	MICHAEL HIRT, MD THE CENTER FOR INTEGRATIVE MEDICINE					
	2022 PRICE LIST AND ITEM CODES (NEW)					
ITEM LOOK UP CODE	DESCRIPTION		PRICE			
CODE	OFFICE VISITS					
5001	NEW PATIENT VISIT	\$	215.00			
5002	FOLLOW-UP OFFICE VISIT	\$	86.00			
5003	EXTENDED OFFICE VISIT	\$	171.00			
5004	AFTER HOURS TELE HEALTH/PHONE CONSULTATIONS	\$	107.00			
5005	HOSPITAL VISITS	\$	172.00			
	DIAGNOSTICS					
6001	ONE BLOOD/URINE/CULTURE/STOOL PANEL	\$	21.00			
6002	TWO BLOOD/URINE/CULTURE/STOOL PANEL	\$	32.00			
6003	THREE BLOOD/URINE/CULTURE/STOOL PANEL	\$	42.00			
	IMAGING ORDERS					
7000	FOR EACH MRI, CAT SCAN, X-RAY, ULTRASOUND, NUCLEAR	~	22.00			
7001	MEDICINE TEST ORDERED BY DR HIRT	\$	32.00			
7001	IN-OFFICE BONE DENSITY	\$	54.00			
7002	EKG	\$	32.00			
7003	SPIROMETRY	\$				
7004		\$	173.00			
7005	IN-OFFICE ECHO/TREADMILL STRESS TEST	\$ \$				
7006	RAPID STREP TEST	Ş	21.00			
	IN-OFFICE PROCEDURES AND INJECTIONS					
8001	PROLOZONE (PER JOINT OR AREA)	\$	86.00			
8002	LASER NEEDLE INTO MUSCLE/JOINT (PER NEEDLE)	\$	211.00			
8003	CRYOSURGERY (UP TO THREE LESIONS, ONE AREA)	\$	75.00			
8004	CRYOSURGERY (MORE THAN THREE LESIONS, TWO+ AREAS)	\$	150.00			
8005	INCISION AND DRAINAGE OF A WOUND/INFECTION	\$	86.00			
8006	CERUMEN DISIMPACTION	\$	64.00			
8007	REMOVAL OF STITCHES	\$	75.00			
8008	PRP-PER JOINT OR AREA	\$	319.00			
8009	PRP-HAIR RESTORATION	\$	557.00			
8010	PRP-COSMETIC SUPPORT 'VAMPIRE FACIAL'	\$	836.00			
8011	OMG! TREATMENT MALE	\$	836.00			
8012		\$	669.00			
8013	STEM CELL INJECTION PER JOINT	\$	3,028.00			
8014	STEM CELL INJECTION FOR REJUVENATION/COSMETIC	\$	6,619.00			
8015		\$	35.00			
8016	B12 SHOT (PER CC)	\$	22.00			
8017	TESTOSTERONE INJECTION (UP TO 200MG)	\$	26.00			
8018	TORADOL INJECTION (UP TO 60MG)	\$	32.00			
8019	ROCEPHIN INJECTION (UP TO 2GMS)	\$	32.00			
8020	HCG PCKG OF 42 INJECTIONS	\$	818.00			

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	THE CENTER FOR INTEGRATIVE MEDICINE				
2022 PRICE LIST AND ITEM CODES (NEW)					
ITEM LOOK UP CODE	DESCRIPTION		PRICE		
8021	HCG PCKG OF 21 INJECTIONS	\$	408.00		
	TELEHEALTH				
9001	TRIAGE (MEDICAL CARE/ADVICE PROVIDED VIA TELEPHONE, FAX,				
	OR ELECTRONIC MEDIUM)	\$	54.00		
9002	MEDICATION REFILL (IF NO APPOINTMENT WITHIN 3 MONTHS)	\$	42.00		
9003	INSURANCE PRIOR AUTHORIZATION INITIATION & SUPPORT	\$	42.00		
0004	CONTROLLED SUBSTANCE ELECTRONIC REFILL (IF IN OFFICE VISIT				
9004	WITHIN 3 MONTHS)	\$	21.00		
9005	PHONE APPOINTMENT	\$	163.00		
060	INTRAVENOUS HYDRATION PER DAY	\$	119.00		
00241	MICINJECTION	\$	35.00		
0020	FLU VACCINE	\$	35.00		
8023	INTRAVENOUS ANTIBIOTICS (Per Day)	\$	161.00		