## **Sutter Health Plus Estimated Cost Sheet**

Effective for Calendar Year 2017

Doctor's Office Visit for a New Patient (Also Urgent Care)   Subject to Deductible	CPT	Description	2017 Cost
99202		Doctor's Office Visit for a New Patient (Also Urgent Care)	Subject to Deductible
99203         Moderate to high-level visit         \$241.00           99204         Moderate to high-level visit         \$364.00           99205         High-level visit         \$451.00           99211         Low-level visit         \$46.00           99212         Low to moderate-level visit         \$99.00           99213         Moderate high-level visit         \$299.00           99214         Moderate high-level visit         \$318.00           Physical Therapy         \$318.00           97010         Physical therapy evaluation         \$202.00           97140         Physical therapy evaluation         \$202.00           97110         Physical therapy exercises, treatment only         \$44.00           97110         Physical therapy exercises, treatment only         \$87.00           Malergy Injections         \$30.00           Septions         \$30.00           CT Scans         \$30.00           CT Scans         \$741.00           71260         Chest, including dye         \$741.00           70450         Head CT scan         \$465.00           70486         Sinus CT scan         \$644.00           71250         Chest CT scan         \$592.00           73721         Kne			
99204   Moderate to high-level visit   \$364.00   99205   High-level visit   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$451.00   \$46.00   \$451.00			
99205   High-level visit   \$451.00	99203	Moderate-level visit	\$241.00
Doctor's Office Visit for an Established Patient (Also Urgent Care)	99204	Moderate to high-level visit	\$364.00
99211         Low-level visit         \$99.00           99212         Low to moderate-level visit         \$99.00           99214         Moderate-level visit         \$163.00           99215         High-level visit         \$239.00           99216         High-level visit         \$318.00           Physical Therapy           97010         Physical therapy valuation         \$202.00           97140         Physical therapy manual therapy         \$82.00           97014         Electric stimulation therapy, treatment only         \$44.00           97110         Physical therapy exercises, treatment only         \$87.00           Allergy Injections           48117         Allergy shot, single injection         \$26.00           95117         Allergy shot, single injection         \$26.00           95117         Allergy shot, two or more injections         \$30.00           CT Scans           71260         Chest, including dye         \$741.00           70450         Head CT scan         \$645.00           70488         Sinus CT scan         \$644.00           71250         Chest CT scan         \$582.00           73721         Knee MRI, without contrast         \$783.00	99205	High-level visit	\$451.00
99212         Low to moderate-level visit         \$193.00           99213         Moderate-level visit         \$163.00           99215         High-level visit         \$239.00           99215         High-level visit         \$318.00           Physical Therapy           97001         Physical therapy evaluation         \$202.00           97140         Physical therapy manual therapy         \$82.00           97141         Electric stimulation therapy, treatment only         \$44.00           97114         Physical therapy exercises, treatment only         \$44.00           97110         Physical therapy exercises, treatment only         \$87.00           Allergy shot, single injection         \$26.00           95115         Allergy shot, single injection         \$26.00           OCTescans           CT Scans           71260         Chest, including dye         \$741.00           CT Scans         \$445.00           71250         Chest CT scan         \$644.00           71250         Chest CT scan         \$592.00           74176         Abdomen/pelvis CT without contrast         \$783.00           Tespancy and Prenatal Tests			

Estimated cost represents the fee for a single unit of service provided by:

- Palo Alto Medical Foundation Palo Alto Medical Group
- Sutter Gould Medical Foundation Sutter Gould Medical Group
- Sutter Medical Foundation Sutter Medical Group
- Sutter Pacific Medical Foundation Sutter Medical Group of the Redwoods

• Sutter East Bay Medical Foundation East Bay Physicians Medical Group

