

# Three Rivers Health

Charge Codes as of January 1, 2017



CHARGE	DESCRIPTION	RATE	INSURANCE
CODE	ROOM RATES		CPT CODE
00000510	MEDICAL/SURGICAL UNIT	\$895.50	
00000500	OBSTETRICS UNIT	\$830.50	
00000550	NURSERY UNIT	\$803.50	
00000710	REHAB UNIT	\$907.00	
00000540	ICU Level 1	\$2,839.00	
00000640	ICU Level 2	\$1,669.00	
00000631	ICU Level 3	\$1,248.50	
00000511	ORTHOPEDICS	\$1,248.50	
	<b>OBSERVATION STATUS PER HOUR</b>		
	MEDICAL/SURG UNIT FIRST HOUR	\$153.00	
	MEDICAL/SURG UNIT EACH ADDITIONAL HOUR	\$35.70	
	<b>EMERGENCY DEPARTMENT LEVEL RATES</b>		
000002960	ED LEVEL I	\$240.00	99281
000002961	ED LEVEL II	\$315.50	99282
000002962	ED LEVEL III	\$474.00	99283
000002963	ED LEVEL IV	\$787.00	99284
000002964	ED LEVEL V	\$796.50	99285
	<b>LABORATORY</b>		
000008341	BASIC META PANEL W/CALCIUM TOT	\$91.50	80048
000008362	CBC WITH DIFF	\$193.50	85025
000008116	COMPREHENSIVE METABOLIC PANEL	\$186.50	80053
000008497	THYROID STIMULATE HORMONE-TSH	\$180.50	84443
000008700	URINALYSIS	\$56.50	81001
	<b>MEDICAL IMAGING</b>		
000007330	ABDOMEN single view	\$189.00	74000
000007102	CHEST 2 view	\$235.00	71020
000007582	CT HEAD without Contrast	\$1,257.00	70450
000007761	HAND 3 View	\$173.00	73130
000007127	MAMMOGRAM SCREENING DIGITAL BILAT	\$311.00	77067
000007904	MRI BRAIN Without Contrast	\$2,590.0	70551

To view the full Charge Master, please contact Maria Salinas at [MSalinas@trhealth.org](mailto:MSalinas@trhealth.org) or at 1.269.278.1145 x209

Note: The ED Level Charges do not include Physician Fee

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	<b>ULTRASOUND</b>		
000007815	ABDOMEN RIGHT UPPER QUADRANT	\$957.50	76705
000007072	ECHOCARDIOGRAM(2D/DOP/COLOR/MMODE	\$1,472.00	93306
000007651	OB GREATER THAN 14 WKS	\$518.50	76805
000007876	PELVIS COMPLETE	\$771.50	76856
000007401	THYROID	\$433.50	76536
	<b>PHYSICAL THERAPY</b>		
000004215	THERAPEUTIC EXERCISE EACH 15MIN	\$157.50	97110GP
000004172	MANUAL THERAPY EACH 15 MINUTES	\$131.00	97140GP
000004223	AQUATIC EXERCISE EACH 15 MIN	\$109.00	97113GP
000004270	COMPREHENSIVE EVALUATION PHYSICAL THERAP	\$341.00	97001GP

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