



Transparency in Healthcare Prices Act Information

Blue Sky Neurology Outpatient

CPT Code	CPT Code Description	Charge Value
99214	Office Visit Level 4	\$ 433.00
99215	Office Visit Level 5	\$ 579.00
99204	EM Svc New Pt Level 4	\$ 666.00
99213	Office Visit Level 3	\$ 295.00
99205	EM Svc New Pt Level 5	\$ 830.00
95886	EMG per LIMB	\$ 370.00
95720	EEG PHY/QHP EA INCR W/VEEG	\$ 869.00
J0585	Botox - \$11.02/ Unit and typically bill 200 units	\$ 2,204.00
64615	Facial - trigeminal - cervical spinal & accessory nerves- bilateral	\$ 528.12
95816	EEG, Awake & Drowsy	\$ 1,428.00
95819	EEG - 30 min Routine	\$ 1,631.00
92083	VISUAL FIELD EXAMINATION(S)	\$ 265.00
99072	Additional supplies, material, clinical staff time	\$ 50.00
95885	EMG, each extremity, limited (Office)	\$ 236.00
92060	SPECIAL EYE EVALUATION	\$ 165.00