

Evaluation and Management Services			
Description	CPT	Average Facility Price	
1 Psychotherapy, 30 minutes	90832	N/A	*Professional charge not billed by our facility.
2 Psychotherapy, 45 minutes	90834	N/A	*Professional charge not billed by our facility.
3 Psychotherapy, 60 minutes	90837	N/A	*Professional charge not billed by our facility.
4 Family psychotherapy, not including patient, 50 minutes	90846	N/A	*Professional charge not billed by our facility.
5 Family psychotherapy, including patient, 50 min	90847	N/A	*Professional charge not billed by our facility.
6 Group psychotherapy	90853	N/A	*Professional charge not billed by our facility.
7 New patient office or other outpatient visit, typically 30 min	99203	N/A	*Professional charge not billed by our facility.
8 New patient office or other outpatient visit, typically 45 min	99204	N/A	*Professional charge not billed by our facility.
9 New patient office or other outpatient visit, typically 60 min	99205	N/A	*Professional charge not billed by our facility.
10 Patient office consultation, typically 40 min	99243	N/A	*Professional charge not billed by our facility.
11 Patient office consultation, typically 60 min	99244	N/A	*Professional charge not billed by our facility.
12 Initial new patient preventive medicine evaluation, for those ages 18 to 39	99385	N/A	*Professional charge not billed by our facility.
13 Initial new patient preventive medicine evaluation, for those ages 40 to 64	99386	N/A	*Professional charge not billed by our facility.
Laboratory and Pathology Services			
Description	CPT	Average Facility Price	
14 Basic metabolic panel	80048	\$ 335.00	
15 Blood test, comprehensive group of blood chemicals	80053	\$ 380.00	
16 Obstetric blood test panel	80055	N/A	This panel not provided by Hospital
17 Blood test, lipids	80061	\$ 442.00	
18 Kidney function panel test	80069	\$ 340.00	
19 Liver function blood test panel	80076	\$ 328.00	
20 Manual urinalysis test with examination using microscope	81001	\$ 216.00	
21 Automated urinalysis test	81002	\$ 200.00	
22 Automated urinalysis test	81003	\$ 192.00	
23 Prostate specific antigen	84153	\$ 517.00	
24 Blood test, thyroid stimulating hormone	84443	\$ 523.00	
25 Complete blood cell count, with differential white blood cells, automated	85025	\$ 317.00	
26 Complete blood count, automated	85027	\$ 290.00	
27 Blood test, clotting time	85610	\$ 235.00	
28 Coagulation assessment blood test	85730	\$ 280.00	
Radiology Services			
Description	CPT	Average Facility Price	
29 CT scan, head or brain, without contrast	70450	\$ 3,202.00	*Prices include facility charges only. Professional fees may be billed separately.
30 MRI scan of brain before and after contrast	70553	\$ 6,923.00	*Prices include facility charges only. Professional fees may be billed separately.
31 X-Ray, lower back, minimum four views	72110	\$ 675.00	*Prices include facility charges only. Professional fees may be billed separately.
32 MRI scan of lower spinal canal	72149	\$ 4,152.00	*Prices include facility charges only. Professional fees may be billed separately.
33 CT scan, pelvis, with contrast	72193	\$ 5,416.00	*Prices include facility charges only. Professional fees may be billed separately.
34 MRI scan of leg joint	73721	\$ 4,152.00	*Prices include facility charges only. Professional fees may be billed separately.
35 CT scan of abdomen and pelvis with contrast	74177	\$ 5,416.00	*Prices include facility charges only. Professional fees may be billed separately.
36 Ultrasound of abdomen	76700	\$ 1,064.00	*Prices include facility charges only. Professional fees may be billed separately.
37 Abdominal ultrasound of pregnant uterus, greater or equal to 14 weeks 0 days, single or first fetus	76805	\$ 1,064.00	*Prices include facility charges only. Professional fees may be billed separately.
38 Ultrasound pelvis through vagina	76830	\$ 1,064.00	*Prices include facility charges only. Professional fees may be billed separately.
39 Mammography of one breast	77065	\$ 1,178.00	*Prices include facility charges only. Professional fees may be billed separately.
40 Mammography of both breasts	77066	\$ 1,311.00	*Prices include facility charges only. Professional fees may be billed separately.
41 Mammography, screening, bilateral	77067	\$ 992.00	*Prices include facility charges only. Professional fees may be billed separately.
Medicine and Surgery Services			
Description	CPT/DRG	Average Facility Price	
42 Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	\$471,452.00	*Prices include facility charges only. Professional fees may be billed separately.
43 Spinal fusion except cervical without major comorbid conditions or complications	460	\$327,190.00	*Prices include facility charges only. Professional fees may be billed separately.
44 Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications	470	\$113,042.00	*Prices include facility charges only. Professional fees may be billed separately.
45 Cervical spinal fusion without comorbid conditions or complications	473	\$148,237.00	*Prices include facility charges only. Professional fees may be billed separately.
46 Uterine and adnexa procedures for non-malignancy without comorbid conditions or major comorbid conditions or complications	743	\$94,514.00	*Prices include facility charges only. Professional fees may be billed separately.
47 Removal of 1 or more breast growth, open procedure	19120	\$33,809.00	
48 Shaving of shoulder bone using an endoscope	29826	\$45,546.00	
49 Removal of one knee cartilage using an endoscope	29881	\$43,000.00	
50 Removal of tonsils and adenoid glands patient younger than age 12	42820	\$28,086.00	
51 Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	\$7,910.00	
52 Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	\$11,212.00	
53 Diagnostic examination of large bowel using an endoscope	45378	\$8,339.00	
54 Biopsy of large bowel using an endoscope	45380	\$11,520.00	
55 Removal of polyps or growths of large bowel using an endoscope	45385	\$10,148.00	
56 Ultrasound examination of lower large bowel using an endoscope	45391	N/A	ARMC has not performed in last year
57 Removal of gallbladder using an endoscope	47562	\$43,721.00	
58 Repair of groin hernia patient age 5 or older	49505	\$38,608.00	
59 Biopsy of prostate gland	55700	\$10,493.00	
60 Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	N/A	ARMC has not performed in last year
61 Vaginal Delivery without Sterilization/D&C without CC/MCC	807	\$46,191.00	*Prices include facility charges only. Professional fees may be billed separately.
62 Cesarean Section without Sterilization without CC/MCC	788	\$68,506.00	*Prices include facility charges only. Professional fees may be billed separately.
63 Vaginal Delivery with O.R. Procedure Except Sterilization and/or D&C	788	\$62,107.00	*Prices include facility charges only. Professional fees may be billed separately.
64 Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	\$9,905.00	
65 Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	\$9,820.00	
66 Removal of recurring cataract in lens capsule using laser	66821	\$3,401.00	Price of procedure only, does not include recovery room time
67 Removal of cataract with insertion of lens	66984	\$27,236.00	*Prices include facility charges only. Professional fees may be billed separately.
68 Electrocardiogram, routine, without interpretation and report	93005	\$218.00	*Prices include facility charges only. Professional fees may be billed separately.
69 Insertion of catheter into left heart for diagnosis	93452	N/A	ARMC has not performed in last year
70 Sleep study	95810	N/A	ARMC has not performed in last year
71 Physical therapy, therapeutic exercise, each 30 minutes	97110	\$222.00	*Prices include facility charges only. Professional fees may be billed separately.