

Understanding Your Costs and Coverage

Thank you for choosing UW Medicine. We know that understanding your healthcare costs can be a challenge — we’re here to help. Your healthcare costs depend on many factors - such as your insurance plan and its cost-sharing features, where you are cared for, and the type of services you receive. We have resources available to help you estimate your cost of care, understand the billing process, get the full benefit of your insurance coverage, and find contact information.

There are ways to prepare for your financial responsibilities before, during and after your medical care. From knowing your insurance coverage ahead of time to reading your Explanation of Benefits to understanding your bill, we want to help you know how best to manage your financial responsibilities.

Insurance coverage varies among individual insurers and policies. Most insurers publish benefit information online or in a benefit manual that you can get directly from your insurer. We encourage you to call your insurance company before your visit to understand what your insurance will pay, which providers are in network and your out-of-pocket responsibility.

Below are estimated prices for clinic visits and the most requested estimates for minor, outpatient procedures done at the HMC Ambulatory Clinics. These clinics are all licensed as outpatient hospital locations. You and/or your insurance company will be charged both an outpatient hospital facility charge and a professional charge for physician services when the procedures listed below (and certain other outpatient services/procedures) are performed in an outpatient hospital-based facility.

Please note that the prices of services are different at each UW Medicine entity. This is because, although they are all part of the UW Medicine enterprise health system, each entity is a separate business with its own employees, budget and expense structure.

HMC Clinic Visit Fees (Facility and Professional)

Type of Clinic Visit (15-60 minutes; fee varies based upon visit duration and number of clinical systems reviewed during visit)	FY19 Facility Fee (HMC&UWMC OP Clinics)	FY19 Practitioner Fee (UWMC & HMC OP Clinics)	FY19 Practitioner Fee (ESC/UWNC)*
Outpatient New Patient Visit	\$248	\$59 - \$368	\$97- \$451
Outpatient Established Patient Visit	\$248	\$20 - \$242	\$47- \$316

Notes: *Professional fees at Eastside Specialty Center (ESC) and UW Medicine Neighborhood Clinic (UWNC) include a facility charge component within the professional fee. HMC and UWMC Outpatient (OP) Clinics charge separate facility and professional charges.

Procedure CPT Code	Procedure Name (AMA Consumer Friendly Descriptor)	HMC Facility Fee	UWP Professional Fee
45378	Diagnostic examination of large bowel using an endoscope	\$2,849	\$593
93451	Insertion of catheter for diagnostic evaluation of right heart structures	\$15,150	\$413
43235	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	\$2,986	\$394
66984	Removal of cataract with insertion of lens	\$9,268	\$1,987
20680	Removal of deep bone implant	\$2,326	\$1,327
93458	Insertion of catheter in left heart for imaging of blood vessels or grafts and left lower heart	\$18,297	\$942
70553	MRI scan of brain before and after contrast	\$2,234	\$354
74177	CT scan of abdomen and pelvis with contrast	\$4,936	\$283
43260	Diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope	\$3,137	\$1,034

Procedure CPT Code	Procedure Name (AMA Consumer Friendly Descriptor)	HMC Facility Fee	UWP Professional Fee
93306	Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve function	\$2,814	\$227
73721	MRI scan of leg joint	\$3,284	\$212
72148	MRI scan of lower spinal canal	\$3,868	\$231
70450	CT scan head or brain	\$1,229	\$132
92943	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel, accessed through the skin	\$30,495	\$2,107
76700	Ultrasound of abdomen	\$817	\$125
92960	External shock to heart to regulate heart beat	\$1,159	\$342
36561	Insertion of central venous catheter and implanted device for infusion beneath the skin, patient 5 years or older	\$8,001	\$1,067
71250	CT scan chest	\$1,959	\$181

Procedure CPT Code	Procedure Name (AMA Consumer Friendly Descriptor)	HMC Facility Fee	UWP Professional Fee
76856	Ultrasound of pelvis	\$822	\$107
93653	Evaluation and insertion of catheters for creation of complete heart block	\$54,423	\$2,652
70486	CT scan of face	\$1,262	\$133
70551	MRI scan of brain	\$1,564	\$231
93656	Evaluation and insertion of catheters for recording, pacing, and treatment of abnormal heart rhythm	\$56,921	\$3,562
58558	Biopsy and/or removal of polyp of the uterus using an endoscope	\$7,690	\$727
74183	MRI scan of abdomen before and after contrast	\$3,551	\$341
72197	MRI scan of pelvis before and after contrast	\$3,551	\$341
76536	Ultrasound of head and neck	\$501	\$87
73700	CT scan leg	\$1,300	\$156
73221	MRI scan of arm joint	\$2,465	\$212

Procedure CPT Code	Procedure Name (AMA Consumer Friendly Descriptor)	HMC Facility Fee	UWP Professional Fee
74176	CT scan of abdomen and pelvis	\$3,889	\$270
30520	Reshaping of nasal cartilage	\$5,952	\$1,900
63030	Partial removal of bone with release of spinal cord or spinal nerves of 1 interspace in lower spine	\$6,437	\$3,073
G0463	Hospital outpatient clinic visit	\$248	\$0
93654	Evaluation and insertion of catheters for recording, pacing, and attempted induction of abnormal heart rhythm	\$56,921	\$3,552
76705	Ultrasound of abdomen	\$509	\$92
19120	Removal of 1 or more breast growth, open procedure	\$8,211	\$1,297
63030	Partial removal of bone with release of spinal cord or spinal nerves of 1 interspace in lower spine	\$6,437	\$3,073
72141	MRI scan of upper spinal canal	\$3,392	\$231

Procedure CPT Code	Procedure Name (AMA Consumer Friendly Descriptor)	HMC Facility Fee	UWP Professional Fee
93351	Ultrasound examination and continuous monitoring of the heart performed during rest, exercise, and/or drug-induced stress with interpretation and report	\$2,581	\$264
71260	CT scan chest with contrast	\$2,474	\$193
11606	Removal of malignant growth (over 4.0 centimeters) of the trunk, arms, or legs	\$3,168	\$1,007