

## AB 1045 - List of 25 Common Outpatient Procedures for 2022

**Hospital Name: DAMERON HOSPITAL**  
**HCAI Facility No: 106390846**  
**Effective Date of Charges: June 1, 2022**

In response to requests from hospitals and the public, HCAI has developed this form to assist hospitals in collecting and submitting the average charge for 25 common outpatient procedures performed by hospitals, as required by AB 1045 (Chapter 532, Statutes of 2005). **Use of the HCAI form is voluntary**, but highly encouraged, as it allows hospitals to report and the public to compare uniform information regarding common outpatient procedures.

<b>Evaluation &amp; Management Services (CPT Codes 99201-99499)</b>	<b>2022 CPT Code</b>	<b>Average Charge</b>
Emergency Room Visit (low to moderate severity)	99282	\$1,742.00
Emergency Room Visit (moderate severity)	99283	\$2,534.00
Emergency Room Visit (high severity without significant threat)	99284	\$3,746.00
Emergency Room Visit (high severity with significant threat)	99285	\$5,180.00
Outpatient Visit, established patient, 15 minutes	99213	N/A
<b>Laboratory &amp; Pathology Services (CPT Codes 80047-89398)</b>	<b>2022 CPT Code</b>	<b>Average Charge</b>
Basic Metabolic Panel	80048	\$774.00
Blood Gas Analysis, including O <sub>2</sub> saturation	82805	\$1,598.00
Complete Blood Count, automated	85027	\$373.00
Complete Blood Count, with differential WBC, automated	85025	\$403.00
Comprehensive Metabolic Panel	80053	\$958.00
Creatine Kinase (CK), (CPK), Total	82550	\$547.00
Lipid Panel	80061	\$871.00
Partial Thromboplastin Time	85730	\$501.00
Prothrombin Time	85610	\$412.00
Thyroid Stimulating Hormone	84443	\$757.00
Troponin, Quantitative	84484	\$653.00
Urinalysis, without microscopy	81002 or 81003	\$60.00
Urinalysis, with microscopy	81000 or 81001	\$296.00
<b>Radiology Services (CPT Codes 70010-79999)</b>	<b>2022 CPT Code</b>	<b>Average Charge</b>
CT Scan, Abdomen, with contrast	74160	-
CT Scan, Head or Brain, without contrast	70450	\$8,684.00
CT Scan, Pelvis, with contrast	72193	-
Mammography, Screening, Bilateral	77067	N/A
MRI, Brain, without contrast, followed by contrast	70553	\$6,561.00
Ultrasound, Abdomen, Complete	76700	\$3,321.00
Ultrasound, OB, 14 weeks or more, transabdominal	76805	-
X-Ray, Lower Back, minimum four views	72110	\$2,979.00
X-Ray, Chest, two views	71046	\$1,389.00
<b>Medicine Services (CPT Codes 90281-99607)</b>	<b>2022 CPT Code</b>	<b>Average Charge</b>
Cardiac Catheterization, Left Heart, percutaneous	93452	-
Echocardiography, Transthoracic, complete, <b>without Doppler</b>	93307	\$3,076.00
Electrocardiogram, routine, with interpretation and report	93000	N/A
Inhalation Treatment, pressurized or nonpressurized	94640	\$1,246.00
Physical Therapy, Evaluation	97161-97163	\$495.00
Physical Therapy, Gait Training	97116	\$312.00
Physical Therapy, Therapeutic Exercise	97110	\$231.00

