

**PROCEDURE****CPT****AVH  
2012****AVH  
2012****INPATIENT ROOM CHARGES**

Standard Inpatient Room Rate		\$1,266.00	
Intensive Care Room Rate		\$2,023.00	
Skilled Nursing Room Rate		\$658.00	
Intermediate Care Room Rate		\$559.00	

**ED ROOM CHARGES**

ED Room Level I	99281	\$245.00	
ED Room Level II	99282	\$268.00	
ED Room Level III	99283	\$429.00	
ED Room Level IV	99284	\$711.00	
ED Room Level V	99285	\$764.00	
ED Room Critical Care 1st Hour	99291	\$537.00	
ED Room Critical Care each Additional 30 min	99292	\$269.00	

**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	

**RADIOLOGY****Hospital Charge Radiologist Charge**

Xray Chest Frontal, Single View	71010	\$258.00	\$ 17.00
Xray Chest 2 Views, Frontal & Lateral	71020	\$299.00	\$ 21.00
Bone Density Study (Dexascan)	77080	\$480.00	\$ 29.00
CT Scan Abdomen without Contrast	74150	\$1,380.00	\$ 111.00
CT Scan Chest without Contrast	71250	\$1,440.00	\$ 108.00
CT Scan Head without Contrast	70450	\$1,153.00	\$ 80.00
CT Scan Pelvis without Contrast	72192	\$1,440.00	\$ 102.00
MRI Brain without Contrast	70551	\$2,666.00	\$ 138.00
MRI Lumbar Spine without Contrast	72148	\$2,951.00	\$ 138.00
MRI Any Joint of Lower Extremity without Contrast	73721	\$2,622.00	\$ 125.00
Pelvis 1 or 2 Views	72170	\$248.00	\$ 17.00
Mammography Digital Screening (with computer assisted detection)	G0202/77051	\$817.00	\$75.00
Mammo Digital Diagnostic (with computer assisted detection)	G0204/77052	\$939.00	\$90.00
Xray Exam of Lower Spine	72100	\$341.00	\$ 21.00
Xray Abdomen Anterior/Posterior View	74000	\$258.00	\$ 17.00
Xray Abdomen Complete	74020	\$318.00	\$ 25.00
Xray Neck & Spine (4 views)	72050	\$453.00	\$ 30.00

Ultrasound Carotid Duplex Scan Bilateral	93880	\$989.00	\$ 67.00
Ultrasound Exam Abdominal Complete	76700	\$792.00	\$ 77.00

### LABORATORY

Venous Specimen Collection Fee	36415	\$29.00	
Basic Metabolic Panel	80048	\$101.00	
Lipid Panel	80061	\$159.00	
Liver Function Profile	80076	\$98.00	
Urinalysis	81001	\$39.00	
Hemoglobin A1C	83036	\$116.00	
Thyroid Stimulating Hormone	84443	\$198.00	
Complete Blood Count with Differential	85027	\$78.00	
Prothrombin Time	85610	\$48.00	
Culture Urine	87086	\$78.00	
Prostate specific antigen (PSA) Total or Screening	G0103/84153	\$171.00	