

Common Facility Fees

** If Kootenai Health Physician, call estimate line for pricing

CPT Code	Procedure Name	Median Facility Fee	** Physician Fee	Radiology Fee	Anesthesiologist Fee	Pathology Lab Fee
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COMMON OUTPATIENT PROCEDURE PRICE ESTIMATES

45378	COLONOSCOPY, DIAGNOSTIC	\$ 1,889.00	Dependent on Physician	Billed by Radiology Assoc of N. ID (RANI)	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
45380	COLONOSCOPY, WITH BIOPSY	\$ 2,060.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
43235	UPPER GI ENDOSCOPY	\$ 1,792.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
43239	UPPER GI ENDOSCOPY BIOPSY	\$ 1,972.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
95806	HOME SLEEP STUDY	\$ 544.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
95810	SLEEP STUDIES	\$ 3,400.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
29826	SHOULDER ARTHROSCOPIC SURGERY	\$ 22,300.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
29888	KNEE ARTHROSCOPIC SURGERY	\$ 27,900.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
49505	HERNIA INGUINAL REPAIR PATIENT > 5 YRS	\$ 11,400.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
49652	HERNIA UMBILICAL LAPROSCOPY	\$ 18,124.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
58571	LAPAROSCOPIC HYSTERECTOMY	\$ 23,800.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab

COMMON INPATIENT PROCEDURE PRICE ESTIMATES

DRG 775	VAGINAL DELIVERY (MOTHER ONLY)	\$ 6,936.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 774	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES (MOTHER ONLY)	\$ 12,809.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 766	CESAREAN DELIVERY (MOTHER ONLY)	\$ 15,448.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 765	CESAREAN DELIVERY WITH COMPLICATING DIAGNOSES (MOTHER ONLY)	\$ 20,733.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 795	NORMAL NEWBORN (BABY ONLY)	\$ 1,789.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 470	MAJOR JOINT REPLACEMENT OF LOWER EXTREMITY	\$ 53,972.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
DRG 469	MAJOR JOINT REPLACEMENT OF LOWER EXTREM W/ COMPLICATING DIAGNOSIS	\$ 71,400.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab

COMMON IMAGING PRICE ESTIMATES

70450	CT HEAD/BRAIN	\$ 1,175.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
74177	CT ABDOMEN PELVIS W/CONTRAST	\$ 3,301.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
71260	CT THORAX W/CONTRAST	\$ 2,025.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab

70551	MRI BRAIN	\$ 1,678.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
70553	MRI BRAIN WITHOUT AND WITH CONTRAST	\$ 2,476.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
72148	MRI LUMBAR	\$ 1,678.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
72158	MRI LUMBAR WITHOUT AND WITH CONTRAST	\$ 2,745.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73221	MRI JOINT UPPER EXTREMITY	\$ 1,678.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73222	MRI JOINT UPPER EXTREMITY WITH CONTRAST (INCL 77002 FLUORO GUIDE)	\$ 3,356.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73223	MRI JOINT UPPER EXTREMITY WITHOUT AND WITH CONTRAST	\$ 2,698.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73721	MRI JOINT LOWER EXTREMITY	\$ 1,678.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73722	MRI JOINT LOWER EXTREMITY WITH CONTRAST (INCL 77002 FLUORO GUIDE)	\$ 3,070.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab
73723	MRI JOINT LOWER EXTREMITY WITHOUT AND WITH CONTRAST	\$ 2,691.00	Dependent on Physician	Billed by RANI	Billed by Anesthesia Assoc of CDA	Billed by Pathology Lab