

ESTIMATED COSTS FOR SERVICES

Effective for Calendar Year 2020

CPT	CPT Descriptions	Cost to Member (before deductible)
Doctor's Office Visit for a New Patient (Also Urgent Care)		
99201	Low-level visit	\$106
99202	Low-to-moderate-level visit	\$180
99203	Moderate-level visit	\$260
99204	Moderate-to-high-level visit	\$393
99205	High-level visit	\$486
Doctor's Office Visit for an Established Patient (Also Urgent Care)		
99211	Low-level visit	\$50
99212	Low-to-moderate-level visit	\$106
99213	Moderate-level visit	\$176
99214	Moderate-to-high-level visit	\$257
99215	High-level visit	\$344
Allergy Injections		
95115	Allergy shot, single injection	\$28
95117	Allergy shot, two or more injections	\$33
CT Scans		
70450	Head CT scan	\$501
70486	Sinus CT scan	\$693
71250	Chest CT scan	\$638
71260	Chest CT scan, including dye	\$798
74176	Abdomen/pelvis CT without contrast	\$690
74177	Abdomen/pelvic CT scan, including dye	\$1,046
MRIs (Without Contrast)		
70551	Brain MRI without dye	\$1,315
70553	Brain MRI with and without dye	\$1,716
72148	Lumbar Spine MRI	\$1,147
73721	Knee MRI	\$843
Pregnancy and Prenatal Tests		
59025	Fetal non-stress test	\$140
76801	Pregnancy ultrasound, first trimester	\$384
76805	Pregnancy ultrasound, after first trimester	\$450
76815	Obstetric ultrasound, limited	\$274
76816	Obstetric ultrasound, after first trimester	\$360
76817	Obstetric ultrasound, transvaginal	\$310

CPT	CPT Descriptions	Cost to Member (before deductible)
Ultrasounds		
76700	Abdominal ultrasound	\$428
Colonoscopy*		
45378	Diagnostic colonoscopy	\$1,196
45380	Diagnostic colonoscopy with biopsy	\$1,426
X-rays		
72100	Lumbar spine X-ray, two or three views	\$109
73030	Shoulder X-ray, complete	\$94
73110	Wrist X-ray, complete	\$117
73130	Hand X-ray, complete	\$100
73140	Finger X-ray	\$105
73560	Knee X-ray, one or two views	\$95
73562	Knee X-ray, three views	\$116
73564	Knee X-ray, complete four+ views	\$135
73610	Ankle X-ray, three+ views	\$103
73630	Foot X-ray, complete	\$97
77080	Bone density scan, dexa scan	\$151

Estimated costs above represent 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. Costs for similar services provided at a hospital or by a physician from a different medical group or IPA may vary.

*Costs listed for colonoscopy services are for physician services only. The separate costs for the facility are not included and may vary by location.