

PROCEDURE	CPT	AVH 2016	AVH 2016
<b>INPATIENT ROOM CHARGES</b>			
Standard Inpatient Room Rate		\$ 1,743.00	
Intensive Care Room Rate		\$ 2,751.00	
Skilled Nursing Room Rate		\$ 937.00	
Intermediate Care Room Rate		\$ 802.00	

### ED ROOM CHARGES

ED Room Level I	99281	\$ 208.00	
ED Room Level II	99282	\$ 369.00	
ED Room Level III	99283	\$ 574.00	
ED Room Level IV	99284	\$ 918.00	
ED Room Level V	99285	\$ 1,379.00	
ED Room Critical Care 1st Hour	99291	\$ 2,144.00	
ED Room Critical Care each Additional 30 min	99292	\$ 1,072.00	

### ED PHYSICIAN CHARGES

ED Pro Fee Level I	99281	\$ 82.00	
ED Pro Fee Level II	99282	\$ 94.00	
ED Pro Fee Level III	99283	\$ 138.00	
ED Pro Fee Level IV	99284	\$ 221.00	
ED Pro Fee Level V	99285	\$ 335.00	
ED Pro Fee Critical Care	99291	\$ 426.00	
ED Pro Fee Critical Care each Additional 30 min	99292	\$ 198.00	

		Hospital Charge	Radiologist Charge
<b>RADIOLOGY</b>			
Xray Chest Frontal, Single View	71010	\$ 253.00	\$ 19.00
Xray Chest 2 Views, Frontal & Lateral	71020	\$ 253.00	\$ 23.00
Bone Density Study (Dexascan)	77080	\$ 194.00	\$ 21.00
CT Scan Abdomen without Contrast	74150	\$ 955.00	\$ 123.00
CT Scan Chest without Contrast	71250	\$ 955.00	\$ 105.00
CT Scan Head without Contrast	70450	\$ 955.00	\$ 87.00
CT Scan Pelvis without Contrast	72192	\$ 955.00	\$ 112.00
MRI Brain without Contrast	70551	\$ 1,862.00	\$ 152.00
MRI Lumbar Spine without Contrast	72148	\$ 1,862.00	\$ 154.00
Pelvis 1 or 2 Views	72170	\$ 253.00	\$ 20.00
Mammography Digital Screening (with computer assisted detection)	G0202/77051	\$ 231.00	\$ 7.00
Xray Exam of Lower Spine	72100	\$ 253.00	\$ 25.00
Xray Abdomen Complete	74020	\$ 253.00	\$ 28.00
Xray Neck & Spine (4 views)	72050	\$ 390.00	\$ 34.00
Ultrasound Carotid Duplex Scan Bilateral	93880	\$ 852.00	\$ 84.00
Ultrasound Exam Abdominal Complete	76700	\$ 547.00	\$ 84.00

### LABORATORY

Venous Specimen Collection Fee	36415	\$ 15.00	
Basic Metabolic Panel	80048	\$ 59.00	
Lipid Panel	80061	\$ 93.00	
Liver Function Profile	80076	\$ 57.00	
Urinalysis	81001	\$ 22.00	
Hemoglobin A1C	83036	\$ 67.00	
Thyroid Stimulating Hormone	84443	\$ 116.00	
Complete Blood Count with Differential	85027	\$ 45.00	
Prothrombin Time	85610	\$ 27.00	
Culture Urine	87086	\$ 45.00	
Prostate specific antigen (PSA) Total or Screening	G0103/84153	\$ 100.00	