



SAMPLE COSTS OF SERVICES

Make Your Healthcare Dollars Go Further with WHA

Below is a sample fee list—a helpful tool illustrating typical costs for common medical services. Use this to see how selecting Western Health Advantage (WHA) for your High Deductible Health Plan can stretch your healthcare dollars further. Once you reach your deductible, WHA covers eligible services according to your plan benefits, significantly lowering your out-of-pocket expenses for the rest of the coverage year.

CPT	SERVICE	AVERAGE PRICE WHA
OFFICE VISIT FOR A NEW PATIENT		
99202	Low-to-Moderate-Level Visit	\$86
99203	Moderate-Level Visit	\$140
99204	Moderate-to-High-Level Visit	\$236
99205	High-Level Visit	\$264
OFFICE VISIT FOR AN ESTABLISHED PATIENT		
99211	Low-Level Visit	\$37
99212	Low-to-Moderate-Level Visit	\$76
99213	Moderate-Level Visit	\$108
99214	Moderate-to-High-Level Visit	\$163
99215	High-Level Visit	\$184
ALLERGY INJECTIONS		
95115	Allergy shot – single injection	\$25
95117	Allergy shot – two or more injections	\$25
CT SCANS		
70450	Head CT scan	\$498
70486	Sinus CT scan	\$456
71250	Chest CT scan	\$364
71260	Chest, including dye	\$399
74176	Abdomen/Pelvis CT without contrast	\$607
74177	Abdomen/Pelvis CT scan, including dye	\$937

CPT	SERVICE	AVERAGE PRICE WHA
MRI's (WITHOUT CONTRAST)		
70551	Brain MRI without dye	\$614
70553	Brain MRI with and without dye	\$1,136
72148	Lumbar spine MRI	\$476
73721	Knee MRI	\$425
PREGNANCY AND PRENATAL TESTS		
59025	Fetal non-stress test	\$93
76801	Pregnancy ultrasound, first trimester	\$398
76805	Pregnancy ultrasound, after first trimester	\$246
76815	Obstetric ultrasound, limited	\$168
76816	Obstetric ultrasound, after first trimester	\$203
76817	Obstetric ultrasound, transvaginal	\$317
ULTRASOUNDS		
76700	Abdominal ultrasound	\$291
COLONOSCOPY		
45378	Diagnostic colonoscopy	\$871
45380	Diagnostic colonoscopy with biopsy	\$1,383
X-RAYS		
72100	Lumbar spine x-ray, two or three views	\$67
73030	Shoulder x-ray, complete	\$67
73110	Wrist x-ray, complete	\$82
73130	Hand x-ray, complete	\$76
73140	Finger x-ray, complete	\$67
73560	Knee x-ray, one or two views	\$58
73562	Knee x-ray, three views	\$69
73564	Knee x-ray, complete, 4+ views	\$78
73610	Ankle x-ray, 3+ views	\$76
73630	Foot x-ray, complete	\$69
77080	DXA bone density scan	\$107



Learn more about the cost of services under the health plan's deductible. Scan the QR code to visit our online Service Cost Estimator. Depending on your plan, certain services may be preventive and covered at no cost or at a copay. See your Evidence of Coverage or your plan's Copayment Summary.