

<i>Charge Description</i>	
.Arterial Blood Gas, Stat Lab	116.70
34709 PLACEMENT OF AN EXTENSION TO DISTAL COMMON ILIAC OR PR	4,715.50
34713 PERCUTANENOUS ACCESS & CLOSURE USING 12 FR OR LARGER	397.00
93798 CARDIAC REHAB	340.70
96360 - Hydration, first hour	339.50
96374 - IV Injection, single/initial	148.60
99281 - Level 1	171.80
99282 - Level 2	280.10
99283 - Level 3	445.60
99284 - Level 4	700.10
99285 - Level 5	1,037.50
ABLATION FOR AFIB Charge	15,530.10
ABLATION SVT Charge	15,530.10
Aerosol Subsequent	67.90
ANESTHESIA SUPPLIES FIRST HOUR Charge	1,403.90
Angiography, extremity, bilateral, radiological supervision	2,035.70
Angiography, extremity, unilateral, radiological supervision and interpretation	2,035.70
Angiography, visceral, selective or supraseductive (with or without flush aortog	4,609.20
AORTA & COMMON ILIAC (main body & two limb = right & left)	998.00
Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by	1,284.70
Aortography, abdominal, by serialography, radiological supervision and interpret	2,139.70
Arterial Blood Gas	116.70
Bill Blood Administration	371.40
Bill Path 4	353.30
BiPAP/CPAP Initial	891.10
BiPAP/CPAP Subsequent	891.10
BMP	111.68
C-Reactive Protein CPL	-
CA 19-9 QST	-
Calcium Level Ionized, Stat Lab	87.10
Cancer Antigen 19-9 CPL	-
Carcinoembryonic Antigen QST	-
CAROTID UNILATERAL AND CEREBRAL Charge	6,616.20
CAROTID UNILATERAL Charge	6,616.20
CH 0% impaired - Swallow Discharge Status G-8998	-
CN 100% impaired - OT Self-Care Discharge Status G-8989	-
Colonoscopy with Biopsy	-
Compatible	-
Complete Blood Count with Differential UMC	-
Creatine Kinase	112.55
Creatine Kinase-MB	104.28

CT Abdomen +Pelvis w/ + w/o Cont	4,149.90
CT Abdomen +Pelvis w/ Cont	3,615.20
CT Abdomen +Pelvis w/o Cont	3,309.70
CT Abdomen w/ + w/o Cont	2,075.00
CT Abdomen w/ Cont	1,845.80
CT Abdomen w/o Cont	1,654.80
CT ANGIO ABDOMEN AORTA + ILIOFEMORAL	2,240.50
CT Angio Abdomen Aorta +Iliofemoral with Runoffs	2,240.50
CT Angio Abdomen w/ + w/o Cont	2,087.60
CT Angio Chest	1,739.70
CT Angio Chest +Abdomen +Pelvis w/Runoff	4,175.40
CT Angio Heart +Coronary Arteries	2,028.00
CT Angio Neck w/ + w/o Cont	2,087.60
CT Cardiac Calcium Score	102.00
CT CHEST + ABDOMEN +PELVIS W/ + W/O	6,224.80
CT Chest +Abdomen +Pelvis w/o Cont`	4,469.20
CT Chest w/ + w/o Cont	2,075.00
CT Chest w/ Cont	1,769.50
CT Chest w/o Cont	1,222.00
CT Head or Brain w/ + w/o Cont	2,075.00
CT Head or Brain w/o Cont	1,222.00
CT LE w/o Cont Lt	1,654.80
CT LE w/o Cont Rt	1,654.80
CT Maxillofacial w/o Cont	1,222.00
CT Neck Soft Tissue w/o Cont	1,222.00
CT Pelvis w/o Cont	1,654.80
CT SI Joint Inj Bil	2,811.10
CT SI Joint Inj Lt	1,405.60
CT SI Joint Inj Rt	1,405.60
CT Spine Cervical w/o Cont	1,654.80
CT Spine Lumbar w/o Cont	1,654.80
CT Spine Thoracic w/o Cont	1,654.80
CT UE w/o Cont Lt	1,222.00
CTO DES NATIVE AND OR GRAFT SINGLE VESSE Charge	15,192.80
CULT BACT ANAEROBIC	67.90
Culture Aerobic/Anaerobic with Gram Stain UMC	146.40
Culture AFB w/ Smear UMC	127.40
Culture Blood UMC	165.60
Culture Body Fluid with Gram Stain UMC	146.40
Culture Catheter Tip UMC	146.40
Culture Fungal UMC	112.50
Culture Sputum with Gram Stain UMC	146.40
Culture Tissue with GS UMC	146.40

Culture Urine UMC	94.65
Culture VRE Screen UMC	146.40
Culture Wound with Gram Stain UMC	146.40
D Dimer HS UMC	114.60
D-Dimer	84.93
DES GRAFT SINGLE Charge	15,192.80
DES NATIVE OR GRAFT SINGLE VESSEL Charge	15,192.80
DES STENT(S) EACH ADDITIONAL VESSEL Charge	15,192.80
DES STENT(S) SINGLE VESSEL Charge	15,192.80
EKG (Resp)	134.80
EKG Charge Only	134.80
Evaluation of cardiovascular function with tilt table evaluation, with continuou	891.10
Free T4	29.68
Gait Training Charges	32.90
GENERAL ANEST 1ST HOUR	1,404.60
General Anesthesia	1,404.60
General Anesthesia Add'l 30 min	701.30
Glucose, POC	24.50
GRAFT SINGLE Charge	18,212.90
Hematocrit	29.73
HEMODIALYSIS Acute Care Charge	496.50
HEMODIALYSIS CCCU Charge	496.50
Hemoglobin	36.70
Hemoglobin A1c	37.87
Hepatic Panel	21.04
Implantation of patient-activated cardiac event recorder Charge	11,545.70
Incentive Spirometry Initial	87.10
Insertion of new or replacement of permanent pacemaker with transvenous electro	26,225.10
Insertion or replacement of temporary transvenous single chamber cardiac electro	10,837.20
Intracardiac electrophysiologic 3-dimensional mapping (List separately in additi	7,317.50
Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation	5,258.40
Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/	5,258.40
IV PUSH INIT DRUG CHARGE	520.90
IVUS (NON-CORONARY-NC) Charge	5,258.40
IVUS, (NC) EA ADDTL VESSEL Charge	5,258.40
Lactic Acid	108.30
Lactic Acid, Stat Lab	108.30
Laparoscopic Liver Wedge BX	11,118.00
LEVEL 1 SURGERY 1ST HOUR	3,008.50
LEVEL 1 SURGERY ADDL 30 MIN	736.30
LEVEL 2 SURGERY 1ST HOUR	3,676.70
LEVEL 2 SURGERY ADDL 30 MIN	802.00
LEVEL 3 SURGERY 1ST HOUR	4,345.10

LEVEL 3 SURGERY ADDL 30 MIN	869.90
Level 4 Surgery	5,013.40
Level 4 Surgery Add'l 30 Mins	935.70
LHH NM S/TEST PHARM/TREAD	993.00
LHH PACU	316.20
LHH PACU ADD'L 30 MINS	106.10
LHH TC99M MAA	69.00
LHH TC99M MEBROFENIN	69.00
LHH TC99M MEDRONATE	104.00
LHH TC99M PENTETATE	69.00
LHH TC99M SESTAMIBI	511.30
Lipid Panel	51.35
Magnesium Level	64.92
Manual Surgery Charge	1,564.62
MRSA by PCR UMC	191.00
NATIVE OR GRAFT SINGLE VESSEL Charge	18,212.90
NM Myocard Perf Spect Mult Rest+Stress	2,736.90
NM Pulm Perf w/ Vent	1,175.40
NT Pro-BNP	117.16
OT INIT EVAL, LOW COMPLX	87.10
Partial Thromboplastin Time	87.57
PHASE 1 RECOVERY ROOM ADDITIONAL 30 MIN Charge	106.10
Potassium Level	47.10
POX, Multiple Determination Charge	114.60
POX, Single Determination Charge	34.00
Programmed stimulation and pacing after intravenous drug infusion (List separate	7,317.50
Prothrombin Time	48.50
PT INIT EVAL, MOD COMPLX	87.10
PTCA EACH ADDITIONAL VESSEL Charge	11,991.30
PTCA SINGLE VESSEL Charge	11,991.30
RBC CP2D AS3 500 LR	320.40
RECOVERY ROOM ADDITIONAL 30 MIN Charge	106.10
RECOVERY ROOM FIRST HOUR Charge	316.20
Removal of an implantable, patient-activated cardiac event recorder Charge	1,654.80
Removal of pacing cardioverter-defibrillator pulse generator with replacement of	64,566.80
Renal Function Panel	127.40
Revascularization, endovascular, open or percutaneous, femoral, popliteal artery	26,582.41
Revascularization, endovascular, open or percutaneous, iliac artery, each additi	13,481.70
Revascularization, endovascular, open or percutaneous, iliac artery, unilateral,	13,481.70
Revascularization, endovascular, open or percutaneous, tibial, peroneal artery,	13,408.50
Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, u	13,408.50
Right heart catheterization including measurement(s) of oxygen saturation and ca	9,725.40
ROOM/BED: Intensive Care Unit	3,182.40

ROOM/BED: Isolation	2,242.80
ROOM/BED: Observation	58.30
ROOM/BED: Private	1,527.60
RT Airway Resistance Charge	134.80
RT Airway Suction Charge	81.70
RT Medicated Aerosol Assessment Charge	105.10
RT Oximetry - Continuous Charge	382.00
RT Oxygen Per Day Charge	427.60
RT Ventilator Services - Subsequent Charge	1,018.40
RV OR RA/RV OR RA/RV/LV AND GEN (IF LV, W/ ADD ON) Charge	30,259.70
Selective catheter placement (first-order), main renal artery and any accessory	7,187.00
Selective Catheter placement,common carotid	13,232.50
Selective Catheter placement,common carotid with intracranial circulation	13,232.50
Staphylococcus aureus by PCR UMC	191.00
STAT LAB RADIAL ART LINE INSERTION Charge	390.40
STAT LAB SWAN GANZ INSERTION((OPTICATH) Charge	2,136.50
STENT(S) SINGLE VESSEL Charge	18,212.90
Surgery Procedure Charge	5,526.56
Therapeutic Activities Charge	38.30
Therapeutic Exercise Charges	38.30
Thyroid Stimulating Hormone	57.24
Transcatheter placement of an intravascular stent(s) (except coronary, carotid,	28,256.30
Transcatheter placement of an intravascular stent(s) VEIN (e	11,391.90
Transcatheter placement of intravascular stent(s), cervical carotid artery, perc	14,907.40
Troponin-I	148.01
Urinalysis with Micro	78.41
Urinalysis without Micro	57.48
US Carotid Duplex Bil	694.90
US Echo 2D Comp	1,453.40
US Echo 2D Ltd	376.60
US Echo TEE Placement Complete	2,074.20
US Extremity Nonvascular Comp	220.70
US Gallbladder	313.00
US Guide Paracentesis	284.30
US Guide Thoracentesis	284.30
US LE Art Duplex Bil	782.90
US LE Art Duplex Lt	552.70
US LE Art Duplex Rt	552.70
US LE Vein Doppler Bil	687.50
US LE Veins Duplex Lt	483.70
US LE Veins Duplex Rt	483.70
US Liver	313.00
US Pelvis Non-OB Comp	345.90

US Renal Comp	427.50
US Scrotum +Contents	390.40
US Thyroid	303.50
US UE Veins Duplex Rt	483.70
Vapotherm Subsequent	891.10
Venography, extremity, unilateral, radiological supervision and interpretation C	1,820.40
Ventilator Services Initial	1,909.50
XR Chest 1 View	176.14
XR Chest 2 Views	176.14
XR Cholangiography Intraoperative	329.40
XR Elbow 2 Views Lt	132.60
XR Elbow 2 Views Rt	113.60
XR Elbow Comp Min 3 Views Lt	113.60
XR Femur 1 View Lt	192.90
XR Fluoro Guide Ndl Loc Spine	211.10
XR Fluoro Hip Joint Inj Asp Lt	836.50
XR Fluoro Over 1 Hour EO	528.30
XR Fluoro Up to 1 Hour	211.20
XR Fluoro Up to 1 Hour EO	211.20
XR Foot 2 Views Lt	98.70
XR Foot Comp Min 3 Views Lt	106.10
XR Foot Comp Min 3 Views Rt	106.10
XR Forearm 2 Views Lt	101.90
XR Hand Min 3 Views Lt	106.10
XR Hip 1 View Lt w/ Pelvis	192.90
XR Hip 2-3 Views Lt w/ Pelvis	192.90
XR Hip 2-3 Views Rt w/ Pelvis	192.90
XR IVP	609.00
XR Knee 1 or 2 Views Lt	106.10
XR Knee 1 or 2 Views Rt	106.10
XR Knee 3 Views Lt	116.70
XR Knee 3 Views Rt	116.70
XR Ribs 2 Views Rt	123.10
XR Ribs Min 4 Views Bil w/ PA Chest	185.70
XR Shoulder 1 View Lt	94.50
XR Shoulder 1 View Rt	94.50
XR Shoulder Comp Min 2 Views Lt	114.60
XR Shoulder Comp Min 2 Views Rt	114.60
XR Spine Cerv 2 or 3 Views	127.40
XR Spine Entire 2-3 Views	319.50
XR Spine Lumbosacral 2 or 3 Views	135.80
XR Wrist Comp Min 3 Views Lt	100.80
XR Wrist Comp Min 3 Views Rt	100.80

**Loc - Facility NorthStar Surgical Center**

Chg CPT Code	Chg Description	Charge
10060	Drainage of skin abscess	3,617.00
11043	Deb musc/fascia 20 sq cm/<	5,149.00
11044	Deb bone 20 sq cm/<	5,566.00
11426	Exc h-f-nk-sp b9+marg >4 cm	5,149.00
11730	Removal of nail plate	4,005.00
11732	Remove nail plate add-on	4,005.00
11750	Removal of nail bed	8,010.00
15830	Exc skin abd	5,673.00
15847	Exc skin abd add-on	5,673.00
19328	Removal of breast implant	7,758.00
19380	Revise breast reconstruction	19,326.00
20600	Drain/inj joint/bursa w/o us	2,651.00
20605	Drain/inj joint/bursa w/o us	2,651.00
20680	Removal of support implant	5,912.00
20926	Removal of tissue for graft	3,864.00
21555	Exc neck les sc < 3 cm	5,149.00
23120	Partial removal collar bone	5,811.00
23130	Remove shoulder bone part	11,081.00
23412	Repair rotator cuff chronic	11,178.00
25000	Incision of tendon sheath	5,912.00
25310	Transplant forearm tendon	4,274.00
25447	Repair wrist joints	4,541.00
26055	Incise finger tendon sheath	5,149.00
26160	Remove tendon sheath lesion	5,912.00
26437	Realignment of tendons	5,380.00
26445	Release hand/finger tendon	4,878.00
27606	Incision of achilles tendon	#DIV/0!
27650	Repair achilles tendon	5,345.00
27686	Revise lower leg tendons	4,270.00
27687	Revision of calf tendon	5,089.00
27691	Revise lower leg tendon	5,337.00
27695	Repair of ankle ligament	5,345.00
27698	Repair of ankle ligament	5,345.00
27792	Treatment of ankle fracture	10,248.00
27814	Treatment of ankle fracture	5,694.00
27822	Treatment of ankle fracture	5,227.00
28008	Incision of foot fascia	6,351.00
28110	Part removal of metatarsal	6,353.00

28200	Repair of foot tendon	4,829.00
28230	Incision of foot tendon(s)	2,651.00
28285	Repair of hammertoe	6,166.00
28288	Partial removal of foot bone	6,166.00
28292	Correction hallux valgus	5,062.00
28297	Correction hallux valgus	5,062.00
28299	Correction hallux valgus	5,062.00
28308	Incision of metatarsal	5,559.00
28313	Repair deformity of toe	4,165.00
28445	Treat ankle fracture	5,956.00
28585	Repair foot dislocation	2,595.00
28715	Fusion of foot bones	7,395.00
28737	Revision of foot bones	3,686.00
28750	Fusion of big toe joint	7,834.00
29807	Shoulder arthroscopy/surgery	13,214.00
29823	Shoulder arthroscopy/surgery	13,214.00
29846	Wrist arthroscopy/surgery	13,214.00
29880	Knee arthroscopy/surgery	13,214.00
29881	Knee arthroscopy/surgery	13,214.00
30140	Resect inferior turbinate	10,298.00
30520	Repair of nasal septum	7,881.00
31254	Nsl/sins ndsc w/prtl ethmdct	11,824.00
31256	Exploration maxillary sinus	12,398.00
31287	Nasal/sinus endoscopy surg	11,824.00
36561	Insert tunneled cv cath	4,321.00
42826	Removal of tonsils	5,843.00
43235	Egd diagnostic brush wash	1,828.00
43239	Egd biopsy single/multiple	2,235.00
43248	Egd guide wire insertion	2,440.00
43249	Esoph egd dilation <30 mm	2,440.00
43251	Egd remove lesion snare	2,844.00
43450	Dilate esophagus 1/mult pass	3,006.00
45378	Diagnostic colonoscopy	2,440.00
45380	Colonoscopy and biopsy	2,643.00
45381	Colonoscopy submucous njx	2,440.00
45385	Colonoscopy w/lesion removal	3,455.00
46250	Remove ext hem groups 2+	6,227.00
47379	Laparoscope procedure liver	11,118.00
47562	Laparoscopic cholecystectomy	11,118.00
47563	Laparo cholecystectomy/graph	11,174.00
49505	Prp i/hern init reduc >5 yr	7,308.00
49650	Lap ing hernia repair init	7,306.00
50590	Fragmenting of kidney stone	26,753.75



51102	Drain bl w/cath insertion	4,303.00
52204	Cystoscopy w/biopsy(s)	3,660.00
52234	Cystoscopy and treatment	5,064.00
52235	Cystoscopy and treatment	3,843.00
52260	Cystoscopy and treatment	5,149.00
52276	Cystoscopy and treatment	6,729.00
52287	Cystoscopy chemodenervation	2,441.00
52332	Cystoscopy and treatment	6,861.25
52354	Cystouretero w/biopsy	5,691.00
52356	Cysto/uretero w/lithotripsy	6,530.00
52450	Incision of prostate	5,378.00
52500	Revision of bladder neck	5,691.00
54161	Circum 28 days or older	5,149.00
54163	Repair of circumcision	5,149.00
54360	Penis plastic surgery	6,351.00
54406	Remove muti-comp penis pros	4,473.00
54530	Removal of testis	5,691.00
55040	Removal of hydrocele	6,166.00
55060	Repair of hydrocele	7,834.00
55110	Explore scrotum	5,559.00
55250	Removal of sperm duct(s)	4,005.00
55530	Revise spermatic cord veins	15,668.00
55700	Biopsy of prostate	3,240.00
56620	Partial removal of vulva	8,576.00
57106	Remove vagina wall partial	4,323.00
57240	Anterior colporrhaphy	5,379.00
57288	Repair bladder defect	6,609.00
60500	Explore parathyroid glands	7,136.00
62321	Njx interlaminar crv/thrc	1,508.00
62323	Njx interlaminar lmb/sac	1,508.00
63650	Implant neuroelectrodes	5,173.00
63685	Insrt/redo spine n generator	3,686.00
64490	Inj paravert f jnt c/t 1 lev	4,890.00
64491	Inj paravert f jnt c/t 2 lev	4,890.00
64492	Inj paravert f jnt c/t 3 lev	4,890.00
64493	Inj paravert f jnt l/s 1 lev	4,890.00
64494	Inj paravert f jnt l/s 2 lev	4,890.00
64495	Inj paravert f jnt l/s 3 lev	4,890.00
64585	Revise/remove neuroelectrode	3,092.00
64595	Revise/rmv pn/gastr stimul	3,092.00
64635	Destroy lumb/sac facet jnt	2,381.00
64636	Destroy l/s facet jnt addl	2,381.00
64640	Injection treatment of nerve	5,087.00

64718	Revise ulnar nerve at elbow	5,227.00
64721	Carpal tunnel surgery	6,609.00
66984	Cataract surg w/iol 1 stage	7,682.00
69436	Create eardrum opening	7,020.00
71045	X-ray exam chest 1 view	176.14
74018	X-ray exam abdomen 1 view	176.14
74300	X-ray bile ducts/pancreas	329.40
76000	Fluoroscopy <1 hr phys/qhp	211.20
76872	Us transrectal	904.00
80053	Comprehen metabolic panel	191.00
81001	Urinalysis auto w/scope	82.80
85025	Complete cbc w/auto diff wbc	101.90

The following table is a listing of the most common services provided by our hospital facilities. Should you require a service that you cannot identify on this list, please contact our Business Office at 806.472.7777 and a representative will assist you. In addition, this is a listing of hospital pricing only and does not include a professional billing that would cover the cost of the Physician(s) Service(s). This would include such services as the surgeon, anesthesiologist, pathologist, radiologist and/or the emergency room physician.

You also cannot use this table to determine what your obligation is after insurance has paid because that is based on a contract with the insurance company that pays significantly less than the prices listed and your obligation will be determined based upon the contract we have as well as the policy which you hold. We will do our best based on the information we are able to obtain to provide you with an estimate of what that obligation is prior to service being provided, if you so desire.

For those who do not have insurance coverage( self pay patients) we can also provide you an estimate of your obligation prior to service which may be significantly less than the pricing provided within this listing. You will need to contact the physicians' offices to determine if they provide similar programs.

In addition, you may go to the website: [www.TxPricePoint.org](http://www.TxPricePoint.org) and obtain an average by facility in our community of the overall facility charge for a number of procedures provided which typically require an overnight stay. Again, these charge averages per case do not reflect what your obligation may be due to the same issues discussed above. Most insurance companies and government programs pay significantly less and your obligation is based on their payment structure and the policy you hold with them.

Should you need further help or clarification, please contact our Business Office and someone in that office will be pleased to assist you. You may contact them at 806.472.7777.

Thank you.



















