## Owensboro Health Madisonville Healthplex Patient Price Information List

Outpatient Urgent Care Charges	СРТ	Our Charge
BACK TO SCHOOL PHYSICAL EXAM		\$34
OFFICE OUTPATIENT NEW LEVEL 1	99201	\$82
OFFICE OUTPATIENT NEW LEVEL 2	99202	\$142
OFFICE OUTPATIENT NEW LEVEL 3	99203	\$206
OFFICE OUTPATIENT NEW LEVEL 4	99204	\$316
OFFICE OUTPATIENT VISIT LEVEL 1	99211	\$38
OFFICE OUTPATIENT VISIT LEVEL 2	99212	\$83
OFFICE OUTPATIENT VISIT LEVEL 3	99213	\$139
OFFICE OUTPATIENT VISIT LEVEL 4	99214	\$205
OFFICE OUTPATIENT VISIT LEVEL 5	99215	\$274
Outpatient Laboratory and Pathology Charges	СРТ	Our Charge
	22452	440
AMYLASE	82150	\$18
BASIC METABOLIC PANEL (CALCIUM TOTAL)	80048	\$18
BLOOD COUNT COMPLETE (CBC) AUTOMATED	85027	\$18
BLOOD COUNT COMPLETE (CBC) DIFRNTL WBC	85025	\$21
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	\$9
COMPREHENSIVE METABOLIC PANEL	80053	\$23
CREATINE KINASE, MB FRACTION ONLY	82553	\$18
FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	85379	\$28
GONADOTROPIN, CHORIONIC QUALITATIVE	84703	\$21
HETEROPHILE ANTIBODIES; SCREENING	86308	\$14
INFLUENZA	87804	\$31
PROTHROMBIN TIME	85610	\$11
SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	85651	\$10
SMEAR PRIMARY SOURCE, WET MOUNT FOR INFECTIOUS AGENTS	87210	\$10
STREPTOCOCCUS GROUP A	87880	\$31
TISSUE EXAM BY KOH SLIDES FOR FUNGI OR ECTOPARASITE OVA OR MITES	87220	\$12
TROPONIN, QUANTITATIVE	84484	\$27
URINALYSIS AUTOMATED WITH MICROSCOPY	81001	\$9
URINALYSIS AUTOMATED WITHOUT MICROSCOPY	81003	\$6
URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	81025	\$11
Outpatient X-Ray and Radiological Charges	СРТ	Our Charge
CT ADDOMEN & DELVIC WITH CONTRACT	74477	\$622
CT ABDOMEN & PELVIS WITH CONTRAST	74177	•
CT ABDOMEN & PELVIS WITHOUT CONTRAST	74176	\$416
DIAGNOSTIC MAMMOGRAPHY, CAD, BILATERAL	77066	\$327
DIAGNOSTIC MAMMOGRAPHY, CAD, UNILATERAL	77065	\$257
DXA BONE DENSITY STUDY, 1 OR MORE SITES	77080	\$138
SCREENING DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77063	\$70
SCREENING MAMMOGRAPHY, BILATERIAL 2-VIEW, CAD	77067	\$264
TOMOSYNTHESIS MAMMO	G0279	\$92
ULTRASOUND ABDOMINAL, REAL TIME, LIMITED	76705	\$209
ULTRASOUND BREAST, UNILATERAL, REAL TIME, LIMITED	76642	\$172
ULTRASOUND RETROPERITONEAL, REAL TIME, COMPLETE	76770	\$256
X-RAY ABDOMEN, COMPLETE ACUTE SERIES	74022	\$95
X-RAY ABDOMEN, SINGLE VIEW	74018	\$53
X-RAY ANKLE, 3 VIEWS	73610	\$65

X-RAY CHEST; 2 VIEWS	71046	\$58
X-RAY CHEST; SINGLE VIEW	71045	\$38
X-RAY FOOT, 3 VIEWS	73630	\$61
X-RAY HAND, 3 VIEWS	73130	\$64
X-RAY KNEE, 1 OR 2 VIEWS	73560	\$60
X-RAY LOWER SACRAL SPINE, 2 OR 3 VIEWS	72100	\$70
X-RAY LOWER SACRAL SPINE, 4 OR MORE VIEWS	72110	\$96
X-RAY SHOULDER, 3 VIEWS	73030	\$61
X-RAY WRIST, 3 VIEWS	73110	\$73