York Hospital Price List

Effective August 1, 2016

This booklet contains average prices for 2016 for those who are considered "self-pay" for procedures, surgeries, tests and charges at York Hospital, effective August 1, 2016. Please note, charges will vary by each patient's experience and level of service. This list should only be used as a guide.

For more information, or to talk to someone about York Hospital's "Caring For All" Financial Assistance Plans, please call toll free, 1-877-363-4321 and ask for extension 2389 or 2398. Information is also on our website at www.yorkhospital.com/caringforall.

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Top Inpatient Charges

DRG	Description	# Cases	Avg Self-Pay
795	NORMAL NEWBORN	245	$2,235.51
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	184	$42,278.11
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	182	$5,808.14
194	SIMPLE PNEUMONIA & PLEURISY W CC	95	$13,764.27
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	87	$11,427.49
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	61	$2,746.45
766	CESAREAN SECTION W/O CC/MCC	61	$13,219.45
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	59	$10,313.28
603	CELLULITIS WITHOUT MCC	57	$10,754.71
292	HEART FAILURE & SHOCK W CC	55	$12,255.20
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	52	$8,334.25
193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	48	$17,923.02
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	48	$10,138.18
189	PULMONARY EDEMA AND RESPIRATORY FAILURE	45	$13,383.10
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	44	$17,430.60
291	HEART FAILURE AND SHOCK WITH MCC	42	$20,334.36
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	41	$6,871.36
378	G.I. HEMORRHAGE W CC	41	$12,471.73
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	40	$17,573.46
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	38	$26,177.16
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	34	$10,200.56
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	32	$15,114.02
247	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC	32	$41,338.92
293	HEART FAILURE & SHOCK W/O CC/MCC	31	$9,148.05
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC OR TPA IN 24 HOURS	30	$15,524.73
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	27	$15,124.58
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	26	$9,175.65

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Top Inpatient Charges

DRG	Description	# Cases	Avg Self-Pay
483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	26	$70,792.78
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	26	$37,314.49
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELEC-TROLYTES W/O MCC	25	$10,283.33
765	CESAREAN SECTION W CC/MCC	25	$16,425.39
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	24	$12,721.35
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	24	$17,122.48
312	SYNCOPE & COLLAPSE	24	$10,956.18
683	RENAL FAILURE W CC	23	$13,344.39
812	RED BLOOD CELL DISORDERS WITHOUT MCC	22	$13,497.38
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	21	$27,492.29
202	BRONCHITIS & ASTHMA W CC/MCC	21	$11,140.00
390	G.I. OBSTRUCTION W/O CC/MCC	21	$9,275.25
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	21	$58,734.68
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	21	$9,332.08
389	G.I. OBSTRUCTION W CC	20	$14,020.19
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	20	$14,720.39
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	18	$9,572.71
069	TRANSIENT ISCHEMIA	18	$13,451.41
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	18	$20,420.36
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	17	$91,576.90
948	SIGNS AND SYMPTOMS WITHOUT MCC	16	$12,901.54
552	MEDICAL BACK PROBLEMS W/O MCC	16	$11,659.70
394	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC	16	$10,497.73

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Top Outpatient Surgery Charges

CPT Code	Description	"Average Self-Pay Price"
45385	COLONOSCOPY W/LESION REMOVAL	$3,068.45
45378	DIAGNOSTIC COLONOSCOPY	$2,756.85
43239	EGD BIOPSY SINGLE/MULTIPLE	$3,872.74
66984	CATARACT SURG W/IOL 1 STAGE	$5,429.64
45380	COLONOSCOPY AND BIOPSY	$3,375.95
69436	CREATE EARDRUM OPENING	$4,046.59
G0105	COLORECTAL SCRN; HI RISK IND	$2,592.95
29881	KNEE ARTHROSCOPY/SURGERY	$8,633.21
43249	ESOPH EGD DILATION <30 MM	$4,225.36
43235	EGD DIAGNOSTIC BRUSH WASH	$3,191.43
G0121	COLON CA SCRN NOT HI RSK IND	$2,641.70
43248	EGD GUIDE WIRE INSERTION	$3,022.36
36561	INSERT TUNNELED CV CATH	$6,249.19
49505	PRP I/HERN INIT REDUC >5 YR	$14,984.24
47562	LAPAROSCOPIC CHOLECYSTECTOMY	$13,712.10
29826	SHOULDER ARTHROSCOPY/SURGERY	$22,454.48
29827	ARTHROSCOP ROTATOR CUFF REPR	$23,909.93
93458	L HRT ARTERY/VENTRICLE ANGIO	$8,663.00
19301	PARTIAL MASTECTOMY	$16,877.01
58558	HYSTEROSCOPY BIOPSY	$6,583.25
11406	EXC TR-EXT B9+MARG >4.0 CM	$4,814.72
38500	BIOPSY/REMOVAL LYMPH NODES	$17,943.81
30520	REPAIR OF NASAL SEPTUM	$14,777.65
30140	RESECT INFERIOR TURBINATE	$16,156.45
42830	REMOVAL OF ADENOIDS	$6,324.75
42820	REMOVE TONSILS AND ADENOIDS	$6,299.15
52356	CYSTO/URETERO W/LITHOTRIPSY	$11,378.43
19120	REMOVAL OF BREAST LESION	$10,375.10
10140	DRAINAGE OF HEMATOMA/FLUID	$2,455.10
31255	REMOVAL OF ETHMOID SINUS	$17,193.74
62311	INJECT SPINE LUMBAR/SACRAL	$2,313.47
19000	DRAINAGE OF BREAST LESION	$2,268.11
36246	INS CATH ABD/L-EXT ART 2ND	$12,989.50

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Top Outpatient Surgery Charges

CPT Code	Description	"Average Self-Pay Price"
64721	CARPAL TUNNEL SURGERY	$4,929.20
52332	CYSTOSCOPY AND TREATMENT	$10,529.71
45381	COLONOSCOPY SUBMUCOUS NJX	$3,781.34
58661	LAPAROSCOPY REMOVE ADNEXA	$15,632.00
29824	SHOULDER ARTHROSCOPY/SURGERY	$20,372.02
42826	REMOVAL OF TONSILS	$7,516.88
62270	SPINAL FLUID TAP DIAGNOSTIC	$2,707.72
11606	EXC TR-EXT MAL+MARG >4 CM	$4,992.54
29823	SHOULDER ARTHROSCOPY/SURGERY	$18,488.57
36590	REMOVAL TUNNELED CV CATH	$2,789.97
36569	INSERT PICC CATH	$3,901.03
47000	NEEDLE BIOPSY OF LIVER	$3,747.69
26055	INCISE FINGER TENDON SHEATH	$4,463.68
66982	CATARACT SURGERY COMPLEX	$6,386.52
31267	ENDOSCOPY MAXILLARY SINUS	$17,176.08
29828	ARTHROSCOPY BICEPS TENODESIS	$22,946.41
49585	RPR UMBIL HERN REDUC > 5 YR	$14,623.71

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Breast Care Charges

Charge Code	Description	Price	Self Pay Price
62259922	DUCTOGRAM (MULTI) 77054	$1,244.00	$933.00
62259921	DUCTOGRAM (SINGLE) 77053	$1,224.00	$918.00
62250204T	MAMMO 3D TOMO BILAT DIAG G0204	$835.00	$626.25
62250202T	MAMMO 3D TOMO BILAT SCREEN G0202	$743.00	$557.25
62250209T	MAMMO 3D TOMO UNI DIAG LEFT G0206	$686.00	$514.50
62250208T	MAMMO 3D TOMO UNI DIAG RIGHT	$686.00	$514.50
62250205T	MAMMO 3D TOMO UNI SCREEN LEFT G0202	$511.00	$383.25
62250203T	MAMMO 3D TOMO UNI SCREEN RIGHT G0202	$511.00	$383.25
62250212	MAMMO DIGITAL BILAT DIAG AVS G0204GG	$675.00	$506.25
62250204	MAMMO DIGITAL BILAT DIAG G0204	$675.00	$506.25
62250202	MAMMO DIGITAL BILAT SCREEN G0202	$583.00	$437.25
62250211	MAMMO DIGITAL UNI DIAG AVS LFT GG0206GG	$547.00	$410.25
62250210	MAMMO DIGITAL UNI DIAG AVS RGHT G0206GG	$547.00	$410.25
62250209	MAMMO DIGITAL UNI DIAG LEFT G0206	$547.00	$410.25
62250208	MAMMO DIGITAL UNI DIAG RIGHT	$547.00	$410.25
62250205	MAMMO DIGITAL UNI SCREEN LEFT G0202	$351.00	$263.25
62250203	MAMMO DIGITAL UNI SCREEN RIGHT G0202	$351.00	$263.25
62259920	MAMMO NEEDLE LOC 1ST LESION	$937.00	$702.75
62259947	MAMMO NEEDLE LOC ADD'L LESION	$731.00	$548.25
62259930	SPECIMEN (BREAST) RADIOGRAPH	$859.00	$644.25

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Breast Care Charges

Charge Code	Description	Price	Self Pay Price
62259949	STEREO NEEDLE LOC 1ST LESION	$937.00	$702.75
62259950	STEREO NEEDLE LOC ADD'L LESION	$731.00	$548.25
62259913	STEREOTACTIC BREAST BIOPSY 1ST LESION	$2,095.00	$1,571.25
62259910	STEREOTACTIC BREAST BIOPSY ADD'L LESION	$1,176.00	$882.00
62259919	US BREAST ASPIRATION LEFT 76942	$1,755.00	$1,316.25
62250243	US BREAST ASPIRATION RIGHT 76942	$1,755.00	$1,316.25
62259918	US BREAST BIOPSY LEFT 1ST LESION	$937.00	$702.75
62259911	US BREAST BIOPSY LEFT ADD'L LESION	$731.00	$548.25
62259917	US BREAST BIOPSY RIGHT 1ST LESION	$937.00	$702.75
62259927	US BREAST BIOPSY RIGHT ADD'L LESION	$731.00	$548.25
62259915	US BREAST LT (BC) COMPLETE 76641	$386.00	$289.50
62259915A	US BREAST LT (BC) LIMITED 76642	$386.00	$289.50
62259914	US BREAST RT COMPLETE(BC)76641	$386.00	$289.50
62259914A	US BREAST RT LIMITED(BC)76642	$386.00	$289.50
70417720	US NEEDLE LOC 1ST LESION	$937.00	$702.75
62259948	US NEEDLE LOC ADD'L LESION	$731.00	$548.25

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Cardiology Charges

Charge Code	CPT Code	Description	Price	Self Pay Price	
70328048	92543	CALORIC VESTIBULAR TEST	$349.00	$261.75	
70339105	93923	DOPPLER VASC UPR OR LWR CMPLT	$427.00	$320.25	
70339100	93979	DUPLEX ABD AORTA LTD	$392.00	$294.00	
70300081	G0389TC	DUPLEX ABD AORTA SCREEN	$242.00	$181.50	
70339115	93925	DUPLEX ARTERIAL LWR CMPLT	$627.00	$470.25	
70300004	93926	DUPLEX ARTERIAL LWR UNI/LTD	$392.00	$294.00	
70339110	93880	DUPLEX CAROTID CMPLT	$652.00	$489.00	
70339145	93970	DUPLEX VENOUS CMPLT	$627.00	$470.25	
70300003	93971	DUPLEX VENOUS UNI/LTD	$392.00	$294.00	
70339125	93325	ECHO DOPPLER COLOR FLOW	$44.00	$33.00	
70339135	93320	ECHO DOPPLER PULSED/ CW	$44.00	$33.00	
70330079	93306	ECHOCARDIOGRAM 09	$1,454.00	$1,090.50	
70328020	95816	EEG AWAKE AND DROWSY	$561.00	$420.75	
70319147	93005	EKG	$104.00	$78.00	
70349337	93270	EVENT MONITOR HOOKUP	$175.00	$131.25	
70349450	93225	HOLTER MONITOR	$293.00	$219.75	
70349455	93226	HOLTER SCAN	$289.00	$216.75	
70360054	93284	ICD BIV REPROGRAM	$100.00	$75.00	
70360053	93283	ICD DUAL LD REPROGRAM	$100.00	$75.00	

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Cardiology Charges

Charge Code	CPT Code	Description	Price	Self Pay Price	
70360048	93296	ICD INTERROGATION REMOTE	$100.00	$75.00	
70360052	93282	ICD SINGLE LD REPROGRAM	$100.00	$75.00	
70360044	93280	PACER DUAL REPROGRAM	$94.00	$70.50	
70360046	93296	PACER INTERROGATION REMOTE	$100.00	$75.00	
70360043	93279	PACER SINGLE REPROGRAM	$94.00	$70.50	
70360050	93293	PACER TRANSTEL	$100.00	$75.00	
70407012	78452	SPECT SCAN MULTI STDY REST/STRESS	$2,994.00	$2,245.50	
70359426	93350	STRESS ECHO	$1,183.00	$887.25	
70359440	93017	STRESS TEST	$844.00	$633.00	
70339160	93312	TEE	$1,917.00	$1,437.75	

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Emergency Care Charges

Charge Code	CPT Code	Description	Price	Self-Pay Price
62311001	99281	*DR LEVEL I MINIMAL	$42.00	$31.50
62311002	99282	*DR LEVEL II BRIEF	$71.00	$53.25
62311003	99283	*DR LEVEL III LIMITED	$129.00	$96.75
62311004	99284	*DR LEVEL IV INTERMEDIATE	$192.00	$144.00
62311005	99285	*DR LEVEL V EXTENDED	$319.00	$239.25
62311101	99281	*ER LEVEL I	$59.00	$44.25
62311102	99282	*ER LEVEL II	$129.00	$96.75
62311103	99283	*ER LEVEL III	$357.00	$267.75
62311104	99284	*ER LEVEL IV	$449.00	$336.75
62311105	99285	*ER LEVEL V	$705.00	$528.75
G0008	G0008	ADM OF INFLUENZA	$21.00	$15.75
62311009	99291	CRIT. CARE 30-74" - 99291	$1,049.00	$786.75
62311824	99292	CRITICAL CARE; EACH ADDTL 30 MIN	$102.00	$76.50
62311006	99291	DR CRIT. CARE 30-74"	$512.00	$384.00
62311007	99292	DR CRIT. CARE 75-104"	$256.00	$192.00
62311893	99213	DR ER CLINIC VISIT EST LEVEL III	$126.00	$94.50
62311724	10060	DR I&D ABSCESS/PARONCHIA	$121.00	$90.75
62311656	12011	DR SIMPLE REP/FACE </=2.5CM	$100.00	$75.00
62311645	12001	DR SMPL REP/SCALP/NCK/AX/GEN/TRNK </=2.5	$84.00	$63.00
62311646	12002	DR SMPL REP/SCLP/NCK/AX/GEN/TRNK 2.6-7.5	$108.00	$81.00
70319147	93005	EKG	$104.00	$78.00
62311884	99214	ER CLINIC LEVEL IV	$173.00	$129.75
62311116	9929125	ER CRIT. CARE 30-74" W/PROC-99291-25	$1,472.00	$1,104.00
62311438	10060	ER I+D ABCESS/PARONCHIA - 10060	$207.00	$155.25
62311864	96372	ER IM THERAPEUTIC/PROPHYLACTIC INJECTION	$68.00	$51.00
62311484	29125	ER SHORT ARM SPLINT	$168.00	$126.00
62311486	29515	ER SHORT LEG SPLINT	$167.00	$125.25
62311685	51702	ER SIMPLE INDWELLING BLADDER CATH/FOLEY	$49.00	$36.75
72201004	90686	FLU VACCINE PF 4 VAL 3 YRS+	$10.00	$7.50
72201005	90662	FLU VACCINE SPLIT VIRUS PF INCR AG	$10.00	$7.50
72200019	90473	IMMUNIZATION ADMIN ORAL/NASAL	$21.00	$15.75
62317048	96366	IV DRUG INF.SEQ,SAME BAG/EA.ADD 31-60"	$49.00	$36.75

Emergency Care Charges

Charge Code	CPT Code	Description	Price	Self-Pay Price
62317047	96365	IV DRUG INFUSION INITIAL 0-60 MIN	$335.00	$251.25
62317051	96374	IV DRUG PUSH,INIT. </=15"	$110.00	$82.50
62317054	96375	IV DRUG PUSH,SUB/NEW DRUG </=15"	$99.00	$74.25
62317052	96376	IV DRUG/PUSH/SEQ SAME DRUG </=15"	$54.00	$40.50
62317010	96361	IV HYDR SEQ/SUBEA ADD 1 FT OR 31-60"	$47.00	$35.25
62317009	96360	IV HYDRATION INITIAL 31-60 MIN	$201.00	$150.75
62317049	96367	IV INF/SUBSEQ/NEWBAG-1ST 31-60"	$99.00	$74.25
62310285	94640	MININEB TREATMENT	$82.00	$61.50
99234	99234	OBV OR INPT ADMIT AND DISCHARGE LOW	$273.00	$204.75
62311458	12011	SIMPLE REP/FACE </=2.5CM-12011	$193.00	$144.75
62311450	12001	SMPL REP/SCALP/NECK/AX/GEN/TRUNK </=2.5	$193.00	$144.75
62311452	12002	SMPL REP/SCALP/NECK/AX/GEN/TRUNK 2.6-7.5	$212.00	$159.00
62311744	90471	VACC/TOX ADMIN INITIAL - 90471	$42.00	$31.50

Heart Health - Cath Lab Charges

Charge Code	CPT Code	Description	Price	Self-Pay Price
70305376	Q9967	A BRCCO ISOVUE 370MG/ML CONTRAST PER ML	$2.00	$1.50
70303269	Q9967	A GE VISIPAQUE 320MG/ML CONTRAST PER ML	$2.00	$1.50
70303828	85347	C CATH ACT INITIAL 85347	$30.00	$22.50
70304233	8534791	C CATH ACT SUBSEQUENT 8534791	$30.00	$22.50
70309012		C CATH CORS ONLY 93454	$5,787.00	$4,340.25
70309014		C CATH LHC W/ CORS & LV 93458	$6,078.00	$4,558.50
70309033	92960	E EP CVERSION 92960	$1,215.00	$911.25
70309240	93660	E EP TILT 93660	$843.00	$632.25

Laboratory Tests

Charge Description	CPT Code	Avg Self-Pay
ABO TYPE	86900	$40.99
ACETAMINOPHEN	82003	$72.73
ACETONE, SERUM	82010	$59.36
AFP(NON-MATERNAL) TUMOR MARKER, SERUM	82105	$55.76
AG DETECT NOS EIA MULT (CDIFF AB TOXIN?)	87449	$68.09
ALBUMIN, SERUM	82040	$16.82
ALCOHOL (ETHANOL)	82055	$89.88
ALKALINE PHOSPHATASE	84075	$18.55
ALLERGEN SPECIFIC IGE, QNT/SEMI-QNT EACH	86003	$21.32
ALT (SGPT)	84460	$19.22
AMMONIA	82140	$65.05
AMYLASE, SERUM	82150	$54.91
ANGIOTENSIN CONVERT ENZYME	82164	$53.51
ANTIBODY ID PANEL	86870	$79.26
ANTIBODY SCREEN EACH SERUM TECHNIQUE	86850	$75.44
ANTIBODY SCREEN	86850	$72.98
ANTIBODY, HERPES SIMPLEX, TYPE I (CHG)	86695	$31.98
ANTI-DNA ANTIBODY DS	86225	$85.66
ANTIGEN ID DIRECT	86905	$85.27
ANTI-NUCLEAR ANTIBODY SCREEN	86038	$58.19
ANTI-NUCLEAR ANTIBODY TITER/PATTERN	86039	$41.83
ANTI-THROMBIN III, FUNCTIONAL	85300	$126.48
ASSAY IGA/IGD/IGG/IGM EACH CLASS	82784	$31.54
ASSAY OF GAMMAGLOBULIN IGE	82785	$50.00
AST (SGOT)	84450	$19.22
B TYPE NATRIURETIC PEPTIDE (BNP)	83880	$148.82
B.BURGDORFERI AB (LYME)	86618	$111.99
BACTERIAL TYPING, EACH	87147	$33.24
BASIC METABOLIC PANEL	80048	$55.75
BETA 2-MICROGLOBULIN (SERUM)	82232	$115.41
BETA HCG, QUANTITATIVE	84702	$68.96
BETA LACTAMASE	87185	$23.41

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BILIRUBIN, DIRECT	82248	$22.59
BILIRUBIN, DIRECT, NEONATAL	82248	$22.96
BILIRUBIN, NEONATAL	82248	$22.14
BILIRUBIN, TOTAL	82247	$16.79
BLOOD PARASITE SMEAR EXAMINATION	87207	$33.48
BLOOD PLATELET AGGREGATION TEST	85576	$67.08
BORDETELLA PERTUSSIS PCR	87798	$162.47
BUN - BLOOD UREA NITROGEN	84520	$16.40
C-3 COMPLEMENT	86160	$48.58
C-4 COMPLEMENT	86160	$48.60
CA 125	86304	$84.16
CA 15-3	86300	$75.30
CA 19-9	86301	$74.63
CA 27.29	86300	$97.81
CALCIUM, TOTAL, SERUM	82310	$18.86
CANDIDA, DNA, DIR PROBE (CHG)	87480	$63.23
CARBAMAZEPINE (TEGRETOL), QUANT	80156	$52.38
LIPID PROFILE (CARDIAC RISK 1)	80061	$82.00
CARDIOLIPIN AB EACH CLASS (IgG, IgM)	86147	$91.72
CBC WITH DIFFERENTIAL	85025	$50.83
CD4	86361	$73.97
CEA-CARCINOEMBRYONIC ANTIGEN	82378	$52.52
CELL COUNT, ADDITIONAL	89051	$37.36
CELL COUNT, BODY FLUID	89051	$40.58
CELL COUNT, CSF	89051	$40.60
CERULOPLASMIN	82390	$49.18
CHLAMYDIA TRACHOMATIS, DNA,SDA	87491	$64.05
CHOLESTEROL, TOTAL	82465	$44.13
CK	82550	$36.50
CKMB	82553	$72.87
CLOSTRIDIUM TOXIN EIA	87324	$81.64
CMV AB, IGM	86645	$103.41
CMV AB,IGG	86644	$103.01
CMV DNA PCR, QUANTITATIVE	87497	$159.57
COMPREHENSIVE METABOLIC PANEL	80053	$75.87

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CONCENTRATION FOR INFECT.AGENT(CH	87015	$34.91
COPPER	82525	$143.96
CORTISOL	82533	$72.45
C-PEPTIDE	84681	$83.48
CREATININE CLEARANCE, CHG ONLY	82575	$33.96
CREATININE, SERUM	82565	$16.80
CREATININE, URINE ASSAY	82570	$39.76
CRP (C-REACTIVE PROTEIN)	86140	$38.98
CRP, HIGH SENSITIVITY	86141	$81.43
CRYPTOSPORIDIUM ANTIGEN	87328	$89.87
CRYSTAL IDENTIFICATION	89060	$13.12
CULTURE, ABSCESS	87070	$55.76
CULTURE, AFB	87116	$31.51
CULTURE, ANAEROBIC	87075	$102.22
CULTURE, BLOOD	87040	$102.72
CULTURE, BODY FLUID	87070	$54.83
CULTURE, FUNGUS	87106	$103.93
CULTURE, GENITAL	87070	$37.30
CULTURE, HERPES SIMPLEX, RAPID	87255	$63.13
CULTURE, RESPIRATORY	87070	$37.33
CULTURE, SKIN	87070	$50.96
CULTURE, SPUTUM	87070	$50.96
CULTURE, THROAT	87070	$54.89
CULTURE, TISSUE	87070	$35.67
CULTURE, URINE	87086	$29.97
CYCLIC CITRULLINATED PEPTIDE (CCP), AB	86200	$83.27
CYTOPATH, CELL ENHANCE TECH (CHG)	88112	$81.65
CYTOPATH, FINE NEEDLE ASPIRATION - (CHG)	88173	$102.18
D.O.T. DRUG SPECIMEN - CHRG ONLY	G0434	$28.35
DAT POLY AHG	86880	$21.74
D-DIMER ELSA METHOD	85379	$62.32
DECALCIFICATION - (CHARGE)	88311	$28.29
DHEA-SULFATE	82627	$73.39
DIGOXIN	80162	$44.29

DILANTIN, TOTAL	80185	$45.10
DRUG SCREEN QUAL, PER PT ENCOUNTER (CHG)	G0434	$41.89
DRUG SCREEN, PER PT ENCOUNTER (CHG)	G0431	$209.78
EBNA AB	86664	$53.32
EBV(EA) AB	86663	$63.27
EBV(VCA) IGG	86665	$53.31
EBV(VCA),IGM	86665	$53.30
EHRLICHIA AB EACH (CHG)	86666	$62.81
ELECTROLYTE PANEL, SERUM	80051	$43.51
ENDOMYSIAL AB SCRN, EACH AB, RFLEX TITER	86255	$92.66
ESTRADIOL	82670	$110.81
ETHANOL, URINE	82055	$45.92
EXTRACTABLE NUCLEAR AG ANTIBODY (EACH)	86235	$73.19
F2 GENE ANALYSIS, 20210G>A VARIANT	81240	$155.70
F5 GENE ANALYSIS, LEIDEN VARIANT	81241	$165.40
FERRITIN	82728	$68.09
FETAL FIBRONECTIN	82731	$367.87
FIBRINOGEN	85384	$100.04
FOLATE (FOLIC ACID)	82746	$48.29
FOLLICLE STIMULATING HORMONE	83001	$51.55
FULL CROSSMATCH	86922	$103.66
GAMMA GT	82977	$23.36
GAMMAGLOBULIN (EACH) CHARGE	82784	$26.65
GARDNER VAG, DNA, DIR PROBE	87510	$72.77
GIARDIA LAMBLIA ANTIGEN	87329	$89.87
GLUCOSE TOLERANCE, 1 HR GLUCOLA	82950	$24.16
GLUCOSE TOLERANCE, CHARGE	82951	$46.77
GLUCOSE, FASTING	82947	$24.16
GLUCOSE, RANDOM (SERUM)	82947	$16.82
GLYCOHEMOGLOBIN	83036	$31.56
GRAM STAIN CHARGE	87205	$23.41
GTT, ADDIT. SPECIMEN, CHARGE	82952	$16.00
H. PYLORI ANTIGEN, STOOL	87338	$107.36
H.PYLORI ANTIBODY (IGM)	86677	$87.36

HAPTOGLOBIN	83010	$100.28
HDL	83718	$38.79
HELICOBACTER PYLORI AB, IGG	86677	$67.21
HEMOGRAM	85025	$50.84
HEPATIC FUNCTION PANEL	80076	$75.83
HEPATITIS A AB TOTAL W/REFLEX IGM	86708	$55.86
HEPATITIS A IGM ANTIBODY	86709	$53.42
HEPATITIS B CORE AB (AHBC), TOTAL	86704	$72.16
HEPATITIS B CORE AB IGM	86705	$52.17
HEPATITIS B SURF AB (AHBS)	86706	$50.01
HEPATITIS B SURF AG (HBSAG)	87340	$50.08
HEPATITIS C RNA PCR (QUAN INC REV TRANSC	87522	$182.04
HEPATITIS C RNA PCR (QUAN)	87522	$177.12
HEPATITIS C VIRUS AB (AHCV)	86803	$72.64
HERPES SIMPLEX VIRUS 1 ANTIGEN BY IMMUNO	87274	$41.87
HERPES SIMPLEX VIRUS 2 ANTIGEN BY IMMUNO	87273	$41.87
HERPES SIMPLEX, TYPE II (CHG)	86696	$51.58
HIV 1 RNA Quantitative, Real-Time PCR	87536	$163.18
HIV 1/2 EIA AB SCREEN, W/ REFLEX	86703	$52.49
HLA B27	86812	$68.05
HOMOCYSTEINE	83090	$138.80
HPV, DNA, AMP PROBE (CHG)	87621	$81.47
HSV DNA AMP PROBE	87529	$101.88
ID AEROBIC BACTERIA - CHRG ONLY	87077	$39.80
IGA	82784	$45.07
IGG	82784	$45.00
IGM	82784	$44.99
IMMUNOASSAY, (NON INF AB) AG/AB (CHG)	83516	$98.42
IMMUNOFIXATION ELECTROPHOR. CHG	86334	$77.08
IMMUNOHISTOCHEM, EACH - AB (CHG)	88342	$77.33
IMMUNOHISTOCHEM, TUMOR, EA AB (CHG)	88360	$77.60
INF.AGENT AG. DET IMM - DIR OPT.OBS(CHG)	87899	$32.45
INF.AGENT DETECT. BY N.A. DNA/RNA PCR	87798	$261.44
INFLUENZA A&B AG	87804	$88.18

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INITIAL SPIN CROSSMATCH	86920	$103.43
INNOCULATION, SHELL VIAL EACH VIRUS	87254	$49.20
INSULIN	83525	$50.81
IRON	83540	$63.99
IRON BINDING CAPACITY	83550	$64.80
BLOOD DRAW FEE	36415	$14.35
LACTIC ACID	83605	$59.18
LAMOTRIGINE	82491	$113.34
LDH TOTAL	83615	$24.15
LDH, BODY FLUID	83615	$24.15
LDL DIRECT	83721	$52.51
LEAD AT STATE LAB (BLOOD)	83655	$45.08
LEAD, BLOOD	83655	$43.57
LEVEL II TISSUE - CHRG ONLY	88302	$49.82
LEVEL III TISSUE - CHRG ONLY	88304	$75.08
LEVEL IV TISSUE - CHRG ONLY	88305	$132.46
LEVEL V TISSUE - CHRG ONLY	88307	$172.80
LIPASE	83690	$48.39
LITHIUM	80178	$85.78
LUPUS ANTICOAG/ RUSSELL VIPR VENOM,DILUT	85613	$38.54
LYME DISEASE CONFIRMATORY TEST (WB)	86617	$103.63
LYME DISEASE DNA AMP PROBE	87476	$160.85
MAGNESIUM ASSAY	83735	$41.88
MEASLES (RUBEOLA) ANTIBODY IGG	86765	$65.53
METHYLMALONIC ACID	83921	$109.86
MICROALBUMIN, URINE, QNT	82043	$53.30
MICROSOMAL AB -THYROID,LIVER,KIDNEY(CHG)	86376	$92.25
MONO TEST	86308	$50.84
MUMPS ANTIBODY	86735	$67.16
NEISSERIA GONORRHOEAE, DNA,SDA	87591	$64.05
NEPHELOMETRY ASSAY, EACH ANALYTE	83883	$83.30
NEUTROPHIL AB, FLOW CYTOMETRY	86021	$190.92
NON DOT DRUG SPECIMEN CHRG	99001	$23.35
OCCULT BLOOD, QLT, FECES	82270	$18.86

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PTT	85730	$29.88
PTT (LAC) SCREEN (CHG)	85730	$38.24
LUTEINIZING HORMONE	83002	$72.06
RAPID STREP SCR GRP A	87430	$41.83
RENAL FUNCTION PANEL	80069	$50.93
RETICULOCYTE COUNT, AUTOMATED	85045	$27.48
RH (D) TYPING	86901	$43.18
RHEUMATOID FACTOR, QUANT.	86431	$64.78
RPR	86592	$23.42
RPR, PRENATAL	86592	$15.58
RUBELLA ANTIBODIES, IGG	86762	$63.99
SALICYLATE	80196	$55.05
SEDIMENTATION RATE	85651	$34.01
SENSITIVITY	87186	$50.94
SODIUM, SERUM	84295	$16.90
SODIUM, URINE RANDOM	84300	$30.78
SPECIAL STAIN TEST - CHRG ONLY	88312	$100.81
SPECIAL STAIN, GROUP 2, CHG ONLY	88313	$132.31
STONE ANALYSIS	82355	$69.70
STOOL CULT, SALMONELLA & SHIGGELLA	87045	$55.06
STOOL CULTURE, ADD. PATHOGEN	87046	$23.43
STOOL FOR WBCS	89055	$30.76
STREP SCREEN CULT. GP A	87081	$42.80
STREP SCREEN CULT. GP B	87081	$28.24
T3, FREE	84481	$66.42
T3, TOTAL	84480	$51.64
T3, UPTAKE	84479	$28.26
T4, THYROXINE, FREE	84439	$54.94
T4, THYROXINE, TOTAL	84436	$33.62
TACROLIMUS (FK506), TROUGH	80197	$88.55
TESTOSTERONE, FREE	84402	$171.43
TESTOSTERONE, TOTAL	84403	$92.84
THC, QUANTITATIVE - CHRG ONLY	82491	$128.65
THYROGLOBULIN ANTIBODY	86800	$50.89

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THYROID STIMULATING HORMONE(TSH)	84443	$54.90
TOTAL PROTEIN, 24 HR URINE	84156	$40.47
TOTAL PROTEIN, RANDOM URINE	84156	$23.38
TRICHOMONAS VAGINALIS TEST	87660	$63.27
TRIGLYCERIDES	84478	$22.55
TROPONIN I	84484	$61.52
URIC ACID, SERUM	84550	$32.35
URINALYSIS, MICROSCOPIC ONLY	81015	$11.10
URINALYSIS, ROUTINE	81003	$23.36
URINE PROTEIN, RANDOM [QUANT]	84156	$26.63
URINE, PRESUMPTIVE ID	87088	$61.60
VALPROIC ACID	80164	$44.28
VANCOMYCIN (TROUGH)	80202	$51.02
VARICELLA ZOSTER ANTIGEN BY IMMUNO	87290	$29.13
VARICELLA ZOSTER IGG ANTIBODY	86787	$67.16
VIT D 1,25 DIHYDROXY	82652	$136.79
VIT D 25 HYDROXY	82306	$108.03
VITAMIN B1 (THIAMINE)	84425	$179.76
VITAMIN B12	82607	$54.93
WET PREP	87210	$30.61

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Radiology Tests

Description	CPT Code	Avg Self-Pay
ABD SERIES/PA CHEST 74022	74022	$323.00
ABDOMEN SUPINE/ERECT 74020	74020	$249.45
ABDOMEN/KUB 74000	74000	$186.14
ABDOMEN/KUB AP SUPINE 74000	74000	$191.88
ANKLE 2 VIEWS 73600	73600	$112.41
ANKLE 3 VIEW 73610	73610	$167.34
ANKLE 3 VIEW LEFT 73610	73610	$171.38
ANKLE 3 VIEW RIGHT 73610	73610	$171.38
BARIUM SWALLOW 74220	74220	$290.69
BONE DENSITY(DEXA SCAN AXIAL)77080	77080	$336.53
C-ARM (OVER 1 HOUR)76001	76001	$572.52
C-ARM (UNDER 1 HOUR)76000	76000	$373.23
CERVICAL SPINE 2-3 VIEWS 72040	72040	$187.90
CERVICAL SPINE 4-5 VIEWS 72050	72050	$275.64
CHEST 1 VIEW 71010 *	71010	$144.32
CHEST 1 VIEW FRONTAL 71010 *	71010	$148.42
CHEST 2 VIEWS 71020	71020	$191.06
CHEST 2 VIEWS FRONTAL AND LAT 71020	71020	$196.80
CLAVICLE 73000	73000	$140.22
CON SEDATION 1ST 30 MIN > 5 YRS 99144	99144	$141.86
CON SEDATION 1ST 30 MIN 99144	99144	$137.76
CON SEDATION ADD 15 MIN 99145	99145	$29.96
CONRAY 60 50 CC	Q9967	$60.29
CT ABDOMEN & PELVIS W/ CON 74177	74177	$1,917.74
CT ABDOMEN & PELVIS W/O & W/CON 74178	74178	$3,020.88
CT ABDOMEN & PELVIS W/O CON 74176	74176	$1,625.24
CT ABDOMEN & PELVIS WO &W/CON 74178	74178	$2,933.14
CT ABDOMEN & PELVIS WO CON 74176	74176	$1,577.68
CT ABDOMEN W/CON 74160	74160	$1,118.49
CT ABSCESS DRAINAGE 75989	75989	$478.10
CT ANGIO ABD/PEL W/O & W/CON & 3D 74174	74174	$2,296.00

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CT ANGIO ABDOMEN W/CON NC & 3D 74175	74175	$1,731.84
CT ANGIO CHEST W/CON & 3D 71275	71275	$1,755.94
CT ANGIO NECK W/CON & 3D 70498	70498	$1,542.59
CT BIOPSY/NEEDLE PLC/THCTS 77012	77012	$1,259.52
CT BIOPSY/THCTS/77012	77012	$1,222.62
CT CERVICAL SPINE W/O CON 72125	72125	$1,134.06
CT CERVICAL W/O CON 72125	72125	$1,101.26
CT CHEST W/CON 71260	71260	$1,119.19
CT CHEST W/O CON 71250	71250	$924.05
CT HEAD W/O CON 70450	70450	$825.82
CT LOWER EXT WO CON 73700	73700	$838.04
CT LOWER EXTWO CON 73700	73700	$813.44
CT NECK W/CON 70491	70491	$1,116.70
CT ORBITS W/O 70480	70480	$881.91
CT PELVIS W/CON 72193	72193	$799.86
CT PELVIS WO CON 72192	72192	$677.42
CT SINUS/FACIAL WO 70486	70486	$827.39
CT UPPER EXT WO CON 73200	73200	$827.93
CVC TUNN CATH W/PORT 36561	NULL	$1,993.52
ELBOW AP/LAT 73070	73070	$153.44
ELBOW AP/LAT LT 73070	73070	$157.44
ELBOW AP/LAT RT 73070	73070	$157.44
ERCP 74328	74328	$484.00
FEMUR AP/LAT 73550	73550	$180.75
FINGER(S) 73140	73140	$111.52
FINGER(S) LEFT MIN 2 VIEWS 73140	73140	$114.80
FINGER(S) MIN 2 VIEWS 73140	73140	$114.80
FINGER(S) RIGHT MIN 2 VIEWS 73140	73140	$114.80
FLUORO CVC PLACEMENT 77001	77001	$480.95
FLUORO NEEDLE PLACE 77002	77002	$479.91
FLUORO NEEDLE/CATH LOCAL 77003	77003	$480.11
FOOT 3 VIEWS 73630	73630	$187.78
FOOT 3 VIEWS LEFT 73630	73630	$187.78

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FOOT 3 VIEWS RIGHT 73630	73630	$187.78
FOOT AP/LAT 73620	73620	$151.39
FOOT AP/LAT/OBL 73630	73630	$182.04
FOREARM 2 VIEWS RIGHT 73090	73090	$168.92
FOREARM AP/LAT 73090	73090	$165.60
HAND 3 VIEWS 73130	73130	$183.19
HAND 3 VIEWS LEFT 73130	73130	$187.78
HAND 3 VIEWS RIGHT 73130	73130	$187.78
HIP AP/LAT 73510	73510	$180.31
HIP AP/LAT LEFT 73510	73510	$185.32
HIP AP/LAT RIGHT 73510	73510	$185.32
HIP INTRA-OP 73530	73530	$152.93
HIPS BILAT INCL AP PELVIS 73520	73520	$205.82
HUMERUS AP/LAT 73060	73060	$181.30
IR CON SEDATION > 5 1ST 30 MIN 99144	99144	$80.36
IR CON SEDATION ADD 15 MIN 99145	99145	$52.54
IR CON SEDATION OVER AGE 5 99144	99144	$77.90
IR CONSULT OP LEV 1 99241	99241	$147.84
IR CT BIOPSY/NEEDLE PLC/THORA S&I 77012	77012	$195.16
IR CT NEEDLE PLACEMENT S&I 77012	77012	$189.42
IR CT PERCT/ABSC DRAIN S&I 75989	75989	$193.52
IR FLUORO GUIDE CATH S&I 77001	77001	$113.11
IR FLUORO GUIDE NEED S&I 77002	77002	$112.80
IR JOINT(MAJOR)INJECT PROC 20610	20610	$120.09
IR PICC INSERT NON TUNN > 5YR 36569	36569	$305.04
IR PICC INSRT NON TUNN > 5YR NO PP 36569	36569	$314.06
IR US THORACENTESIS S&I 76942	76942	$113.04
IR US VASC ACCESS GUIDE S&I 76937	76937	$51.65
JOINT(MAJOR)INJ PROC 20610	20610	$188.11
KNEE 2 VIEWS 73560	73560	$152.38
KNEE 2 VIEWS LEFT 73560	73560	$156.62
KNEE 2 VIEWS RIGHT 73560	73560	$156.62
KNEE 3 VIEWS 73562	73562	$193.73

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KNEE 3 VIEWS LEFT 73562	73562	$198.44
KNEE 3 VIEWS RIGHT 73562	73562	$198.44
KNEE 4 VIEWS 73564	73564	$227.97
KNEE 4 VIEWS LEFT 73564	73564	$233.70
KNEE 4 VIEWS RIGHT 73564	73564	$233.70
KNEES BILAT (2 VIEWS EACH SIDE) 73560-50	73560	$218.94
LOWER LEG AP/LAT 73590	73590	$192.04
LOWER LEG AP/LAT LEFT 73590	73590	$196.80
LOWER LEG AP/LAT RIGHT 73590	73590	$196.80
LUMBAR SPINE 2-3 72100	72100	$292.31
LUMBAR W/OBLIQUES 72110	72110	$302.58
MRA BRAIN W/O 70544	70544	$1,621.50
MRI ABDOMEN W/WO 74183	74183	$3,529.08
MRI BRAIN W/O GAD 70551	70551	$1,624.78
MRI BRAIN W/WO GAD 70553	70553	$3,604.08
MRI BREAST BIL/UNI	77059	$3,345.00
MRI C/SPINE W/O GAD 72141	72141	$1,625.62
MRI C/SPINE W/WO 72156	72156	$3,602.34
MRI L/SPINE W/O GAD 72148	72148	$1,797.96
MRI L/SPINE W/WO 72158	72158	$3,599.25
MRI LOW BONE W/O GAD 73718	73718	$1,240.80
MRI LOW JOINT W/O 73721	73721	$1,591.84
MRI UPR JOINT W/O 73221	73221	$1,584.93
NECK SOFT TISSUE 70360	70360	$154.42
NM BONE SCAN F3PH 78315	78315	$695.51
NM BONE SCAN LTD 78300	78300	$386.81
NM BONE SCAN TOTAL 78306	78306	$614.26
NM HEPATOBILIARY W/ EF 78227	78227	$770.91
NM SENTINEL NODE INJECTION 38792	38792	$365.90
ORBITS PRE MRI DETECT FB 70030	70030	$182.50
PELVIS 1-2 VIEW 72170	72170	$136.61
PICC NON TUNN CATH 36569	36569	$998.59
RIBS UNILAT/PA CHEST 71101	71101	$236.16

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SHOULDER 1 VIEW 73020	73020	$116.96
SHOULDER 2-3 VIEW 73030	73030	$216.60
SHOULDER 2-3 VIEW LEFT 73030	73030	$222.22
SHOULDER 2-3 VIEW RIGHT 73030	73030	$222.22
THORACENTESIS 32555	32555	$801.96
THORACIC SPINE 2 VIEW 72070	72070	$186.14
THORACIC SPINE 3 V 72072	72072	$242.20
THORACIC SPINE 72070	72070	$180.40
US ABDOMEN COMPLETE 76700	76700	$353.36
US ABDOMEN LIMITED 76705	76705	$208.47
US BIOPHYSICAL PRO 76819	76819	$475.60
US BIOPHYSICAL PRO W/O NON STRESS 76819	76819	$489.54
US DUP ART ABDOMINAL LIMITED 93976	93976	$310.32
US DUPLEX EXT BIL 93970	93970	$539.12
US DUPLEX EXT UNI 93971	93971	$338.24
US EXTREMITY LTD 76882	76882	$176.61
US FETAL CORD DOPPLER 76820	76820	$312.42
US FETAL DOPPLER VELOCIMETRY 76820	76820	$321.44
US OB LIMITED 76815	76815	$230.30
US OB REPEAT/F/U TRANS ABD 76816	76816	$233.70
US OB REPEAT/FOLLOW UP 76816	76816	$227.14
US OB TRANSVAGINAL 76817	76817	$217.17
US OB<14 WK SINGLE 76801	76801	$365.82
US OB>14 WK SINGLE 76805	76805	$364.28
US PELVIC COMPLETE 76856	76856	$323.46
US PELVIC F/U LTD 76857	76857	$245.41
US RENAL/AORTA COMP 76770	76770	$280.73
US RENAL/AORTA LTD 76775	76775	$172.30
US TESTICLE/SCROTUM 76870	76870	$257.50
US THORACENTESIS 76942	76942	$488.05
US THYROID/NECK 76536	76536	$266.00
US TRANSVAGINAL 76830	76830	$224.39
US VASC ASCESS GUIDE 76937	76937	$352.82

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VIDEO SWALLOW 74230	74230	$315.11
WRIST 2 VIEW 73100	73100	$154.30
WRIST 3 VIEW 73110	73110	$181.38
WRIST 3 VIEW LEFT 73110	73110	$186.14
WRIST 3 VIEW RIGHT 73110	73110	$186.14

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Cath Lab Charges

Description	ICD9 Code	Avg Self-Pay
LEFT HEART CARDIAC CATH	3722	$8,157.37
PTCA	66	$28,275.77
HEART COUNTERSHOCK NEC	9962	$742.32
ATRIAL CARDIOVERSION	9961	$656.87
COR ARTERIOGRAM-2 CATH	8856	$7,499.70
ANGIO NON-COR VESS NEC	3950	$24,364.63
VENOUS CATHETER NEC	3893	$774.55
RT/LEFT HEART CARD CATH	3723	$8,411.81
CONTRAST ARTERIOGRAM-LEG	8848	$9,291.68
REPL W DUAL-CHAMB DEVICE	3787	$20,390.21
INSERT TV LEAD-ATR&VENT	3772	$28,312.96
REPL AICD GENERATOR ONLY	3798	$45,145.70
VAD INSERTION	8607	$1,189.82
RT HEART CARDIAC CATH	3721	$7,602.39
INSERT DUAL-CHAMBER DEV	3783	$28,132.19
CEREBRAL ARTERIOGRAM	8841	$9,051.81
PERC ABD DRAINAGE	5491	$1,673.33
INJECTION INTO JOINT	8192	$253.13
SPINAL TAP	331	$189.83
PULSATION BALLOON IMPL	3761	$21,244.09
THORACENTESIS	3491	$1,516.24
CONTRAST ARTERIOGRAM NEC	8849	$7,378.19
NON-DRUG PERIPH STENT	3990	$26,776.09
PACKED CELL TRANSFUSION	9904	$2,341.01
IMPL CRT-D GENERATOR	54	$54,409.79

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Rehabilitation Services

Description	CPT Code	Avg Self-Pay
MANUAL THERAPY 15	97140	$54.12
THERAPEUTIC EXERCISE 15	97110	$54.12
ULTRASOUND 15	97035	$54.12
EVALUATION	97001	$192.70
MANUAL THERAPY CHARGE	97140	$54.12
NEUROMUSCULAR RE-EDUCATION	97112	$54.12
THERAPEUTIC EXERCISE	97110	$54.12
ULTRASOUND 15 MIN.	97035	$54.12
THERAPUTIC/FUNCTIONAL ACTIVITY 15	97530	$54.12
GAIT-TRAINING/ 15MIN	97116	$54.12
SELF CARE/HOME MANAGEMENT	97535	$54.12
OT EVALUATION	97003	$202.54
ADULT SPEECH INDIVIDUAL	92507	$216.48
IONTOPHORESIS 15 MIN.	97033	$54.12
OT ORTHOTIC TRAINING 15	97760	$54.12
ADULT DYSPHAGIA TREATMENT	92526	$216.48

Behavioral Health/Cottage Program Services

Description	CPT Code	Avg Self-Pay
INITIAL DIAGNOSTIC EVALUATION	90791	$157.08
PYSCHOTHERAPY 45 MIN W/WO FAMILY	90834	$249.97
INDIVIDUAL THERAPY 40-50 MIN	90834	$428.13
PHASE I	90853	$5,252.90
INITIAL ASSESSMENT/ 50-60	90801	$146.04
	90791	$153.34
INPT. CONSULT 20-30 MIN	99251	$54.41
PYSCHOTHERAPY 30 MIN W/WO FAMILY	90832	$61.53
INPATIENT CONSULT 40MIN	99252	$116.53
FAMILY/COUPLES THERAPY 50-60 MIN	90847	$210.95
PSYCHOTHERAPY 45 MIN W PATIENT +FAMILY	90834	$59.64
PSYCHIATRIC DIAGNOSTIC EVALUATION	90791	$0.00
COLLATORAL CONTACT CHARGE	90889	$33.01
INPATIENT CONSULT 55MIN	99253	$186.41

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Room Charges

Description	Avg Self-Pay
INPATIENT ROOM CHARGE	$791.30
HOSPICE ROOM CHARGE	$488.72
NURSERY LEVEL I	$432.14
NURSERY LEVEL II	$791.30
NURSERY LEVEL III	$1,941.76
OB ROOM CHARGE	$791.30
OBSERVATION ROOM	PER MINUTE UP TO 24 HR = $791.30
ICU ROOM CHARGE	$1,941.76
ICU ACUTE CARE ROOM CHARGE	$791.30
ER ROOM CHARGE	$791.30
ER OBSERVATION ROOM CHARGE	PER MINUTE UP TO 24 HR = $791.30
ER INTENSIVE CARE ROOM CHARGE	$1,941.76

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