

ESTIMATED COST SHEET

Effective for Calendar Year 2019

CPT	CPT Descriptions	2019 Cost Under Deductible (Single Unit)
Doctor's Office Visit for a New Patient (Also Urgent Care)		
99201	Low-level visit	\$104
99202	Low-to-moderate-level visit	\$175
99203	Moderate-level visit	\$253
99204	Moderate-to-high-level visit	\$383
99205	High-level visit	\$474
Doctor's Office Visit for an Established Patient (Also Urgent Care)		
99211	Low-level visit	\$49
99212	Low-to-moderate-level visit	\$104
99213	Moderate-level visit	\$171
99214	Moderate-to-high-level visit	\$251
99215	High-level visit	\$335
Allergy Injections		
95115	Allergy shot, single injection	\$28
95117	Allergy shot, two or more injections	\$32
CT Scans		
70450	Head CT scan	\$489
70486	Sinus CT scan	\$676
71250	Chest CT scan	\$622
71260	Chest CT scan, including dye	\$778
74176	Abdomen/pelvis CT without contrast	\$673
74177	Abdomen/pelvic CT scan, including dye	\$1,020
MRIs (Without Contrast)		
70551	Brain MRI without dye	\$1,282
70553	Brain MRI with and without dye	\$1,673
72148	Lumbar Spine MRI	\$1,118
73721	Knee MRI	\$822
Pregnancy and Prenatal Tests		
59025	Fetal non-stress test	\$137
76801	Pregnancy ultrasound, first trimester	\$374
76805	Pregnancy ultrasound, after first trimester	\$439
76815	Obstetric ultrasound, limited	\$267
76816	Obstetric ultrasound, after first trimester	\$351
76817	Obstetric ultrasound, transvaginal	\$302
Ultrasounds		
76700	Abdominal ultrasound	\$417
Colonoscopy*		
45378	Diagnostic colonoscopy	\$1,166
45380	Diagnostic colonoscopy with biopsy	\$1,391
X-rays		
72100	Lumbar spine X-ray, two or three views	\$107
73030	Shoulder X-ray, complete	\$92
73110	Wrist X-ray, complete	\$114
73130	Hand X-ray, complete	\$98
73140	Finger X-ray	\$102
73560	Knee X-ray, one or two views	\$93
73562	Knee X-ray, three views	\$113
73564	Knee X-ray, complete four+ views	\$132
73610	Ankle X-ray, three+ views	\$101
73630	Foot X-ray, complete	\$95
77080	Bone density scan, dexa scan	\$147

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

*Colonoscopy Prices listed are for the Professional services provided. The separate price for the facility is not included and may vary by location.