



**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, 2022

DESCRIPTION	CPT	Outpatient Clinic
DEBRIDE MYOTIC NAILS 6 OR MORE	11721	311.00
BRN DRS/DEB INT OR SUBS W/O ANEST	16020	599.00
ARTHROCENTESIS/ASPIR/A/O INJ MAJOR JOINT	20610	282.00
BLOOD SPECIMEN FROM IMPLANTED VAD	36591	230.00
BLADDER SCAN BY ULTRASOUND NON-IM	51798	249.00
AMNIOCENTESIS DIAG	59000	855.00
NST/CST FETAL MONITORING	59020	744.00
NON STRESS TEST	59025	647.00
ELECTROANALYSIS PROGRAMMABLE PUMP	62368	1,003.00
ANALYZE & REFILL PUMP W/REPROGRAM	62369	932.00
CHEMODENERVATION OF MUSCLE(S)NECK	64616	720.00
HC CT HEAD W/O CONTRAST	70450	1,845.00
DIAG C SPINE 2 OR 3 VIEWS	72040	385.00

DIAG C SPINE MIN 4 VIEWS	72050	596.00
DIAG T SPINE 2 VIEWS	72070	429.00
DIAG LS SPINE 2 OR 3 VIEWS	72100	402.00
HC DIAG LS SPINE MIN 4 VIEWS	72110	596.00
DIAG PELVIS, 1 OR 2 VIEWS	72170	344.00
HC DIAG SHOULDER MIN 2 VIEWS	73030	402.00
DIAG WRIST 2 VIEWS LT	73100	316.00
HC DIAG WRIST, MIN 3 VIEWS	73110	350.00
DIAG HIP 2-3 VIEWS	73502	489.00
HC DIAG FEMUR 2 VIEWS	73552	396.00
HC DIAG KNEE 1 OR 2 VIEWS	73560	318.00
HC DIAG KNEE 3 VIEWS	73562	421.00
HC DIAG KNEE MIN 4 VIEWS	73564	527.00
DIAG TIBIA AND FIBULA 2 VIEWS RT	73590	373.00
HC DIAG ANKLE - MIN 3 VIEWS	73610	373.00
HC DIAG FOOT MIN 3 VIEWS	73630	350.00
US OB <14 WEEKS FIRST GESTATION	76801	702.00
US OB >=14 WEEKS FIRST GEST	76805	875.00
US OB W DETAILED FIRST GEST	76811	904.00
HC US OB NUCHAL MEASUREMENT SNGL/FIRST GEST	76813	628.00
HC US OB LIMITED	76815	522.00
US OB REEVAL ABNORMALITY	76816	426.00
US OB TRANSVAGINAL	76817	757.00
US FETL BIOPHYSCL PROFILE W NON-S	76818	638.00
BIOPHYSICAL PROFILE W/O NON STRES	76819	638.00
HC DOPPLER VELOCIMETRY,FETAL MIDD CEREB ART	76821	426.00
US PELVIS NON-OB COMPLETE	76856	887.00
DXA SCAN AXIAL SKELETON	77080	648.00
ADMINISTRATION IMMUNIZATION SINGL	90471	50.00
ADMIN IMMUNIZATION ADDITIONAL VAC	90472	50.00
VISUAL FIELDS EXAM - EXTENDED	92083	349.00
SPEECH EVALUATION	92521	529.00

TREATMENT SPEECH DYSFUNCTION/INDIVIDUAL	92507	429.00
TREATMENT SWALLOWING DYSFUNCTION	92526	468.00
ELECTROCARDIOGRAM	93005	257.00
HC ECHO W DOPPLER/COLOR	93306	2,530.00
INJ ALLERGY - MULTIPLE	95117	97.00
EMG ONE EXTREMITY	95860	238.00
NERVE CONDUCTION STUDIES; 1-2	95907	170.00
IV HYDRATION INFUSION-EACH ADD'L	96361	162.00
IV INFUSION- 16 min-1 HR	96365	564.00
IV INFUSION- EACH ADD'L HR	96366	269.00
IV INFUSION,SEQUENTIAL-UP TO 1 HR	96367	405.00
INJECT MEDICINE IM/SUBCUT/ANTIBIO	96372	55.00
INJ MEDICINE,IV PUSH ADDL NEW SUB	96375	162.00
CHEMO INFUSION 16min-1 HR-INITAL	96413	769.00
CHEMO INFUSION-EA ADDL HR 2-8	96415	382.00
CHEMO EA ADD SEQ INFUSE-DIFF DRUG	96417	658.00
PHOTOTHERAPY, UV LIGHT	96900	87.00
PT TRACTION	97012	87.00
OT PARAFFIN BATH	97018	49.00
OT E STIM (ATTENDED) 15 MINS	97032	102.00
PT ULTRASOUND/PHONOPHORESIS 15MIN	97035	68.00
HC OT THERAPEUTIC EXERCISE (15 MIN)	97110	169.00
PT THERAPEUTIC EXERCISE 15MINS	97110	169.00
PT NEUROMUSCULAR REEDUCATION-BALA	97112	177.00
PT AQUATIC TX W THERAPEUTIC EX EA	97113	199.00
PT GAIT TRAINING 15 MINS	97116	151.00
PT MANUAL THERAPY/MOBILZTN/LYMPH	97140	159.00
PT THERAPEUTIC PROCEDURE(S) GROUP	97150	94.00
PT THERAPEUTIC ACTIVITIES (15MINS	97530	184.00
OT SELF CARE/ADL 15 MINUTES	97535	159.00
OT WORK REINTEGRATION TRNG EA.15 MIN	97537	140.00
PT WHEELCHAIR MANAGEMENT/TRAINING	97542	170.00

RMVL DEVTLZD TISS SEL DEBR 1ST 20	97597	275.00
REMLV OF DEVTLZD TISS NON SEL DEB	97602	256.00
PT FUNCTIONAL CAPACITY TEST 15MIN	97750	178.00
OT FIT/TRAIN SPLINTING INITIAL EA 15MINUTES	97760	175.00
VISIT LEVEL 1 ESTABLISHED	99211	135.00
VISIT LEVEL 2 ESTABLISHED	99212	159.00
VISIT LEVEL 3 ESTABLISHED	99213	174.00
VISIT LEVEL 4 ESTABLISHED	99214	228.00
HC VISIT LEVEL 5 ESTABLISHED	99215	305.00
ADMINISTRATION INFLUENZA-VACCINE	90471	50.00
ADMINISTRATION PNEUMOCOCCAL VACCI	90471	50.00
ADMINISTRATION HEPATITIS VACCINE	90471	50.00