

WILLIAM BEE RIRIE HOSPITAL & RURAL HEALTH CLINIC
 SHOPPABLE SERVICES REPORT
 AS OF: JANUARY 1, 2021

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CHG#	DESCRIPTION	CPT CODE	REV CODE	STANDARD CHARGE	100% Maximum Ins Amount	30% Self Pay/Uninsured Discount	90% Aetna	95% Cigna	95% Anthem Blue Cross	88% Healthscoper	95% Universal Health (Includes Prominence and S&S)	95% Sierra Health	100% All Other
BLOOD BANK													
136430	BLOOD TRANFUSION PER DAY	36430	391	958	958	671	862	910	910	843	910	910	958
236430	BLOOD TRANFUSION PER DAY	36430	391	958	958	671	862	910	910	843	910	910	958
2236430	BLOOD TRANFUSION PER UNIT	36430	391	958	958	671	862	910	910	843	910	910	958
3200100	BB LEUKO REDUCED RBC/ UNIT	P9016	381	692.86	693	485	624	658	658	610	658	658	693

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CARDIOLOGY													
4193005	CA ECG 12 LEAD TRACE ONLY	93005	730	372	372	260	335	353	353	327	353	353	372
4193015	CA CARDIOVASCULAR STRESS TEST	93015	482	2427	2427	1699	2184	2306	2306	2136	2306	2306	2427
4193306	CA TTE W/DOPPLER COMPLETE	93306	483	2936	2936	2055	2642	2789	2789	2584	2789	2789	2936
4193350	CA STRESS TTE ONLY	93350	483	2519	2519	1763	2267	2393	2393	2217	2393	2393	2519
4193923	CA US QUANTA FLO	93923	402	1108	1108	776	997	1053	1053	975	1053	1053	1108
4193970	CA US BILAT EXTREMITY VENOUS	93970	402	1127	1127	789	1014	1071	1071	992	1071	1071	1127
4493015	EC CARDIOVASCULAR STRESS TEST	93015	482	2500	2500	1750	2250	2375	2375	2200	2375	2375	2500

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CLINIC													
4202025	RHC TELEHEALTH SERVICES	G2025	521	276	276	193	248	262	262	243	262	262	276
4210060	I & D ABSCESS SIMPLE	10060	521	518	518	363	466	492	492	456	492	492	518
4258300	IUD INSERTION	58300	521	303	303	212	273	288	288	267	288	288	303
4258301	IUD REMOVAL	58301	521	113	113	79	102	107	107	99	107	107	113
4262323	INJECTION LUMBAR SACRA W/ IMAGING	62323	521	317	317	222	285	301	301	279	301	301	317
4281002	URINE DIPSTICK	81002	307	17	17	12	15	16	16	15	16	16	17
4290471	IMMUNIZATION ADMIN	90471	771	16	16	11	14	15	15	14	15	15	16
4290472	IMMUNIZATION ADMIN	90472	771	16	16	11	14	15	15	14	15	15	16
4290837	PSYCHOTHERAPY 60 MINS	90837	521	233	233	163	210	221	221	205	221	221	233
4297802	MEDICAL NUTRITION THERA	97802	521	95	95	67	86	90	90	84	90	90	95
4299201	PROB FOCUS NEW PATIENT	99201	521	86	86	60	77	82	82	76	82	82	86
4299202	EXPANDED PROB FOCUS NEW PATIENT	99202	521	120	120	84	108	114	114	106	114	114	120
4299203	DETAILED LOW COMPLEX NP	99203	521	172	172	120	155	163	163	151	163	163	172
4299204	COMPREH MOD COMPLEX NP	99204	521	244	244	171	220	232	232	215	232	232	244
4299205	COMPHEH HIGH COMP NP	99205	521	272	272	190	245	258	258	239	258	258	272
4299213	PROB FOCUS LOW COMPLEX	99213	521	114	114	80	103	108	108	100	108	108	114
4299214	DETAILED MOD COMPLEX ESTABLISHED	99214	521	170	170	119	153	162	162	150	162	162	170
4299215	COMPREH HIGH COMPLEX ESTAB	99215	521	232	232	162	209	220	220	204	220	220	232
4299222	PROBLEM FOCUS ESTAB PAT	99212	521	84	84	59	76	80	80	74	80	80	84
4299253	INITIAL N H H&P COMP MO	99305	521	172	172	120	155	163	163	151	163	163	172
4299255	N H PROBLEM FOCUSED	99307	521	77	77	54	69	73	73	68	73	73	77
4299285	INIT NEW PT EXAM 18-39	99385	521	273	273	191	246	259	259	240	259	259	273
4299286	INIT NEW PT 40-64 YRS	99386	521	292	292	204	263	277	277	257	277	277	292
4299288	PERIOD ANNUAL EXAM UNDE	99391	521	173	173	121	156	164	164	152	164	164	173
4299289	PERIODIC ANNUAL EXAM 1	99392	521	185	185	130	167	176	176	163	176	176	185
4299290	PERIODIC ANNUAL EXAM 5	99393	521	194	194	136	175	184	184	171	184	184	194
4299291	PERIODIC ANNUAL EXAM 12	99394	521	204	204	143	184	194	194	180	194	194	204
4299292	PERIODIC ANNUAL EXAM 18	99395	521	219	219	153	197	208	208	193	208	208	219
4299293	PERIODIC ANNUAL EXAM 40	99396	521	231	231	162	208	219	219	203	219	219	231
4299347	HOME VISIT EST PATIENT 15 MINS	99347	522	144	144	101	130	137	137	127	137	137	144
4299348	HOME VISIT EST PATIENT 25 MINS	99348	522	198	198	139	178	188	188	174	188	188	198

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CRESCENT VALLEY CLINIC													
30861580	ANTI JO-1	86235	302	171	171	120	154	162	162	150	162	162	171
30890472	IMMUNIZATION ADMIN FOR VACCINES/TOXOIDS	90472	771	16	16	11	14	15	15	14	15	15	16
30899202	OFFICE VISIT NEW 20 MINS	99202	520	120	120	84	108	114	114	106	114	114	120
30899203	OFFICE VISIT NEW 30 MINS	99203	520	172	172	120	155	163	163	151	163	163	172
30899213	OFFICE VISIT EST 15 MINS	99213	520	114	114	80	103	108	108	100	108	108	114
30899394	PERIODIC PREVENTIVE EST PT 12-17 YRS	99394	520	204	204	143	184	194	194	180	194	194	204

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CT SCAN													
3570450	CT HEAD SCAN WO CONTRAST	70450	351	1620	1620	1134	1458	1539	1539	1426	1539	1539	1620
3570470	CT HEAD SCAN W & WO CONTRA	70470	351	2471	2471	1730	2224	2347	2347	2174	2347	2347	2471
3570486	CT SINUSES FACIAL AXIAL	70486	351	1622	1622	1135	1460	1541	1541	1427	1541	1541	1622
3570487	CT SINUSES FACIAL AXIAL W/CONT	70487	351	1785	1785	1250	1607	1696	1696	1571	1696	1696	1785
3570491	CT NECK SCAN WITH CONTRAST	70491	351	1957	1957	1370	1761	1859	1859	1722	1859	1859	1957
3570496	CT ANGIOGRAPHY HEAD W CONT	70496	351	3102	3102	2171	2792	2947	2947	2730	2947	2947	3102
3570498	CT ANGIOGRAPHY NECK	70498	350	3243	3243	2270	2919	3081	3081	2854	3081	3081	3243
3571250	CT CHEST SCAN WO CONTRAST	71250	352	1608	1608	1126	1447	1528	1528	1415	1528	1528	1608
3571260	CT CHEST SCAN WITH CONTRAST	71260	352	2260	2260	1582	2034	2147	2147	1989	2147	2147	2260
3571275	CT ANGIOGRAPHY CHEST	71275	352	3272	3272	2290	2945	3108	3108	2879	3108	3108	3272
3572125	CT CERV SPINE WO CONTRAST	72125	352	1913	1913	1339	1722	1817	1817	1683	1817	1817	1913
3572128	CT THORACIC SPINE WO CONT	72128	352	2034	2034	1424	1831	1932	1932	1790	1932	1932	2034
3572131	CT LUMBAR SPINE WO CONTRA	72131	352	2034	2034	1424	1831	1932	1932	1790	1932	1932	2034
3572192	CT PELVIS SCAN WO CONTRAS	72192	352	1802	1802	1261	1622	1712	1712	1586	1712	1712	1802
3572193	CT PELVIS SCAN W CONTRAST	72193	352	2175	2175	1523	1958	2066	2066	1914	2066	2066	2175
3573200	CT EXTREMITIES UPPER WO C RT	73200	352	1499	1499	1049	1349	1424	1424	1319	1424	1424	1499
3573700	CT EXTREMITIES LOWER WO C RT	73700	352	1523	1523	1066	1371	1447	1447	1340	1447	1447	1523
3573701	CT EXTREMITIES LOWER WO C LT	73700	352	1523	1523	1066	1371	1447	1447	1340	1447	1447	1523
3574160	CT ABD SCAN W CONTRAST	74160	352	2309	2309	1616	2078	2194	2194	2032	2194	2194	2309
3574176	CT ABDOMEN AND PELVIS W/O CONTRAST	74176	352	3257	3257	2280	2931	3094	3094	2866	3094	3094	3257
3574177	CT ABD PELVIS SCAN W CONT	74177	352	4110	4110	2877	3699	3905	3905	3617	3905	3905	4110
3574178	CT ABD PELVIS W AND WO	74178	352	5234	5234	3664	4711	4972	4972	4606	4972	4972	5234
3577078	HF CT BONE MINERAL DENSITY	77078	352	150	150	105	135	143	143	132	143	143	150

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EMERGENCY ROOM													
229125	APPLICATION SHORT ARM SPLINT	29125	981	100	100	70	90	95	95	88	95	95	100
229127	APPLY SHORT AMR SPLINT STATIC	29125	450	294	294	206	265	279	279	259	279	279	294
251702	INSERT TEMP URINARY CA	51702	981	218	218	153	196	207	207	192	207	207	218
290471	IMMUNIZATION ADMIN	90471	771	89	89	62	80	85	85	78	85	85	89
290472	IMMUN ADM EA ADDITIONAL	90472	771	40	40	28	36	38	38	35	38	38	40
296360	IV HYDRATION INITIAL HR	96360	260	446	446	312	401	424	424	392	424	424	446
296361	IV HYDRATION EACH ADDL HR	96361	260	199	199	139	179	189	189	175	189	189	199
296365	IV THERAPY 1ST HR	96365	260	541	541	379	487	514	514	476	514	514	541
296366	IV THERAPY EACH ADDL HR	96366	260	212	212	148	191	201	201	187	201	201	212
296372	THERAPEUTIC INJ - IM	96372	260	156	156	109	140	148	148	137	148	148	156
296374	THERAPEUTIC IV INJ - IVP	96374	260	304	304	213	274	289	289	268	289	289	304
296375	ADDITIONAL IV PUSH DIFF DRUG	96375	260	213	213	149	192	202	202	187	202	202	213
296376	ADDITIONAL IV PUSH SAME DRUG	96376	260	197	197	138	177	187	187	173	187	187	197
299281	ER FAC LEVEL 1	99281	450	221	221	155	199	210	210	194	210	210	221
299282	ER FAC LEVEL 2	99282	450	335	335	235	302	318	318	295	318	318	335
299283	ER FAC LEVEL 3	99283	450	598	598	419	538	568	568	526	568	568	598
299284	ER FAC LEVEL 4	99284	450	926	926	648	833	880	880	815	880	880	926
299285	ER FAC LEVEL 5	99285	450	1249	1249	874	1124	1187	1187	1099	1187	1187	1249
299286	ER FEE LEVEL 1	99281	981	128	128	90	115	122	122	113	122	122	128
299287	ER FEE LEVEL 2	99282	981	206	206	144	185	196	196	181	196	196	206
299288	ER FEE LEVEL 3	99283	981	341	341	239	307	324	324	300	324	324	341
299289	ER FEE LEVEL 4	99284	981	535	535	375	482	508	508	471	508	508	535
299290	ER FEE LEVEL 5	99285	981	792	792	554	713	752	752	697	752	752	792
299291	CRITICAL CARE FIRST HR	99291	981	873	873	611	786	829	829	768	829	829	873

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EUREKA CLINIC													
30771046	307 CHEST 2V	71046	324	160	160	112	144	152	152	141	152	152	160
30772110	307 L SPINE COMPLETE L5	72110	320	325	325	228	293	309	309	286	309	309	325
30773030	307 SHOULDER COMPL 2+V	73030	320	159	159	111	143	151	151	140	151	151	159
30773120	307 HAND LTD 2V	73120	320	121	121	85	109	115	115	106	115	115	121
30773130	307 HAND COMP 3V +	73130	320	172	172	120	155	163	163	151	163	163	172
30773502	307 HIP COMPLETE 2-3 VIEW	73502	320	186	186	130	167	177	177	164	177	177	186
30773610	307 ANKLE COMPL 3+V	73610	320	183	183	128	165	174	174	161	174	174	183
30773630	307 FOOT COMPLETE	73630	320	187	187	131	168	178	178	165	178	178	187
30781002	URNLS DIP STICK/TABLET RGNT NON-AUTO	81002	307	17	17	12	15	16	16	15	16	16	17
37081002	URINE DIPSTICK EUREKA	81002	307	17	17	12	15	16	16	15	16	16	17
37090471	IMMUNIZATION ADMIN	90471	771	16	16	11	14	15	15	14	15	15	16
37090472	IMMUNIZATION ADMIN VACCINES/TOXOIDS	90472	771	16	16	11	14	15	15	14	15	15	16
37095115	IMMUNOTHERAPY ONE INJ	95115	521	31	31	22	28	29	29	27	29	29	31
37099201	OFFICE VISIT NEW 10 MINS	99201	521	86	86	60	77	82	82	76	82	82	86
37099202	OFFICE VISIT NEW 20 MINS	99202	521	120	120	84	108	114	114	106	114	114	120
37099203	OFFICE VISIT NEW 30 MINS	99203	521	172	172	120	155	163	163	151	163	163	172
37099204	OFFICE VISIT NEW 45 MINS	99204	521	244	244	171	220	232	232	215	232	232	244
37099212	ESTABLISHED PATIENT OFFICE OR OTHER	99212	521	84	84	59	76	80	80	74	80	80	84
37099213	OFFICE VISIT EST 15 MINS	99213	521	114	114	80	103	108	108	100	108	108	114
37099214	OFFICE VISIT EST 25 MINS	99214	521	170	170	119	153	162	162	150	162	162	170
37099386	NEW PATIENT 40-64 YEARS	99386	521	292	292	204	263	277	277	257	277	277	292
37099391	0-11 MONTHS WELLNESS BABY VISIT	99391	521	173	173	121	156	164	164	152	164	164	173
37099392	PERIODIC PREVENTIVE EST PT 1-4 YRS	99392	521	185	185	130	167	176	176	163	176	176	185
37099393	PERIODIC PREVENTIVE EST PT 5-11 YRS	99393	521	194	194	136	175	184	184	171	184	184	194
37099394	PERIODIC PREVENTIVE EST PT 12-17 YRS	99394	521	204	204	143	184	194	194	180	194	194	204
37099395	PERIODIC PREVENTIVE EST PT 18-39 YRS	99395	521	219	219	153	197	208	208	193	208	208	219
37099396	40-64 WELLNESS EXAM	99396	521	231	231	162	208	219	219	203	219	219	231
37099397	65+ WELLNESS EXAM	99397	521	239	239	167	215	227	227	210	227	227	239
37099441	PHONE E/M PHYS/QHP 5-10 MIN	99441	521	70	70	49	63	67	67	62	67	67	70

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HOSPITAL SERVICE													
11111	OBSERVATION HOURLY CHARGE	G0378	762	48	48	34	43	46	46	42	46	46	48
111112	ZZZ ICU OBS HOURLY RATE		762	117	117	82	105	111	111	103	111	111	117
111113	ZZZ PRIVATE ROOM OBS HOURLY RATE		762	49	49	34	44	47	47	43	47	47	49
495810	SLEEP STAGING 4 OR MORE	95810	740	3623	3623	2536	3261	3442	3442	3188	3442	3442	3623
495811	SLEEP STAGING W/CAPP 4 OR	95811	740	3988	3988	2792	3589	3789	3789	3509	3789	3789	3988
2296401	CHEMO ANTI-NEOPL SQ/IM	96401	331	284	284	199	256	270	270	250	270	270	284
2296413	CHEMO INFUSION UP TO 1 HR SINGLE DRUG	96413	335	657	657	460	591	624	624	578	624	624	657
2296415	CHEMO INFUSION EACH ADD HR SINGLE DRUG	96415	335	128	128	90	115	122	122	113	122	122	128
2570014	TELEMETRY DAILY	93225	731	130	130	91	117	124	124	114	124	124	130
3999204	OFFICE/OUTPATIENT VISIT EST	99204	982	400	400	280	360	380	380	352	380	380	400
3999243	OFFICE OR O/P CONSULTATION 40 MINS	99243	988	396	396	277	356	376	376	348	376	376	396
3999244	OFFICE OR O/P CONSULTATION 60 MINS	99244	988	504	504	353	454	479	479	444	479	479	504
4290832	PSYCHOTHERAPY 30 MINS	90832	983	180	180	126	162	171	171	158	171	171	180
4290834	PSYCHOTHERAPY 45 MINS	90834	983	230	230	161	207	219	219	202	219	219	230
4290846	FAMILY PSYCHOTHERAPY W/O PATIENT	90846	983	210	210	147	189	200	200	185	200	200	210
4290847	FAMILY PSYCHOTHERAPY W/PATIENT	90847	983	252	252	176	227	239	239	222	239	239	252
VARIOUS	ROOM & BOARD - ACUTE		120	1436	1436	1005	1292	1364	1364	1264	1364	1364	1436
VARIOUS	ROOM & BOARD - ICU		200	2901	2901	2031	2611	2756	2756	2553	2756	2756	2901
VARIOUS	ROOM & BOARD - OB/LABOR & DELIVERY		122	2163	2163	1514	1947	2055	2055	1903	2055	2055	2163
VARIOUS	ROOM & BOARD - POST PARTUM		132	1436	1436	1005	1292	1364	1364	1264	1364	1364	1436
VARIOUS	ROOM & BOARD - NURSERY		170	777	777	544	699	738	738	684	738	738	777
VARIOUS	ROOM & BOARD - SECURE ROOM		111	1509	1509	1056	1358	1434	1434	1328	1434	1434	1509
VARIOUS	ROOM & BOARD - SURGICAL DAY CARE		121	1394	1394	976	1255	1324	1324	1227	1324	1324	1394

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3080048	BASIC METABOLIC PANEL	80048	301	173	173	121	156	164	164	152	164	164	173
3080053	COMPREHENSIVE METABOLIC	80053	301	315	315	221	284	299	299	277	299	299	315
3080054	COMP METABOLIC REF	80053	301	59	59	41	53	56	56	52	56	56	59
3080058	STATE COMPREHENSIVE METABOLIC	80053	301	10	10	7	9	10	10	9	10	10	10
3080059	STATE LIPID PANEL	80061	301	25	25	18	23	24	24	22	24	24	25
3080061	LIPID PANEL	80061	301	195	195	137	176	185	185	172	185	185	195
3080068	OB LABS INITIAL PROVIDE	80055	300	1725	1725	1208	1553	1639	1639	1518	1639	1639	1725
3080069	RENAL FUNCTION PANEL	80069	301	122	122	85	110	116	116	107	116	116	122
3080076	HEPATIC FUNCTION PNL*	80076	301	124	124	87	112	118	118	109	118	118	124
3081001	.URINALYSIS W/MICRO	81001	307	84	84	59	76	80	80	74	80	80	84
3081003	.URINALYSIS AUTO	81003	307	61	61	43	55	58	58	54	58	58	61
3081005	.URINE DIPSTICK AUTOMATED	81003	307	17	17	12	15	16	16	15	16	16	17
3081006	.STATE URINALYSIS AUTO	81003	307	5	5	4	5	5	5	4	5	5	5
3081007	.STATE URINALYSIS W/MICRO	81001	307	5	5	4	5	5	5	4	5	5	5
3083036	HEMOGLOBIN A1C	83036	301	159	159	111	143	151	151	140	151	151	159
3083735	MAGNESIUM	83735	301	88	88	62	79	84	84	77	84	84	88
3084147	PSA ULTRA SENSITIVE	84153	301	193	193	135	174	183	183	170	183	183	193
3084153	PSA TOTAL DIAGNOSTIC	84153	301	178	178	125	160	169	169	157	169	169	178
3084154	PSA FREE	84154	301	185	185	130	167	176	176	163	176	176	185
3084168	PSA TOTAL RFLX TO FREE	84153	301	95	95	67	86	90	90	84	90	90	95
3084441	T4 FREE.	84439	301	135	135	95	122	128	128	119	128	128	135
3084449	TSH HIGH SENSITIVITY	84443	301	143	143	100	129	136	136	126	136	136	143
3084455	SH TSH	84443	301	7	7	5	6	7	7	6	7	7	7
3084485	T3 FREE	84481	301	91	91	64	82	86	86	80	86	86	91
3084486	TROPONIN I	84484	301	153	153	107	138	145	145	135	145	145	153
3085023	STATE CBC W/AUTO DIFF	85025	305	10	10	7	9	10	10	9	10	10	10
3085025	CBC W/AUTO DIFF	85025	305	157	157	110	141	149	149	138	149	149	157
3085027	.CBC AUTO	85027	305	105	105	74	95	100	100	92	100	100	105
3085610	PROTIME AND INR	85610	305	86	86	60	77	82	82	76	82	82	86
3085611	PROTIME (PT) REFERRED	85610	305	87	87	61	78	83	83	77	83	83	87
3085730	PTT	85730	305	95	95	67	86	90	90	84	90	90	95
3085731	PTT REFERRED	85730	305	122	122	85	110	116	116	107	116	116	122
3087086	CULTURE URINE	87086	306	128	128	90	115	122	122	113	122	122	128
3087635	CORONAVIRUS CoVID-19	87635	306	300	300	210	270	285	285	264	285	285	300
3087825	INFLUENZA A & B NAA**	87502	306	504	504	353	454	479	479	444	479	479	504
3088635	SP GRAVITY BODY FL	84315	301	15	15	11	14	14	14	13	14	14	15

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MAMMORGRAPHY													
3670001	HF MAMMO SCR BILAT	77067	403	75	75	53	68	71	71	66	71	71	75
3677058	MAMMO SCR BILAT BR CANCER AWARENESS	77067	403	75	75	53	68	71	71	66	71	71	75
3677065	MAMMO UNILATERAL	77065	401	107	107	75	96	102	102	94	102	102	107
3677066	MAMMO BILATERAL	77066	401	134	134	94	121	127	127	118	127	127	134
3677067	MAMMO SCREENING BILAT	77067	403	187	187	131	168	178	178	165	178	178	187

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2501667	SUTURE 4-0 ETHILON PS-2			270	70	49	63	67	67	62	67	67	70
2511001	TRAY FOLEY CATH/DRN BG	A4314		270	118	118	83	106	112	104	112	112	118
2511092	SURGISEAL SKIN BOND	A4364		270	118	118	83	106	112	104	112	112	118
2514002	GAUZE STER 4X4 10/PKG	A6402		272	12	12	8	11	11	11	11	11	12
2514027	PAD TELFA ST 3X8	99070		272	7	7	5	6	7	6	7	7	7
2514039	PAD TELFA ST 2X3	A6251		272	7	7	5	6	7	6	7	7	7
2514118	BANDAGE ACE 3	A6452		270	18	18	13	16	17	16	17	17	18
2514119	BANDAGE ACE 4	A6449		270	22	22	15	20	21	19	21	21	22
2514120	BANDAGE ACE 6	A6443		270	29	29	20	26	28	26	28	28	29
2514142	DRESSING TEGADERM 4 X 4	A6258		272	19	19	13	17	18	17	18	18	19
2514145	DRESSING XEROFORM 1 X 8	A6222		272	8	8	6	7	8	7	8	8	8
2514500	UNNA BOOT	A4465		270	112	112	78	101	106	99	106	106	112
2525039	BLOOD GLUCOSE POC	82948		301	56	56	39	50	53	49	53	53	56
2561004	LACTATED RINGER 1000ML			258	57	57	40	51	54	50	54	54	57
2561011	SOD CHLOR 0.9% 1000ML	J7030		258	72	72	50	65	68	63	68	68	72
2561013	SOD CHLOR 0.9% 100ML	J7040		258	61	61	43	55	58	54	58	58	61
2561024	SOD CHLOR 0.9% 250ML	J7050		258	51	51	36	46	48	45	48	48	51
2561029	SOD CHLOR 0.9% 50ML			258	63	63	44	57	60	55	60	60	63
2561036	DRESSING TEGADERM 2 3/8 X 2 3/4	99070		270	8	8	6	7	8	7	8	8	8
90001311	IUD MIRENA	J7298		636	4814	4814	3370	4333	4573	4236	4573	4573	4814
90003081	NEXPLANON IMPLANT	J7307		636	1732	1732	1212	1559	1645	1524	1645	1645	1732
90003136	NERVE STIMULATOR PERM			278	43577	43577	30504	39219	41398	38348	41398	41398	43577
90003476	ALTIS SLING			278	12924	12924	9047	11632	12278	11373	12278	12278	12924
90004425	PACEMAKER ACCOLADE MRI DR IS-1	C1785		270	51254	51254	35878	46129	48691	45104	48691	48691	51254
90004486	PACEMAKER ACCOLADE MRI EL DR	C1785		270	55945.38	55945	39162	50351	53148	49232	53148	53148	55945
90004508	UROLIFT SYSTEM			270	5791	5791	4054	5212	5501	5096	5501	5501	5791
90004527	NERVE STIMULATOR PERM			278	54929	54929	38450	49436	52183	48338	52183	52183	54929
90004530	MILD PROCEDURE KIT			278	7487	7487	5241	6738	7113	6589	7113	7113	7487

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MRI													
3870551	MRI BRAIN INC STEM WO	70551	611	2205	2205	1544	1985	2095	2095	1940	2095	2095	2205
3870553	MRI BRAIN INC STEM W W	70553	611	3729	3729	2610	3356	3543	3543	3282	3543	3543	3729
3872141	MRI CERVICAL SPINE WO	72141	612	2385	2385	1670	2147	2266	2266	2099	2266	2266	2385
3872146	MRI THORACIC SPINE W/O	72146	612	2597	2597	1818	2337	2467	2467	2285	2467	2467	2597
3872148	MRI LUMBAR SPINE WO	72148	612	2764	2764	1935	2488	2626	2626	2432	2626	2626	2764
3872158	MRI LUMBAR SPINE W WO	72158	612	2779	2779	1945	2501	2640	2640	2446	2640	2640	2779
3873221	MRI UPPER EXTREM JOINTS RT WO	73221	610	3027	3027	2119	2724	2876	2876	2664	2876	2876	3027
3873222	MRI UPPER EXTREM JOINTS LT WO	73221	610	3027	3027	2119	2724	2876	2876	2664	2876	2876	3027
3873721	MRI LOWER EXTREM JOINTS RT WO	73721	610	2248	2248	1574	2023	2136	2136	1978	2136	2136	2248
3873723	MRI LOWER EXTREM JOINTS LT WO	73721	610	2248	2248	1574	2023	2136	2136	1978	2136	2136	2248

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OB/GYN													
3959400	OB CARE ROUTINE	59400	720	2901	2901	2031	2611	2756	2756	2553	2756	2756	2901

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					Maximum Ins Amount	Pay/Uninsured Discount							
2400018	ALBUTEROL CONC NEB 2.5MG/0.5ML	J7611	636	10	10	7	9	10	10	9	10	10	10
2400027	Alteplase TPA IV 100mg	J2997	636	11995	11995	8397	10796	11395	11395	10556	11395	11395	11995
2400061	APAP TAB 325MG		250	10	10	7	9	10	10	9	10	10	10
2400070	ASPIRIN TAB 81 MG		250	10	10	7	9	10	10	9	10	10	10
2400141	CEFAZOLIN INJ 1 G	J0690	636	26	26	18	23	25	25	23	25	25	26
2400247	DOCUSATE GEL CAPS 100 MG		250	10	10	7	9	10	10	9	10	10	10
2400266	ENOXAPARIN LOVENOX INJ 100MG/ML(1ML)	J1650	636	424	424	297	382	403	403	373	403	403	424
2400303	FENTANYL INJ AMP 50 MCG ML 2 ML	J3010	636	10	10	7	9	10	10	9	10	10	10
2400351	GUAIFENESIN ER MUCINEX TAB 600 MG	J8499	250	10	10	7	9	10	10	9	10	10	10
2400395	INFLIXIMAB REMICADE INJ: 100MG	J1745	636	3141	3141	2199	2827	2984	2984	2764	2984	2984	3141
2400403	IPRATROPIUM BROMIDE INH 0.5MG/2.5ML	J7644	250	12	12	8	11	11	11	11	11	11	12
2400404	IPRATROPIUM/ALBUTEROL INHALER	J7620	250	558	558	391	502	530	530	491	530	530	558
2400416	KETOROLAC INJ 60 MG / 2 ML	J1885	636	16	16	11	14	15	15	14	15	15	16
2400458	LIDOCAINE XYLO INJ 10 MG/ML 20 ML	J2001	636	10	10	7	9	10	10	9	10	10	10
2400521	MIDAZOLAM INJ 1 MG ML 2 ML	J2250	636	10	10	7	9	10	10	9	10	10	10
2400581	ONDANSETRON 4MG/2ML	J2405	636	10	10	7	9	10	10	9	10	10	10
2400589	OXYCODONE/APAP TAB 5/325 MG	J8499	250	10	10	7	9	10	10	9	10	10	10
2400597	PEGFILGRASTIM INJ SYRINGE 6 MG/0.6 ML	J2505	636	9726	9726	6808	8753	9240	9240	8559	9240	9240	9726
2400629	POTASSIUM TAB 20 MEQ		250	10	10	7	9	10	10	9	10	10	10
2400909	HYLAN G-F 20	J7325	636	2249	2249	1574	2024	2137	2137	1979	2137	2137	2249
2400930	LEUPROLIDE DEPOT 3.75MG	J1950	636	3786	3786	2650	3407	3597	3597	3332	3597	3597	3786
2400933	INS LISPRO (HUMALOG) 100U/ML 3ML	J1815	636	6	6	4	5	6	6	5	6	6	6
2400972	ZOLEDRONIC ACID 5MG/100ML	J3489	636	634.5	635	444	571	603	603	558	603	603	635
2401048	HEPATITIS B IMMUNE GLOBULIN	J1571	636	2056	2056	1439	1850	1953	1953	1809	1953	1953	2056
2401050	MORPHINE SULFATE 4MG/ML SYRINGE	J2270	636	11	11	8	10	10	10	10	10	10	11
2401115	ONABOTULINUMTOXIN A 100U THERAPEUTIC	J0585	636	1622	1622	1135	1460	1541	1541	1427	1541	1541	1622
2401304	BORTEZOMIB 3.5 MG	J9041	636	2954	2954	2068	2659	2806	2806	2600	2806	2806	2954
2401480	DENOSUMAB 60MG/ML	J0897	636	3452.73	3453	2417	3107	3280	3280	3038	3280	3280	3453
2401556	KYPROLIS INTRAVENOUS SOLUTION 60MG	J9047	636	6268	6268	4388	5641	5955	5955	5516	5955	5955	6268
2401845	XGEVA SUBCUTANEOUS SOLUTION 120MG/1.7ML	J0897	636	4225	4225	2958	3803	4014	4014	3718	4014	4014	4225
2402055	ACTEMRA SUBCUTANEOUSSOLUTION 162MG/0.9ML	J3262	636	2297	2297	1608	2067	2182	2182	2021	2182	2182	2297
2402091	KEYTRUDA IV 25MG/1ML (100MG/4ML VIAL)	J9271	636	13127	13127	9189	11814	12471	12471	11552	12471	12471	13127
2402217	TNKASE IV POWDER FOR SOLUTION 50MG	J2997	636	11995	11995	8397	10796	11395	11395	10556	11395	11395	11995
2402592	DARZALEX 100MG/5ML	J9145	636	1430.23	1430	1001	1287	1359	1359	1259	1359	1359	1430
2402593	DARZALEX 400MG/20ML	J9145	636	5721	5721	4005	5149	5435	5435	5034	5435	5435	5721
2402638	Renflexis 100MG	Q5104	636	1580	1580	1106	1422	1501	1501	1390	1501	1501	1580
2402816	RITUXAN 100MG/10ML	J9312	636	2536	2536	1775	2282	2409	2409	2232	2409	2409	2536
2402817	RITUXAN 500MG/50ML	J9312	636	12683	12683	8878	11415	12049	12049	11161	12049	12049	12683
2402850	ELIGARD 22.5MG (3MONTHS)	J1950	636	3850	3850	2695	3465	3658	3658	3388	3658	3658	3850
2402855	REMDESIVIR 100MG VIAL		636	2340	2340	1638	2106	2223	2223	2059	2223	2223	2340

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PHYSICAL THERAPY													
8097014	PT ELECTRICAL STIM UNATT EA 1/4 HR	97014	420	74	74	52	67	70	70	65	70	70	74
8097033	PT IONTOPHORESIS AE 1/4 HR	97033	420	71	71	50	64	67	67	62	67	67	71
8097110	PT THERAPEUTIC EX EA 1/4 HR	97110	420	108	108	76	97	103	103	95	103	103	108
8097112	PT NEURO RE-EDUCATION EA 1/4 HR	97112	420	84	84	59	76	80	80	74	80	80	84
8097113	PT AQUATIC THERAPY EA 1/4 HR	97113	420	98	98	69	88	93	93	86	93	93	98
8097116	PT GAIT TRAINING 1/4HR	97116	420	115	115	81	104	109	109	101	109	109	115
8097140	PT MANUAL THERAPY 1/4HR	97140	420	101	101	71	91	96	96	89	96	96	101
8097161	PT EVALUATION LOW COMPLEXITY	97161	424	232	232	162	209	220	220	204	220	220	232
8097162	PT EVALUATION MODERATE COMPLEXITY	97162	424	232	232	162	209	220	220	204	220	220	232
8097597	PT WOUND CARE <= 20 CENTIMET	97597	420	105	105	74	95	100	100	92	100	100	105

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RADIOLOGY													
3371045	CHEST 1 VIEW	71045	320	240	240	168	216	228	228	211	228	228	240
3371046	CHEST 2V	71046	324	320	320	224	288	304	304	282	304	304	320
3372110	L SPINE COMPLETE L5	72110	320	650	650	455	585	618	618	572	618	618	650
3373030	SHOULDER COMPL 2+V LT	73030	320	317	317	222	285	301	301	279	301	301	317
3373031	SHOULDER COMPL 2-V RT	73030	320	317	317	222	285	301	301	279	301	301	317
3373130	HAND COMP 3V + RT	73130	320	343	343	240	309	326	326	302	326	326	343
3373131	HAND COMP 3V + LT	73130	320	343	343	240	309	326	326	302	326	326	343
3373564	KNEE COMPL 4+ VIEWS LT	73564	320	473	473	331	426	449	449	416	449	449	473
3373565	KNEE COMPL 4+ VIEWS RT	73564	320	473	473	331	426	449	449	416	449	449	473
3373630	FOOT COMPLETE LT	73630	320	373	373	261	336	354	354	328	354	354	373
3373631	FOOT COMPLETE RT	73630	320	373	373	261	336	354	354	328	354	354	373
3374246	XRAY XM UPR GI TRC 2CONTRST	74246	320	1174	1174	822	1057	1115	1115	1033	1115	1115	1174

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RESPIRATORY THERAPY													
4493201	EKG	93005	730	243	243	170	219	231	231	214	231	231	243
6001360	HAND HELD NEBULIZER SUB	94640	410	114	114	80	103	108	108	100	108	108	114
6001362	HHN SUB 2ND MED	94640	410	119	119	83	107	113	113	105	113	113	119
6001365	HHN SUBSEQUENT	94640	410	134	134	94	121	127	127	118	127	127	134
6002310	AEROSOL HR		270	116	116	81	104	110	110	102	110	110	116
6002830	O2 HR		270	28	28	20	25	27	27	25	27	27	28
6003490	ECG 12 LEAD TRACE ONLY	93005	730	372	372	260	335	353	353	327	353	353	372
6004250	NON - INV EAR/PULS OX SNGL DETERM	94760	460	53	53	37	48	50	50	47	50	50	53
6082803	ARTERIAL BLOOD GASES	82803	301	332	332	232	299	315	315	292	315	315	332
6082805	BLD GAS CORD VENOUS	82803	301	332	332	232	299	315	315	292	315	315	332
6082806	BLD GASES VENOUS	82803	301	332	332	232	299	315	315	292	315	315	332

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					Maximum Ins Amount	Pay/Uninsured Discount							
SURGICAL SERVICES													
459400	OB CARE ROUTINE	59400	360	3954	3954	2768	3559	3756	3756	3480	3756	3756	3954
460004	SURGERY LEVEL 1 1ST HR		360	2104	2104	1473	1894	1999	1999	1852	1999	1999	2104
460006	SURGERY LEVEL 2 1ST HR		360	4733	4733	3313	4260	4496	4496	4165	4496	4496	4733
460007	SURGERY LEVEL 2 ADD 1/4 HR		360	1184	1184	829	1066	1125	1125	1042	1125	1125	1184
460008	SURGERY LEVEL 3 1ST HR		360	5259	5259	3681	4733	4996	4996	4628	4996	4996	5259
460009	SURGERY LEVEL 3 ADD 1/4 HR		360	1315	1315	921	1184	1249	1249	1157	1249	1249	1315
460010	SURGERY LEVEL 4 1ST HR		360	5785	5785	4050	5207	5496	5496	5091	5496	5496	5785
460011	SURGERY LEVEL 4 ADD 1/4 HR		360	1447	1447	1013	1302	1375	1375	1273	1375	1375	1447
610004	RECOVERY ROOM 1ST HR		710	143	143	100	129	136	136	126	136	136	143
610005	RECOVERY ROOM II ADD 15 MIN		710	36	36	25	32	34	34	32	34	34	36
1800105	GENERAL ANES 1ST HOUR		370	946	946	662	851	899	899	832	899	899	946
1800106	GENERAL ANES ADD 1/4 HR		370	237	237	166	213	225	225	209	225	225	237
1800107	LOCAL/MACH ANES 1ST HR		370	568	568	398	511	540	540	500	540	540	568
1800110	REG/SPINAL ANES ADD 1/4 HR		370	189	189	132	170	180	180	166	180	180	189
1800811	ANESTH LOWER INTST ENDO PX NOS	00811QZ	964	92	92	64	83	87	87	81	87	87	92
1801630	ANES SURGERY OF SHOUL	01630QZ	964	92	92	64	83	87	87	81	87	87	92
1801830	OPEN PROC ARM HAND BONES	01830QZ	964	92	92	64	83	87	87	81	87	87	92
1801920	ANESTH CATHETERIZE HEART	01920QZ	964	92	92	64	83	87	87	81	87	87	92
1801967	ANES VAGINAL DELIVERY	01967QZ	964	92	92	64	83	87	87	81	87	87	92
2001003	EGD WITH PROCEDURE		750	2846	2846	1992	2561	2704	2704	2504	2704	2704	2846
2001004	COLONOSCOPY DX		750	2730	2730	1911	2457	2594	2594	2402	2594	2594	2730
2001005	COLONOSCOPY WITH PROCEDURE		750	2846	2846	1992	2561	2704	2704	2504	2704	2704	2846
2252000	CYSTOURETHROSCOPY SEPA	52000	761	1644	1644	1151	1480	1562	1562	1447	1562	1562	1644
2255700	BIOPSY PROSTATE NEEDLE		761	2611	2611	1828	2350	2480	2480	2298	2480	2480	2611
3923472	RECONSTRUCT SHOULDER JOINT	23472	975	6475	6475	4533	5828	6151	6151	5698	6151	6151	6475
3925607	TREAT FX RAD EXTRA-ARTICUL	25607	975	2363	2363	1654	2127	2245	2245	2079	2245	2245	2363
3925608	TREAT FX RAD INTRA-ARTICUL	25608	975	2695	2695	1887	2426	2560	2560	2372	2560	2560	2695
3927418	REPAIR DEGENERATED KNEECAP	27418	975	3885	3885	2720	3497	3691	3691	3419	3691	3691	3885
3927447	TOTAL KNEE ARTHROPLASTY	27447	975	4900	4900	3430	4410	4655	4655	4312	4655	4655	4900
3928296	CORRECTION OF BUNION	28296	975	2188	2188	1532	1969	2079	2079	1925	2079	2079	2188
3929824	SHOULDER ARTHROSCOPY/SURGERY	29824	975	1925	1925	1348	1733	1829	1829	1694	1829	1829	1925
3929826	SHOULDER ARTHROSCOPY/SURGERY	29826	975	2695	2695	1887	2426	2560	2560	2372	2560	2560	2695
3929827	ARTHROSCOP RORATOR CUFF RPR	29827	975	3815	3815	2671	3434	3624	3624	3357	3624	3624	3815
3929828	ARTHROSCOPY BICEPS TENODESIS	29828	975	2485	2485	1740	2237	2361	2361	2187	2361	2361	2485
3929875	KNEE ARTHROSCOPY/SURGERY	29875	975	2695	2695	1887	2426	2560	2560	2372	2560	2560	2695
3929881	KNEE ARTHROSCOPY/SURGERY	29881	975	2695	2695	1887	2426	2560	2560	2372	2560	2560	2695
3929999	ARTHROSCOPY OF JOINT	29999	975	3250	3250	2275	2925	3088	3088	2860	3088	3088	3250
3930140	RESECT INFERIOR TURBINATE	30140	975	1066	1066	746	959	1013	1013	938	1013	1013	1066
3930520	REPAIR OF NASAL SEPTUM	30520	975	2057	2057	1440	1851	1954	1954	1810	1954	1954	2057
3943235	EGD DIAGNOSTIC BRUSH WASH	43235	750	777	777	544	699	738	738	684	738	738	777
3943239	EGD BIOPSY SINGLE/MULTIPLE	43239	975	908	908	636	817	863	863	799	863	863	908
3944950	APPENDECTOMY	44950	975	2013	2013	1409	1812	1912	1912	1771	1912	1912	2013
3945378	DIAGNOSTIC COLONOSCOPY	45378	975	1077	1077	754	969	1023	1023	948	1023	1023	1077

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CHG#	DESCRIPTION	CPT CODE	REV CODE	STANDARD CHARGE	100%	30% Self	90%	95%	95%	88%	95%	95%	100% All
					Maximum Ins Amount	Pay/Uninsured Discount							
3945380	COLONOSCOPY AND BIOPSY	45380	975	1155	1155	809	1040	1097	1097	1016	1097	1097	1155
3945385	COLONOSCOPY W/LESION REMOVAL	45385	975	1400	1400	980	1260	1330	1330	1232	1330	1330	1400
3947562	LAPAROSCOPIC CHOLECYSTECTOMY	47562	975	3238	3238	2267	2914	3076	3076	2849	3076	3076	3238
3949505	RPR I/HERN INIT REDUC>5 YR	49505	975	1715	1715	1201	1544	1629	1629	1509	1629	1629	1715
3950590	FRAGMENTING OF KIDNEY STONE	50590	975	6563	6563	4594	5907	6235	6235	5775	6235	6235	6563
3952441	CYSTOURETHRO W/IMPLANT	52441	975	1266	1266	886	1139	1203	1203	1114	1203	1203	1266
3953852	PROSTATIC RF THERMOTX	53852	975	2013	2013	1409	1812	1912	1912	1771	1912	1912	2013
3955700	BIOPSY OF PROSTATE	55700	975	245	245	172	221	233	233	216	233	233	245
3957260	CMBN ANT PST COLPRHY	57260	975	2860	2860	2002	2574	2717	2717	2517	2717	2717	2860
3957288	REPAIR BLADDER DEFECT	57288	975	3185	3185	2230	2867	3026	3026	2803	3026	3026	3185
3958150	TOTAL HYSTERECTOMY	58150	975	3626	3626	2538	3263	3445	3445	3191	3445	3445	3626
3958260	VAGINAL HYSTERECTOMY	58260	975	3833	3833	2683	3450	3641	3641	3373	3641	3641	3833
3958670	LAPAROSCOPY TUBAL CAUTERY	58670	975	2405	2405	1684	2165	2285	2285	2116	2285	2285	2405
3958671	LAPAROSCOPY TUBAL BLOCK	58671	975	2275	2275	1593	2048	2161	2161	2002	2161	2161	2275
3959510	OB ANTEP CSECT POSTPARTUM	59510	975	2989	2989	2092	2690	2840	2840	2630	2840	2840	2989
3962322	INJECTION LUMBAR SACRA	62322	960	241	241	169	217	229	229	212	229	229	241
3962323	INJECTION LUMBAR SACRA W/ IMAGING	62323	975	317	317	222	285	301	301	279	301	301	317
3963650	IMPLANT NEUROELECTRODES	63650	960	1820	1820	1274	1638	1729	1729	1602	1729	1729	1820
3964483	INJ FORAMEN EPIDURAL L/S	64483	975	422	422	295	380	401	401	371	401	401	422
3964493	INJ PARAVERT F JNT L/S 1 LEV	64493	975	633	633	443	570	601	601	557	601	601	633
3964721	CARPAL TUNNEL SURGERY	64721	975	1470	1470	1029	1323	1397	1397	1294	1397	1397	1470
3995810	POLYSOM 6/> YRS 4/> PARAM	95810	982	782	782	547	704	743	743	688	743	743	782
3999231	SUBSEQUENT HOSPITAL CARE 15 MINS	99231	960	120	120	84	108	114	114	106	114	114	120
3999232	SUBSEQUENT HOSPITAL CARE 25 MINS	99232	960	192	192	134	173	182	182	169	182	182	192

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CHG#	DESCRIPTION	CPT CODE	REV CODE	STANDARD CHARGE	100% Maximum Ins Amount	30% Self Pay/Uninsured Discount	90% Aetna	95% Cigna	95% Anthem Blue Cross	88% Healthscop	95% Prominence and S&S)	95% Sierra Health	100% All Other
ULTRASOUND													
3476700	US ABDOMEN COMPLETE	76700	402	717	717	502	645	681	681	631	681	681	717
3476770	US ABDOMINAL AORTA / RENAL	76770	402	600	600	420	540	570	570	528	570	570	600
3476801	US 76801 OB 1ST TRIMESTER	76801	402	835	835	585	752	793	793	735	793	793	835
3476805	US 76805 OB 2ND TRIMESTER	76805	402	697	697	488	627	662	662	613	662	662	697
3476830	US 76830 TRANSVAGINAL	76830	402	714	714	500	643	678	678	628	678	678	714
3476856	US 76856 PELVIS	76856	402	738	738	517	664	701	701	649	701	701	738
3493971	US UNILATERAL VENOUS	93971	921	578	578	405	520	549	549	509	549	549	578

WILLIAM BEE RIRIE HOSPITAL & RURAL HEALTH CLINIC DOES NOT OFFER THE SERVICES LISTED BELOW WHICH ARE MEMBERS OF THE 70 CMS-SPECIFIED SHOPPABLE SERVICES

CPT CODE	DESCRIPTION
90853	Group psychotherapy
81000	Manual urinalysis test with examination using microscope (Note: We do 81001 instead)
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities
460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)
473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).
55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope
93000	Electrocardiogram, routine, with interpretation and report (Note: We do 93005 instead)
93452	Insertion of catheter into left heart for diagnosis