

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 surgical procedures done at the UWMC 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.

UWMC 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)	FY20 Facility Fee (UWMC OP Clinics)	FY20 Practitioner Fee (UWMC OP Clinics)	FY20 Practitioner Fee (ESC/UWNC)*
Outpatient New Patient Visit	\$253.00	\$58.50 - \$365.80	\$99.30 - \$448.10
Outpatient Established Patient Visit	\$253.00	\$20.00 - \$241.00	\$49.30 - \$315.70
Consults	\$253.00	\$70.80 - \$413.50	\$103.20 - \$484.30

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.

HCPCS	Short Descriptor	UWMC Facility Fee	UWP fee in Facility
10021	FNA BX W/O IMG GDN 1ST LES	\$916.00	\$175.50
19081	BX BREAST 1ST LESION STRTCTC	\$3,456.00	\$528.70
19083	BX BREAST 1ST LESION US IMAG	\$3,239.00	\$498.10
19084	BX BREAST ADD LESION US IMAG	\$1,712.00	\$248.50
20604	DRAIN/INJ JOINT/BURSA W/US	\$570.61	\$146.10
20605	DRAIN/INJ JOINT/BURSA W/O US	\$349.56	\$116.60
20606	DRAIN/INJ JOINT/BURSA W/US	\$411.25	\$166.80
20610	DRAIN/INJ JOINT/BURSA W/O US	\$233.04	\$143.90
20611	DRAIN/INJ JOINT/BURSA W/US	\$699.13	\$190.80
23350	INJECTION FOR SHOULDER X-RAY	\$557.00	\$160.20
25246	INJECTION FOR WRIST X-RAY	\$803.00	\$235.40
27093	INJECTION FOR HIP X-RAY	\$629.00	\$219.10
52000	CYSTOSCOPY	\$1,660.00	\$255.10
53600	DILATE URETHRA STRICTURE	\$478.00	\$200.60
53601	DILATE URETHRA STRICTURE	\$161.00	\$169.00
55700	BIOPSY OF PROSTATE	\$3,150.00	\$410.90
58340	CATHETER FOR HYSTEROGRAPHY	\$303.00	\$178.80
58558	HYSTEROSCOPY BIOPSY	\$7,186.00	\$722.70
66821	AFTER CATARACT LASER SURGERY	\$1,225.00	\$964.70
70486	CT MAXILLOFACIAL W/O DYE	\$1,094.00	\$133.00
70551	MRI BRAIN STEM W/O DYE	\$2,004.00	\$230.00
70553	MRI BRAIN STEM W/O & W/DYE	\$2,963.00	\$354.30
72141	MRI NECK SPINE W/O DYE	\$1,870.00	\$231.10
72148	MRI LUMBAR SPINE W/O DYE	\$1,931.00	\$231.10
73221	MRI JOINT UPR EXTREM W/O DYE	\$2,052.00	\$211.50
73721	MRI JNT OF LWR EXTRE W/O DYE	\$1,897.00	\$211.50
74181	MRI ABDOMEN W/O DYE	\$1,830.00	\$226.70
74740	X-RAY FEMALE GENITAL TRACT	\$698.00	\$58.90
77080	DXA BONE DENSITY AXIAL	\$437.00	\$30.50