South Peninsula Hospital 4300 Bartlett Street Homer, AK 99603

CPT Code	Surgery	Cost	Facility Charges
36415	ROUTINE VENIPUNCTURE	\$49.82	
36416	CAPILLARY BLOOD DRAW	\$46.64	
20610	LG JOINT INJECTION	\$486.06	489.58
64494	CT LUMBAR INJECTION	\$1250.57	\$1860.89
64493	LUMBAR FACET INJECTION	\$4764.06	\$5239.28
64566	TIBIAL NEUROSTIMULATION	\$190.60	\$38.13
51798	POST VOID URINE MEASURE	\$233.56	
43239	EGD WITH BIOPSY	\$2054.50	\$3887.45
36591	COLLECTION OF BLOOD FROM DEVICE	\$49.24	
12001	REPAIR OF SUPERFICIAL WOUNDS	\$725.92	\$242.74

CPT Code	Anesthesia	Cost	Facility Charges
01967	ANES LABOR EPIDURAL	\$2,944.26	
01402	ANES TOTAL KNEE	\$2,275.11	2477.43
01630	ANES SHOULDER	1605.96	1926.989

00840	ANES SURG LOWER ABDOMEN	\$1,873.62	\$1926.89
00731	ANES UPR GI NDSC NOS	\$936.81	\$550.54
00811	ANES LWR INTST NDSC NOS	\$936.81	\$825.81
00790	ANES SURG UPPER ABDOMEN	\$2007.45	\$2202.16
00812	ANES LWR INTEST SCR COLSC	\$936.81	550.50
00813	ANES UPR & LWR GI NDSC PX	\$1,070.64	\$825.81
00142	ANES EYE	\$936.81	\$825.81

CPT Code	Imaging	Cost	Facility Charges
71045	X-RAY EXAM CHEST 1 VIEW	\$69.92	\$450.50
71046	X-RAY EXAM CHEST 2 VIEWS	\$76.06	\$669.11
77067	MAMMO SCR BILAT DIG W/CAD	\$257.54	\$502.46
74177	CT ABD/PEL W/CONTRAST	\$797.39	\$5703.51
70450	CT - HEAD/BRAIN WO CONTRAST	\$359.44	\$2,752.21
73562	X-RAY EXAM OF KNEE 3V	\$74.84	\$743.60
77063	BREAST TOMOSYNTHESIS BILAT	\$86.94	\$119.10
73630	X-RAY EXAM FOOT	\$58.88	\$782.62
73030	X-RAY SHOULDER 3 VIEWS	\$84.64	\$672.90
73502	X-RAY EXAM HIP	\$85.88	\$607.25

CPT Code	Laboratory Services	Cost	Facility Charges
85025	COMPL CBC W PLT W AUTOM DIFF	\$180.20	\$49.82
80053	COMP METABOLIC PANEL	\$193.15	\$49.82
87635	COVID-19 TEST	\$100.00	
84443	TSH 3rd IS	\$145.18	\$49.82
82948	GLUCOSE BY GLUCOMETER	\$52.21	
80061	LIPID PANEL	\$138.88	\$49.82
81003	URINALYSIS	\$75.76	
83735	MAGNESIUM	\$113.62	\$49.82
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$151.50	\$49.82
87502	DETECT AGENT INFLUENZA VIRUS	\$296.63	\$49.82

CPT Code	Evaluation & Management	Cost	Facility Charges
99212	LEVEL 2 OFFICE VISIT	\$185.40	
99203	LEVEL 2 NEW PATIENT OFFICE VISIT	\$429.50	
99213	LEVEL 3 OFFICE VISIT	\$279.10	
99214	LEVEL 4 OFFICE VISIT	\$369.21	
99215	LEVEL 5 OFFICE VISIT	\$563.36	
99285	LEVEL 5 ER VISIT	\$1337.72	\$4235.61
99283	LEVEL 3 ER VISIT	\$619.33	\$1338.23

99284 L	LEVEL 4 ER VISIT	\$768.50	\$2,915.00
99204 L	LEVEL 4 NEW PATIENT OFFICE VISIT	\$635.40	
99233	SUBSQ HOSPITAL CARE	\$653.86	

CPT Code	Medicine	Cost	Facility Charges
97110	THERAPEUTIC EXERCISES EA 15 MINS	\$167.91	
97140	MANUAL THERAPY EA 15 MINS	\$167.91	
97530	THERAPEUTIC ACTIVITIES	\$167.91	
94640	PRESSURIZED OR NONPRESSURIZED INHALATION	\$443. 82	
93005	ECG ROUTINE ECG W/AT LEAST 12 LEADS	\$418.70	
93010	12 LEAD EKG; INT & REP	\$89.33	
96374	IV PUSH INJECTION INITIAL	\$280.90	
96375	IV PUSH INJECTION SEQUENTIAL	\$170.00	
96361	IV HYDRATION EACH ADD'L HOUR	\$185.39	
96372	THER/PROPH/DIAG INJ SC/IM	\$151.50	

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. CPT. Copyright 2021 notice: American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided "as is" without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes.