

## AB 1045 - List of 25 Common Outpatient Procedures for 2008

**Hospital Name: Alvarado Parkway Institute**  
**OSHPD Facility No: 106370749**  
**Effective Date of Charges: June 1, 2020**

In response to requests from hospitals and the public, OSHPD has developed this form to assist hospitals in collecting and submitting the average charge for 25 common outpatient procedures performed by hospitals, as . and compared outpatient data obtained from CMS and DHCS. **Use of the OSHPD form is voluntary**, but highly encouraged, as it allows hospitals to report and the public to compare uniform information regarding common outpatient procedures.

Laboratory & Pathology Services (CPT Codes 80048-89356)	2020 CPT Code	Average Charge
Albumin	82040	\$7.46
Ammonia	82140	\$39.00
Complete Blood Count, with differential WBC, automated	85025	\$25.50
Comprehensive Metabolic Panel	80053	\$39.60
Dilantin	80100	\$13.20
Free T4	84439	\$16.80
Lipid Panel	80061	\$20.98
Lithium	80178	\$39.00
TSH	84443	\$8.70
Urinalysis, without microscopy	81003	\$24.00
Urine Culture	87086	\$32.10
Valporic Acid	80164	\$12.00
Drug Screen	80101	\$27.60
Triglycerides	84478	\$7.46
Hepatitis B	87340	\$24.47
Venipuncture	36415	\$30.00
Vitamin B12	82607	\$13.50
Radiology Services (CPT Codes 70010-79999)	2020 CPT Code	Average Charge
Chest Xray	71010	\$45.60
Abdomen Xray	74000	\$44.40
Knee	73562	\$159.41
Other Common Outpatient Procedures (list as needed)	2020 CPT Code	Average Charge
Psych/Group Family	90847	\$300.00
Psych/Group Rx	90853	\$300.00
Psych/Indiv Brief	90835	\$300.00
Psych/Indiv Extended	90834	\$300.00
Injection	90782	\$25.00
Psych/Group Telehealth	90853	\$300.00
<b>Count of Reported Procedures (minimum 25 required)</b>		<b>26</b>

**Instructions for Completing AB 1045 Common Outpatient Procedure Form**

1. Enter Hospital Name and OSHPD 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, report only the CDM charge for that CPT code. For all other procedures, include the CDM charge for that

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CPT code along with typical related ancillary charges, such as supplies, drugs, lab, use of operating room, etc.

**NOTE:** The CPT codes are included on this form to help identify the listed outpatient procedures. As noted above, charges for other provided services should be included, if they are typically provided as part of 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@oshpd.ca.gov](mailto:chargemaster@oshpd.ca.gov) or by standard mail on CD.