

# Sutter Health Plus Estimated Cost Sheet

Effective for Calendar Year 2017

CPT	Description	2017 Cost
<b>Doctor's Office Visit for a New Patient (Also Urgent Care)</b>		
99201	Low-level visit	\$99.00
99202	Low to moderate-level visit	\$167.00
99203	Moderate-level visit	\$241.00
99204	Moderate to high-level visit	\$364.00
99205	High-level visit	\$451.00
<b>Doctor's Office Visit for an Established Patient (Also Urgent Care)</b>		
99211	Low-level visit	\$46.00
99212	Low to moderate-level visit	\$99.00
99213	Moderate-level visit	\$163.00
99214	Moderate to high-level visit	\$239.00
99215	High-level visit	\$318.00
<b>Physical Therapy</b>		
97001	Physical therapy evaluation	\$202.00
97140	Physical therapy manual therapy	\$82.00
97014	Electric stimulation therapy, treatment only	\$44.00
97110	Physical therapy exercises, treatment only	\$87.00
<b>Allergy Injections</b>		
95115	Allergy shot, single injection	\$26.00
95117	Allergy shot, two or more injections	\$30.00
<b>CT Scans</b>		
71260	Chest, including dye	\$741.00
70450	Head CT scan	\$465.00
70486	Sinus CT scan	\$644.00
71250	Chest CT scan	\$592.00
74176	Abdomen/pelvis CT without contrast	\$641.00
<b>MRI Scans</b>		
73721	Knee MRI, without contrast	\$783.00
72148	Lumbar spine MRI, without contrast	\$1,065.00
<b>Pregnancy and Prenatal Tests</b>		
59025	Fetal non-stress test	\$130.00
76801	Pregnancy ultrasound, first trimester	\$357.00
76805	Pregnancy ultrasound, after first trimester	\$418.00
76817	Obstetric ultrasound, transvaginal	\$288.00
76815	Obstetric ultrasound, limited	\$255.00
76816	Obstetric ultrasound, after first trimester	\$334.00
<b>Ultrasound</b>		
76700	Abdominal ultrasound	\$397.00
<b>X-rays</b>		
73610	Ankle X-ray, three plus views	\$96.00
77080	Bone density scan, dexa scan	\$140.00
71020	Chest X-ray, two views	\$85.00
73630	Foot X-ray, complete	\$90.00
72100	Lumbar spine X-ray, two or three views	\$102.00
73562	Knee X-ray, three views	\$108.00
73560	Knee X-ray, one or two views	\$88.00
73030	Shoulder X-ray, complete	\$87.00
74000	Abdomen X-ray	\$68.00
73500	Hip X-ray	\$78.00

Estimated cost represents the fee for a single unit of service provided by:

- Palo Alto Medical Foundation  
Palo Alto Medical Group
- Sutter East Bay Medical Foundation  
East Bay Physicians Medical Group
- Sutter Gould Medical Foundation  
Sutter Gould Medical Group
- Sutter Medical Foundation  
Sutter Medical Group
- Sutter Pacific Medical Foundation  
Sutter Medical Group of the Redwoods

Similar services provided at a network hospital or participating provider at another medical group or independent practice association will vary.