULTRASOUND BREAST LIMITED	\$ 50.00	\$ 50.00	\$ 67.65	\$ 86.10	\$ 104.55	\$ 123.00
76700	US EXAM, ABDOM, COMPLETE	\$ 50.00	\$ 50.00	\$ 63.25	\$ 80.50	\$ 97.75	\$ 115.00
76705	ECHO EXAM OF ABDOMEN	\$ 50.00	\$ 65.20	\$ 89.65	\$ 114.10	\$ 138.55	\$ 163.00
76830	TRANSVAGINAL US NON-OB	\$ 50.00	\$ 79.20	\$ 108.90	\$ 138.60	\$ 168.30	\$ 198.00
76856	US EXAM PELVIC COMPLETE	\$ 50.00	\$ 68.00	\$ 93.50	\$ 119.00	\$ 144.50	\$ 170.00
76870	US EXAM SCROTUM	\$ 50.00	\$ 64.00	\$ 88.00	\$ 112.00	\$ 136.00	\$ 160.00
76881	US XTR NON-VASC COMPLETE	\$ 50.00	\$ 68.80	\$ 94.60	\$ 120.40	\$ 146.20	\$ 172.00

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