

UW Medicine

A higher degree of healthcare

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 duration of visit and number of clinical systems reviewed during visit)	FY21 Facility Fee (HMC OP Clinics)	FY21 Professional Fee (HMC OP Clinics)
Outpatient New Patient Visit	\$253.00	\$72.00 - \$458.88
Outpatient Established Patient Visit	\$253.00	\$24.96 - \$302.40
Consults	\$253.00	\$89.28 - \$523.20

Notes: Harborview Medical Center (HMC) and UW Medical Center (UWMC) Outpatient (OP) Clinics charge the facility and professional separately. UW Physicians (UWP) charges the professional fee.

HCPCS	Short Descriptor	HMC Facility Fee	UWP Fee in Facility
66984	XCAPSL CTCR RMVL INSJ IO LENS PROSTH W/O ECP	\$5,008.00	\$1,684.05
58558	HYSTSC BX ENDOMETRIUM&/POLYPC +-D&C	\$7,186.00	\$734.66
30520	SEPTOP/SBMCSL RESCJ	\$6,800.78	\$2,009.96
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	\$6,776.00	\$390.22
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	\$17,210.40 - \$19,124.80	\$1,868.26
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	\$17,250.40 - \$21,269.60	\$2,100.43
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$3,422.85	\$583.15
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	\$6,480.00	\$376.05
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	\$2,671.20	\$385.86
67904	RPR BLPOS LEVATOR RESCJ/ADVMNT XTRNL	\$9,786.26	\$1,839.92
93306	ECHO TTHRC R-T 2D -+M-MODE COMPL SPEC&COLOR DOP	\$2,542.40	\$226.72
20680	RMVL IMPLT DP	\$4,511.20	\$1,322.17
72148	MRI SPI CANAL&CNTS LMBR C-MATRL	\$1,918.00	\$229.99
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	\$14,672.71	\$3,063.99
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LES	\$9,176.49	\$1,308.00
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$3,422.85	\$583.15
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	\$3,644.79	\$801.15
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	\$17,790.64	\$1,305.82
54161	CIRCUMCISION >28 DAYS	\$554.65	\$619.12
76536	US SOFT TISS HEAD&NCK R-T IMG	\$769.60	\$87.20
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	\$33,843.20	\$3,545.77
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	\$7,967.36	\$1,693.86
94621	CARDIOPULMONARY EXERCISE TESTING	\$1,059.60	\$216.91
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG >4.0 CM	\$3,510.08	\$997.35
26055	TENDON SHEATH INCISION	\$1,310.50	\$905.79
73721	MRI ANY JT LXTR C-MATRL	\$2,034.00	\$209.28
43239	EDG TRANSORAL BIOPSY SINGLE/MULTIPLE	\$2,969.60	\$434.91

HCPCS	Short Descriptor	HMC Facility Fee	UWP Fee in Facility
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	\$9,019.94	\$3,372.46
38792	INJECTION FOR IDENTIFICATION OF SENTINEL NODE	\$551.40	\$105.73
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	\$5,342.82	\$5,342.82
58120	D&C DX&/THER	\$5,989.25	\$715.04
67036	VITRECTOMY MECHANICAL PARS PLANA	\$15,952.66	\$2,772.96
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	\$588.00	\$128.62
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	\$2,880.00	\$398.94
74183	MRI ABD C-/C+	\$4,796.46	\$337.90
11404	EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	\$2,399.30	\$507.94
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	\$14,856.80	\$1,539.08
76700	US ABDOMINAL R-T W/IMAGE DOCUMENTATION	\$887.20	\$126.44
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	\$37,720.20	\$3,082.52
38900	INTRAOP SENTINEL LYMPH ID W/DYE NJX	\$380.78	\$439.27
31622	BRNCHSC DX +-CELL WASHG SPX	\$2,434.40	\$413.11
70553	MRI BRN BRN STEM C-/C+	\$3,358.31	\$354.25
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	\$8,817.60	\$280.13
59820	TX MISSED AB COMPLD SURGLY 1ST TRI	\$7,532.67	\$1,022.20
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	\$254.37	\$89.38
78459	MYOCRD IMG PET METAB EVAL SINGLE STUDY	\$5,010.72	\$234.35
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	\$2,198.90	\$336.81
94010	SPMTRY W/VC EXPIRATORY FLO +-MXML VOL VNTJ	\$549.60	\$26.16
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	\$2,670.00	\$416.38
70551	MRI BRN BRN STEM C-MATRL	\$1,991.00	\$229.99