AB 1045 - List of 25 Common Outpatient Procedures for 2012

Hospital Name: Southern Inyo Hospital
OSHPD Facility No:
Effective Date of Charges: June 1, 2012

In response to requests from hospitals and the public, OSHPD has developed this form to assist hospitals in collecting and submitting the average charge for 25 common outpatient procedures performed by hospitals, as required by AB 1045 (Chapter 532, Statutes of 2005). **Use of the OSHPD form is voluntary**, but highly encouraged, as it allows hospitals to report and the public to compare uniform information regarding common outpatient procedures.

Evaluation & Management Services (CPT Codes 99201-99499)	2012 CPT Code	Average Charge
Emergency Room Visit, Level 2 (low to moderate severity)	99282	$240.00
Emergency Room Visit, Level 3 (moderate severity)	99283	$354.00
Emergency Room Visit, Level 4 (high severity)	99284	$550.00
Outpatient Visit, established patient, 15 minutes	99213	$120.00
Laboratory & Pathology Services (CPT Codes 80047-89398)	**2012 CPT Code**	**Average Charge**
Basic Metabolic Panel	80048	$71.00
Blood Gas Analysis, including 0_2 saturation	82805	$273.00
Complete Blood Count, automated	85027	$56.00
Complete Blood Count, with differential WBC, automated	85025	$75.00
Comprehensive Metabolic Panel	80053	$92.00
Creatine Kinase (CK), (CPK), Total	82550	$75.00
Lipid Panel	80061	$79.00
Partial Thromboplastin Time	85730	$61.00
Prothrombin Time	85610	$50.00
Thyroid Stimulating Hormone	84443	$146.00
Troponin, Quantitative	84484	$100.00
Urinalysis, without microscopy	81002 or 81003	$36.00
Urinalysis, with microscopy	81000 or 81001	$49.00
Radiology Services (CPT Codes 70010-79999)	**2012 CPT Code**	**Average Charge**
CT Scan, Abdomen, with contrast	74160	$1,372.00
CT Scan, Head or Brain, without contrast	70450	$1,637.00
CT Scan, Pelvis, with contrast	72193	$2,500.00
Mammography, Screening, Bilateral	77057	Do not perform
MRI, Head or Brain, without contrast, followed by contrast	70553	Do not perform
Ultrasound, Abdomen, Complete	76700	$585.00
Ultrasound, OB, 14 weeks or more, transabdominal	76805	$530.00
X-Ray, Lower Back, four views	72110	$320.00
X-Ray, Chest, two views	71020	$300.00
Medicine Services (CPT Codes 90281-99607)	**2012 CPT Code**	**Average Charge**
Cardiac Catheterization, Left Heart, percutaneous	93452	Do not perform
Echocardiography, complete	93307	$660.00
Electrocardiogram, routine, with interpretation and report	93000	$131.00
Inhalation Treatment, pressurized or nonpressurized	94640	$75.00
Physical Therapy, Evaluation	97001	$237.00
Physical Therapy, Gait Training	97116	$74.00
Physical Therapy, Therapeutic Exercise	97110	$117.00

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Surgery Services (CPT Codes 10021-69990)	2012 CPT Code	Average Charge
Arthroscopy, Knee, with meniscectomy (medial or lateral)	29881	Do not perform
Arthroscopy, Shoulder, with partial acromioplasty	29826	Do not perform
Carpal Tunnel Surgery	64721	Do not perform
Cataract Removal with Insertion of Intraocular Lens, 1 Stage	66984	Do not perform
Colonoscopy, diagnostic	45378	Do not perform
Colonoscopy, with biopsy	45380	Do not perform
Colonoscopy, with lesion removal, by snare technique	45385	Do not perform
Discission, secondary membranous cataract, laser surgery	66821	Do not perform
Endoscopy, Upper GI, with biopsy	43239	Do not perform
Endoscopy, Upper GI, diagnostic	43235	Do not perform
Excision, Breast Lesion	19120	Do not perform
Hernia Repair, Inguinal, 5 years and older	49505	Do not perform
Injection, Diagnostic or Therapeutic substance, epidural, lumbar	62311	Do not perform
Injection, Anesthetic or Steroid, transforaminal epidural, lumbar	64483	Do not perform
Laparoscopic Cholecystectomy	47562	Do not perform
Tympanostomy (insert ventilating tube, general anesthesia)	69436	Do not perform
Tonsillectomy with Adenoidectomy, less than 12 years old	42820	Do not perform

Other Common Outpatient Procedures (list as needed)	2012 CPT Code	Average Charge

Count of Reported Procedures (minimum 25 required) 51

Instructions for Completing AB 1045 Common Outpatient Procedure Form

1. Enter Hospital Name and OSHPD Facility Number. Revise Effective Date of Charges, if necessary.
2. Enter Average Charge for at least 25 commonly performed outpatient procedures. For Evaluation & Management Services, do not include related ancillary charges. For all other procedures, include related ancillary charges.
   NOTE: The CPT codes are included on this form to help identify the listed procedures based on the frequencies across hospital-based ambulatory surgery data. The average charge for all related services and procedures (e.g., supplies, drugs, lab, use of operating room, etc.) should be included in the average charge for that procedure.
3. Do not change procedure descriptions or CPT code references. Use "Other Common Outpatient Procedures" (rows 62-71) if you are unable to select procedures from list.
4. Submit completed form as Excel (.xls) file, along with chargemaster and percent change in gross revenue calculation, by e-mail to chargemaster@oshpd.ca.gov or by standard mail on CD.