Contra Costa Health Services
Common Outpatient Charges
As of July 1, 2015

Evaluation & Management Services	CPT Code	Facility Charge
Emergency Room Visit, Level 2 (low to moderate severity)	99282	$225.00
Emergency Room Visit, Level 3 (moderate severity)	99283	$325.00
Emergency Room Visit, Level 4 (high severity)	99284	$850.00
Outpatient Visit, established patient, 15 minutes	99213	$67.00
Laboratory & Pathology Services	**CPT Code**	**Facility Charge**
Basic Metabolic Panel	80048	$198.00
Blood Gas Analysis, including 0_2 saturation	82805	$428.00
Complete Blood Count, automated	85027	$92.00
Complete Blood Count, with differential WBC, automated	85025	$125.00
Comprehensive Metabolic Panel	80053	$304.00
Creatine Kinase (CK), (CPK), Total	82550	$100.00
Lipid Panel	80061	$164.00
Partial Thromboplastin Time	85730	$72.00
Prothrombin Time	85610	$58.00
Thyroid Stimulating Hormone	84443	$207.00
Troponin, Quantitative	84484	$124.00
Urinalysis, without microscopy	81003	$37.00
Urinalysis, with microscopy	81001	$74.00
Radiology Services	**CPT Code**	**Facility Charge**
CT Scan, Abdomen, with contrast	74160	$2,089.00
CT Scan, Head or Brain, without contrast	70450	$909.00
CT Scan, Pelvis, with contrast	72193	$2,089.00
Mammography, Screening, Bilateral	77057	$278.00
MRI, Head or Brain, without contrast, followed by contrast	70553	$3,463.00
Ultrasound, Abdomen, Complete	76700	$1,064.00
Ultrasound, OB, 14 weeks or more, transabdominal	76805	$788.00
X-Ray, Lower Back, four views	72110	$593.00
X-Ray, Chest, two views	71020	$374.00

The charge information in this document is made available for your inspection based on Chapter 2 of Division 2, commencing with Section 1339.50 of the California Health and Safety Code, also known as the Payers' Bill of Rights.

The charge information contained in this document is specific to Contra Costa Health Services and does not include fees for professional services. Descriptions and charges contained in this document may vary from facility to facility.

The physician orders, based on his/her examination and treatment of the patient, are the key components in determining which services and procedures are charged to an individual patient. There are many components that comprise a hospital bill. For example, a short hospital inpatient stay could include surgical procedures, treatment in the emergency department, supplies, pharmaceuticals, room and board, numerous tests (i.e., x-rays, laboratory), and respiratory and physical therapy (all based on a physician's orders). Therefore, this document should not be used to accurately estimate the final patient cost of a given hospital stay or outpatient visit. It is provided for information only.

Payers' Bill of Rights

The Hospital's Charge Description Master, representing a list of charges that could appear on your hospital or outpatient bill, is available for your inspection based on Chapter 2 of Division 2, commencing with Section 1339.50 of the California Health and Safety Code. Phone (925) 957-7400 to schedule an appointment.

A list of 25 commonly charged items will be provided upon request, and is available on our website at www.cchealth.org, or at the Admissions Office, Emergency Department, or the Patient Accounting Department.

Office of Statewide Hospital Planning and Development (OSHPD) hospital outcome studies are available for inspection in the Quality Management Department. To schedule an appointment to review reports please contact Administration at (925) 370-5100.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) hospital survey information is available on the JCAHO website at www.jointcommission.org.