

Sutter Health Plus

Effective for Calendar Year 2015

| CPTs | CPT Descriptions | 2015 Cost Under Deducible (Single Unit) |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------|
| Doctor's Office Visit for a New Patient (Also Urgent Care) | | |
| 99201 | Low-Level Visit | \$99.00 |
| 99202 | Low-to-Moderate-Level Visit | \$167.00 |
| 99203 | Moderate-Level Visit | \$241.00 |
| 99204 | Moderate-to-High-Level Visit | \$364.00 |
| 99205 | High-Level Visit | \$451.00 |
| Doctor's Office Visit for an Established Patient (Also Urgent Care) | | |
| 99211 | Low-Level Visit | \$46.00 |
| 99212 | Low-to-Moderate-Level Visit | \$99.00 |
| 99213 | Moderate-Level Visit | \$163.00 |
| 99214 | Moderate-to-High-Level Visit | \$239.00 |
| 99215 | High-Level Visit | \$318.00 |
| Specialist Consultation | | |
| 99241 | Low-Level Specialist Consultation | \$103.00 |
| 99242 | Low-to-Moderate-Level Specialist Consultation | \$193.00 |
| 99243 | Moderate-Level Specialist Consultation | \$264.00 |
| 99244 | Moderate-to-High-Level Specialist Consultation | \$391.00 |
| 99245 | High-Level Specialist Consultation | \$477.00 |
| Eye Exams | | |
| 92002 | New Patient Intermediate Eye Exam | \$226.00 |
| 92004 | New Patient Comprehensive Eye Exam | \$412.00 |
| 92012 | Established Patient Intermediate Eye Exam | \$238.00 |
| 92014 | Established Patient Comprehensive Eye Exam | \$344.00 |
| 92015 | Eye Refraction for Vision Correction | \$52.00 |
| Physical / Occupational Therapy | | |
| 97001 | Physical therapy evaluation | \$202.00 |
| 97002 | Physical Therapy Re-evaluation | \$114.00 |
| 97003 | Occupational therapy evaluation | \$230.00 |
| 97004 | Occupational Therapy Re-evaluation | \$146.00 |
| 97014 | Electric stimulation therapy, treatment only | \$44.00 |
| 97035 | Physical Therapy Ultrasound, treatment only | \$34.00 |
| 97110 | Physical therapy exercises, treatment only | \$87.00 |
| 97140 | Physical therapy - manual therapy | \$82.00 |
| Allergy Injections | | |
| 95115 | Allergy shot - single injection (does not include antigen serum) | \$26.00 |
| 95117 | Allergy shot - two or more injections (does not include antigen serum) | \$30.00 |
| CT Scans | | |

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|---------------------------------------|----------------------------------------------|------------|
| 70450 | Head CT scan | \$465.00 |
| 70486 | Sinus CT scan | \$644.00 |
| 71250 | Chest CT scan | \$592.00 |
| 71260 | Chest, including dye | \$741.00 |
| 72192 | Pelvis CT Scan | \$488.00 |
| 72193 | Pelvis CT Scan, including dye | \$774.00 |
| 74150 | Abdomen CT Scan | \$498.00 |
| 74160 | Abdomen CT Scan, including dye | \$787.00 |
| 74170 | Abdomen CT Scan with and without dye | \$907.00 |
| 74176 | Abdomen/Pelvis CT | \$641.00 |
| 74177 | Abdomen/Pelvis CT with dye | \$972.00 |
| 74178 | Abdomen/Pelvis CT with and without dye | \$1,139.00 |
| MRIs | | |
| 70551 | Brain MRI without dye | \$1,221.00 |
| 70553 | Brain MRI with and without dye | \$1,594.00 |
| 72141 | Cervical Spine MRI without dye | \$1,078.00 |
| 72148 | Lumbar Spine MRI without dye | \$1,065.00 |
| 72195 | Pelvis MRI | \$1,206.00 |
| 73221 | Upper Extremity Joint MRI without dye | \$783.00 |
| 73721 | Knee MRI without dye | \$783.00 |
| 77059 | Breast MRI with and without dye | \$1,752.00 |
| Pregnancy & Prenatal Tests | | |
| 59025 | Fetal non-stress test | \$130.00 |
| 76801 | Pregnancy ultrasound, first trimester | \$357.00 |
| 76805 | Pregnancy ultrasound, after first trimester | \$418.00 |
| 76815 | Obstetric ultrasound, Limited | \$255.00 |
| 76816 | Obstetric ultrasound - after first trimester | \$334.00 |
| 76817 | Obstetric ultrasound, transvaginal | \$288.00 |
| 81025 | Urine Pregnancy Test | \$10.00 |
| Ultrasounds | | |
| 76645 | Breast ultrasound | \$278.00 |
| 76700 | Abdominal ultrasound | \$397.00 |
| 76705 | Abdominal ultrasound, limited | \$306.00 |
| 76830 | Transvaginal ultrasound | \$209.00 |
| 76856 | Pelvic ultrasound exam, complete | \$352.00 |
| X-rays | | |
| 71010 | Chest x-ray (one views) | \$65.00 |
| 71020 | Chest x-ray (two views) | \$85.00 |
| 72040 | Bronchography | \$101.00 |
| 72050 | Cervical Spine X-ray, minimun 4-5 views | \$137.00 |
| 72100 | Lumbar spine x-ray (two or three views) | \$102.00 |
| 72170 | Pelvis X-ray, AP view only | \$82.00 |
| 73030 | Shoulder x-ray complete | \$87.00 |
| 73080 | Elbow X-ray, complete | \$96.00 |
| 73100 | Wrist X-ray, 2 views | \$91.00 |
| 73110 | Wrist X-ray, complete | \$108.00 |
| 73130 | Hand X-ray, complete | \$93.00 |

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|-------------------------------------------|------------------------------------------------|------------|
| 73140 | Finger X-ray | \$97.00 |
| 73500 | Hip X-ray | \$78.00 |
| 73510 | Hip X-ray, complete | \$112.00 |
| 73550 | Femur X-ray, 2 views | \$81.00 |
| 73560 | Knee X-ray one or two views | \$88.00 |
| 73562 | Knee X-ray 3 views | \$108.00 |
| 73564 | Knee X-ray, complete, 4+ views | \$126.00 |
| 73565 | Knee X-ray, bilateral | \$103.00 |
| 73610 | Ankle X-ray (3+ views) | \$96.00 |
| 73630 | Foot X-ray (complete) | \$90.00 |
| 73660 | Toe X-ray, minimum 2 views | \$88.00 |
| 74000 | Abdomen | \$68.00 |
| 77080 | Bone density scan (dexa scan) | \$140.00 |
| Other Radiology/Diagnostic Imaging | | |
| G0202 | Digital Mammogram, screening | \$385.00 |
| G0204 | Digital Mammogram, bilateral | \$469.00 |
| G0206 | Digital Mammogram, unilateral | \$370.00 |
| 78452 | Radiologic Stress Test | \$1,404.00 |
| 92551 | Tone Screening Test | \$35.00 |
| 92557 | Auditory Threshold Evaluation | \$101.00 |
| 92567 | Tympanometry | \$39.00 |
| 93000 | Electrocardiogram (ECG) | \$50.00 |
| 93015 | Cardiac Stress Test, complete | \$219.00 |
| 93306 | Stress Test w/Doppler, complete | \$525.00 |
| 93320 | Echocardiogram, doppler | \$124.00 |
| 93325 | Doppler Color Flow, add-on | \$55.00 |
| 93351 | Stress Test w/ Echocardiogram, real-time image | \$648.00 |
| 93880 | Duplex Scan of Extracranial Arteries | \$684.00 |
| 94010 | Spirometry | \$104.00 |
| Lab Testing | | |
| 80048 | Basic Metabolic Panel | \$35.00 |
| 80053 | Comprehensive Metabolic Panel | \$44.00 |
| 80061 | Lipid Panel | \$55.00 |
| 80069 | Renal Function Panel | \$36.00 |
| 80074 | Acute Hepatitis Panel | \$196.00 |
| 80076 | Hepatic Function Panel | \$34.00 |
| 81000 | Urinalysis Manual with Micro Exam | \$13.00 |
| 81001 | Urinalysis Automated with Micro Exam | \$13.00 |
| 81002 | Urinalysis, Dipstick Only | \$11.00 |
| 81015 | Urine Test, microanalysis only | \$13.00 |
| 82105 | Alpha-Fetoprotein-Serum | \$69.00 |
| 82150 | Amylase Test, serum | \$27.00 |
| 82247 | Bilirubin Test, total | \$21.00 |
| 82310 | Assay of Calcium | \$21.00 |
| 82378 | Carcinoembryonic Antigen | \$78.00 |
| 82465 | Total Cholesterol Test | \$18.00 |
| 82533 | Cortisol, total | \$67.00 |

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|-------|-------------------------------------------|----------|
| 82550 | Creatine Kinase | \$27.00 |
| 82565 | Creatinine | \$21.00 |
| 82607 | Vitamin B-12 | \$62.00 |
| 82627 | Dehydropiandrosterone Sulfate | \$92.00 |
| 82728 | Assay of Ferritin | \$56.00 |
| 82746 | Blood Folic Acid Serum | \$61.00 |
| 82785 | Gammaglobulin IgE | \$68.00 |
| 82947 | Glucose | \$16.00 |
| 82962 | Blood Sugar Test, monitoring | \$10.00 |
| 82977 | Gamma Glutamyltransferase | \$30.00 |
| 83036 | Hemoglobin A1c | \$40.00 |
| 83525 | Insulin, total | \$47.00 |
| 83540 | Assay of Iron | \$27.00 |
| 83615 | Lactate Dehydrogenase | \$25.00 |
| 83690 | Lipase | \$28.00 |
| 83721 | Low-density Lipoprotein Cholesterol | \$39.00 |
| 83735 | Assay of Magnesium | \$28.00 |
| 83970 | Parathyroid Hormone, intact | \$170.00 |
| 84075 | Alkaline Phosphatase, serum | \$21.00 |
| 84100 | Assay of Phosphorus | \$20.00 |
| 84132 | Potassium Test | \$19.00 |
| 84146 | Prolactin | \$80.00 |
| 84153 | Prostate-Specific Antigen (PSA) | \$76.00 |
| 84156 | Total Protein, urine | \$15.00 |
| 84165 | Protein Electrophoresis, serum | \$44.00 |
| 84295 | Sodium, serum | \$20.00 |
| 84403 | Assay of Testosterone, total | \$106.00 |
| 84436 | Assay of Thyroxine, total | \$28.00 |
| 84439 | Thyroxine | \$37.00 |
| 84443 | Thyroid Stimulating Hormone | \$69.00 |
| 84450 | Transferase Aspartate Amino (AST) | \$21.00 |
| 84460 | Transferase Alanine Amino (ALT) | \$22.00 |
| 84478 | Triglycerides | \$24.00 |
| 84480 | Assay Triiodothyronine, total | \$58.00 |
| 84481 | Triiodothyronine, free | \$70.00 |
| 84520 | Assay of Urea Nitrogen | \$16.00 |
| 84550 | Uric Acid | \$19.00 |
| 84702 | Chorionic Gonadotropin (hCG) Quantitative | \$62.00 |
| 85018 | Hemoglobin | \$10.00 |
| 85025 | Complete Blood Count | \$32.00 |
| 85610 | Prothrombin Time | \$16.00 |
| 85651 | Sedimentation Rate | \$15.00 |
| 86003 | Allergen-specific IgE Antibody Test | \$22.00 |
| 86038 | Antinuclear Antibodies, direct | \$50.00 |
| 86140 | C-Reactive Protein | \$21.00 |
| 86141 | High Sensitivity C-Reactive Protein | \$53.00 |
| 86376 | Thyroid Peroxidase Antibody | \$60.00 |

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|--------------------------|------------------------------------------------|----------|
| 86431 | Reheumatoid Arthritis Factor | \$23.00 |
| 86592 | Blood Serology (RPR), Qualitative | \$18.00 |
| 86695 | Herpes Simplex Type 1 Antibody | \$54.00 |
| 86696 | Herpes Simplex Type 2 Antibody | \$80.00 |
| 86703 | HIV-1/HIV-2 Single Assay | \$57.00 |
| 86706 | Hepatitis B Surface Antibody | \$44.00 |
| 86787 | Varicella-Zoster Antibody | \$53.00 |
| 86800 | Thyroglobulin Antibody | \$66.00 |
| 86803 | Hepatitis C Antibody | \$59.00 |
| 86900 | ABO Blood Typing | \$12.00 |
| 86901 | RH (D) Blood Typing | \$12.00 |
| 87340 | Hepatitis B Surface Antigen | \$43.00 |
| 87491 | Chlamydia Amplified Probe | \$145.00 |
| 87522 | Hepatitis C RNA by PCR Quant | \$177.00 |
| 87591 | Gonorrhea Amplified Probe | \$145.00 |
| 87621 | Papilloma Virus Amplified Probe (HPV) | \$145.00 |
| 87804 | Influenza - Rapid | \$38.00 |
| 87880 | Strep Group A - Rapid | \$38.00 |
| 88142 | Pap Smear | \$84.00 |
| Office Procedures | | |
| 10060 | Incision and Drainage | \$321.00 |
| 11100 | Skin Biopsy - 1 lesion | \$291.00 |
| 17000 | Skin Lesion Destruction - 1 lesion | \$228.00 |
| 20550 | Injection, tendon | \$157.00 |
| 20600 | Injection/Aspiration, small joint/bursa | \$127.00 |
| 20605 | Injection/Aspiration, intermediate joint/bursa | \$174.00 |
| 20610 | Arthrocentesis | \$161.00 |
| 29075 | Apply Short-Arm Cast | \$242.00 |
| 30901 | Control Nosebleed, simple | \$264.00 |
| 69210 | Impacted Cerumen Removal | \$143.00 |
| 94060 | Bronchodilation | \$179.00 |
| 94640 | Inhalation Treatment | \$54.00 |

Estimated cost above represents the fee for a single unit of service provided by a Sutter Medical Foundation / SMG, Sutter Gould / GMG, or Sutter Pacific Medical Foundation / SMGR physician. Similar services provided at a hospital or by a physician from a different medical group or IPA will vary.

The amount you are charged for a service will vary depending on your plan coverage and if you have reached your deductible or out-of-pocket maximum.