



**UC Health Outpatient Clinic Practices
Patient Price Information List**

In compliance with state law, UC Health is providing this price list containing our room and board, emergency room, operating room, delivery, physical therapy, observation and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with a hospital financial counselor to determine if they qualify for discounts.

Effective July 1, 2019

DESCRIPTION	CPT	Outpatient Clinic
DEBRIDE MYOTIC NAILS 6 OR MORE	11721	\$ 296.00
BRN DRS/DEB INT OR SUBS W/O ANEST	16020	\$ 570.00
ARTHROCENTESIS/ASPIR/A/O INJ MAJOR JOINT	20610	\$ 268.00
BLOOD SPECIMEN FROM IMPLANTED VAD	36591	\$ 219.00
BLADDER SCAN BY ULTRASOUND NON-IM	51798	\$ 242.00
AMNIOCENTESIS DIAG	59000	\$ 814.00
NST/CST FETAL MONITORING	59020	\$ 708.00
NON STRESS TEST	59025	\$ 616.00
ELECTROANALYSIS PROGRAMMABLE PUMP	62368	\$ 954.00
ANALYZE & REFILL PUMP W/REPROGRAM	62369	\$ 887.00
CHEMODENERVATION OF MUSCLE(S)NECK	64616	\$ 685.00
CHEMODENERVATION ONE EXTREMITY 1-4	64642	N/A
HC CT HEAD W/O CONTRAST	70450	\$ 1,756.00
DIAG C SPINE 2 OR 3 VIEWS	72040	\$ 366.00

DIAG C SPINE MIN 4 VIEWS	72050 \$	567.00
DIAG T SPINE 2 VIEWS	72070 \$	409.00
DIAG LS SPINE 2 OR 3 VIEWS	72100 \$	382.00
HC DIAG LS SPINE MIN 4 VIEWS	72110 \$	567.00
DIAG PELVIS, 1 OR 2 VIEWS	72170 \$	327.00
HC DIAG SHOULDER MIN 2 VIEWS	73030 \$	382.00
DIAG WRIST 2 VIEWS LT	73100 \$	301.00
HC DIAG WRIST, MIN 3 VIEWS	73110 \$	333.00
HC DIAG HAND MIN 3 VIEWS	73130	N/A
DIAG HIP 2-3 VIEWS	73502 \$	465.00
HC DIAG FEMUR 2 VIEWS	73552 \$	376.00
HC DIAG KNEE 1 OR 2 VIEWS	73560 \$	303.00
HC DIAG KNEE 3 VIEWS	73562 \$	401.00
HC DIAG KNEE MIN 4 VIEWS	73564 \$	502.00
DIAG TIBIA AND FIBULA 2 VIEWS RT	73590 \$	355.00
HC DIAG ANKLE - MIN 3 VIEWS	73610 \$	355.00
HC DIAG FOOT MIN 3 VIEWS	73630 \$	333.00
US OB <14 WEEKS FIRST GESTATION	76801 \$	668.00
US OB >=14 WEEKS FIRST GEST	76805 \$	833.00
US OB W DETAILED FIRST GEST	76811 \$	860.00
HC US OB NUCHAL MEASUREMENT SNGL/FIRST GEST	76813 \$	598.00
HC US OB LIMITED	76815 \$	497.00
US OB REEVAL ABNORMALITY	76816 \$	406.00
US OB TRANSVAGINAL	76817 \$	721.00
US FETL BIOPHYSCL PROFILE W NON-S	76818 \$	607.00
BIOPHYSICAL PROFILE W/O NON STRES	76819 \$	607.00
HC DOPPLER VELOCIMETRY,FETAL MIDD CEREB ART	76821 \$	406.00
US PELVIS NON-OB COMPLETE	76856 \$	844.00
DXA SCAN AXIAL SKELETON	77080 \$	617.00
ADMINISTRATION IMMUNIZATION SNGL	90471 \$	48.00
ADMIN IMMUNIZATION ADDITIONAL VAC	90472 \$	48.00
VISUAL FIELDS EXAM - EXTENDED	92083 \$	332.00
SPEECH EVALUATION	92521 \$	504.00

TREATMENT SPEECH DYSFUNCTION/INDIVIDUAL	92507	\$	409.00
TREATMENT SWALLOWING DYSFUNCTION	92526	\$	445.00
ELECTROCARDIOGRAM	93005	\$	245.00
HC ECHO W DOPPLER/COLOR	93306	\$	2,407.00
INJ ALLERGY - MULTIPLE	95117	\$	92.00
EMG ONE EXTREMITY	95860	\$	226.00
NERVE CONDUCTION STUDIES; 1-2	95907	\$	162.00
NEUROPSYCH TEST PHD per hr	96118	\$	520.00
H&B INTERVENTION SINGLE - 15 MIN	96152	\$	112.00
IV HYDRATION INFUSION-EACH ADD'L	96361	\$	154.00
IV INFUSION- 16 min-1 HR	96365	\$	537.00
IV INFUSION- EACH ADD'L HR	96366	\$	256.00
IV INFUSION,SEQUENTIAL-UP TO 1 HR	96367	\$	385.00
INJECT MEDICINE IM/SUBCUT/ANTIBIO	96372	\$	52.00
INJ MEDICINE,IV PUSH ADDL NEW SUB	96375	\$	154.00
CHEMO INFUSION 16min-1 HR-INITAL	96413	\$	154.00
CHEMO INFUSION-EA ADDL HR 2-8	96415	\$	334.00
CHEMO EA ADD SEQ INFUSE-DIFF DRUG	96417	\$	575.00
PHOTOTHERAPY, UV LIGHT	96900	\$	82.00
PT EVALUATION	97162		N/A
OT EVALUATION	97165		N/A
PT TRACTION	97012	\$	82.00
OT PARAFFIN BATH	97018	\$	47.00
OT E STIM (ATTENDED) 15 MINS	97032	\$	97.00
PT ULTRASOUND/PHONOPHORESIS 15MIN	97035	\$	65.00
HC OT THERAPEUTIC EXERCISE (15 MIN)	97110	\$	161.00
PT THERAPEUTIC EXERCISE 15MINS	97110	\$	161.00
PT NEUROMUSCULAR REEDUCATION-BALA	97112	\$	169.00
PT AQUATIC TX W THERAPEUTIC EX EA	97113	\$	189.00
PT GAIT TRAINING 15 MINS	97116	\$	144.00
PT MANUAL THERAPY/MOBILZTN/LYMPH	97140	\$	151.00
PT THERAPEUTIC PROCEDURE(S) GROUP	97150	\$	89.00
PT THERAPEUTIC ACTIVITIES (15MINS	97530	\$	175.00

SP THER IVNTJ W/FOCUS COG FUNCJ	97127	\$	136.00
OT SELF CARE/ADL 15 MINUTES	97535	\$	151.00
OT WORK REINTEGRATION TRNG EA.15 MIN	97537	\$	133.00
PT WHEELCHAIR MANAGEMENT/TRAINING	97542	\$	162.00
RMVL DEVTLZD TISS SEL DEBR 1ST 20	97597	\$	262.00
REML OF DEVTLZD TISS NON SEL DEB	97602	\$	244.00
PT FUNCTIONAL CAPACITY TEST 15MIN	97750	\$	170.00
OT FIT/TRAIN SPLINTING INITIAL EA 15MINUTES	97760	\$	167.00
HC VISIT LEVEL 1 NEW	99201	\$	142.00
HC VISIT LEVEL 2 NEW	99202	\$	186.00
HC VISIT LEVEL 3 NEW	99203	\$	243.00
HC VISIT LEVEL 4 NEW	99204	\$	321.00
HC VISIT LEVEL 5 NEW	99205	\$	440.00
VISIT LEVEL 1 ESTABLISHED	99211	\$	128.00
VISIT LEVEL 2 ESTABLISHED	99212	\$	151.00
VISIT LEVEL 3 ESTABLISHED	99213	\$	166.00
VISIT LEVEL 4 ESTABLISHED	99214	\$	218.00
HC VISIT LEVEL 5 ESTABLISHED	99215	\$	290.00
ADMINISTRATION INFLUENZA-VACCINE	90471	\$	48.00
ADMINISTRATION PNEUMOCOCCAL VACCI	90471	\$	48.00
ADMINISTRATION HEPATITIS VACCINE	90471	\$	48.00