

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.