

# Medicare Coinsurance Amounts

Henry Ford Hospital Off-campus Clinics

Updated 4/1/2021

Note: If you have a supplemental insurance it generally covers the 20% Medicare coinsurance. Patients also eligible for Medicaid will not be responsible for most coinsurance. Coinsurance also applies in other settings, for example stand-alone clinics, but are usually lower than hospital coinsurance. Below is a list of coinsurance amounts for services commonly provided in Henry Ford's off-campus clinics. You can also get an online estimate or contact our Pricing Department if you would like assistance in estimating your out of pocket costs.

CPT Code	Type of Service	Description	Facility Coinsurance
99202	Clinic Visit	HB OFF VISIT NEW LEVEL 2	\$9.16
99203	Clinic Visit	HB OFF VISIT NEW LEVEL 3	\$9.16
99204	Clinic Visit	HB OFF VISIT NEW LEVEL 4	\$9.16
99205	Clinic Visit	HB OFF VISIT NEW LEVEL 5	\$9.16
99213	Clinic Visit	HB OFF VISIT ESTAB LEVEL 3	\$9.16
99214	Clinic Visit	HB OFF VISIT ESTAB LEVEL 4	\$9.16
99215	Clinic Visit	HB OFF VISIT ESTAB LEVEL 5	\$9.16
93350	Cardiac Testing	HB ECHO STRESS & REST	\$93.10
78452	Cardiac Testing	HB NM MYOCARD PERF SPECT MULT	\$251.79
93306	Cardiac Testing	HB ECHO TRANSTHR 2D CMPLT W/DOPPLR & COLR FLW	\$93.10
93017	Cardiac Testing	HB STRESS TEST W/EXER/PHARM,TRACING ONLY	\$50.99
93005	Cardiac Testing	HB EKG 12 LEAD TRACING ONLY	\$10.73
74174	Radiology - CT scans	HB CTA ABDOMEN & PELVIS W/&/OR W/O CONTRAST	\$70.97
71270	Radiology - CT scans	HB CT THORAX W/&W/O CONTRST	\$34.42
74178	Radiology - CT scans	HB CT ABD & PELVIS W/& W/O CTRST	\$70.97
73700	Radiology - CT scans	HB CT-EXTREM W/O CONTRAST	\$21.01
72131	Radiology - CT scans	HB CT L-SPINE W/O CONTRST	\$21.01
74170	Radiology - CT scans	HB CT ABDOMEN W/& W/O CONTRST	\$34.42
70498	Radiology - CT scans	HB CTA NECK W &/OR W/O CONTRST	\$34.42
70496	Radiology - CT scans	HB CTA HEAD W &/OR W/O CONTRST	\$34.42
72125	Radiology - CT scans	HB CT CERV SPINE W/O CONTRST	\$21.01
71260	Radiology - CT scans	HB CT THORAX W/ CONTRST	\$34.42
71250	Radiology - CT scans	HB CT THORAX W/O CONTRST	\$21.01
74176	Radiology - CT scans	HB CT ABDOM & PELVIS W/O CONTRST	\$44.37
74177	Radiology - CT scans	HB CT ABDOM & PELVIS W/ CONTRST	\$70.97
11310	Dermatology	HB SHAVE SKIN SGL LESION F,E,EL,N,L,MM 0.5 CM/<	\$34.62
17111	Dermatology	HB DESTRUCT BGN LESN 15 OR MORE LESIONS	\$34.62
10040	Dermatology	HB ACNE SURGERY	\$34.62
64650	Dermatology	HB CHEMODENERV ECCRINE GLANDS	\$50.35
11105	Dermatology	HB PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$0.00
11401	Dermatology	HB EXC LES BGN TRNK/ARM 0.6-1.0CM	\$66.68
10061	Dermatology	HB I&D ABSCESS COMPLX/ MULT	\$66.68

11200	Dermatology	HB REMOVAL OF SKIN TAGS UP TO & INCLUD 15	\$34.62
11901	Dermatology	HB INJECTION INTRALESIONAL 8 OR MORE	\$34.62
11402	Dermatology	HB EXC LES BGN TRNK/ARM 1.1-2.0CM	\$119.92
54056	Dermatology	HB CRYOSURGERY PENIS LESION(S)	\$34.62
12031	Dermatology	HB RPR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TRUNK	\$66.68
12032	Dermatology	HB REPAIR INTERMEDIATE WOUNDS OF SCALP, AXILLAE, TR	\$66.68
11103	Dermatology	HB TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	\$0.00
11104	Dermatology	HB PUNCH BIOPSY SKIN SINGLE LESION	\$66.68
17000	Dermatology	HB DESTRUCT PREMALIGN LESN 1ST	\$34.62
11102	Dermatology	HB TANGENTIAL BIOPSY SKIN SINGLE LESION	\$34.62
11900	Dermatology	HB INJECT SKIN LESIONS UP TO 7 LES	\$34.62
17003	Dermatology	HB DESTRUCT PREMALIGN LESN 2-14 EA	\$0.00
17110	Dermatology	HB DESTRUCT B9 LESION 1-14	\$34.62
96900	Dermatology	HB ULTRAVIOLET LIGHT THERAPY	\$6.52
G0010	Drug Administration	HB ADMIN VACCINE HEPATITIS B	\$7.71
96416	Drug Administration	HB CHEMO INFUSN >8 HRS VIA PUMP	\$59.91
96523	Drug Administration	HB IRRGTN IMPL VENOUS ACC DEV DRUG DEL SYS	\$10.73
96401	Drug Administration	HB CHEMO ADMN SQ/IM NON-HORMONAL	\$11.95
96402	Drug Administration	HB CHEMO ADMIN SQ/IM HORMONAL	\$11.95
96417	Drug Administration	HB CHEMO EA ADD SEQ INFSN = 1 HR	\$11.95
96367	Drug Administration	HB IV INF ADDLSEQ NW DRG 1ST HR	\$11.95
96415	Drug Administration	HB CHEMO INFUS EA ADD HR INT DRUG	\$11.95
G0009	Drug Administration	HB ADM VACCINE PNEUMOCOCCAL	\$7.71
96413	Drug Administration	HB CHEMO INFUSION =1 HR INIT DRUG	\$59.91
96366	Drug Administration	HB IV INF THER/PROPHY/DX ADDL HR	\$7.71
96360	Drug Administration	HB IV INF HYDRATION INT 31MIN-1HR	\$39.23
96365	Drug Administration	HB IV INF THER/PROPHY/DX INT<=1HR	\$39.23
G0008	Drug Administration	HB ADMIN OF FLU VACCINE	\$7.71
96372	Drug Administration	HB INJ IM/SUBQ THER/PROPHY/DX W PROCEDURE	\$11.95
96374	Drug Administration	HB IV-INJ TX,PROPH,DX PUSH	\$39.23
	Drugs/Pharmacy	Coinsurance is generally lower for drugs at our hospital than in other sites of care (physician office, free-standing ambulatory surgical center, etc). Contact the Pricing Department for estimates of specific drugs/dosages.	
29515	Emergency Room	HB APPL SHORT LEG SPLINT	\$27.22

12002	Emergency Room	HB SMPL RPR S/N/AX/GEN/TRK 2.6-7.5 CM	\$34.62
99281	Emergency Room	HB EMERGENCY ROOM VISIT LEVEL 1	\$14.00
29125	Emergency Room	HB APPL SHORT ARM SPLINT STATIC	\$21.58
12011	Emergency Room	HB SIMPLE REPAIR OF FACE, EARS, EYELIDS, NOSE, LIPS AN	\$34.62
12001	Emergency Room	HB SMPL RPR S/N/AX/GEN/TRNK 2.5 C OR LESS	\$34.62
10060	Emergency Room	HB I&D ABSCESS SIMPLE/SINGLE	\$34.62
94640	Emergency Room	HB INHALATION TX PRESS/NONPRESS AA OBSTRUCT	\$36.22
99282	Emergency Room	HB EMERGENCY ROOM VISIT LEVEL 2	\$25.37
99285	Emergency Room	HB EMERGENCY ROOM VISIT LEVEL 5	\$100.66
99284	Emergency Room	HB EMERGENCY ROOM VISIT LEVEL 4	\$70.13
99283	Emergency Room	HB EMERGENCY ROOM VISIT LEVEL 3	\$44.65
65855	Eye Care	HB ALT STAGED LASER	\$97.14
67800	Eye Care	HB RHB REMOVE EYELID LESION	\$50.37
68200	Eye Care	HB SUBCONJUNCTIVAL INJECTION	\$52.10
66761	Eye Care	HB IRIDOTOMY/IRIDECTOMY BY LASER, PER SESSION	\$97.14
67210	Eye Care	HB GRID STAGED LASER	\$97.14
66821	Eye Care	HB YAG STAGED LASER	\$97.14
67228	Eye Care	HB TRMNT EXTNSV PROGRESS RETINOPATHY PHOTOCOAG	\$97.14
67028	Eye Care	HB INJECT INTRAVITREAL OF A PHARMACOLOGIC AGENT	\$59.91
	Labs		Most Labs do not have coinsurance
94060	Lung Tests	HB BRONCHOSPSM EVAL PRE/POST BRONCHDIL ADMIN	\$50.99
94010	Lung Tests	HB SPIROMETRY	\$26.91
	Mammogram	Mammogram	Coinsurance is the same regardless of the site of service
72197	MRI	HB MRI PELVIS W/ & W/O CONTRST	\$70.97
72157	MRI	HB MRI T-SPINE W/ & W/O CONTRST	\$70.97
72146	MRI	HB MRI T-SPINE W/O CONTRST	\$44.37
70544	MRI	HB MRA HEAD W/O CONTRST	\$44.37
73221	MRI	HB MRI-ANY JT UP EXT W/O CONTRAST	\$44.37
72158	MRI	HB MRI L-SPINE W/ & W/O CONTRST	\$70.97
74183	MRI	HB MRI ABDOMEN W/ & W/O CONTRST	\$70.97
72156	MRI	HB MRI C-SPINE W/ & W/O CONTRST	\$70.97
70551	MRI	HB MRI BRAIN/STEM W/O CONTRST	\$44.37
72141	MRI	HB MRI C-SPINE W/O CONTRST	\$44.37
73721	MRI	HB MRI-JT LOW EXT W/O CONTRAST	\$44.37
70553	MRI	HB MRI BRAIN/STEM W&W/O CONTRST	\$70.97
72148	MRI	HB MRI L-SPINE W/O CONTRST	\$44.37
78708	Nuclear Medicine	HB NM KIDNEY FLW/FUNC PHARM SGL	\$94.36

78227	Nuclear Medicine	HB NM HEP-BILIARY SYS W/PHARM INTV	\$94.36
78306	Nuclear Medicine	HB NM BONE/JOINT SCAN WH BODY	\$72.71
25600	Orthopedics	HB RADIAL FX/EPIPH SEP TRT-WO MAN	\$39.75
28470	Orthopedics	HB METATARSAL FX CLSD TRT-WO MAN	\$39.75
26600	Orthopedics	HB METACARPAL FX EACH CLSD TRT-WO MAN	\$39.75
29085	Orthopedics	HB APPLY CAST-HAND TO FOREARM	\$27.22
20605	Orthopedics	HB ARTHROCENTESIS INT JNT	\$50.35
20611	Orthopedics	HB ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, JOINT	\$50.35
20610	Orthopedics	HB ARTHROCENTESIS MAJOR JNT	\$50.35
30901	Otolaryngology	HB CONTROL NASAL HEMORRHAGE ANTERIOR; SIMPLE	\$21.58
31237	Otolaryngology	HB NASAL/SINUS ENDOSCOPY,BX/RMV POLYP/DEBRID	\$288.50
69200	Otolaryngology	HB REM FB EXT AUD CANAL W/O ANES	\$21.58
31579	Otolaryngology	HB LARYNGOSCOPY W STROBOSCOPY	\$72.59
31575	Otolaryngology	HB LARYNGOSCOPY FLEX DX	\$31.69
31231	Otolaryngology	HB NASAL ENDOSCOPY,DX/UNILATERAL/BILATERAL	\$31.69
69210	Otolaryngology	HB REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENT	\$10.73
69209	Otolaryngology	HB REM IMPACTED CERUMEN USING IRRIGATION/LAVAGE, U	\$10.73
78815	PET Scan	HB PET WITH CT IMAG;SKULL BASE TO MID-THIGH	\$285.41
	Physical Therapy		Coinsurance is the same regardless of the site of service
14060	Plastic Surgery	HB ADJ TISS XFER LID,NOS,EAR <10 SQCM	\$330.72
20612	Plastic Surgery	HB ASPIRATE INJ GANGLION CYST	\$50.35
11421	Plastic Surgery	HB EXC LESN BGN SCALP 0.6-1.0CM	\$119.92
11442	Plastic Surgery	HB EXC SKN BENIG LESN FACE,EAR,EYELID,NOSE,LIP,MUCS	\$119.92
54200	Plastic Surgery	HB INJECT PROC PENILE PLAQUE	\$51.31
11422	Plastic Surgery	HB EXC LESN BGN SCALP 1.1-2.0CM	\$271.27
11440	Plastic Surgery	HB EXC SKIN BENIG LESN FACE,EARS,EYELIDS,NOSE,LIPS M	\$119.92
11441	Plastic Surgery	HB EXC SKIN BENIG FACE,EARS,EYELIDS,NOSE,LIPS MUCOU	\$119.92
12051	Plastic Surgery	HB REPAIR INTERMEDIATE FACE, EARS, EYELIDS, NOSE, LIPS	\$66.68
26055	Plastic Surgery	HB INCISE FINGER TENDON SHEATH	\$268.45
20600	Plastic Surgery	HB ARTHROCENTESIS SMALL JOINT	\$50.35
20526	Plastic Surgery	HB INJECTION THERAPEUTIC CARPAL TUNNEL	\$50.35
20550	Plastic Surgery	HB INJ SNGL TENDON/LIGAMNT	\$50.35
64455	Podiatry	HB NERVE BLOCK INJ PLANTAR DIGIT	\$50.35
28510	Podiatry	HB TOE, OTHER FX CLSD TRT-WO MAN	\$39.75
11720	Podiatry	HB DEBRIDEMENT NAIL(S) UP TO 5	\$10.73
20551	Podiatry	HB INJECT TENDON ORIGIN/INSERT	\$50.35
20606	Podiatry	HB DRAIN/INJ INTERMEDIATE JOINT/BURSA W/ULTRASOUND	\$122.35
11055	Podiatry	HB PARING OF LESION BENIGN -1	\$34.62

11042	Podiatry	HB DEBRIDE SUBQ TIS 1ST 20SQCM	\$66.68
11056	Podiatry	HB TRIM SKIN LESIONS 2-4	\$34.62
11750	Podiatry	HB REMOVAL OF NAIL BED	\$66.68
29405	Podiatry	HB APPLY CAST SHORT LEG	\$46.50
11721	Podiatry	HB DEBRIDEMENT NAIL(S) > OR = 6	\$10.73
90670	Drug Administration	HB PNEUMOCOCCAL VACCINE13 VAL IM	\$0.00
90662	Drug Administration	HB INFLUENZA VACCINE IM PF 65YR+	\$0.00
70460	Radiology - CT scans	HB CT HEAD / BRAIN W/CONTRST	\$34.42
70450	Radiology - CT scans	HB CT HEAD / BRAIN W/O CONTRST	\$21.01
76706	Ultrasound	HB US AAA SCREENING	\$21.01
76870	Ultrasound	HB US SCROTUM AND CONTENTS	\$21.01
76536	Ultrasound	HB U/S SOFT TISSUE HEAD & NECK	\$21.01
76801	Ultrasound	HB US 1ST TRI < 14 WKS SINGLE	\$21.01
76705	Ultrasound	HB US ABDOMEN LIMITED	\$21.01
76770	Ultrasound	HB US RETROPERITONEAL COMPLTE	\$21.01
76815	Ultrasound	HB US PREG LIMITD STDY >=1 FETUS	\$21.01
76700	Ultrasound	HB US ABDOMEN COMPLETE	\$21.01
76817	Ultrasound	HB US PREG TRANSVAGINAL	\$21.01
76642	Ultrasound	HB US BREAST, UNILATERAL, LIMITED	\$15.60
76830	Ultrasound	HB US TRANSVAGINAL	\$21.01
76856	Ultrasound	HB US PELVIC NON-OB COMPLETE	\$21.01
51729	Urogynecology	HB COMPLEX CYSTOMETROGRAM W/VOID PRESS & URETHR	\$110.82
51725	Urogynecology	HB URINE VOIDING PRESSURE STUDY	\$51.31
57160	Urogynecology	HB FIT/INSERT PESSARY	\$32.84
64566	Urogynecology	HB NEUROELTRD STIM POST TIBIAL	\$50.35
51701	Urogynecology	HB INSERT NON-INDW BLADDER CATH	\$21.58
51736	Urology	HB SIMPLE UROFLOWMETRY	\$21.58
52315	Urology	HB CYSTOSCOPY, REMV CALCULUS, COMPLIC	\$345.69
52310	Urology	HB CYSTOURETHROSCOPY, W REM FB, CALC, OR STNT; SIMP	\$345.69
55250	Urology	HB REMOVAL OF SPERM DUCT(S)	\$345.69
51728	Urology	HB COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUD	\$110.82
51705	Urology	HB CHANGE CYSTOSTOMY TUBE SIMP	\$51.31
55700	Urology	HB BX PROSTATE NEEDLE/PUNCH	\$345.69
51741	Urology	HB COMPLEX UROFLOWMETRY	\$26.91
51700	Urology	HB BLADDER IRRIG SIMPLE LAV/INSTL	\$51.31
51720	Urology	HB BLADDER INSTL ANTI-CARCGNC AGNT	\$51.31
51702	Urology	HB INSERT TEMP INDW BLAD CATH SMP	\$21.58
52000	Urology	HB CYSTOURETHROSCOPY	\$110.82
51798	Urology	HB URINE OR BLADDER CAPCTY MEASURE U/S	\$10.73
93978	Vascular Testing	HB DUPLEX SCAN AORTA/IVC/ILIAC VASC/BYP GRAFT COMPL	\$44.37
93926	Vascular Testing	HB DUPLX SCAN LOW EXTM ART UNILAT OR LIMTD	\$21.01

93923	Vascular Testing	HB NONINV DOPPLR UP/LOW EXTM ART >=3 LVL CMPLT BILA	\$26.91
93976	Vascular Testing	HB DUPLEX SCAN ART/VEN FLW ABD/PELV/SCROT/RETRPER	\$21.01
93880	Vascular Testing	HB DUPLX SCAN EXTRACRAN ART BILAT CMPLT	\$44.37
93922	Vascular Testing	HB NONINV DOPPLR UP/LOW EXTM ART 1-2 LVL LMTD BILAT	\$21.58
93970	Vascular Testing	HB DUPLX SCAN EXTREM BILAT	\$44.37
93975	Vascular Testing	HB DPLX SCN ABD/PELV/SCROT/RETRPER CMPLT	\$44.37
93971	Vascular Testing	HB DUPLX SCAN EXTREM VEIN UNILAT	\$21.01
57452	Women's Health	HB COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	\$32.84
57454	Women's Health	HB COLPOSCOPY CERVIX W/BIOPSY OF ENDOCERVICAL CUF	\$54.27
58100	Women's Health	HB ENDOMETRIAL BIOPSY	\$32.84
72050	Radiology - Flat Film	HB XRY SPINE CERVICAL 4+ VWS	\$21.01
74018	Radiology - Flat Film	HB XRY ABDOMEN 1V	\$15.60
73080	Radiology - Flat Film	HB X-RAY ELBOW CMPLT 3 VIEWS	\$15.60
73590	Radiology - Flat Film	HB X-RAY TIBIA AND FIBULA 2 VIEWS	\$15.60
73140	Radiology - Flat Film	HB X-RAY FINGERS	\$15.60
71045	Radiology - Flat Film	HB XRY CHEST 1V	\$15.60
73110	Radiology - Flat Film	HB X-RAY WRIST COMPLETE	\$15.60
73502	Radiology - Flat Film	HB HB X-RAY HIP, UNILATERAL WITH PELVIS IF PERFORMED	\$15.60
72100	Radiology - Flat Film	HB XRY SPINE LUMBOSACRAL 2-3 VWS	\$21.01
74022	Radiology - Flat Film	HB XRY ABDM CMPLT & 1 VW CHEST	\$21.01
73130	Radiology - Flat Film	HB X-RAY HAND MIN 3 V	\$15.60
73030	Radiology - Flat Film	HB X-RAY SHOULDER COMPLETE	\$15.60
73610	Radiology - Flat Film	HB X-RAY ANKLE COMPLETE	\$15.60
73630	Radiology - Flat Film	HB X-RAY FOOT COMPLETE	\$15.60
73562	Radiology - Flat Film	HB X-RAY KNEE COMPLETE	\$15.60
71046	Radiology - Flat Film	HB XRY CHEST 2V	\$15.60