

<b>Evaluation &amp; Management Services</b>	<b>2020 CPT/HCPCS Primary Code</b>	<b>Standard Gross Charge</b>
Psychotherapy, 30 min	90832	Not provided by hospital/clinic
Psychotherapy, 45 min	90834	Not provided by hospital/clinic
Psychotherapy, 60 min	90837	Not provided by hospital/clinic
Family psychotherapy, not including patient, 50 min	90846	Not provided by hospital/clinic
Family psychotherapy, including patient, 50 min	90847	Not provided by hospital/clinic
Group psychotherapy	90853	Not provided by hospital/clinic
New patient office or other outpatient visit, typically 30 min	99203	\$181
New patient office or other outpatient visit, typically 45 min	99204	\$255
New patient office or other outpatient visit, typically 60 min	99205	\$319
Patient office consultation, typically 40 min	99243	\$165
Patient office consultation, typically 60 min	99244	\$224
Initial new patient preventive medicine evaluation (18-39 years)	99385	\$234
Initial new patient preventive medicine evaluation (40-64 years)	99386	\$250
<b>Laboratory &amp; Pathology Services</b>	<b>2020 CPT/HCPCS Primary Code</b>	<b>Standard Gross Charge</b>
Basic metabolic panel	80048	\$191
Blood test, comprehensive group of blood chemicals	80053	\$251
Obstetric blood test panel	80055	\$385
Blood test, lipids (cholesterol and triglycerides)	80061	\$121
Kidney function panel test	80069	\$196
Liver function blood test panel	80076	\$200
Manual urinalysis test with examination using microscope	81000 or 81001	\$78
Automated urinalysis test	81002 or 81003	\$15
PSA (prostate specific antigen) Total/Free	84153-84154	\$118/\$131
Blood test, thyroid stimulating hormone (TSH)	84443	\$163
Complete blood cell count, with differential white blood cells, automated	85025	\$96
Complete blood count, automated	85027	\$95
Blood test, clotting time	85610	\$69
Coagulation assessment blood test	85730	\$77
<b>Radiology Services</b>	<b>2020 CPT/HCPCS Primary Code</b>	<b>Standard Gross Charge</b>
CT scan, head or brain, without contrast	70450	\$1,901
MRI scan of brain before and after contrast	70553	\$3,780
X-Ray, lower back, minimum four views	72110	\$451
MRI scan of lower spinal canal	72148	\$2,378
CT scan, pelvis, with contrast	72193	\$2,281
MRI scan of leg joint	73721	\$2,737
CT scan of abdomen and pelvis with contrast	74177	\$4,561
Ultrasound of abdomen	76700	\$980
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	\$718
Ultrasound pelvis through vagina	76830	\$443
Mammography of one breast	77065	\$249
Mammography of both breasts	77066	\$309
Mammography, screening, bilateral	77067	\$295
<b>Medicine and Surgery Services</b>	<b>2020 CPT/HCPCS/DRG Primary Code</b>	<b>Standard Gross Charge</b>
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Not provided by hospital
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	460	Not provided by hospital
<b>Knee Replacement, single (1 night stay)(Estimate only)</b>	27447	\$66,796
<i>Facility fees</i>		\$55,000
<i>Anesthesia fees</i>		\$3,300
<i>Surgeon fees</i>		\$4,248
<i>Assistant surgeon fees (if applicable)</i>		\$4,248
<b>Knee Replacement, bilateral (1 night stay) (Estimate Only)</b>	27447	\$113,894
<i>Facility fees</i>		\$93,000
<i>Anesthesia fees</i>		\$4,400
<i>Surgeon fees</i>		\$8,252
<i>Assistant surgeon fees (if applicable)</i>		\$8,242
<b>Hip Replacement, single (includes facility, anesthesia, surgeon)(1 night stay) (Estimate only)</b>	27130	\$79,033
<i>Facility fees</i>		\$68,000
<i>Anesthesia fees</i>		\$3,265

	<i>Surgeon fees</i>	\$3,884
	<i>Assistant surgeon fees (if applicable)</i>	\$3,884
<b>Shoulder Replacement, single (includes facility, anesthesia, surgeon)(1 night stay) (Estimate only)</b>	23472	\$91,362
	<i>Facility fees</i>	\$79,000
	<i>Anesthesia fees</i>	\$4,300
	<i>Surgeon fees</i>	\$4,031
	<i>Assistant surgeon fees (if applicable)</i>	\$4,031
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	473	Not provided by hospital
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	743	Currently not provided by hospital/
Removal of 1 or more breast growth, open procedure	19120	Currently not provided by hospital
Shaving of shoulder bone using an endoscope (arthroscopy) (29826); with rotator cuff repair (29827) and tenodesis of biceps (23430)	29826 29827 23430	\$31,100
	<i>Facility fees</i>	\$24,000
	<i>Anesthesia fees</i>	\$2,100
	<i>Surgeon fees</i>	\$5,000
Removal of one knee cartilage using an endoscope (arthroscopy)	29881	This specific service has not yet been performed at this hospital. Other knee scope procedures have been performed.
Removal of tonsils and adenoid glands patient younger than age 12	42820	Currently not provided by hospital
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope (EGD)	43235	This service is typically performed in conjunction with a colonoscopy
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope (EGD)	43239	\$3,655
	<i>Facility fees</i>	\$2,500
	<i>Anesthesia fees</i>	\$1,155
	<i>Surgeon fees</i>	Professional fees billed separately from hospital
Diagnostic examination of large bowel using an endoscope (Colonoscopy)	45378	\$3,400
	<i>Facility fees</i>	\$2,400
	<i>Anesthesia fees</i>	\$1,000
	<i>Surgeon fees</i>	Professional fees billed separately from hospital
Ultrasound examination of lower large bowel using an endoscope	45391	Not provided by hospital
Biopsy of prostate gland	55700	Not provided by hospital
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Not provided by hospital
Routine obstetric care for vaginal delivery, including pre-and post-delivery care	59400	Not provided by hospital
Routine obstetric care for cesarean delivery, including pre-and post-delivery care	59510	Not provided by hospital
Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	59610	Not provided at hospital
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322-62323	\$1,614
	<i>Facility fees</i>	\$1,327
	<i>Anesthesia fees</i>	\$287
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	Not provided by hospital
Removal of recurring cataract in lens capsule using laser	66821	Not provided by hospital
Removal of cataract with insertion of lens	66984	Not provided by hospital
Electrocardiogram, routine, with interpretation and report	93000	\$515
Insertion of catheter into left heart for diagnosis	93452	Not provided by hospital
Sleep study	95810	\$4,163
Physical therapy, therapeutic exercise	97110	\$93 (15 minutes)