

**Copper Queen Community Hospital Pricing List**  
**OUTPATIENT FACILITY**  
**Direct Pay Amount as of 1/1/15**

Service	Code	Direct Pay Amount
BASIC METABOLIC PANEL	01300066	\$ 54.00
BLOOD COLLECTION	01390083	13.00
CATH IV - ANGIO 24	03210258	7.50
CBC	01393493	58.00
CHEST TWO VIEW	02210200	259.00
COMP METABOLIC PANEL	01301304	150.00
CRNA 15 MINUTE PRO FEE	01502018	49.50
CULTURE URINE	01370861	69.50
DRSG TEGADERM 1X1.75	01009010	5.00
EKG (12 LEAD)	02008011	92.00
EKG INTERP & REPORT-HOSPITAL	02008040	49.00
ER LEVEL 2	11800350	440.00
ER LEVEL 3	11820200	703.00
ER OBSERVATION	11810300	50.50
HGB A1C	01329933	58.50
INTRAVENOUS PUSH ADMINISTRATI	11800418	55.50
IV PRIMARY TUBING CASSETTE	03210100	28.50
IV-NORMAL SALINE (0.9%) : 1000 ML	03200234	17.50
LDL DIRECT	01393909	62.50
LIPID PANEL	01301205	78.00
OXYGEN HOUR	03402836	5.50
PROF FEE LEVEL 3	11900504	402.00
PROF FEE LEVEL 4	11900603	475.00
PROTIME	01356100	28.00
PT MAN THER TECHNQ @ 15 MIN	03777321	69.00
PT THERAPEUTIC EX @15 MIN	03770276	69.00
PT ULTRASOUND EACH 15 MIN	03770284	69.00
PULSE OX	03403412	18.50
SALINE FLUSH 10 ML	01004303	3.50
SMART SITE MALE ADAPTER	01091149	6.00
T4 FREE	01300538	150.00
TSH	01344437	97.00
UA RFLX CULTURE	01310008	31.50
URINALYSIS (W/ MICRO)	01394104	31.50