

# 2023 Prices for Our Most Common Services

Listed here are the billed charges for our most common healthcare services as of January, 2023.

## SURGERY

**ROUTINE VENIPUNCTURE: 36415.....Price: \$47.00**  
Collection of venous blood by venipuncture.

**CAPILLARY BLOOD DRAW: 36416.....Price: \$44.00**  
Collection of capillary blood specimen (eg, finger, heel, ear stick).

**LG JOINT INJECTION: 20610.....Price: \$495.23....Facility Charges: \$99.05**  
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance.

**CT LUMBAR INJECTION: 64494.....Price: \$1,179.78....Facility Charges: \$1,755.56**  
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: \$2,247.20  
Facility Charges: \$2,471.36**  
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: \$179.81....Facility Charges: \$35.97**  
Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming.

**POST VOID URINE MEASURE: 51798.....Price: \$220.34**  
Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging.

**EGD WITH BIOPSY: 43239 .....Price: \$1,938.21.....Facility Charges: \$3,667.41**  
Inspection small intestine with biopsy.

**COLLECTION OF BLOOD FROM DEVICE: 36591.....Price: \$46.45**  
Transfusion, blood or blood components.

**INSERT TEMP BLADDER CATHETER: 51702.....Price: \$216.77**  
Insertion of temporary indwelling bladder catheter; simple (eg Foley).

## ANESTHESIA

**ANES LABOR EPIDURAL: 01967.....Price: \$2,777.50**  
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: \$2,146.25.....Facility Charges: 1,388.75**  
Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty.

**ANES NERVES/MUSCLES: 01810 .....Price: \$883.75 ....Facility Charges: \$378.75**  
Anesthesia for procedures on nerves, muscles on wrist or hand.

**ANES SURG LOWER ABDOMEN: 00840.....Price: \$1,641.25  
Facility Charges: \$883.75**  
Anesthesia for intraperitoneal procedures in the lower abdomen including laparoscopy; not otherwise specified.

**ANES UPR GI NDSC NOS: 00731.....Price: \$1,010.....Facility Charges: \$252.50**  
Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified.

**ANES LWR INTST NDSC NOS: 00811....Price: \$883.75....Facility Charges: \$378.75**  
Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified.

**ANES SURG UPPER ABDOMEN: 00790...Price: \$1,893.75...Facility Charges: \$1,010**  
Anesthesia for intraperitoneal procedures in the upper abdomen including laparoscopy; not otherwise specified.

**ANES LWR INTST SCR COLSC: 00812...Price: \$883.75....Facility Charges: \$378.75**  
Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy.

**ANES UPR & LWR GI NDSC PX: 00813.....Price: \$1,262.50  
Facility Charges: \$631.25**

Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum.

**ANES SKIN EXT/PER/ANT TRUNK:00400.....Price: \$1,010  
Facility Charges: \$1,123.60**

Anesthesia for procedure on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified.

## IMAGING

**X-RAY EXAM CHEST 1 VIEW: 71045.....Price: \$65.96.....Facility Charges: \$425**  
Radiologic examination, chest; single view.

**X-RAY EXAM CHEST 2 VIEWS: 71046....Price: \$71.75....Facility Charges: \$631.24**  
Radiologic examination, chest; 2 views.

**MAMMO SCR BILAT DIG W/CAD: 77067.....Price: \$242.96  
Facility Charges: \$474.02**

Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed.

**CT ABD/PEL W/CONTRAST: 74177.....Price: \$752.25  
Facility Charges: \$5,380.33**

Computed tomography, abdomen and pelvis; with contrast material(s).

**CT - HEAD/BRAIN WO CONTRAST: 70450.....Price: \$339.09  
Facility Charges: \$2,596.42**

Computed tomography, head or brain; without contrast material.

**X-RAY EXAM OF KNEE 3V: 73562.....Price: \$70.60....Facility Charges: \$701.51**  
Radiologic examination, knee; 3 views.

**BREAST TOMOSYNTHESIS BILAT: 77063...Price: \$82.02...Facility Charges: \$112.36**  
Screening digital breast tomosynthesis, bilateral .

**CT CHEST WITH CONTRAST: 71260...Price: \$401.58....Facility Charges: \$3,216.04**  
Computed tomography, thorax, diagnostic; with contrast material(s).

**X-RAY SHOULDER 3 VIEWS: 73030.....Price: \$79.85....Facility Charges: \$634.81**  
Radiologic examination, shoulder; complete, minimum of 2 views.

**CT BONE MINERAL STUDY: 77078.....Price: \$103.76....Facility Charges: \$645.54**  
Computed tomography, bone mineral density study.

## LAB SERVICES

**COMPL CBC W PLT W AUTOM DIFF: 85025...Price: \$170.00....Facility Charges: \$47**  
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count.

**COMP METABOLIC PANEL: 80053.....Price: \$182.22.....Facility Charges: \$47**  
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).

**COVID-19 TEST: 87635(non CDC reference lab).....\$100**  
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.

**TSH 3rd IS: 84443.....Price: \$136.96.....Facility Charges: \$47**  
Thyroid stimulating hormone (TSH).

**GLUCOSE BY GLUCOMETER: 82948.....Price: \$49.25**  
Glucose; blood, reagent strip.



**LIPID PANEL: 80061.....Price: \$131.02 .....Facility Charges: \$47**

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

**URINALYSIS: 81003.....Price: \$71.47**

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: 83735.....Price: \$107.19.....Facility Charges: \$47**

**HEMOGLOBIN GLYCOSYLATED A1C: 83036.....Price: \$142.92  
Facility Charges: \$47**

**DETECT AGENT NOS DAN AMP: 87798.....Price: \$258.45.....Facility Charges: \$47**

Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique.

## EVALUATION & MANAGEMENT

**LEVEL 2 OFFICE VISIT: 99212.....Price: \$174.90**

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: 99203.....Price: \$405.19**

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level 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: \$268.18**

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: \$348.32**

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: \$531.46**

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: 99282.....Price: \$328.09...Facility Charges: \$631.24**

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: 99283.....Price: \$584.27...Facility Charges: \$1,262.48**

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: 99284.....Price: \$725 .....Facility Charges: \$2,750**

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 4 NEW PATIENT OFFICE VISIT: 99204.....Price: \$599.44**

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

**SUBSQ HOSPITAL CARE: 99232.....Price: \$430.52**

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: \$158.41**

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: \$158.41**

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

**THERAPEUTIC ACTIVITIES: 97530.....Price: \$158.41**

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: \$158.41**

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: \$395**

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

**12 LEAD EKG; INT & REP: 93010.....Price: \$84.27**

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

**IV PUSH INJECTION INITIAL: 96374.....Price: \$265**

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

**IV PUSH INJECTION SEQUENTIAL: 96375.....Price: \$265**

Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

**IV HYDRATION EACH ADD'L HOUR: 96361.....Price: \$174.90**

Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

**THER/PROPH/DIAG INJ SC/IM: 96372.....Price: \$103.37**

Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular  
**Facility Charges: \$142.92**

**South Peninsula Hospital,  
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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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