

St. Vincent General Hospital District Common Procedure Charges

Prices current as of January 1, 2018. Prices subject to change.

The health care price for any given health care service is an estimate and the actual charges for the health care service are dependent on the circumstances at the time the service is rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this facility. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 719-486-7157 to discuss payment options prior to receiving a health care service from a health care provider at this facility since posted health care prices may not reflect the actual amount of your financial responsibility.

St Vincent Leadville Medical Clinic		Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT Code
DOT Physical (Dept. of Transportation)		\$102.00	\$81.60	\$86.70	99428
Expanded Pro Fee		\$49	\$39.20	\$41.65	99212
Laceration Repair		\$253	\$202.40	\$215.05	12001
New Patient Focused Pro Fee		\$102	\$81.60	\$86.7	99201
New E/M Expanded Pro Fee		\$81	\$64.80	\$68.85	99202
New Patient Detailed Pro Fee		\$72	\$57.60	\$61.2	99203
Mod Comp Pro Fee		\$88	\$70.40	\$74.8	99214

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Laboratory Tests	Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT Code
Basic Metabolic Panel	\$141	\$112.80	\$119.85	80048
Blood Smear W/ Differential	\$65	\$52	\$55.25	85007
Comprehensive Metabolic Panel	\$171	\$136.80	\$145.35	80053
Complete Blood Count w/ differential	\$102	\$81.60	\$86.70	85025
Complete Blood Count no differential	\$89	\$71.20	\$75.65	85027
C - Reactive Protein	\$88	\$70.40	\$74.80	86140
Blood Culture	\$197	\$157.60	\$167.45	87040
Culture Screen	\$72	\$57.60	\$61.20	87081
Thyroid Stimulating Hormone (TSH)	\$33	26.4	\$28.05	84443
HCG Qualitative	\$65	\$52	\$55.25	84703
Hematocrit Not Spun	\$38	\$30.40	\$32.30	85014
Hemoglobin: Glycosylated (A1C)	\$39	31.2	\$33.15	83036
Lipid Panel	\$28	\$22.40	\$23.80	80061
Organism ID	\$74	\$59.20	\$62.90	87077
Phlebotomy Therapeutic	\$192	\$38.4	\$163.20	99195
Quick Strep	\$104	\$83.2	\$88.40	87880
Troponin	\$196	\$156.80	\$166.60	84484
Urinalysis W/ Scope	\$22	\$17.60	\$18.70	81002
Urinalysis	\$33	\$26.40	\$28.05	81003
Urine Culture w/c CT	\$91	\$72.80	\$77.35	87086

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Urine Culture		\$75	\$60.00	\$63.75	87088
Venipuncture (Lab Draw)		\$25	\$20	\$21.25	36415
Medical Outpatient Expanded Facility Fee		\$126	\$100.80	\$107.10	99213
Medical Outpatient Comp Facility Fee		\$97	\$77.60	\$82.45	99214
Rehabilitation Services		Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT Code
Therapeutic Exercise-15 minutes		\$98	\$78.40	\$83.3	97110
Therapeutic Activity		\$84	\$67.20	\$71.4	97530
Manual Therapy		\$74	\$59.20	\$62.9	97140
Physical Therapy Evaluation Low Complexity		\$316	\$252.80	\$268.6	97161
Neuromuscular Reduction		\$81	\$64.80	\$68.85	97112

Emergency Department	Hospital Fee	Physician Fee	Prompt-Pay Price 20% discount Hospital/Physician	Self-Pay Price 15% discount Hospital/Physician	CPT CODE
Level 1	\$175	\$271	\$140/\$216.80	\$148.75/\$230.35	99281
Level 2	\$235	\$481	\$188/\$384.80	\$199.75/\$408.85	99282
Level 3	\$361	\$721	\$288.80/\$576.80	\$306.85/\$612.85	99283
Level 4	\$602	\$1,021	\$481.60/\$816.80	\$511.70/\$867.85	99284
Level 5	\$793	\$1,652	\$636.40/\$1,317.60	\$674.05/\$1,404.80	99285

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Emergency Department		Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT CODE
Laceration Repair		\$253	\$202.40	215.05	12001
Physician ER II		\$214	\$171.20	181.9	99282
Physician ER III		\$328	\$262.40	278.8	99283
Physician ER IV		\$546	\$436.80	464.1	99284
EKG (Tracing Only)		\$287	\$229.60	243.95	93005
EKG (Interpretation & Report)		\$50	\$40	42.5	93010
IV Push- Initial		\$192	\$153.60	163.2	96374
IV Push- Additional		\$159	\$127.20	135.15	96375
IV Therapy		Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT CODE
Therapeutic Injection Fee		\$137	\$109.60	\$116.45	96372
IV Infusion 1 hr. (hydration)		\$344	\$275.20	\$292.40	96360
IV Infusion hydration– additional hr.		\$126	\$100.80	\$107.10	96361
IV Infusion drug up to 1 hr.		\$344	\$275.20	\$292.40	96365
IV Infusion drug- additional hr.		\$126	\$100.80	\$107.10	96366
Inpatient Services		Price	Prompt-Pay Price 20% discount	Self-Pay Price 15% discount	CPT CODE
Nebulizer TX		\$161	\$128.80	136.85	94640
Physician ACU II		\$481	\$384.80	408.85	99282
Physician ACU III		\$721	\$576.80	612.85	99283
Physician ACU IV		\$1,021	\$816.80	867.85	99284