

Bartlett Regional Hospital 2025 Price List

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 & Laboratory, Anesthesiology, Surgery, Radiology, Evaluation & Management.**

We also have a Price Estimate tool that can be accessed via our Bartlett Regional Hospital website or by visiting <https://apps.para-hcfs.com/PTT/FinalLinks/Bartlett.aspx>.

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@bartletthospital.org.

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)	\$950.00	\$1,667.07
99284	Emergency department visit, problem of high severity (facility charge only – professional fees for doctor's charges billed separately)	\$1,596.00	\$4,772.30
99285	Emergency department visit, problem with significant threat to life or function (facility charge only – professional fees for doctor's charges billed separately)	\$2,354.25	\$21,506.02
99282	Emergency department visit, low to moderately severe problem (facility charge only – professional fees for doctor's charges billed separately)	\$540.75	\$798.30
99291	Critical care delivery critically ill or injured patient, first 30-74 minutes (facility charge only – professional fees for doctor's charges billed separately)	\$3,531.25	\$36,435.77
99281	Emergency department visit, self-limited or minor problem (facility charge only – professional fees for doctor's charges billed separately)	\$300.75	\$3,169.59
99211	Established patient office or other outpatient visit, typically 5 minutes (facility charge only – professional fees for doctor's charges billed separately)	\$350.00	\$469.45
99292	Critical care delivery critically ill or injured patient each additional 30 minutes (facility charge only – professional fees for doctor's charges billed separately)	\$1,007.00	\$53,212.22
99465	Reviving newborn at delivery (facility charge only – professional fees for doctor's charges billed separately)	\$983.50	\$10,475.50

CPT Code	Procedure Description	Charge Amount	Average charges on total accounts containing listed CPT**
99232	Follow-up hospital inpatient care per day, typically 25 minutes (facility charge only – professional fees for doctor’s charges billed separately)	\$412.25	\$94,062.92

Anesthesiology

Time Based	Procedure Description	Charge Amount
1 st Hour	Anesthesia (facility charge only – professional fees for doctor’s charges billed separately)	\$1,066.50
Ea. 15 Min.	Anesthesia (facility charge only – professional fees for doctor’s charges billed separately)	\$269.00

Surgery

CPT Code	Procedure Description	Charge Amount
45380	Colonoscopy, Biopsy of large bowel using an endoscope (facility charge only – professional fees for doctor’s charges billed separately)	\$5,777.12
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)	\$6,783.51
45378	Colonoscopy, Diagnostic examination of large bowel using an endoscopy (facility charge only – professional fees for doctor’s charges billed separately)	\$4,598.44
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)	\$5,759.84
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)	\$5,111.34
64415	Injection of anesthetic agent and/or steroid into arm nerve bundle (facility charge only – professional fees for doctor’s charges billed separately)	\$33,375.49
27447	Arthroplasty, Repair of knee joint (facility charge only – professional fees for doctor’s charges billed separately)	\$54,232.83
47562	Cholecystectomy – Removal of gallbladder using an endoscope (facility charge only – professional fees for doctor’s charges billed separately)	\$20,587.65
64721	Carpal Tunnel Surgery – Release and/or relocation of median nerve of hand (facility charge only – professional fees for doctor’s charges billed separately)	\$8,495.63
41899	Unlisted procedure, Dentoalveolar Structures (facility charge only – professional fees for doctor’s charges billed separately)	\$13,827.38

Radiology

CPT Code	Procedure Description	Charge Amount
77063	Screening digital breast tomo-synthesis, bilateral, add on (facility charge only – professional fees for doctor’s charges billed separately)	\$128.25
77067	Screening mammography, bilateral (2-view study of each breast) (facility charge only – professional fees for doctor’s charges billed separately)	\$574.25
71046	Radiologic X-Ray examination, Chest; 2 views (facility charge only – professional fees for doctor’s charges billed separately)	\$524.25
71045	Radiologic X-Ray examination, Chest; single view (facility charge only – professional fees for doctor’s charges billed separately)	\$483.00
74177	CT Scan of Abdomen and Pelvis with contrast (facility charge only – professional fees for doctor’s charges billed separately)	\$6,162.34***
70450	CT Scan Head or Brain without contrast (facility charge only – professional fees for doctor’s charges billed separately)	\$2,551.00
76705	Ultrasound of abdomen, limited (facility charge only – professional fees for doctor’s charges billed separately)	\$728.75
71260	CT Scan of the Chest with contrast (facility charge only – professional fees for doctor’s charges billed separately)	\$4,164.09***
72125	CT Scan of the Cervical spine without contrast (facility charge only – professional fees for doctor’s charges billed separately)	\$2,549.50
71275	CT Scan of the blood vessels in the Chest with contrast (facility charge only – professional fees for doctor’s charges billed separately)	\$4,310.84***

Pathology and Laboratory

CPT Code	Procedure Description	Charge Amount
80053	Comprehensive Metabolic Panel (facility charge only – professional fees for doctor’s charges billed separately)	\$208.75
85025	Complete Blood Cell Count (red cells, white blood cell, platelets), automated test (facility charge only – professional fees for doctor’s charges billed separately)	\$155.25
82962	Blood Glucose (sugar) test performed by hand-held instrument (facility charge only – professional fees for doctor’s charges billed separately)	\$39.75
82565	Blood creatinine level (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75
84132	Blood potassium level (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75
84295	Blood sodium level (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75
83735	Magnesium level (facility charge only – professional fees for doctor’s charges billed separately)	\$109.00
82374	Carbon dioxide (bicarbonate) level (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75

CPT Code	Procedure Description	Charge Amount
82435	Blood chloride level (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75
84520	Urea nitrogen level to assess kidney function (facility charge only – professional fees for doctor’s charges billed separately)	\$24.75

Medicine

CPT Code	Procedure Description	Charge Amount
93005	Routine electrocardiogram (EKG) with tracing using at least 12 leads	\$400.25
96375	Injection of different drug or substance into a vein for therapy, diagnosis, or prevention	\$299.75
96365	Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	\$676.75
96374	Injection of drug or substance into a vein for therapy, diagnosis, or prevention	\$417.75
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	\$173.75
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	\$187.75
97140	Manual (Physical or Occupational) Therapy techniques, 1 or more regions, each 15 minutes	\$198.50
94640	Inhalation treatment for airway obstruction or sputum production	\$613.75
97535	Self-care or home management training (Physical, Occupational, or Speech), each 15 minutes	\$192.00
97112	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	\$195.00

*Top 10 ranking based on hospital data from 1/1/2025 – 12/31/2025.

**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, as well as implants/supplies used.

***Pricing may fluctuate based on each patient’s individual contrast needs.

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