

**List of 25 Common
Outpatient Procedures for 2024**

Hospital Name: Surprise Valley Health Care District

HCAI Facility No: 1D6250955

Effective Date of Charges:

4/1/2025

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.

Evaluation & Management Services (CPT Codes 99201-99499)	2024 CPT Code	Average Charge
Emergency Room Visit (straightforward)	99282	199.00
Emergency Room Visit (low level)	99283	542.00
Emergency Room Visit (moderate level)	99284	857.00
Emergency Room Visit (high level)	99285	1484.00
Outpatient Visit, established patient, 20+ minutes	99213	277.00
Laboratory & Pathology Services (CPT Codes 80047-89398)	2024 CPT Code	Average Charge
Basic Metabolic Panel	80048	251.33
Blood Gas Analysis, including O ₂ saturation	82805	673.62
Complete Blood Count, automated	85027	123.48
Complete Blood Count, with differential WBC, automated	85025	123.48
Comprehensive Metabolic Panel	80053	264.44
Creatine Kinase (CK), (CPK), Total	82550	98.34
Lipid Panel	80061	161.72
Partial Thromboplastin Time	85730	129.00
Prothrombin Time	85610	
Thyroid Stimulating Hormone	84443	162.81
Troponin, Quantitative	84484	189.00
Urinalysis, without microscopy	81002 or 81003	52.50
Urinalysis, with microscopy	81000 or 81001	75.40
Radiology Services (CPT Codes 70010-79999)	2024 CPT Code	Average Charge
CT Scan, Abdomen, with contrast	74160	1261.00
CT Scan, Head or Brain, without contrast	70450	1606.00
CT Scan, Pelvis, with contrast	72193	1239.00
Mammography, Screening, Bilateral	77067	
MRI, Brain, without contrast, followed by contrast	70653	
Ultrasound, Abdomen, Complete	76700	
Ultrasound, OB, 14 weeks or more, transabdominal	76805	
X-Ray, Lower Back, minimum four views	72110	259.00
X-Ray, Chest, two views	71046	181.00
Medicine Services (CPT Codes 90281-99607)	2023 CPT Code	Average Charge
Cardiac Catheterization, Left Heart, percutaneous	98452	
Echocardiography, Transthoracic, complete, without Doppler	93307	
Electrocardiogram, routine, with interpretation and report	93000	
Inhalation Treatment, pressurized or nonpressurized	94640	
Physical Therapy, Evaluation	97161-97163	
Physical Therapy, Gait Training	97116	113.00
Physical Therapy, Therapeutic Exercise	97110	129.00

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Surgery Services (CPT Codes 10021-69990)	2024 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)	2024 CPT Code	Average Charge
Hemoglobin A1C	83036	97.25
PSA	84153	145.33
Count of Reported Procedures (minimum 25 required)		0
Instructions for Completing AB 1045 Common Outpatient Procedure Form		
1. Enter Hospital Name and HCAI 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@hcrai.ca.gov or by standard mail on CD.		