AB 1045 - List of 25 Common Outpatient Procedures for 2019

Hospital Name: UC Davis Medical Center

OSHPD Facility No: 106341006

Effective Date of Charges: June 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.

Emergency Room Visit, Level 2 (low to moderate severity) 99282 Emergency Room Visit, Level 3 (moderate severity) 99283 \$4,134.62 Emergency Room Visit, Level 4 (high severity without signigicant threat 99284 \$8,600.86 Emergency Room Visit, Level 4 (high severity with significant threat) 99285 99285 Outpatient Visit, established patient, 15 minutes 99213 \$230.21 Laboratory & Pathology Services (CPT Codes 80047-89398) 2020 CPT Code Average Charge Basic Metabolic Panel 80048 \$103.08 Blood Gas Analysis, including 02 saturation 82805 Complete Blood Count, automated 85027 \$45.57 Complete Blood Count, with differential WBC, automated 85025 \$51.00 Comprehensive Metabolic Panel 80063 \$113.93 Creatine Kinase (CK), (CPK), Total 82550 Lipid Panel 80061 \$113.93 Partial Thromboplastin Time 85730 \$95.48 Prothrombin Time 85610 \$57.51 Thyroid Stimulating Hormone 84443 \$88.36 Troponin, Quantitative 84484 \$72.70	Evaluation & Management Services (CPT Codes 99201-99499)	2020 CBT Code	Avorago Chargo
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Urinalysis, with microscopy 81000 or 81001 \$23.87 Radiology Services (CPT Codes 70010-79999) 2020 CPT Code Average Charge CT Scan, Abdomen, with contrast 74160 CT Scan, Head or Brain, without contrast 70450 \$2,289.37 CT Scan, Pelvis, with contrast 72193 \$5,510.78 Mammography, Screening, Bilateral 77067 MRI, Brain, without contrast, followed by contrast 70553 \$6,288.51 Ultrasound, Abdomen, Complete 76700 \$1,782.08 Ultrasound, OB, 14 weeks or more, transabdominal 76805 \$1,153.95 X-Ray, Lower Back, minimum four views 72110 \$1,061.67 X-Ray, Chest, two views 71046 \$737.57 Medicine Services (CPT Codes 90281-99607) 2020 CPT Code Average Charge Cardiac Catheterization, Left Heart, percutaneous 93452 Echocardiography, Transthoracic, complete, without Doppler 93307 Electrocardiogram, routine, with interpretation and report 93000 Inhalation Treatment, pressurized or nonpressurized 94640 \$393.06 Physical Therapy, Evaluation 97116 \$322.54	Troponin, Quantitative	84484	\$72.70
Radiology Services (CPT Codes 70010-79999)2020 CPT CodeAverage ChargeCT Scan, Abdomen, with contrast74160CT Scan, Head or Brain, without contrast70450\$2,289.37CT Scan, Pelvis, with contrast72193\$5,510.78Mammography, Screening, Bilateral77067MRI, Brain, without contrast, followed by contrast70553\$6,288.51Ultrasound, Abdomen, Complete76700\$1,782.08Ultrasound, OB, 14 weeks or more, transabdominal76805\$1,153.95X-Ray, Lower Back, minimum four views72110\$1,061.67X-Ray, Chest, two views71046\$737.57Medicine Services (CPT Codes 90281-99607)2020 CPT CodeAverage ChargeCardiac Catheterization, Left Heart, percutaneous93452Echocardiography, Transthoracic, complete, without Doppler93307Electrocardiogram, routine, with interpretation and report93000Inhalation Treatment, pressurized or nonpressurized94640\$393.06Physical Therapy, Evaluation97161-97163\$386.83Physical Therapy, Gait Training97116\$322.54	Urinalysis, without microscopy	81002 or 81003	\$55.34
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CT Scan, Head or Brain, without contrast CT Scan, Pelvis, with contrast Mammography, Screening, Bilateral MRI, Brain, without contrast, followed by contrast Ultrasound, Abdomen, Complete 76700 S1,782.08 Ultrasound, OB, 14 weeks or more, transabdominal X-Ray, Lower Back, minimum four views 71046 X-Ray, Chest, two views 71046 \$737.57 Medicine Services (CPT Codes 90281-99607) Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Gait Training 97116 \$322.54	Radiology Services (CPT Codes 70010-79999)	2020 CPT Code	Average Charge
CT Scan, Pelvis, with contrast Mammography, Screening, Bilateral MRI, Brain, without contrast, followed by contrast Ultrasound, Abdomen, Complete 76700 \$1,782.08 Ultrasound, OB, 14 weeks or more, transabdominal X-Ray, Lower Back, minimum four views 72110 \$1,061.67 X-Ray, Chest, two views Medicine Services (CPT Codes 90281-99607) Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Gait Training \$5,510.78 72193 \$5,510.78 77067 78700 \$1,782.08 76700 \$1,153.95 \$1,153.95 \$72110 \$1,061.67 \$737.57 Average Charge Average Charge 93452 Echocardiography, Transthoracic, complete, without Doppler 93307 Electrocardiogram, routine, with interpretation and report 93000 Inhalation Treatment, pressurized or nonpressurized 94640 \$393.06 Physical Therapy, Gait Training 97116 \$322.54	CT Scan, Abdomen, with contrast	74160	
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MRI, Brain, without contrast, followed by contrast Ultrasound, Abdomen, Complete 76700 \$1,782.08 Ultrasound, OB, 14 weeks or more, transabdominal X-Ray, Lower Back, minimum four views 72110 \$1,061.67 X-Ray, Chest, two views 71046 \$737.57 Medicine Services (CPT Codes 90281-99607) Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Evaluation Physical Therapy, Gait Training \$322.54	CT Scan, Pelvis, with contrast	72193	\$5,510.78
Ultrasound, Abdomen, Complete Ultrasound, OB, 14 weeks or more, transabdominal X-Ray, Lower Back, minimum four views X-Ray, Chest, two views 71046 X-Ray, Ch	Mammography, Screening, Bilateral	77067	
Ultrasound, OB, 14 weeks or more, transabdominal 76805 \$1,153.95 X-Ray, Lower Back, minimum four views 72110 \$1,061.67 X-Ray, Chest, two views 71046 \$737.57 Medicine Services (CPT Codes 90281-99607) 2020 CPT Code Average Charge Cardiac Catheterization, Left Heart, percutaneous 93452 Echocardiography, Transthoracic, complete, without Doppler 93307 Electrocardiogram, routine, with interpretation and report 93000 Inhalation Treatment, pressurized or nonpressurized 94640 \$393.06 Physical Therapy, Evaluation 97161-97163 \$386.83 Physical Therapy, Gait Training 97116 \$322.54	MRI, Brain, without contrast, followed by contrast	70553	\$6,288.51
X-Ray, Lower Back, minimum four views 72110 \$1,061.67 X-Ray, Chest, two views 71046 \$737.57 Medicine Services (CPT Codes 90281-99607) Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Evaluation Physical Therapy, Gait Training 97116 \$322.54	Ultrasound, Abdomen, Complete	76700	\$1,782.08
X-Ray, Chest, two views Medicine Services (CPT Codes 90281-99607) Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Evaluation Physical Therapy, Gait Training 71046 \$737.57 Average Charge 93452 93307 93000 \$3900 \$393.06 \$393.06 \$393.06 \$393.06 \$393.06 \$393.06 \$393.06 \$393.06	Ultrasound, OB, 14 weeks or more, transabdominal	76805	\$1,153.95
Medicine Services (CPT Codes 90281-99607)2020 CPT CodeAverage ChargeCardiac Catheterization, Left Heart, percutaneous93452Echocardiography, Transthoracic, complete, without Doppler93307Electrocardiogram, routine, with interpretation and report93000Inhalation Treatment, pressurized or nonpressurized94640\$393.06Physical Therapy, Evaluation97161-97163\$386.83Physical Therapy, Gait Training97116\$322.54	X-Ray, Lower Back, minimum four views	72110	\$1,061.67
Cardiac Catheterization, Left Heart, percutaneous Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized Physical Therapy, Evaluation Physical Therapy, Gait Training 93452 93307 93000 \$393.06	X-Ray, Chest, two views	71046	\$737.57
Echocardiography, Transthoracic, complete, without Doppler Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized 94640 \$393.06 Physical Therapy, Evaluation 97161-97163 \$386.83 Physical Therapy, Gait Training 97116 \$322.54	Medicine Services (CPT Codes 90281-99607)	2020 CPT Code	Average Charge
Electrocardiogram, routine, with interpretation and report Inhalation Treatment, pressurized or nonpressurized 94640 \$393.06 Physical Therapy, Evaluation 97161-97163 \$386.83 Physical Therapy, Gait Training 97116 \$322.54	Cardiac Catheterization, Left Heart, percutaneous	93452	
Inhalation Treatment, pressurized or nonpressurized94640\$393.06Physical Therapy, Evaluation97161-97163\$386.83Physical Therapy, Gait Training97116\$322.54	Echocardiography, Transthoracic, complete, without Doppler	93307	
Inhalation Treatment, pressurized or nonpressurized94640\$393.06Physical Therapy, Evaluation97161-97163\$386.83Physical Therapy, Gait Training97116\$322.54	Electrocardiogram, routine, with interpretation and report	93000	
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AB 1045 - List of 25 Common Outpatient Procedures for 2019

Hospital Name: UC Davis Medical Center

OSHPD Facility No: 106341006

Effective Date of Charges: June 1, 2020

Surgery Services (CPT Codes 10021-69990)	2020 CPT Code	Average Charge
Arthroscopy, Knee, with meniscectomy (medial or lateral)	29881	
Arthroscopy, Shoulder, with partial acromioplasty	29826	
Carpal Tunnel Surgery	64721	
Cataract Removal with Insertion of Intraocular Lens, 1 Stage	66984	
Colonoscopy, diagnostic	45378	
Colonoscopy, with biopsy	45380	
Colonoscopy, with lesion removal, by snare technique	45385	
Discission, secondary membranous cataract, laser surgery	66821	
Endoscopy, Upper GI, with biopsy	43239	
Endoscopy, Upper GI, diagnostic	43235	
Excision, Breast Lesion, without preoperative radiological marker	19120	
Hernia Repair, Inguinal, 5 years and older	49505	
Injection, Diagnostic or Therapeutic substance, epidural, lumbar	62322-62323	
Injection, Anesthetic or Steroid, transforaminal epidural, lumbar	64483	
Laparoscopic Cholecystectomy	47562	
Tympanostomy (insert ventilating tube, general anesthesia)	69436	
Tonsillectomy with Adenoidectomy, less than 12 years old	42820	
Other Common Outpatient Procedures (list as needed)	2020 CPT Code	Average Charge
Screening mammography digital	77067	\$481.67

Count of Reported Procedures (minimum 25 required)

Instructions for Completing AB 1045 Common Outpatient Procedure Form

1. Enter Hospital Name and OSHPD Facility Number. Revise Effective Date of Charges, if necessary.

- 2. Enter Average Charge for at least 25 commonly performed outpatient procedures. For Evaluation & Management Services, do not include related ancillary charges. For all other procedures, include related ancillary charges.
 - **NOTE**: The CPT codes are included on this form to help identify the listed procedures based on the frequencies across hospital-based ambulatory surgery data. The average charge for all related services and procedures (e.g., supplies, drugs, lab, use of operating room, etc.) should be included in the average charge for that procedure.
- 3. Do not change procedure descriptions or CPT code references. Use "Other Common Outpatient Procedures" (rows 62-71) if you are unable to select procedures from list.
- 4. Submit completed form as Excel (.xls) file, along with chargemaster and percent change in gross revenue calculation, by e-mail to chargemaster@oshpd.ca.gov or by standard mail on CD.

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