



## **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, 2024**

<b>DESCRIPTION</b>	<b>CPT</b>	<b>Outpatient Clinic</b>
DEBRIDE MYOTIC NAILS 6 OR MORE	11721	390.00
BRN DRS/DEB INT OR SUBS W/O ANEST	16020	751.00
ARTHROCENTESIS/ASPIR/A/O INJ MAJOR JOINT	20610	353.00
BLOOD SPECIMEN FROM IMPLANTED VAD	36591	289.00
BLADDER SCAN BY ULTRASOUND NON-IM	51798	312.00
AMNIOCENTESIS DIAG	59000	1,072.00
NST/CST FETAL MONITORING	59020	933.00
NON STRESS TEST	59025	811.00
ELECTROANALYSIS PROGRAMMABLE PUMP	62368	1,257.00
ANALYZE & REFILL PUMP W/REPROGRAM	62369	1,040.00
CHEMODENERVATION OF MUSCLE(S)NECK	64616	903.00
HC CT HEAD W/O CONTRAST	70450	1,494.00
DIAG C SPINE 2 OR 3 VIEWS	72040	461.00
DIAG C SPINE MIN 4 VIEWS	72050	713.00

DIAG T SPINE 2 VIEWS	72070	514.00
DIAG LS SPINE 2 OR 3 VIEWS	72100	481.00
HC DIAG LS SPINE MIN 4 VIEWS	72110	713.00
DIAG PELVIS, 1 OR 2 VIEWS	72170	412.00
HC DIAG SHOULDER MIN 2 VIEWS	73030	481.00
DIAG WRIST 2 VIEWS LT	73100	378.00
HC DIAG WRIST, MIN 3 VIEWS	73110	419.00
DIAG HIP 2-3 VIEWS	73502	585.00
HC DIAG FEMUR 2 VIEWS	73552	474.00
HC DIAG KNEE 1 OR 2 VIEWS	73560	381.00
HC DIAG KNEE 3 VIEWS	73562	504.00
HC DIAG KNEE MIN 4 VIEWS	73564	631.00
DIAG TIBIA AND FIBULA 2 VIEWS RT	73590	446.00
HC DIAG ANKLE - MIN 3 VIEWS	73610	446.00
HC DIAG FOOT MIN 3 VIEWS	73630	419.00
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	564.00
US PELVIS NON-OB COMPLETE	76856	938.00
DXA SCAN AXIAL SKELETON	77080	775.00
ADMINISTRATION IMMUNIZATION SINGL	90471	46.00
ADMIN IMMUNIZATION ADDITIONAL VAC	90472	46.00
VISUAL FIELDS EXAM - EXTENDED	92083	314.00
SPEECH EVALUATION	92521	476.00
TREATMENT SPEECH DYSFUNCTION/INDIVIDUAL	92507	386.00
TREATMENT SWALLOWING DYSFUNCTION	92526	421.00

ELECTROCARDIOGRAM	93005	266.00
HC ECHO W DOPPLER/COLOR	93306	2,431.00
INJ ALLERGY - MULTIPLE	95117	87.00
EMG ONE EXTREMITY	95860	298.00
NERVE CONDUCTION STUDIES; 1-2	95907	178.00
IV HYDRATION INFUSION-EACH ADD'L	96361	150.00
IV INFUSION- 16 min-1 HR	96365	519.00
IV INFUSION- EACH ADD'L HR	96366	247.00
IV INFUSION,SEQUENTIAL-UP TO 1 HR	96367	373.00
INJECT MEDICINE IM/SUBCUT/ANTIBIO	96372	51.00
INJ MEDICINE,IV PUSH ADDL NEW SUB	96375	150.00
CHEMO INFUSION 16min-1 HR-INITAL	96413	1,017.00
CHEMO INFUSION-EA ADDL HR 2-8	96415	505.00
CHEMO EA ADD SEQ INFUSE-DIFF DRUG	96417	871.00
PHOTOTHERAPY, UV LIGHT	96900	109.00
PT TRACTION	97012	70.00
OT PARAFFIN BATH	97018	40.00
OT E STIM (ATTENDED) 15 MINS	97032	83.00
PT ULTRASOUND/PHONOPHORESIS 15MIN	97035	55.00
HC OT THERAPEUTIC EXERCISE (15 MIN)	97110	137.00
PT THERAPEUTIC EXERCISE 15MINS	97110	137.00
PT NEUROMUSCULAR REEDUCATION-BALA	97112	143.00
PT AQUATIC TX W THERAPEUTIC EX EA	97113	161.00
PT GAIT TRAINING 15 MINS	97116	122.00
PT MANUAL THERAPY/MOBILZTN/LYMPH	97140	129.00
PT THERAPEUTIC PROCEDURE(S) GROUP	97150	76.00
PT THERAPEUTIC ACTIVITIES (15MINS	97530	149.00
OT SELF CARE/ADL 15 MINUTES	97535	129.00
OT WORK REINTEGRATION TRNG EA.15 MIN	97537	113.00
PT WHEELCHAIR MANAGEMENT/TRAINING	97542	138.00
RMVL DEVTLZD TISS SEL DEBR 1ST 20	97597	345.00
REMLV OF DEVTLZD TISS NON SEL DEB	97602	321.00
PT FUNCTIONAL CAPACITY TEST 15MIN	97750	144.00

OT FIT/TRAIN SPLINTING INITIAL EA 15MINUTES	97760	142.00
VISIT LEVEL 1 ESTABLISHED	99211	122.00
VISIT LEVEL 2 ESTABLISHED	99212	143.00
VISIT LEVEL 3 ESTABLISHED	99213	157.00
VISIT LEVEL 4 ESTABLISHED	99214	205.00
HC VISIT LEVEL 5 ESTABLISHED	99215	274.00
ADMINISTRATION INFLUENZA-VACCINE	90471	46.00
ADMINISTRATION PNEUMOCOCCAL VACCI	90471	46.00
ADMINISTRATION HEPATITIS VACCINE	90471	46.00