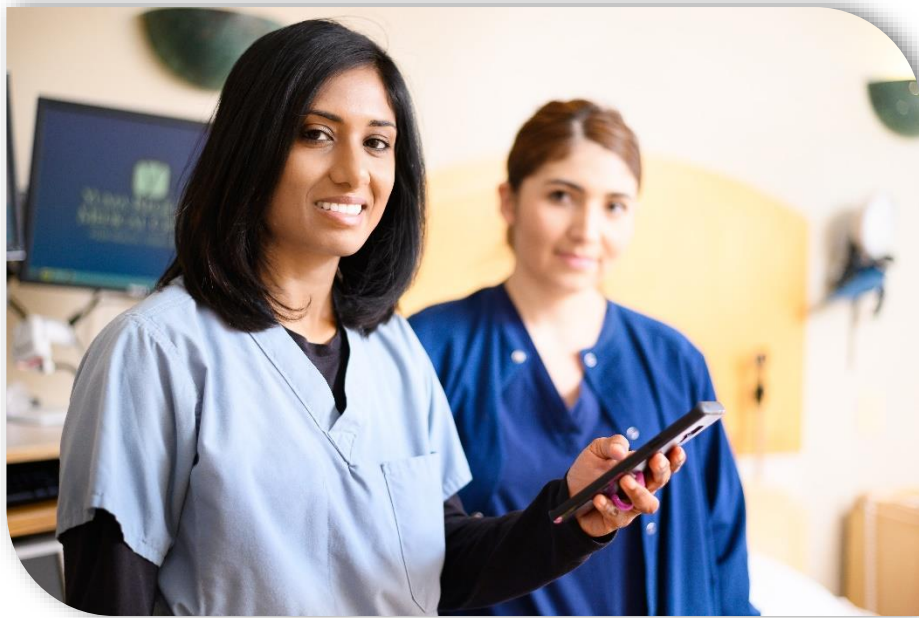


# 2021 Top 50 Outpatient Codes



**Effective Date: January 1, 2022**



DECISION SUPPORT (CHARGEMASTER | SERVICE LINE COSTING & ANALYTICS)

# DISCLAIMER

The pricing presented herein is based on outpatient CPT4 codes for specific services. The physician makes the determination as to the appropriate diagnosis and procedure. Each patient is different and unique and Yuma Regional Medical Center strives to treat each patient as an individual with specific healthcare needs. Therefore, pricing will be individual as well. A physician may well believe a specific procedure is appropriate for someone, yet upon treatment, there may be complications or other factors creating the need for a different course of treatment. Charges listed do not reflect additional charges related to Physician Billing.

Effective Date: January 1<sup>st</sup>, 2022

# 2021 Top 50 CPT Listing

CPT4 Code & Description	Estimated Charge Per CPT4
11042 - HC DEBRIDE SUBQ TISSUE 1ST 20SQCM/LESS	\$ 2,560
36415 - HC COLLECT VENOUS BLOOD, VENIPUNCTURE	\$ 14
36416 - HC COLLECT CAPILLARY BLOOD SPECIMEN	\$ 14
70450 - HC CT HEAD/BRAIN WO	\$ 3,024
71045 - HC XR CHEST EXAM; SINGLE VIEW	\$ 530
71046 - HC XR CHEST EXAM; 2 VIEWS	\$ 580
77063 - HC TOMOSYNTHESIS SCREEN, BILAT	\$ 120
77067 - HC MAMMO SCREENING, BILAT, INCL CAD	\$ 695
80048 - HC BASIC METABOLIC PANEL (CALCIUM, TOTAL)	\$ 265
80053 - HC COMPREHENSIVE METABOLIC PANEL	\$ 390
80061 - HC LIPID PANEL	\$ 109
81001 - HC URINALYSIS AUTOMATED W MICROSCOPY	\$ 134
81003 - HC POCT URINALYSIS AUTOMATED WO MICROSCOPY	\$ 48
81025 - HC POCT PREGN TEST, VISUAL COLOR COMPARE METHD	\$ 59
82306 - HC VITAMIN D 25-OH, TOTAL	\$ 109
82550 - HC CK(CREATINE KINASE)(CPK), TOTAL	\$ 244
82962 - HC GLUCOSE, GLUCOMETER BLOOD TEST	\$ 30
83036 - HC HEMOGLOBIN, GLYCOSYLATED(A1C)	\$ 106
83690 - HC LIPASE	\$ 325
83735 - HC MAGNESIUM, PLASMA/SERUM	\$ 153
84439 - HC THYROXINE, FREE	\$ 119
84443 - HC TSH (THYROID STIMULATING HORMONE)	\$ 127
84484 - HC TROPONIN QUANT	\$ 423
85025 - HC BLOOD COUNT, CBC W DIFF WBC AND PLATELET	\$ 151
85027 - HC BLOOD COUNT, CBC(HEMOGRAM, NO DIFF)	\$ 86

Effective Date: January 1<sup>st</sup>, 2022

\* Prices Subject to Change

# 2021 Top 50 CPT Listing

CPT4 Code & Description	Estimated Charge Per CPT4
85610 - HC PROTIME	\$ 110
85730 - HC PTT	\$ 190
86140 - HC C-REACTIVE PROTEIN	\$ 83
86850 - HC AB SCREEN RBC,EA SERUM TECHNIQ	\$ 198
86900 - HC BLOOD TYPING,ABO	\$ 206
86901 - HC BLOOD TYPING,RH(D)	\$ 97
87077 - HC CULTURE,AEROBIC DEFINITIVE ID,EA ISOLATE	\$ 111
87086 - HC CULTURE,BACTERIAL QUANT,URINE	\$ 176
88185 - HC FLOW CYTOMETRY,EA ADDL MARKER, NEOGEN S/O	\$ 67
88305 - HC GROSS & MICROSCOPIC EXAM, SURG PATHOLOGY - LEVEL IV	\$ 339
90460 - HC IMMUNIZATION ADMIN THRU 18 YRS;FIRST OR ONLY COMPONENT	\$ 135
93005 - HC ECG TRACING 12 LEADS TRACING ONLY W/O I&R	\$ 516
95004 - HC PERQ ALLERGY SKIN TESTS(SCRATCH,PUNCT,PRICK),INCL I&R,SPECIFY NUMB	\$ 290
96365 - HC IV INFUSION THER/PROPH/DIAG INITIAL UP TO 1 HOUR	\$ 724
96372 - HC INJECTION THER/PROPH/DIAG; SUBQ/IM	\$ 315
96374 - HC INJECT IV PUSH SNGL INITIAL DRUG THER/PROPH/DIAG	\$ 402
96375 - HC INJECT EA ADDL SEQ IV PUSH NEW DRUG THER/PROPH/DIAG	\$ 299
99202 - HC HOSPITAL CLINIC,TECH,NEW,MIN/15-29 MIN	\$ 205
99211 - HC HOSPITAL CLINIC,TECH, ESTAB	\$ 200
99283 - HC ER SERVICE LEVEL 3	\$ 2,119
99284 - HC ER SERVICE LEVEL 4 W MODIFIER 25	\$ 3,914
99285 - HC ER SERVICE LEVEL 5 W MODIFIER 25	\$ 6,522
G0378 - HC OBSERVATION,PER HOUR	\$ 87
G0463 - HC HOSPITAL O/P CLINIC VISIT,ASSESSMT & MGEMT OF PT	\$ 205
U0003 - HC INFECT AGENT DETECT, BY NUC ACID, SARS-COV-2 COVID 19 AMP PRB	\$ 132

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