



## DEPARTMENT OF STATE HOSPITALS SHOPPABLE LIST OF SERVICES

Last  
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2025 Current Procedural Terminology / Healthcare Common Procedure Coding System	DESCRIPTION OF SERVICE	Performed at Department of State Hospitals (Yes/No)	Gross Charge
00216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MAJOR COMPLICATIONS OR COMORBIDITIES	N	N/A
00460	SPINAL FUSION EXCEPT CERVICAL WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	N	N/A
00470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	N	N/A
00473	CERVICAL SPINAL FUSION WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	N	N/A
00743	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	N	N/A
19120	REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	N	N/A
29826	SHAVING OF SHOULDER BONE USING AN ENDOSCOPE	N	N/A
29881	REMOVAL OF ONE KNEE CARTILAGE USING AN ENDOSCOPE	N	N/A
42820	REMOVAL OF TONSILS AND ADENOID GLANDS PATIENT YOUNGER THAN AGE 12	N	N/A
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	N	N/A
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	N	N/A
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE	N	N/A
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE	N	N/A
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE	N	N/A
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	N	N/A
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE	N	N/A
55700	BIOPSY OF PROSTATE GLAND	N	N/A
55866	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE	N	N/A
59400	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	N	N/A
59510	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	N	N/A
59610	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST- DELIVERY CARE	N	N/A
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	N	N/A
64483	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO LOWER OR SACRAL SPINE NERVE ROOT USING IMAGING GUIDANCE	N	N/A
66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	N	N/A



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66984	REMOVAL OF CATARACT WITH INSERTION OF LENS	N	N/A
70450	CT SCAN, HEAD OR BRAIN, WITHOUT CONTRAST	N	N/A
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST	N	N/A
72148	MRI SCAN OF LOWER SPINAL CANAL	N	N/A
72193	CT SCAN, PELVIS, WITH CONTRAST	N	N/A
73721	MRI SCAN OF LEG JOINT	N	N/A
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	N	N/A
76805	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS	N	N/A
76830	ULTRASOUND PELVIS THROUGH VAGINA	N	N/A
77065	MAMMOGRAPHY OF ONE BREAST	N	N/A
77066	MAMMOGRAPHY OF BOTH BREASTS	N	N/A
77067	MAMMOGRAPHY, SCREENING, BILATERAL	N	N/A
85027	COMPLETE BLOOD COUNT, AUTOMATED	N	N/A
90846	FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT, 50 MIN	N	N/A
90847	FAMILY PSYCHOTHERAPY, INCLUDING PATIENT, 50 MIN	N	N/A
93452	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS	N	N/A
95810	SLEEP STUDY	N	N/A
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM>	N	N/A
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	N	N/A
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	N	N/A
99205	NEW PATIENT OFFICE OF OTHER OUTPATIENT VISIT, TYPICALLY 60 MIN	N	N/A
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	N	N/A
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MIN	N	N/A
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	N	N/A
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	N	N/A



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36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	N	N/A
46270	SURG TX ANAL FISTULA SUBQ	N	N/A
49505	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	N	N/A
64455	NJX AA&STRD PLANTAR COMMON DIGITAL NERVES	N	N/A
76514	ECHO EXAM OF EYE THICKNESS	N	N/A
76882	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	N	N/A
81000	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE	N	N/A
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	N	N/A
82105	ALPHA-FETOPROTEIN SERUM	N	N/A
82180	ASSAY OF ASCORBIC ACID BLOOD	N	N/A
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	N	N/A
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	N	N/A
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	N	N/A
83090	ASSAY OF HOMOCYSTEINE	N	N/A
84630	ASSAY OF ZINC	N	N/A
85240	CLOTTING FACTOR VIII AHG 1 STAGE	N	N/A
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	N	N/A
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	N	N/A
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	N	N/A
90785	PSYTX COMPLEX INTERACTIVE	N	N/A
10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	Y	\$ 64.64
10060	DRAINAGE OF SKIN ABSCESS	Y	\$ 139.45
11055	TRIM SKIN LESION	Y	\$ 17.97
11056	TRIM SKIN LESIONS 2 TO 4	Y	\$ 25.41
11057	TRIM SKIN LESIONS OVER 4	Y	\$ 33.33



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11104	PUNCH BIOPSY SKIN SINGLE LESION	Y	\$ 56.12
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	Y	\$ 61.72
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	Y	\$ 189.71
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	Y	\$ 228.18
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	Y	\$ 240.93
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	Y	\$ 227.43
11719	TRIM NAIL(S) ANY NUMBER	Y	\$ 8.69
11720	DEBRIDE NAIL 1-5	Y	\$ 16.32
11721	DEBRIDE NAIL 6 OR MORE	Y	\$ 27.43
11730	REMOVAL OF NAIL PLATE	Y	\$ 64.46
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	Y	\$ 19.61
11750	REMOVAL OF NAIL BED	Y	\$ 128.45
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	Y	\$ 36.16
11901	INJECTION INTRALESIONAL >7 LESIONS	Y	\$ 55.07
17000	DESTRUCT PREMALG LESION	Y	\$ 72.26
17110	DESTRUCT B9 LESION 1-14	Y	\$ 90.82
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	Y	\$ 43.89
29580	APPLICATION OF PASTE BOOT	Y	\$ 30.32
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	Y	\$ 1,031.12
46600	DIAGNOSTIC ANOSCOPY SPX	Y	\$ 51.80
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	Y	\$ 50.44
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	Y	\$ 82.35
70030	X-RAY EYE FOR FOREIGN BODY	Y	\$ 34.73
70100	X-RAY EXAM OF JAW <4VIEWS	Y	\$ 43.36
70110	X-RAY EXAM OF JAW 4/> VIEWS	Y	\$ 45.76



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70140	X-RAY EXAM OF FACIAL BONES	Y	\$ 32.33
70150	X-RAY EXAM OF FACIAL BONES	Y	\$ 50.07
70160	X-RAY EXAM OF NASAL BONES	Y	\$ 42.41
70200	X-RAY EXAM OF EYE SOCKETS	Y	\$ 49.60
70210	X-RAY EXAM OF SINUSES	Y	\$ 34.24
70220	X-RAY EXAM OF SINUSES	Y	\$ 39.04
70250	X-RAY EXAM OF SKULL	Y	\$ 39.04
70260	X-RAY EXAM OF SKULL	Y	\$ 44.80
70328	X-RAY EXAM OF JAW JOINT	Y	\$ 37.13
70360	X-RAY EXAM OF NECK	Y	\$ 32.33
71045	X-RAY EXAM CHEST 1 VIEW	Y	\$ 24.65
71046	X-RAY EXAM CHEST 2 VIEWS	Y	\$ 33.29
71047	X-RAY EXAM CHEST 3 VIEWS	Y	\$ 41.92
71048	X-RAY EXAM CHEST 4+ VIEWS	Y	\$ 44.80
71100	X-RAY EXAM RIBS UNI 2 VIEWS	Y	\$ 37.61
71101	X-RAY EXAM UNILAT RIBS/CHEST	Y	\$ 42.41
71110	X-RAY EXAM RIBS BIL 3 VIEWS	Y	\$ 43.36
71120	X-RAY EXAM BREASTBONE 2/>VWS	Y	\$ 34.73
72020	X-RAY EXAM OF SPINE 1 VIEW	Y	\$ 23.69
72040	X-RAY EXAM NECK SPINE 2-3 VW	Y	\$ 41.45
72050	X-RAY EXAM NECK SPINE 4/5VWS	Y	\$ 58.71
72052	X-RAY EXAM NECK SPINE 6/>VWS	Y	\$ 69.27
72070	X-RAY EXAM THORAC SPINE 2VWS	Y	\$ 33.29
72072	X-RAY EXAM THORAC SPINE 3VWS	Y	\$ 41.45
72080	X-RAY EXAM THORACOLMB 2/> VW	Y	\$ 35.21



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72100	X-RAY EXAM L-S SPINE 2/3 VWS	Y	\$ 45.80
72110	X-RAY, LOWER BACK, MINIMUM FOUR VIEWS	Y	\$ 62.04
72114	X-RAY EXAM L-S SPINE BENDING	Y	\$ 67.34
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	Y	\$ 42.88
72170	X-RAY EXAM OF PELVIS	Y	\$ 28.02
72200	X-RAY EXAM SI JOINTS	Y	\$ 36.17
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	Y	\$ 40.96
72220	X-RAY EXAM SACRUM TAILBONE	Y	\$ 34.73
73000	X-RAY EXAM OF COLLAR BONE	Y	\$ 35.21
73010	X-RAY EXAM OF SHOULDER BLADE	Y	\$ 21.78
73020	X-RAY EXAM OF SHOULDER	Y	\$ 20.34
73030	X-RAY EXAM OF SHOULDER	Y	\$ 37.13
73050	X-RAY EXAM OF SHOULDERS	Y	\$ 28.49
73060	X-RAY EXAM OF HUMERUS	Y	\$ 34.73
73070	X-RAY EXAM OF ELBOW	Y	\$ 30.42
73080	X-RAY EXAM OF ELBOW	Y	\$ 35.21
73090	X-RAY EXAM OF FOREARM	Y	\$ 30.89
73100	X-RAY EXAM OF WRIST	Y	\$ 37.13
73110	X-RAY EXAM OF WRIST	Y	\$ 47.20
73120	X-RAY EXAM OF HAND	Y	\$ 33.77
73130	X-RAY EXAM OF HAND	Y	\$ 41.45
73140	X-RAY EXAM OF FINGER(S)	Y	\$ 45.28
73501	X-RAY EXAM HIP UNI 1 VIEW	Y	\$ 34.24
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	Y	\$ 52.95
73521	X-RAY EXAM HIPS BI 2 VIEWS	Y	\$ 43.85



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73522	X-RAY EXAM HIPS BI 3-4 VIEWS	Y	\$ 57.28
73552	X-RAY EXAM OF FEMUR 2/>	Y	\$ 38.57
73560	X-RAY EXAM OF KNEE 1 OR 2	Y	\$ 37.61
73562	X-RAY EXAM OF KNEE 3	Y	\$ 45.76
73564	X-RAY EXAM KNEE 4 OR MORE	Y	\$ 52.00
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	Y	\$ 45.76
73590	X-RAY EXAM OF LOWER LEG	Y	\$ 34.24
73600	X-RAY EXAM OF ANKLE	Y	\$ 35.21
73610	X-RAY EXAM OF ANKLE	Y	\$ 40.48
73620	X-RAY EXAM OF FOOT	Y	\$ 30.42
73630	X-RAY EXAM OF FOOT	Y	\$ 37.61
73650	X-RAY EXAM OF HEEL	Y	\$ 29.93
73660	X-RAY EXAM OF TOE(S)	Y	\$ 32.81
74018	X-RAY EXAM ABDOMEN 1 VIEW	Y	\$ 30.89
74019	X-RAY EXAM ABDOMEN 2 VIEWS	Y	\$ 37.13
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	Y	\$ 43.36
74022	X-RAY EXAM SERIES ABDOMEN	Y	\$ 50.07
74220	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	Y	\$ 99.48
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	Y	\$ 120.59
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	Y	\$ 98.04
76700	ULTRASOUND OF ABDOMEN	Y	\$ 112.63
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	Y	\$ 85.57
76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	Y	\$ 116.27
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	Y	\$ 105.72
76870	US EXAM SCROTUM	Y	\$ 100.93



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77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	Y	\$ 42.41
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	Y	\$ 31.85
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	Y	\$ 36.64
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	Y	\$ 15.10
80048	BASIC METABOLIC PANEL	Y	\$ 9.31
80051	ELECTROLYTE PANEL	Y	\$ 7.71
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	Y	\$ 11.62
80055	OBSTETRIC BLOOD TEST PANEL	Y	\$ 52.59
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	Y	\$ 14.73
80069	KIDNEY FUNCTION PANEL TEST	Y	\$ 9.55
80076	LIVER FUNCTION BLOOD TEST PANEL	Y	\$ 8.99
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	Y	\$ 16.03
80159	DRUG ASSAY CLOZAPINE	Y	\$ 22.17
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	Y	\$ 14.61
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	Y	\$ 14.89
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	Y	\$ 17.36
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	Y	\$ 16.16
80178	DRUG SCREEN QUANTITATIVE LITHIUM	Y	\$ 7.27
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	Y	\$ 14.58
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	Y	\$ 14.89
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	Y	\$ 20.50
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	Y	\$ 13.86
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Y	\$ 68.35
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	Y	\$ 92.55
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	Y	\$ 92.55





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80346	DRUG SCREENING BENZODIAZEPINES 1-12	Y	\$ 125.92
80365	DRUG SCREENING OXYCODONE	Y	\$ 12.10
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	Y	\$ 3.49
81003	AUTOMATED URINALYSIS TEST	Y	\$ 2.48
81015	URINALYSIS MICROSCOPIC ONLY	Y	\$ 3.36
82040	ASSAY OF SERUM ALBUMIN	Y	\$ 5.45
82043	UR ALBUMIN QUANTITATIVE	Y	\$ 6.36
82140	ASSAY OF AMMONIA	Y	\$ 16.03
82150	ASSAY OF AMYLASE	Y	\$ 7.13
82247	BILIRUBIN TOTAL	Y	\$ 5.52
82248	BILIRUBIN DIRECT	Y	\$ 5.52
82270	OCCULT BLOOD FECES	Y	\$ 4.82
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	Y	\$ 4.65
82310	CALCIUM TOTAL	Y	\$ 5.68
82374	CARBON DIOXIDE BICARBONATE	Y	\$ 5.37
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	Y	\$ 4.79
82533	CORTISOL TOTAL	Y	\$ 17.93
82550	CREATINE KINASE TOTAL	Y	\$ 7.16
82565	CREATININE BLOOD	Y	\$ 5.63
82607	CYANOCOBALAMIN VITAMIN B-12	Y	\$ 16.59
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	Y	\$ 42.35
82728	ASSAY OF FERRITIN	Y	\$ 14.99
82746	ASSAY OF FOLIC ACID SERUM	Y	\$ 16.18
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	Y	\$ 4.32
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	Y	\$ 6.66



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82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	Y	\$ 3.61
82977	ASSAY OF GLUTAMYLTRASE GAMMA	Y	\$ 7.92
83036	HEMOGLOBIN GLYCOSYLATED A1C	Y	\$ 10.68
83540	ASSAY OF IRON	Y	\$ 7.12
83593	KETOSTEROIDS 17- FRACTIONATION	Y	\$ 31.35
83615	LACTATE DEHYDROGENASE LDH	Y	\$ 6.64
83690	ASSAY OF LIPASE	Y	\$ 7.58
83735	ASSAY OF MAGNESIUM	Y	\$ 7.37
83874	MYOGLOBIN	Y	\$ 14.21
83880	NATRIURETIC PEPTIDE	Y	\$ 43.19
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	Y	\$ 14.96
83930	ASSAY OF OSMOLALITY BLOOD	Y	\$ 14.96
84075	ASSAY OF PHOSPHATASE ALKALINE	Y	\$ 5.70
84100	ASSAY OF PHOSPHORUS INORGANIC	Y	\$ 5.21
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	Y	\$ 5.24
84140	PREGNENOLONE	Y	\$ 22.74
84146	ASSAY OF PROLACTIN	Y	\$ 21.32
84153	PSA (PROSTATE SPECIFIC ANTIGEN)	Y	\$ 20.23
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	Y	\$ 20.23
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	Y	\$ 5.29
84300	ASSAY OF URINE SODIUM	Y	\$ 5.57
84430	ASSAY OF THIOCYANATE	Y	\$ 12.79
84436	ASSAY OF THYROXINE TOTAL	Y	\$ 7.56
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	Y	\$ 18.48
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	Y	\$ 5.70



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84460	TRANSFERASE ALANINE AMINO ALT SGPT	Y	\$ 5.83
84478	ASSAY OF TRIGLYCERIDES	Y	\$ 6.31
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	Y	\$ 7.12
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	Y	\$ 4.36
84550	ASSAY OF BLOOD/URIC ACID	Y	\$ 4.97
84560	ASSAY OF URIC ACID OTHER SOURCE	Y	\$ 5.59
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	Y	\$ 4.18
85025	COMPLETE BLOOD CELL COUNT, WITH DIFFERENTIAL WHITE BLOOD CELLS, AUTOMATED	Y	\$ 8.55
85044	MANUAL RETICULOCYTE COUNT	Y	\$ 4.74
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	Y	\$ 2.79
85049	BLOOD COUNT PLATELET AUTOMATED	Y	\$ 4.93
85055	RETICULATED PLATELET ASSAY	Y	\$ 39.31
85610	BLOOD TEST, CLOTTING TIME	Y	\$ 4.72
85651	RBC SED RATE NONAUTOMATED	Y	\$ 4.70
85660	SICKLING RBC REDUCTION	Y	\$ 6.06
85730	COAGULATION ASSESSMENT BLOOD TEST	Y	\$ 6.61
86140	C-REACTIVE PROTEIN	Y	\$ 5.70
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	Y	\$ 14.25
86430	RHEUMATOID FACTOR QUALITATIVE	Y	\$ 6.75
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	Y	\$ 14.59
86590	STREPTOKINASE ANTIBODY	Y	\$ 13.93
86592	SYPHILIS TEST NON-TREP QUAL	Y	\$ 4.70
86593	SYPHILIS TEST QUANTITATIVE	Y	\$ 4.84
86677	HELICOBACTER PYLORI ANTIBODY	Y	\$ 18.54
86701	HIV-1ANTIBODY	Y	\$ 9.78



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86703	HIV-1/HIV-2 1 RESULT ANTBDY	Y	\$ 15.08
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	Y	\$ 13.26
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	Y	\$ 12.95
86706	HEP B SURFACE ANTIBODY	Y	\$ 11.81
86708	HEPATITIS A ANTIBODY	Y	\$ 13.63
86709	HEPATITIS A IGM ANTIBODY	Y	\$ 12.39
86735	ANTIBODY MUMPS	Y	\$ 14.36
86762	ANTIBODY RUBELLA	Y	\$ 15.83
86765	ANTIBODY RUBEOLA	Y	\$ 14.17
86780	ANTIBODY TREPONEMA PALLIDUM	Y	\$ 14.56
86803	HEPATITIS C ANTIBODY	Y	\$ 15.70
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	Y	\$ 10.75
86900	BLOOD TYPING SEROLOGIC ABO	Y	\$ 3.29
86901	BLOOD TYPING SEROLOGIC RH (D)	Y	\$ 3.29
87086	URINE CULTURE/COLONY COUNT	Y	\$ 8.88
87177	OVA AND PARASITES SMEARS	Y	\$ 9.79
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	Y	\$ 19.78
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	Y	\$ 26.49
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	Y	\$ 38.60
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	Y	\$ 47.12
87804	IAADIADOO INFLUENZA	Y	\$ 18.21
87880	IAADIADOO STREPTOCOCCUS GROUP A	Y	\$ 18.18
87902	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	Y	\$ 283.20
90471	IMMUNIZATION ADMIN	Y	\$ 27.89
90472	IMMUNIZATION ADMIN EACH ADD	Y	\$ 19.44



## DEPARTMENT OF STATE HOSPITALS SHOPPABLE LIST OF SERVICES

Last Updated  
1.1.2025

2025 Current Procedural Terminology / Healthcare Common Procedure Coding System	DESCRIPTION OF SERVICE	Performed at Department of State Hospitals (Yes/No)	Gross Charge
90474	IM ADM INTRANSL/ORAL EA VACCINE	Y	\$ 15.60
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	Y	\$ 159.16
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	Y	\$ 292.14
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Y	\$ 454.84
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	Y	\$ 24.39
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	Y	\$ 459.48
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	Y	\$ 87.97
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	Y	\$ 55.23
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	Y	\$ 134.67
90715	TDAP VACCINE 7 YRS/> IM	Y	\$ 96.33
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	Y	\$ 243.61
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	Y	\$ 169.41
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	Y	\$ 279.44
90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	Y	\$ 217.59
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	Y	\$ 153.86
90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE	Y	\$ 244.71
90791	PSYCH DIAGNOSTIC EVALUATION	Y	\$ 174.17
90792	PSYCH DIAG EVAL W/MED SRVCS	Y	\$ 200.38
90832	PSYCHOTHERAPY, 30 MIN	Y	\$ 80.47
90833	PSYTX W PT W E/M 30 MIN	Y	\$ 75.59
90834	PSYCHOTHERAPY, 45 MIN	Y	\$ 106.58
90836	PSYTX W PT W E/M 45 MIN	Y	\$ 95.89
90837	PSYCHOTHERAPY, 60 MIN	Y	\$ 157.25
90838	PSYTX W PT W E/M 60 MIN	Y	\$ 127.11
90839	PSYTX CRISIS INITIAL 60 MIN	Y	\$ 152.48



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2025 Current Procedural Terminology / Healthcare Common Procedure Coding System	DESCRIPTION OF SERVICE	Performed at Department of State Hospitals (Yes/No)	Gross Charge
90853	GROUP PSYCHOTHERAPY	Y	\$ 28.24
90870	ELECTROCONVULSIVE THERAPY	Y	\$ 123.71
92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	Y	\$ 44.62
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	Y	\$ 31.72
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	Y	\$ 90.22
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	Y	\$ 126.31
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	Y	\$ 8.82
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	Y	\$ 94.20
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	Y	\$ 77.56
97110	PHYSICAL THERAPY, THERAPEUTIC EXERCISE	Y	\$ 37.77
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	Y	\$ 43.55
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	Y	\$ 48.05
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	Y	\$ 37.77
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Y	\$ 26.75
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	Y	\$ 34.60
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	Y	\$ 22.94
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Y	\$ 129.02
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MIN	Y	\$ 97.66
99204	NEW PATIENT OFFICE OF OTHER OUTPATIENT VISIT, TYPICALLY 45 MIN	Y	\$ 159.51
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MIN	Y	\$ 460.58
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	Y	\$ 505.96
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	Y	\$ 583.19