

## List of 25 Common Outpatient Procedures for 2024

**Hospital Name:**  
**HCAI Facility No:**  
**Effective Date of Charges:**

In response to requests from hospitals and the public, HCAI has developed this form to assist hospitals in collecting and submitting the average charge for 25 common outpatient procedures performed by hospitals, as required by AB 1045 (Chapter 532, Statutes of 2005). **Use of the HCAI form is voluntary**, but highly encouraged, as it allows hospitals to report and the public to compare uniform information regarding common outpatient procedures.

<b>Evaluation &amp; Management Services (CPT Codes 99201-99499)</b>	<b>2024 CPT Code</b>	<b>Average Charge</b>
Emergency Room Visit (straightforward)	99282	
Emergency Room Visit (low level)	99283	
Emergency Room Visit (moderate level)	99284	
Emergency Room Visit (high level)	99285	
Outpatient Visit, established patient, 20+ minutes	99213	
<b>Laboratory &amp; Pathology Services (CPT Codes 80047-89398)</b>	<b>2024 CPT Code</b>	<b>Average Charge</b>
Basic Metabolic Panel	80048	
Blood Gas Analysis, including O <sub>2</sub> saturation	82805	
Complete Blood Count, automated	85027	
Complete Blood Count, with differential WBC, automated	85025	
Comprehensive Metabolic Panel	80053	
Creatine Kinase (CK), (CPK), Total	82550	
Lipid Panel	80061	
Partial Thromboplastin Time	85730	
Prothrombin Time	85610	
Thyroid Stimulating Hormone	84443	
Troponin, Quantitative	84484	
Urinalysis, without microscopy	81002 or 81003	
Urinalysis, with microscopy	81000 or 81001	
<b>Radiology Services (CPT Codes 70010-79999)</b>	<b>2024 CPT Code</b>	<b>Average Charge</b>
CT Scan, Abdomen, with contrast	74160	
CT Scan, Head or Brain, without contrast	70450	
CT Scan, Pelvis, with contrast	72193	
Mammography, Screening, Bilateral	77067	
MRI, Brain, without contrast, followed by contrast	70553	
Ultrasound, Abdomen, Complete	76700	
Ultrasound, OB, 14 weeks or more, transabdominal	76805	
X-Ray, Lower Back, minimum four views	72110	
X-Ray, Chest, two views	71046	
<b>Medicine Services (CPT Codes 90281-99607)</b>	<b>2023 CPT Code</b>	<b>Average Charge</b>
Cardiac Catheterization, Left Heart, percutaneous	93452	
Echocardiography, Transthoracic, complete, without Doppler	93307	
Electrocardiogram, routine, with interpretation and report	93000	
Inhalation Treatment, pressurized or nonpressurized	94640	
Physical Therapy, Evaluation	97161-97163	
Physical Therapy, Gait Training	97116	
Physical Therapy, Therapeutic Exercise	97110	

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Surgery Services (CPT Codes 10021-69990)	2024 CPT Code	Average Charge
Arthroscopy, Knee, with meniscectomy (medial or lateral)	29881	
Arthroscopy, Shoulder, with partial acromioplasty	29826	
Carpal Tunnel Surgery	64721	
Cataract Removal with Insertion of Intraocular Lens, 1 Stage	66984	
Colonoscopy, diagnostic	45378	
Colonoscopy, with biopsy	45380	
Colonoscopy, with lesion removal, by snare technique	45385	
Discission, secondary membranous cataract, laser surgery	66821	
Endoscopy, Upper GI, with biopsy	43239	
Endoscopy, Upper GI, diagnostic	43235	
Excision, Breast Lesion, without preoperative radiological marker	19120	
Hernia Repair, Inguinal, 5 years and older	49505	
Injection, Diagnostic or Therapeutic substance, epidural, lumbar	62322-62323	
Injection, Anesthetic or Steroid, transforaminal epidural, lumbar	64483	
Laparoscopic Cholecystectomy	47562	
Tympanostomy (insert ventilating tube, general anesthesia)	69436	
Tonsillectomy with Adenoidectomy, less than 12 years old	42820	

Other Common Outpatient Procedures (list as needed)	2024 CPT Code	Average Charge

<b>Count of Reported Procedures (minimum 25 required)</b>	0
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**Instructions for Completing AB 1045 Common Outpatient Procedure Form**

1. Enter Hospital Name and HCAI Facility Number. Revise Effective Date of Charges, if necessary.
2. Enter Average Charge for at least 25 commonly performed outpatient procedures. For Evaluation & Management Services, do not include related ancillary charges. For all other procedures, include related ancillary charges.  
**NOTE:** The CPT codes are included on this form to help identify the listed procedures based on the frequencies across hospital-based ambulatory surgery data. The average charge for all related services and procedures (e.g., supplies, drugs, lab, use of operating room, etc.) should be included in the average charge for that procedure.
3. Do not change procedure descriptions or CPT code references. Use "Other Common Outpatient Procedures" (rows 62-71) if you are unable to select procedures from list.
4. Submit completed form as Excel (.xls) file, along with chargemaster and percent change in gross revenue calculation, by e-mail to [chargemaster@hcai.ca.gov](mailto:chargemaster@hcai.ca.gov) or by standard mail on CD.