

Description:

This report shows CPT codes for a particular procedure when the procedure was performed 10 times or more as the primary procedure. It is the average charge for all procedures that may have been provided. The self pay price is the price extended to patients without insurance. Patients with insurance have a contractually "allowed amount." for the procedure (not published) that was negotiated by their insurance plan.

CPT Code	CPT and Description	Average Charge	Self-Pay Price
43239	43239 - UPPER GI ENDOSCOPY, BIOPSY	10,673.07	3,511.44
45385	45385 - LESION REMOVAL COLONOSCOPY	8,747.46	2,877.91
43235	43235 - UPPR GI ENDOSCOPY, DIAGNOSIS	8,902.56	2,928.94
45380	45380 - COLONOSCOPY AND BIOPSY	9,186.73	3,022.43
45378	45378 - DIAGNOSTIC COLONOSCOPY	7,273.06	2,392.84
47562	47562 - LAPAROSCOPIC CHOLECYSTECTOMY	37,407.52	12,307.07
44970	44970 - LAPAROSCOPY, APPENDECTOMY	50,543.51	16,628.82
49650	49650 - LAP ING HERNIA REPAIR INIT	49,286.97	16,215.41
49505	49505 - PRP I/HERN INIT REDUC >5 YR	29,331.26	9,649.98
43244	43244 - UPPER GI ENDOSCOPY/LIGATION	9,730.63	3,201.38
49585	49585 - RPR UMBIL HERN, REDUC > 5 YR	34,370.90	11,308.03
47563	47563 - LAPARO CHOLECYSTECTOMY/GRAPH	41,008.26	13,491.72
45381	45381 - COLONOSCOPY, SUBMUCOUS INJ	9,420.20	3,099.25
49082	49082 - ABD PARACENTESIS	14,827.07	4,878.11
45330	45330 - DIAGNOSTIC SIGMOIDOSCOPY	5,768.65	1,897.89
43249	43249 - ESOPH ENDOSCOPY, DILATION	9,948.03	3,272.90
41800	41800 - DRAINAGE OF GUM LESION	4,096.79	1,347.85
43259	43259 - ENDOSCOPIC ULTRASOUND EXAM	7,607.99	2,503.03
47000	47000 - NEEDLE BIOPSY OF LIVER	10,724.60	3,528.39
43248	43248 - UPPR GI ENDOSCOPY/GUIDE WIRE	7,755.53	2,551.57
43238	43238 - UPPR GI ENDOSCOPY W/US FN BX	12,329.35	4,056.36
43264	43264 - ERCP REMOVE DUCT CALCULI	25,501.71	8,390.06
43247	43247 - OPERATIVE UPPER GI ENDOSCOPY	25,840.59	8,501.56
45331	45331 - SIGMOIDOSCOPY AND BIOPSY	9,133.66	3,004.97
49587	49587 - RPR UMBIL HERN, BLOCK > 5 YR	31,408.10	10,333.26
49560	49560 - RPR VENTRAL HERN INIT, REDUC	34,916.49	11,487.53
43251	43251 - OPERATIVE UPPER GI ENDOSCOPY	11,074.00	3,643.35
46600	46600 - DIAGNOSTIC ANOSCOPY SPX	11,709.44	3,852.40
43237	43237 - ENDOSCOPIC US EXAM, ESOPH	8,942.03	2,941.93
43753	43753 - TX GASTRO INTUB W/ASP	26,691.99	8,781.66
49652	49652 - LAP VENT/ABD HERNIA REPAIR	51,014.59	16,783.80