

The following is a list of some common services/procedures performed at Upper Connecticut Valley Hospital. It is important to note that these are price estimates. There may be additional related procedures, tests, treatments or supplies may be provided and billed separately. Patients may call 603-388-4234 to discuss more specific billing rates and procedures.

2019

	CPT Code	Technical Component	Professional Component	Total
Emergency Department				
ED Room Level I	99281	\$ 206.00	\$ 42.00	\$ 248.00
ED Room Level II	99282	\$ 517.00	\$ 79.00	\$ 596.00
ED Room Level III	99283	\$ 692.00	\$ 127.00	\$ 819.00
ED Room Level IV	99284	\$ 1,081.00	\$ 235.00	\$ 1,316.00
ED Room Level V	99285	\$ 1,429.00	\$ 350.00	\$ 1,779.00
ED Room Critical Care 1st hour	99291	\$ 1,574.00	\$ 438.00	\$ 2,012.00
ED Room Critical Care each Additional 30 min	99292	\$ 651.00	\$ 220.00	\$ 871.00
Radiology				
X-ray Chest 2 views	71046	\$ 301.00	\$ 25.00	\$ 326.00
X-ray Neck & Spine 4 view	72050	\$ 762.00	\$ 30.00	\$ 792.00
X-ray Lower Spine	72100	\$ 560.00	\$ 22.00	\$ 582.00
X-ray Pelvis 1 or 2 view	72170	\$ 398.00	\$ 18.00	\$ 416.00
X-ray Femur	73552	\$ 416.00	\$ 18.00	\$ 434.00
X-ray Knee 1-2 Views	73560	\$ 333.00	\$ 18.00	\$ 351.00
X-ray Knee 3 Views	73562			\$ -
X-ray Foot 2 views	73630	\$ 333.00	\$ 16.00	\$ 349.00
X-ray Abdomen Complete	74021	\$ 613.00	\$ 34.00	\$ 647.00
X-ray Esophagus	74220			\$ -
				\$ -
CT Scan Head without Contrast	70450	\$ 1,184.00	\$ 98.00	\$ 1,282.00
CT Maxillofacial W/O contrast	70486	\$ 1,676.00	\$ 132.00	\$ 1,808.00
CT Scan Chest without Contrast	71250	\$ 1,722.00	\$ 117.00	\$ 1,839.00
CT Chest with Contrast	71260	\$ 2,166.00	\$ 144.00	\$ 2,310.00
CT Scan Pelvis without Contrast	72192	\$ 1,464.00	\$ 127.00	\$ 1,591.00
CT Scan Abdomen without Contrast	74150	\$ 1,447.00	\$ 140.00	\$ 1,587.00
CT Abdomen Angiogram	74175	\$ 2,991.00	\$ 223.00	\$ 3,214.00
MRI Angiography Head w/o Contrast	70544	\$ 3,142.00	\$ 124.00	\$ 3,266.00
MRI Brain without Contrast	70551	\$ 1,576.00	\$ 153.00	\$ 1,729.00
MRI Brain With and Without contrast	70553	\$ 2,500.00	\$ 237.00	\$ 2,737.00
MRI Cervical Spine W/o Contrast	72141	\$ 1,533.00	\$ 153.00	\$ 1,686.00
MRI Thoracic Spine W/o Contrast	72146	\$ 2,202.00	\$ 153.00	\$ 2,355.00
MRI Lumbar Spine without Contrast	72148	\$ 1,500.00	\$ 153.00	\$ 1,653.00
MRI Cervical Spine W and W/O Contrast	72156	\$ 2,538.00	\$ 237.00	\$ 2,775.00
MRI Thoracic Spine with and W/o Contrast	72157	\$ 2,542.00	\$ 237.00	\$ 2,779.00
MRI Lumbar Spine W and Without Contrast	72158	\$ 2,522.00	\$ 237.00	\$ 2,759.00
MRI Pelvis with and W/O Contrast	72197	\$ 3,688.00	\$ 234.00	\$ 3,922.00
MRI Lower Extremity with and W/O contrast	73720	\$ 3,719.00	\$ 222.00	\$ 3,941.00
MRI Lower Extremity W/O contrast	73721	\$ 1,691.00	\$ 140.00	\$ 1,831.00
Ultrasound Breast	76641	\$ 781.00	\$ 51.00	\$ 832.00
Ultrasound Abdomen	76700	\$ 1,256.00	\$ 74.00	\$ 1,330.00
Ultrasound Tranvaginal	76830	\$ 1,302.00	\$ 49.00	\$ 1,351.00
Ultrasound Carotid Duplex Scan Bilateral	93880	\$ 1,812.00	\$ 53.00	\$ 1,865.00
Bone Density Study	77080	\$ 457.00	\$ 19.00	\$ 476.00
Mammography Digital Screening	77067	\$ 698.00	\$ 96.00	\$ 794.00
Laboratory				
Venous Specimen Collection Fee	36415	\$ 22.00		\$ 22.00
Basic Metabolic Panel	80048	\$ 63.00		\$ 63.00
Lipid Panel	80061	\$ 112.00		\$ 112.00

Liver Function Profile	80076	\$ 86.00		\$ 86.00
Urinalysis	81001	\$ 45.00		\$ 45.00
Hemoglobin A1C	83036	\$ 96.00		\$ 96.00
Prostate Specific antigen (PSA) Total or Screening	G0103/84153	\$ 132.00		\$ 132.00
Thyroid Stimulating Hormone	84443	\$ 144.00		\$ 144.00
Beta HCG - Pregnancy blood count	84702	\$ 132.00		\$ 132.00
Complete Blood Count w WBC Count	85025	\$ 63.00		\$ 63.00
Complete Blood Count with Differential	85027	\$ 59.00		\$ 59.00
Prothrombin Time	85610	\$ 60.00		\$ 60.00
Culture Urine	87086	\$ 66.00		\$ 66.00
Outpatient Procedure				
Echocardiogram	93306	\$ 1,411.00		\$ 1,411.00
Colonoscopy Screening	G0121	\$ 5,260.00	\$ 709.00	\$ 5,969.00
Rehab				
Evaluation, PT & OT	97161	\$ 329.00		\$ 329.00
Evaluation, Speech	92523	\$ 436.00		\$ 436.00
Therapeutic Activities, PT & OT	97530	\$ 141.00		\$ 141.00
Treatment Modality, Supervised PT & OT		\$ 158.00		\$ 158.00
Treatment, Speech		\$ 286.00		\$ 286.00