

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Assistive Technology Clinic					
Occupational Therapy					
Wheelchair management, each 15 minutes	97542	431	\$122.00	4	\$488.00
Speech Therapy					
Evaluation of patient with prescription of speech-generating and alternative communication device	92607	444	\$953.00	1	\$953.00
Therapeutic services for use of speech-generating device with programming	92609	440	\$114.00	3	\$342.00
Audiology Clinic					
Audiology					
Air and bone conduction assessment of hearing loss and speech recognition	92557	470	\$613.00	1	\$613.00
Air tone conduction hearing assessment screening	92551	470	\$200.00	1	\$200.00
Evaluation of hearing function brain responses	92621	471	\$156.00	1	\$156.00
Evaluation of hearing function brain responses first 60 minutes	92620	471	\$734.00	1	\$734.00
Behavioral Psychology - Pediatric Developmental Disorders Clinic					
Behavioral Psychology					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Group psychotherapy, 90 minutes	90853	915	\$499.00	1	\$499.00
Psychiatric diagnostic evaluation, 90 minutes	90791	900	\$1,153.00	1	\$1,153.00
Behavioral Psychology - Behavior Management Clinic					
Behavioral Psychology					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Multiple-family group psychotherapy, 90 minutes	90849	915	\$499.00	1	\$499.00
Psychiatric diagnostic evaluation, 60 minutes	90791	900	\$769.00	1	\$769.00
Behavioral Psychology - Child and Family Therapy Clinic					
Behavioral Psychology					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Group psychotherapy, 90 minutes	90853	915	\$499.00	1	\$499.00
Psychiatric diagnostic evaluation, 90 minutes	90791	900	\$1,153.00	1	\$1,153.00
Behavioral Psychology - Neurobehavioral Outpatient Clinic					

Kennedy Krieger Institute
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Behavioral Psychology					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Psychiatric diagnostic evaluation, 60 minutes	90791	900	\$769.00	1	\$769.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Behavioral Psychology - Pediatric Feeding Disorders Clinic					
Behavioral Psychology					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Psychiatric diagnostic evaluation, 60 minutes	90791	900	\$769.00	1	\$769.00
Behavioral Psychology - Pediatric Psychology and Consultation Clinic					
Behavioral Psychology					
Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	2	\$388.00
Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Psychiatric diagnostic evaluation, 60 minutes	90791	900	\$769.00	1	\$769.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Bone Disorders Clinic					
Genetic Counselor					
Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Multidisciplinary					
Behavior Psychology - Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Genetic Counseling - Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Neurology - Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Neurology - Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Neurology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00

Kennedy Krieger Institute
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Neurology - Insertion of needle into vein for collection of blood sample	36415	510	\$90.00	1	\$90.00
Neurology - New patient outpatient visit, total time 30-44 minutes	99203	510	\$475.00	1	\$475.00
Neurology - New patient outpatient visit, total time 30-44 minutes, professional charge	99203	960	\$99.00	1	\$99.00
Neurology - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neurology - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Occupational Therapy - Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Occupational Therapy - Physical performance test or measurement with report, each 15 minutes	97750	431	\$183.00	1	\$183.00
Orthopaedic Surgery - Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Orthopaedic Surgery - Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Orthopaedic Surgery - New patient outpatient visit, total time 30-44 minutes	99203	510	\$475.00	1	\$475.00
Orthopaedic Surgery - New patient outpatient visit, total time 30-44 minutes, professional charge	99203	960	\$99.00	1	\$99.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Plastic Surgery - Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Plastic Surgery - Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Plastic Surgery - New patient outpatient visit, total time 30-44 minutes	99203	510	\$475.00	1	\$475.00
Plastic Surgery - New patient outpatient visit, total time 30-44 minutes, professional charge	99203	960	\$99.00	1	\$99.00
Rehabilitation - Established patient outpatient visit, total time 30-39 minutes	99204	510	\$470.00	1	\$470.00
Rehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00

Kennedy Krieger Institute
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Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Rehabilitation - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Rehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Neurology					
Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Infusion into a vein for therapy, prevention, or diagnosis	96366	260	\$308.00	1	\$308.00
Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	96365	260	\$352.00	1	\$352.00
Injection, pamidronate, per 30 mg	J2430	636	\$65.00	1	\$65.00
Injection, zoledronic acid, per mg	J3489	636	\$52.00	1	\$52.00
Insertion of needle into vein for collection of blood sample	36415	510	\$90.00	1	\$90.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Center for Development and Learning					
Developmental Medicine					
Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes	96112	920	\$389.00	1	\$389.00
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00

Kennedy Krieger Institute
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Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Center for Autism and Related Disorders					
Behavioral Health					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Psychiatric diagnostic evaluation, 90 minutes	90791	900	\$1,153.00	1	\$1,153.00
Developmental Medicine					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Multidisciplinary					
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Family Therapy - Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Genetic Counseling - Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Neurology - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neurology - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neuropsychology - Psychiatric diagnostic evaluation, 90 minutes	90791	900	\$1,153.00	1	\$1,153.00
Occupational Therapy - Evaluation of occupational therapy established plan of care, typically 60 minutes	97167	434	\$1,161.00	1	\$1,161.00

Kennedy Krieger Institute
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Psychiatry - Psychiatric diagnostic evaluation with medical services, 120 minutes	90792	900	\$1,373.00	1	\$1,373.00
Psychiatry - Psychiatric diagnostic evaluation with medical services, 120 minutes, professional charge	90792	960	\$233.00	1	\$233.00
Speech Therapy - Evaluation of speech sound production with evaluation of language comprehension and expression	92523	444	\$221.00	1	\$221.00
Neurology					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neuropsychology					
Psychiatric diagnostic evaluation, 120 minutes	90791	900	\$1,536.00	1	\$1,536.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Occupational Therapy					
Evaluation of occupational therapy established plan of care, typically 60 minutes		434	\$1,161.00	1	\$1,161.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	431	\$122.00	4	\$488.00
Psychiatry					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Psychology					
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Social Work					

Kennedy Krieger Institute
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Family psychotherapy, 50 minutes	90846	916	\$507.00	1	\$507.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Speech Therapy					
Evaluation of speech sound production with evaluation of language comprehension and expression		444	\$221.00	1	\$221.00
Group treatment of speech, language, voice, communication, and/or hearing processing disorder	92508	443	\$101.00	1	\$101.00
Treatment of speech, language, voice, communication, and/or hearing processing disorder	92507	440	\$122.00	4	\$488.00
Center for Autism and Related Disorders - Achievements Groups					
Occupational Therapy					
Therapeutic procedures in a group setting, each 15 minutes	97150	433	\$101.00	4	\$404.00
Speech Therapy					
Group treatment of speech, language, voice, communication, and/or hearing processing disorder	92508	443	\$101.00	6	\$606.00
Treatment of speech, language, voice, communication, and/or hearing processing disorder	92507	440	\$122.00	1	\$122.00
Center for Child and Family Traumatic Stress					
Behavioral Health					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Family psychotherapy, 50 minutes	90846	916	\$507.00	1	\$507.00
Group psychotherapy, 90 minutes	90853	915	\$499.00	1	\$499.00
Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	96133	920	\$493.00	1	\$493.00
Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	96132	920	\$493.00	1	\$493.00
Psychiatric diagnostic evaluation with medical services, 120 minutes, professional charge	90792	960	\$233.00	1	\$233.00
Psychiatric diagnostic evaluation, 120 minutes	90791	900	\$1,536.00	1	\$1,536.00
Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	96137	918	\$246.00	1	\$246.00

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Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	96136	918	\$246.00	1	\$246.00
Psychological testing evaluation by qualified health care professional, additional 60 minutes	96131	918	\$493.00	4	\$1,972.00
Psychological testing evaluation by qualified health care professional, first 60 minutes	96130	918	\$493.00	1	\$493.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Psychiatry					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Psychiatric diagnostic evaluation with medical services, 120 minutes	90792	900	\$1,373.00	1	\$1,373.00
Center for Genetic Muscle Disorders					
Developmental Medicine					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Endocrinology					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	96365	260	\$352.00	1	\$352.00
Injection, zoledronic acid, per mg	J3489	636	\$52.00	1	\$52.00
Patient office consultation, typically 60 minutes, professional charge	99245	960	\$235.00	1	\$235.00
Patient office consultation, typically 80 minutes	99245	510	\$996.00	1	\$996.00
Multidisciplinary					
Cardiology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00

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Cardiology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Cardiology - Patient office consultation, typically 60 minutes	99244	510	\$679.00	1	\$679.00
Cardiology - Patient office consultation, typically 60 minutes, professional charge	99244	960	\$190.00	1	\$190.00
Cardiology - Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report	93010	730	\$91.00	1	\$91.00
Cardiology - Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve function	93306	483	\$1,335.00	1	\$1,335.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Genetic Counseling - Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Internal Medicine - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Internal Medicine - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Internal Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Internal Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neurology - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Neurology - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00

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Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Neurology - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Neurology - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Occupational Therapy - Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Occupational Therapy - Wheelchair management, each 15 minutes, evaluation/assessment	97542	431	\$183.00	3	\$549.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Pulmonology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Pulmonology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Pulmonology - Measurement and graphic recording of total and timed exhaled air capacity	94010	510	\$231.00	1	\$231.00
Pulmonology - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Pulmonology - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Neurology					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Physical Therapy					
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97110	421	\$122.00	4	\$488.00
Center for Spin Bifida and Related Conditions					
Neurorehabilitation					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00

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Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Child and Family Support Center					
Occupational Therapy					
Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	431	\$122.00	4	\$488.00
Physical Therapy					
Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	421	\$122.00	4	\$488.00
Social Work					
Psychiatric diagnostic evaluation, 60 minutes	90791	900	\$769.00	1	\$769.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Speech Therapy					
Evaluation of speech sound production with evaluation of language comprehension and expression	92523	444	\$221.00	1	\$221.00
Group treatment of speech, language, voice, communication, and/or hearing processing disorder	92508	443	\$101.00	1	\$101.00
Treatment of speech, language, voice, communication, and/or hearing processing disorder	92507	440	\$122.00	3	\$366.00
Clinical Neurophysiology Clinic					
Neurology					

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Continuous measurement of brain wave activity with video (VEEG), 2-12 hours, with health care professional analysis, interpretation and report, professional charge	95718	960	\$616.00	1	\$616.00
Measurement of brain wave activity with video (VEEG), 2-12 hours with continuous, real-time monitoring and maintenance	95713	740	\$3,960.00	1	\$3,960.00
Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube	95810	740	\$4,763.00	1	\$4,763.00
Community Rehabilitation Program					
Occupational Therapy					
Evaluation of physical therapy, typically 30 minutes	97166	424	\$794.00	1	\$794.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	431	\$122.00	4	\$488.00
Physical Therapy					
Evaluation of physical therapy, typically 30 minutes	97162	424	\$794.00	1	\$794.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	421	\$122.00	2	\$244.00
Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	97112	421	\$122.00	4	\$488.00
Speech Therapy					
Evaluation of language comprehension and expression	92523	444	\$221.00	1	\$221.00
Treatment of speech, language, voice, communication, and/or hearing processing disorder	92507	440	\$122.00	3	\$366.00
Concussion Clinic					
Multidisciplinary					
Behavior Psychology - Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Neurology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00

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Neuropsychology - Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	96121	920	\$791.00	1	\$791.00
Neuropsychology - Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	96116	920	\$791.00	1	\$791.00
Neuropsychology - Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	96116	920	\$791.00	1	\$791.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Cranial Cervical Clinic					
Multidisciplinary					
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurorehabilitation - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neurorehabilitation - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Physical Therapy - Evaluation of physical therapy, typically 30 minutes	97162	424	\$794.00	1	\$794.00
Physical Therapy - Re-evaluation of physical therapy, typically 20 minutes	97164	424	\$794.00	1	\$794.00
Down Syndrome Clinic					
Developmental Medicine					
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Infant Neurodevelopment Center					
Developmental Medicine					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Multidisciplinary					
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neonatology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neonatology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neonatology - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neonatology - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neuropsychology - Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	96116	920	\$791.00	1	\$791.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Neuropsychology - Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes	96112	920	\$389.00	1	\$389.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Nutrition - Medical nutrition therapy, assessment and intervention, each 15 minutes	97802	510	\$161.00	1	\$161.00
Nutrition - Medical nutrition therapy, assessment and intervention, each 15 minutes	97802	510	\$161.00	1	\$161.00
Occupational Therapy - Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Physical - Re-evaluation of physical therapy, typically 20 minutes	97164	424	\$794.00	1	\$794.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
International Center for Spinal Cord Injury					
Behavioral Health					
Psychotherapy, 45 minutes	90834	914	\$395.00	1	\$395.00
Occupational Therapy					
Evaluation of occupational therapy, typically 45 minutes	97166	434	\$794.00	1	\$794.00
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97110	431	\$122.00	4	\$488.00
Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes	97113	421	\$176.00	2	\$352.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Physical Therapy					
Evaluation of physical therapy, typically 30 minutes	97162	424	\$794.00	1	\$794.00
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97110	421	\$122.00	4	\$488.00
Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes	97113	421	\$176.00	2	\$352.00
Wheelchair management, each 15 minutes	97542	421	\$122.00	3	\$366.00
Wheelchair management, each 15 minutes, evaluation/assessment	97542	421	\$183.00	3	\$549.00
Social Work					
Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Health behavior intervention, group, face-to-face; each additional 15 minutes	96165	510	\$86.00	2	\$172.00
Health behavior intervention, group, face-to-face; initial 30 minutes	96164	510	\$172.00	1	\$172.00
Spine					
Electronic analysis and reprogramming of spinal canal drug infusion pump	62368	510	\$926.00	1	\$926.00
Electronic analysis reprogramming and refill of spinal canal drug infusion pump by physician	62369	510	\$1,067.00	1	\$1,067.00
Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	96365	260	\$352.00	1	\$352.00
Injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles, each additional extremity	64643	510	\$275.00	1	\$275.00
Injection of chemical for destruction of nerve muscles on one arm or leg, 1-4 muscles	64642	510	\$342.00	1	\$342.00
Injection, baclofen, 2000 mcg/ml	J0475	636	\$385.00	1	\$385.00
Injection, botulinum toxin (botox), per unit	J0585	636	\$9.00	1	\$9.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Injection, zoledronic acid, per mg	J3489	636	\$52.00	1	\$52.00
Needle measurement and recording of electrical activity of muscles for guidance with injection of chemical for destruction of muscles	95874	922	\$116.00	1	\$116.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Ultrasonic guidance imaging supervision and interpretation for insertion of needle	76942	402	\$857.00	1	\$857.00
Neurogenetics Clinic					
Multidisciplinary					
Genetic Counseling - Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Neurology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurology - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neurology - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Neurology Clinic					
Genetic Counselor					
Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Neurology					
Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neurophysiology					
Neurology					
Measurement of brain wave (EEG) activity, 41-60 minutes	95812	740	\$1,359.00	1	\$1,359.00
Neuropsychology Department					
Neuropsychology					
Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	96116	920	\$791.00	1	\$791.00
Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	96133	920	\$493.00	2	\$986.00
Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	96132	920	\$493.00	1	\$493.00
Psychiatric diagnostic evaluation, 120 minutes	90791	900	\$1,536.00	1	\$1,536.00
Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	96137	918	\$246.00	3	\$738.00
Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	96136	918	\$246.00	1	\$246.00
Psychological testing evaluation by qualified health care professional, additional 60 minutes	96131	918	\$493.00	1	\$493.00
Psychological testing evaluation by qualified health care professional, first 60 minutes	96130	918	\$493.00	1	\$493.00
Nutrition Program					
Nutrition					
Medical nutrition therapy re-assessment and intervention, each 15 minutes	97803	510	\$120.00	1	\$120.00
Medical nutrition therapy, assessment and intervention, each 15 minutes	97802	510	\$161.00	2	\$322.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Occupational Therapy					
Occupational Therapy					
Evaluation of occupational therapy, typically 45 minutes	97166	434	\$794.00	1	\$794.00
Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	97530	431	\$122.00	4	\$488.00
Orthopedic Clinic					
Multidisciplinary					
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurorehabilitation - Patient office consultation, typically 60 minutes	99244	510	\$679.00	1	\$679.00
Neurorehabilitation - Patient office consultation, typically 60 minutes, professional charge	99244	960	\$190.00	1	\$190.00
Physical Therapy - Evaluation of physical therapy, typically 30 minutes	97162	424	\$794.00	1	\$794.00
Physical Therapy - Physical performance test or measurement with report, each 15 minutes	97750	421	\$183.00	2	\$366.00
Radiology - X-ray of pelvis, 1 or 2 views	72170	320	\$385.00	1	\$385.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Neurorehabilitation					
Established patient outpatient visit, total time 20-29 minutes	99213	510	\$308.00	1	\$308.00
Established patient outpatient visit, total time 20-29 minutes, professional charge	99213	960	\$70.00	1	\$70.00
New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Pediatric Feeding Disorders					
Developmental Medicine					

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Multidisciplinary					
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Developmental Medicine - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Developmental Medicine - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Nutrition - Medical nutrition therapy re-assessment and intervention, each 15 minutes	97803	510	\$120.00	1	\$120.00
Nutrition - Medical nutrition therapy, assessment and intervention, each 15 minutes	97802	510	\$161.00	1	\$161.00
Occupational Therapy - Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Occupational Therapy - Physical performance test or measurement with report, each 15 minutes	97750	431	\$183.00	2	\$366.00
Speech Therapy - Evaluation of swallowing function	92610	444	\$183.00	1	\$183.00
Speech Therapy - Treatment of swallowing and/or oral feeding function	92526	440	\$122.00	1	\$122.00
Pediatric Pain Rehabilitation Program					
Multidisciplinary					

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Behavior Psychology - Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Neurorehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Physical - Re-evaluation of physical therapy, typically 20 minutes	97164	424	\$794.00	1	\$794.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Psychiatry - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Psychiatry - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Psychiatry - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Psychiatry - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Rehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Rehabilitation - New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
Rehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Rehabilitation - New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Phelps Center for Cerebral Palsy and Neurodevelopmental Medicine					
Developmental Medicine					

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Electronic analysis and reprogramming of spinal canal drug infusion pump	62368	510	\$926.00	1	\$926.00
Electronic analysis reprogramming and refill of spinal canal drug infusion pump by physician	62370	510	\$1,067.00	1	\$1,067.00
Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Injection, baclofen, 2000 mcg/ml	J0475	636	\$385.00	1	\$385.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Multidisciplinary					
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurorehabilitation - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Physical Therapy - Physical performance test or measurement with report, each 15 minutes	97750	421	\$183.00	1	\$183.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Physical Therapy					
Physical Therapy					
Evaluation of physical therapy, typically 30 minutes	97162	424	\$794.00	1	\$794.00
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97110	421	\$122.00	4	\$488.00
Preschool Intradisciplinary Clinic					
Multidisciplinary					
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Developmental Medicine - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Developmental Medicine - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Genetic Counseling - Medical genetic patient or family counseling services each 30 minutes	96040	510	\$438.00	1	\$438.00
Neurorehabilitation - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Neurorehabilitation - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Psychiatric Mental Health Program					
Psychiatry					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Psychiatric diagnostic evaluation with medical services, 90 minutes	90792	900	\$1,047.00	1	\$1,047.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Psychiatric diagnostic evaluation with medical services, 90 minutes, professional charge	90792	960	\$175.00	1	\$175.00
Psychology					
Psychiatric diagnostic evaluation, 120 minutes	90791	900	\$1,536.00	1	\$1,536.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Social Work					
Group psychotherapy, 90 minutes	90853	915	\$499.00	1	\$499.00
Psychiatric diagnostic evaluation, 90 minutes	90791	900	\$1,153.00	1	\$1,153.00
Psychotherapy, 60 minutes	90837	914	\$506.00	1	\$506.00
Radiology					
Radiology					
Bone density measurement of the core or central skeleton (e.g., hips, pelvis, spine)	77080	320	\$725.00	1	\$725.00
Rehabilitation Clinic					
Multidisciplinary					
Behavior Psychology - Health behavior assessment, or re-assessment	96156	510	\$774.00	1	\$774.00
Neurology - Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Neurology - Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Neurology - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
Neurology - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Neuropsychology - Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes	96116	920	\$791.00	1	\$791.00
Neurorehabilitation - Established patient outpatient visit, total time 40-54 minutes	99215	510	\$681.00	1	\$681.00
Neurorehabilitation - Established patient outpatient visit, total time 40-54 minutes, professional charge	99215	960	\$146.00	1	\$146.00
Neurorehabilitation - New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Neurorehabilitation - New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Occupational Therapy - Evaluation of occupational therapy, typically 30 minutes	97165	434	\$428.00	1	\$428.00
Physical Therapy - Evaluation of physical therapy, typically 20 minutes	97161	424	\$428.00	1	\$428.00
Social Work - Health behavior intervention, individual, face-to-face; each additional 15 minutes	96159	510	\$194.00	1	\$194.00
Social Work - Health behavior intervention, individual, face-to-face; initial 30 minutes	96158	510	\$387.00	1	\$387.00
Neurorehabilitation					
Established patient outpatient visit, total time 30-39 minutes	99214	510	\$470.00	1	\$470.00
Established patient outpatient visit, total time 30-39 minutes, professional charge	99214	960	\$105.00	1	\$105.00
Injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles, each additional extremity	64643	510	\$275.00	1	\$275.00
Injection of chemical for destruction of nerve muscles on one arm or leg, 1-4 muscles	64642	510	\$342.00	1	\$342.00
Injection, botulinum toxin (botox), per unit	J0585	636	\$9.00	1	\$9.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Ultrasonic guidance imaging supervision and interpretation for insertion of needle	76942	402	\$857.00	1	\$857.00
Speech Therapy					
Speech Therapy					
Evaluation of speech sound production with evaluation of language comprehension and expression	92523	444	\$221.00	1	\$221.00
Treatment of speech, language, voice, communication, and/or hearing processing disorder	92507	440	\$122.00	3	\$366.00
Other					
Laboratory & Pathology					

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Blood test, thyroid stimulating hormone (TSH)	84443	301	\$58.00	1	\$58.00
Medical					
New patient outpatient visit, total time 30-44 minutes	99203	510	\$475.00	1	\$475.00
New patient outpatient visit, total time 30-44 minutes, professional charge	99203	960	\$99.00	1	\$99.00
New patient outpatient visit, total time 45-59 minutes	99204	510	\$658.00	1	\$658.00
New patient outpatient visit, total time 45-59 minutes, professional charge	99204	960	\$169.00	1	\$169.00
New patient outpatient visit, total time 60-74 minutes	99205	510	\$955.00	1	\$955.00
New patient outpatient visit, total time 60-74 minutes, professional charge	99205	960	\$221.00	1	\$221.00
Patient office consultation, typically 40 minutes	99243	510	\$472.00	1	\$472.00
Patient office consultation, typically 40 minutes, professional charge	99243	960	\$121.00	1	\$121.00
Patient office consultation, typically 60 minutes	99244	510	\$679.00	1	\$679.00
Patient office consultation, typically 60 minutes, professional charge	99244	960	\$190.00	1	\$190.00
Routine EKG using at least 12 leads including interpretation and report	93000	730	\$176.00	1	\$176.00
Sleep monitoring of patient (6 years or older) in sleep lab	95810	740	\$4,404.00	1	\$4,404.00
Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97110	431	\$122.00	4	\$488.00
Mental Health					
Family psychotherapy including patient, 50 minutes	90847	916	\$507.00	1	\$507.00
Family psychotherapy, 50 minutes	90846	916	\$507.00	1	\$507.00
Group psychotherapy, 90 minutes	90853	915	\$499.00	1	\$499.00
Psychotherapy, 30 minutes	90832	914	\$252.00	1	\$252.00
Radiology					
X-ray of lower and sacral spine, minimum of 4 views	72110	320	\$661.00	1	\$661.00
Services Not Provided					
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805		n/a		n/a
Automated urinalysis test	81002, 81003		n/a		n/a
Basic metabolic panel	80048		n/a		n/a

Kennedy Krieger Institute
Shoppable Services

Program, Specialty, Service Description	Billing Code (HCPCS, CPT, DRG)	Revenue Code	Charge	Average Billed Units	Average Billed Charges
Biopsy of large bowel using an endoscope	45380		n/a		n/a
Biopsy of prostate gland	55700		n/a		n/a
Biopsy of the esophagus, stomach and/or upper small bowel using an endoscope	43239		n/a		n/a
Blood test, clotting time	85610		n/a		n/a
Blood test, comprehensive group of blood chemicals	80053		n/a		n/a
Blood test, lipids (cholesterol and triglycerides)	80061		n/a		n/a
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216		n/a		n/a
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	473		n/a		n/a
Coagulation assessment blood test	85730		n/a		n/a
Complete blood cell count, with differential white blood cells, automated	85025		n/a		n/a
Complete blood count, automated	85027		n/a		n/a
CT scan of abdomen and pelvis with contrast	74177		n/a		n/a
CT scan, head or brain, without contrast	70450		n/a		n/a
CT scan, pelvis, with contrast	72193		n/a		n/a
Diagnostic examination of esophagus, stomach, and/or upper small bowel using endoscope	43235		n/a		n/a
Diagnostic examination of large bowel using an endoscope	45378		n/a		n/a
Initial new patient preventive medicine evaluation (18-39 years)	99385		n/a		n/a
Initial new patient preventive medicine evaluation (40-64 years)	99386		n/a		n/a
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322, 63233		n/a		n/a
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483		n/a		n/a
Insertion of catheter into left heart for diagnosis	93452		n/a		n/a
Kidney function panel test	80069		n/a		n/a
Liver function blood test panel	80076		n/a		n/a

Kennedy Krieger Institute
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Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	470		n/a		n/a
Mammography of both breasts	77066		n/a		n/a
Mammography of one breast	77065		n/a		n/a
Mammography, screening, bilateral	77067		n/a		n/a
Manual urinalysis test with examination using microscope	81000, 81001		n/a		n/a
MRI brain scan of brain before and after contrast	70553		n/a		n/a
MRI scan of leg joint	73721		n/a		n/a
MRI scan of lower spinal canal	72148		n/a		n/a
Obstetric blood test panel	80055		n/a		n/a
PSA (prostate specific antigen)	84153 - 84154		n/a		n/a
Removal of 1 or more breast growth, open procedure	19120		n/a		n/a
Removal of cataract with insertion of lens	66984		n/a		n/a
Removal of gallbladder using an endoscope	47562		n/a		n/a
Removal of one knee cartilage using an endoscope	29881		n/a		n/a
Removal of polyps or growths of large bowel using an endoscope	45385		n/a		n/a
Removal of recurring cataract in lens capsule using laser	66821		n/a		n/a
Removal of tonsils and adenoid glands patient younger than age 12	42820		n/a		n/a
Repair groin hernia patient age 5 years or older	49505		n/a		n/a
Routine obstetric care for cesarean delivery, including pre- and post- delivery care	59510		n/a		n/a
Routine obstetric care for vaginal delivery after prior cesarean delivery including pre- and post- delivery care	59610		n/a		n/a
Routine obstetric care for vaginal delivery, including pre- and post- delivery care	59400		n/a		n/a
Shaving of shoulder bone using an endoscope	29826		n/a		n/a
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	460		n/a		n/a
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866		n/a		n/a
Ultrasound examination of lower bowel using an endoscope	45391		n/a		n/a

Kennedy Krieger Institute
Shoppable Services

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Ultrasound of abdomen	76700		n/a		n/a
Ultrasound pelvis through vagina	76830		n/a		n/a
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or complications (MCC)	743		n/a		n/a