



Transparency in Healthcare Prices Act Information

Blue Sky Neurology Outpatient

CPT Code	CPT Code Description	Charge Value
99214	Office/outpatient visit established patient	\$ 433.00
99213	Office/outpatient visit established patient	\$ 295.00
99215	Office/outpatient visit established patient	\$ 579.00
1101F	Pt falls assessment	\$ 0.01
99205	Office/outpatient visit new patient	\$ 830.00
99204	Office/outpatient visit new patient	\$ 666.00
J0585	Botox Injection	\$ 1,102.00
95720	Electroencephalogram (EEG)	\$ 869.68
95886	Electromyography (EMG) - multiple	\$ 370.00
64615	Injection for Migraines	\$ 528.12
95816	EEG awake and drowsy	\$ 234.00
95819	EEG awake and asleep	\$ 233.00
99203	Office/outpatient visit new patient	\$ 434.00
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease	\$ 50.00
95885	Electroencephalogram (EEG)	\$ 236.00