

2016 Outpatient Procedures and Ancillary Services

Top Outpatient CPT Codes

CPT Code	Description	Alice Peck Day Memorial Hospital	Androscoggin Valley Hospital	Catholic Medical Center	Cheshire Medical Center	Concord Hospital	Cottage Memorial Hospital	Dartmouth Hitchcock Medical Center	Elliot Hospital
19120	EXCIS BREAST LESION OPEN	N/A	\$5,050	N/A	\$8,859	\$7,222	\$6,800	\$9,500	\$5,800
19301	MASTECTOMY PARTIAL	N/A	\$12,182	N/A	\$15,400	\$17,075	\$6,800	\$14,000	\$9,200
29826	ARTHROSCOPY SHOULDER DECOM	\$22,386	\$18,968	N/A	\$18,288	\$16,330	N/A	\$16,700	\$12,050
29877	ARTHROSCOPY KNEE DEBRIDEM	N/A	\$7,705	N/A	\$9,847	N/A	N/A	\$8,700	\$6,700
36415	ROUTINE VENIPUNCTURE	\$24	\$16	\$26	\$15	\$28	\$15	\$23	\$15
42820	TONSILLECTOMY&ADNOIDECTOMY:UNDER AGE 12	N/A	\$10,220	N/A	\$10,015	\$12,125	N/A	\$8,400	\$5,100
43239	UPPER GI ENDOSCOPY, BIOPSY	\$3,062	\$4,743	\$4,730	\$4,686	\$6,340	\$5,100	\$5,600	\$2,100
45378	DIAGNOSTIC COLONOSCOPY	\$1,656	\$5,302	\$3,706	\$3,430	\$4,112	\$3,800	\$4,400	\$2,472
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$12,347	\$14,078	\$22,000	\$13,299	\$23,067	\$12,700	\$22,000	\$5,600
49505	REPAIR INITIAL INGUINAL HERNIA >=5 YRS OLD	\$7,756	\$7,145	\$16,813	\$10,717	\$16,551	N/A	\$14,000	\$5,000
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	N/A	\$10,500	\$29,367	\$15,212	\$25,628	N/A	\$13,000	\$8,653
52601	ELECTROSURGICAL PROSTATE POST OP	N/A	\$12,900	\$16,950	\$12,388	\$19,229	N/A	\$16,500	\$18,200
58563	HYSTEROSCOPY, SURGICAL	\$9,681	\$9,357	\$15,154	\$9,231	\$15,596	N/A	\$9,900	\$9,935
59020	FETAL STRESS TEST - DELIVERY STRESS TEST	N/A	\$251	N/A	\$458	\$856	N/A	\$435	\$374
59025	FETAL STRESS TEST - DELIVERY NON-STRESS TEST	\$259	\$251	\$246	\$297	\$568	N/A	\$435	\$250
66984	EXTRACAPSULAR CATARACT EXTRACTION WITH LENS	N/A	\$4,780	N/A	\$7,285	N/A	N/A	\$6,300	N/A
70450	CT BRAIN - W/OUT CONTRAST	\$850	\$1,007	\$1,165	\$1,197	\$2,397	\$1,772	\$2,339	\$1,600
70486	CT SINUSES-LTD - W/OUT CONTRAST	\$1,200	\$1,007	\$1,411	\$1,477	\$2,563	\$1,772	\$2,310	\$1,500
70551	MRI BRAIN - W/OUT CONTRAST	\$1,900	\$1,962	\$2,578	\$3,117	\$4,083	\$2,768	\$3,935	\$3,230
71020	CHEST X-RAY (PA - LAT)	\$200	\$267	\$258	\$347	\$384	\$321	\$406	\$347
72100	SPINE X-RAY (LUMBAR PA-LAT)	\$350	\$267	\$319	\$407	\$562	\$326	\$707	\$440
72141	MRI CERVICAL SPINE - W/OUT CONTRAST	\$2,000	\$1,962	\$2,578	\$3,117	\$4,083	\$2,600	\$3,955	\$2,856
72193	CT PELVIS - W/CONTRAST	\$1,516	\$1,723	\$1,841	\$1,757	\$3,338	\$2,229	\$2,026	\$1,900
73610	ANKLE X-RAY (3+ Views)	\$284	\$267	\$258	\$352	\$444	\$376	\$451	\$353
73630	FOOT X-RAY (3+ views)	\$256	\$267	\$258	\$346	\$444	\$326	\$416	\$358
74160	CT ABDOMEN ONLY W/CONTRAST	\$1,500	\$1,723	\$2,435	\$2,343	\$3,149	\$2,229	\$3,380	\$2,000
76700	ABDOMEN COMPLETE	\$632	\$577	\$647	\$867	\$1,281	\$937	\$1,037	\$1,008
76805	PREGNANCY US - AFTER 1 TRIMESTER	\$450	\$577	\$653	\$631	\$1,153	\$236	\$882	\$924
76815	PREGNANCY US - AFTER 1ST TRIMESTER - LIMITED	\$583	N/A	\$472	\$379	\$792	\$152	\$487	\$577
76830	VAGINAL ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$490	\$577	\$490	\$695	\$945	\$419	\$640	\$784
76856	PELVIC ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$590	\$577	\$490	\$843	\$1,034	\$415	\$722	\$784
77057	SCREENING MAMMOGRAM	\$410	\$802	N/A	\$428	N/A	\$218	\$281	N/A
77080	DEXA SCAN (Axial Skeleton)	\$425	\$429	\$368	\$565	N/A	\$696	\$645	\$672
80048	BASIC METABOLIC PANEL	\$80	\$63	\$61	\$153	\$84	\$122	\$46	\$71
80053	COMPREHEN METABOLIC PANEL	\$95	\$76	\$76	\$259	\$100	\$212	\$57	\$81
80061	LIPID PANEL	\$137	\$98	\$117	\$199	\$110	\$123	\$90	\$102
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$67	\$71	\$25	\$122	\$97	\$134	\$104	\$75
84153	ASSAY OF PSA, TOTAL	\$143	\$106	\$132	\$153	\$153	\$125	\$107	\$145
84443	ASSAY THYROID STIM HORMONE (TSH)	\$203	\$123	\$146	\$214	\$142	\$105	\$90	\$125
85025	COMPLETE CBC W/AUTO DIFF WBC	\$72	\$57	\$72	\$115	\$94	\$59	\$67	\$76
85610	PROTHROMBIN TIME	\$59	\$29	\$27	\$107	\$56	\$58	\$51	\$49
87086	URINE CULTURE/COLONY COUNT	\$66	\$48	\$45	\$112	\$88	\$44	\$96	\$65
88142	PAP SMEAR THIN/CYTO PATH	\$147	N/A	N/A	\$156	\$141	\$95	\$109	\$148
92507	SPEECH THERAPY	\$372	\$228	N/A	\$183	\$268	\$517	\$107	\$240
93005	EKG - TRACING ONLY	\$34	\$86	\$130	\$239	\$246	\$200	\$231	\$183
93017	STRESS TEST - CARDIO	\$833	\$560	\$1,571	\$675	\$1,303	\$509	\$1,059	\$630
93307	ECHO - W/OUT COLOR OR DOPPLER	N/A	N/A	\$921	N/A	\$968	N/A	\$1,129	N/A
93307	ECHO - with COLOR and DOPPLER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93320	ECHO - DOPPLER	N/A	\$157	\$1,043	\$623	\$460	N/A	\$636	\$515
93325	ECHO - DOPPLER COLOR FLOW MAPPING	N/A	\$96	\$723	\$607	\$497	N/A	\$692	\$500
95810	SLEEP STUDY	\$2,356	\$2,549	\$5,638	\$2,895	\$5,276	N/A	\$2,960	\$5,040
95819	EEG - AWAKE AND ASLEEP	N/A	N/A	\$1,540	\$669	\$1,971	\$525	\$1,012	\$1,232
97001	PHYSICAL THERAPY - EVALUATION	\$251	\$242	\$246	\$486	\$251	\$358	\$379	\$257
97001	PHYSICAL THERAPY - EVALUATION COMPREHENSIVE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION LIMITED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION PER HOUR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97002	PHYSICAL THERAPY VISITS	\$130	\$136	N/A	\$242	\$117	\$146	\$254	\$231
97003	OCCUPATIONAL THERAPY - EVALUATION	\$235	\$274	\$268	\$486	\$267	\$358	\$379	\$269
97004	OCCUPATIONAL THERAPY VISITS	\$142	\$174	N/A	\$242	\$122	\$146	\$254	\$267
97110	PHYSICAL THERAPY - THERAPEUTIC EXERCISES	\$58	\$104	\$98	\$122	\$99	\$119	\$168	\$164
97140	MANUAL THERAPY	\$102	\$97	\$98	\$122	\$99	\$122	\$158	\$154
97530	DYNAMIC FUNCTIONAL ACTIVITIES	\$51	\$114	N/A	\$122	\$99	\$122	\$180	\$180
99211	ONCOLOGY LEVEL 1	N/A	N/A	\$105	\$88	\$212	\$2,400	\$69	N/A
99211	PAIN CLINIC LEVEL 1	N/A	N/A	\$105	\$88	N/A	\$25	\$69	N/A
99211	WOUND CENTER LEVEL - ESTABLISHED PATIENT	N/A	N/A	\$105	N/A	\$212	N/A	\$69	N/A
99212	ONCOLOGY LEVEL 2	N/A	N/A	N/A	\$107	\$233	N/A	\$105	N/A
99212	PAIN CLINIC LEVEL 2	N/A	N/A	\$134	\$107	N/A	\$67	\$105	N/A
99212	WOUND CENTER LEVEL 2 - ESTABLISHED PATIENT	N/A	N/A	\$134	N/A	\$233	N/A	\$105	N/A
99213	ONCOLOGY LEVEL 3	N/A	N/A	N/A	\$125	\$251	N/A	\$121	\$125
99213	PAIN CLINIC LEVEL 3	N/A	N/A	\$175	\$125	N/A	\$134	\$121	\$125
99213	WOUND CENTER LEVEL 3 - ESTABLISHED PATIENT	N/A	N/A	\$175	N/A	\$251	N/A	\$121	\$125
99214	ONCOLOGY LEVEL 4	N/A	N/A	N/A	\$189	\$315	N/A	\$178	\$175
99214	PAIN CLINIC LEVEL 4	N/A	N/A	N/A	\$189	N/A	\$206	\$178	N/A
99214	WOUND CENTER LEVEL 4 - ESTABLISHED PATIENT	N/A	N/A	\$255	N/A	\$315	N/A	\$178	N/A
99215	ONCOLOGY LEVEL 5	N/A	N/A	N/A	\$240	\$444	N/A	\$249	N/A
99215	PAIN CLINIC LEVEL 5	N/A	N/A	N/A	\$240	N/A	\$292	\$249	N/A
99215	WOUND CENTER LEVEL 5 - ESTABLISHED PATIENT	N/A	N/A	\$300	N/A	\$444	N/A	\$249	N/A
99281	ED VISIT - PROBLEM(S) ARE SELF LIMITED OR MINOR	\$93	\$220	\$184	\$193	\$320	\$170	\$276	\$183
99282	ED VISIT - PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY	\$117	\$389	\$404	\$295	\$528	\$246	\$605	\$314
99283	ED VISIT - PROBLEM(S) ARE OF MODERATE SEVERITY	\$241	\$605	\$675	\$510	\$903	\$455	\$777	\$496
99284	ED VISIT - HIGH SEVERITY, URGENT EVALUATION	\$377	\$968	\$1,535	\$793	\$1,488	\$641	\$1,481	\$1,150
99285	ED VISIT - HIGH SEVERITY, IMMEDIATE THREAT	\$589	\$1,453	\$2,160	\$1,020	\$2,447	\$885	\$2,179	\$1,776

2016 Outpatient Procedures and Ancillary Services

Top Outpatient CPT Codes

CPT Code	Description	Exeter Hospital	Frisbie Memorial Hospital	Huggins Hospital	Littleton Regional Hospital	LRGHealthcare	Memorial Hospital	Monadnock Community Hospital	New London Hospital
19120	EXCIS BREAST LESION OPEN	\$10,918	\$9,069	N/A	\$6,752	\$3,300	\$1,162	\$11,390	\$1,226
19301	MASTECTOMY PARTIAL	\$26,081	N/A	N/A	\$24,634	\$3,300	\$1,565	\$18,102	\$1,830
29826	ARTHROSCOPY SHOULDER DECOM	\$19,935	\$20,934	N/A	\$20,369	\$5,000	\$20,757	\$22,222	\$626
29877	ARTHROSCOPY KNEE DEBRIDEM	\$10,444	\$9,138	N/A	\$17,552	\$5,900	\$9,482	\$15,747	N/A
36415	ROUTINE VENIPUNCTURE	\$29	\$17	\$25	\$22	\$20	\$19	\$23	\$26
42820	TONSILLECTOMY&ADNOIDECTOMY:UNDER AGE 12	\$8,136	\$9,186	\$9,677	\$6,915	\$3,300	\$5,190	\$11,099	\$1,838
43239	UPPER GI ENDOSCOPY, BIOPSY	\$4,712	\$3,870	\$2,791	\$4,440	\$2,000	\$3,559	\$5,785	\$1,522
45378	DIAGNOSTIC COLONOSCOPY	\$3,547	\$2,329	\$3,097	\$2,737	\$2,000	\$3,640	\$4,655	\$1,974
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$15,861	\$16,773	\$10,995	\$17,405	\$6,900	\$12,665	\$17,526	\$2,237
49505	REPAIR INITIAL INGUINAL HERNIA >=5 YRS OLD	\$10,088	\$12,699	\$10,233	\$15,132	\$5,300	\$7,272	\$12,338	\$1,970
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$13,025	\$11,989	N/A	\$5,121	\$11,300	\$1,969	\$9,748	N/A
52601	ELECTROSURGICAL PROSTATE POST OP	\$14,065	\$15,933	N/A	\$18,752	\$5,300	N/A	N/A	N/A
58563	HYSTEROSCOPY, SURGICAL	\$10,767	N/A	N/A	\$9,122	\$11,300	\$11,901	\$10,425	\$5,153
59020	FETAL STRESS TEST - DELIVERY STRESS TEST	N/A	N/A	N/A	\$200	\$300	N/A	\$422	N/A
59025	FETAL STRESS TEST - DELIVERY NON-STRESS TEST	\$635	N/A	N/A	\$256	\$228	\$260	\$422	N/A
66984	EXTRACAPSULAR CATARACT EXTRACTION WITH LENS	\$7,972	\$8,137	\$5,615	\$5,729	\$8,200	\$5,832	\$6,148	N/A
70450	CT BRAIN - W/OUT CONTRAST	\$2,123	\$1,998	\$1,793	\$1,189	\$1,266	\$1,193	\$1,594	\$1,274
70486	CT SINUSES-LTD - W/OUT CONTRAST	\$2,123	\$1,446	\$2,308	\$1,676	\$1,415	\$1,193	\$2,105	\$1,290
70551	MRI BRAIN - W/OUT CONTRAST	\$3,170	\$2,278	\$2,137	\$2,622	\$2,417	\$2,717	\$2,370	\$2,234
71020	CHEST X-RAY (PA - LAT)	\$357	\$312	\$329	\$269	\$159	\$228	\$470	\$278
72100	SPINE X-RAY (LUMBAR PA-LAT)	\$411	\$301	\$393	\$374	\$196	\$245	\$286	\$290
72141	MRI CERVICAL SPINE - W/OUT CONTRAST	\$3,170	\$2,278	\$2,137	\$2,735	\$2,408	\$2,717	\$2,740	\$2,396
72193	CT PELVIS - W/CONTRAST	\$2,799	\$1,958	N/A	\$2,192	\$1,924	\$1,659	\$1,882	\$1,667
73610	ANKLE X-RAY (3+ Views)	\$355	\$262	\$327	\$305	\$158	\$191	\$302	\$290
73630	FOOT X-RAY (3+ views)	\$350	\$268	\$327	\$363	\$157	\$232	\$542	\$290
74160	CT ABDOMEN ONLY W/CONTRAST	\$2,723	\$2,167	\$2,485	\$2,044	\$2,168	\$2,709	\$1,909	\$1,667
76700	ABDOMEN COMPLETE	\$921	\$780	\$579	\$863	\$568	\$718	\$975	\$851
76805	PREGNANCY US - AFTER 1 TRIMESTER	\$983	\$555	N/A	\$806	\$568	\$773	\$801	\$818
76815	PREGNANCY US - AFTER 1ST TRIMESTER - LIMITED	\$483	\$469	N/A	\$480	\$367	\$361	\$386	\$467
76830	VAGINAL ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$752	\$527	\$579	\$732	\$568	\$559	\$730	\$779
76856	PELVIC ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$804	\$521	\$851	\$721	\$568	\$559	\$677	\$761
77057	SCREENING MAMMOGRAM	\$393	N/A	\$498	\$343	N/A	\$307	\$372	N/A
77080	DEXA SCAN (Axial Skeleton)	\$489	N/A	\$384	\$517	\$642	\$691	\$556	\$278
80048	BASIC METABOLIC PANEL	\$122	\$145	\$84	\$63	\$15	\$73	\$87	\$66
80053	COMPREHEN METABOLIC PANEL	\$147	\$189	\$105	\$84	\$19	\$92	\$123	\$82
80061	LIPID PANEL	\$222	\$185	\$114	\$112	\$25	\$149	\$129	\$103
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$159	\$82	\$103	\$91	\$18	\$84	\$50	\$79
84153	ASSAY OF PSA, TOTAL	\$183	\$98	\$196	\$126	\$27	\$126	\$139	\$113
84443	ASSAY THYROID STIM HORMONE (TSH)	\$244	\$174	\$116	\$152	\$31	\$145	\$178	\$131
85025	COMPLETE CBC W/AUTO DIFF WBC	\$138	\$81	\$51	\$63	\$14	\$134	\$81	\$60
85610	PROTHROMBIN TIME	\$75	\$46	\$41	\$50	\$7	\$63	\$53	\$38
87086	URINE CULTURE/COLONY COUNT	\$77	\$83	N/A	\$101	\$12	\$56	\$128	\$53
88142	PAP SMEAR THIN/CYTO PATH	N/A	N/A	\$152	\$197	\$37	\$175	\$78	\$157
92507	SPEECH THERAPY	\$301	\$296	\$413	\$341	\$300	\$227	\$196	\$244
93005	EKG - TRACING ONLY	\$242	\$154	\$231	\$121	\$128	\$228	\$153	\$68
93017	STRESS TEST - CARDIO	\$967	\$633	\$709	\$470	\$624	\$721	\$997	\$575
93307	ECHO - W/OUT COLOR OR DOPPLER	\$2,025	\$1,166	N/A	\$982	N/A	\$1,519	\$620	N/A
93307	ECHO - with COLOR and DOPPLER	\$2,025	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93320	ECHO - DOPPLER	N/A	\$468	N/A	\$353	\$630	\$695	\$620	N/A
93325	ECHO - DOPPLER COLOR FLOW MAPPING	N/A	\$312	N/A	\$277	\$480	\$599	\$408	\$426
95810	SLEEP STUDY	\$4,010	\$3,897	N/A	\$2,701	\$2,725	\$2,255	N/A	N/A
95819	EEG - AWAKE AND ASLEEP	\$1,116	\$584	N/A	\$964	\$1,050	N/A	\$470	\$160
97001	PHYSICAL THERAPY - EVALUATION	\$308	\$386	\$224	N/A	\$360	\$236	\$303	\$277
97001	PHYSICAL THERAPY - EVALUATION COMPREHENSIVE	\$308	N/A	N/A	\$371	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION LIMITED	\$308	N/A	N/A	\$156	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION PER HOUR	\$308	N/A	N/A	\$371	N/A	N/A	N/A	N/A
97002	PHYSICAL THERAPY VISITS	\$175	\$178	\$125	\$172	\$192	\$140	N/A	\$173
97003	OCCUPATIONAL THERAPY - EVALUATION	\$308	\$344	\$224	\$356	\$360	\$236	\$330	\$314
97004	OCCUPATIONAL THERAPY VISITS	\$200	\$154	\$164	\$179	\$192	\$140	N/A	\$173
97110	PHYSICAL THERAPY - THERAPEUTIC EXERCISES	\$120	\$103	\$107	\$143	\$86	\$83	\$127	\$121
97140	MANUAL THERAPY	\$124	\$103	\$107	\$119	\$80	\$82	\$140	\$120
97530	DYNAMIC FUNCTIONAL ACTIVITIES	\$128	\$103	\$107	\$128	\$86	\$88	\$114	\$128
99211	ONCOLOGY LEVEL 1	\$134	\$110	N/A	N/A	N/A	\$43	\$76	\$70
99211	PAIN CLINIC LEVEL 1	\$134	N/A	N/A	N/A	N/A	N/A	N/A	\$70
99211	WOUND CENTER LEVEL - ESTABLISHED PATIENT	\$134	\$43	N/A	N/A	N/A	\$191	\$45	\$73
99212	ONCOLOGY LEVEL 2	\$209	\$155	N/A	N/A	N/A	\$54	\$125	N/A
99212	PAIN CLINIC LEVEL 2	\$209	N/A	N/A	N/A	N/A	N/A	N/A	\$99
99212	WOUND CENTER LEVEL 2 - ESTABLISHED PATIENT	\$209	\$94	N/A	N/A	N/A	\$296	\$81	\$95
99213	ONCOLOGY LEVEL 3	\$261	\$242	N/A	N/A	N/A	\$85	\$233	N/A
99213	PAIN CLINIC LEVEL 3	\$261	N/A	N/A	N/A	N/A	N/A	N/A	\$135
99213	WOUND CENTER LEVEL 3 - ESTABLISHED PATIENT	\$261	\$156	N/A	N/A	N/A	\$350	\$109	\$130
99214	ONCOLOGY LEVEL 4	\$387	\$348	N/A	N/A	N/A	\$134	\$341	N/A
99214	PAIN CLINIC LEVEL 4	\$387	N/A	N/A	N/A	N/A	N/A	N/A	\$220
99214	WOUND CENTER LEVEL 4 - ESTABLISHED PATIENT	\$387	\$232	N/A	N/A	N/A	\$384	\$175	\$215
99215	ONCOLOGY LEVEL 5	\$484	\$393	N/A	N/A	N/A	\$187	\$582	N/A
99215	PAIN CLINIC LEVEL 5	\$484	N/A	N/A	N/A	N/A	N/A	N/A	\$289
99215	WOUND CENTER LEVEL 5 - ESTABLISHED PATIENT	\$484	\$314	N/A	N/A	N/A	\$528	\$249	\$283
99281	ED VISIT- PROBLEM(S) ARE SELF LIMITED OR MINOR	\$197	\$176	\$175	\$231	\$406	\$106	\$200	\$238
99282	ED VISIT- PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY	\$275	\$313	\$291	\$320	\$682	\$167	\$367	\$376
99283	ED VISIT- PROBLEM(S) ARE OF MODERATE SEVERITY	\$536	\$486	\$580	\$465	\$1,750	\$250	\$538	\$554
99284	ED VISIT- HIGH SEVERITY, URGENT EVALUATION	\$697	\$776	\$811	\$680	\$1,750	\$652	\$753	\$812
99285	ED VISIT- HIGH SEVERITY, IMMEDIATE THREAT	N/A	\$1,166	\$1,043	\$1,019	\$1,750	\$1,087	\$1,258	\$1,213

2016 Outpatient Procedures and Ancillary Services

Top Outpatient CPT Codes

CPT Code	Description	Parkland Medical Center	Portsmouth Regional Hospital	Southern New Hampshire Medical Center	Spear Memorial Hospital	St. Joseph Hospital	Upper Connecticut Valley Hospital	Valley Regional Hospital	Weeks Medical Center
19120	EXCIS BREAST LESION OPEN			\$7,594	\$5,567	\$9,270	N/A	\$9,360	\$9,000
19301	MASTECTOMY PARTIAL			\$9,649	\$6,363	\$8,868	N/A	\$12,201	\$30,993
29826	ARTHROSCOPY SHOULDER DECOM			\$15,844	\$13,181	\$29,870	N/A	\$24,006	\$48,554
29877	ARTHROSCOPY KNEE DEBRIDEM			N/A	\$5,823	\$8,115	N/A	\$13,350	\$15,750
36415	ROUTINE VENIPUNCTURE			\$16	\$17	\$20	N/A	\$24	\$34
42820	TONSILLECTOMY&ADNOIDECTOMY:UNDER AGE 12			\$6,800	\$5,299	N/A	N/A	\$10,826	\$14,151
43239	UPPER GI ENDOSCOPY, BIOPSY			\$2,740	\$4,744	\$5,519	\$5,800	\$3,426	\$400
45378	DIAGNOSTIC COLONOSCOPY			\$3,613	\$2,079	\$4,132	\$5,800	\$3,565	\$3,200
47562	LAPAROSCOPIC CHOLECYSTECTOMY			\$11,006	\$9,269	\$15,106	N/A	\$13,152	\$18,000
49505	REPAIR INITIAL INGUINAL HERNIA >=5 YRS OLD			\$11,711	\$4,889	\$10,823	N/A	\$12,505	\$13,120
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE			\$18,027	N/A	\$8,785	N/A	\$9,612	\$6,850
52601	ELECTROSURGICAL PROSTATE POST OP			\$15,600	N/A	\$21,202	N/A	\$15,091	\$19,027
58563	HYSTEROSCOPY, SURGICAL			\$8,574	\$6,891	\$12,461	N/A	\$9,503	\$9,400
59020	FETAL STRESS TEST - DELIVERY STRESS TEST			\$263	\$520	N/A	N/A	N/A	N/A
59025	FETAL STRESS TEST - DELIVERY NON-STRESS TEST			\$175	\$520	\$250	N/A	N/A	N/A
66984	EXTRACAPSULAR CATARACT EXTRACTION WITH LENS			\$8,700	\$5,622	\$21,163	N/A	\$6,483	N/A
70450	CT BRAIN - W/OUT CONTRAST			\$1,971	\$1,346	\$1,862	\$2,505	\$1,208	\$655
70486	CT SINUSES-LTD - W/OUT CONTRAST			\$2,017	\$1,346	\$1,776	\$2,260	\$1,261	\$1,010
70551	MRI BRAIN - W/OUT CONTRAST			\$3,070	\$2,372	\$2,550	N/A	\$2,234	\$1,376
71020	CHEST X-RAY (PA - LAT)			\$324	\$327	\$355	\$383	\$218	\$160
72100	SPINE X-RAY (LUMBAR PA-LAT)			\$434	\$410	\$527	\$507	\$307	\$197
72141	MRI CERVICAL SPINE - W/OUT CONTRAST			\$3,111	\$2,372	\$2,907	N/A	\$2,865	\$1,356
72193	CT PELVIS - W/CONTRAST			\$2,404	\$1,633	\$2,045	\$2,935	\$1,924	\$1,425
73610	ANKLE X-RAY (3+ Views)			\$325	\$263	\$417	\$302	\$293	\$203
73630	FOOT X-RAY (3+ views)			\$325	\$263	\$399	\$302	\$270	\$189
74160	CT ABDOMEN ONLY W/CONTRAST			\$2,569	\$1,754	\$2,312	\$2,985	\$2,168	\$1,419
76700	ABDOMEN COMPLETE			\$985	\$587	\$895	\$1,174	\$506	\$813
76805	PREGNANCY US- AFTER 1 TRIMESTER			\$754	\$566	\$812	\$1,174	\$540	\$781
76815	PREGNANCY US - AFTER 1ST TRIMESTER - LIMITED			\$496	\$370	\$624	\$781	\$366	\$469
76830	VAGINAL ULTRASOUND - NON OBGYN (NON PREGNANCY)			\$636	\$590	\$832	\$1,217	\$395	\$741
76856	PELVIC ULTRASOUND - NON OBGYN (NON PREGNANCY)			\$556	\$646	\$832	\$1,080	\$395	\$727
77057	SCREENING MAMMOGRAM			\$503	\$285	\$327	\$475	\$500	\$323
77080	DEXA SCAN (Axial Skeleton)			\$494	\$420	\$456	N/A	\$405	\$312
80048	BASIC METABOLIC PANEL			\$54	\$91	\$95	\$67	\$95	\$64
80053	COMPREHEN METABOLIC PANEL			\$87	\$141	\$178	\$84	\$115	\$80
80061	LIPID PANEL			\$221	\$143	\$113	\$107	\$144	\$102
83036	GLYCOSYLATED HEMOGLOBIN TEST			\$114	\$83	\$118	\$78	\$84	\$74
84153	ASSAY OF PSA, TOTAL			\$144	\$163	\$121	\$121	\$158	\$110
84443	ASSAY THYROID STIM HORMONE (TSH)			\$167	\$133	\$148	\$135	\$135	\$127
85025	COMPLETE CBC W/AUTO DIFF WBC			\$97	\$97	\$85	\$63	\$85	\$59
85610	PROTHROMBIN TIME			\$64	\$54	\$64	\$32	\$43	\$30
87086	URINE CULTURE/COLONY COUNT	See Website	See Website	\$58	\$45	\$164	\$52	\$64	\$49
88142	PAP SMEAR THIN/CYTO PATH			\$148	\$117	N/A	\$100	\$147	\$119
92507	SPEECH THERAPY			\$434	\$356	\$239	\$206	\$186	\$283
93005	EKG - TRACING ONLY			\$170	\$91	\$244	\$269	\$183	\$96
93017	STRESS TEST - CARDIO			\$1,863	\$626	\$1,244	\$852	\$571	\$794
93307	ECHO - W/OUT COLOR OR DOPPLER			N/A	N/A	N/A	N/A	N/A	\$1,115
93307	ECHO - with COLOR and DOPPLER			N/A	\$2,565	N/A	N/A	N/A	N/A
93320	ECHO - DOPPLER			N/A	N/A	\$562	\$605	N/A	\$689
93325	ECHO - DOPPLER COLOR FLOW MAPPING			N/A	N/A	\$438	N/A	N/A	\$750
95810	SLEEP STUDY			\$3,247	\$3,005	\$4,006	N/A	N/A	N/A
95819	EEG - AWAKE AND ASLEEP			\$1,283	N/A	\$1,121	N/A	\$905	N/A
97001	PHYSICAL THERAPY - EVALUATION			\$393	\$308	\$203	\$335	\$275	\$272
97001	PHYSICAL THERAPY - EVALUATION COMPREHENSIVE			N/A	N/A	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION LIMITED			N/A	N/A	N/A	N/A	N/A	N/A
97001	PHYSICAL THERAPY - EVALUATION PER HOUR			N/A	N/A	N/A	N/A	N/A	N/A
97002	PHYSICAL THERAPY VISITS			\$238	\$244	\$101	\$143	\$165	\$153
97003	OCCUPATIONAL THERAPY - EVALUATION			\$370	\$308	\$175	\$335	\$275	\$307
97004	OCCUPATIONAL THERAPY VISITS			\$226	\$170	\$175	\$143	\$156	\$192
97110	PHYSICAL THERAPY - THERAPEUTIC EXERCISES			\$116	\$137	\$101	\$143	\$111	\$117
97140	MANUAL THERAPY			\$124	\$171	\$101	\$143	\$131	\$109
97530	DYNAMIC FUNCTIONAL ACTIVITIES			\$110	\$152	\$132	\$143	\$102	\$127
99211	ONCOLOGY LEVEL 1			N/A	\$235	\$78	N/A	\$101	\$134
99211	PAIN CLINIC LEVEL 1			N/A	\$52	\$78	N/A	N/A	N/A
99211	WOUND CENTER LEVEL - ESTABLISHED PATIENT			\$154	\$142	\$78	N/A	N/A	\$199
99212	ONCOLOGY LEVEL 2			N/A	\$271	\$101	N/A	\$120	\$175
99212	PAIN CLINIC LEVEL 2			N/A	\$138	\$101	N/A	N/A	N/A
99212	WOUND CENTER LEVEL 2 - ESTABLISHED PATIENT			\$171	\$184	\$101	N/A	N/A	\$258
99213	ONCOLOGY LEVEL 3			N/A	\$234	\$102	N/A	\$139	\$250
99213	PAIN CLINIC LEVEL 3			N/A	\$271	\$102	N/A	N/A	N/A
99213	WOUND CENTER LEVEL 3 - ESTABLISHED PATIENT			\$192	\$184	\$102	N/A	N/A	\$340
99214	ONCOLOGY LEVEL 4			N/A	\$360	\$132	N/A	\$151	\$300
99214	PAIN CLINIC LEVEL 4			N/A	\$413	\$132	N/A	N/A	N/A
99214	WOUND CENTER LEVEL 4 - ESTABLISHED PATIENT			\$242	\$241	\$132	N/A	N/A	\$450
99215	ONCOLOGY LEVEL 5			N/A	\$506	\$175	N/A	\$164	\$350
99215	PAIN CLINIC LEVEL 5			N/A	\$580	\$175	N/A	N/A	N/A
99215	WOUND CENTER LEVEL 5 - ESTABLISHED PATIENT			\$288	\$320	\$175	N/A	N/A	\$616
99281	ED VISIT- PROBLEM(S) ARE SELF LIMITED OR MINOR			\$324	\$236	\$287	\$176	\$180	\$253
99282	ED VISIT- PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY			\$386	\$405	\$363	\$444	\$296	\$466
99283	ED VISIT- PROBLEM(S) ARE OF MODERATE SEVERITY			\$572	\$634	\$704	\$594	\$555	\$833
99284	ED VISIT- HIGH SEVERITY, URGENT EVALUATION			\$780	\$747	\$1,392	\$927	\$846	\$1,390
99285	ED VISIT- HIGH SEVERITY, IMMEDIATE THREAT			\$1,026	\$842	\$2,088	\$1,225	\$1,200	\$2,175

2016 Outpatient Procedures and Ancillary Services

Top Outpatient CPT Codes

CPT Code	Description	Wentworth-Douglass Hospital
19120	EXCIS BREAST LESION OPEN	\$10,324
19301	MASTECTOMY PARTIAL	\$19,411
29826	ARTHROSCOPY SHOULDER DECOM	\$26,479
29877	ARTHROSCOPY KNEE DEBRIDEM	\$11,426
36415	ROUTINE VENIPUNCTURE	\$27
42820	TONSILLECTOMY&ADNOIDECTOMY:UNDER AGE 12	\$8,781
43239	UPPER GI ENDOSCOPY, BIOPSY	\$4,830
45378	DIAGNOSTIC COLONOSCOPY	\$3,748
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$22,110
49505	REPAIR INITIAL INGUINAL HERNIA >=5 YRS OLD	\$13,689
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$18,270
52601	ELECTROSURGICAL PROSTATE POST OP	\$16,375
58563	HYSTEROSCOPY, SURGICAL	\$18,801
59020	FETAL STRESS TEST - DELIVERY STRESS TEST	N/A
59025	FETAL STRESS TEST - DELIVERY NON-STRESS TEST	\$473
66984	EXTRACAPSULAR CATARACT EXTRACTION WITH LENS	\$8,161
70450	CT BRAIN - W/OUT CONTRAST	\$2,964
70486	CT SINUSES-LTD - W/OUT CONTRAST	\$1,936
70551	MRI BRAIN - W/OUT CONTRAST	\$4,961
71020	CHEST X-RAY (PA - LAT)	\$551
72100	SPINE X-RAY (LUMBAR PA-LAT)	\$690
72141	MRI CERVICAL SPINE - W/OUT CONTRAST	\$5,780
72193	CT PELVIS - W/CONTRAST	\$2,325
73610	ANKLE X-RAY (3+ Views)	\$596
73630	FOOT X-RAY (3+ views)	\$596
74160	CT ABDOMEN ONLY W/CONTRAST	\$4,743
76700	ABDOMEN COMPLETE	\$1,141
76805	PREGNANCY US- AFTER 1 TRIMESTER	\$942
76815	PREGNANCY US - AFTER 1ST TRIMESTER - LIMITED	\$500
76830	VAGINAL ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$1,184
76856	PELVIC ULTRASOUND - NON OBGYN (NON PREGNANCY)	\$1,221
77057	SCREENING MAMMOGRAM	N/A
77080	DEXA SCAN (Axial Skeleton)	N/A
80048	BASIC METABOLIC PANEL	\$184
80053	COMPREHEN METABOLIC PANEL	\$221
80061	LIPID PANEL	\$175
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$123
84153	ASSAY OF PSA, TOTAL	\$173
84443	ASSAY THYROID STIM HORMONE (TSH)	\$270
85025	COMPLETE CBC W/AUTO DIFF WBC	\$124
85610	PROTHROMBIN TIME	\$86
87086	URINE CULTURE/COLONY COUNT	\$111
88142	PAP SMEAR THIN/CYTO PATH	N/A
92507	SPEECH THERAPY	\$327
93005	EKG - TRACING ONLY	\$264
93017	STRESS TEST - CARDIO	\$1,099
93307	ECHO - W/OUT COLOR OR DOPPLER	N/A
93307	ECHO - with COLOR and DOPPLER	N/A
93320	ECHO - DOPPLER	\$675
93325	ECHO - DOPPLER COLOR FLOW MAPPING	\$632
95810	SLEEP STUDY	\$5,081
95819	EEG - AWAKE AND ASLEEP	\$2,685
97001	PHYSICAL THERAPY - EVALUATION	\$434
97001	PHYSICAL THERAPY - EVALUATION COMPREHENSIVE	N/A
97001	PHYSICAL THERAPY - EVALUATION LIMITED	N/A
97001	PHYSICAL THERAPY - EVALUATION PER HOUR	N/A
97002	PHYSICAL THERAPY VISITS	\$220
97003	OCCUPATIONAL THERAPY - EVALUATION	\$392
97004	OCCUPATIONAL THERAPY VISITS	\$138
97110	PHYSICAL THERAPY - THERAPEUTIC EXERCISES	\$179
97140	MANUAL THERAPY	\$177
97530	DYNAMIC FUNCTIONAL ACTIVITIES	\$126
99211	ONCOLOGY LEVEL 1	\$198
99211	PAIN CLINIC LEVEL 1	N/A
99211	WOUND CENTER LEVEL - ESTABLISHED PATIENT	\$198
99212	ONCOLOGY LEVEL 2	\$227
99212	PAIN CLINIC LEVEL 2	N/A
99212	WOUND CENTER LEVEL 2 - ESTABLISHED PATIENT	\$227
99213	ONCOLOGY LEVEL 3	\$305
99213	PAIN CLINIC LEVEL 3	N/A
99213	WOUND CENTER LEVEL 3 - ESTABLISHED PATIENT	\$305
99214	ONCOLOGY LEVEL 4	\$334
99214	PAIN CLINIC LEVEL 4	N/A
99214	WOUND CENTER LEVEL 4 - ESTABLISHED PATIENT	\$334
99215	ONCOLOGY LEVEL 5	\$388
99215	PAIN CLINIC LEVEL 5	N/A
99215	WOUND CENTER LEVEL 5 - ESTABLISHED PATIENT	\$388
99281	ED VISIT- PROBLEM(S) ARE SELF LIMITED OR MINOR	\$183
99282	ED VISIT- PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY	\$259
99283	ED VISIT- PROBLEM(S) ARE OF MODERATE SEVERITY	\$639
99284	ED VISIT- HIGH SEVERITY, URGENT EVALUATION	\$1,074
99285	ED VISIT- HIGH SEVERITY, IMMEDIATE THREAT	\$1,962

2016 Outpatient Procedures and Ancillary Services

Top Outpatient CPT Codes

Pricing Definition:

Pricing estimates should include pricing information on common services that are meaningful to consumers. These estimates are inclusive of all related technical charges such as :supplies, nursing care, equipment use, nutritional services, and any service handled by the hospital staff. These estimates do not include pricing information on professional physician services (fees related to specialists, anesthesiologist, pathologist, and radiologist), or pricing information on the professional component of laboratory and radiology services (reading and interpreting EKG's, X-rays, EEG's, and lab work).

Pricing Disclaimer:

The New Hampshire Hospital Association makes no guarantees regarding the accuracy of the pricing information provided herein. The pricing information provided by this website is strictly an estimate of prices, and the New Hampshire Hospital Association cannot guarantee the accuracy of any estimates. All estimates are based on information provided by New Hampshire hospitals and do not include, among other things, any unforeseen complications, additional tests or procedures, and non-hospital related charges, any of which may increase the ultimate cost of the services provided. Any prospective patient should understand that a final bill for services rendered at any of the New Hampshire hospitals may differ substantially from the information provided by this website, and neither the hospitals, nor the NHHA shall be liable for any inaccuracies.

Sample Size:

Qualifying procedures are performed 10 or more times during the time period under analysis. If no data is included, N/A will appear. Data reflects median prices which will exclude major outlier prices.