



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, 2023

DESCRIPTION	CPT	Outpatient Clinic
DEBRIDE MYOTIC NAILS 6 OR MORE	11721	339.00
BRN DRS/DEB INT OR SUBS W/O ANEST	16020	653.00
ARTHROCENTESIS/ASPIR/A/O INJ MAJOR JOINT	20610	307.00
BLOOD SPECIMEN FROM IMPLANTED VAD	36591	251.00
BLADDER SCAN BY ULTRASOUND NON-IM	51798	271.00
AMNIOCENTESIS DIAG	59000	932.00
NST/CST FETAL MONITORING	59020	811.00
NON STRESS TEST	59025	705.00
ELECTROANALYSIS PROGRAMMABLE PUMP	62368	1,093.00
ANALYZE & REFILL PUMP W/REPROGRAM	62369	904.00
CHEMODENERVATION OF MUSCLE(S)NECK	64616	785.00
HC CT HEAD W/O CONTRAST	70450	1,660.00
DIAG C SPINE 2 OR 3 VIEWS	72040	401.00
DIAG C SPINE MIN 4 VIEWS	72050	620.00

DIAG T SPINE 2 VIEWS	72070	447.00
DIAG LS SPINE 2 OR 3 VIEWS	72100	418.00
HC DIAG LS SPINE MIN 4 VIEWS	72110	620.00
DIAG PELVIS, 1 OR 2 VIEWS	72170	358.00
HC DIAG SHOULDER MIN 2 VIEWS	73030	418.00
DIAG WRIST 2 VIEWS LT	73100	329.00
HC DIAG WRIST, MIN 3 VIEWS	73110	364.00
DIAG HIP 2-3 VIEWS	73502	509.00
HC DIAG FEMUR 2 VIEWS	73552	412.00
HC DIAG KNEE 1 OR 2 VIEWS	73560	331.00
HC DIAG KNEE 3 VIEWS	73562	438.00
HC DIAG KNEE MIN 4 VIEWS	73564	549.00
DIAG TIBIA AND FIBULA 2 VIEWS RT	73590	388.00
HC DIAG ANKLE - MIN 3 VIEWS	73610	388.00
HC DIAG FOOT MIN 3 VIEWS	73630	364.00
US OB <14 WEEKS FIRST GESTATION	76801	743.00
US OB >=14 WEEKS FIRST GEST	76805	926.00
US OB W DETAILED FIRST GEST	76811	956.00
HC US OB NUCHAL MEASUREMENT SNGL/FIRST GEST	76813	664.00
HC US OB LIMITED	76815	552.00
US OB REEVAL ABNORMALITY	76816	451.00
US OB TRANSVAGINAL	76817	801.00
US FETL BIOPHYSCL PROFILE W NON-S	76818	675.00
BIOPHYSICAL PROFILE W/O NON STRES	76819	675.00
HC DOPPLER VELOCIMETRY,FETAL MIDD CEREB ART	76821	490.00
US PELVIS NON-OB COMPLETE	76856	938.00
DXA SCAN AXIAL SKELETON	77080	674.00
ADMINISTRATION IMMUNIZATION SINGL	90471	40.00
ADMIN IMMUNIZATION ADDITIONAL VAC	90472	40.00
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	231.00
HC ECHO W DOPPLER/COLOR	93306	2,701.00
INJ ALLERGY - MULTIPLE	95117	97.00
EMG ONE EXTREMITY	95860	259.00
NERVE CONDUCTION STUDIES; 1-2	95907	184.00
IV HYDRATION INFUSION-EACH ADD'L	96361	130.00
IV INFUSION- 16 min-1 HR	96365	451.00
IV INFUSION- EACH ADD'L HR	96366	215.00
IV INFUSION,SEQUENTIAL-UP TO 1 HR	96367	324.00
INJECT MEDICINE IM/SUBCUT/ANTIBIO	96372	44.00
INJ MEDICINE,IV PUSH ADDL NEW SUB	96375	130.00
CHEMO INFUSION 16min-1 HR-INITAL	96413	884.00
CHEMO INFUSION-EA ADDL HR 2-8	96415	439.00
CHEMO EA ADD SEQ INFUSE-DIFF DRUG	96417	757.00
PHOTOTHERAPY, UV LIGHT	96900	95.00
PT TRACTION	97012	78.00
OT PARAFFIN BATH	97018	44.00
OT E STIM (ATTENDED) 15 MINS	97032	92.00
PT ULTRASOUND/PHONOPHORESIS 15MIN	97035	61.00
HC OT THERAPEUTIC EXERCISE (15 MIN)	97110	152.00
PT THERAPEUTIC EXERCISE 15MINS	97110	152.00
PT NEUROMUSCULAR REEDUCATION-BALA	97112	159.00
PT AQUATIC TX W THERAPEUTIC EX EA	97113	179.00
PT GAIT TRAINING 15 MINS	97116	136.00
PT MANUAL THERAPY/MOBILZTN/LYMPH	97140	143.00
PT THERAPEUTIC PROCEDURE(S) GROUP	97150	85.00
PT THERAPEUTIC ACTIVITIES (15MINS	97530	166.00
OT SELF CARE/ADL 15 MINUTES	97535	143.00
OT WORK REINTEGRATION TRNG EA.15 MIN	97537	126.00
PT WHEELCHAIR MANAGEMENT/TRAINING	97542	153.00
RMVL DEVTLZD TISS SEL DEBR 1ST 20	97597	300.00
REMLV OF DEVTLZD TISS NON SEL DEB	97602	279.00
PT FUNCTIONAL CAPACITY TEST 15MIN	97750	160.00

OT FIT/TRAIN SPLINTING INITIAL EA 15MINUTES	97760	158.00
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	40.00
ADMINISTRATION PNEUMOCOCCAL VACCI	90471	40.00
ADMINISTRATION HEPATITIS VACCINE	90471	40.00