

Bartlett Regional Hospital

QUALITY in Community Healthcare.

When it comes to billing and navigating the ever-changing Price Transparency rules and regulations, we've got you covered!! Bartlett Regional Hospital now has more ways than ever to help you estimate the cost of your hospital visit.

When visiting any hospital facility, it is likely that you will receive more than one bill. You may receive a bill from Bartlett Regional Hospital, along with separate bills from the professionals associated with your care, such as radiologist, emergency room physicians, and other specialists who may participate in your care.

This document contains Bartlett Regional Hospital pricing on our most commonly performed CPT® procedures in the following 6 categories: Medicine, Pathology and Laboratory, Anesthesiology, Surgery, Radiology, Evaluation and Management.

We also have a brand new Price Estimate tool that can be accessed via our Bartlett Regional Hospital website or by visiting <https://bartlett.msph.recondohealth.net/#/>. Unable to find the procedure or pricing information you are looking for? We would be happy to help assist you, please contact our Business Office at (907)796-8436 or by email at PFShelp@bartlethospital.org.

Anesthesiology

Time Based	Procedure Description	Charge Amount
1st Hour	Anesthesia (facility charge only - professional fees for doctor's charges billed separately)	\$876.00
Ea. 15 Min.	Anesthesia (facility charge only - professional fees for doctor's charges billed separately)	\$220.50

Pathology and Laboratory

CPT Code	Procedure Description	Charge Amount
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test (facility charge only - professional fees for doctor's charges billed separately)	\$127.00
82962	Blood glucose (sugar) test performed by hand-held instrument (facility charge only - professional fees for doctor's charges billed separately)	\$53.50

CPT Code	Procedure Description	Charge Amount
80053	Blood test, Comprehensive Metabolic Panel of blood chemicals (facility charge only - professional fees for doctor's charges billed separately)	\$171.00
84484	Troponin (protein) analysis (facility charge only - professional fees for doctor's charges billed separately)	\$201.50
83735	Magnesium level (facility charge only - professional fees for doctor's charges billed separately)	\$89.00
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (facility charge only - professional fees for doctor's charges billed separately)	\$100.00
80048	Blood test, Basic Metabolic Panel Calcium total of blood chemicals (facility charge only - professional fees for doctor's charges billed separately)	\$142.00
81001	Manual Urinalysis test with examination using microscope (facility charge only - professional fees for doctor's charges billed separately)	\$106.50
80076	Liver function blood test panel (facility charge only - professional fees for doctor's charges billed separately)	\$102.50
83690	Lipase (fat enzyme) level (facility charge only - professional fees for doctor's charges billed separately)	\$117.00

Medicine

CPT Code	Procedure Description	Charge Amount
93005	Routine electrocardiogram (EKG) with tracing using at least 12 leads	\$328.50
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention	\$168.00
96375	Injection of different drug or substance into a vein for therapy, diagnosis, or prevention	\$241.00
96366	Infusion into a vein for therapy, prevention, or diagnosis	\$243.00
96376	Injection of drug or substance into a vein for therapy, diagnosis, or prevention, in a facility each additional sequential IV push	\$227.00
96365	Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	\$545.00
96374	Injection of drug or substance into a vein for therapy, diagnosis, or prevention	\$336.50

CPT Code	Procedure Description	Charge Amount
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	\$154.00
94640	Respiratory inhaled pressure or non-pressure treatment to relieve airway obstruction or for sputum specimen	\$504.00
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	\$142.50

Radiology

CPT Code	Procedure Description	Charge Amount
71046	Radiologic X-Ray examination, Chest; 2 views (facility charge only - professional fees for doctor's charges billed separately)	\$430.50
77067	Screening mammography, bilateral (2-view study of each breast) (facility charge only - professional fees for doctor's charges billed separately)	\$458.00
77063	Screening digital breast tomo-synthesis, bilateral, add on (facility charge only - professional fees for doctor's charges billed separately)	\$102.00
71045	Radiologic X-Ray examination, Chest; single view (facility charge only - professional fees for doctor's charges billed separately)	\$396.50
74177	CT Scan of Abdomen and Pelvis with contrast (facility charge only - professional fees for doctor's charges billed separately)	\$5,120.00 ***
70450	CT Scan Head or Brain without contrast (facility charge only - professional fees for doctor's charges billed separately)	\$2,076.00
76705	Ultrasound of abdomen, limited (facility charge only - professional fees for doctor's charges billed separately)	\$598.50
76642	Ultrasound of one breast, limited (facility charge only - professional fees for doctor's charges billed separately)	\$538.00
72125	CT Scan of the Cervical spine without contrast (facility charge only - professional fees for doctor's charges billed separately)	\$2,075.00
71260	CT Scan Chest with contrast (facility charge only - professional fees for doctor's charges billed separately)	\$3,500.00 ***

Evaluation and Management

CPT Code	Procedure Description	Charge Amount	Average charges on total accounts containing listed CPT**
99283	Emergency department visit, moderately severe problem (facility charge only - professional fees for doctor's charges billed separately)	\$765.50	\$2,420.58
99282	Emergency department visit, low to moderately severe problem (facility charge only - professional fees for doctor's charges billed separately)	\$435.50	\$815.14
99284	Emergency department visit, problem of high severity (facility charge only - professional fees for doctor's charges billed separately)	\$1,286.50	\$6,554.93
99285	Emergency department visit, problem with significant threat to life or function (facility charge only - professional fees for doctor's charges billed separately)	\$1,898.00	\$23,133.07
99291	Critical care delivery critically ill or injured patient, first 30-74 minutes (facility charge only - professional fees for doctor's charges billed separately)	\$1,606.00	\$29,023.01
99281	Emergency department visit, self-limited or minor problem (facility charge only professional fees for doctor's charges billed separately)	\$242.00	\$437.48
99211	Established patient office or other outpatient visit, typically 5 minutes (facility charge only - professional fees for doctor's charges billed separately)	\$352.00	\$408.39
99465	Reviving newborn at delivery (facility charge only - professional fees for doctor's charges billed separately)	\$700.00	\$8,201.01
99292	Critical care delivery critically ill or injured patient each additional 30 minutes (facility charge only - professional fees for doctor's charges billed separately)	\$811.50	\$35,614.96
99406	Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes (facility charge only - professional fees for doctor's charges billed separately)	\$82.50	\$31,507.28

Surgery

CPT Code	Procedure Description	Average Total Charge
45380	Colonoscopy, Biopsy of large bowel using an endoscope (facility charge only - professional fees for doctor's charges billed separately)	\$4,389.11
43239	EGD, Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope (facility charge only - professional fees for doctor's charges billed separately)	\$5,478.03
45378	Colonoscopy, Diagnostic examination of large bowel using an endoscope (facility charge only - professional fees for doctor's charges billed separately)	\$3,376.93
45384	Colonoscopy, Removal of polyps or growths in large bowel using an endoscope by hot biopsy forceps (facility charge only - professional fees for doctor's charges billed separately)	\$4,095.74
45385	Colonoscopy, Removal of polyps or growths of large bowel using an endoscope by snare technique (facility charge only - professional fees for doctor's charges billed separately)	4,815.40
66984	Removal of cataract with insertion of lens (facility charge only - professional fees for doctor's charges billed separately)	\$5,666.27
29881	Total Knee Arthroscopy - Removal of one knee cartilage using an endoscope (facility charge only - professional fees for doctor's charges billed separately)	\$11,250.88
47562	Cholecystectomy - Removal of gallbladder using an endoscope (facility charge only - professional fees for doctor's charges billed separately)	\$16,400.54
64721	Carpal Tunnel Surgery - Release and/or relocation of median nerve of hand (facility charge only - professional fees for doctor's charges billed separately)	\$5,321.13
27447	Total Knee Arthroplasty - Repair of knee joint (facility charge only - professional fees for doctor's charges billed separately)	\$44,948.86

*Top 10 ranking based on hospital data from 1/1/2019-12/21/2020.

Average Total Charges on accounts containing listed CPT code is based on hospital data and all accounts containing the CPT code listed. Total charges can and will vary depending on each patient's specific needs and circumstances surrounding the level of care needed, implants/supplies used. *Pricing may fluctuate based on each patient's individual contrast needs (type and/or amount administered).

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