

## AB 1045 - List of 25 Common Outpatient Procedures for 2020



**Hospital Name: Cedars Sinai Medical Center**

**OSHPD Facility No: 050265**

**Effective Date of Charges: July 1, 2020**

In response to requests from hospitals and the public, OSHPD 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 OSHPD 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>2020 CPT Code</b>	<b>Average Charge</b>
Emergency Room Visit, Level 2 (low to moderate severity)	99282	\$4,019.18
Emergency Room Visit, Level 3 (moderate severity)	99283	\$6,183.35
Emergency Room Visit, Level 4 (high severity)	99284	\$8,833.35
Outpatient Visit, established patient, 15 minutes	99213	\$386.71
<b>Laboratory &amp; Pathology Services (CPT Codes 80047-89398)</b>	<b>2020 CPT Code</b>	<b>Average Charge</b>
Basic Metabolic Panel	80048	\$826.55
Blood Gas Analysis, including O2 saturation	82805	n/a
Complete Blood Count, automated	85027	\$367.80
Complete Blood Count, with differential WBC, automated	85025	\$673.43
Comprehensive Metabolic Panel	80053	\$1,422.78
Creatine Kinase (CK), (CPK), Total	82550	\$577.77
Lipid Panel	80061	\$797.52
Partial Thromboplastin Time	85730	\$320.96
Prothrombin Time	85610	\$426.78
Thyroid Stimulating Hormone	84443	\$341.05
Troponin, Quantitative	84484	\$318.92
Urinalysis, without microscopy	<b>81002</b> or 81003	\$271.79
Urinalysis, with microscopy	81000 or <b>81001</b>	\$328.30
<b>Radiology Services (CPT Codes 70010-79999)</b>	<b>2020 CPT Code</b>	<b>Average Charge</b>
CT Scan, Abdomen, with contrast	74160	\$6,160.31
CT Scan, Head or Brain, without contrast	70450	\$5,104.69
CT Scan, Pelvis, with contrast	72193	\$6,160.31
Mammography, Screening, Bilateral	77067	\$1,296.83
MRI, Head or Brain, without contrast, followed by contrast	70553	\$11,796.13
Ultrasound, Abdomen, Complete	76700	\$2,761.44
Ultrasound, OB, 14 weeks or more, transabdominal	76805	\$2,229.22
X-Ray, Lower Back, four views	72110	\$1,616.59
X-Ray, Chest, two views	71046	\$1,058.17
<b>Medicine Services (CPT Codes 90281-99607)</b>	<b>2020 CPT Code</b>	<b>Average Charge</b>
Cardiac Catheterization, Left Heart, percutaneous	93452	\$28,280.97
Echocardiography, complete	93307	\$4,603.72
Electrocardiogram, routine, with interpretation and report	93000	n/a
Inhalation Treatment, pressurized or nonpressurized	94640	\$491.23
Physical Therapy, Evaluation	97161	\$834.56
Physical Therapy, Gait Training	97116	\$416.06
Physical Therapy, Therapeutic Exercise	97110	\$391.90

