Dignity Health
Chandler Regional Medical Center

Top 50 Outpatient
FY19

CPT	Cases	Charge per Case	Direct Pay Price
36415 COLLECTION VENOUS BLOOD VENIPUNCTURE	12,533	$ 5,557	$ 3,889.98
99282 EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	10,738	$ 490	$ 342.72
A9270 NON-COVERED ITEM OR SERVICE	7,759	$ 24,731	$ 17,311.93
99283 EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	7,511	$ 777	$ 543.63
81003 URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	5,207	$ 1,041	$ 728.59
71046 RADIOLOGIC EXAM CHEST 2 VIEWS	3,648	$ 1,583	$ 1,107.90
J1885 KETOROLAC TROMETHAMINE INJ	3,581	$ 7,565	$ 5,295.47
S9083 URGENT CARE CENTER GLOBAL	3,462	$ 629	$ 440.38
99212 OFFICE OUTPATIENT VISIT 10 MINUTES	3,453	$ 592	$ 414.32
G0381 LEV 2 HOSP TYPE B ED VISIT	2,751	$ 581	$ 406.39
J1100 DEXAMETHASONE SODIUM PHOS	2,508	$ 3,426	$ 2,398.31
J7030 NORMAL SALINE SOLUTION INFUS	2,299	$ 10,596	$ 7,417.21
87880 IAADIADOO STREPTOCOCCUS GROUP A	2,298	$ 657	$ 459.69
G0382 LEV 3 HOSP TYPE B ED VISIT	2,207	$ 853	$ 596.96
J2405 ONDANSETRON HCL INJECTION	2,199	$ 11,234	$ 7,863.80
J0696 CEFTRIAXONE SODIUM INJECTION	1,991	$ 7,101	$ 4,970.87
Q9967 LOCM 300-399MG/ML IODINE,1ML	1,770	$ 13,361	$ 9,352.92
J3490 DRUGS UNCLASSIFIED INJECTION	1,731	$ 11,022	$ 7,715.57
59025 FETAL NONSTRESS TEST	1,725	$ 3,211	$ 2,247.73
99213 OFFICE OUTPATIENT VISIT 15 MINUTES	1,696	$ 705	$ 493.30
J2270 MORPHINE SULFATE INJECTION	1,637	$ 13,816	$ 9,671.33
87804 IAADIADOO INFLUENZA	1,541	$ 668	$ 467.55
99202 OFFICE OUTPATIENT NEW 20 MINUTES	1,512	$ 434	$ 303.73
11042 DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	1,479	$ 5,489	$ 3,842.05
99281 EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	1,460	$ 328	$ 229.74
G0378 HOSPITAL OBSERVATION PER HR	1,357	$ 31,314	$ 21,919.92
93798 OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	1,327	$ 1,625	$ 1,137.23
93005 ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	1,318	$ 3,873	$ 2,711.19
97169 ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	1,286	$ 27	$ 18.92
12001 SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	1,281	$ 5,383	$ 3,768.23
77063 SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	1,250	$ 906	$ 634.03
J1642 INJ HEPARIN SODIUM PER 10 U	1,159	$ 3,689	$ 2,582.55
70450 CT HEAD/BRAIN W/O CONTRAST MATERIAL	1,125	$ 7,140	$ 4,998.08
J7512 PREDNISONE IR OR DR ORAL 1MG	1,113	$ 2,030	$ 1,421.06
82962 GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	1,079	$ 1,237	$ 866.05
J1200 DIPHENHYDRAMINE HCL INJECTIO	1,053	$ 14,636	$ 10,244.94
J2274 INJ MORPHINE PF EPID ITHC	961	$ 14,375	$ 10,062.80
73630 RADEX FOOT COMPLETE MINIMUM 3 VIEWS	910	$ 1,360	$ 952.26
81001 URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	835	$ 3,217	$ 2,251.69
J0780 PROCHLORPERAZINE INJECTION	812	$ 9,844	$ 6,890.47
73610 RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	795	$ 1,644	$ 1,150.73
G0383 LEV 4 HOSP TYPE B ED VISIT	770	$ 1,031	$ 721.97
99203 OFFICE OUTPATIENT NEW 30 MINUTES	742	$ 677	$ 473.62
12011 +51:74SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	729	$ 7,160	$ 5,011.74
12002 SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	654	$ 10,133	$ 7,092.81
99211 OFFICE OUTPATIENT VISIT 5 MINUTES	633	$ 446	$ 311.87
73562 RADIOLOGIC EXAMINATION KNEE 3 VIEWS	603	$ 2,232	$ 1,562.53
10060 INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	602	$ 3,725	$ 2,607.26
J2060 LORAZEPAM INJECTION	569	$ 13,214	$ 9,249.86
J0897 DENOSUMAB INJECTION	565	$ 11,440	$ 8,008.17