

Avita Health System

Most Common Hospital Charges Effective 7/2017

Room and Board

* Private	\$	637.00	* Nursery	\$	637.00
* ICU	\$	1,327.00	* InPatient Rehab	\$	808.00
* Obstetrics	\$	637.00	* Swingbed	\$	477.00

Most Common X-ray Procedures

CT Head+ w/o Contrast	70450	\$	1,339.50	CT Head w & w/o Contrast	70470	\$	1,789.00
CT Limited Sinuses	70486	\$	1,984.00	CT Chest w/ Contrast (Thorax)	71260	\$	2,032.00
CT Pelvis w/Contrast	72193	\$	2,555.00	CT Abdomen w/Contrast	74160	\$	3,329.00
CT Abdomen w & w/o Contrast	74170	\$	3,403.00	Abdomen X-ray (KUB)	74000	\$	320.00
Acute Abdominal Series X-ray	74022	\$	440.00	Chest X-ray (PA & Lateral Views)	71020	\$	229.00
Ankle X-ray	73610	\$	304.00	Fingers X-ray	73140	\$	232.00
Foot X-ray	73630	\$	305.00	Hip and Pelvis X-ray	73502	\$	244.00
Pelvis X-ray	72170	\$	208.00	Lumbar Spine X-ray AP and lateral	72100	\$	401.00
Screening Mammogram	G0202	\$	214.00	Modified Barium Swallow	74230	\$	340.00
Ultrasound Abdomen (Complete)	76700	\$	863.00	Ultrasound Extremity Non Vas	76881	\$	383.00
Ultrasound Gall Bladder	76705	\$	628.00	Ultrasound Carotid Duplex Bilat	93880	\$	659.00
Ultrasound Non-invasive Arterial Study	93924	\$	521.00	MRI Brain w/contrast	70552	\$	3,103.00
MRI Brain w & w/o Contrast	70553	\$	5,431.00	MRI Lumbar Spine w/o Contrast	72148	\$	3,189.00
MRI Knee	73721	\$	2,901.00	Nuclear Medicine Total Bone Scan	78306	\$	1,642.00
Nuclear Medicine Thyroid Uptake	78012	\$	767.00	Nuclear Medicine Heart (Stress + Rest)	78452	\$	2,687.00
Portable Chest X-ray	71010	\$	219.00				

Most Common Lab Procedures

Venipuncture	36415	\$	6.00	Hepatic Panel	80076	\$	18.00
Lipid Panel	80061	\$	35.00	Routine Urinalysis with Microscope	81001	\$	8.70
Electrolytes Panel	80051	\$	13.00	Glucose, Quantitative	82947	\$	11.00
Creatinine Blood	82565	\$	15.00	Amylase	82150	\$	61.00
PSA	84153	\$	28.00	Calcium, Total	82310	\$	33.00

Bilirubin, Total	82247	\$	41.00	Prothrombin Time	85610	\$	11.00
Syphilis Test	86592	\$	45.00	Cancer Antigen	86300	\$	101.00
Blood Typing	86900	\$	28.00	APTT	85730	\$	52.00
Sedimentation Rate	85651	\$	41.00	Platelet Count	85049	\$	53.00
Hemoglobin	85018	\$	28.00	Thyroid Stimulating Hormone	84443	\$	47.00
Urea Nitrogen Quantitative	84520	\$	11.00	Sodium Serum	84295	\$	22.00
Potassium Serum	84132	\$	24.00	Troponon I	84484	\$	113.00
Newborn Metabolic	84030	\$	120.00	Magnesium	83735	\$	55.00
LDH	83615	\$	66.00	Glycohemoglobin	83036	\$	27.00
Basic Metabolic Panel	80048	\$	21.00	Comprehensive Metabolic Panel	80053	\$	30.00
Gamma GT	82977	\$	74.00	Iron Serum	83540	\$	68.00
Phosphatase, Alkaline	84075	\$	43.00	CKMB	82553	\$	83.00
Myoglobin	83874	\$	125.00	Phosphorus, serum	84100	\$	52.00
Urine Drug Screen	80305	\$	135.00	Thyroxine, Free T4	84439	\$	103.00
Uric Acid Blood	84450	\$	49.00	AST (SGOT)	84450	\$	15.00
Culture,Urine with Organism ID	87088	\$	91.00	Culture urine w/colony	87086	\$	23.00
Cytopathology thin prep	88175	\$	162.00	Sensitivity Study	87186	\$	24.00
ALT (SGPT)	84460	\$	15.00	Level IV Surgical path	88305	\$	250.00
				CBC & Platelet w/auto diff	85025	\$	22.00

Emergency Room Services

Emergency Service limited	99281	\$	175.00
Emergency Service Level 2	99282	\$	304.00
Emergency Service Level 3	99283	\$	432.00
Emergency Service Level 4	99284	\$	693.00
Emergency Service Level 5	99285	\$	1,033.00

Urgent Care Services

Level 1	1000001	\$	28.00
Level 2	1000002	\$	89.50
Level 3	1000003	\$	149.00
Level 4	1000080	\$	219.00
Level 5	1000083	\$	294.50

Operating Room Services

HC OR LEVEL I 0-30 MINS	36000027	\$2,174.00
HC OR LEVEL II 0-30 MINS	36000029	\$2,468.00
HC OR LEVEL III 0-30 MINS	36000031	\$2,699.00
HC OR LEVEL IV 0-30 MINS	36000033	\$2,982.00
HC OR LEVEL V 0-30 MINS	36000035	\$3,255.00

EGD	43235	\$2,799.00
Colonoscopy Screening	G0121	\$2,672.00

Delivery Room Services

Delivery Room	0500009	\$ 4,888.00
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Physical Therapy

Therapeutic Exercise	97110	\$ 100.00
Gait Traininig	97116	\$ 85.00
PT Evaluation	97162	\$ 276.00
Electrical Stimulation	97014	\$ 30.00
Ultrasound	97035	\$ 120.00
Manual Therapy	97140	\$ 158.00

Occupational Therapy

Therapeutic Activity	97530	\$ 92.00
Therapeutic Procedure	97110	\$ 100.00
OT Evaluation	97166	\$ 276.00