

2019 Top 50 Outpatient Codes



Effective Date: January 1, 2020



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DISCLAIMER

The pricing presented herein is based on outpatient codes for particular procedures. 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.

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*Prices Subject to Change

2019 Top 50 CPT Listing

CPT4 Code & Description	Estimated Charge
11042 - DEB SUBQ TISSUE 20 SQ CM/<	\$ 1,300
36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 13
36416 - CAPILLARY BLOOD DRAW	\$ 13
70450 - CT HEAD/BRAIN W/O DYE	\$ 2,680
71045 - X-RAY EXAM CHEST 1 VIEW	\$ 420
71046 - X-RAY EXAM CHEST 2 VIEWS	\$ 520
77067 - SCR MAMMO BI INCL CAD	\$ 675
80048 - METABOLIC PANEL TOTAL CA	\$ 194
80053 - COMPREHEN METABOLIC PANEL	\$ 343
80061 - LIPID PANEL	\$ 148
80307 - DRUG TEST PRSMV CHEM ANALYZR	\$ 431
81001 - URINALYSIS AUTO W/SCOPE	\$ 122
81003 - URINALYSIS AUTO W/O SCOPE	\$ 53
82150 - ASSAY OF AMYLASE	\$ 172
82550 - CREATINE KINASE (CK), (CPK); TOTAL	\$ 83
82553 - CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$ 187
82962 - GLUCOSE BLOOD TEST	\$ 25
83036 - GLYCOSYLATED HEMOGLOBIN TEST	\$ 89
83690 - ASSAY OF LIPASE	\$ 274
83735 - ASSAY OF MAGNESIUM	\$ 142
83880 - ASSAY OF NATRIURETIC PEPTIDE	\$ 223
84439 - ASSAY OF FREE THYROXINE	\$ 110
84443 - ASSAY THYROID STIM HORMONE	\$ 125
84484 - TROPONIN, QUANTITATIVE	\$ 236
85025 - COMPLETE CBC W/AUTO DIFF WBC	\$ 123

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CPT4 Code & Description	Estimated Charge
85027 - COMPLETE CBC AUTOMATED	\$ 97
85610 - PROTHROMBIN TIME	\$ 72
85730 - THROMBOPLASTIN TIME PARTIAL	\$ 159
87040 - BLOOD CULTURE FOR BACTERIA	\$ 142
87086 - URINE CULTURE/COLONY COUNT	\$ 63
88185 - FLOWCYTOMETRY/TC ADD-ON	\$ 62
88305 - TISSUE EXAM BY PATHOLOGIST	\$ 485
90460 - IMMUNIZATION ADMINITHROUGH 18 YEARS OF AGE	\$ 125
93005 - ELECTROCARDIOGRAM TRACING	\$ 423
93798 - CARDIAC REHAB/MONITOR	\$ 304
94640 - AIRWAY INHALATION TREATMENT	\$ 203
95004 - PERCUT ALLERGY SKIN TESTS	\$ 290
95165 - ANTIGEN THERAPY SERVICES	\$ 42
96365 - THER/PROPH/DIAG IV INF INIT	\$ 660
96372 - THER/PROPH/DIAG INJ SC/IM	\$ 299
96374 - THER/PROPH/DIAG INJ IV PUSH	\$ 322
96375 - TX/PRO/DX INJ NEW DRUG ADDON	\$ 277
99153 - MOD SED SAME PHYS/QHP EA	\$ 261
99201 - OFFICE/OUTPATIENT VISIT NEW	\$ 205
99211 - OFFICE/OUTPATIENT VISIT EST	\$ 201
99282 - EMERGENCY DEPT VISIT	\$ 922
99283 - EMERGENCY DEPT VISIT	\$ 1,531
99284 - EMERGENCY DEPT VISIT	\$ 2,822
99285 - EMERGENCY DEPT VISIT	\$ 4,440
G0378 - HOSPITAL OBSERVATION SERVICE, PER HOUR	\$ 84

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