

**University of Louisville Hospital Common Outpatient Visits**

Biopsy/Diagnostic	14
Breast Procedures	11
Cardiology	6
Endoscopy/GI	8
ENT	5
Hernia Repair	4
Injections/Spine Puncture	10
Orthopedic	27
Orthopedic/Podiatry	1
Ophthalmology	4
Other Ambulatory Surgery	10
Skin/Tissue Procedures (debride/excise)	16
Urology/Gynecology	17
	133

Usual and Customary Charges:

Description	cpt	multiple cpts	rev code	avg tot chrgs (\$)
ABDOMINAL MASS BIOPSY	49180	49180	360	9,424
BONE MARROW BIOPSY	38221	38221	360	46,306
BONE BIOPSY	20225	20225	360	5,475
LYMPH NODE BIOPSY/EXCISION; OPEN, SUPERFICIAL	38500	38500	360	11,126
LYMPH NODE BIOPSY/EXCISION; BY NEEDLE	38505	38505	360	8,090
LYMPH NODE BIOPSY/EXCISION; OPEN, DEEP CERVICAL	38510	38510	360	14,558
LYMPH NODE BIOPSY/EXCISION; OPEN, DEEP AXILLARY	38525	38525 38792	360	12,852
LIVER BIOPSY	47000	47000	360	4,677
LUNG/MEDIASTINUM BIOPSY	32405	32405	360	7,006
MUSCLE BIOPSY	20205	20205	360	3,856
PROSTATE BIOPSY	55700	55700	360	9,134
RENAL BIOPSY	50200	50200	360	5,554
SKIN BIOPSY	11100	11100 11101 11101 11101 11101 11101	360	9,305
THYROID BIOPSY	60100	60100	360	2,964
ASPIRATION/DRAINAGE CYST	19000	19000	360	4,228
BIOPSY BY AUTOMATED DEVICE USING IMAGE GUIDANCE	19103	19103	360	7,736
BIOPSY BY NEEDLE CORE	19102	19102	360	6,579
BREAST RECONSTRUCTION	19357	19357	360	24,275
MASTECTOMY, PARTIAL	19301	19301	360	10,922
MASTECTOMY, PARTIAL W/AXILLARY LYMPHADENECTOMY	19302	19302	360	14,767
MASTECTOMY, RADICAL (MODIFIED)	19307	19307 19330 19366	360	26,802
MASTECTOMY	19303	19303 38500	360	18,051
OPEN EXCISION CYST/LESION W/ GUIDANCE WIRE	19125	19125	360	11,926
OPEN EXCISION CYST/LESION W/O WIRE	19120	19120	360	9,718
REDUCTION MAMMAPLASTY	19318	19318	360	31,445
ANGIOPLASTY (TRANSLUMINAL BALLOON); FEMORAL	35474	35474	360	34,524
ANGIOPLASTY (TRANSLUMINAL BALLOON); BRACHIOCEPHALIC TRUNK	35475	35475 36145	360	30,621
CREATION OF ARTERIOVENOUS FISTULA	36830	36830	360	22,071
INSERT/REPLACE PACEMAKER PULSE GENERATOR	33213	33213	360	13,162
INSERT/REPLACE PERMANENT PACEMAKER	33208	33208	361	43,907
LEFT HEART CATHETERIZATION	93510	93510 93539 93543 93545 93555	480	13,378
BRONCHOSCOPY	31625	31625	360	8,720
COLONOSCOPY; DIAGNOSTIC	45378	45378	360	3,081
COLONOSCOPY W/BIOPSY	45380	45380	360	4,281
COLONOSCOPY, LESSION REMOVAL	45385	45385	360	4,290
EGD AND COLONOSCOPY	43239	45380	#N/A	6,984
PROCTOSIGMOIDOSCOPY	45300	45300	360	5,218
SIGMOIDOSCOPY	45330	45330	360	1,458
UPPER GI ENDOSCOPY (EGD)	43239	43239	360	5,373
SEPTOPLASTY	30520	30520	360	15,612
TONSILLECTOMY AND ADENOIDECTOMY	42821	42821	360	3,941
TONSILLECTOMY	42826	42826	360	8,777
TYMPANOPLASTY (REPAIR EARDRUM)	69631	69631	360	24,646
TYMPANOSTOMY W/EAR TUBES	69436	69436	360	3,356
INCISIONAL OR VENTRAL HERNIA REPAIR	49560	49560	360	13,217
INGUINAL HERNIA REPAIR, LAPAROSCOPIC	49650	49650	360	20,684
INGUINAL HERNIA REPAIR	49505	49505	360	12,619
UMBILICAL HERNIA REPAIR	49585	49585	360	8,155
INJECTION, ANESTHETIC/STEROID, TRANSFORAMINAL EPIDURAL	64483	64483	360	3,692
INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	64405	64405	360	1,971
INJECTION, ANESTHETIC/STEROID, FACET JOINT	64475	64475	360	4,325
INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC	64520	64520	360	2,321
INJECTION, ANESTHETIC/STEROID, FACET JOINT; CERVICAL/THORACIC	64470	64470	360	4,486

Usual and Customary Charges:

Description	cpt	multiple cpts	rev code	avg tot chrgs (\$)
INJECTION (CERVICAL) EPIDURAL OR SUBARACHNOID	62310	62310	360	2,928
INJECTION, MUSCLES (3 OR MORE)	20553	20553	360	1,162
INJECTION, MUSCLE(S) (1 OR 2)	20552	20552	360	719
INJECTION (LUMBAR) EPIDURAL OR SUBARACHNOID	62311	62311	360	2,916
SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	62270	62270	360	9,509
AMPUTATION TOE	28820	28820	360	12,620
ANKLE FRACTURE TREATMENT	27792	27792	360	24,278
ARTHROCENTESIS; MAJOR JOINT (SHOULDER, HIP, KNEE)	20610	20610	360	2,443
ARTHROCENTESIS; SMALL JOINT (FINGERS, TOES)	20600	20600	360	9,096
ARTHROPLASTY, ANKLE/SHOULDER/HAND/FOOT	25447	25447 26483	360	12,707
CARPAL TUNNEL RELEASE	64721	64721	360	6,184
CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION	26432	26432	360	7,237
FASCIECTOMY, W/ RELEASE OF SINGLE DIGIT	26123	26123	360	16,714
KNEE ARTHROSCOPY, SYNOVECTOMY, LIMITED	29875	29875	360	11,517
KNEE ARTHROSCOPY, W/MENISCECTOMY (MEDIAL OR LATERAL)	29881	29881	360	14,270
KNEE ARTHROSCOPY, W/MENISCUS REPAIR (MEDIAL OR LATERAL)	29882	29882	360	7,864
KNEE ARTHROSCOPY, ANTERIOR CRUCIATE LIGAMENT REPAIR	29888	29888	360	35,733
LAMINOTOMY (SPINE SURGERY/DECOMPRESSION)	63030	63030	360	20,907
MANIPULATION OF KNEE JOINT W/ GEN. ANESTHESIA	27570	27570	360	7,361
MANIPULATION OF SHOULDER JOINT W/ GEN. ANESTHESIA	23700	23700	360	4,343
NEUROPLASTY/TRANSPOS ULNAR NERVE AT ELBOW	64718	64718	360	7,853
OPEN TREATMENT DISTAL RADIAL FRACTURE	25607	25607	360	18,075
OPEN TREATMENT METACARPAL FRACTURE	26615	26615	360	11,590
OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE	26735	26735	360	15,030
OPEN TREATMENT FRACTURE	27792	27792	360	24,278
REMOVAL OF IMPLANT; DEEP	20680	20680	360	11,253
SHOULDER ARTHROSCOPY; REPAIR SLAP LESION	29807	29807	360	11,348
SHOULDER ARTHROSCOPY; DEBRIDEMENT, LIMITED	29822	29822 29824	360	14,507
SHOULDER ARTHROSCOPY; DISTAL CLAVICULECTOMY	29824	29824	360	25,887
SHOULDER ARTHROSCOPY; DECOMPRESS SUBACROMIAL SPACE	29826	29826	360	18,849
SHOULDER ARTHROSCOPY; WITH ROTATOR CUFF REPAIR	29827	29827	360	19,249
TENDON SHEATH INCISION (FOR TRIGGER FINGER)	26055	26055	360	6,034
CORRECTION, HAMMERTOE	28285	28285 28285 28285	360	32,338
BLEPHAROPLASTY	15823	15823	360	6,406
CATARACT REMOVAL W/INSERTION OF LENS	66984	66984	360	9,063
CATARACT REMOVAL W/INSERTION OF LENS (NON-ROUTINE)	66982	66982	360	8,059
STRABISMUS SURGERY	67312	67312	360	9,018
ABDOMINAL PARACENTESIS (DRAIN FLUID ASSESS BLEEDING)	49080	49080	360	2,605
CHOLECYSTECTOMY	47562	47562	360	17,105
CHOLECYSTECTOMY, LAPAROSCOPIC	47563	47563	360	18,444
HEMORRHOIDECTOMY	46255	46255	360	7,608
INSERTION CENTRAL VENOUS ACCESS W/PORT	36561	36561	360	10,317
INSERTION CENTRAL VENOUS CATHETER	36569	36569	360	3,629
INTRODUCTION OF CATHETER, AORTA	36200	36200	360	18,349
THYROID LOBECTOMY, PARTIAL	60210	60210	360	16,881
THYROIDECTOMY, TOTAL/COMPLETE	60240	60240	360	22,714
TOTAL THYROID LOBECTOMY, UNILATERAL	60220	60220	360	19,362
DEBRIDEMENT; SKIN AND MUSCLE	11043	11043	360	14,626
DEBRIDEMENT; SKIN/SUBCUTANEOUS TISSUE	11042	11042	360	8,791
DEBRIDEMENT; SKIN, MUSCLE AND BONE	11044	11044	360	9,521
DEBRIDEMENT; SKIN, PARTIAL THICKNESS	11040	11040	360	9,438
EXCISE BENIGN LESION, SCALP, NECK, HANDS, FEET, GENITALIA	11422	11422 43200	360	10,284
EXCISE GANGLION, WRIST	25111	25111	360	12,332
EXCISE LESION/MARGINS, TRUNK, ARMS OR LEGS	11406	11406	360	7,870
EXCISE MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS	11642	11642	360	7,528
EXCISE MALIGNANT LESION, TRUNK, ARMS, OR LEGS	11603	11603	360	7,619
EXCISE MASS, CYST, LIPOMA, LESION SCALP, NECK, HANDS, FEET, GENITL	11421	11421	360	6,327
EXCISE TUMOR, SOFT TISSUE BACK OR FLANK	21930	21930	360	5,732
FINE NEEDLE ASPIRATION	10022	10022	360	4,352
INCISION/DRAINAGE OF ABSCESS	10061	10061	360	8,608
INCISION/DRAINAGE OF HEMATOMA, SEROMA, FLUID	10140	10140	360	10,099
PUNCTURE ASPIRATION ABSCESS, HEMATOMA, BULLA, OR CYST	10160	10160	360	9,073
TISSUE TRANSFER/REARRANGE, EYELIDS, NOSE, EARS, LIPS	14060	14060	360	19,747
CYSTOURETHROSCOPY	52000	52000	360	15,102
CYSTOURETHROSCOPY, W/INSERTION OF STENT	52332	52332	360	10,345
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	52005	360	7,558
CYSTOURETHROSCOPY W/FULGURATION OR RESECT TUMOR	52235	52235	360	14,587
DILATION AND CURETTAGE	58120	58120	360	15,196
DIAGNOSTIC LAPAROSCOPY (UNLISTED GYN PROCEDURE)	58999	58999	360	10,515
HYSTERECTOMY; VAGINAL	58260	58260	360	22,988
HYSTEROSCOPY W/D & C AND BIOPSY	58558	58558	360	9,669
HYSTEROSCOPY W/ENDOMETRIAL ABLATION	58563	58563	360	13,683

Usual and Customary Charges:

Description	cpt	multiple cpts	rev code	avg tot chrgs (\$)
INSERTION OF INTRAUTERINE DEVICE (IUD)	58300	58300	360	5,550
LITHOTRIPSY (KIDNEY/BLADDER STONES)	50590	50590	360	5,699
ORCHIOPEXY (FOR UNDESCENDED TESTICLE)	54640	54640	360	10,489
PROSTATE BIOPSY	55700	55700	360	9,134
RENAL BIOPSY	50200	50200	360	5,554
SLING OPERATION FOR STRESS INCONTINENCE	57288	57288	360	18,660
TREATMENT OF MISSED ABORTION	59820	59820	360	7,799
UTERINE ISOLATION (OCCLUSION OF OVIDUCTS)	58671	58671	360	10,429