



Pricing for our Most Common Services

Listed here are the billed charges for our most common healthcare services as of January, 2021.

SURGERY

- ROUTINE VENIPUNCTURE: 36415**..... Price: \$44
Collection of venous blood by venipuncture
- CAPILLARY BLOOD DRAW: 36416** Price: \$41
Collection of capillary blood specimen (eg, finger, heel, ear stick)
- LG JOINT INJECTION: 20610**Price: \$408Facility Charges: \$599
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance)
- CT LUMBAR INJECTION: 64494**Price: \$1,050Facility Charges: \$2,063
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level
- LUMBAR FACET INJECTION: 64493**Price: \$2,000Facility Charges: \$5,464
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single
- TIBIAL NEUROSTIMULATION: 64566**.....Price:\$128Facility Charges: \$32
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
- POST VOID URINE MEASURE: 51798** Price: \$196
Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
- CT INJECTION LUMBAR TRANSLAMINAR: 62323**.....Price: \$2,319
Facility Charges \$4,463
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
- UPPER GI ENDOSCOPY: 43239**.....Price: \$1614Facility Charges: \$1940
Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
- DRAW BLOOD OFF VENOUS DEVICE: 36591**Price: \$41
Collection of blood specimen from a completely implantable venous access device
- SIMPLE LACERATION REPAIR 0-2.5 CM: 1200**.....Price: \$610
Facility Charges: \$1,124
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
- DIAGNOSTIC COLONOSCOPY: 45378**.....Price: \$1,939Facility Charges: \$5,237
Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

ANESTHESIA

- ANES LABOR EPIDURAL: 01967**.....Price: \$2,472
Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
- ANES TOTAL KNEE: 01402**.....Price: \$2,472Facility Charges: \$3,371
Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
- ANES LENS SURGERY: 00142**Price: \$1,067Facility Charges: \$899
Anesthesia for procedures on eye; lens surgery
- ANES SURG ARTH KNEE: 01400**Price: \$1,157Facility Charges: \$1,180
Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
- ANES NERV,MUSC,TEND FOREARM: 01810**...Price: \$770.....Facility Charges: \$843
Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand

- ANES C-SECTION: 01961**Price: \$1,910Facility Charges: \$2,135
Anesthesia for cesarean delivery only
- ANES PROCEDURE ON MOUTH: 00170** Price: \$1,142
Facility Charges: \$1,034
Anesthesia for intraoral procedures, including biopsy; not otherwise specified
- ANES LOWER LEG BONE SURG: 01480**..... Price: \$1,273
Facility Charges: \$1,573
Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
- ANES INC/MISSED AB PROC: 01965** Price: \$1,011
Facility Charges: \$1,124
Anesthesia for incomplete or missed abortion procedures
- ANES/ANALG CS DELIVER ADD-ON: 01968** Price: \$1,742
Facility Charges: \$1,948
Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)

IMAGING

- X-RAY EXAM CHEST 1 VIEW: 71045**.....Price:\$59Facility Charges: \$366
Radiologic examination, chest; single view
- X-RAY EXAM CHEST 2 VIEWS: 71046**.....Price: \$64Facility Charges: \$562
Radiologic examination, chest; 2 views
- MAMMO SCR BILAT DIG W/CAD: 77067** ..Price: \$216Facility Charges: \$422
Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
- CT ABD/PEL W/CONTRAST: 74177**Price: \$670Facility Charges: \$4,788
Computed tomography, abdomen and pelvis; with contrast material(s)
- CT - HEAD/BRAIN WO CONTRAST: 70450** Price: \$302
Facility Charges: \$2,311
Computed tomography, head or brain; without contrast material
- X-RAY EXAM OF KNEE 3V: 73562**Price: \$63Facility Charges: \$624
Radiologic examination, knee; 3 views
- BREAST TOMOSYNTHESIS BILAT: 77063**Price: \$73Facility Charges: \$100
Screening digital breast tomosynthesis, bilateral
- CT CHEST WITH CONTRAST: 71260**.....Price: \$357Facility Charges: \$2,968
Computed tomography, thorax, diagnostic; with contrast material(s)
- X-RAY SHOULDER 3 VIEWS: 73030**.....Price: \$71Facility Charges: \$565
Radiologic examination, shoulder; complete, minimum of 2 views
- X-RAY FOOT 3+ VIEWS: 73630**.....Price: \$49Facility Charges: \$657
Radiologic examination, foot; complete, minimum of 3 views

LAB SERVICES

- COMPL CBC W PLT W AUTOM DIFF: 85025** Price: \$144
Facility Charges: \$44
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count & blood draw (facility charge)
- TSH 3rd IS: 84443**.....Price: \$122Facility Charges: \$44
Thyroid stimulating hormone (TSH) & blood draw (facility charge)
- GLUCOSE BY GLUCOMETER: 82948**.....Price: \$39Facility Charges: \$41
Glucose; blood, reagent strip & blood draw (facility charge)

COMP METABOLIC PANEL: 80053Price: \$162Facility Charges: \$44

Comprehensive metabolic panel. This panel must include the following: Albumin, Bilirubin, total Calcium, total Carbon dioxide, Chloride, Creatinine, Glucose, Phosphatase, alkaline, Potassium Protein, total Sodium, Transferase, alanine amino (ALT) (SGPT) Transferase, aspartate amino (AST) (SGOT) Urea nitrogen (BUN) & blood draw (facility charge)

COVID-19 TEST: 87635Price: \$250 (non CDC reference lab)

Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

LIPID PANEL: 80061Price: \$117Facility Charges: \$44

Lipid panel This panel must include the following: Cholesterol, serum, total, Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol), Triglycerides & blood draw (facility)

URINALYSIS: 81003..... Price: \$64

Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy

MAGNESIUM: 83735Price: \$95Facility Charge (bld draw): \$44**HEMOGLOBIN GLYCOSYLATED A1C: 83036 Price: \$127**

Facility Charge (bld draw): \$44

TROPONIN QUANTITATIVE: 84484 .. Price: \$265...Facility Charge (bld draw): \$44**EVALUATION & MANAGEMENT****LEVEL 2 OFFICE VISIT: 99212 Price: \$154**

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

LEVEL 2 NEW PATIENT OFFICE VISIT: 99202..... Price: \$256

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

LEVEL 3 OFFICE VISIT: 99213 Price: \$210

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

LEVEL 4 OFFICE VISIT: 99214 Price \$310

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

LEVEL 5 OFFICE VISIT: 99215 Price: \$425

Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

LEVEL 2 ER VISIT: 99282Price: \$292Facility Charges: \$562

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

LEVEL 3 ER VISIT: 99283Price: \$520Facility Charges: \$1,124

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or

coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

LEVEL 4 ER VISIT: 99284Price: \$754Facility Charges: 2,023

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

LEVEL 5 ER VISIT: 99285Price: \$1,057Facility Charges: \$3,427

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

SUBSQ HOSPITAL CARE: 99232 Price: \$382

Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

MEDICINE**THERAPEUTIC EXERCISES EA 15 MINS: 97110..... Price: \$141**

Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

MANUAL THERAPY EA 15 MINS: 97140 Price: \$141

Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

THERAPEUTIC ACTIVITIES: 97530 Price: \$141

Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

NEUROMUSCULAR REEDUCATION EA 15 MINS: 97112 Price: \$ 141

Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

ECG ROUTINE ECG W/AT LEAST 12 LEADS : 93005 Price: \$376

Facility Charges: \$75

Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report

12 LEAD EKG; INT & REP: 93010Price: \$376Facility Charges: \$75

Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

IV PUSH INJECTION INITIAL: 96374 Price: \$260

Therapeutic, prophylactic, or diagnostic injection; intravenous push, single or initial substance/drug

IV PUSH INJECTION SEQUENTIAL: 96375 Price: \$239

Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug

IV HYDRATION EACH ADD'L HOUR: 96361 Price: \$127

Intravenous infusion, hydration; each additional hour

THER/PROPH/DIAG INJ SC/IM: 96372Price: \$ 84Facility Charges: \$8

Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular & Vitamin B12 Injection (facility charge)

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information. These prices should not be considered an actual price quote. Actual charges on the final hospital bill may vary based on medical condition, unknown circumstances or complications, final diagnosis, level of care, type of specialist, and recommended treatment.

South Peninsula Hospital is considered in-network with the following insurance companies: Aetna, Blue Cross, Cigna, First Choice Health, Government Employees Health Association, Great West Life, Meritain, Moda, Multiplan, Pref Med Claims Solutions, Teamsters Employer Welfare Trust, United Food and Commercial Workers Union, United Healthcare, Medicare, Medicaid, Tricare, and VA.

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