

KPC PROMISE HOSPITAL OF SALT LAKE CITY

All services provided at this facility are available only to inpatients and cannot be scheduled in advance by a healthcare consumer.

Effective: July 1, 2023

SHOPPABLE SERVICE	PRIMARY SERVICE AND ANCILLARY SERVICES	CPT/HCPCS CODE	INPATIENT DEFAULT GROSS CHARGE	OUTPATIENT DEFAULT GROSS CHARGE	DE-IDENTIFIED MINIMUM NEGOTIATED CHARGES	DE-IDENTIFIED MAXIMUM NEGOTIATED CHARGES	DISCOUNTED CASH PRICE
EVALUATION & MANAGEMENT SERVICES							
Psychotherapy, 30 min	Service Not Provided	90832	NA	NA	NA	NA	NA
Psychotherapy, 45 min	Service Not Provided	90834	NA	NA	NA	NA	NA
Psychotherapy, 60 min	Service Not Provided	90837	NA	NA	NA	NA	NA
Family psychotherapy, not including patient, 50 min	Service Not Provided	90846	NA	NA	NA	NA	NA
Family psychotherapy, including patient, 50 min	Service Not Provided	90847	NA	NA	NA	NA	NA
Group psychotherapy	Service Not Provided	90853	NA	NA	NA	NA	NA
New patient office or other outpatient visit, typically 30 min	Service Not Provided	99203	NA	NA	NA	NA	NA
New patient office of other outpatient visit, typically 45 min	Service Not Provided	99204	NA	NA	NA	NA	NA
New patient office of other outpatient visit, typically 60 min	Service Not Provided	99205	NA	NA	NA	NA	NA
Patient office consultation, typically 40 min	Service Not Provided	99243	NA	NA	NA	NA	NA
Patient office consultation, typically 60 min	Service Not Provided	99244	NA	NA	NA	NA	NA
Initial new patient preventive medicine evaluation (18-39 years)	Service Not Provided	99385	NA	NA	NA	NA	NA
Initial new patient preventive medicine evaluation (40-64 years)	Service Not Provided	99386	NA	NA	NA	NA	NA
LABORATORY & PATHOLOGY SERVICES							
Basic metabolic panel	Service Not Provided	80048	NA	NA	NA	NA	NA
Blood test, comprehensive group of blood chemicals	Service Not Provided	80053	NA	NA	NA	NA	NA
Obstetric blood test panel	Service Not Provided	80055	NA	NA	NA	NA	NA
Blood test, lipids (cholesterol and triglycerides)	Service Not Provided	80061	NA	NA	NA	NA	NA
Kidney function panel test	Service Not Provided	80069	NA	NA	NA	NA	NA
Liver function blood test panel	Service Not Provided	80076	NA	NA	NA	NA	NA
Manual urinalysis test with examination using microscope	Service Not Provided	81000 or	NA	NA	NA	NA	NA
Automated urinalysis test	Service Not Provided	81002 or	NA	NA	NA	NA	NA
PSA (prostate specific antigen)	Service Not Provided	84153-84154	NA	NA	NA	NA	NA
Blood test, thyroid stimulating hormone (TSH)	Service Not Provided	84443	NA	NA	NA	NA	NA
Complete blood cell count, with differential white blood cells,	Service Not Provided	85025	NA	NA	NA	NA	NA
Complete blood count, automated	Service Not Provided	85027	NA	NA	NA	NA	NA
Blood test, clotting time	Service Not Provided	85610	NA	NA	NA	NA	NA
Coagulation assessment blood test	Service Not Provided	85730	NA	NA	NA	NA	NA
RADIOLOGY SERVICES							
CT scan, head or brain, without contrast	Service Not Provided	70450	NA	NA	NA	NA	NA
MRI scan of brain before and after contrast	Service Not Provided	70553	NA	NA	NA	NA	NA
X-Ray, lower back, minimum four views	Service Not Provided	72110	NA	NA	NA	NA	NA
MRI scan of lower spinal canal	Service Not Provided	72148	NA	NA	NA	NA	NA
CT scan, pelvis, with contrast	Service Not Provided	72193	NA	NA	NA	NA	NA
MRI scan of leg joint	Service Not Provided	73721	NA	NA	NA	NA	NA
CT scan of abdomen and pelvis with contrast	Service Not Provided	74177	NA	NA	NA	NA	NA
Ultrasound of abdomen	Service Not Provided	76700	NA	NA	NA	NA	NA
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0	Service Not Provided	76805	NA	NA	NA	NA	NA
Ultrasound pelvis through vagina	Service Not Provided	76830	NA	NA	NA	NA	NA
Mammography of one breast	Service Not Provided	77065	NA	NA	NA	NA	NA
Mammography of both breasts	Service Not Provided	77066	NA	NA	NA	NA	NA
Mammography, screening, bilateral	Service Not Provided	77067	NA	NA	NA	NA	NA
MEDICINE AND SURGERY SERVICES							
Cardiac valve and other major cardiothoracic procedures with cardiac	Service Not Provided	216	NA	NA	NA	NA	NA
Spinal fusion except cervical without major comorbid conditions or	Service Not Provided	460	NA	NA	NA	NA	NA
Major joint replacement or reattachment of lower extremity without	Service Not Provided	470	NA	NA	NA	NA	NA
Cervical spinal fusion without comorbid conditions (CC) or major	Service Not Provided	473	NA	NA	NA	NA	NA
Uterine and adnexa procedures for non-malignancy without comorbid	Service Not Provided	743	NA	NA	NA	NA	NA
Removal of 1 or more breast growth, open procedure	Service Not Provided	19120	NA	NA	NA	NA	NA
Shaving of shoulder bone using an endoscope	Service Not Provided	29826	NA	NA	NA	NA	NA
Removal of one knee cartilage using an endoscope	Service Not Provided	29881	NA	NA	NA	NA	NA
Removal of tonsils and adenoid glands patient younger than age 12	Service Not Provided	42820	NA	NA	NA	NA	NA
Diagnostic examination of esophagus, stomach, and/or upper small	Service Not Provided	43235	NA	NA	NA	NA	NA
Biopsy of the esophagus, stomach, and/or upper small bowel using an	Service Not Provided	43239	NA	NA	NA	NA	NA
Diagnostic examination of large bowel using an endoscope	Service Not Provided	45378	NA	NA	NA	NA	NA
Biopsy of large bowel using an endoscope	Service Not Provided	45380	NA	NA	NA	NA	NA
Removal of polyps or growths of large bowel using an endoscope	Service Not Provided	45385	NA	NA	NA	NA	NA
Ultrasound examination of lower large bowel using an endoscope	Service Not Provided	45391	NA	NA	NA	NA	NA
Removal of gallbladder using an endoscope	Service Not Provided	47562	NA	NA	NA	NA	NA
Repair of groin hernia patient age 5 years or older	Service Not Provided	49505	NA	NA	NA	NA	NA
Biopsy of prostate gland	Service Not Provided	55700	NA	NA	NA	NA	NA
Surgical removal of prostate and surrounding lymph nodes using an	Service Not Provided	55866	NA	NA	NA	NA	NA
Routine obstetric care for vaginal delivery, including pre-and post-	Service Not Provided	59400	NA	NA	NA	NA	NA
Routine obstetric care for cesarean delivery, including pre-and post-	Service Not Provided	59510	NA	NA	NA	NA	NA
Routine obstetric care for vaginal delivery after prior cesarean delivery	Service Not Provided	59610	NA	NA	NA	NA	NA
Injection of substance into spinal canal of lower back or sacrum using	Service Not Provided	62322-62323	NA	NA	NA	NA	NA
Injections of anesthetic and/or steroid drug into lower or sacral spine	Service Not Provided	64483	NA	NA	NA	NA	NA
Removal of recurring cataract in lens capsule using laser	Service Not Provided	66821	NA	NA	NA	NA	NA
Removal of cataract with insertion of lens	Service Not Provided	66984	NA	NA	NA	NA	NA
Electrocardiogram, routine, with interpretation and report	Service Not Provided	93000	NA	NA	NA	NA	NA
Insertion of catheter into left heart for diagnosis	Service Not Provided	93452	NA	NA	NA	NA	NA
Sleep study	Service Not Provided	95810	NA	NA	NA	NA	NA
Physical therapy, therapeutic exercise	Service Not Provided	97110	NA	NA	NA	NA	NA