| Date Printed: 03/08/2 Last Update: 03/08/2 | ²⁴ Mt. Grant General Hospital | | | Page 1 of 391 |
|---|--|-----------------------|---------------------|-----------------|
| Use CTRL-F to | SEARCH Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPATIENT, SWING BED and SNF ROOMS (these are PER DAY | rates) | | |
| Available Room | ns and Rates | | | |
| | | | | |
| 3000005 | MED/SURG ROOM | | 120 | \$ 1,703.00 |
| 3050010 | PEDIATRIC ROOM | | 123 | \$ 1,703.00 |
| 3100015 | ISOLATION ROOM | | 110 | \$ 2,067.00 |
| 3150020 | TELEMETRY ROOM | | 110 | \$ 2,067.00 |
| 3200025 | CARDIAC ROOM | | 110 | \$ 2,067.00 |
| 3250035 | SWING BED | | 129 | \$ 1,500.00 |
| 3300030 | SNF ROOM | | 120 | \$ 350.00 |
| | | | | |

Room and Board

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Rep (CMS-1717-F2 | ort - Table II 2) CPT <0 | R> | Page 2 of 391 |
|--|---|---|--|--|
| Shoppable Service Primary Service and Ancillary Service | <u>vices</u> | HCPC | <u>S Code</u> <u>Revenue Code</u> | Standard Charge |
| | OUTPATIEN | Γ | | |
| 4010203 SCREENING MCARE HIGH R | ISK | | | |
| 4010203SCREENING MCARE HIGH RISK4100110RECOVERY ROOM4819123** ProFee **SCREENING MCARE HIGH RISK | | G0. G0. | 710 | \$ 3,357.00 \$ 260.00 \$ 1,737.00 |
| | by '481' as the first three digits of the SHOPPABLE SERVICE | | Sotal of Standard Charges: | \$ 5,354.00 |
| PATHOLOGIST - not provided by facility (may be billed se | | Self-pay/Cash Price (50% of charges, if balance i | s paid in full)> | \$ 2,677.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge among Maximum negotiated charge and | | \$ 4,663.33 \$ 5,086.30 |
| | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negotiated charg Hometown Health - All Plans - negotiated charg Prominence - All Plans - negotiated charge | e amount (95%)> amount (95%)> | \$ 5,086.30 \$ 5,086.30 \$ 5,086.30 |
| Surgery | instraitée plair is unique. | Silver Summit - All Plans - negotiated charge United Healthcare/UMR - All Plans - negotiated Aetna - All Plans - negotiated charge a OP - Aetna - W/ Med Adv negotiated charge | charge amount (95%)> mount (87.1%)> | \$ 4,979.22 \$ 5,086.30 \$ 4,663.33 \$ 2,355.76 |
| | | P - Optumcare - W/ Med Adv negotiated charge OP - Humana - W/ Med Adv negotiated charge fealth and Life - W/ Med Adv negotiated charge | amount (44%)> amount (44%)> | \$ 2,355.76 \$ 2,355.76 \$ 2,355.76 \$ 2,355.76 |
| | - | All other insurances - non-negotiated charge am | ount (100%)> | \$ 5,354.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 3 of 391 | | |
|--|--|--|--|---|--|--|
| Shoppable Service Primary Service an | d Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge | | |
| | OUTPATIENT | | | | | |
| 4010206 COLORECTAL CAN | ICER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEET | ING CRITERIA FOR | HIGH RISK | | | |
| 4010206COLORECTAL CANC4100110RECOVERY ROOM4819126** ProFee **SCREENING MCARE | ER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK AVG RISK | G0121 G0121 | 750 710 975 | \$ 3,357.00 \$ 260.00 \$ 1,737.00 | | |
| ANESTHESIA - anesthesia charges are include | SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' PATHOLOGIST - not provided by facility (may be billed separately) | | | | | |
| | Self-pay/Cash Price (50% | o of charges, if balance is paid in f | full)> | \$ 2,677.00 | | |
| | | m negotiated charge amount (87.1 num negotiated charge amount (95 | | \$ 4,663.33 \$ 5,086.30 | | |
| Surgery | amounts since each patient's insurance plan is unique. Hometown Health - All P Silver Summit - All P United Healthcare/UMR Aetna - All Pla OP - Aetna - W/ Med A OP - Optumcare - W/ Med A | Plans - negotiated charge amount Plans - negotiated charge amount Plans - negotiated charge amount (Plans - negotiated charge amount (- All Plans - negotiated charge am uns - negotiated charge amount (8' Adv negotiated charge amount (Adv negotiated charge amount (| (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | \$ 5,086.30 \$ 5,086.30 \$ 5,086.30 \$ 4,979.22 \$ 5,086.30 \$ 4,663.33 \$ 2,355.76 \$ 2,355.76 \$ 2,355.76 | | |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med A | | (44%)> | \$ 2,355.76 \$ 5,354.00 | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to S | INIT. Grant General Hospital Shoppable Services Report - Table II | CPT Code <or></or> | | Page 4 of 391 |
|--|---|--|---------------------|---|
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4010209 COLC | NOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIM | ARY) | | |
| 4010209 4100110 4819129 ** ProFee ** | COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY) RECOVERY ROOM COLON W/POLYP REMOV SNARE | 45385 45385 | 750 710 975 | \$ 3,357.00 \$ 260.00 \$ 1,911.00 |
| | n's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code | Total of S | Standard Charges: | \$ 5,528.00 |
| | esia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' rovided by facility (may be billed separately) Self-pay/Cash Price (50% of charge | es, if balance is paid in | full)> | \$ 2,764.00 |
| | | ted charge amount (87. tiated charge amount (9 | | \$ 4,814.89 \$ 5,251.60 |
| CMS-Specified Sho | amounts since each patient's insurance plan is unique. Hometown Health - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Plans - nego Aetna - All Plans - nego OP - Aetna - W/ Med Adv ne OP - Optumcare - W/ Med Adv ne | Prominence - All Plans - negotiated charge amount (9 Silver Summit - All Plans - negotiated charge amount (9 United Healthcare/UMR - All Plans - negotiated charge amount (87. OP - Aetna - All Plans - negotiated charge amount (87. OP - Aetna - W/ Med Adv negotiated charge amount (4 OP - Optumcare - W/ Med Adv negotiated charge amount (4 | | |
| | All other insurances - non-negoti | e e | | \$ 5,528.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed:03/08/2024Last Update:03/08/2024 | Mt. Grant General Hospital | | | Page 5 of 391 |
|---|--|-------------------------|---------------------|----------------------------|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service | and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4010212 COLONOSCOPY | | | | |
| 4010212 COLONOSCOPY | | 45378 | 750 | \$ 2,778.00 |
| 4100110 RECOVERY ROOM | | | 710 | \$ 260.00 |
| 4819120 ** ProFee ** COLONOSCOPY | | 45378 | 975 | \$ 1,621.00 |
| SURGEON - the surgeon's professional fee | are represented by '481' as the first three digits of the SHOPPABLE SERVICE code | Total of S | Standard Charges: | \$ 4,659.00 |
| | uded in the surgery facility fee, where the first three digits of the charge code is '401' | | | |
| PATHOLOGIST - not provided by facility | | | | |
| rathoeooist - not provided by facility | may be bined separately) | | | |
| | Self-pay/Cash Price (50% of charges | , if balance is paid in | full)> | \$ 2,329.50 |
| | | | 1%)> | \$ 4,057.99 |
| | coinsurances are not Maximum negotia | ted charge amount (9 | 5%)> | \$ 4,426.05 |
| | factored into these charge Anthem Blue Cross - All Plans - nego | otiated charge amoun | t (95%)> | \$ 4,426.05 |
| CMS-Specified Shoppable Service | amounts since each patient's Hometown Health - All Plans - nego | otiated charge amoun | t (95%)> | \$ 4,426.05 |
| FF | insurance plan is unique. Prominence - All Plans - nego | e | . , | \$ 4,426.05 |
| Surgery | United Healthcare/UMR - All Plans | | | \$ 4,332.87 \$ 4,426.05 |
| Suigery | Aetna - All Plans - negotia | | | \$ 4,057.99 |
| | OP - Aetna - W/ Med Adv nego | | | \$ 2,049.96 |
| | OP - Optumcare - W/ Med Adv nego | e | | \$ 2,049.96 |
| | OP - Humana - W/ Med Adv nego | e | | \$ 2,049.96 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negot | tiated charge amount | (44%)> | \$ 2,049.96 |
| | All other insurances - non-negotiate | ed charge amount (10 | 0%)> | \$ 4,659.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | |
|--|--|---|---------------------------------------|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Ser | ice and Ancillary Services | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPATIENT | | | |
| 4010215 COLONOSCOP | , FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY) | | | |
| 4010215 COLONOSCOI 4100110 RECOVERY R | Y, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY) OM | 45380 | 750 710 | \$ 3,357.00 \$ 260.00 |
| 4819130 ** ProFee ** COLONOSCO | Y WITH BIOPSY | 45380 | 975 | \$ 1,794.00 |
| ° . | fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code included in the surgery facility fee, where the first three digits of the charge code is '401' lity (may be billed separately) | Total of S | Standard Charges: | \$ 5,411.00 |
| | Self-pay/Cash Price (50% of charges | , if balance is paid in | full)> | \$ 2,705.50 |
| | | ted charge amount (9 | 1%)> 5%)> | \$ 4,712.98 \$ 5,140.45 \$ 5,140.45 |
| CMS-Specified Shoppable Service | amounts since each patient's Hometown Health - All Plans - nego | otiated charge amoun | t (95%)> | \$ 5,140.45 |
| CIVIS-Specificu Shoppable Service | Prominence - All Plans - negot | | | \$ 5,140.45 |
| Surgery | Silver Summit - All Plans - negot United Healthcare/UMR - All Plans | | | \$ 5,032.23 \$ 5,140.45 |
| | Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negot | ated charge amount (8 tiated charge amount tiated charge amount tiated charge amount | 87.1%)> (44%)> (44%)> (44%)> | \$ 4,712.98 \$ 2,380.84 \$ 2,380.84 \$ 2,380.84 \$ 2,380.84 |
| | All other insurances - non-negotiate | ed charge amount (10 | 0%)> | \$ 5,411.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | Page 7 of 391 |
|---|--|---|-----------------------------------|---|
| Shoppable Service Primary Service an | d Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4010218 EGD, FLEXIBLE, T | RANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THE | ROUGH ESOPHAGU | US (PRIMARY |) |
| 4010218EGD, FLEXIBLE, TRA4100110RECOVERY ROOM | NSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS (PRIMARY) | 43248 | 750 710 | \$ 2,218.00 \$ 260.00 |
| 4819140 ** ProFee ** EGD DIL W/GUIDEW | RE | 43248 | 975 | \$ 1,448.00 |
| | are represented by '481' as the first three digits of the SHOPPABLE SERVICE code ded in the surgery facility fee, where the first three digits of the charge code is '401' hay be billed separately) | Total of S | Standard Charges: | \$ 3,926.00 |
| | Self-pay/Cash Price (50% of | f charges, if balance is paid in | full)> | \$ 1,963.00 |
| | Coinsurances are notMaximumfactored into these charge amounts since each patient'sAnthem Blue Cross - All Plat Hometown Health - All Plat Prominence - All Plan | negotiated charge amount (87. n negotiated charge amount (9 nns - negotiated charge amount nns - negotiated charge amount ns - negotiated charge amount | 5%)> t (95%)> t (95%)> | \$ 3,419.55 \$ 3,729.70 \$ 3,729.70 \$ 3,729.70 \$ 3,729.70 |
| Surgery | Insurance plan is unique. United Healthcare/UMR - A Aetna - All Plan | ns - negotiated charge amount All Plans - negotiated charge a - negotiated charge amount (8 | (93%)> mount (95%)> 87.1%)> | \$ 3,651.18 \$ 3,729.70 \$ 3,419.55 |
| | OP - Optumcare - W/ Med Adv | v negotiated charge amount | (44%)> (44%)> | \$ 1,727.44 \$ 1,727.44 \$ 1,727.44 \$ 1,727.44 |
| | All other insurances - non-1 | negotiated charge amount (10 | 0%)> | \$ 3,926.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 8 of 391 | | | |
|---|--|--|----------------------------|---|--|--|--|
| Shoppable Service Primary Service and | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> | | | |
| | OUTPATIENT | | | | | | |
| 4010221 EGD, FLEXIBLE, TRA | ANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRI | C VARICES (PRIMARY | Y) | | | | |
| 4010221EGD, FLEXIBLE, TRANS4100110RECOVERY ROOM | ORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY) | 43244 | 750 710 | \$ 2,547.00 \$ 260.00 | | | |
| 4819135 ** ProFee ** EGD W/BANDING VARI | CES | 43244 | 975 | \$ 1,448.00 | | | |
| ANESTHESIA - anesthesia charges are included | SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' PATHOLOGIST - not provided by facility (may be billed separately) | | | | | | |
| | Self-pay/Cash Price (5 | 0% of charges, if balance is paid in | full)> | \$ 2,127.50 | | | |
| | | num negotiated charge amount (87. imum negotiated charge amount (9: | | \$ 3,706.11 \$ 4,042.25 | | | |
| | amounts since each patient's Hometown Health - A | Il Plans - negotiated charge amount Il Plans - negotiated charge amount Il Plans - negotiated charge amount | t (95%)> | \$ 4,042.25 \$ 4,042.25 \$ 4,042.25 | | | |
| Surgery | Insurance plan is unique.Silver Summit - AlUnited Healthcare/UN | Il Plans - negotiated charge amount IR - All Plans - negotiated charge a Plans - negotiated charge amount (8 | (93%)> mount (95%)> | \$ 4,042.25 \$ 3,957.15 \$ 4,042.25 \$ 3,706.11 | | | |
| | OP - Aetna - W/ Me OP - Optumcare - W/ Me | ed Adv negotiated charge amount ed Adv negotiated charge amount ed Adv negotiated charge amount | (44%)> (44%)> (44%)> | \$ 3,700.11 \$ 1,872.20 \$ 1,872.20 \$ 1,872.20 \$ 1,872.20 | | | |
| | All other insurances - | non-negotiated charge amount (10 | 0%)> | \$ 4,255.00 | | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 9 of 391 |
|--|--|----------------------------|---------------------|----------------------------|
| Use CTRL-F to SI | EARCH (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | |
| 4010224 EGD, F | LEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY) | | | |
| 4010224 | EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY) | 43239 | 750 | \$ 2,431.00 |
| 4100110 | RECOVERY ROOM | | 710 | \$ 260.00 |
| 4819138 ** ProFee ** | EGD W/BIOPSY | 43239 | 975 | \$ 1,158.00 |
| | 's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code | Total of S | Standard Charges: | \$ 3,849.00 |
| | sia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' | | | |
| PATHOLOGIST - not pr | ovided by facility (may be billed separately) | | | |
| | Self-pay/Cash Price (50% of char | ges, if balance is paid in | full)> | \$ 1,924.50 |
| | | ated charge amount (87. | | \$ 3,352.48 |
| | coinsurances are not Maximum nego | otiated charge amount (9 | 5%)> | \$ 3,656.55 |
| | factored into these charge Anthem Blue Cross - All Plans - r | egotiated charge amount | t (95%)> | \$ 3,656.55 |
| CMS-Specified Shop | amounts since each patient's Hometown Health - All Plans - r | | | \$ 3,656.55 |
| | Prominence - All Plans - no | | | \$ 3,656.55 |
| Surg | erv Silver Summit - All Plans - ne | | | \$ 3,579.57 \$ 3,656.55 |
| Juig | United Healthcare/UMR - All Plans - neg | otiated charge amount (8 | | \$ 3,850.55 |
| | OP - Aetna - W/ Med Adv no | | | \$ 5,552.48 \$ 1,693.56 |
| | OP - Optumcare - W/ Med Adv no | | | \$ 1,693.56 |
| | OP - Humana - W/ Med Adv no | egotiated charge amount | (44%)> | \$ 1,693.56 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv ne | egotiated charge amount | (44%)> | \$ 1,693.56 |
| | All other insurances - non-negot | iated charge amount (10 | 0%)> | \$ 3,849.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to S | | Shoppable Serv | neral Hospital ices Report - Table II -1717-F2) | CPT Code <or></or> | | Page 10 of 391 |
|--|---|---|--|---|--|--|
| Shoppable Service | Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPA | TIENT | | | |
| 4010233 FLEX | IBLE SIGMOIDOSCOPY | | | | | |
| 4010233 4100110 4819180 ** ProFee ** | FLEXIBLE SIGMOIDOSCOPY RECOVERY ROOM FLEX SIG | | | 45330 45330 | 750 710 975 | \$ 1,331.00 \$ 260.00 \$ 926.00 |
| C | n's professional fees are represented by '481' as the esia charges are included in the surgery facility fee, | J | | Total of S | Standard Charges: | \$ 2,517.00 |
| PATHOLOGIST - not p | rovided by facility (may be billed separately) | | | | | |
| | | | Self-pay/Cash Price (50% | of charges, if balance is paid in | full)> | \$ 1,258.50 |
| | | opays, deductibles and binsurances are not | | n negotiated charge amount (87. um negotiated charge amount (9 | | \$ 2,192.31 \$ 2,391.15 |
| Surg | ar in | ctored into these charge nounts since each patient's surance plan is unique. OP - Healthplan Nevad | Hometown Health - All I Prominence - All P Silver Summit - All P United Healthcare/UMR Aetna - All Pla OP - Aetna - W/ Med A OP - Optumcare - W/ Med A | Plans - negotiated charge amount Plans - negotiated charge amount lans - negotiated charge amount lans - negotiated charge amount - All Plans - negotiated charge a ns - negotiated charge amount (8 Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount | (95%)> (95%)> (93%)> mount (95%)> 7.1%)> (44%)> (44%)> (44%)> | 2,391.15 2,391.15 2,391.15 2,391.15 2,340.81 2,391.15 2,192.31 1,107.48 1,107.48 1,107.48 |
| | | | All other insurances - no | on-negotiated charge amount (10 | 0%)> | \$ 2,517.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | H Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | | Page 11 of 391 | |
|--|--|--|---|---|--|--|
| Shoppable Service Primary Service and Ancillary S | ervices | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> | |
| | | TIENT | | | | |
| 4010236 SIGMOIDOSCOPY, FLEXIBL | E, WITH BIOPSY, SINGLE OR MU | LTIPLE | | | | |
| 4010236SIGMOIDOSCOPY, FLEXIBLE, WITH4100110RECOVERY ROOM4819144** ProFee **FLEX SIG W/BIOPSY | BIOPSY, SINGLE OR MULTIPLE | | 45331 45331 | 750 710 975 | \$ 1,737.00 \$ 260.00 \$ 1,158.00 | |
| ANESTHESIA - anesthesia charges are included in the surg | SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' PATHOLOGIST - not provided by facility (may be billed separately) | | | | | |
| | Γ | Self-pay/Cash Price (50% of ch | narges, if balance is paid in | full)> | \$ 1,577.50 | |
| | Copays, deductibles and coinsurances are not | | otiated charge amount (87. egotiated charge amount (9 | | \$ 2,748.01 \$ 2,997.25 | |
| Surgery | factored into these charge amounts since each patient's insurance plan is unique. | Silver Summit - All Plans - United Healthcare/UMR - All I | - negotiated charge amount negotiated charge amount negotiated charge amount Plans - negotiated charge a negotiated charge amount (8 negotiated charge amount (8 | t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 2,997.25 \$ 2,997.25 \$ 2,997.25 \$ 2,934.15 \$ 2,997.25 \$ 2,748.01 \$ 1,388.20 \$ 1,388.20 | |
| | (44%)> (44%)> (44%)> 0%)> | \$ 1,388.20 \$ 1,388.20 \$ 1,388.20 \$ 3,155.00 | | | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 12 of 391 | | |
|--|--|--|-------------------------|---------------------------|---|--|--|
| Use CTRL-F to S | | (CM | S-1717-F2) | < | T Code <or> <u>PCS Code</u></or> | Demonso Code | Stor david Change |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | | | | <u>CS Code</u> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | | OUTP | ATIENT | | | | |
| 4010240 UPPE | R GASTRO ENDOSCOPY | | | | | | |
| | | | | | | | |
| 4010240 | UPPER GASTRO ENDOSCOPY | | | 4 | 43235 | 750 | \$ 2,027.00 |
| 4100110 | RECOVERY ROOM | | | | | 710 | \$ 260.00 |
| 4819150 ** ProFee ** | EGD | | | 4 | 43235 | 975 | \$ 985.00 |
| | | | | | Total of S | tandard Charges: | \$ 3,272.00 |
| C . | on's professional fees are represented by '481 | | | | | | ¢ €, <u>–</u> , –, , , , , , , , , , , , , , , , , , |
| ANESTHESIA - anesth | nesia charges are included in the surgery facil | ity fee, where the first three digits of the char | ge code is '401' | | | | |
| PATHOLOGIST - not | provided by facility (may be billed separately | y) | | | | | |
| | | | | | | ° 11) | * • • • • • • • • • • • • • • • • • • • |
| | | | Self-pay/Cash Price (50 | J% of charges, if balanc | ce is paid in I | (ull)> | \$ 1,636.00 |
| | | Copays, deductibles and | Minim | um negotiated charge a | amount (87.1 | .%)> | \$ 2,849.91 |
| | | coinsurances are not | Maxi | imum negotiated charge | e amount (95 | 5%)> | \$ 3,108.40 |
| | | factored into these charge | Anthem Blue Cross - A | ll Plans - negotiated cha | arge amount | (95%)> | \$ 3,108.40 |
| | | amounts since each patient's | | ll Plans - negotiated cha | | | \$ 3,108.40 |
| CMS-Specified Sho | ppable Service | | | l Plans - negotiated char | | | \$ 3,108.40 |
| C | ~ | insurance plan is unique. | Silver Summit - All | l Plans - negotiated char | rge amount (| (93%)> | \$ 3,042.96 |
| Surg | gery | | United Healthcare/UM | | | | \$ 3,108.40 |
| | | l | | Plans - negotiated charg | | | \$ 2,849.91 |
| | | | | d Adv negotiated char | | | \$ 1,439.68 |
| | | | OP - Optumcare - W/ Med | | | | \$ 1,439.68 |
| | OP - Humana - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> | | | | | \$ 1,439.68 \$ 1,439.68 | |
| | | OF - Heatupian Nevad | | C | 0 | | |
| | | | All other insurances - | non-negotiated charge | amount (100 | 9%)> ================================ | \$ 3,272.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to S | INIT. Grant General Hospital Shoppable Services Report - Table II | Page 13 of 391 |
|--|--|---|
| Shoppable Service | Primary Service and Ancillary Services HCPCS Code Revenue Code | Standard Charge |
| | OUTPATIENT | |
| 4014360 SMAL | L INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; D | Ι |
| 4014360 4100110 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSTI 44360 750 RECOVERY ROOM 710 | \$ 2,547.00 \$ 260.00 |
| 4814360 ** ProFee ** | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSTI44360975 | \$ 1,448.00 |
| ANESTHESIA - anesthe | n's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: esia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' rovided by facility (may be billed separately) | \$ 4,255.00 |
| | Self-pay/Cash Price (50% of charges, if balance is paid in full)> | \$ 2,127.50 |
| | Copays, deductibles and coinsurances are not Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | \$ 3,706.11 \$ 4,042.25 |
| | factored into these charge amounts since each patient's Prominence - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> | \$ 4,042.25 \$ 4,042.25 \$ 4,042.25 |
| Surg | Silver Summit - All Plans - negotiated charge amount (93%)> United Healthcare/UMR - All Plans - negotiated charge amount (95%)> | \$ 3,957.15 \$ 4,042.25 |
| | Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> | \$ 3,706.11 \$ 1,872.20 \$ 1,872.20 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> | \$ 1,872.20 \$ 1,872.20 \$ 1,872.20 |
| | All other insurances - non-negotiated charge amount (100%)> | \$ 4,255.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to S | 4 | Shoppable Se | eneral Hospital ervices Report - Table II /IS-1717-F2) | CPT Code <or></or> | | Page 14 of 391 |
|--|---|---|--|--|--|---|
| Shoppable Service | Primary Service and Ancillary Services | | | | <u>Revenue Code</u> | Standard Charge |
| | | OUTE | PATIENT | | | |
| 4014380 ILEOS | SCOPY, THROUGH STOMA; I | DIAGNOSTIC, INC COLLE | CTION OF SPECIMEN(S) BY | BRUSHING OR W | ASHING, WI | HE |
| 4014380 4100110 | ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC RECOVERY ROOM | , INC COLLECTION OF SPECIMEN(S) BY BR | USHING OR WASHING, WHEN PERF | 44380 | 750 710 | \$ 2,431.00 \$ 260.00 |
| 4814380 ** ProFee ** | ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC | , INC COLLECTION OF SPECIMEN(S) BY BR | USHING OR WASHING, WHEN PERF | 44380 | 975 | \$ 1,158.00 |
| | on's professional fees are represented by '481' a | | | Total of Star | ndard Charges: | \$ 3,849.00 |
| PATHOLOGIST - not p | provided by facility (may be billed separately) | | Self-pay/Cash Price (50% of cha | arges, if balance is paid in ful | l)> | \$ 1,924.50 |
| | | Copays, deductibles and coinsurances are not | | tiated charge amount (87.1% gotiated charge amount (95% | | \$ 3,352.48 \$ 3,656.55 |
| | | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Brominanca - All Plans | | 5%)> | \$ 3,656.55 \$ 3,656.55 \$ 2,656.55 |
| | | insurance plan is unique. | | | | \$ 3,656.55 |
| Surg | Perv | | Silver Summit - All Plans - United Healthcare/UMR - All F | | | \$ 3,579.57 \$ 3,656.55 |
| Surg | gery | | United Healthcare/UMR - All P Aetna - All Plans - ne | lans - negotiated charge amore gotiated charge amount (87.1 | unt (95%)> 1%)> | \$ 3,656.55 \$ 3,352.48 |
| Surg | gery | | United Healthcare/UMR - All P | Plans - negotiated charge amou gotiated charge amount (87.1 negotiated charge amount (44 negotiated charge amount (44 negotiated charge amount (44 | unt (95%)> 1%)> 4%)> 4%)> 4%)> | \$ 3,656.55 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 15 of 391 |
|--|--|--|---|--|
| Shoppable Service Primary Service and | nd Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4015333 SIGMOIDOSCOPY, | FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER I | LESION(S) BY HO | T BIOPSY FO | RC |
| 4015333SIGMOIDOSCOPY, F4100110RECOVERY ROOM4819170** ProFee **FLEX SIGMOID-REM | LEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS | 45333 45333 | 750 710 975 | \$ 1,654.00 \$ 260.00 \$ 1,103.00 |
| | are represented by '481' as the first three digits of the SHOPPABLE SERVICE code ded in the surgery facility fee, where the first three digits of the charge code is '401' nay be billed separately) | Total of S | Standard Charges: | \$ 3,017.00 |
| | Self-pay/Cash Price (50% of ch | narges, if balance is paid in | full)> | \$ 1,508.50 |
| | | otiated charge amount (87. egotiated charge amount (9. | | \$ 2,627.81 \$ 2,866.15 |
| Surgery | Insurance plan is unique. Silver Summit - All Plans - United Healthcare/UMR - All Plans - | negotiated charge amount negotiated charge amount negotiated charge amount Plans - negotiated charge amount (8 negotiated charge amount (8 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | $\begin{array}{l} (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ (93\%) &> \\ (93\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \end{array}$ | 2,866.15 2,866.15 2,866.15 2,805.81 2,866.15 2,866.15 2,627.81 1,327.48 1,327.48 1,327.48 1,327.48 |
| | All other insurances - non-neg | gotiated charge amount (10 | 0%)> | \$ 3,017.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gen | • | | | Page 16 of 391 |
|--|--|---|--|-------------------------|--|
| Use CTRL-F to SEARCH | Shoppable Service (CMS-1 | - | CPT Code <or></or> | | |
| Shoppable Service Primary Service and And | illary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPAT | TENT | | | |
| 4015338 SIGMOIDOSCOPY, FLE | XIBLE; WITH REMOVAL OF TUMOR BY | SNARE TECHNIQUE | | | |
| 4015338SIGMOIDOSCOPY, FLEXIBL4100110RECOVERY ROOM | E; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE | | 45338 | 750 710 | \$ 1,621.00 \$ 260.00 |
| 4815338 ** ProFee ** SIGMOIDOSCOPY, FLEXIBL | E; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE | | 45338 | 975 | \$ 1,100.00 |
| | resented by '481' as the first three digits of the SHOPPABLE SEF the surgery facility fee, where the first three digits of the charge c billed separately) | | | Standard Charges: | \$ 2,981.00 |
| | | Self-pay/Cash Price (50% of cha | rges, if balance is paid in | full)> | \$ 1,490.50 |
| | Copays, deductibles and coinsurances are not | | tiated charge amount (87. gotiated charge amount (99) | | \$ 2,596.45 \$ 2,831.95 |
| | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - n | negotiated charge amount negotiated charge amount | (95%)> (95%)> | \$ 2,831.95 \$ 2,831.95 \$ 2,831.95 |
| Surgery | | | lans - negotiated charge an gotiated charge amount (8 | mount (95%)> 37.1%)> | \$ 2,772.33 \$ 2,831.95 \$ 2,596.45 |
| | OP - Healthnlan Nevada/S | OP - Aetna - W/ Med Adv n OP - Optumcare - W/ Med Adv n OP - Humana - W/ Med Adv n Sierra Health and Life - W/ Med Adv n | negotiated charge amount negotiated charge amount | (44%)> (44%)> | \$ 1,311.64 \$ 1,311.64 \$ 1,311.64 \$ 1,311.64 |
| | Or - Heatinpian Nevada/5 | All other insurances - non-nego | 0 0 | . , | \$ 2,981.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Se | eneral Hospital rvices Report - Table II IS-1717-F2) | CPT Code <or></or> | | Page 17 of 391 |
|---|---|--|--|--|--|
| Shoppable Service Primary Service and Ancillary Se | rvices_ | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTP | ATIENT | | | |
| 4015350 SIGMOIDOSCOPY, FLEXIBL | E; WITH BAND LIGATION(S) | | | | |
| 4015350SIGMOIDOSCOPY, FLEXIBLE; WITH I4100110RECOVERY ROOM4815350** ProFee **SIGMOIDOSCOPY, FLEXIBLE; WITH I | | | 45350 45350 | 750 710 975 | \$ 1,679.00 \$ 260.00 \$ 1,216.00 |
| SURGEON - the surgeon's professional fees are represented | by '481' as the first three digits of the SHOPPABLE | SERVICE code | Total of S | tandard Charges: | \$ 3,155.00 |
| ANESTHESIA - anesthesia charges are included in the surge PATHOLOGIST - not provided by facility (may be billed se | | rge code is '401' Self-pay/Cash Price (50% of c | charges if balance is paid in t | full)> | \$ 1.577.50 |
| | Copays, deductibles and coinsurances are not | Minimum ne Maximum n | egotiated charge amount (87.1 negotiated charge amount (95 | 1%)> 5%)> | \$ 2,748.01 \$ 2,997.25 |
| Surgery | factored into these charge amounts since each patient's insurance plan is unique. | Silver Summit - All Plans United Healthcare/UMR - All Aetna - All Plans - OP - Aetna - W/ Med Adv. | s - negotiated charge amount s - negotiated charge amount (s - negotiated charge amount (l Plans - negotiated charge amount (l Plans - negotiated charge amount (8 - negotiated charge amount (| (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> | \$ 2,997.25 \$ 2,997.25 \$ 2,997.25 \$ 2,934.15 \$ 2,997.25 \$ 2,997.25 \$ 2,748.01 \$ 1,388.20 |
| | OP - Healthplan Neva | OP - Optumcare - W/ Med Adv. OP - Humana - W/ Med Adv. ada/Sierra Health and Life - W/ Med Adv. All other insurances - non-ne | negotiated charge amount (| (44%)> (44%)> | \$ 1,388.20 \$ 1,388.20 \$ 1,388.20 \$ 3,155.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hosp | | Page 18 of 391 |
|--|---|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table (CMS-1717-F2) | CPT Code <or></or> | |
| Shoppable Service Primary Service and Ancillary S | ervices | HCPCS Code Revenu | e Code Standard Charge |
| | OUTPATIENT | | |
| 4015381 COLONOSCOPY, FLEXIBLE | ; WITH DIRECTED SUBMUCOSAL INJECTION | (S), ANY SUBSTANCE | |
| 4015381 COLONOSCOPY, FLEXIBLE; WITH I | DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | 45381 | 750 \$ 3,056.00 |
| 4100110 RECOVERY ROOM | | 7 | \$ 260.00 |
| 4815381 ** ProFee ** COLONOSCOPY, FLEXIBLE; WITH I | DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | 45381 9 | \$ 1,783.00 |
| | d by '481' as the first three digits of the SHOPPABLE SERVICE code | Total of Standard (| Charges: \$ 5,099.00 |
| PATHOLOGIST - not provided by facility (may be billed s | | Cash Price (50% of charges, if balance is paid in full) | > \$ 2,549.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | > \$4,441.23 |
| | | lue Cross - All Plans - negotiated charge amount (95%) | · · · · · · · · · · · · · · · · · · · |
| | | vn Health - All Plans - negotiated charge amount (95%) minence - All Plans - negotiated charge amount (95%) | |
| | Prov | minence minimums negotiated charge amount (9570) | |
| C C | Prot | Summit - All Plans - negotiated charge amount (93%) | > \$ 4,742.07 |
| Surgery | insurance plan is unique. United He | Summit - All Plans - negotiated charge amount (93%) ealthcare/UMR - All Plans - negotiated charge amount (959 | %)> \$4,844.05 |
| Surgery | insurance plan is unique. United He | ealthcare/UMR - All Plans - negotiated charge amount (959 Aetna - All Plans - negotiated charge amount (87.1%) | %)> \$4,844.05 \$4,441.23 |
| Surgery | insurance plan is unique. Prof Silver United He OP - Ae | ealthcare/UMR - All Plans - negotiated charge amount (959 Aetna - All Plans - negotiated charge amount (87.1%) etna - W/ Med Adv negotiated charge amount (44%) | %)> \$ 4,844.05 > \$ 4,441.23 \$ 2,243.56 |
| Surgery | insurance plan is unique. OP - Ae OP - Optune OP - Hum | ealthcare/UMR - All Plans - negotiated charge amount (95% Aetna - All Plans - negotiated charge amount (87.1%) etna - W/ Med Adv negotiated charge amount (44%) care - W/ Med Adv negotiated charge amount (44%) nana - W/ Med Adv negotiated charge amount (44%) | %)> \$ 4,844.05 > \$ 4,441.23 > \$ 2,243.56 > \$ 2,243.56 > \$ 2,243.56 |
| Surgery | insurance plan is unique. OP - Ae OP - Optune OP - Hum | ealthcare/UMR - All Plans - negotiated charge amount (95% Aetna - All Plans - negotiated charge amount (87.1%) etna - W/ Med Adv negotiated charge amount (44%) care - W/ Med Adv negotiated charge amount (44%) | %)> \$ 4,844.05 > \$ 4,441.23 > \$ 2,243.56 > \$ 2,243.56 > \$ 2,243.56 > \$ 2,243.56 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 19 of 391 |
|--|--|---|---------------------|----------------------------|
| Shoppable Service Primary Service and | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4015384 COLONOSCOPY, FL | OUTPATIENT EXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOP | PSV (PRIMARY) | | |
| | | | | |
| | TBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (PRIMARY) | 45384 | 750 | \$ 3,357.00 |
| 4100110 RECOVERY ROOM 4819132 ** ProFee ** COLON W/POLYP REM | | 45204 | 710 | \$ 260.00 |
| 4819132 ** ProFee ** COLON W/POLYP REM | IUV FURCP | 45384 | 975 | \$ 1,911.00 |
| | e represented by '481' as the first three digits of the SHOPPABLE SERVICE code ed in the surgery facility fee, where the first three digits of the charge code is '401' ay be billed separately) | 1 otal of S | Standard Charges: | \$ 5,528.00 |
| | Self-pay/Cash Price (50 | 0% of charges, if balance is paid in | full)> | \$ 2,764.00 |
| | coinsurances are not Maxi | num negotiated charge amount (87. imum negotiated charge amount (9. 11 Plans - negotiated charge amount | 5%)> | \$ 4,814.89 \$ 5,251.60 |
| | amounts since each patient's Hometown Health - Al | ll Plans - negotiated charge amount | t (95%)> | \$ 5,251.60 \$ 5,251.60 |
| | Prominence - All | l Plans - negotiated charge amount l Plans - negotiated charge amount | | \$ 5,251.60 \$ 5,141.04 |
| Surgery | United Healthcare/UM | R - All Plans - negotiated charge at | mount (95%)> | \$ 5,251.60 |
| | | Plans - negotiated charge amount (8 d Adv negotiated charge amount | | \$ 4,814.89 \$ 2,432.32 |
| | OP - Optumcare - W/ Med | d Adv negotiated charge amount | (44%)> | \$ 2,432.32 |
| | OP - Humana - W/ Mec OP - Healthplan Nevada/Sierra Health and Life - W/ Mec | d Adv negotiated charge amount d Adv negotiated charge amount | | \$ 2,432.32 \$ 2,432.32 |
| | • | non-negotiated charge amount (100 | . , | \$ 5,528.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 20 of 391 |
|--|---|---|---|--|
| Shoppable Service Primary Service and Ancil | llary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4016946 EGD, FLEXIBLE, WITH | FRANSENDOSCOPIC BALLOON DILATION OF ESOPHAG | SUS (PRIMARY) | | |
| 4016946EGD, FLEXIBLE, WITH TRAN4100110RECOVERY ROOM4816946** ProFee **EGD BALLN DIL | SENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (PRIMARY) | 43249 43249 | 750 710 975 | \$ 2,547.00 \$ 260.00 \$ 1,448.00 |
| SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: ANESTHESIA - anesthesia charges are included in the surgery facility fee, where the first three digits of the charge code is '401' PATHOLOGIST - not provided by facility (may be billed separately) | | | | |
| | Self-pay/Cash Price | (50% of charges, if balance is paid in fu | ull)> | \$ 2,127.50 |
| | coinsurances are not | nimum negotiated charge amount (87.19 laximum negotiated charge amount (959 | | \$ 3,706.11 \$ 4,042.25 |
| Surgery | amounts since each patient's insurance plan is unique. Hometown Health - Prominence - Silver Summit - United Healthcare/U Aetna - A OP - Aetna - W/M | - All Plans - negotiated charge amount (- All Plans - negotiated charge amount (All Plans - negotiated charge amount (All Plans - negotiated charge amount (JMR - All Plans - negotiated charge am Il Plans - negotiated charge amount (Med Adv negotiated charge amount (Med Adv negotiated charge amount (| (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> | \$ 4,042.25 \$ 4,042.25 \$ 4,042.25 \$ 3,957.15 \$ 4,042.25 \$ 3,706.11 \$ 1,872.20 \$ 1,872.20 |
| | OP - Humana - W/ M OP - Healthplan Nevada/Sierra Health and Life - W/ M | Med Adv negotiated charge amount (4 | 44%)> 44%)> | \$ 1,872.20 \$ 1,872.20 \$ 4,255.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 21 of 391 |
|---|---|--|--|---|
| Shoppable Service Primary Service a | nd Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4016948 EGD, FLEXIBLE, T | RANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHE | R LESION(S) BY SNA | RE | |
| 4100110 RECOVERY ROOM | ANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE ANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE (PRIMARY) | 43251 43251 | 750 710 975 | \$ 1,915.00 \$ 260.00 \$ 1,313.00 |
| SUBCEON the surgeon's professional face | are represented by '481' as the first three digits of the SHOPPABLE SERVICE code | Total of S | tandard Charges: | \$ 3,488.00 |
| ANESTHESIA - anesthesia charges are inclue PATHOLOGIST - not provided by facility (| uded in the surgery facility fee, where the first three digits of the charge code is '401' may be billed separately) | | | |
| | Self-pay/Cash Price (50% | of charges, if balance is paid in f | full)> | \$ 1,744.00 |
| Surgery | Maximu coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Maximu Anthem Blue Cross - All P Hometown Health - All P Prominence - All Pl Silver Summit - All Pl United Healthcare/UMR - Aetna - All Plar OP - Aetna - W/ Med A OP - Optumcare - W/ Med A | n negotiated charge amount (87.1 um negotiated charge amount (95 Plans - negotiated charge amount Plans - negotiated charge amount lans - negotiated charge amount (ans - negotiated charge amount (- All Plans - negotiated charge amount (- All Plans - negotiated charge amount (adv negotiated charge amount (| (%) > (95%) > (95%) > 93%) > nount (95%) > 7.1%) > 44%) > 44%) > | \$ 3,038.05 \$ 3,313.60 \$ 3,313.60 \$ 3,313.60 \$ 3,313.60 \$ 3,243.84 \$ 3,313.60 \$ 3,038.05 \$ 1,534.72 \$ 1,534.72 \$ 1,534.72 \$ 1,534.72 \$ 1,534.72 |
| | • | n-negotiated charge amount (100 | | \$ 3,488.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to S | 4 | Shoppable Serv | neral Hospital ices Report - Table II 5-1717-F2) | CPT Code <or></or> | | Page 22 of 391 |
|--|---|--|--|---|---|--|
| Shoppable Service | Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPA | TIENT | | | |
| 4019141 FLEX | SIG CANC SCRN - MCARE | | | | | |
| 4019141 4100110 4819141 ** ProFee ** | FLEX SIG CANC SCRN - MCARE RECOVERY ROOM FLEX SIG CANC SCRN-MCARE | | | G0104 G0104 | 750 710 975 | \$ 1,331.00 \$ 260.00 \$ 926.00 |
| ANESTHESIA - anesth | | ' as the first three digits of the SHOPPABLE S ity fee, where the first three digits of the charg y) | | Total of S | Standard Charges: | \$ 2,517.00 |
| | | | Self-pay/Cash Price (50% of ch | • | | \$ 1,258.50 |
| | | Copays, deductibles and coinsurances are not | | otiated charge amount (87. gotiated charge amount (9 | | \$ 2,192.31 \$ 2,391.15 |
| Sur | gery | factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevad | Silver Summit - All Plans - United Healthcare/UMR - All P | negotiated charge amount negotiated charge amount negotiated charge amount Plans - negotiated charge a egotiated charge amount (8 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | 2,391.15 2,391.15 2,391.15 2,391.15 2,340.81 2,391.15 2,192.31 1,107.48 1,107.48 1,107.48 |
| | | | All other insurances - non-neg | otiated charge amount (10 | 0%)> | \$ 2,517.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: Last Update: | 03/08/2024 03/08/2024 | | Mt. Grant General Hospital | | | Page 23 of 391 |
|-------------------------------|--------------------------|------------------------|--|-----------------------|--|------------------------|
| Use CTR | RL-F to S | SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable S | <u>Service</u> | Primary Service an | nd Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | | OUTPATIENT | | | |
| 4019209 | COLO | NOSCOPY, F | LEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY | Y) | | |
| | | This is a seconda | ry procedure that is performed in addition to a primary procedure, and it has a lesser charge p | rice than a prim | ary procedure | |
| 4019209 | | COLONOSCOPY, FLE | EXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY) | 45385 | 750 | \$ 637.00 |
| 4810129 * | * ProFee ** | COLONOSCOPY, FLE | EXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE | 45385 | 975 | \$ 290.00 |
| ANESTHES | SIA - anesth | esia charges are inclu | are represented by '481' as the first three digits of the SHOPPABLE SERVICE code ded in the surgery facility fee, where the first three digits of the charge code is '401' nay be billed separately) | Total of S | Standard Charges: | \$ 927.00 |
| | | | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 463.50 |
| | | | | | 1%)> 5%)> | \$ 807.42 \$ 880.65 |
| | | | factored into these charge Anthem Blue Cross - All Plans - nego | | | \$ 880.65 |
| | | | amounts since each patient's Hometown Health - All Plans - nego Prominence - All Plans - negot | | | \$ 880.65 \$ 880.65 |
| | n | | insurance plan is unique. Silver Summit - All Plans - negot | | | \$ 880.05 \$ 862.11 |
| | Surg | gery | United Healthcare/UMR - All Plans - | | | \$ 880.65 |
| | | | Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot | | | \$ 807.42 \$ 407.88 |
| | | | OP - Optumcare - W/ Med Adv negot | e | . , | \$ 407.88 |
| | | | OP - Humana - W/ Med Adv negot | iated charge amount | (44%)> | \$ 407.88 |
| | | | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negoti | e | | \$ 407.88 |
| | | | All other insurances - non-negotiated | d charge amount (10 | 0%)> ================================ | \$ 927.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | Page 24 of 391 |
|--|--|------------------------|
| Use CTRL-F to SE | ARCH (CMS-1717-F2) CPT Code <or></or> | |
| Shoppable Service F | Primary Service and Ancillary Services HCPCS Code Revenue Code | Standard Charge |
| | OUTPATIENT | |
| 4019215 COLON | OSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY) | |
| Т | his is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure | |
| 4019215 C | COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY) 45380 750 | \$ 637.00 |
| 4810130 ** ProFee ** C | COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE 45380 975 | \$ 174.00 |
| SURGEON - the surgeon's | s professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code Total of Standard Charges: | \$ 811.00 |
| | a charges are included in the surgery facility fee, where the first three digits of the charge code is '401' | |
| | vided by facility (may be billed separately) | |
| | vided by factory (may be bined separately) | |
| | Self-pay/Cash Price (50% of charges, if balance is paid in full)> | \$ 405.50 |
| | Copays, deductibles and Minimum negotiated charge amount (87.1%)> | \$ 706.38 |
| | Coinsurances are not Maximum negotiated charge amount (95%)> | \$ 770.45 |
| | factored into these charge Anthem Blue Cross - All Plans - negotiated charge amount (95%)> | \$ 770.45 |
| | amounts since each patient's Hometown Health - All Plans - negotiated charge amount (95%)> | \$ 770.45 |
| | Prominence - All Plans - negotiated charge amount (95%)> | \$ 770.45 |
| Surge | | \$ 754.23 \$ 770.45 |
| burge | United Healthcare/UMR - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> | \$ 770.45 \$ 706.28 |
| | OP - Aetna - W/ Med Adv negotiated charge amount (44%)> | \$ 706.38 \$ 356.84 |
| | OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> | \$ 356.84 |
| | OP - Humana - W/ Med Adv negotiated charge amount (44%)> | \$ 356.84 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> | \$ 356.84 |
| | All other insurances - non-negotiated charge amount (100%)> | \$ 811.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 25 of 391 |
|---|---|--|-------------------------|-------------------------------------|
| Shoppable Service Primary S | ervice and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4019221 EGD, FLEXIB | LE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARI | ICES (2NDARY) | | |
| | econdary procedure that is performed in addition to a primary procedure, and it has a lesser charg | . , | | |
| 4019221 EGD, FLEXI | BLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY) | 43244 | 750 | \$ 463.00 |
| 4810135 ** ProFee ** ESOPHAGO | GASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES | 43244 | 975 | \$ 463.00 |
| | nal fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code are included in the surgery facility fee, where the first three digits of the charge code is '401' acility (may be billed separately) | Total of S | Standard Charges: | \$ 926.00 |
| | Self-pay/Cash Price (50% of charge | ges, if balance is paid in | full)> | \$ 463.00 |
| | | ated charge amount (87. bitated charge amount (9. | | \$ 806.55 \$ 879.70 |
| | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - ne Hometown Health - All Plans - ne Prominence - All Plans - ne | egotiated charge amount | t (95%)> (95%)> | \$ 879.70 \$ 879.70 \$ 879.70 |
| Surgery | | ins - negotiated charge an otiated charge amount (8 | mount (95%)> 37.1%)> | \$ 861.18 \$ 879.70 \$ 806.55 |
| | OP - Aetna - W/ Med Adv ne OP - Optumcare - W/ Med Adv ne | | | \$ 407.44 \$ 407.44 |
| | OP - Humana - W/ Med Adv ne | gotiated charge amount | (44%)> | \$ 407.44 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv ne | gotiated charge amount | (44%)> | \$ 407.44 |
| | All other insurances - non-negoti | iated charge amount (10 | 0%)> | \$ 926.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | Mit (Frant Gonoral Hognital | | Page 26 of 391 |
|--|--|-------------------------|------------------------|
| Use CTRL-F to S | SEARCH (CMS-1717-F2) CPT Cod <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services HCPCS Co | ode <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | |
| 4019224 EGD, | FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY) | | |
| | This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a p | rimary procedure | |
| 4019224 | EGD, FLEXIBLE, TRANSORAL, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY) 43239 | 750 | \$ 307.00 |
| 4810138 ** ProFee ** | ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE 43239 | 975 | \$ 174.00 |
| ANESTHESIA - anesth | Tota Tota sprofessional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code to '401' as the first three digits of the charge code is '401' provided by facility (may be billed separately) | l of Standard Charges: | \$ 481.00 |
| | Copays, deductibles and Self-pay/Cash Price (50% of charges, if balance is pa Minimum negotiated charge amount | , | \$ 240.50 \$ 418.95 |
| | coinsurances are not factored into these charge Anthem Blue Cross - All Plans - negotiated charge and | nt (95%)> | \$ 456.95 \$ 456.95 |
| | amounts since each patient's Hometown Health - All Plans - negotiated charge and | | \$ 456.95 |
| | insurance plan is unique. Prominence - All Plans - negotiated charge am Silver Summit - All Plans - negotiated charge am | | \$ 456.95 \$ 447.33 |
| Surg | | | \$ 456.95 |
| | Aetna - All Plans - negotiated charge amou | int (87.1%)> | \$ 418.95 |
| | OP - Aetna - W/ Med Adv negotiated charge am OP - Optumcare - W/ Med Adv negotiated charge am | | \$ 211.64 \$ 211.64 |
| | OP - Optumcare - W/ Med Adv negotiated charge am OP - Humana - W/ Med Adv negotiated charge am | | \$ 211.64 \$ 211.64 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge am | | \$ 211.64 |
| | All other insurances - non-negotiated charge amoun | t (100%)> | \$ 481.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 27 of 391 |
|--|---|-----------------------|---------------------|------------------------|
| Use CTRL-F to SEA | | CPT Code <or></or> | | |
| Shoppable Service Pi | imary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4019381 COLON | OSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTA | NCE (2NDAR | Y) | |
| | is is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge | | • | |
| 4019381 CO | DLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY) | 45381 | 750 | \$ 278.00 |
| 4819381 ** ProFee ** CC | DLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY) | 45381 | 975 | \$ 162.00 |
| ANESTHESIA - anesthesia | professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code charges are included in the surgery facility fee, where the first three digits of the charge code is '401' ided by facility (may be billed separately) | Total of S | Standard Charges: | \$ 440.00 |
| | Self-pay/Cash Price (50% of charges | · • | | \$ 220.00 |
| | copulo, acaucholos ana | e . | 1%)> 5%)> | \$ 383.24 \$ 418.00 |
| | factored into these charge Anthem Blue Cross - All Plans - neg | | | \$ 418.00 |
| | amounts since each patient's Hometown Health - All Plans - neg | | | \$ 418.00 |
| G | insurance plan is unique. Prominence - All Plans - nego Silver Summit - All Plans - nego | | | \$ 418.00 \$ 409.20 |
| Surge | TY United Healthcare/UMR - All Plans | - negotiated charge a | mount (95%)> | \$ 418.00 |
| _ | Aetna - All Plans - negotia | | | \$ 383.24 |
| | OP - Aetna - W/ Med Adv nego OP - Optumcare - W/ Med Adv nego | | | \$ 193.60 \$ 193.60 |
| | OP - Humana - W/ Med Adv nego | | | \$ 193.60 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv nego | | | \$ 193.60 |
| | All other insurances - non-negotiate | ed charge amount (10 | 0%)> | \$ 440.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 28 of 391 |
|---|--|--|-------------------|------------------------|
| Shoppable Service Primary Service and Ancillary | <u>Services</u> | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPATIENT | | | |
| 4019384 COLONOSCOPY, FLEXIBLE | E, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPS | SY (2NDARY) | | |
| This is a secondary procedu | re that is performed in addition to a primary procedure, and it has a lesser | r charge price than a prim | ary procedure | |
| 4019384 COLONOSCOPY, FLEXIBLE, WITH | REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (2NDARY) | 45384 | 750 | \$ 637.00 |
| 4810132 ** ProFee ** COLONOSCOPY, FLEXIBLE; WITH | REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS (2ND | 45384 | 975 | \$ 290.00 |
| | d by '481' as the first three digits of the SHOPPABLE SERVICE code gery facility fee, where the first three digits of the charge code is '401' separately) | Total of S | Standard Charges: | \$ 927.00 |
| | Self-pay/Cash Price (50% | o of charges, if balance is paid in | full)> | \$ 463.50 |
| | coinsurances are not Maxim | m negotiated charge amount (87. hum negotiated charge amount (9 | | \$ 807.42 \$ 880.65 |
| | | Plans - negotiated charge amount | | \$ 880.65 |
| | | Plans - negotiated charge amount Plans - negotiated charge amount | | \$ 880.65 \$ 880.65 |
| C | | Plans - negotiated charge amount | | \$ 862.11 |
| Surgery | | - All Plans - negotiated charge a | | \$ 880.65 |
| | | uns - negotiated charge amount (8 Adv negotiated charge amount | | \$ 807.42 \$ 407.88 |
| | | Adv negotiated charge amount | | \$ 407.88 |
| | | Adv negotiated charge amount | | \$ 407.88 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med A | 6 6 | | \$ 407.88 |
| | All other insurances - no | on-negotiated charge amount (10 | 0%)> | \$ 927.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 29 of 391 |
|---|--|---|---------------------|------------------------|
| Shoppable Service Primary Service and A | ncillary Services | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPATIENT | | | |
| 4019946 EGD, FLEXIBLE, WIT | H TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2N | DARY) | | |
| This is a secondary | procedure that is performed in addition to a primary procedure, and it has a lesser cha | rge price than a prim | ary procedure | |
| 4019946 EGD, FLEXIBLE, WITH T | RANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY) | 43249 | 750 | \$ 522.00 |
| 4810946 ** ProFee ** ESOPHAGOGASTRODUO | DENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHA | 43249 | 975 | \$ 463.00 |
| | represented by '481' as the first three digits of the SHOPPABLE SERVICE code in the surgery facility fee, where the first three digits of the charge code is '401' be billed separately) | Total of S | Standard Charges: | \$ 985.00 |
| | Self-pay/Cash Price (50% of ch | arges, if balance is paid in | full)> | \$ 492.50 |
| | coinsurances are not Maximum ne | otiated charge amount (87. gotiated charge amount (9. | | \$ 857.94 \$ 935.75 |
| | factored into these charge Anthem Blue Cross - All Plans - | | | \$ 935.75 |
| | amounts since each patient's Hometown Health - All Plans - | negotiated charge amount negotiated charge amount | | \$ 935.75 \$ 935.75 |
| G | insurance plan is unique. Silver Summit - All Plans - | | | \$ 955.75 \$ 916.05 |
| Surgery | United Healthcare/UMR - All F | | | \$ 935.75 |
| | Aetna - All Plans - ne OP - Aetna - W/ Med Adv | egotiated charge amount (8 | | \$ 857.94 \$ 433.40 |
| | OP - Optumcare - W/ Med Adv OP - Optumcare - W/ Med Adv | 6 6 | . , | \$ 433.40 \$ 433.40 |
| | OP - Humana - W/ Med Adv | negotiated charge amount | (44%)> | \$ 433.40 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv | negotiated charge amount | (44%)> | \$ 433.40 |
| | All other insurances - non-neg | otiated charge amount (10 | 0%)> | \$ 985.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 30 of 391 |
|--|---|---|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services INPATIEN 4140010 EKG WITH RHYTHM STRIP | (CMS-1717-F2) T, OUTPATIENT, SWING BED or SKILLED NURSIN | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4140010 EKG WITH RHYTHM STRIP | | 93005 | 730 | \$ 248.00 |
| | | Total of S | Standard Charges: | \$ 248.00 |
| RespTherapy | Coinsurances are notMaximumfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plan Hometown Health - All Plan Silver Summit - All Plans Silver Summit - All Plans United Healthcare/UMR - All Aetna - All Plans - OP - Aetna - W/ Med Adv OP - Humana - W/ Med Adv OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv | egotiated charge amount (87. negotiated charge amount (9. ns - negotiated charge amount s - negotiated charge amount s - negotiated charge amount s - negotiated charge amount Il Plans - negotiated charge amount . negotiated charge amount (8 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (95%)> (93%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 124.00 \$ 216.01 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 235.60 \$ 216.01 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 109.12 \$ 248.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hos Shoppable Services Report - Tab | • | | Page 31 of 391 |
|---|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service INP 4140015 EKG SERIAL | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4140015 EKG SERIAL | | 93000 | 739 | \$ 162.00 |
| | | Total of S | Standard Charges: | \$ 162.00 |
| CMS-Specified Shoppable Service RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - A OP - Optum OP - Hur OP - Healthplan Nevada/Sierra Health and | /Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 Blue Cross - All Plans - negotiated charge amount own Health - All Plans - negotiated charge amount cominence - All Plans - negotiated charge amount er Summit - All Plans - negotiated charge amount er Summit - All Plans - negotiated charge amount Healthcare/UMR - All Plans - negotiated charge amount (8 Aetna - All Plans - negotiated charge amount (8 Aetna - W/ Med Adv negotiated charge amount mana - W/ Med Adv negotiated charge amount Life - W/ Med Adv negotiated charge amount | .1%) >> .05%) >>> .1%) >>>> .1%) >>>>>>> .1%) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | \$ 81.00 \$ 141.10 \$ 153.90 \$ 153.90 \$ 153.90 \$ 153.90 \$ 153.90 \$ 150.66 \$ 153.90 \$ 153.90 \$ 141.10 \$ 71.28 \$ 71.28 \$ 71.28 \$ 71.28 |
| | All othe | er insurances - non-negotiated charge amount (10 | 0%)> | \$ 162.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to | 24 | Mt. Grant Gene Shoppable Service (CMS-17 | s Report - Table II | CPT Code <or></or> | | Page 32 of 391 |
|--|------------------------------------|--|---|--|---------------------|------------------------|
| Shoppable Service | Primary Service and Ancillary Serv | ices_ | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPA | TIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING F. | ACILITY | | |
| 4150010 HOL | TER MONITOR | | | | | |
| 4150010 | HOLTER MONITOR | | | 93225 | 731 | \$ 275.00 |
| 4150020 | SCANNING ANALYSIS W/RPT | | | 93226 | 731 | \$ 197.00 |
| | | | | Total of S | Standard Charges: | \$ 472.00 |
| | | | Self-pay/Cash Price (50% of charge | · • | | \$ 236.00 |
| | | Copays, deductibles and coinsurances are not | e | ted charge amount (87. iated charge amount (9 | | \$ 411.11 \$ 448.40 |
| | | factored into these charge | Anthem Blue Cross - All Plans - ne | gotiated charge amoun | ut (95%)> | \$ 448.40 |
| | | amounts since each patient's | Hometown Health - All Plans - ne | | | \$ 448.40 |
| | | insurance plan is unique. | Prominence - All Plans - neg Silver Summit - All Plans - neg | | | \$ 448.40 \$ 438.96 |
| RespT | herapy | 1 1 | United Healthcare/UMR - All Plan | | | \$ 438.90 \$ 448.40 |
| | | | Aetna - All Plans - nego | | | \$ 411.11 |
| | | | OP - Aetna - W/ Med Adv neg | | | \$ 207.68 |
| | | | OP - Optumcare - W/ Med Adv neg | | | \$ 207.68 |
| | | OD Uselthnien Nevede/S | OP - Humana - W/ Med Adv neg erra Health and Life - W/ Med Adv neg | | | \$ 207.68 \$ 207.68 |
| | | | All other insurances - non-negotia | C C | | \$ 472.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

Shoppable Service

Use CTRL-F to SEARCH

Mt. Grant General Hospital

Shoppable Services Report - Table II

(CMS-1717-F2)

CPT Code <**OR**>

HCPCS Code

Standard Charge **Revenue Code**

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160020 AEROSOL TREATMENT INITIAL

Primary Service and Ancillary Services

| | Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added | | | | |
|---------|---|-------------|-----------------|-------------------|--|
| 4160020 | AEROSOL TREATMENT INITIAL | 94640 | 410 | \$ 75.00 | |
| 4480202 | J7611 - ALBUTEROL, INHALATION, UNIT DOSE, 1MG | J7611 | 636 | \$ 3.50 | |
| 4483254 | J7644 - IPRATROPIUM BROMIDE, INHALATION SOLUTION, PER MILLIGRAM | J7644 | 636 | \$ 12.00 | |
| | | Total of St | andard Charges: | \$ 90.50 | |
| | | | anuaru Charges. | \$ 90 . 30 | |

| | Self-pay/Cash Price (50% of charges, if balance is paid in full)> | \$ 45.25 |
|-------------|--|--|
| | Copays, deductibles and coinsurances are notMinimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | \$ 78.83 \$ 85.98 |
| RespTherapy | factored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> | \$ 85.98 \$ 85.98 \$ 85.98 \$ 84.17 \$ 85.98 \$ 78.83 \$ 39.82 \$ 39.82 \$ 39.82 \$ 39.82 \$ 39.82 \$ 39.82 |
| | All other insurances - non-negotiated charge amount (100%)> | \$ 90.50 |

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | Page 34 of 391 |
|---|--|--|---|
| Shoppable Service Primary Service and Ancillary Services | <0 | C Code OR> <u>CS Code</u> <u>Revenue Code</u> | Standard Charge |
| 4160050 ARTERIAL PUNCTURE | 36 | 6600 300 | \$ 130.00 |
| | | Total of Standard Charges: | \$ 130.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | nount (87.1%)> amount (95%)> ge amount (95%)> ge amount (95%)> ge amount (95%)> d charge amount (95%)> amount (87.1%)> ge amount (44%)> ge amount (44%)> ge amount (44%)> ge amount (44%)> ge amount (44%)> | \$ 65.00 \$ 113.23 \$ 123.50 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 \$ 130.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | Page 35 of 391 |
|--|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services INPATIE 4160180 INCENTIVE SPIROMETERY TX | (CMS-1717-F2) CPT Code <pre></pre> | <u>Standard Charge</u> |
| 4160180 INCENTIVE SPIROMETERY TX | 94727 460 | \$ 50.00 |
| | Total of Standard Charge | s: \$ 50.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is paid in full) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 36 of 391 | |
|---|---|--|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Ser | <u>vices</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INP | TIENT, OUTPATIENT, SWING BED or SKILLED NURSING FA | ACILITY | | |
| 4160190 MDI INHALER TX INITIAL | | | | |
| | halers will have PHARMACY charges added, and may have SUBSEQUENT T | REATMENT cha | rges added | |
| 4160190 MDI INHALER TX INITIAL | | 94640 | 410 | \$ 75.00 |
| | | Total of | Standard Charges: | \$ 75.00 |
| RespTherapy | Maximum t | es, if balance is paid in ed charge amount (87 ated charge amount (9 | .1%)> | \$ 37.50 \$ 65.33 \$ 71.25 |
| | coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - neg Hometown Health - All Plans - neg Silver Summit - All Plans - neg United Healthcare/UMR - All Plans Aetna - All Plans - negot OP - Aetna - W/ Med Adv negot | gotiated charge amount otiated charge amount otiated charge amount s - negotiated charge a iated charge amount (| tt (95%)> t (95%)> t (93%)> amount (95%)> 87.1%)> | \$ 71.25 \$ 71.25 \$ 71.25 \$ 69.75 \$ 71.25 \$ 65.33 |
| | OP - Aetha - W/ Med Adv heg OP - Optumcare - W/ Med Adv neg OP - Humana - W/ Med Adv neg OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv neg | otiated charge amount otiated charge amount | t (44%)> t (44%)> | \$ 33.00 |
| | All other insurances - non-negotiat | ted charge amount (10 |)0%)> | \$ 75.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ices Report - Table II -1717-F2) | | | Page 37 of 391 |
|---|--|---|--|--|--|
| Shoppable Service Primary Service and Ancillary Serv | Υ. | | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4160400 OXIMETRY | | | 94760 | 460 | \$ 108.00 |
| | | | Total of S | tandard Charges: | \$ 108.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiat Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - negot Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot a/Sierra Health and Life - W/ Med Adv negot | I charge amount (87.1 ed charge amount (95 tiated charge amount iated charge amount iated charge amount iated charge amount (8 negotiated charge ar ted charge amount (8 iated charge amount (8) | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 54.00 \$ 94.07 \$ 102.60 \$ 102.60 \$ 102.60 \$ 102.60 \$ 102.60 \$ 100.44 \$ 102.60 \$ 94.07 \$ 47.52 \$ 47.52 \$ 47.52 \$ 47.52 \$ 47.52 \$ 108.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 38 of 391 |
|---|--|--|--|---|
| Shoppable Service Primary Service and Ancillary Service | <u>§</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPAT | IENT, OUTPATIENT, SWING BED or SKILLED NURS | SING FACILITY | | |
| 4160480 PFT COMPLETE | | | | |
| 4160480PFT COMPLETE4487619LEVALBUTEROL 1.25 MG/3 ML SOLUTION | FOR NEBULIZATION | 94060 J7614 | 460 250 | \$ 517.00 \$ 19.00 |
| | | Total of | Standard Charges: | \$ 536.00 |
| | Copays, deductibles and Minimu | % of charges, if balance is paid in um negotiated charge amount (87 num negotiated charge amount (9 | .1%)> | \$ 268.00 \$ 466.86 \$ 509.20 |
| RespTherapy | amounts since each patient's insurance plan is unique. Hometown Health - All Prominence - All I Silver Summit - All United Healthcare/UMR | Plans - negotiated charge amoun Plans - negotiated charge amoun Plans - negotiated charge amount Plans - negotiated charge amount R - All Plans - negotiated charge a | tt (95%)> tt (95%)> tt (93%)> amount (95%)> | \$ 509.20 \$ 509.20 \$ 509.20 \$ 498.48 \$ 509.20 |
| | OP - Aetna - W/ Med OP - Optumcare - W/ Med OP - Humana - W/ Med OP - Healthplan Nevada/Sierra Health and Life - W/ Med | ans - negotiated charge amount (Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount Adv negotiated charge amount | t (44%)> t (44%)> t (44%)> t (44%)> | \$ 466.86 \$ 235.84 \$ 235.84 \$ 235.84 \$ 235.84 \$ 235.84 \$ 536.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | neral Hospital ices Report - Table II | | | Page 39 of 391 |
|--|--|--|--|---|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service.and.Ancill 4163015 CARDIOVASC STRESS TI | (CMS <u>ary Services</u> INPATIENT, OUTPATIENT, SWING B | -1717-F2) | CPT Code <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4163015 CARDIOVASC STRESS TEST | | | 93015 | 482 | \$ 435.00 |
| | | | Total of S | tandard Charges: | \$ 435.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | d charge amount (87.1 ted charge amount (95 stiated charge amount (95 stiated charge amount (iated charge amount (iated charge amount (- negotiated charge am ted charge amount (8 iated charge amount (8 iated charge amount (iated charge amount (iated charge amount (iated charge amount (| %)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (44%)> (44%)> (44%)> | \$ 217.50 \$ 378.89 \$ 413.25 \$ 413.25 \$ 413.25 \$ 413.25 \$ 413.25 \$ 413.25 \$ 413.25 \$ 413.25 \$ 378.89 \$ 191.40 \$ 191. |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | Page 40 of 391 |
|--|---|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services INPATIEN 4163784 AMBUL BLOOD PRESS MONITOR | Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or> HCPCS Code Revenue Cod COR> CPT Code <or> COR> COR> CPT Code <or> COR> COR> COR> COR> COR> COR> COR> C</or></or></or> | e Standard Charge |
| 4163784 AMBUL BLOOD PRESS MONITOR | 93788 920 | \$ 202.00 |
| | Total of Standard Charg | es: \$ 202.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amount (state charge amount (sta | > \$ 175.94 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 191.90 > \$ 187.86 > \$ 191.90 > \$ 187.86 > \$ 88.88 > \$ 88.88 > \$ 88.88 > \$ 88.88 > \$ 88.88 > \$ 88.88 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH Shoppable Service Primary Service and Ance | Mt. Grant Genera Shoppable Services Re (CMS-1717-F | port - Table II | CPT Code <or> HCPCS Code</or> | Revenue Code | Page 41 of 391 Standard Charge |
|---|--|-----------------------|---|--|--|
| <u>I mary service and Anc</u> | INPATIENT, OUTPATIENT, SWING BED of | SKILLED NURSING FA | ACILITY | | |
| 4164618 PULMONARY STRESS T | ESTING (EG, 6-MINUTE WALK TEST), INCI | | | RATE, OXIMI | ETRY |
| 4164618 PULMONARY STRESS TEST | NG (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEAR | ſ RATE, OXIMETRY, AND | 94618 | 460 | \$ 68.00 |
| | | | Total of S | standard Charges: | \$ 68.00 |
| RespTherapy | | | ted charge amount (87. iated charge amount (93. gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount is - negotiated charge amount tiated charge amount (8 gotiated charge amount (8 gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount | 1%) >> 5%) >> (95%) >> (95%) >> (95%) >> (95%) >> (93%) >> nount (95%) >> (44%) >> (44%) >> (44%) >> | \$ 34.00 \$ 59.23 \$ 64.60 \$ 64.60 \$ 64.60 \$ 63.24 \$ 64.60 \$ 59.23 \$ 29.92 \$ 29.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | Page 42 of 391 |
|--|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services INPATIEN 4164667 FLUTTER VALVE INITIAL | (CMS-1717-F2) CPT Code <pre></pre> | le <u>Standard Charge</u> |
| | | |
| 4164667 FLUTTER VALVE INITIAL | 94667 410 | \$ 182.00 |
| | Total of Standard Char | ges: \$ 182.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.Self-pay/Cash Price (50% of charges, if balance is paid in full) Maximum negotiated charge amount (87.1%) Maximum negotiated charge amount (87.1%) | > \$ 158.52 > \$ 172.90 > \$ 172.90 > \$ 172.90 > \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 |
| | Aetna - All Plans - negotiated charge amount (87.1%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) OP - Optumcare - W/ Med Adv negotiated charge amount (44%) OP - Humana - W/ Med Adv negotiated charge amount (44%) OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%) | > \$ 158.52 > \$ 80.08 > \$ 80.08 > \$ 80.08 > \$ 80.08 > \$ 80.08 > \$ 80.08 |
| | All other insurances - non-negotiated charge amount (100%) | > \$ 182.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | Page 43 of 391 |
|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4164762 OVERNIGHT OXIMETRY | HCPCS Code Revenue Code T, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY Image: Code | Standard Charge |
| 4164762 OVERNIGHT OXIMETRY | 94762 460 | \$ 416.00 |
| | Total of Standard Charges: | \$ 416.00 |
| RespTherapy | Copays, deductibles and coinsurances are not factored into these charge amount since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%) | \$ 362.34 \$ 395.20 \$ 395.20 \$ 395.20 \$ 395.20 \$ 395.20 \$ 386.88 \$ 395.20 \$ 386.88 \$ 395.20 \$ 362.34 \$ 183.04 \$ 183.04 \$ 183.04 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Rep (CMS-1717-F | ort - Table II 2) CPT Code | Pa | Page 44 of 391 |
|---|--|--|--|--|
| Shoppable ServicePrimary Service4200005ABO BLOOD TY | and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or ING | | <u>Revenue Code</u> <u>Sta</u> | andard Charge |
| 4200005 ABO BLOOD TY | NG ge will be added to a group of multiple lab tests if a blood draw is necessary | 86900 | 300 | \$ 60.00 |
| V LIVIT OTVET OTCL - a single minimar en | ge will be added to a group of multiple fab tests if a brood draw is necessary | Total of Star | ndard Charges: | \$ 60.00 |
| Laboratory | | Self-pay/Cash Price (50% of charges, if balance is paid in ful Minimum negotiated charge amount (87.1% Maximum negotiated charge amount (95% Anthem Blue Cross - All Plans - negotiated charge amount (9 Hometown Health - All Plans - negotiated charge amount (9 Prominence - All Plans - negotiated charge amount (95 Silver Summit - All Plans - negotiated charge amount (93 United Healthcare/UMR - All Plans - negotiated charge amount (87.1 OP - Aetna - All Plans - negotiated charge amount (87.1 OP - Aetna - W/ Med Adv negotiated charge amount (44 P - Optumcare - W/ Med Adv negotiated charge amount (44 OP - Humana - W/ Med Adv negotiated charge amount (44 All other insurances - non-negotiated charge amount (100% | a) > b) > b) | \$ 30.00 \$ 52.26 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 52.26 \$ 26.40 \$ 26.40 \$ 26.40 \$ 26.40 \$ 26.40 \$ 26.40 \$ 26.40 \$ 26.40 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services. EUCCS INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY 4200007 ACETAMINOPHEN 8032 4200007 ACETAMINOPHEN 8032 VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary To To To Self-pay/Cash Price (50% of charges, if balance is Minimum negotiated charge amounts since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is Minimum negotiated charge amounts since each patient's insurance plan is unique. Laboratory Laboratory Self-pay/Cash Price (50% of charges, if plans - negotiated charge amounts since each patient's insurance plan is unique. | Date Printed: 03/08/2 ast Update: 03/08/2 Use CTRL-F to | ARCH Mt. Grant General Hospital (CMS-1717-F2) C | CPT Code <or></or> | | Page 45 of 391 |
|---|---|---|---|--|--|
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Te VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Te Self-pay/Cash Price (50% of charges, if balance is Minimum negotiated charge amound Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - negotiated charge amound charge amounts - All Plans - negotiated charge amount - All Plans - negotiated charge amound - All Plans - negotiated charge amount - All Plans - negotiated charge - Brominence - Brominence - All Plans - negotiated charge - Brominence - All Plans - negotiated charge - Brominence - Brominence - Brom | | INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILIT | CPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is Minimum negotiated charge amound the sector of the sector | | | 80329 | 301 | \$ 187.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Minimum negotiated charge amound the constrained charge amounts and the constrained charge amounts are not factored into these charge amounts since each patient's insurance plan is unique. Laboratory Minimum negotiated charge amound the constrained charge amounts are not factored into these charge amounts and the constrained charge amounts and the constrained charge amounts are not insurance plan is unique. | /ENIPUNCTURE - | e minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | Total of Star | ndard Charges: | \$ 187.00 |
| Aetna - All Plans - negotiated charge an OP - Aetna - W/ Med Adv negotiated charge a OP - Optumcare - W/ Med Adv negotiated charge a OP - Humana - W/ Med Adv negotiated charge a OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge a All other insurances - non-negotiated charge amo | Labo | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.Minimum negotiated charge Maximum negotiated charge Anthem Blue Cross - All Plans - negotiated ch Prominence - All Plans - negotiated ch Bilver Summit - All Plans - negotiated ch Silver Summit - All Plans - negotiated ch a chara - All Plans - negotiated charge Aetna - All Plans - negotiated charge | e amount (87.1% ge amount (95% harge amount (9 harge amount (9 harge amount (93 ated charge amount rge amount (87.1 harge amount (87.1 harge amount (44 harge amount (44 harge amount (44 harge amount (44 |)>)> 5%)> 5%)> 5%)> 3%)> 1%)> 1%)> 4%)> 4%)> 1%)> | \$ 93.50 \$ 162.88 \$ 177.65 \$ 177.65 \$ 177.65 \$ 177.65 \$ 177.65 \$ 177.65 \$ 177.65 \$ 177.65 \$ 173.91 \$ 177.65 \$ 162.88 \$ 82.28 \$ 82.28 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-171 | Report - Table II | CPT Code | | Page 46 of 391 |
|---|--|---|--|--|--|
| Shoppable Service Primary Service and Ancillary IN 10 4200010 KETONES | <u>Services</u> PATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4200010 KETONES VENIPUNCTURE - a single minimal charge will be addee | to a group of multiple lab tests if a blood draw is necessary | | 82009 Total of St | 301 andard Charges: | \$ 80.00 \$ 80.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum n Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All | otiated charge amount (87.19) egotiated charge amount (959) - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (- negotiated charge amount (Plans - negotiated charge amount (- negoti | %)> %)> 95%)> 95%)> 93%)> 93%)> 0unt (95%)> 1%)> 14%)> 14%)> 14%)> | \$ 40.00 \$ 69.68 \$ 76.00 \$ 76.00 \$ 76.00 \$ 76.00 \$ 76.00 \$ 74.40 \$ 76.00 \$ 69.68 \$ 35.20 \$ 35.20 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Genera Shoppable Services R (CMS-1717 | eport - Table II | CPT Code | | Page 47 of 391 |
|---|---|--|--|---------------------|------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4200060ALBUMIN | ervices PATIENT, OUTPATIENT, SWING BED (| or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4200060 ALBUMIN VENIPUNCTURE - a single minimal charge will be added t | o a group of multiple lab tests if a blood draw is necessary | | 82040 | 301 | \$ 53.00 |
| | Π | Self-pay/Cash Price (50% of charg | ges, if balance is paid in fu | ull)> | \$ 26.50 |
| | Π | Self-pay/Cash Price (50% of charg | ges, if balance is paid in fu | ull)> | \$ 26.50 |
| | Copays, deductibles and coinsurances are not factored into these charge | Maximum nego | ated charge amount (87.19 tiated charge amount (959 | %)> | \$ 46.16 \$ 50.35 |
| | amounts since each patient's | Anthem Blue Cross - All Plans - ne Hometown Health - All Plans - ne | egotiated charge amount (| (95%)> | \$ 50.35 \$ 50.35 |
| | insurance plan is unique. | Prominence - All Plans - ne Silver Summit - All Plans - ne | | | \$ 50.35 \$ 49.29 |
| Laboratory | | United Healthcare/UMR - All Pla | | | \$ 50.35 |
| . | | Aetna - All Plans - nego | otiated charge amount (87 | '.1%)> | \$ 46.16 |
| | | OP - Aetna - W/ Med Adv ne | | | \$ 23.32 |
| | | OP - Optumcare - W/ Med Adv ne OP - Humana - W/ Med Adv ne | | | \$ 23.32 \$ 23.32 |
| | OP - Healthplan Nevada/Sierra | Health and Life - W/ Med Adv ne | | | \$ 23.32 \$ 23.32 |
| | | All other insurances - non-negoti | | | \$ 53.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEAR | CH Mt. Grant Genera Shoppable Services Re (CMS-1717- | eport - Table II | | Page 48 of 391 |
|---|---|--|--|--|
| Shoppable Service Prime 4200061 PLATELE | ary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED o T COUNT | HCPCS Cod | <u>e</u> <u>Revenue Code</u> | <u>Standard Charge</u> |
| | ELET COUNT ninimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 85027 | 301 | \$ 67.00 |
| | | Total | of Standard Charges: | \$ 67.00 |
| CMS-Specified Shoppable S | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's | Self-pay/Cash Price (50% of charges, if balance is paid Minimum negotiated charge amount (Maximum negotiated charge amount Anthem Blue Cross - All Plans - negotiated charge amo Hometown Health - All Plans - negotiated charge amo | 87.1%)> (95%)> unt (95%)> | \$ 33.50 \$ 58.36 \$ 63.65 \$ 63.65 \$ 63.65 |
| Laborato | insurance plan is unique. | Prominence - All Plans - negotiated charge amou Silver Summit - All Plans - negotiated charge amou United Healthcare/UMR - All Plans - negotiated charge Aetna - All Plans - negotiated charge amou OP - Aetna - W/ Med Adv negotiated charge amou OP - Optumcare - W/ Med Adv negotiated charge amou OP - Humana - W/ Med Adv negotiated charge amou Health and Life - W/ Med Adv negotiated charge amou | nt (93%)> e amount (95%)> t (87.1%)> int (44%)> nt (44%)> nt (44%)> | \$ 63.65 \$ 62.31 \$ 63.65 \$ 58.36 \$ 29.48 \$ 29.48 \$ 29.48 \$ 29.48 |
| | | All other insurances - non-negotiated charge amount (| 100%)> | \$ 67.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 49 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service4200069RENAL PANEL | e and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4200069 RENAL PANEL | rge will be added to a group of multiple lab tests if a blood draw is necessary | 80069 301 | \$ 203.00 |
| | | | |
| | Copays, deductibles and Min coinsurances are not Min | (50% of charges, if balance is paid in full)> himum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> | \$ 101.50 \$ 176.81 \$ 192.85 |
| CMS-Specified Shoppable Service Laboratory | amounts since each patient's insurance plan is unique. Hometown Health - Prominence - Silver Summit - United Healthcare/U Aetna - Al OP - Aetna - W/ M OP - Optumcare - W/ M | All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (93%)> VMR - All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 192.85 \$ 192.85 \$ 192.85 \$ 188.79 \$ 192.85 \$ 176.81 \$ 89.32 \$ 89.32 \$ 89.32 |
| | - | Med Adv negotiated charge amount (44%) | \$ 89.32 \$ 203.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 717-F2) | CPT Code <or></or> | | Page 50 of 391 |
|---|--|--|---|---------------------|--|
| Shoppable Service Primary Service and Ancillary Service IN1 | ervices PATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4200070 ETOH | | | | | |
| 4200070 ETOH | | | 80320 | 301 | \$ 176.00 |
| VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessa | ry | Total of St | andard Charges: | \$ 176.00 |
| | Copays, deductibles and | | charges, if balance is paid in f gotiated charge amount (87.1 negotiated charge amount (95) | %)> | \$ 88.00 \$ 153.30 \$ 167.20 |
| | coinsurances are not factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans Hometown Health - All Plans | s - negotiated charge amount (| (95%)> (95%)> | \$ 167.20 \$ 167.20 \$ 167.20 \$ 167.20 |
| Laboratory | insurance plan is unique. | United Healthcare/UMR - All | - negotiated charge amount (9 l Plans - negotiated charge am negotiated charge amount (87 | nount (95%)> | \$ 163.68 \$ 167.20 \$ 153.30 |
| | | | - negotiated charge amount (| 44%)> | \$ 133.30 \$ 77.44 \$ 77.44 |
| | OP - Healthplan Nevada/ | OP - Optimicare - W/ Med Adv. OP - Humana - W/ Med Adv. Sierra Health and Life - W/ Med Adv. | - negotiated charge amount (| 44%)> | \$ 77.44 \$ 77.44 \$ 77.44 |
| | | All other insurances - non-ne | egotiated charge amount (100 | %)> ======= | \$ 176.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gener Shoppable Services I (CMS-171 | Report - Table II | CPT Code <or></or> | | Page 51 of 391 |
|---|--|--|--|--|---|
| Shoppable Service Primary Service and Ancillary Service INP 4200170 AMYLASE | <u>vices</u> ATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4200170 AMYLASE VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is pecessary. | | 82150 | 301 | \$ 112.00 |
| VENIFONCTORE - a single minimal charge will be added to | a group of multiple tab tests if a blood draw is necessary | | Total of Sta | andard Charges: | \$ 112.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P | tiated charge amount (87.19 gotiated charge amount (959 negotiated charge amount (negotiated charge amount (negotiated charge amount (9 negotiated charge amount (9 lans - negotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (40 negotiated charge | %)> %)> 95%)> 95%)> 05%)> 03%)> 03%)> 03%)> 1%)> 14%)> 14%)> | \$ 56.00 \$ 97.55 \$ 106.40 \$ 106.40 \$ 106.40 \$ 106.40 \$ 106.40 \$ 106.40 \$ 97.55 \$ 49.28 \$ 49.28 \$ 49.28 \$ 49.28 \$ 49.28 \$ 112.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Genera Shoppable Services Re (CMS-1717-F | port - Table II | | Page 52 of 391 |
|---|--|--|-----------------------|------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4200220ANTIBODY SCREEN | <u>rvices</u> PATIENT, OUTPATIENT, SWING BED o | HCPCS Code | . <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4200220 ANTIBODY SCREEN | | 86850 | 300 | \$ 85.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of | Standard Charges: | \$ 85.00 |
| | | Self-pay/Cash Price (50% of charges, if balance is paid | , | \$ 42.50 |
| | Copays, deductibles and | Minimum negotiated charge amount (8 Maximum negotiated charge amount | | \$ 74.04 \$ 80.75 |
| | coinsurances are not | | | \$ 60.75 |
| | factored into these charge | Anthem Blue Cross - All Plans - negotiated charge amou | | \$ 80.75 |
| | amounts since each patient's | Hometown Health - All Plans - negotiated charge amou Prominence - All Plans - negotiated charge amou | | \$ 80.75 \$ 80.75 |
| Talassatas | insurance plan is unique. | Silver Summit - All Plans - negotiated charge amount | | \$ 79.05 |
| Laboratory | | United Healthcare/UMR - All Plans - negotiated charge | | \$ 80.75 |
| | | Aetna - All Plans - negotiated charge amount | | \$ 74.04 |
| | | OP - Aetna - W/ Med Adv negotiated charge amount OP - Optumcare - W/ Med Adv negotiated charge amount | | \$ 37.40 \$ 37.40 |
| | | OP - Humana - W/ Med Adv negotiated charge amount | | \$ 37.40 |
| | OP - Healthplan Nevada/Sierra | Health and Life - W/ Med Adv negotiated charge amount | | \$ 37.40 |
| | | All other insurances - non-negotiated charge amount (1 | 00%)> | \$ 85.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services H INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACIL 4200288 LIPID PANEL 4200288 LIPID PANEL VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Self-pay/Cash Price (50% of charges, if ball | <or> <u>CPCS Code</u> <u>Revenue Code</u></or> | Standard Charge |
|--|--|--|
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | | |
| | 80061 301 | \$ 175.00 |
| Self-pay/Cash Price (50% of charges, if bal | Total of Standard Charges | \$ 175.00 |
| | e amount (87.1%) | \$ 152.43 \$ 166.25 \$ 177.00 \$ \$ 77.00 \$ \$ 77.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | Page 54 of 391 |
|--|--|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service INPAT 4200289 BASIC METABOLIC PANEL (BM | (CMS-1717-F2) <u>es</u> <u>TIENT, OUTPATIENT, SWING BED or SKILLED NU</u> | | <u>1e Code</u> <u>Standard Charge</u> |
| 4200289 BASIC METABOLIC PANEL (BMP) VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | 80048 | 301 \$ 165.00 |
| VENTIONE FORE - a single minima charge will be added to a g | toup of multiple fab tests if a blood draw is necessary | Total of Standard | Charges: \$ 165.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full) nimum negotiated charge amount (87.1%) faximum negotiated charge amount (95%) All Plans - negotiated charge amount (95%) JMR - All Plans - negotiated charge amount (93%) UMR - All Plans - negotiated charge amount (87.1%) Med Adv negotiated charge amount (44%) Med Adv negotiated charge amount (44%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 55 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4200320TOTAL BILIRUBIN | <u>s</u> IENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4200320 TOTAL BILIRUBIN | | 82247 301 | \$ 53.00 |
| VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 53.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> nimum negotiated charge amount (87.1%)> Aaximum negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> | \$ 26.50 \$ 46.16 \$ 50.35 \$ 50.35 \$ 50.35 \$ 50.35 \$ 49.29 \$ 50.35 \$ 46.16 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 53.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-171 | Report - Table II | CPT Code | | Page 56 of 391 |
|---|--|--|---|---|--|
| Shoppable ServicePrimary Service and A4200325DIRECT BILIRUBIN | <u>icillary Services</u> INPATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4200325 DIRECT BILIRUBIN | | | 82248 | 301 | \$ 35.00 |
| VENIPUNCTURE - a single minimal charge will | be added to a group of multiple lab tests if a blood draw is necessary | | Total of St | andard Charges: | \$ 35.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum nego Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Pla | ated charge amount (87.19 otiated charge amount (959 egotiated charge amount (egotiated charge amount (egotiated charge amount (9 egotiated charge amount (9 ms - negotiated charge amount (87 egotiated charge amount (87 egotiated charge amount (87 egotiated charge amount (42 egotiated charge amount (42 egotiated charge amount (42 egotiated charge amount (43 egotiated charge amount (43 egoti | %)> %)> (95%)> 95%)> 95%)> 93%)> 0unt (95%)> 1%)> 14%)> 14%)> 14%)> | \$ 17.50 \$ 30.49 \$ 33.25 \$ 30.49 \$ 15.40 \$ 15.40 \$ 15.40 \$ 15.40 \$ 15.40 \$ 15.40 \$ 35.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 57 of 391 |
|--|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP.4200370CALCIUM TOTAL | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4200370 CALCIUM TOTAL | | 82310 301 | \$ 57.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 57.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Healthplan Nevada/Sierra Health and Life - W | Alter (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> th - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> iv // Med Adv negotiated charge amount (87.1%)> V/ Med Adv negotiated charge amount (44%)> | \$ 28.50 \$ 49.65 \$ 54.15 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 \$ 25.08 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 58 of 391 |
|--|--|---|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>es</u> | HCPCS Code Re | evenue Code | Standard Charge |
| INPAT | TIENT, OUTPATIENT, SWING BED or SKILLED NU | RSING FACILITY | | |
| 4200452 COMPLETE BLOOD COUNT (Cl | BC) | | | |
| 4200452 COMPLETE BLOOD COUNT (CBC) | | 85025 | 305 | \$ 136.00 |
| VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | Total of Stand | lard Charges: | \$ 136.00 |
| | Copays, deductibles and Min | (50% of charges, if balance is paid in full)- imum negotiated charge amount (87.1%) - aximum negotiated charge amount (95%) - | > | \$ 68.00 \$ 118.46 \$ 129.20 |
| CMS-Specified Shoppable Service Laboratory | amounts since each patient's insurance plan is unique. Hometown Health - Prominence - A Silver Summit - A United Healthcare/U Aetna - Al OP - Aetna - W/ M OP - Optumcare - W/ M OP - Humana - W/ M OP - Healthplan Nevada/Sierra Health and Life - W/ M | | %)> b)> c)> c)> b)> b)> c)> | \$ 129.20 \$ 129.20 \$ 129.20 \$ 126.48 \$ 129.20 \$ 118.46 \$ 59.84 \$ 59.84 \$ 59.84 \$ 59.84 |
| | All other insurances | s - non-negotiated charge amount (100%) - | > | \$ 136.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Mt. Grant Gener Last Update: 03/08/2024 Shoppable Services Use CTRL-F to SEARCH (CMS-171) | - |
|--|---|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED 4200515 ARTERIAL BLOOD GASES (ISTAT) MGGH LAB | <or>HCPCS CodeRevenue CodeStandard Charge</or> |
| 4200515 ARTERIAL BLOOD GASES (ISTAT) MGGH LAB VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 82803 301 \$ 214.00 Total of Standard Charges: \$ 214.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Description OP - Healthplan Nevada/Sier | If-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 107.00 Minimum negotiated charge amount (87.1%)> \$ 186.39 Maximum negotiated charge amount (95%)> \$ 203.30 them Blue Cross - All Plans - negotiated charge amount (95%)> \$ 203.30 ometown Health - All Plans - negotiated charge amount (95%)> \$ 203.30 Prominence - All Plans - negotiated charge amount (95%)> \$ 203.30 Silver Summit - All Plans - negotiated charge amount (95%)> \$ 203.30 nited Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 203.30 Actna - All Plans - negotiated charge amount (87.1%)> \$ 186.39 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)> \$ 186.39 OP - Aetna - W/ Med Adv negotiated charge amount (44%)> \$ 94.16 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 94.16 P - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 94.16 It other insurances - non-negotiated charge amount (100%)> \$ 214.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 60 of 391 |
|---|---|--|----------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4200534CK (CPK) TOTAL | <u>s</u> IENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS Code Revenue Code</or> | <u>Standard Charge</u> |
| 4200534 CK (CPK) TOTAL VENIPUNCTURE - a single minimal charge will be added to a gro | oup of multiple lab tests if a blood draw is necessary | 82550 301 | \$ 86.00 |
| | Self-pay/Cash Price | e (50% of charges, if balance is paid in full)> | \$ 43.00 |
| | | e (50% of charges, if balance is paid in full)> | \$ 43.00 \$ 74.91 |
| | coinsurances are not | Maximum negotiated charge amount (95%)> | \$ 81.70 |
| | amounts since each patient's Hometown Health Prominence | All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> | \$ 81.70 \$ 81.70 \$ 81.70 |
| Laboratory | United Healthcare/ | - All Plans - negotiated charge amount (93%)> 'UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> | \$ 79.98 \$ 81.70 \$ 74.91 |
| | OP - Aetna - W/ | Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 37.84 \$ 37.84 |
| | OP - Humana - W/ | Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 37.84 \$ 37.84 |
| | - | res - non-negotiated charge amount (100%)> | \$ 86.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Genera Shoppable Services Re | port - Table II | | | Page 61 of 391 |
|--|---|--|--|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | (CMS-1717-F <u>vices</u> | 2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| INP | ATIENT, OUTPATIENT, SWING BED of | SKILLED NURSING FAC | CILITY | | |
| 4200540 CK-MB | | | | | |
| 4200540 CK-MB VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | 82553 | 301 | \$ 167.00 |
| VENTIONETORE - a single minimal charge will be added to | a group of multiple fab tests if a brood draw is necessary | | Total of St | andard Charges: | \$ 167.00 |
| | Copays, deductibles and coinsurances are not | | if balance is paid in fu charge amount (87.19 ed charge amount (959 | %)> | \$ 83.50 \$ 145.46 \$ 158.65 |
| Laboratory | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti | tiated charge amount (ated charge amount (ated charge amount (9 negotiated charge amount (87 ated charge amount (47 ated charge amount (47 ated charge amount (47) | 95%)> 95%)> 93%)> ount (95%)> .1%)> 14%)> 14%)> | \$ 158.65 \$ 158.65 \$ 158.65 \$ 155.31 \$ 158.65 \$ 145.46 \$ 73.48 \$ 73.48 |
| | OP - Healthplan Nevada/Sierra | OP - Humana - W/ Med Adv negoti Health and Life - W/ Med Adv negoti | | | \$ 73.48 \$ 73.48 |
| | | All other insurances - non-negotiated | d charge amount (1009 | %)> ====== | \$ 167.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | Page 62 of 391 |
|---|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u> <u>Revenue Code</u></or> | Standard Charge |
| 4200554 COMPLETE METABOLIC PAN | | | |
| 4200554 COMPLETE METABOLIC PANEL (CMP) VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is pecessary | 80053 301 | \$ 196.00 |
| VENTFONCTORE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 196.00 |
| CMS-Specified Shoppable Service | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's | ce (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> h - All Plans - negotiated charge amount (95%)> | \$ 98.00 \$ 170.72 \$ 186.20 \$ 186.20 \$ 186.20 |
| Laboratory | Insurance plan is unique. Silver Summit United Healthcare Aetna - OP - Aetna - W OP - Optumcare - W OP - Humana - W | e - All Plans - negotiated charge amount (95%)> t - All Plans - negotiated charge amount (93%)> e/UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> | \$ 186.20 \$ 182.28 \$ 186.20 \$ 170.72 \$ 86.24 \$ 86.24 \$ 86.24 \$ 86.24 \$ 86.24 |
| | - | aces - non-negotiated charge amount (100%)> | \$ 196.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 63 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceIN14200559LIVER PANEL | ervices PATIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | Standard Charge |
| 4200559 LIVER PANEL VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | 80076 301 Total of Standard Charges: | \$ 133.00 \$ 133.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Optumcare - W OP - Healthplan Nevada/Sierra Health and Life - W | ice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> th - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> re/UMR - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (87.1%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> M/ Med Adv negotiated charge amount (44%)> | \$ 66.50 \$ 115.84 \$ 126.35 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 133.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 64 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4200595CREATININE | <u>es</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | <or> <u>HCPCS Code</u> <u>Revenue Code</u></or> | <u>Standard Charge</u> |
| 4200595 CREATININE VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | 82565 301 | \$ 62.00 |
| VENTIONE FORE - a single minimal charge will be added to a g | oup of multiple fab tests if a blood draw is necessary | Total of Standard Charges: | \$ 62.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Healthplan Nevada/Sierra Health and Life - W | ice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> th - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (93%)> P(UMR - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (87.1%)> - All Plans - negotiated charge amount (87.1%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> | \$ 31.00 \$ 54.00 \$ 58.90 \$ 58.90 \$ 58.90 \$ 58.90 \$ 57.66 \$ 58.90 \$ 54.00 \$ 27.28 \$ 27.28 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | age 65 of 391 |
|---|--|---|
| Shoppable Service Primary S 4200660 DIGOXIN | cvice and Ancillary Services https://www.services.com Sta INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY > | ndard Charge |
| 4200660 DIGOXIN | charge will be added to a group of multiple lab tests if a blood draw is necessary 301 | \$ 163.00 |
| | Total of Standard Charges: | \$ 163.00 |
| Laboratory | Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Momentum negotiated charge amount (95%)> Momentum negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> Vnited Healthcare/UMR - All Plans - negotiated charge amount (95%)> Actna - All Plans - negotiated charge amount (95%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> All other insurances - non-negotiated charge amount (100%)> | \$ 81.50 \$ 141.97 \$ 154.85 \$ 17.72 \$ 71.72 \$ 71.72 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 66 of 391 |
|--|---|---|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | December Cada | Stondard Change |
| Shoppable Service Primary Service and Ancillary Serv | | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | TIENT, OUTPATIENT, SWING BED or SKILLED N | URSING FACILITY | | |
| 4200678 DRUGS OF ABUSE SCREEN (D | AU) | | | |
| 4200678 DRUGS OF ABUSE SCREEN (DAU) | | 80305 | 301 | \$ 255.00 |
| VENIPUNCTURE - a single minimal charge will be added to a | a group of multiple lab tests if a blood draw is necessary | Total of S | tandard Charges: | \$ 255.00 |
| | Copays, deductibles and M coinsurances are not | e (50% of charges, if balance is paid in f linimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 s - All Plans - negotiated charge amount | %)> %)> | \$ 127.50 \$ 222.11 \$ 242.25 \$ 242.25 |
| | amounts since each patient's Hometown Health | n - All Plans - negotiated charge amount | (95%)> | \$ 242.25 |
| Laboratory | Insurance plan is unique. Silver Summit United Healthcare Aetna - | - All Plans - negotiated charge amount (- All Plans - negotiated charge amount (/UMR - All Plans - negotiated charge am All Plans - negotiated charge amount (87 | 93%)> nount (95%)> 7.1%)> | \$ 242.25 \$ 237.15 \$ 242.25 \$ 222.11 |
| | | ⁷ Med Adv negotiated charge amount (⁷ Med Adv negotiated charge amount (| | \$ 112.20 \$ 112.20 |
| | OP - Humana - W/ | Med Adv negotiated charge amount (| 44%)> | \$ 112.20 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ | | | \$ 112.20 |
| | | ces - non-negotiated charge amount (100 | %)> ================================ | \$ 255.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 67 of 391 |
|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4200822 GLUCOSE, FASTING | NT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4200822 GLUCOSE, FASTING VENIPUNCTURE - a single minimal charge will be added to a group of | of multiple leb tests if a blood draw is pacesent. | 82947 301 | \$ 58.00 |
| VENTFONCTORE - a single minimal charge will be added to a group of | or multiple fab tests if a blood draw is necessary | Total of Standard Charges: | \$ 58.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> nimum negotiated charge amount (87.1%)> laximum negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> JMR - All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 29.00 \$ 50.52 \$ 55.10 \$ 55.10 \$ 55.10 \$ 55.10 \$ 55.10 \$ 55.10 \$ 55.10 \$ 55.2 \$ 25.52 \$ 25.52 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 68 of 391 |
|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4200850GLYCOHEMOGLOBIN | i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | <or> <u>HCPCS Code</u> <u>Revenue Code</u></or> | Standard Charge |
| 4200850 GLYCOHEMOGLOBIN | | 83036 301 | \$ 130.00 |
| VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 130.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Optumcare - W OP - Humana - W | ice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> th - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (93%)> re/UMR - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (87.1%)> V/ Med Adv negotiated charge amount (44%)> V/ Med Adv negotiated charge amount (44%)> | \$ 65.00 \$ 113.23 \$ 123.50 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 |
| | - | nces - non-negotiated charge amount (100%)> | \$ 130.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEA | RCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 69 of 391 |
|--|--|--|--|---|---|
| Shoppable ServicePr4200872H. PYLO | | TPATIENT, SWING BED or SKILLED N | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | YLORI minimal charge will be added to a group of multiple | a lab tests if a blood draw is necessary | 86677 | 300 | \$ 147.00 |
| VERTICIAL - a singl | inimital charge will be added to a group of multiple | Tab tests if a blood draw is necessary | Total of Star | ndard Charges: | \$ 147.00 |
| Laborat | coinsura factorec amount insuran | s, deductibles and rances are not ed into these charge ts since each patient's nee plan is unique. | e (50% of charges, if balance is paid in ful linimum negotiated charge amount (87.1% Maximum negotiated charge amount (95% s - All Plans - negotiated charge amount (9 - All Plans - negotiated charge amount (9 - All Plans - negotiated charge amount (93 /UMR - All Plans - negotiated charge amount (93 /UMR - All Plans - negotiated charge amount (87.1 / Med Adv negotiated charge amount (44 / Med Adv negotiated charge amount (44 |)>)> 5%)> 5%)> i%) | \$ 73.50 \$ 128.04 \$ 139.65 \$ 143.04 \$ 64.68 \$ 64.68 \$ 64.68 \$ 64.68 \$ 147.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 70 of 391 |
|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4200875HEMATOCRIT | <u>s</u> <mark>IENT, OUTPATIENT, SWING BED or SKILLED N</mark> | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4200875 HEMATOCRIT | | 85014 305 | \$ 37.00 |
| VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 37.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) | > \$ 32.23 \$ 35.15 > \$ 35.15 > \$ 35.15 > \$ 35.15 > \$ 35.15 > \$ 34.41 > \$ 35.15 > \$ 32.23 \$ 16.28 > \$ 16.28 > \$ 16.28 |
| | All other insurance | ces - non-negotiated charge amount (100%) | > \$ 37.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 71 of 391 |
|---|---|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceIN4200880HEMOGLOBIN | ervices PATIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4200880 HEMOGLOBIN VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is pagessary | 85018 305 | \$ 37.00 |
| VENTI UNCTORE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 37.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cr Hometown Hea Prominer Silver Sum United Healthc Aetm OP - Aetna - OP - Optumcare - OP - Humana - | Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) ross - All Plans - negotiated charge amount (95%) alth - All Plans - negotiated charge amount (95%) nit - All Plans - negotiated charge amount (95%) nit - All Plans - negotiated charge amount (93%) are/UMR - All Plans - negotiated charge amount (93%) a - All Plans - negotiated charge amount (87.1%) W/ Med Adv negotiated charge amount (44%) | \$ \$ 32.23 \$ 35.15 \$ \$ 34.41 \$ \$ 35.15 \$ \$ 32.23 \$ \$ 32.23 \$ \$ 16.28 \$ \$ 16.28 |
| | - | W/ Med Adv negotiated charge amount (44%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 72 of 391 |
|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4201025HCG QUAL SERUM | i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS CodeRevenue CodeURSING FACILITY</or> | Standard Charge |
| 4201025 HCG QUAL SERUM | | 81025 307 | \$ 107.00 |
| VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 107.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Optumcare - W OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | ce (50% of charges, if balance is paid in full) | \$ \$ 93.20 \$ 101.65 \$ 101.65 \$ 101.65 \$ 101.65 \$ 101.65 \$ 99.51 \$ 101.65 \$ 99.51 \$ 101.65 \$ 93.20 \$ \$ 47.08 \$ \$ 47.08 \$ \$ 47.08 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 73 of 391 |
|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4201026HCG QUAL URINE | <u>s</u> IENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4201026 HCG QUAL URINE | | 81025 307 | \$ 98.00 |
| VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 98.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> imum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> MR - All Plans - negotiated charge amount (93%)> I Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 49.00 \$ 85.36 \$ 93.10 \$ 93.12 \$ 43.12 \$ 43.12 \$ 43.12 \$ 43.12 \$ 43.12 \$ 43.12 \$ 43.12 \$ 98.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | | Page 74 of 391 |
|---|---|--|--|
| Shoppable ServicePrimary Service and AncillaryImage: Shoppable ServiceImage: Service and AncillaryImage: Shoppable ServiceImage: ServiceImage: Service< | <u>Services</u> PATIENT, OUTPATIENT, SWING BED or SKILLEI | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4201045 LIPASE VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | 83690 301 Total of Standard Charges: | \$ 102.00 |
| | Copays, deductibles and | n Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%) | \$ 51.00 \$ 88.84 \$ 06.00 |
| | | | |
| | amounts since each patient's Hometown F Promin | Cross - All Plans - negotiated charge amount (95%)> Health - All Plans - negotiated charge amount (95%)> hence - All Plans - negotiated charge amount (95%)> mmit - All Plans - negotiated charge amount (93%)> | \$ 96.90 \$ 96.90 \$ 96.90 \$ 94.86 |
| Laboratory | United Healt Ae OP - Aetna | hcare/UMR - All Plans - negotiated charge amount (95%)> tna - All Plans - negotiated charge amount (87.1%)> a - W/ Med Adv negotiated charge amount (44%)> e - W/ Med Adv negotiated charge amount (44%)> | \$ 96.90 \$ 88.84 \$ 44.88 \$ 44.88 |
| | OP - Humana OP - Healthplan Nevada/Sierra Health and Life | a - W/ Med Adv negotiated charge amount (44%)> a - W/ Med Adv negotiated charge amount (44%)> surances - non-negotiated charge amount (100%)> | \$ 44.88 \$ 44.88 \$ 102.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 717-F2) | CPT Code | | Page 75 of 391 |
|---|--|---|--|----------------------|--|
| Shoppable ServicePrimary Service and Ancillary SIN4201055LITHIUM | ervices PATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4201055 LITHIUM VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessa | rv | 80178 | 301 | \$ 156.00 |
| | | | Total of St | andard Charges: | \$ 156.00 |
| | Π | Self-pay/Cash Price (50% of cl | narges, if balance is paid in fu | ıll)> | \$ 78.00 |
| | Copays, deductibles and coinsurances are not | | otiated charge amount (87.19 egotiated charge amount (959 | | \$ 135.88 \$ 148.20 |
| | factored into these charge amounts since each patient's | | - negotiated charge amount (negotiated charge amount (9 | 95%)> 95%)> | \$ 148.20 \$ 148.20 \$ 148.20 |
| Laboratory | insurance plan is unique. | United Healthcare/UMR - All Aetna - All Plans - r | egotiated charge amount (87 | ount (95%)> .1%)> | \$ 145.08 \$ 148.20 \$ 135.88 |
| | OP - Healthplan Nevada/S | OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv Sierra Health and Life - W/ Med Adv | negotiated charge amount (4 negotiated charge amount (4 | 14%)> 14%)> | \$ 68.64 \$ 68.64 \$ 68.64 \$ 68.64 |
| | r | All other insurances - non-neg | | | \$ 156.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | | Page 76 of 391 |
|---|---|---|----------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4201070MAGNESIUM | ervices PATIENT, OUTPATIENT, SWING BED or SKILLE | HCPCS Code Revenue C | ode <u>Standard Charge</u> |
| 4201070 MAGNESIUM VENIPUNCTURE - a single minimal charge will be added t | o a group of multiple lab tests if a blood draw is necessary | 83735 301 | \$ 105.00 |
| | | Total of Standard Cha | rges: \$ 105.00 |
| | Self-pay/Cas | sh Price (50% of charges, if balance is paid in full) | \$ 52.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87.1%) | |
| | amounts since each patient's Hometown I | e Cross - All Plans - negotiated charge amount (95%) Health - All Plans - negotiated charge amount (95%) | > \$ 99.75 |
| Laboratory | insurance plan is unique. Silver Su | nence - All Plans - negotiated charge amount (95%) immit - All Plans - negotiated charge amount (93%) thcare/UMR - All Plans - negotiated charge amount (95%) - | \$ 97.65 |
| | Ae | etna - All Plans - negotiated charge amount (87.1%) | > \$ 91.46 |
| | | a - W/ Med Adv negotiated charge amount (44%) e - W/ Med Adv negotiated charge amount (44%) | |
| | | a - W/ Med Adv negotiated charge amount (44%) | |
| | | e - W/ Med Adv negotiated charge amount (44%) | |
| | All other in | surances - non-negotiated charge amount (100%) | \$ 105.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Ho Shoppable Services Report - (CMS-1717-F2) | • | | Page 77 of 391 |
|---|--|--|---|--|
| Shoppable ServicePrimary Service and Ancilla4201110MONO SPOT TEST | r <u>y Services</u> INPATIENT, OUTPATIENT, SWING BED or SKI | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4201110 MONO SPOT TEST | | 86308 | 302 | \$ 67.00 |
| VENIPUNCTURE - a single minimal charge will be ad | ded to a group of multiple lab tests if a blood draw is necessary | Total of St | andard Charges: | \$ 67.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - OP OP - OP OP - Healthplan Nevada/Sierra Health | pay/Cash Price (50% of charges, if balance is paid in fu Minimum negotiated charge amount (87.19 Maximum negotiated charge amount (959 em Blue Cross - All Plans - negotiated charge amount (netown Health - All Plans - negotiated charge amount (Prominence - All Plans - negotiated charge amount (ilver Summit - All Plans - negotiated charge amount (ed Healthcare/UMR - All Plans - negotiated charge amount (P - Aetna - All Plans - negotiated charge amount (P - Aetna - W/ Med Adv negotiated charge amount (pumcare - W/ Med Adv negotiated charge amount (Automatic Adv negotiated charge amount (pumcare - W/ Med Adv negotiated charge amount (pumcare - N/ Med Adv. | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> 44%)> | \$ 33.50 \$ 58.36 \$ 63.65 \$ 63.65 \$ 63.65 \$ 63.65 \$ 63.65 \$ 62.31 \$ 63.65 \$ 58.36 \$ 29.48 \$ 29.48 \$ 29.48 \$ 29.48 \$ 29.48 \$ 29.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | Page 78 of 391 |
|---|--|---|------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> HCPCS Code Revenue Code</or> | Standard Charge |
| INPAT | | URSING FACILITY | |
| 4201150 OCCULT BLOOD | | | |
| 4201150 OCCULT BLOOD VENIPUNCTURE - a single minimal charge will be added to a gro | our of multiple leb tests if a blood draw is pecessary | 82270 301 | \$ 116.00 |
| VENIFUNCTURE - a single minimal charge will be added to a gro | Sup of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 116.00 |
| | Copays, deductibles and M coinsurances are not | e (50% of charges, if balance is paid in full)> inimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> s - All Plans - negotiated charge amount (95%)> | \$ 101.04 \$ 110.20 |
| | amounts since each patient's Hometown Health | - All Plans - negotiated charge amount (95%) | \$ 110.20 |
| Laboratory | Insurance plan is unique. Silver Summit | - All Plans - negotiated charge amount (93%)> | \$ 107.88 |
| Laboratory | | /UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> | |
| | OP - Aetna - W/ | Med Adv negotiated charge amount (44%)> | \$ 51.04 |
| | | Med Adv negotiated charge amount (44%)> | |
| | | Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | |
| | - | ces - non-negotiated charge amount (100%)> | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Genera Shoppable Services Rep (CMS-1717-F | ort - Table II | Page 79 of 391 |
|--|---|--|--|
| Shoppable Service Primary Service and Ancillary S | ervices PATIENT, OUTPATIENT, SWING BED or | <or> HCPCS Code <u>Revenue Cod</u></or> | e <u>Standard Charge</u> |
| 4201151 OCCULT BLOOD (ONCE) 4201151 OCCULT BLOOD (ONCE) VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | 82274 301 Total of Standard Charg | \$ 86.00 es: \$ 86.00 |
| | Copays, deductibles and coinsurances are not factored into these charge | Self-pay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Anthem Blue Cross - All Plans - negotiated charge amount (95%) | > \$ 74.91 \$ 81.70 |
| Laboratory | | Hometown Health - All Plans - negotiated charge amount (95%) | > \$ 81.70 > \$ 79.98 > \$ 81.70 > \$ 74.91 > \$ 37.84 > \$ 37.84 > \$ 37.84 > \$ 37.84 > \$ 37.84 > \$ 37.84 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 80 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4201195 PHOSPHORUS INORGANIC | ENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4201195 PHOSPHORUS INORGANIC | | 84100 301 | \$ 77.00 |
| VENIPUNCTURE - a single minimal charge will be added to a grou | p of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 77.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> himum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> MR - All Plans - negotiated charge amount (93%)> JMR - All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 38.50 \$ 67.07 \$ 73.15 \$ 73.15 \$ 73.15 \$ 73.15 \$ 73.15 \$ 73.15 \$ 73.15 \$ 73.15 \$ 67.07 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | neral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 81 of 391 |
|---|--|--|--|---|--|
| Shoppable ServicePrimary Service and AncillaryIN4201203D-DIMER | <u>Services</u> PATIENT, OUTPATIENT, SWING BI | ED or SKILLED NURSING | | <u>Revenue Code</u> | Standard Charge |
| 4201203 D-DIMER VENIPUNCTURE - a single minimal charge will be added | l to a group of multiple lab tests if a blood draw is necess | ary | 85362 Total of Sta | 305 andard Charges: | \$ 68.00 \$ 68.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum n Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans Silver Summit - All Plans - United Healthcare/UMR - All Aetna - All Plans - r | potiated charge amount (87.19 egotiated charge amount (959 - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (9 - negotiated charge amount (9 Plans - negotiated charge amount (87 - negotiated charge amount (87 - negotiated charge amount (87 - negotiated charge amount (44 - n | %)> %)> 95%)> 95%)> 05%)> 03%)> 03%)> 04%)> 14%)> 14%)> 14%)> | \$ 34.00 \$ 59.23 \$ 64.60 \$ 64.60 \$ 64.60 \$ 64.60 \$ 63.24 \$ 64.60 \$ 59.23 \$ 29.92 \$ 29.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gen Shoppable Service (CMS-1 | es Report - Table II | CPT Code | | Page 82 of 391 |
|---|--|--|--|---|--|
| Shoppable ServicePrimary Service and AncillaryIN4201235POTASSIUM | <u>Services</u> I <mark>PATIENT, OUTPATIENT, SWING BE</mark> | D or SKILLED NURSING | | <u>Revenue Code</u> | Standard Charge |
| 4201235 POTASSIUM VENIPUNCTURE - a single minimal charge will be addeed | to a group of multiple lab tests if a blood draw is necessar | ۳V | 84132 | 301 | \$ 51.00 |
| | _ | | | | |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All F | tiated charge amount (87.19 gotiated charge amount (959 negotiated charge amount (negotiated charge amount (negotiated charge amount (9 lans - negotiated charge amount (9 lans - negotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (87 | %)> 95%)> 95%)> 95%)> 93%)> 00unt (95%)> .1%)> 14%)> | \$ 25.50 \$ 44.42 \$ 48.45 \$ 48.45 \$ 48.45 \$ 48.45 \$ 48.45 \$ 47.43 \$ 48.45 \$ 44.42 \$ 22.44 \$ 22.44 |
| : | OP - Healthplan Nevada/S | OP - Humana - W/ Med Adv Sierra Health and Life - W/ Med Adv All other insurances - non-neg | negotiated charge amount (4 negotiated charge amount (4 | 44%)> 44%)> | \$ 22.44 \$ 22.44 \$ 51.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospi Shoppable Services Report - Table I (CMS-1717-F2) | | Page 83 of 391 |
|--|---|--|--|
| Shoppable Service Primary Service and Ancillary Service INI 4201254 PSA SCREEN | ervices PATIENT, OUTPATIENT, SWING BED or SKILLE | HCPCS Code Revenue Code | <u>e</u> <u>Standard Charge</u> |
| 4201254 PSA SCREEN VENIPUNCTURE - a single minimal charge will be added t | o a group of multiple leb tests if a blood draw is pecassary | G0103 301 | \$ 155.00 |
| VENH OIVET OKE - a single minima enarge win be added t | o a group of multiple lab tests if a blood draw is necessary | Total of Standard Charg | es: \$ 155.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Hometown Promi Silver St United Heal A OP - Aetm OP - Optumcar OP - Human OP - Healthplan Nevada/Sierra Health and Lif | sh Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) e Cross - All Plans - negotiated charge amount (95%) Health - All Plans - negotiated charge amount (95%) Health - All Plans - negotiated charge amount (95%) | $\begin{array}{c}> & \$ 135.01 \\ \$ 147.25 \\ \hline & \$ 144.15 \\ \hline & \$ 147.25 \\ \hline & \$ 68.20 \\ \hline & & $1 68.20 \\ \hline & & & & $1 68.20 \\ \hline & & & & & $1 68.20 \\ \hline & & & & & & \\ \hline & & & & & & & & \\ \hline & & & &$ |
| | All other in | nsurances - non-negotiated charge amount (100%) | > \$ 155.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 84 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4201255 PSA DIAGNOSTIC | - ENT, OUTPATIENT, SWING BED or SKILLED NURSIN | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4201255 PSA DIAGNOSTIC VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is necessary | 84153 301 Total of Standard Charges: | \$ 140.00 \$ 140.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | f charges, if balance is paid in full)> negotiated charge amount (87.1%)> n negotiated charge amount (95%)> uns - negotiated charge amount (95%)> ns - negotiated charge amount (95%)> ns - negotiated charge amount (95%)> ns - negotiated charge amount (95%)> Nall Plans - negotiated charge amount (93%)> - negotiated charge amount (87.1%)> v negotiated charge amount (44%)> v negotiated charge amount (44%)> v negotiated charge amount (44%)> v negotiated charge amount (44%)> v negotiated charge amount (44%)> pagotiated charge amount (44%)> negotiated charge amount (44%)> negotiated charge amount (44%)> negotiated charge amount (100%)>> | \$ 70.00 \$ 121.94 \$ 133.00 \$ 133.00 \$ 133.00 \$ 133.00 \$ 133.00 \$ 130.20 \$ 133.00 \$ 133.00 \$ 121.94 \$ 61.60 \$ 61.60 \$ 61.60 \$ 61.60 \$ 61.60 \$ 140.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 85 of 391 |
|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4201295PROTIME W/INR | i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED NUR | <or> HCPCS CodeRevenue CodeRSING FACILITY</or> | Standard Charge |
| 4201295 PROTIME W/INR VENIPUNCTURE - a single minimal charge will be added to a | group of multiple leb tests if a blood draw is pacessary | 85610 305 | \$ 76.00 |
| VERT ONE FORE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 76.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 50% of charges, if balance is paid in full)> mum negotiated charge amount (87.1%)> ximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (95%)> MR - All Plans - negotiated charge amount (93%)> Plans - negotiated charge amount (87.1%)> Plans - negotiated charge amount (87.1%)> ed Adv negotiated charge amount (44%)> ed Adv negotiated charge amount (44%)> en Adv negotiated charge amount (44%)> | \$ 38.00 \$ 66.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 70.68 \$ 72.20 \$ 66.20 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Repo (CMS-1717-F2 | rt - Table II | Page 86 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary SIN4201305PTT | ervices PATIENT, OUTPATIENT, SWING BED or S | HCPCS Code Revenu | e Code Standard Charge |
| 4201305 PTT VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | 85730 Total of Standard O | 305 \$ 109.00 Charges: \$ 109.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Anthem Blue Cross - All Plans - negotiated charge amount (95%) Hometown Health - All Plans - negotiated charge amount (95%) Prominence - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (95%) United Healthcare/UMR - All Plans - negotiated charge amount (95%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) OP - Humana - W/ Med Adv negotiated charge amount (44%) All other insurances - non-negotiated charge amount (100%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 87 of 391 |
|---|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4201320RSV | <u>ices</u> TIENT, OUTPATIENT, SWING BED or SKILLEI | <or> HCPCS CodeRevenue CodeD NURSING FACILITY</or> | <u>Standard Charge</u> |
| 4201320 RSV VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | 86756 300 | \$ 158.00 |
| | | | |
| | Copays, deductibles and | h Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | > \$ 137.62 |
| Laboratory | amounts since each patient's insurance plan is unique. United Healt Ae OP - Aetna | Cross - All Plans - negotiated charge amount (95%)> Health - All Plans - negotiated charge amount (95%)> nence - All Plans - negotiated charge amount (95%)> mmit - All Plans - negotiated charge amount (93%)> hcare/UMR - All Plans - negotiated charge amount (95%)> etna - All Plans - negotiated charge amount (87.1%)> a - W/ Med Adv negotiated charge amount (44%)> e - W/ Med Adv negotiated charge amount (44%)> | <pre>\$ \$ 150.10 \$ 150.10 \$ 146.94 \$ 150.10 \$ \$ 146.94 \$ 150.10 \$ \$ 137.62 \$ \$ 69.52</pre> |
| | OP - Humana OP - Healthplan Nevada/Sierra Health and Life | a - W/ Med Adv negotiated charge amount (44%)> e - W/ Med Adv negotiated charge amount (44%)> surances - non-negotiated charge amount (100%)> | > \$ 69.52 > \$ 69.52 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 88 of 391 |
|--|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4201328RH BLOOD TYPING | <mark>ENT, OUTPATIENT, SWING BED or SKILLED NU</mark> | | venue Code | Standard Charge |
| 4201328 RH BLOOD TYPING VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is pecessary | 86901 | 300 | \$ 61.00 |
| VENTIONETORE - a single minimar charge will be added to a gre | up of multiple lab tests if a blood draw is necessary | Total of Standa | ard Charges: | \$ 61.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) inimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) - All Plans - negotiated charge amount (95% - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (93%) UMR - All Plans - negotiated charge amount (87.1%) Med Adv negotiated charge amount (44%) Med Adv negotiated charge amount (44%) |)>)>)>)>)>)>)>)>)> | \$ 30.50 \$ 53.13 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 57.95 \$ 53.13 \$ 26.84 \$ 2 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 89 of 391 |
|---|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4201345 SALICYLATES | <u>**</u> TENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4201345 SALICYLATES VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | 80329 301 | \$ 177.00 |
| | Self-pay/Cash Pric | ce (50% of charges, if balance is paid in full)> | \$ 88.50 |
| | | ce (50% of charges, if balance is paid in full)> | \$ 88.50 \$ 154.17 |
| | coinsurances are not | Maximum negotiated charge amount (95%)> | \$ 168.15 |
| | amounts since each patient's Hometown Healt Prominence | ss - All Plans - negotiated charge amount (95%)> th - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> | \$ 168.15 \$ 168.15 \$ 168.15 |
| Laboratory | United Healthcare Aetna - | t - All Plans - negotiated charge amount (93%)> e/UMR - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (87.1%)> | \$ 164.61 \$ 168.15 \$ 154.17 |
| | OP - Optumcare - W OP - Humana - W | <pre>// Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)></pre> | \$ 77.88 \$ 77.88 \$ 77.88 \$ 77.88 |
| | - | nces - non-negotiated charge amount (100%)> | \$ 177.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 90 of 391 |
|---|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4201355 SED RATE (ESR) | NT, OUTPATIENT, SWING BED or SKILLED NUR | <or> HCPCS CodeRevenue CodeSING FACILITY</or> | <u>Standard Charge</u> |
| 4201355 SED RATE (ESR) VENIPUNCTURE - a single minimal charge will be added to a group | of multiple leb tests if a blood draw is pecaseary | 85651 305 | \$ 72.00 |
| VENTIONETORE - a single minimal charge will be added to a group | of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 72.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | % of charges, if balance is paid in full)> um negotiated charge amount (87.1%)> mum negotiated charge amount (95%)> l Plans - negotiated charge amount (95%)> l Plans - negotiated charge amount (95%)> R - All Plans - negotiated charge amount (93%)> l Adv negotiated charge amount (87.1%)> l Adv negotiated charge amount (44%)> non-negotiated charge amount (100%)>> | \$ 36.00 \$ 62.71 \$ 68.40 \$ 68.40 \$ 68.40 \$ 68.40 \$ 68.40 \$ 66.96 \$ 68.40 \$ 62.71 \$ 31.68 \$ 31.68 \$ 31.68 \$ 31.68 \$ 31.68 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gener Shoppable Services (CMS-171 | Report - Table II | CPT Code <or></or> | | Page 91 of 391 |
|---|--|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4201470 TSH | <u>vices</u> ATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4201470 TSH VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | 84443 Total of St | 301 andard Charges: | \$ 168.00 \$ 168.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All F | ptiated charge amount (87.19 gotiated charge amount (959 negotiated charge amount (negotiated charge amount (negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (Plans - negotiated charge amount (negotiated charge amount (| %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> 44%)> | \$ 84.00 \$ 146.33 \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 156.24 \$ 159.60 \$ 146.33 \$ 73.92 \$ 73.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Ho Shoppable Services Report - T (CMS-1717-F2) | able II CPT Code | | Page 92 of 391 |
|---|--|--|----------------------|-------------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4201475FREE T4 | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKI | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4201475 FREE T4 VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | 84439 | 301 | \$ 148.00 |
| | | | andard Charges: | \$ 148.00 |
| | Self-p | bay/Cash Price (50% of charges, if balance is paid in fu | ıll)> | \$ 74.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87.19 Maximum negotiated charge amount (959 | | \$ 128.91 \$ 140.60 |
| | amounts since each patient's Hom | m Blue Cross - All Plans - negotiated charge amount (9 etown Health - All Plans - negotiated charge amount (9 Prominence - All Plans - negotiated charge amount (9 | 95%)> | \$ 140.60 \$ 140.60 \$ 140.60 |
| Laboratory | | lver Summit - All Plans - negotiated charge amount (9 d Healthcare/UMR - All Plans - negotiated charge amo | 03%)> ount (95%)> | \$ 137.64 \$ 140.60 |
| | | Aetna - All Plans - negotiated charge amount (87. - Aetna - W/ Med Adv negotiated charge amount (4 tumcare - W/ Med Adv negotiated charge amount (4 | 4%)> | \$ 128.91 \$ 65.12 \$ 65.12 |
| | OP - J | Humana - W/ Med Adv negotiated charge amount (4 and Life - W/ Med Adv negotiated charge amount (4 | 4%)> | \$ 65.12 \$ 65.12 \$ 65.12 |
| | All o | other insurances - non-negotiated charge amount (100% | %)> ======= | \$ 148.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 93 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4201505TROPONIN | - ENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4201505 TROPONIN | | 84484 301 | \$ 213.00 |
| VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 213.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Exe (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> s - All Plans - negotiated charge amount (95%)> h - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> H - All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (87.1%)> / Med Adv negotiated charge amount (44%)> | \$ 106.50 \$ 185.52 \$ 202.35 \$ 202.35 \$ 202.35 \$ 202.35 \$ 202.35 \$ 202.35 \$ 198.09 \$ 202.35 \$ 185.52 \$ 93.72 \$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Tal (CMS-1717-F2) | • | Page 94 of 391 |
|---|---|--|--|
| | <u>ices</u> TIENT, OUTPATIENT, SWING BED or SKIL | HCPCS Code Revenue Code | Standard Charge |
| 4201515 BUN 4201515 BUN VENIPUNCTURE - a single minimal charge will be added to a | a group of multiple lab tests if a blood draw is necessary | 84520 301 Total of Standard Charges: | \$ 60.00 \$ 60.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - OP - Optu OP - Healthplan Nevada/Sierra Health and | /Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Blue Cross - All Plans - negotiated charge amount (95%)> bwn Health - All Plans - negotiated charge amount (95%)> crominence - All Plans - negotiated charge amount (95%)> er Summit - All Plans - negotiated charge amount (95%)> Healthcare/UMR - All Plans - negotiated charge amount (93%)> Aetna - All Plans - negotiated charge amount (87.1%)> Aetna - All Plans - negotiated charge amount (87.1%)> Aetna - W/ Med Adv negotiated charge amount (44%)> mana - W/ Med Adv negotiated charge amount (44%)> tife - W/ Med Adv negotiated charge amount (44%)> er insurances - non-negotiated charge amount (100%)> | \$ 30.00 \$ 52.26 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 52.26 \$ 26.40 \$ 26.00 \$ 20.00 \$ 2 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Tak (CMS-1717-F2) | CPT Code | Page 95 of 391 |
|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4201520URIC ACID | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKIL | <or> <u>HCPCS Code</u> Revenue Code</or> | Standard Charge |
| 4201520 URIC ACID VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | 84550 301 | \$ 74.00 |
| VEIVII OIVOI OKE - a single minimar charge win be added to | a group of maniple has tests if a brood draw is necessary | Total of Standard Charge | s: \$ 74.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - MoP - MoP - MoP - MoP - Mu OP - Healthplan Nevada/Sierra Health and | /Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Tab (CMS-1717-F2) | | | Page 96 of 391 |
|---|---|--|---------------------|------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4201523URINALYSIS W/O MICRO | <u>ces</u> FIENT, OUTPATIENT, SWING BED or SKILI | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4201523 URINALYSIS W/O MICRO VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | 81003 | 307 | \$ 30.00 |
| | Self-pay/ | Cash Price (50% of charges, if balance is paid in f | `ull)> | \$ 15.00 |
| | Copays, deductibles and | Cash Price (50% of charges, if balance is paid in f Minimum negotiated charge amount (87.1 | | \$ 15.00 \$ 26.13 |
| | coinsurances are not | Maximum negotiated charge amount (95 | , | \$ 28.50 |
| CMS-Specified Shoppable Service | | Blue Cross - All Plans - negotiated charge amount wn Health - All Plans - negotiated charge amount | | \$ 28.50 \$ 28.50 |
| | Pro | prince - All Plans - negotiated charge amount (| | \$ 28.50 \$ 27.90 |
| Laboratory | | r Summit - All Plans - negotiated charge amount (lealthcare/UMR - All Plans - negotiated charge an | | \$ 27.90 \$ 28.50 |
| • | | Aetna - All Plans - negotiated charge amount (8' | 7.1%)> | \$ 26.13 |
| | | Let $na - W/Med Adv negotiated charge amount ($ | | \$ 13.20 \$ 13.20 |
| | | care - W/ Med Adv negotiated charge amount (nana - W/ Med Adv negotiated charge amount (| | \$ 13.20 \$ 13.20 |
| | | Life - W/ Med Adv negotiated charge amount (| | \$ 13.20 |
| | All othe | r insurances - non-negotiated charge amount (100 | %)> ======== | \$ 30.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hosp Shoppable Services Report - Table (CMS-1717-F2) | e II CPT Code | Page 97 of 391 |
|---|---|--|---|
| Shoppable ServicePrimary Service and Ancill4201560VANCOMYCIN PEAK | <u>ary Services</u> INPATIENT, OUTPATIENT, SWING BED or SKILL | <pre><or> HCPCS Code Revenue Code </or></pre> | Standard Charge |
| 4201560 VANCOMYCIN PEAK | ddad to a group of multiple leb toots if a blood drow is passager. | 80202 301 | \$ 156.00 |
| VENIPUNCTURE - a single minimal charge will be a | dded to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 156.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Ae OP - Optunce OP - Hum | Cash Price (50% of charges, if balance is paid in full) | \$ 135.88 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 145.08 \$ 148.20 \$ 68.64 \$ 68.64 \$ 68.64 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General H Shoppable Services Report (CMS-1717-F2) | - | Page 98 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and A4201570VANCOMYCIN TROU | INPATIENT, OUTPATIENT, SWING BED or SK | HCPCS Code Revenue C | Code <u>Standard Charge</u> |
| 4201570 VANCOMYCIN TROUGH | | 80202 301 | \$ 156.00 |
| VENIPUNCTURE - a single minimal charge will | be added to a group of multiple lab tests if a blood draw is necessary | Total of Standard Cha | arges: \$ 156.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Un OP - Healthplan Nevada/Sierra Healt | -pay/Cash Price (50% of charges, if balance is paid in full) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 99 of 391 |
|---|---|--|----------------------------|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4204123 PHENYTOIN (IN-HOUSE) | ENT, OUTPATIENT, SWING BED or SKILLED NU | <or> HCPCS Code Revenue Co</or> | ode <u>Standard Charge</u> |
| 4204123 PHENYTOIN (IN-HOUSE) VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is necessary | 80185 301 | \$ 156.00 |
| | | e (50% of charges, if balance is paid in full) | |
| | Self-pay/Cash Price | e (50% of charges, if balance is paid in full) | > \$ 78.00 |
| | coinsurances are not | Maximum negotiated charge amount (95%) | \$ 148.20 |
| | amounts since each patient's Hometown Health | All Plans - negotiated charge amount (95%) All Plans - negotiated charge amount (95%) All Plans - negotiated charge amount (95%) | > \$ 148.20 |
| Laboratory | Insurance plan is unique.Silver Summit - United Healthcare/ | - All Plans - negotiated charge amount (93%) UMR - All Plans - negotiated charge amount (95%) - | > \$ 145.08 \$ 148.20 |
| | OP - Aetna - W/ | All Plans - negotiated charge amount (87.1%) Med Adv negotiated charge amount (44%) Med Adv negotiated charge amount (44%) | > \$ 68.64 |
| | | Med Adv negotiated charge amount (44%) | > \$ 68.64 |
| | - | es - non-negotiated charge amount (100%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 100 of 391 |
|---|--|--|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | Revenue Code | Standard Charge |
| INPATIENT | , OUTPATIENT, SWING BED or SKILLED NURSING | G FACILITY | | |
| 4206000 VENOUS BLOOD GAS (ISTAT) MGG | SH LAB | | | |
| 4206000 VENOUS BLOOD GAS (ISTAT) MGGH LAB VENIPUNCTURE - a single minimal charge will be added to a group of n | nultiple lab tests if a blood draw is pecessary | 82805 | 301 | \$ 214.00 |
| VENTIONE FORE - a single minimal charge will be added to a group of h | | Total of S | Standard Charges: | \$ 214.00 |
| | Maximum | charges, if balance is paid in egotiated charge amount (87. negotiated charge amount (9) | 1%)> | \$ 107.00 \$ 186.39 \$ 203.30 |
| f a | Anthem Blue Cross - All Plan Hometown Health - All Plan Prominence - All Plan Silver Summit - All Plan Silver Summit - All Plans United Healthcare/UMR - Al Aetna - All Plans - OP - Aetna - W/ Med Adv OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv | hs - negotiated charge amount hs - negotiated charge amount s - negotiated charge amount s - negotiated charge amount ll Plans - negotiated charge amount - negotiated charge amount (8 - negotiated charge amount - negotiated charge amount - negotiated charge amount - negotiated charge amount - negotiated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 203.30 \$ 203.30 \$ 203.30 \$ 199.02 \$ 203.30 \$ 186.39 \$ 94.16 \$ 94.16 \$ 94.16 |
| | All other insurances - non-n | negotiated charge amount (100 | 0%)> ======== | \$ 214.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 101 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4206063 STREP | NT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | Standard Charge |
| 4206063 STREP VENIPUNCTURE - a single minimal charge will be added to a group | of multiple lab tests if a blood draw is necessary | 86063 302 Total of Standard Charge | \$ 42.00 s: \$ 42.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) inimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) - All Plans - negotiated charge amount (93%) - All Plans - negotiated charge amount (93%) - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) - Med Adv negotiated charge amount (44%) | > \$ 36.58 > \$ 39.90 > \$ 36.58 > \$ 18.48 > \$ 18.48 > \$ 18.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 102 of 391 |
|--|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4206431 RHEUMATOID FACTOR | - ENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Rever | nue Code Standard Charge |
| 4206431 RHEUMATOID FACTOR VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is necessary | 86431 | 302 \$ 28.00 |
| | Self-pay/Cash Pri | ice (50% of charges, if balance is paid in full) | > \$ 14.00 |
| | Self-pay/Cash Pri | ice (50% of charges, if balance is paid in full) | \$ 14.00 |
| | coinsurances are not | Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | |
| | amounts since each patient's Hometown Heal Prominence | ss - All Plans - negotiated charge amount (95%) - th - All Plans - negotiated charge amount (95%) - e - All Plans - negotiated charge amount (95%) | > \$ 26.60 \$ 26.60 |
| Laboratory | United Healthcar Aetna | it - All Plans - negotiated charge amount (93%) re/UMR - All Plans - negotiated charge amount (9 - All Plans - negotiated charge amount (87.1%) | 95%)> \$ 26.60 \$ 24.39 |
| | OP - Optumcare - W OP - Humana - V | V/ Med Adv negotiated charge amount (44%) V/ Med Adv negotiated charge amount (44%) V/ Med Adv negotiated charge amount (44%) | \$ 12.32 \$ 12.32 \$ 12.32 |
| | OP - Healthplan Nevada/Sierra Health and Life - W All other insura | W/ Med Adv negotiated charge amount (44%) nces - non-negotiated charge amount (100%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gene Shoppable Services | Report - Table II | | | Page 103 of 391 |
|--|---|--|--|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary S | (CMS-17 | 17-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | PATIENT, OUTPATIENT, SWING BEI | O or SKILLED NURSING 1 | FACILITY | | |
| 4207449 FLU TEST | | | | | |
| 4207449 FLU TEST | | | 87804 | 300 | \$ 162.00 |
| VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | | Total of St | andard Charges: | \$ 162.00 |
| | Copays, deductibles and coinsurances are not | | rges, if balance is paid in fu iated charge amount (87.19 otiated charge amount (959 | %)> | \$ 81.00 \$ 141.10 \$ 153.90 |
| Laboratory | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - N Silver Summit - All Plans - N United Healthcare/UMR - All Pl Aetna - All Plans - neg OP - Aetna - W/ Med Adv n OP - Optumcare - W/ Med Adv n | negotiated charge amount (egotiated charge amount (9 egotiated charge amount (9 ans - negotiated charge amount cotiated charge amount (87 egotiated charge amount (4 egotiated charge amount (4 | 95%)> 95%)> 93%)> ount (95%)> .1%)> 14%)> 14%)> | \$ 153.90 \$ 153.90 \$ 153.90 \$ 150.66 \$ 153.90 \$ 141.10 \$ 71.28 \$ 71.28 \$ 71.28 |
| | OP - Healthplan Nevada/Sie | erra Health and Life - W/ Med Adv n All other insurances - non-nego | | | \$ 71.28 \$ 162.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 104 of 391 |
|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4207891 LACTIC ACID (IN-HOUSE) | ENT, OUTPATIENT, SWING BED or SKILLED NU | <or> HCPCS CodeRevenue CodeRSING FACILITY</or> | Standard Charge |
| 4207891 LACTIC ACID (IN-HOUSE) VENIPUNCTURE - a single minimal charge will be added to a grou | in of multiple lab tests if a blood draw is necessary | 83605 301 | \$ 157.00 |
| VERTIONETORE - a single minimar charge will be added to a give | ip of multiple fab tests if a blood draw is necessary | Total of Standard Charges: | \$ 157.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> imum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (87.1%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> S - non-negotiated charge amount (100%)> | \$ 78.50 \$ 136.75 \$ 149.15 \$ 149.15 \$ 149.15 \$ 149.15 \$ 149.15 \$ 149.15 \$ 149.15 \$ 149.15 \$ 136.75 \$ 69.08 \$ 69.08 \$ 69.08 \$ 69.08 \$ 157.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 105 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4208101 URINE MICRO | NT, OUTPATIENT, SWING BED or SKILLED NU | | <u>Standard Charge</u> |
| 4208101 URINE MICRO VENIPUNCTURE - a single minimal charge will be added to a group | of multiple lab tests if a blood draw is necessary | 81015 307 Total of Standard Charges: | \$ 60.00 \$ 60.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> imum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (93%)> MR - All Plans - negotiated charge amount (93%)> Il Plans - negotiated charge amount (87.1%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (40%)> Med Adv negotiated charge amount | \$ 30.00 \$ 52.26 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 57.00 \$ 55.80 \$ 57.00 \$ 52.26 \$ 26.40 \$ 26.00 \$ 20.00 \$ 2 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 106 of 391 |
|--|---|---|---|
| Shoppable Service Primary Service and Ancillary Service INPA 4210007 BLOOD CULTURE | i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210007 BLOOD CULTURE VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | 87040 306 | \$ 229.00 |
| | | | |
| | Copays, deductibles and | ce (50% of charges, if balance is paid in full)> Ainimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | \$ 114.50 \$ 199.46 \$ 217.55 |
| Laboratory | amounts since each patient's insurance plan is unique. Hometown Health Prominence Silver Summit United Healthcare Aetna - OP - Aetna - W | ss - All Plans - negotiated charge amount (95%)> h - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> t - All Plans - negotiated charge amount (93%)> e/UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> // Med Adv negotiated charge amount (44%)> | \$ 217.55 \$ 217.55 \$ 217.55 \$ 212.97 \$ 217.55 \$ 199.46 \$ 100.76 |
| | OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | <pre>// Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (100%)> // Med Adv negotiated charge amount (100%)></pre> | \$ 100.76 \$ 100.76 \$ 100.76 \$ 229.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | s Report - Table II | CPT Code <or></or> | | Page 107 of 391 |
|---|--|--|---|--|---|
| Shoppable ServicePrimary Service and Ancillary SIN14210012HIV 1/2 AG,AB W/RX,4GEN | ervices PATIENT, OUTPATIENT, SWING BEI | D or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210012 HIV 1/2 AG,AB W/RX,4GEN | | | 87389 | 302 | \$ 290.00 |
| VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | / | Total of S | tandard Charges: | \$ 290.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - r Silver Summit - All Plans - r United Healthcare/UMR - All Pl | tiated charge amount (87.1 sotiated charge amount (95 negotiated charge amount negotiated charge amount negotiated charge amount (negotiated charge amount (lans - negotiated charge amount (87 negotiated charge amount (| %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> | \$ 145.00 \$ 252.59 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 269.70 \$ 275.50 \$ 252.59 \$ 127.60 \$ 127.60 \$ 127.60 \$ 127.60 |
| | | All other insurances - non-nego | tiated charge amount (100 | %)> | \$ 290.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 108 of 391 |
|--|--|--|---|---|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIENT, OUTP | ATIENT, SWING BED or SKILLED NURSING FA | CILITY | | |
| 4210017 HEPATITIS C VIRAL RNA, GENOTYPE | | | | |
| 4210017 HEPATITIS C VIRAL RNA, GENOTYPE VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab | tests if a blood draw is personant. | 87902 | 301 | \$ 868.00 |
| VENIFUNCTURE - a single minimal charge will be added to a group of multiple lab | tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 868.00 |
| coinsurance factored in amounts s | Maximum negotiat | I charge amount (87. ed charge amount (99 tiated charge amount iated charge amount iated charge amount ated charge amount - negotiated charge amount ted charge amount (8 iated charge amount iated charge amount iated charge amount iated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 434.00 \$ 756.03 \$ 824.60 \$ 824.60 \$ 824.60 \$ 824.60 \$ 824.60 \$ 807.24 \$ 824.60 \$ 756.03 \$ 381.92 \$ 381.92 \$ 381.92 \$ 381.92 \$ 381.92 |
| | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 868.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 109 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4210120 ACTH, PLASMA | NT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4210120 ACTH, PLASMA | | 82024 301 | \$ 382.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group | of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 382.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full)> aximum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> MR - All Plans - negotiated charge amount (95%)> Il Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 191.00 \$ 332.72 \$ 362.90 \$ 362.90 \$ 362.90 \$ 362.90 \$ 362.90 \$ 355.26 \$ 362.90 \$ 355.26 \$ 362.90 \$ 332.72 \$ 168.08 \$ 168.08 \$ 168.08 \$ 168.08 \$ 382.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 110 of 391 |
|---|--|--|-------------------------|----------------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service INPA 4210124 CRP-HS (HIGH SENSITIVITY) | (CMS-1717-F2) i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210124 CRP-HS (HIGH SENSITIVITY) VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | 86141 | 301 | \$ 40.00 |
| | | | | |
| | Self-pay/Cash Pri | ce (50% of charges, if balance is paid in | full)> | \$ 20.00 |
| | Copays, deductibles and Coinsurances are not | Minimum negotiated charge amount (87. Maximum negotiated charge amount (9. | | \$ 34.84 \$ 38.00 |
| | amounts since each patient's Hometown Healt | ss - All Plans - negotiated charge amount th - All Plans - negotiated charge amount e - All Plans - negotiated charge amount | t (95%)> | \$ 38.00 \$ 38.00 \$ 38.00 |
| Laboratory | United Healthcar Aetna - | t - All Plans - negotiated charge amount e/UMR - All Plans - negotiated charge an - All Plans - negotiated charge amount (8 | mount (95%)> 57.1%)> | \$ 37.20 \$ 38.00 \$ 34.84 |
| | OP - Optumcare - W | Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount | (44%)> | \$ 17.60 \$ 17.60 \$ 17.60 |
| | OP - Healthplan Nevada/Sierra Health and Life - W All other insurar | 7/ Med Adv negotiated charge amount nces - non-negotiated charge amount (10) | | \$ 17.60 \$ 40.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 111 of 391 |
|--|--|--|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIE | NT, OUTPATIENT, SWING BED or SKILLED NURSIN | NG FACILITY | | |
| 4210135 ALPHA-FETOPROTEIN, TUMOR M | IARKER | | | |
| 4210135 ALPHA-FETOPROTEIN, TUMOR MARKER | of multiple leb toots if a blood draw is processory | 82105 | 301 | \$ 97.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group | of multiple rab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 97.00 |
| | Copays, deductibles and Minimum | of charges, if balance is paid in negotiated charge amount (87.1 m negotiated charge amount (95 | 1%)> | \$ 48.50 \$ 84.49 \$ 92.15 |
| Laboratory | amounts since each patient's insurance plan is unique. Hometown Health - All Pla Prominence - All Pla Silver Summit - All Pla United Healthcare/UMR - A Aetna - All Plans OP - Aetna - W/ Med Ad OP - Optumcare - W/ Med Ad OP - Humana - W/ Med Ad | ans - negotiated charge amount ans - negotiated charge amount ins - negotiated charge amount ins - negotiated charge amount All Plans - negotiated charge ar s - negotiated charge amount (8 dv negotiated charge amount dv negotiated charge amount dv negotiated charge amount | (95%) > (95%) > (93%) > mount (95%) > (7.1%) > (44%) > (44%) > (44%) > | \$ 92.15 \$ 92.15 \$ 92.15 \$ 90.21 \$ 92.15 \$ 84.49 \$ 42.68 \$ 42.68 \$ 42.68 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Ad All other insurances - non- | Iv negotiated charge amount (-negotiated charge amount (100 | | \$ 42.68 \$ 97.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | al CPT Code <or></or> | Page 112 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP.4210230AMMONIA, PLASMA | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | Standard Charge |
| 4210230 AMMONIA, PLASMA | | 82140 301 | \$ 81.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 81.00 |
| | Self-pay/Cash Copays, deductibles and | Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> | \$ 40.50 \$ 70.55 |
| | coinsurances are not | Maximum negotiated charge amount (95%)> | \$ 76.95 |
| Laboratory | amounts since each patient's insurance plan is unique. United Health Aet | Cross - All Plans - negotiated charge amount (95%)> ealth - All Plans - negotiated charge amount (95%)> ence - All Plans - negotiated charge amount (95%)> mit - All Plans - negotiated charge amount (93%)> care/UMR - All Plans - negotiated charge amount (95%)> na - All Plans - negotiated charge amount (87.1%)> - W/ Med Adv negotiated charge amount (44%)> | \$ 76.95 \$ 76.95 \$ 76.95 \$ 75.33 \$ 76.95 \$ 70.55 \$ 35.64 |
| | OP - Optumcare OP - Humana OP - Healthplan Nevada/Sierra Health and Life | W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> urances - non-negotiated charge amount (100%)> | \$ 35.64 \$ 35.64 \$ 35.64 \$ 35.64 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 113 of 391 |
|---|--|---|---|---|
| Shoppable Service Primary Service and Ancil | ary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPATIENT, OUTPATIENT, SWING BED or SKILLED | NURSING FACILITY | | |
| 4210255 ANA IFA SCREEN W/REI | TLEX TO TITER AND PATTERN, IFA | | | |
| 4210255ANA IFA SCREEN W/REFLEX4210260ANA IFA TITER; ANA PATTER | N | 86038 86039 | 300 302 | \$ 108.00 \$ 60.00 |
| VENIPUNCTURE - a single minimal charge will be a | dded to a group of multiple lab tests if a blood draw is necessary | Total of 9 | Standard Charges: | \$ 168.00 |
| | Copays, deductibles and | Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 | .1%)> | \$ 84.00 \$ 146.33 \$ 159.60 |
| Laboratory | amounts since each patient's insurance plan is unique. United Healthc Aetm | Fross - All Plans - negotiated charge amoun ealth - All Plans - negotiated charge amoun nce - All Plans - negotiated charge amount mit - All Plans - negotiated charge amount care/UMR - All Plans - negotiated charge a na - All Plans - negotiated charge amount (8 - W/ Med Adv negotiated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> | \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 146.33 \$ 73.92 |
| | OP - Optumcare - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | • W/ Med Adv negotiated charge amount • W/ Med Adv negotiated charge amount | (44%)> (44%)> (44%)> | \$ 73.92 \$ 73.92 \$ 73.92 \$ 73.92 \$ 168.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-177 | Report - Table II | CPT Code | | Page 114 of 391 |
|---|--|--|---|---|--|
| Shoppable ServicePrimary Service and4210281VAGINAL CULTUR | <u>d Ancillary Services</u> INPATIENT, OUTPATIENT, SWING BEI E | or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4210281 VAGINAL CULTURE | will be added to a group of multiple lab tests if a blood draw is necessary | | 87070 | 306 | \$ 116.00 |
| VENTI UNCTORE - a single minimai enarge | will be added to a group of multiple fab tests if a blood draw is necessary | | Total of St | andard Charges: | \$ 116.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum nego Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Pla | ated charge amount (87.19 otiated charge amount (959 negotiated charge amount (egotiated charge amount (egotiated charge amount (9 egotiated charge amount (9 ans - negotiated charge amount (87 egotiated charge amount (87 egotiated charge amount (42 egotiated charge amount (42 egotiated charge amount (42 egotiated charge amount (42 egotiated charge amount (43 egotiated charge amount (43 | %)> %)> (95%)> 95%)> 93%)> 93%)> 44%)> 44%)> 44%)> 44%)> | \$ 58.00 \$ 101.04 \$ 110.20 \$ 110.20 \$ 110.20 \$ 110.20 \$ 107.88 \$ 110.20 \$ 101.04 \$ 51.04 \$ 51.04 \$ 51.04 \$ 51.04 \$ 51.04 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 115 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210315BETA-2-MICROGLOBULIN | r <u>es</u> FIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue | e Code Standard Charge |
| 4210315 BETA-2-MICROGLOBULIN | | 82232 3 | 01 \$ 320.00 |
| VENIPUNCTURE - a single minimal charge will be added to a g | group of multiple lab tests if a blood draw is necessary | Total of Standard C | Charges: \$ 320.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | ice (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) ss - All Plans - negotiated charge amount (95%) th - All Plans - negotiated charge amount (95%) e - All Plans - negotiated charge amount (95%) e - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (95%) it - All Plans - negotiated charge amount (87.1%) it - All Plans - negotiated charge amount (44%) it - Adv negotiated charge amount (44%) it - Med Adv negotiated charge amount (44%) it - Med Adv negotiated charge amount (44%) | > \$ 278.72 \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 304.00 > \$ 140.80 > \$ 140.80 > \$ 140.80 > \$ 140.80 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 116 of 391 |
|---|---|---|--|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIE | NT, OUTPATIENT, SWING BED or SKILLED NUF | RSING FACILITY | | |
| 4210320 BK VIRUS DNA, QUANTITATIVE F | REAL-TIME PCR, URINE | | | |
| 4210320 BK VIRUS DNA, QUANTITATIVE REAL-TIME VENIPUNCTURE - a single minimal charge will be added to a group | | 87799 | 301 | \$ 608.00 |
| The off off off of a single minima charge will be added to a group | s of maniple has tests in a blood draw is necessary | Total of St | andard Charges: | \$ 608.00 |
| | Copays, deductibles and coinsurances are not factored into these charge Anthem Blue Cross - A | 50% of charges, if balance is paid in for mum negotiated charge amount (87.19 ximum negotiated charge amount (959 All Plans - negotiated charge amount (All Plans - negotiated charge amount (| %)> %)> 95%)> | \$ 304.00 \$ 529.57 \$ 577.60 \$ 577.60 \$ 577.60 |
| Laboratory | insurance plan is unique. Prominence - A Silver Summit - A United Healthcare/UN Aetna - All OP - Aetna - W/ Me OP - Optumcare - W/ Me | Il Plans - negotiated charge amount (9 Il Plans - negotiated charge amount (9 MR - All Plans - negotiated charge amount (87 Plans - negotiated charge amount (87 ed Adv negotiated charge amount (4 ed Adv negotiated charge amount (4 ed Adv negotiated charge amount (4 | 95%) > 93%) > ount (95%) > 1%) > 44%) > 44%) > 44%) > | \$ 377.60 \$ 577.60 \$ 565.44 \$ 577.60 \$ 529.57 \$ 267.52 \$ 267.52 \$ 267.52 \$ 267.52 \$ 267.52 |
| | - | - non-negotiated charge amount (1009 | | \$ 608.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 117 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210330C. DIFFICILE TOXIN B, PCR | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILLED | <or> HCPCS Code Revenue Code</or> | <u>Standard Charge</u> |
| 4210330 C. DIFFICILE TOXIN B, PCR | | 87493 301 | \$ 417.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 417.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Optumcare - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) | \$ \$ 363.21 \$ 396.15 \$ 396.15 \$ 396.15 \$ 396.15 \$ 396.15 \$ 396.15 \$ 387.81 \$ 396.15 \$ 363.21 \$ 183.48 \$ 183.48 \$ 183.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 118 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210335CA 125 | <u>ces</u> FIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | Standard Charge |
| 4210335 CA 125 VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | 86304 301 Total of Standard Charges: | \$ 95.00 \$ 95.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Optumcare - W OP - Healthplan Nevada/Sierra Health and Life - W | rice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> oss - All Plans - negotiated charge amount (95%)> lth - All Plans - negotiated charge amount (95%)> ce - All Plans - negotiated charge amount (95%)> re/UMR - All Plans - negotiated charge amount (93%)> re/UMR - All Plans - negotiated charge amount (87.1%)> All Plans - negotiated charge amount (87.1%)> V/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> | \$ 47.50 \$ 82.75 \$ 90.25 \$ 90.25 \$ 90.25 \$ 90.25 \$ 90.25 \$ 88.35 \$ 90.25 \$ 88.35 \$ 90.25 \$ 88.75 \$ 41.80 \$ 41.80 \$ 41.80 \$ 41.80 \$ 41.80 \$ 41.80 \$ 95.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | s Report - Table II | CPT Code | | Page 119 of 391 |
|---|--|--|---|----------------------|----------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210340CA 19-9 | vices_ ATIENT, OUTPATIENT, SWING BEI | D or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4210340 CA 19-9 VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | v | 86301 | 301 | \$ 75.00 |
| | | | | | |
| | Canada da da stillar and | Self-pay/Cash Price (50% of cl | narges, if balance is paid in fu | | \$ 37.50 \$ 65.33 |
| | Copays, deductibles and coinsurances are not | | egotiated charge amount (959 | | \$ 03.35 \$ 71.25 |
| | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans | | (95%)> | \$ 71.25 \$ 71.25 \$ 71.25 |
| Laboratory | insurance plan is unique. | Silver Summit - All Plans - United Healthcare/UMR - All | negotiated charge amount (9 Plans - negotiated charge am | 93%)> ount (95%)> | \$ 69.75 \$ 71.25 |
| | | OP - Aetna - W/ Med Adv | | 44%)> | \$ 65.33 \$ 33.00 |
| | OP - Healthplan Nevada/Si | OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv erra Health and Life - W/ Med Adv | negotiated charge amount (4 | 44%)> | \$ 33.00 \$ 33.00 \$ 33.00 |
| | | All other insurances - non-neg | gotiated charge amount (1009 | %)> ======== | \$ 75.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gen Shoppable Service (CMS-1 | es Report - Table II | CPT Code | | Page 120 of 391 |
|---|---|---|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceIN4210345CA 27.29 | <u>Services</u> PATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210345 CA 27.29 VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessar | ry | 86300 Total of St | 301 andard Charges: | \$ 101.00 \$ 101.00 |
| | Copays, deductibles and coinsurances are not | | harges, if balance is paid in fu gotiated charge amount (87.19 egotiated charge amount (959 | %)> | \$ 50.50 \$ 87.97 \$ 95.95 |
| Laboratory | factored into these charge amounts since each patient's insurance plan is unique. | Silver Summit - All Plans United Healthcare/UMR - All Aetna - All Plans - 1 OP - Aetna - W/ Med Adv. OP - Optumcare - W/ Med Adv. | - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (Plans - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (- negotiated charge amount (| (95%)> 95%)> 93%)> nount (95%)> '.1%)> 44%)> | \$ 95.95 \$ 95.95 \$ 95.95 \$ 93.93 \$ 95.95 \$ 87.97 \$ 44.44 \$ 44.44 |
| | OP - Healthplan Nevada/S | OP - Humana - W/ Med Adv. Sierra Health and Life - W/ Med Adv. All other insurances - non-ne | - negotiated charge amount (4 | 44%)> | \$ 44.44 \$ 44.44 \$ 101.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 121 of 391 |
|---|---|---|---|
| Shoppable ServicePrimary Service and An4210350CALCIUM, IONIZED | <u>cillary Services</u> INPATIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210350 CALCIUM, IONIZED | | 82330 301 | \$ 174.00 |
| VENIPUNCTURE - a single minimal charge will t | e added to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 174.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Humana - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> oss - All Plans - negotiated charge amount (95%)> alth - All Plans - negotiated charge amount (95%)> ice - All Plans - negotiated charge amount (95%)> int - All Plans - negotiated charge amount (95%)> are/UMR - All Plans - negotiated charge amount (95%)> a - All Plans - negotiated charge amount (87.1%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> ances - non-negotiated charge amount (100%)> | \$ 87.00 \$ 151.55 \$ 165.30 \$ 165.30 \$ 165.30 \$ 165.30 \$ 165.30 \$ 161.82 \$ 165.30 \$ 151.55 \$ 76.56 \$ 76.56 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 122 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4210380 CEA (CARCINOEMBRYONIC ANTIC | NT, OUTPATIENT, SWING BED or SKILLED NURS GEN) | <or> HCPCS CodeRevenue CodeING FACILITY</or> | <u>Standard Charge</u> |
| 4210380 CEA (CARCINOEMBRYONIC ANTIGEN) VENIPUNCTURE - a single minimal charge will be added to a group of | of multiple lab tests if a blood draw is necessary | 82378 301 Total of Standard Charges: | \$ 106.00 \$ 106.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 6 of charges, if balance is paid in full)> m negotiated charge amount (87.1%)> num negotiated charge amount (95%)> Plans - negotiated charge amount (93%)> ans - negotiated charge amount (87.1%)> Adv negotiated charge amount (44%)> Adv negotiated charge amount (44%)> Adv negotiated charge amount (44%)> Adv negotiated charge amount (44%)> Adv negotiated charge amount (44%)> > | \$ 53.00 \$ 92.33 \$ 100.70 \$ 100.70 \$ 100.70 \$ 100.70 \$ 98.58 \$ 100.70 \$ 92.33 \$ 46.64 \$ 46.64 \$ 46.64 \$ 46.64 \$ 46.64 \$ 46.64 \$ 46.64 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed:03/08/24Last Update:03/08/24Use CTRL-F to | 024 WILG Sh | ppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 123 of 391 |
|--|---|--|--|---------------------|------------------------|
| Shoppable Service | Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPATIENT, OUTPATIENT, | SWING BED or SKILLED NUR | SING FACILITY | | |
| 4210390 CHL | AMYDIA TRACHOMATIS RNA, TMA | | | | |
| 4210390 | CHLAMYDIA TRACHOMATIS RNA, TMA | | 87491 | 306 | \$ 288.00 |
| 4210655 | NEISSERIA GONORRHOEAE RNA, TMA | | 87591 | 306 | \$ 306.00 |
| VENIPUNCTURE - | a single minimal charge will be added to a group of multiple lab tests if a blood | draw is necessary | | | |
| | | | Total of | Standard Charges: | \$ 594.00 |
| | | Self-pay/Cash Price (5 | 0% of charges, if balance is paid in | 1 full)> | \$ 297.00 |
| | Copays, deductibles an | | num negotiated charge amount (87 | | \$ 517.37 |
| | coinsurances are not | Max | timum negotiated charge amount (9 | 95%)> | \$ 564.30 |
| | factored into these cha | ge Anthem Blue Cross - A | All Plans - negotiated charge amoun | ut (95%)> | \$ 564.30 |
| | amounts since each pa | | All Plans - negotiated charge amoun | | \$ 564.30 |
| | insurance plan is uniqu | Prominence - A | ll Plans - negotiated charge amount | | \$ 564.30 |
| I aho | pratory | Silver Summit - A | Il Plans - negotiated charge amount | | \$ 552.42 |
| | | | IR - All Plans - negotiated charge a Plans - negotiated charge amount (| | \$ 564.30 |
| | | | ed Adv negotiated charge amount (| | \$ 517.37 \$ 261.36 |
| | | | ed Adv negotiated charge amount | | \$ 261.36 |
| | | | ed Adv negotiated charge amount | | \$ 261.36 |
| | OP - Hea | thplan Nevada/Sierra Health and Life - W/ Me | | | \$ 261.36 |
| | | All other insurances | - non-negotiated charge amount (10 |)0%)> | \$ 594.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Services Report - Table II (CMS-1717-F2) | JTY 86160 | Revenue Code 302 andard Charges: | Standard Charge \$ 122.00 \$ 122.00 | |
|--|--|--|--|-----------|
| <td c<="" td=""><td>.ITY 86160</td><td>302</td><td>\$ 122.00</td></td> | <td>.ITY 86160</td> <td>302</td> <td>\$ 122.00</td> | .ITY 86160 | 302 | \$ 122.00 |
| 4210395 COMPLEMENT COMPONENT C3C 4210395 COMPLEMENT COMPONENT C3C VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Self-pay/Cash Price (50% of charges, if be Copays, deductibles and coinsurances are not | 86160 | | | |
| 4210395 COMPLEMENT COMPONENT C3C 4210395 COMPLEMENT COMPONENT C3C VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Self-pay/Cash Price (50% of charges, if be Copays, deductibles and coinsurances are not | 86160 | | | |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Self-pay/Cash Price (50% of charges, if ba Copays, deductibles and coinsurances are not | | | | |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Self-pay/Cash Price (50% of charges, if ba Copays, deductibles and coinsurances are not | | | | |
| Copays, deductibles and coinsurances are not | Total of Star | andard Charges: | \$ 122.00 | |
| Copays, deductibles and coinsurances are not Minimum negotiated cha Maximum negotiated cha | | | ψ 122.00 | |
| Copays, deductibles and coinsurances are not Minimum negotiated cha Maximum negotiated cha | | | | |
| Laboratory amounts since each patient's insurance plan is unique. Hometown Health - All Plans - negotiated Silver Summit - All Plans - negotiated United Healthcare/UMR - All Plans - negotiated COP - Aetna - All Plans - negotiated OP - Aetna - All Plans - negotiated OP - Optumcare - W/ Med Adv negotiated OP - Humana - W/ Med Adv negotiated OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated All other insurances - non-negotiated character | rge amount (87.1%) harge amount (95%) d charge amount (95%) d charge amount (95 charge amount (93 otiated charge amount harge amount (87.1 charge amount (87.1 charge amount (44 charge amount (44 charge amount (44 | 5) 5) 55%) 55%) 55%) 3%) 5%) 1%) 4%) 4%) 4%) > 4%) > 4%) > 4%) > 4%) > 4%) > 4%) > 4%) > 4%) > | \$ 61.00 \$ 106.26 \$ 115.90 \$ 115.90 \$ 115.90 \$ 115.90 \$ 115.90 \$ 115.90 \$ 106.26 \$ 53.68 \$ 53.68 \$ 53.68 \$ 53.68 \$ 53.68 \$ 53.68 | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | s Report - Table II 717-F2) CPT Code <or> <u>HCPCS Code</u> <u>Revenue Code</u> <u>Standare</u></or> | 5 of 391 <u>1 Charge</u> |
|---|--|--|
| 4210400 COMPLEMENT COMPONENT C4 4210400 COMPLEMENT COMPONENT C4 VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is nece | y Total of Standard Charges: | \$ 153.00 \$ 153.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevar | Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Anthem Blue Cross - All Plans - negotiated charge amount (95%)> Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> OP - Humana - W/ Med Adv negotiated charge amount (44%)> All other insurances - non-negotiated charge amount (100%)> | \$ 76.50 \$ 133.26 \$ 145.35 \$ 145.35 \$ 145.35 \$ 145.35 \$ 145.35 \$ 142.29 \$ 145.35 \$ 142.29 \$ 145.35 \$ 133.26 \$ 67.32 \$ 67.32 \$ 67.32 \$ 67.32 \$ 67.32 \$ 153.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 126 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and Ancil4210410CORTISOL, A.M. | lary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210410 CORTISOL, A.M. | | 82533 301 | \$ 59.00 |
| VENIPUNCTURE - a single minimal charge will be a | idded to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 59.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Healthplan Nevada/Sierra Health and Life - Month Copert Silver Summer Copert Silver Summer Silver Summer Silver Summer Copert Silver Summer Silver Sum | rice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> oss - All Plans - negotiated charge amount (95%)> alth - All Plans - negotiated charge amount (95%)> ce - All Plans - negotiated charge amount (95%)> int - All Plans - negotiated charge amount (95%)> are/UMR - All Plans - negotiated charge amount (95%)> are/UMR - All Plans - negotiated charge amount (95%)> a - All Plans - negotiated charge amount (87.1%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> ances - non-negotiated charge amount (100%)> | \$ 29.50 \$ 51.39 \$ 56.05 \$ 56.05 \$ 56.05 \$ 56.05 \$ 56.05 \$ 54.87 \$ 56.05 \$ 51.39 \$ 25.96 \$ 25.96 \$ 25.96 \$ 25.96 \$ 25.96 \$ 25.96 \$ 25.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 127 of 391 |
|---|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210415C-REACTIVE PROTEIN (CRP) | i <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLEI | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210415 C-REACTIVE PROTEIN (CRP) | | 86140 | 300 | \$ 180.00 |
| VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | Total of Sta | ndard Charges: | \$ 180.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna OP - Optumcare OP - Humana OP - Healthplan Nevada/Sierra Health and Life | h Price (50% of charges, if balance is paid in ful Minimum negotiated charge amount (87.1% Maximum negotiated charge amount (95% Cross - All Plans - negotiated charge amount (9 Health - All Plans - negotiated charge amount (9 mmit - All Plans - negotiated charge amount (9 mmit - All Plans - negotiated charge amount (9 chare/UMR - All Plans - negotiated charge amount (9 chare/UMR - All Plans - negotiated charge amount (87. a - W/ Med Adv negotiated charge amount (44 e - W/ Med Adv negotiated charge amount (44 e - W/ Med Adv negotiated charge amount (44 surances - non-negotiated charge amount (44 surances - non-negotiated charge amount (100% | a) > b) > b) | \$ 90.00 \$ 156.78 \$ 171.00 \$ 171.00 \$ 171.00 \$ 171.00 \$ 171.00 \$ 167.40 \$ 171.00 \$ 167.40 \$ 171.00 \$ 167.40 \$ 171.00 \$ 172.00 \$ 172.00 \$ 79.20 \$ 79.20 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Ho Shoppable Services Report - T (CMS-1717-F2) | • | Page 128 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4210425CULTURE, THROAT | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKI | | nue Code Standard Charge |
| 4210425 CULTURE, THROAT VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is pecessary | 87070 | 306 \$ 23.00 |
| VENITONCIORE - a single minimar charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standar | d Charges: \$ 23.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP OP - Opt OP - Opt OP - Healthplan Nevada/Sierra Health a | ay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) n Blue Cross - All Plans - negotiated charge amount (95%) etown Health - All Plans - negotiated charge amount (95%) - prominence - All Plans - negotiated charge amount (95%) - lver Summit - All Plans - negotiated charge amount (93%) - d Healthcare/UMR - All Plans - negotiated charge amount (93%) - d Healthcare/UMR - All Plans - negotiated charge amount (87.1%) - - Aetna - All Plans - negotiated charge amount (87.1%) - umcare - W/ Med Adv negotiated charge amount (44%) - tumnaa - W/ Med Adv negotiated charge amount (44%) - tumnaa - W/ Med Adv negotiated charge amount (44%) - ther insurances - non-negotiated charge amount (100%) | \$\$ 20.03 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.85 \$\$ 21.39 \$\$ 21.85 \$\$ 21.85 \$\$ 20.03 \$\$ 10.12 \$\$ 10.12 \$\$ 10.12 \$\$ 10.12 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 129 of 391 |
|---|---|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4210430CYCLIC CITRULLINATED PEPTID | NT, OUTPATIENT, SWING BED or SKILLED NURSIN DE (CCP) ANTIBODY IGG | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210430 CYCLIC CITRULLINATED PEPTIDE (CCP) ANT VENIPUNCTURE - a single minimal charge will be added to a group | | 86200 | 300 | \$ 69.00 |
| | | Total of S | Standard Charges: | \$ 69.00 |
| Laboratory | Coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.MaximumAnthem Blue Cross - All Plan Prominence - All Plans Silver Summit - All Plans United Healthcare/UMR - Al Aetna - All Plans - OP - Aetna - W/ Med Adv OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv | egotiated charge amount (87. negotiated charge amount (9. ns - negotiated charge amount s - negotiated charge amount s - negotiated charge amount s - negotiated charge amount ll Plans - negotiated charge amount - negotiated charge amount (8 7 negotiated charge amount 7 negotiated charge amount 7 negotiated charge amount 7 negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> g3%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 34.50 \$ 60.10 \$ 65.55 \$ 65.55 \$ 65.55 \$ 65.55 \$ 64.17 \$ 65.55 \$ 60.10 \$ 30.36 \$ 30.36 \$ 30.36 \$ 30.36 \$ 30.36 \$ 30.36 \$ 30.36 \$ 30.36 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hos Shoppable Services Report - Ta | • | | Page 130 of 391 |
|--|---|---|----------------|----------------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | (CMS-1717-F2) <u>es</u> | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code S | tandard Charge |
| INPA | TIENT, OUTPATIENT, SWING BED or SKIL | LED NURSING FACILITY | | |
| 4210455 ESTRADIOL | | | | |
| 4210455 ESTRADIOL VENIPUNCTURE - a single minimal charge will be added to a s | roup of multiple lab tests if a blood draw is necessary | 82670 | 301 | \$ 69.00 |
| VEN ONCTORE - a single minima charge will be added to a g | Toup of multiple lab tests if a blood draw is necessary | Total of Sta | ndard Charges: | \$ 69.00 |
| | Copays, deductibles and coinsurances are not | //Cash Price (50% of charges, if balance is paid in ful Minimum negotiated charge amount (87.1% Maximum negotiated charge amount (95% |)>)> | \$ 34.50 \$ 60.10 \$ 65.55 |
| | | Blue Cross - All Plans - negotiated charge amount (9 own Health - All Plans - negotiated charge amount (9 | | \$ 65.55 \$ 65.55 |
| | P | rominence - All Plans - negotiated charge amount (95 | | \$ 65.55 |
| Laboratory | | er Summit - All Plans - negotiated charge amount (93 Healthcare/UMR - All Plans - negotiated charge amo | | \$ 64.17 \$ 65.55 |
| | | Aetna - All Plans - negotiated charge amount (87.1 | 1%)> | \$ 60.10 |
| | | Aetna - W/ Med Adv negotiated charge amount (44 mcare - W/ Med Adv negotiated charge amount (44 | | \$ 30.36 \$ 30.36 |
| | | imana - W/ Med Adv negotiated charge amount (44 imana - W/ Med Adv negotiated charge amount (44 | | \$ 30.36 |
| | | d Life - W/ Med Adv negotiated charge amount (44 | | \$ 30.36 |
| | All oth | er insurances - non-negotiated charge amount (100% |)> | \$ 69.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Services Report - Table II (CMS-1717-F2) CPT Cod <0R> Shoppable Service Primary Service and Ancillary Services HCPCS Col INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY HCPCS Col 4210465 FERRITIN 82728 VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Total | | <u>Standard Charge</u> |
|--|--|--|
| Shoppable Service Frinary Service and Antennary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY 4210465 FERRITIN 4210465 FERRITIN 4210465 FERRITIN 4210465 FERRITIN 4210465 FERRITIN 4210465 FERRITIN | | <u>Standard Charge</u> |
| 4210465 FERRITIN 4210465 FERRITIN 4210465 FERRITIN VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 301 | |
| 4210465 FERRITIN VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 301 | |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 301 | |
| | | \$ 84.00 |
| | of Standard Charges: | \$ 84.00 |
| Copays, deductibles and Minimum negotiated charge amount Maximum negotiated charge amount | 87.1%)> | > \$ 73.16 |
| Coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Laboratory Anthem Blue Cross - All Plans - negotiated charge amounts of the sector of the | punt (95%)> punt (95%)> unt (95%)> unt (93%)> e amount (95%)> it (87.1%)> | \$ 79.80 \$ 79.80 \$ 79.80 \$ 79.80 \$ 78.12 \$ 79.80 \$ 78.12 \$ 79.80 \$ 73.16 |
| OP - Aetna - W/ Med Adv negotiated charge amo OP - Optumcare - W/ Med Adv negotiated charge amo OP - Humana - W/ Med Adv negotiated charge amo OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amo All other insurances - non-negotiated charge amount | unt (44%)> unt (44%)> unt (44%)> | > \$ 36.96 > \$ 36.96 > \$ 36.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gen Shoppable Service | eral Hospital es Report - Table II | | | Page 132 of 391 |
|---|--|--|---|---|---|
| | `````````````````````````````````````` | 1717-F2) ED or SKILLED NURSING | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4210470 FOLATE 4210470 FOLATE VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessa | ıry | 82746 Total of St | 301 tandard Charges: | \$ 130.00 \$ 130.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All I | otiated charge amount (87.1 gotiated charge amount (95 e negotiated charge amount e negotiated charge amount negotiated charge amount (Plans - negotiated charge am egotiated charge amount (87 negotiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 65.00 \$ 113.23 \$ 123.50 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 \$ 57.20 \$ 130.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hosp Shoppable Services Report - Table (CMS-1717-F2) | | Page 133 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINF4210480FSH (FOLLICLE STIMULATI | ATIENT, OUTPATIENT, SWING BED or SKILL | <or> HCPCS CodeRevenue CodeED NURSING FACILITY</or> | Standard Charge |
| 4210480 FSH (FOLLICLE STIMULATING HORM VENIPUNCTURE - a single minimal charge will be added to | | 83001 301 Total of Standard Charges: | \$ 36.00 \$ 36.00 |
| | Copays, deductibles and coinsurances are not | Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | > \$ 31.36 |
| Laboratory | amounts since each patient's insurance plan is unique. OP - Ae OP - Optunc OP - Huma OP - Healthplan Nevada/Sierra Health and L | lue Cross - All Plans - negotiated charge amount (95%) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 134 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4210515 HCG, TOTAL, QUANTITATIVE | NT, OUTPATIENT, SWING BED or SKILLED NU | <or> <u>HCPCS Code</u> Revenue Code RSING FACILITY</or> | <u>Standard Charge</u> |
| 4210515 HCG, TOTAL, QUANTITATIVE | | 84702 301 | \$ 84.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group | of multiple lab tests if a blood draw is necessary | Total of Standard Charge | es: \$ 84.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full) imum negotiated charge amount (87.1%) aximum negotiated charge amount (95%) All Plans - negotiated charge amount (95%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2 Last Update: 03/08/2 Use CTRL-F to | IVIT. Grant General Hospital D24 Shoppable Services Report - Table II | CPT Code | | Page 135 of 391 |
|--|---|--|---|---|
| Shoppable Service | Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING F | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210525 HEP | ATITIS A ANTIBODY, TOTAL | | | |
| 4210525 4216504 | HEPATITIS A ANTIBODY, TOTAL HEPATITIS A ANTIBODY, TOTAL WITH REFLEX TO IGM | 86708 86708 | 302 302 | \$ 84.00 \$ 138.00 |
| VENIPUNCTURE - | a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 222.00 |
| Labo | copuls, acadenoics and | ated charge amount (87. tiated charge amount (9 egotiated charge amoun gotiated charge amoun gotiated charge amount gotiated charge amount ns - negotiated charge a otiated charge amount (8 gotiated charge amount (8 gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount | $ \begin{array}{c} 1\%) &> \\ 5\%) &> \\ t (95\%) &> \\ (95\%) &> \\ (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ 87.1\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array} $ | \$ 111.00 \$ 193.36 \$ 210.90 \$ 210.90 \$ 210.90 \$ 210.90 \$ 206.46 \$ 210.90 \$ 193.36 \$ 97.68 \$ 9 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 136 of 391 |
|--|---|--|---|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>s</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPAT | IENT, OUTPATIENT, SWING BED or SKILLED NUR | RSING FACILITY | | |
| 4210530 HEPATITIS B CORE ANTIBODY | TOTAL | | | |
| 4210530 HEPATITIS B CORE ANTIBODY, TOTAL | | 86704 | 302 | \$ 156.00 |
| VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 156.00 |
| | Copays, deductibles and Minin | 50% of charges, if balance is paid in mum negotiated charge amount (87. ximum negotiated charge amount (9. | 1%)> | \$ 78.00 \$ 135.88 \$ 148.20 |
| Laboratory | amounts since each patient's insurance plan is unique. United Healthcare/UM Aetna - All OP - Aetna - W/ Me OP - Optumcare - W/ Me OP - Humana - W/ Me | All Plans - negotiated charge amount All Plans - negotiated charge amount Il Plans - negotiated charge amount Il Plans - negotiated charge amount /IR - All Plans - negotiated charge amount /IR - All Plans - negotiated charge amount (8 ed Adv negotiated charge amount ed Adv negotiated charge amount ed Adv negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 148.20 \$ 148.20 \$ 148.20 \$ 148.20 \$ 145.08 \$ 148.20 \$ 135.88 \$ 68.64 \$ 68.64 \$ 68.64 \$ 68.64 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Me All other insurances - | ed Adv negotiated charge amount - non-negotiated charge amount (10) | | \$ 68.64 \$ 156.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 137 of 391 |
|--|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, C4210535 HEPATITIS B SURFACE ANTIBODY, QU | DUTPATIENT, SWING BED or SKILLED NURSI JALITATIVE | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210535 HEPATITIS B SURFACE ANTIBODY, QUALITATIVE VENIPUNCTURE - a single minimal charge will be added to a group of mult | tiple lab tests if a blood draw is necessary | 86706 | 300 | \$ 111.00 |
| Cor | | of charges, if balance is paid in a | , | \$ 55.50 \$ 96.68 |
| | Days, deductibles and Minimum | of charges, if balance is paid in a n negotiated charge amount (87.1 nm negotiated charge amount (95 | 1%)> | \$ 55.50 \$ 96.68 \$ 105.45 |
| amo | bunts since each patient's arance plan is unique. Hometown Health - All P Prominence - All Plan Silver Summit - All Plan United Healthcare/UMR - Aetna - All Plan | lans - negotiated charge amount lans - negotiated charge amount ans - negotiated charge amount ans - negotiated charge amount (All Plans - negotiated charge ar ns - negotiated charge amount (8 | (95%)> (95%)> (93%)> nount (95%)> 7.1%)> | \$ 105.45 \$ 105.45 \$ 105.45 \$ 103.23 \$ 105.45 \$ 96.68 |
| | OP - Optumcare - W/ Med A OP - Humana - W/ Med A OP - Healthplan Nevada/Sierra Health and Life - W/ Med A | dv negotiated charge amount (dv negotiated charge amount (dv negotiated charge amount (dv negotiated charge amount (n-negotiated charge amount (100 | (44%)> (44%)> (44%)> | \$ 48.84 \$ 48.84 \$ 48.84 \$ 48.84 \$ 111.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Some before Control of the second | Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 138 of 391 |
|--|---|--|---|---|--|
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Total of Standard Charges: \$ 82.00 Self-pay/Cash Price (50% of charges, if balance is paid in full) \$ 41.00 Minimum negotiated charge amount (87.1%) \$ 41.00 Minimum negotiated charge amount (87.1%) \$ 71.42 Maximum negotiated charge amount (95%) \$ 77.90 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Anther Blue Cross - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 76.26 | INPATI | | | <u>Revenue Code</u> | Standard Charge |
| Laboratory Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 41.00 Minimum negotiated charge amount (87.1%) \$ 41.00 Minimum negotiated charge amount (95%) \$ 71.42 Maximum negotiated charge amount (95%) \$ 77.90 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 77.90 Promience - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 Silver Summit - All Plans - negotiated charge amount (95%) \$ 77.90 OP - Aetna - W/ Med Adv, - negotiated charge amount (45%) \$ 77.42 OP - Aetna - W/ Med Adv, - negotiated charge amount (44%) \$ 36.08 OP - Optumcare - W/ Med Adv, - negotiated charge amount (44%) \$ 36.08 OP - Mana - W/ Med Adv, - negotiated charge amount (44%) \$ 36.08 | | | 86317 | 302 | \$ 82.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Minimum negotiated charge amount (87.1%)> \$77.90 Anthem Blue Cross - All Plans - negotiated charge amount (95%)> \$77.90 Hometown Health - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 Silver Summit - All Plans - negotiated charge amount (95%)> \$77.90 OP - Aetna - W/ Med Adv negotiated charge amount (95%)> \$76.26 OP - Optumcare - W/ Med Adv negotiated charge amount (87.1%)> \$36.08 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$36.08 | VENIPUNCTURE - a single minimal charge will be added to a grou | p of multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 82.00 |
| | Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | All Plans - negotiated charge amount (87. All Plans - negotiated charge amount All Plans - negotiated charge amount JMR - All Plans - negotiated charge amount JMR - All Plans - negotiated charge amount All Plans - negotiated charge amount Mar - All Plans - negotiated charge amount Mar - All Plans - negotiated charge amount Mar - Negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 71.42 \$ 77.90 \$ 77.90 \$ 77.90 \$ 77.90 \$ 77.90 \$ 76.26 \$ 77.90 \$ 71.42 \$ 36.08 \$ 36.08 \$ 36.08 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 139 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4210545HEPATITIS B SURFACE ANTIGE | ENT, OUTPATIENT, SWING BED or SKILLED N | | <u>ie Code</u> <u>Standard Charge</u> |
| 4210545 HEPATITIS B SURFACE ANTIGEN WITH REI VENIPUNCTURE - a single minimal charge will be added to a gro | | 87340 | 302 \$ 120.00 |
| VENIPONCTORE - a single minimal charge will be added to a gro | up of multiple fab tests if a blood draw is necessary | Total of Standard | Charges: \$ 120.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) linimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) s - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) - All Plans - negotiated charge amount (95%) / UMR - All Plans - negotiated charge amount (93%) / UMR - All Plans - negotiated charge amount (87.1%) / Med Adv negotiated charge amount (44%) / Med Adv negotiated charge amount (44%) / Med Adv negotiated charge amount (44%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| | - | ces - non-negotiated charge amount (100%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | Teral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 140 of 391 |
|--|--|--|---|--|--|
| Shoppable Service Primary Service and Ancillary S | × · | | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210550 HEPATITIS C ANTIBODY 4210550 HEPATITIS C ANTIBODY VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necess | ary | 86803 | 302 | \$ 111.00 |
| | | | Total of St | andard Charges: | \$ 111.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All H | otiated charge amount (87.19 gotiated charge amount (959 negotiated charge amount (negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (Plans - negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (negotiated charge amount (negotiated charge amount (| %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> | \$ 55.50 \$ 96.68 \$ 105.45 \$ 105.45 \$ 105.45 \$ 105.45 \$ 103.23 \$ 105.45 \$ 96.68 \$ 48.84 \$ 48.84 \$ 48.84 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv All other insurances - non-neg | negotiated charge amount (4 | 44%)> | \$ 48.84 \$ 111.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Mt. Grant G Last Update: 03/08/2024 Shoppable S Use CTRL-F to SEARCH (C | rt - Table II |
|---|--|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING 4210555 HEPATITIS C VIRUS RNA, QUANTITATIVE, REAL-TIME PC | HCPCS Code Revenue Code Standard Charge SKILLED NURSING FACILITY |
| 4210555 HEPATITIS C VIRUS RNA, QUANTITATIVE, REAL-TIME PCR | 87522 300 \$ 610.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is n | Total of Standard Charges: \$610.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Ne | Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 305.00 Minimum negotiated charge amount (87.1%)> \$ 531.31 Maximum negotiated charge amount (95%)> \$ 579.50 Anthem Blue Cross - All Plans - negotiated charge amount (95%)> \$ 579.50 Hometown Health - All Plans - negotiated charge amount (95%)> \$ 579.50 Prominence - All Plans - negotiated charge amount (95%)> \$ 579.50 Silver Summit - All Plans - negotiated charge amount (95%)> \$ 579.50 Silver Summit - All Plans - negotiated charge amount (95%)> \$ 567.30 United Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 579.50 Aetna - All Plans - negotiated charge amount (87.1%)> \$ 531.31 OP - Aetna - W/ Med Adv negotiated charge amount (44%)> \$ 268.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 268.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 268.40 All other insurances - non-negotiated charge amount (100%)> \$ 610.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Repo (CMS-1717-F2) | rt - Table II | | Page 142 of 391 |
|---|--|---|---------------------------------|--|
| Shoppable ServicePrimary Service and Ancillary SIN14210565HIV ANTIBODIES, HIV-1/2 | ervices PATIENT, OUTPATIENT, SWING BED or S | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210565 HIV ANTIBODIES, HIV-1/2 | | 86701 | 300 | \$ 84.00 |
| VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | Total of Star | idard Charges: | \$ 84.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in full Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Anthem Blue Cross - All Plans - negotiated charge amount (95 Hometown Health - All Plans - negotiated charge amount (95 Silver Summit - All Plans - negotiated charge amount (95) Silver Summit - All Plans - negotiated charge amount (95) | 5%)> 5%)> %)> %)> | \$ 42.00 \$ 73.16 \$ 79.80 \$ 79.80 \$ 79.80 \$ 79.80 \$ 79.80 \$ 78.12 \$ 79.80 |
| | OP | United Healthcare/UMR - All Plans - negotiated charge amou Aetna - All Plans - negotiated charge amount (87.1 OP - Aetna - W/ Med Adv negotiated charge amount (44 - Optumcare - W/ Med Adv negotiated charge amount (44 OP - Humana - W/ Med Adv negotiated charge amount (44 alth and Life - W/ Med Adv negotiated charge amount (44 All other insurances - non-negotiated charge amount (100%) | %)> %)> %)> %)> %)> | \$ 79.80 \$ 73.16 \$ 36.96 \$ 36.96 \$ 36.96 \$ 36.96 \$ 36.96 \$ 36.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 143 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4210570HLA-B27ANTIGEN | Prvices PATIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | Standard Charge |
| 4210570 HLA-B27 ANTIGEN | | 86812 301 | \$ 468.00 |
| VENIPUNCTURE - a single minimal charge will be added t | o a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 468.00 |
| | | tice (50% of charges, if balance is paid in full)> | > \$407.63 |
| Laboratory | amounts since each patient's insurance plan is unique. Hometown Heal Prominence Silver Summ United Healthcar Aetna OP - Aetna - W | Maximum negotiated charge amount (95%) | \$ 444.60 \$ 444.60 \$ 444.60 \$ 435.24 \$ 444.60 \$ 407.63 \$ 205.92 |
| | OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | W/ Med Adv negotiated charge amount (44%)> W/ Med Adv negotiated charge amount (44%)> unces - non-negotiated charge amount (100%)> | > \$ 205.92 > \$ 205.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services HCPCS of HC | Ade Revenue Code 301 | Standard Charge \$ 18.00 \$ 18.00 |
|--|--|--|
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | | |
| | l of Standard Charges: | \$ 18 00 |
| | | φ 10.00 |
| Laboratory Self-pay/Cash Price (50% of charges, if balance is prominence - All Plans - negotiated charge and | (87.1%)> nt (95%)> nount (95%)> ount (95%)> ount (93%)> rge amount (95%)> nut (87.1%)> ount (44%)> ount (44%)> ount (44%)> ount (44%)> | \$ 15.68 \$ 17.10 \$ 17.10 \$ 17.10 \$ 17.10 \$ 17.10 \$ 16.74 \$ 17.10 \$ 15.68 \$ 7.92 \$ 7.92 \$ 7.92 \$ 7.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Shoppable Services Report - Table II | Page 145 of 391 |
|--|--|---|
| | (CMS-1717-F2) CPT Code <or> vice and Ancillary Services HCPCS Code Revenue Code State INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY State State</or> | andard Charge |
| 4210595 IGG, SERUM 4210595 IGG, SERUM VENIPUNCTURE - a single minimal | charge will be added to a group of multiple lab tests if a blood draw is necessary Total of Standard Charges: | \$ 128.00 \$ 128.00 |
| | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Maximum negotiated charge amount (95%)> | \$ 64.00 \$ 111.49 \$ 121.60 \$ 121.60 \$ 121.60 |
| Laboratory | Amounts since each patient's insurance plan is unique. Hometown Health - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> United Healthcare/UMR - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> All other insurances - non-negotiated charge amount (100%)> | \$ 121.60 \$ 121.60 \$ 119.04 \$ 121.60 \$ 111.49 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 \$ 56.32 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospi Shoppable Services Report - Table I | | Page 146 of 391 |
|--|--|--|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and A | (CMS-1717-F2) ncillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLE | | evenue Code <u>Standard Charge</u> |
| 4210600 IGM, SERUM | | | |
| 4210600 IGM, SERUM | | 82784 | 301 \$ 128.0 |
| VENIPUNCTURE - a single minimal charge will | be added to a group of multiple lab tests if a blood draw is necessary | Total of Stand | lard Charges: \$128.0 |
| | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's Promi | sh Price (50% of charges, if balance is paid in full)- Minimum negotiated charge amount (87.1%) - Maximum negotiated charge amount (95%) - e Cross - All Plans - negotiated charge amount (95%) Health - All Plans - negotiated charge amount (95%) inence - All Plans - negotiated charge amount (95%) | \$ 111.4 \$ 111.4 \$ 121.0 %)> \$ 121.0 %)> \$ 121.0 \$ 121.0 |
| Laboratory | Insurance plan is unique. Silver Su United Heal A OP - Aetr OP - Optumcar OP - Humar | ummit - All Plans - negotiated charge amount (93% lthcare/UMR - All Plans - negotiated charge amount Aetna - All Plans - negotiated charge amount (87.1% na - W/ Med Adv negotiated charge amount (44% re - W/ Med Adv negotiated charge amount (44% na - W/ Med Adv negotiated charge amount (44% fe - W/ Med Adv negotiated charge amount (44%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| | - | nsurances - non-negotiated charge amount (100%) - | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Genera Shoppable Services Re (CMS-1717- | eport - Table II | | Page 147 of 391 |
|---|--|---|-------------------------------|--|
| Shoppable ServicePrimary Service4210605INSULIN, FASTIN | <u>e and Ancillary Services</u> INPATIENT, OUTPATIENT, SWING BED o G | HCPCS Cor | <u>e</u> <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210605 INSULIN, FASTIN | G rge will be added to a group of multiple lab tests if a blood draw is necessary | 83525 | 301 | \$ 75.00 |
| | | | of Standard Charges: | \$ 75.00 |
| | | Self-pay/Cash Price (50% of charges, if balance is paid | in full)> | \$ 37.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (Maximum negotiated charge amoun | | \$ 65.33 \$ 71.25 |
| | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans - negotiated charge amo Hometown Health - All Plans - negotiated charge amo Prominence - All Plans - negotiated charge amo | ount (95%)> | \$ 71.25 \$ 71.25 \$ 71.25 |
| Laboratory | insurance plan is unique. | Silver Summit - All Plans - negotiated charge amo United Healthcare/UMR - All Plans - negotiated charge Aetna - All Plans - negotiated charge amou OP - Aetna - W/ Med Adv negotiated charge amo | e amount (95%)> t (87.1%)> | \$ 69.75 \$ 71.25 \$ 65.33 \$ 33.00 |
| | | OP - Optumcare - W/ Med Adv negotiated charge amo OP - Humana - W/ Med Adv negotiated charge amo Health and Life - W/ Med Adv negotiated charge amo | unt (44%)> unt (44%)> | \$ 33.00 \$ 33.00 \$ 33.00 \$ 33.00 |
| | | All other insurances - non-negotiated charge amount | (100%)> | \$ 75.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospita Shoppable Services Report - Table II | al | Page 148 of 391 |
|--|--|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | (CMS-1717-F2) | CPT Code <or> HCPCS Code Revenue Code</or> | Standard Charge |
| INPA | TIENT, OUTPATIENT, SWING BED or SKILLED | NURSING FACILITY | |
| 4210610 IRON, TOTAL | | | |
| 4210610 IRON, TOTAL VENIPUNCTURE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is pecessary | 83540 301 | \$ 84.00 |
| VENIFONCTORE - a single minimal charge will be added to a | group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 84.00 |
| | Copays, deductibles and coinsurances are not | Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | > \$ 73.16 |
| Laboratory | amounts since each patient's insurance plan is unique. Hometown H Promine Silver Sun United Health Aet OP - Aetna OP - Optumcare | Cross - All Plans - negotiated charge amount (95%) lealth - All Plans - negotiated charge amount (95%) ence - All Plans - negotiated charge amount (95%) nmit - All Plans - negotiated charge amount (93%) acare/UMR - All Plans - negotiated charge amount (95%) na - All Plans - negotiated charge amount (87.1%) | > \$79.80 > \$79.80 > \$79.80 > \$78.12 > \$79.80 > \$73.16 > \$36.96 > \$36.96 |
| | | W/ Med Adv negotiated charge amount (44%) W/ Med Adv negotiated charge amount (44%) | |
| | All other insu | urances - non-negotiated charge amount (100%) | > \$ 84.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Genera Shoppable Services Re | • | | | Page 149 of 391 |
|--|--|---|--|--|--|
| Use CTRL-F to SEARCH | (CMS-1717- | • | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>vices</u> | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INP | ATIENT, OUTPATIENT, SWING BED o | r SKILLED NURSING FA | CILITY | | |
| 4210620 LDH LACTATE DEHYDROGE | NASE (LD) | | | | |
| 4210620 LDH LACTATE DEHYDROGENASE (LI |)) | | 83615 | 301 | \$ 63.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | Total of S | tandard Charges: | \$ 63.00 |
| | Copays, deductibles and | | d charge amount (87.1 | 1%)> | \$ 31.50 \$ 54.87 |
| Laboratory | | Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - nego Silver Summit - All Plans - nego United Healthcare/UMR - All Plans Aetna - All Plans - negotia OP - Aetna - W/ Med Adv nego OP - Optumcare - W/ Med Adv nego OP - Humana - W/ Med Adv nego Health and Life - W/ Med Adv nego | otiated charge amount tiated charge amount tiated charge amount - negotiated charge ar ated charge amount (8 tiated charge amount tiated charge amount tiated charge amount tiated charge amount | (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 59.85 \$ 59.85 \$ 59.85 \$ 59.85 \$ 59.85 \$ 59.85 \$ 59.85 \$ 54.87 \$ 27.72 \$ 27.72 \$ 27.72 \$ 27.72 \$ 27.72 \$ 27.72 |
| | • | All other insurances - non-negotiate | e | . , | \$ 63.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 150 of 391 |
|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4210630LH (LUTEINIZING HORMONE) | <u>es</u> CIENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4210630 LH (LUTEINIZING HORMONE) | | 83002 301 | \$ 137.00 |
| VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 137.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full)> inimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> - Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 119.33 \$ 130.15 \$ 130.15 \$ 130.15 \$ 130.15 \$ 130.15 \$ 127.41 \$ 130.15 \$ 119.33 \$ 60.28 \$ 60.28 \$ 60.28 \$ 60.28 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hos Shoppable Services Report - Tabl | | Page 151 of 391 |
|---|---|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u> Revenue C</or> | ode Standard Charge |
| Shoppable Service Primary Service and Ancillary Service | | | <u>Standard Charge</u> |
| | ATIENT, OUTPATIENT, SWING BED or SKILI | LED NURSING FACILITY | |
| 4210680 PHENYTOIN | | | |
| 4210680 PHENYTOIN VENIPUNCTURE - a single minimal charge will be added to | a group of multiple leb tests if a blood draw is pecessary | 80185 301 | \$ 156.00 |
| VENIPONCTORE - a single minimal charge will be added to | a group of multiple fab tests if a blood draw is necessary | Total of Standard Cha | arges: \$ 156.00 |
| | Copays, deductibles and | Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | > \$ 135.88 |
| Laboratory | amounts since each patient's insurance plan is unique. United H | Blue Cross - All Plans - negotiated charge amount (95%) wn Health - All Plans - negotiated charge amount (95%) ominence - All Plans - negotiated charge amount (95%) r Summit - All Plans - negotiated charge amount (93%) Healthcare/UMR - All Plans - negotiated charge amount (95%) Aetna - All Plans - negotiated charge amount (87.1%) Aetna - W/ Med Adv negotiated charge amount (44%) | > \$ 148.20 > \$ 148.20 > \$ 148.20 > \$ 148.20 > \$ 148.20 > \$ 145.08 > \$ 148.20 > \$ 145.08 > \$ 145.08 > \$ 145.08 |
| | OP - Optum OP - Hun OP - Healthplan Nevada/Sierra Health and | ncare - W/ Med Adv negotiated charge amount (44%) ncare - W/ Med Adv negotiated charge amount (44%) mana - W/ Med Adv negotiated charge amount (44%) Life - W/ Med Adv negotiated charge amount (44%) er insurances - non-negotiated charge amount (100%) | > \$ 68.64 > \$ 68.64 > \$ 68.64 \$ 68.64 \$ 68.64 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 152 of 391 |
|--|---|--|--|
| Shoppable Service Primary Service and Ancillary Service INPAT 4210685 PREALBUMIN | <u>es</u> TIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210685 PREALBUMIN VENIPUNCTURE - a single minimal charge will be added to a s | roup of multiple lab tests if a blood draw is necessary | 84134 301 | \$ 95.00 |
| | Self-pay/Cash Pric | e (50% of charges, if balance is paid in full)> | \$ 47.50 |
| | | e (50% of charges, if balance is paid in full)> inimum negotiated charge amount (87.1%)> | \$ 47.50 \$ 82.75 |
| | coinsurances are not | Maximum negotiated charge amount (95%)> | \$ 90.25 |
| | amounts since each patient's Hometown Health Prominence | a - All Plans - negotiated charge amount (95%)> b - All Plans - negotiated charge amount (95%)> c - All Plans - negotiated charge amount (95%)> c - All Plans - negotiated charge amount (93%)> | \$ 90.25 \$ 90.25 \$ 90.25 \$ 88.35 |
| Laboratory | United Healthcare. Aetna - | /UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> | \$ 90.25 \$ 82.75 \$ 41.80 |
| | OP - Optumcare - W/ OP - Humana - W/ | Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 41.80 \$ 41.80 \$ 41.80 |
| | - | ces - non-negotiated charge amount (100%)> | \$ 95.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hosp Shoppable Services Report - Table | | Page 153 of 391 |
|--|--|--|--|
| | (CMS-1717-F2) <u>Services</u> PATIENT, OUTPATIENT, SWING BED or SKILLI | | <u>ie Code</u> <u>Standard Charge</u> |
| 4210690 PROLACTIN 4210690 PROLACTIN VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | | 301 \$ 36.00 |
| | Self-pay/Ca | Total of Standard ash Price (50% of charges, if balance is paid in full) | |
| | amounts since each patient's Hometown | Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) ue Cross - All Plans - negotiated charge amount (95%) n Health - All Plans - negotiated charge amount (95%) ninence - All Plans - negotiated charge amount (95%) | > \$ 34.20 > \$ 34.20 \$ 34.20 |
| Laboratory | OP - Aet OP - Huma | Summit - All Plans - negotiated charge amount (93%) althcare/UMR - All Plans - negotiated charge amount (95 Aetna - All Plans - negotiated charge amount (87.1%) tna - W/ Med Adv negotiated charge amount (44%) are - W/ Med Adv negotiated charge amount (44%) ana - W/ Med Adv negotiated charge amount (44%) ife - W/ Med Adv negotiated charge amount (44%) | \$ 33.48 \$ 300 \$ 34.20 \$ 34.20 \$ 31.36 \$ 31.36 \$ 15.84 \$ 15.84 \$ 15.84 \$ 15.84 \$ 15.84 |
| | - | insurances - non-negotiated charge amount (100%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | Page 154 of 391 |
|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, OUTP4210700 PTH, INTACT WITHOUT CALCIUM | <or> HCPCS Code Revenue C TIENT, SWING BED or SKILLED NURSING FACILITY</or> | ode <u>Standard Charge</u> |
| 4210700 PTH, INTACT WITHOUT CALCIUM VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab | sts if a blood draw is necessary Total of Standard Cha | \$ 397.00 rges: \$ 397.00 |
| coinsurand factored in amounts s | Self-pay/Cash Price (50% of charges, if balance is paid in full) | \$ 345.79 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 377.15 \$ 369.21 \$ 377.15 \$ 377.15 \$ 345.79 \$ 174.68 \$ 174.68 \$ 174.68 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 155 of 391 |
|--|--|--|--|--|
| Shoppable Service Primary Service and Ancillary Service | ATIENT, OUTPATIENT, SWING BED or SKILLED N | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210725 SJOGREN'S ANTIBODIES (SS-A) VENIPUNCTURE - a single minimal charge will be added to | | 86235 Total of S | 300 tandard Charges: | \$ 83.00 \$ 83.00 |
| | Self-pay/Cash Pric | e (50% of charges, if balance is paid in f | full)> | \$ 41.50 |
| | coinsurances are not factored into these charge Anthem Blue Cross amounts since each patient's Hometown Health | linimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 s - All Plans - negotiated charge amount n - All Plans - negotiated charge amount - All Plans - negotiated charge amount (| (95%)> (95%)> | \$ 72.29 \$ 78.85 \$ 78.85 \$ 78.85 \$ 78.85 \$ 78.85 |
| Laboratory | Silver Summit United Healthcare Aetna - OP - Aetna - W/ OP - Optumcare - W/ | - All Plans - negotiated charge amount (/UMR - All Plans - negotiated charge an All Plans - negotiated charge amount (8' / Med Adv negotiated charge amount (/ Med Adv negotiated charge amount (| 93%)> nount (95%)> 7.1%)> (44%)> 44%)> | \$ 77.19 \$ 78.85 \$ 72.29 \$ 36.52 \$ 36.52 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ | ⁷ Med Adv negotiated charge amount (⁷ Med Adv negotiated charge amount (ces - non-negotiated charge amount (100 | 44%)> | \$ 36.52 \$ 36.52 \$ 83.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 156 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary SerINP4210730SJOGREN'S ANTIBODIES (SS- | ATIENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS CodeRevenue CodeURSING FACILITY</or> | <u>Standard Charge</u> |
| 4210730 SJOGREN'S ANTIBODIES (SS-B) VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | 86235 300 | \$ 174.00 |
| VENTIONE - a single minimar charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges | \$ 174.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - W OP - Optumcare - W OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | ce (50% of charges, if balance is paid in full) | <pre>> \$ 151.55 \$ 165.30 > \$ 165.30 > \$ 165.30 > \$ 165.30 > \$ 165.30 > \$ 165.30 > \$ 161.82 > \$ 165.30 > \$ 151.55 > \$ 76.56 > \$ 76.56 > \$ 76.56</pre> |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | age 157 of 391 |
|---|--|---|
| Shoppable ServicePrimary Service4210740STOOL FOR WB | e and Ancillary Services HCPCS Code Revenue Code Star INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY | ndard Charge |
| 4210740 STOOL FOR WE | rge will be added to a group of multiple lab tests if a blood draw is necessary | \$ 12.00 |
| | Solf pay/Cash Price (50% of charges, if balance is paid in full) | \$ C 00 |
| | Copays, deductibles and Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> factored into these charge Anthem Blue Cross - All Plans - negotiated charge amount (95%)> | \$ 6.00 \$ 10.45 \$ 11.40 \$ 11.40 |
| Laboratory | Amounts since each patient's insurance plan is unique. Hometown Health - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> United Healthcare/UMR - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> | \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 10.45 \$ 5.28 |
| | OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> OP - Humana - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> All other insurances - non-negotiated charge amount (100%)> | \$ 5.28 \$ 5.28 \$ 5.28 \$ 12.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Mt. Grant Gen Last Update: 03/08/2024 Shoppable Service Use CTRL-F to SEARCH (CMS-1) | ort - Table II) CPT Code |
|---|--|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BI 4210750 STS (RPR) WITH REFLEX TO FTA | <or> HCPCS Code Revenue Code Standard Charge SKILLED NURSING FACILITY Standard Charge Standard Charge</or> |
| 4210750STS (RPR) WITH REFLEX TO FTA4216126RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTINGVENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | 86592 300 \$ 81.00 86780 302 \$ 63.00 Total of Standard Charges: \$144.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada/ | Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 72.00 Minimum negotiated charge amount (87.1%)> \$ 125.42 Maximum negotiated charge amount (95%)> \$ 136.80 Anthem Blue Cross - All Plans - negotiated charge amount (95%)> \$ 136.80 Hometown Health - All Plans - negotiated charge amount (95%)> \$ 136.80 Prominence - All Plans - negotiated charge amount (95%)> \$ 136.80 Silver Summit - All Plans - negotiated charge amount (95%)> \$ 136.80 Vinited Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 136.80 Actna - All Plans - negotiated charge amount (95%)> \$ 136.80 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)> \$ 136.80 OP - Aetna - W/ Med Adv negotiated charge amount (44%)>> \$ 63.36 OP - Humana - W/ Med Adv negotiated charge amount (44%)>> \$ 63.36 All other insurances - non-negotiated charge amount (100%)>> \$ 144.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gener Shoppable Services F (CMS-1717 | Report - Table II | CPT Code <or></or> | | Page 159 of 391 |
|---|--|---|--|---------------------|----------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINF4210755T3 FREE | rvices ATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING F | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210755 T3 FREE VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | 84481 | 301 | \$ 51.00 |
| | | Self-pay/Cash Price (50% of charg | | | \$ 25.50 |
| | Copays, deductibles and | | ges, if balance is paid in function of the second sec | | \$ 25.50 \$ 44.42 |
| | coinsurances are not | Maximum nego | tiated charge amount (959 | %)> | \$ 48.45 |
| | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans - no Hometown Health - All Plans - no Prominence - All Plans - ne | egotiated charge amount (| (95%)> | \$ 48.45 \$ 48.45 \$ 48.45 |
| Laboratory | insurance plan is unique. | Silver Summit - All Plans - ne United Healthcare/UMR - All Plan | ns - negotiated charge am | ount (95%)> | \$ 47.43 \$ 48.45 |
| | | OP - Aetna - W/ Med Adv ne | | 44%)> | \$ 44.42 \$ 22.44 |
| | OP - Healthplan Nevada/Sierr | OP - Optumcare - W/ Med Adv ne OP - Humana - W/ Med Adv ne a Health and Life - W/ Med Adv ne | gotiated charge amount (4 | 44%)> | \$ 22.44 \$ 22.44 \$ 22.44 |
| | | All other insurances - non-negoti | ated charge amount (1009 | %)> ======== | \$ 51.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to S | 24 | Mt. Grant Gene Shoppable Service (CMS-17 | s Report - Table II | CPT Code | | Page 160 of 391 |
|--|---|--|-----------------------------------|--|---------------------|------------------------|
| <u>Shoppable Service</u> 4210760 TACF | Primary Service and Anc ROLIMUS (FK506) | <u>illary Services</u> INPATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSI | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4210760 VENIPUNCTURE - a | TACROLIMUS (FK506) single minimal charge will be | added to a group of multiple lab tests if a blood draw is necessar | у | 80197 | 301 | \$ 120.00 |
| | | | Self-pay/Cash Price (50% o | of charges, if balance is paid in f | ull)> | \$ 60.00 |
| | | Π | Self-pay/Cash Price (50% o | of charges, if balance is paid in f | ull)> | \$ 60.00 |
| | | Copays, deductibles and coinsurances are not | Maximu | negotiated charge amount (87.1) m negotiated charge amount (95) | %)> | \$ 104.52 \$ 114.00 |
| | | factored into these charge | | ans - negotiated charge amount (ans - negotiated charge amount (| | \$ 114.00 \$ 114.00 |
| | | amounts since each patient's | | ans - negotiated charge amount (| | \$ 114.00 |
| T 1 | | insurance plan is unique. | | ans - negotiated charge amount (| | \$ 111.60 |
| Labol | ratory | | | All Plans - negotiated charge am | | \$ 114.00 |
| | • | | | s - negotiated charge amount (87 | | \$ 104.52 |
| | | | | dv negotiated charge amount (4 | | \$ 52.80 |
| | | | | dv negotiated charge amount (4 dv negotiated charge amount (4 | | \$ 52.80 \$ 52.80 |
| | | OP - Healthnlan Nevada/S | ierra Health and Life - W/ Med Ad | | | \$ 52.80 \$ 52.80 |
| | | | | n-negotiated charge amount (100) | | \$ 120.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 161 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary SerINP4210765TESTOSTERONE, TOTAL, IMI | ATIENT, OUTPATIENT, SWING BED or SKILLED N | <or>Revenue Code</or> | <u>Standard Charge</u> |
| 4210765 TESTOSTERONE, TOTAL, IMMUNOAS VENIPUNCTURE - a single minimal charge will be added to | SAY | 84403 301 Total of Standard Charges: | \$ 133.00 \$ 133.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | ce (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ss - All Plans - negotiated charge amount (95%)> h - All Plans - negotiated charge amount (95%)> e - All Plans - negotiated charge amount (95%)> t - All Plans - negotiated charge amount (93%)> e/UMR - All Plans - negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> // Med Adv negotiated charge amount (44%)> // Med Adv negotiated charge amount (44%)> | \$ 66.50 \$ 115.84 \$ 126.35 \$ 58.52 \$ 58.52 |
| | OP - Healthplan Nevada/Sierra Health and Life - W | <pre>// Med Adv negotiated charge amount (44%)>// Med Adv negotiated charge amount (44%)>// Med Adv negotiated charge amount (100%)>/// Med Adv negotiated charge amount (100%)>/// Med Adv negotiated charge amount (100%)>///// Med Adv negotiated charge amount (100%)>///////////////////////////////</pre> | \$ 58.52 \$ 58.52 \$ 133.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 162 of 391 |
|---|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, 04210770 TESTOSTERONE, TOTAL, LC/MS/MS | OUTPATIENT, SWING BED or SKILLED NURSING FAC | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210770 TESTOSTERONE, TOTAL, LC/MS/MS VENIPUNCTURE - a single minimal charge will be added to a group of mul | ltiple lab tests if a blood draw is necessary | 84403 | 301 | \$ 225.00 |
| | | Total of S | Standard Charges: | \$ 225.00 |
| coi fac am | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiated Prominence - All Plans - negotia OP - Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia All other insurances - non-negotiated | charge amount (87.) ed charge amount (95 tiated charge amount ated charge amount ated charge amount ated charge amount negotiated charge amount ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> g3%)> 87.1%)> (44%)> (44%)> (44%)> (44%)> | \$ 112.50 \$ 195.98 \$ 213.75 \$ 213.75 \$ 213.75 \$ 213.75 \$ 213.75 \$ 209.25 \$ 213.75 \$ 209.25 \$ 213.75 \$ 195.98 \$ 99.00 \$ 90.00 \$ 90.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 163 of 391 |
|---|---|---|--|
| Shoppable ServicePrimary Service and Ancillary SIN4210775THEOPHYLLINE | ervices PATIENT, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210775 THEOPHYLLINE | | 80198 301 | \$ 116.00 |
| VENIPUNCTURE - a single minimal charge will be added | o a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 116.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - V OP - Healthplan Nevada/Sierra Health and Life - W | rice (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> oss - All Plans - negotiated charge amount (95%)> lth - All Plans - negotiated charge amount (95%)> ce - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> it - All Plans - negotiated charge amount (95%)> re/UMR - All Plans - negotiated charge amount (95%)> W/ Med Adv negotiated charge amount (44%)> | \$ 58.00 \$ 101.04 \$ 110.20 \$ 110.20 \$ 110.20 \$ 110.20 \$ 107.88 \$ 110.20 \$ 101.04 \$ 51.04 \$ 51.04 \$ 51.04 \$ 51.04 \$ 51.04 \$ 51.04 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 164 of 391 |
|--|---|---|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | ENT, OUTPATIENT, SWING BED or SKILLED NURSIN | NG FACILITY | | |
| 4210781 ALLERGEN SPECIFIC IGE PANE | L QUEST | | | |
| 4210781 ALLERGEN SPECIFIC IGE PANEL QUEST | | 86003 | 302 | \$ 30.00 |
| VENIPUNCTURE - a single minimal charge will be added to a grou | p of multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 30.00 |
| | Copays, deductibles and Minimum | of charges, if balance is paid in negotiated charge amount (87. m negotiated charge amount (9 | 1%)> | \$ 15.00 \$ 26.13 \$ 28.50 |
| Laboratory | amounts since each patient's insurance plan is unique. Hometown Health - All Pla Prominence - All Pla Silver Summit - All Pla United Healthcare/UMR - A Aetna - All Plans OP - Aetna - W/ Med Ad OP - Optumcare - W/ Med Ad | | $\begin{array}{l} t (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \end{array}$ | \$ 28.50 \$ 28.50 \$ 28.50 \$ 27.90 \$ 28.50 \$ 26.13 \$ 13.20 \$ 13.20 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Ad | Iv negotiated charge amount Iv negotiated charge amount -negotiated charge amount (10 | (44%)> | \$ 13.20 \$ 13.20 \$ 30.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | < OR > | | |
|---|--|--|---|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSI 4210785 THYROGLOBULIN ANTIBODIES | | <u>Revenue Code</u> | Standard Charge |
| 4210785 THYROGLOBULIN ANTIBODIES | 86800 | 300 | \$ 120.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | Total of Sta | andard Charges: | \$ 120.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Minimum Maximu Laboratory Anthem Blue Cross - All Plan Silver Summit - All Plan OP - Aetna - W/ Med Aeto OP - Optumcare - W/ Med Aeto OP - Humana - W/ Med Aeto OP - Humana - W/ Med Aeto OP - Healthplan Nevada/Sierra Health and Life - W/ Med Aeto Aeto Aeto Aeto Aeto Aeto Aeto Aeto | of charges, if balance is paid in fu n negotiated charge amount (87.1% um negotiated charge amount (95% Plans - negotiated charge amount (9 Plans - negotiated charge amount (9 lans - negotiated charge amount (9 lans - negotiated charge amount (9 - All Plans - negotiated charge amount (87. adv negotiated charge amount (87. adv negotiated charge amount (4 adv negotiated charge amount (4 | 6)> 95%)> 95%)> 95%)> 1%)> 1%)> 4%)> 4%)> 4%)> | \$ 60.00 \$ 104.52 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 104.52 \$ 52.80 \$ 52.80 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 166 of 391 |
|---|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4210790THYROID PEROXIDASE ANTIBO | - IENT, OUTPATIENT, SWING BED or SKILLED NURSIN | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4210790 THYROID PEROXIDASE ANTIBODIES (TPO VENIPUNCTURE - a single minimal charge will be added to a gro | | 86376 | 300 | \$ 12.00 |
| VENTI UNCTORE - a single minimal charge will be added to a give | Sup of multiple fab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 12.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | of charges, if balance is paid in a negotiated charge amount (87. m negotiated charge amount (9 lans - negotiated charge amount lans - negotiated charge amount ans - negotiated charge amount ans - negotiated charge amount All Plans - negotiated charge amount (8 dv negotiated charge amount dv negotiated charge amount (10 | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 6.00 \$ 10.45 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 10.45 \$ 5.28 \$ 5.28 \$ 5.28 \$ 5.28 \$ 5.28 \$ 5.28 \$ 5.28 \$ 5.28 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 1717-F2) | CPT Code | | Page 167 of 391 |
|---|--|---|---|---|---|
| Shoppable ServicePrimary Service and Ancillary SIN4210810TOTAL T3 | <u>Services</u> PATIENT, OUTPATIENT, SWING BE | ED or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4210810 TOTAL T3 VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessa | шу | 84480 Total of St | 301 andard Charges: | \$ 23.00 \$ 23.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum n Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All | potiated charge amount (87.19) egotiated charge amount (959) - negotiated charge amount (- negotiated | %)> %)> (95%)> 95%)> 95%)> 93%)> 0unt (95%)> 1%)> 14%)> 14%)> 14%)> | \$ 11.50 \$ 20.03 \$ 21.85 \$ 21.012 \$ 10.12 \$ 10.12 \$ 10.12 \$ 10.12 \$ 10.12 \$ 23.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEA | ARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 168 of 391 |
|--|---|---|--|--|
| Shoppable Service Pr 4210815 VALPRO | | TPATIENT, SWING BED or SKILLED NUI | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| | ALPROIC ACID e minimal charge will be added to a group of multiple | lab tests if a blood draw is necessary | 80164 301 | \$ 103.00 |
| | | | Total of Standard Charges: | \$ 103.00 |
| Laborat | coinsur factored amount insuran | s, deductibles and cances are not d into these charge ts since each patient's ice plan is unique. Mini Ma Anthem Blue Cross - Hometown Health - Prominence - Silver Summit - A United Healthcare/UI Aetna - All OP - Aetna - W/ M OP - Humana - W/ M OP - Healthplan Nevada/Sierra Health and Life - W/ M | 50% of charges, if balance is paid in full)> imum negotiated charge amount (87.1%)> aximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> I Plans - negotiated charge amount (87.1%)> Ied Adv negotiated charge amount (44%)> Ied Adv negotiated charge amount (44%)> | \$ 51.50 \$ 89.71 \$ 97.85 \$ 89.71 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 \$ 45.32 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 169 of 391 |
|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4210820VITAMIN B12 | r <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4210820 VITAMIN B12 VENIPUNCTURE - a single minimal charge will be added to | a group of multiple leb tests if a blood draw is passed. | 82607 301 | \$ 182.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 182.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> ross - All Plans - negotiated charge amount (95%)> alth - All Plans - negotiated charge amount (95%)> nit - All Plans - negotiated charge amount (95%)> nit - All Plans - negotiated charge amount (93%)> are/UMR - All Plans - negotiated charge amount (95%)> a - All Plans - negotiated charge amount (87.1%)> W/ Med Adv negotiated charge amount (44%)> | \$ 91.00 \$ 158.52 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 172.90 \$ 169.26 \$ 172.90 \$ 158.52 \$ 80.08 \$ 80.08 \$ 80.08 \$ 80.08 \$ 80.08 \$ 182.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | Page 170 of 391 | |
|--|--|---|--|--|
| | (CMS-1717-F2) <u>**</u> TENT, OUTPATIENT, SWING BED or SKILLED NU | CPT Code <or> HCPCS Code Revenue Code</or> | e Standard Charge | |
| 4210825 VITAMIN D, 1,25-DIHYDROXY, I 4210825 VITAMIN D, 1,25-DIHYDROXY, LC/MS/MS | | 82652 301 | \$ 695.00 | |
| VENIPUNCTURE - a single minimal charge will be added to a g | oup of multiple lab tests if a blood draw is necessary | Total of Standard Charge | s: \$ 695.00 | |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Services | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | Page 171 of 391 |
|---|--|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary SerINP.4211031 URINE CREATININE | <u>vices</u> ATIENT, OUTPATIENT, SWING BEI | or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4211031 URINE CREATININE VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | 82570 | 301 | \$ 75.00 |
| | - <u>8</u> F | | Total of St | andard Charges: | \$ 75.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum no Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All | otiated charge amount (87.19 egotiated charge amount (959 - negotiated charge amount (- negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (Plans - negotiated charge amount (negotiated charge amount (| %)> 95%)> 95%)> 95%)> 95%)> 93%)> 03%)> 1%)> 14%)> 14%)> 14%)> 14%)> | \$ 37.50 \$ 65.33 \$ 71.25 \$ 71.25 \$ 71.25 \$ 71.25 \$ 71.25 \$ 69.75 \$ 71.25 \$ 65.33 \$ 33.00 \$ 30 \$ 33.00 \$ 33.0 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant G Shoppable Se (CM | port - Table II |
|---|---|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING 4211123 KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, SERU | <or> HCPCS CodeRevenue CodeStandard ChargeSKILLED NURSING FACILITY</or> |
| 4211123 KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, SERUM VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is new | 83883 301 \$ 266.00 Total of Standard Charges: \$ 266.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nev | Self-pay/Cash Price (50% of charges, if balance is paid in full)>\$ 133.00Minimum negotiated charge amount (87.1%)>\$ 231.69Maximum negotiated charge amount (95%)>>\$ 252.70Anthem Blue Cross - All Plans - negotiated charge amount (95%)>>\$ 252.70Hometown Health - All Plans - negotiated charge amount (95%)>>\$ 252.70Prominence - All Plans - negotiated charge amount (95%)>>\$ 252.70Silver Summit - All Plans - negotiated charge amount (95%)>>\$ 252.70Silver Summit - All Plans - negotiated charge amount (95%)>>\$ 252.70Aetna - All Plans - negotiated charge amount (95%)>>\$ 252.70Aetna - All Plans - negotiated charge amount (95%)>>\$ 252.70Aetna - All Plans - negotiated charge amount (95%)>>\$ 252.70Aetna - W/ Med Adv negotiated charge amount (87.1%)>>>\$ 231.69OP - Aetna - W/ Med Adv negotiated charge amount (44%)>>>>\$ 117.04OP - Humana - W/ Med Adv negotiated charge amount (44%)>>>>>\$ 117.04Health and Life - W/ Med Adv negotiated charge amount (44%)>>>>\$ 117.04All other insurances - non-negotiated charge amount (100%)>>>>>\$ 266.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | | Page 173 of 391 | |
|--|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, 04211133 KAPPA/LAMBDA LIGHT CHAINS, FRE | <mark>OUTPATIENT, SWING BED or SKILLED NURSII</mark> E WITH RATIO, URINE | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4211133 KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, VENIPUNCTURE - a single minimal charge will be added to a group of mu | | 83883 | 301 | \$ 294.00 |
| | Self-pay/Cash Price (50% o | of charges, if balance is paid in | full)> | \$ 147.00 |
| coi fac | insurances are not ctored into these charge Anthem Blue Cross - All Pl | negotiated charge amount (87.1 m negotiated charge amount (95 lans - negotiated charge amount | 5%)> (95%)> | \$ 256.07 \$ 279.30 \$ 279.30 |
| | Surance plan is unique. Surance plan is unique. Prominence - All Pla Silver Summit - All Pla United Healthcare/UMR - Aetna - All Plan OP - Aetna - W/ Med Ac | lans - negotiated charge amount ans - negotiated charge amount ans - negotiated charge amount All Plans - negotiated charge ar as - negotiated charge amount (8 dv negotiated charge amount (8 | (95%)> (93%)> mount (95%)> (7.1%)> (44%)> | \$ 279.30 \$ 279.30 \$ 273.42 \$ 279.30 \$ 256.07 \$ 129.36 |
| | OP - Humana - W/ Med Ad OP - Healthplan Nevada/Sierra Health and Life - W/ Med Ad | dv negotiated charge amount (dv negotiated charge amount (dv negotiated charge amount (n-negotiated charge amount (100 | (44%)> (44%)> | \$ 129.36 \$ 129.36 \$ 129.36 \$ 294.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | Page 174 of 391 |
|---|---|---|----------------------|----------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4211235 RHEUMATOID FACTOR | <u>**</u> TENT, OUTPATIENT, SWING BED or SP | <or> HCPCS Code KILLED NURSING FACILITY</or> | <u>Revenue Code</u> | Standard Charge |
| 4211235 RHEUMATOID FACTOR VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | 86431 | 302 | \$ 58.00 |
| | | | - | |
| | Sel | f-pay/Cash Price (50% of charges, if balance is paid in f | ull)> | \$ 29.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 | | \$ 50.52 \$ 55.10 |
| | amounts since each patient's | hem Blue Cross - All Plans - negotiated charge amount ometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount (| (95%)> | \$ 55.10 \$ 55.10 \$ 55.10 |
| Laboratory | insurance plan is unique. | Silver Summit - All Plans - negotiated charge amount (ited Healthcare/UMR - All Plans - negotiated charge am Aetna - All Plans - negotiated charge amount (87 | 93%)> ount (95%)> | \$ 53.94 \$ 55.10 |
| | | DP - Aetna - W/ Med Adv negotiated charge amount (a) Dptumcare - W/ Med Adv negotiated charge amount (| 44%)> | \$ 50.52 \$ 25.52 \$ 25.52 |
| | OF | - Humana - W/ Med Adv negotiated charge amount (h and Life - W/ Med Adv negotiated charge amount (| 44%)> | \$ 25.52 \$ 25.52 |
| | A | Il other insurances - non-negotiated charge amount (100 | %)> | \$ 58.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | | Page 175 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4211298 C-PEPTIDE | ENT, OUTPATIENT, SWING BED or SKILLED NU | <or> HCPCS CodeRevenue CodeRSING FACILITY</or> | <u>Standard Charge</u> |
| 4211298 C-PEPTIDE VENIPUNCTURE - a single minimal charge will be added to a grou | p of multiple lab tests if a blood draw is necessary | 84681 301 Total of Standard Charges: | \$ 278.00 \$ 278.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in full) | \$ \$ 242.14 \$ 264.10 \$ 264.10 \$ 264.10 \$ 264.10 \$ 264.10 \$ 264.10 \$ 264.10 \$ 264.10 \$ 242.14 \$ 122.32 \$ 122.32 \$ 122.32 \$ 122.32 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 176 of 391 |
|--|--|---|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIEN | T, OUTPATIENT, SWING BED or SKILLED NURSING | G FACILITY | | |
| 4211411 LEGAL BLOOD ALCOHOL (WITHIN | N HOURS) | | | |
| 4211411 LEGAL BLOOD ALCOHOL (WITHIN HOURS) | | 80320 | 300 | \$ 100.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group of | f multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 100.00 |
| Laboratory | coinsurances are notMaximum rfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans Hometown Health - All Plans Silver Summit - All Plans United Healthcare/UMR - All | gotiated charge amount (87. negotiated charge amount (9 5 - negotiated charge amount - negotiated charge amount - negotiated charge amount - negotiated charge amount Plans - negotiated charge amount (8 - negotiated charge amount (8 - negotiated charge amount - negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 50.00 \$ 87.10 \$ 95.00 \$ 95.00 \$ 95.00 \$ 95.00 \$ 95.00 \$ 93.00 \$ 95.00 \$ 87.10 \$ 44.00 \$ 44.00 \$ 44.00 |
| | All other insurances - non-ne | egotiated charge amount (10 | 0%)> | \$ 100.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | | Page 177 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and Ancilla4211514LEVETIRACETAM | <u>ry Services</u> INPATIENT, OUTPATIENT, SWING BED or SKILL | <or> <u>HCPCS Code</u> <u>Revenue Code</u></or> | Standard Charge |
| 4211514 LEVETIRACETAM | | 80177 301 | \$ 76.00 |
| VENIPUNCTURE - a single minimal charge will be ad | led to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charges: | \$ 76.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - A OP - Optum OP - Hum OP - Healthplan Nevada/Sierra Health and | Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> lue Cross - All Plans - negotiated charge amount (95%)> vn Health - All Plans - negotiated charge amount (95%)> minence - All Plans - negotiated charge amount (95%)> Summit - All Plans - negotiated charge amount (95%)> ealthcare/UMR - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> etna - W/ Med Adv negotiated charge amount (44%)> care - W/ Med Adv negotiated charge amount (44%)> hana - W/ Med Adv negotiated charge amount (44%)> hana - W/ Med Adv negotiated charge amount (44%)> hisurances - non-negotiated charge amount (100%)> | \$ 38.00 \$ 66.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 70.68 \$ 72.20 \$ 66.20 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 \$ 33.44 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Service | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | Page 178 of 391 |
|--|--|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceIN14211573VITAMIN B1 (THIAMINE) | <u>ervices</u> PATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4211573 VITAMIN B1 (THIAMINE) VENIPUNCTURE - a single minimal charge will be added to | o a group of multiple lab tests if a blood draw is necessar | N/ | 84425 | 301 | \$ 255.00 |
| · Li (il citter citter a single inimitia charge will be added (| | 5 | Total of Sta | andard Charges: | \$ 255.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum n Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans Silver Summit - All Plans - United Healthcare/UMR - All Aetna - All Plans - r | potiated charge amount (87.19 egotiated charge amount (959 - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (9 negotiated charge amount (9 Plans - negotiated charge amount (87 negotiated charge amount (87 negotia | %)> 95%)> 95%)> 95%)> 95%)> 03%)> 03%)> 1%)> 14%)> 14%)> 14%)> 14%)> | \$ 127.50 \$ 222.11 \$ 242.25 \$ 222.11 \$ 112.20 \$ 112.20 \$ 112.20 \$ 112.20 \$ 212.20 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 179 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4211574VITAMIN B6, PLASMA | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILLED | <or> HCPCS Code Revenue Co NURSING FACILITY Image: Colored state s</or> | ode <u>Standard Charge</u> |
| 4211574 VITAMIN B6, PLASMA | a group of multiple leb tests if a blood drow is posses | 84207 301 | \$ 305.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standard Cha | rges: \$ 305.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) ross - All Plans - negotiated charge amount (95%) ealth - All Plans - negotiated charge amount (95%) nce - All Plans - negotiated charge amount (95%) mit - All Plans - negotiated charge amount (95%) rare/UMR - All Plans - negotiated charge amount (95%) eare/UMR - All Plans - negotiated charge amount (95%) w/ Med Adv negotiated charge amount (44%) W/ Med Adv negotiated charge amount (44%) | \$ 265.66 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 289.75 \$ 134.20 \$ 134.20 \$ 134.20 |
| | All other insu | rances - non-negotiated charge amount (100%) | \$ 305.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable S | Page 180 of 391 Ces Report - Table II 1717-F2) CPT Code |
|---|--|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING 4212888 QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS | <or> HCPCS CodeRevenue CodeStandard ChargeED or SKILLED NURSING FACILITY</or> |
| 4212888 QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS/MS VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is n | 82306 301 \$139.00 |
| VENIFUNCTORE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is in | Total of Standard Charges: \$139.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Ne | Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 69.50 Minimum negotiated charge amount (87.1%)> \$ 121.07 Maximum negotiated charge amount (95%)> \$ 132.05 Anthem Blue Cross - All Plans - negotiated charge amount (95%)> \$ 132.05 Hometown Health - All Plans - negotiated charge amount (95%)> \$ 132.05 Prominence - All Plans - negotiated charge amount (95%)> \$ 132.05 Silver Summit - All Plans - negotiated charge amount (95%)> \$ 132.05 Vinited Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 129.27 United Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 121.07 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)> \$ 121.07 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)> \$ 61.16 OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> \$ 61.16 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 61.16 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 61.16 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 61.16 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 61.16 Sterra Health and Life - W/ Med Adv negotia |
| | All other insurances - non-negotiated charge amount (100%)> \$ 139.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 181 of 391 |
|---|--|--|--|
| Shoppable ServicePrimary Service and A42141561URINE PROTEIN | <u>ncillary Services</u> INPATIENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 42141561 URINE PROTEIN | be added to a group of multiple lab tests if a blood draw is necessary | 84156 301 | \$ 77.00 |
| VENH UNCTORE - a single minimar charge with | be added to a group of multiple fab tests if a blood draw is necessary | Total of Standard Charges: | \$ 77.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full)> Gamma negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> /UMR - All Plans - negotiated charge amount (87.1%)> / Med Adv negotiated charge amount (44%)> / Med Adv negotiated charge amount (44%)> / Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> / Med Adv negotiated charge amount (44%)> | \$ 38.50 \$ 67.07 \$ 73.15 \$ 73.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 \$ 33.88 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant Gei Shoppable Servi | eral Hospital Page 182 of 391 s Report - Table II |
|--|--|
| | (17-F2) CPT Code <or></or> |
| Shoppable Service Primary Service and Ancillary Services | HCPCS Code Revenue Code Standard Charge |
| INPATIENT, OUTPATIENT, SWING B | D or SKILLED NURSING FACILITY |
| 4214839 HELICOBACTER PYLORI, UREA BREATH TEST | |
| | |
| 4214839 HELICOBACTER PYLORI, UREA BREATH TEST | 83013 300 \$ 166.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necess | y Total of Standard Charges: \$166.00 |
| | Total of Standard Charges: \$100.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in full)\$ 83.00Minimum negotiated charge amount (87.1%)\$ 144.59Maximum negotiated charge amount (95%)\$ 157.70Anthem Blue Cross - All Plans - negotiated charge amount (95%)\$ 157.70Hometown Health - All Plans - negotiated charge amount (95%)\$ 157.70Prominence - All Plans - negotiated charge amount (95%)\$ 157.70Silver Summit - All Plans - negotiated charge amount (95%)\$ 157.70Silver Summit - All Plans - negotiated charge amount (95%)\$ 157.70Actna - All Plans - negotiated charge amount (95%)\$ 157.70OP - Aetna - All Plans - negotiated charge amount (87.1%)\$ 144.59OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)\$ 73.04OP - Optumcare - W/ Med Adv negotiated charge amount (44%)\$ 73.04OP - Humana - W/ Med Adv negotiated charge amount (44%)\$ 73.04Wirera Health and Life - W/ Med Adv negotiated charge amount (44%)\$ 73.04Wirera Health and Life - W/ Med Adv negotiated charge amount (44%)\$ 73.04 |
| | All other insurances - non-negotiated charge amount (100%)> \$ 166.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 183 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4216181CLOSTRIDIUM DIFFICILE | <u>es</u> TIENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | Standard Charge |
| 4216181 CLOSTRIDIUM DIFFICILE | | 87081 306 | \$ 90.00 |
| VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | Total of Standard Charges | : \$ 90.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 50% of charges, if balance is paid in full) imum negotiated charge amount (87.1%) | -> \$ 78.39 \$ 85.50 -> \$ 85.60 -> \$ 39.60 -> \$ 39.60 -> \$ 39.60 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 184 of 391 |
|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4217045 HEPATITIS A IGM ANTIBODY | T, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 4217045 HEPATITIS A IGM ANTIBODY | | 86709 302 | \$ 23.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group o | i multiple fab tests if a blood draw is necessary | Total of Standard Charges: | \$ 23.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 50% of charges, if balance is paid in full) | > \$ 20.03 \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 21.85 > \$ 20.03 > \$ 10.12 > \$ 10.12 > \$ 10.12 > \$ 10.12 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | Report - Table II | CPT Code <or></or> | | Page 185 of 391 |
|--|--|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4217306VITAMIN D, 25-HYDROXY | <u>vices</u> TIENT, OUTPATIENT, SWING BEI | O or SKILLED NURSING F | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4217306 VITAMIN D, 25-HYDROXY | | | 82306 | 301 | \$ 405.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | | Total of Sta | andard Charges: | \$ 405.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum nego Anthem Blue Cross - All Plans - ne Hometown Health - All Plans - ne Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Plan | ated charge amount (87.19 tiated charge amount (959 egotiated charge amount (egotiated charge amount (gotiated charge amount (9 gotiated charge amount (9 ns - negotiated charge amount (87 gotiated charge amount (87 gotiated charge amount (87 gotiated charge amount (4 gotiated charge amount (4 gotiated charge amount (4 gotiated charge amount (4 gotiated charge amount (4 | %)> %)> 95%)> 95%)> 05%)> 03%)> 03%)> 03%)> 1%)> 14%)> 14%)> 14%)> | \$ 202.50 \$ 352.76 \$ 384.75 \$ 384.75 \$ 384.75 \$ 384.75 \$ 384.75 \$ 376.65 \$ 384.75 \$ 376.65 \$ 384.75 \$ 352.76 \$ 178.20 \$ 178.20 \$ 178.20 \$ 178.20 \$ 405.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Rep (CMS-1717-F) | ort - Table II 2) CPT Code | Page 186 of 391 |
|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceIN4217525T4 (THYROXINE), TOTAL | <u>eervices</u> PATIENT, OUTPATIENT, SWING BED or | | nue Code <u>Standard Charge</u> |
| 4217525 T4 (THYROXINE), TOTAL | | 84436 | 301 \$ 51.00 |
| VENIPUNCTURE - a single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | Total of Standard | d Charges: \$51.00 |
| Laboratory | amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Anthem Blue Cross - All Plans - negotiated charge amount (95%) - Hometown Health - All Plans - negotiated charge amount (95%) - Prominence - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (93%) United Healthcare/UMR - All Plans - negotiated charge amount (87.1%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) OP - Humana - W/ Med Adv negotiated charge amount (44%) All other insurances - non-negotiated charge amount (100%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Report (CMS-1717-F2) | rt - Table II | | Page 187 of 391 |
|---|--|--|--|---|
| Shoppable ServicePrimary Service4218144STOOL CULTURE | <u>and Ancillary Services</u> INPATIENT, OUTPATIENT, SWING BED or S | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4218144 STOOL CULTURE | | 87045 | 306 | \$ 64.00 |
| VENIPUNCTURE - a single minimal char | ge will be added to a group of multiple lab tests if a blood draw is necessary | Total of S | Standard Charges: | \$ 64.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | elf-pay/Cash Price (50% of charges, if balance is paid in a Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 nthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount (Jnited Healthcare/UMR - All Plans - negotiated charge amount (8 OP - Aetna - W/ Med Adv negotiated charge amount (9 OP - Humana - W/ Med Adv negotiated charge amount (9 DP - Humana - W/ Med Adv negotiated charge amount (9 Ath and Life - W/ Med Adv negotiated charge amount (9 De Ath and Life - N) | 1%)> 5%)> (95%)> (95%)> (93%)> mount (95%)> inount (95%)> inount (94%)> (44%)> (44%)> | \$32.00 \$55.74 \$60.80 \$60.80 \$60.80 \$60.80 \$59.52 \$60.80 \$55.74 \$28.16 \$28.16 \$28.16 \$28.16 |
| | | All other insurances - non-negotiated charge amount (100 | 0%)> =============== | \$ 64.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service HCPCS Code Revenue Code Standard Charge INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY 4218891 TRANSFERRIN 4218891 TRANSFERRIN VENIPUNCTURE: a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Total of Standard Charges: Self-pay/Cash Price (50% of charges, if balance is paid in full) \$ 60.00 Minimum negotiated charge amount (87.1%) \$ 104.02 Self-pay/Cash Price (50% of charges, if balance is paid in full) \$ 60.00 Minimum negotiated charge amount (87.1%) \$ 104.02 Minimum negotiated charge amount (95%) \$ 114.00 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 114.00 Network with the added to a group of multiple lab tests if a line of the sectore and coinsurances are not factored into these charge amount (95%) \$ 114.00 Minimum negotiated charge amount (95%) \$ 114.00 Note consurances are not factored into these charge amount (95%) \$ 114.00 Note constance calc patient's insurance plan is unique. \$ 114.00 Note consthe addreg amount (95%) \$ 114.00 | Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | age 188 of 391 |
|---|---|--|--|
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary Total of Standard Charges: \$ 120.00 Self-pay/Cash Price (50% of charges, if balance is paid in full) \$ 60.00 Minimum negotiated charge amount (87.1%) \$ 104.52 Maximum negotiated charge amount (95%) \$ 114.00 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 114.00 Hometown Health - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Anthem - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Anthem Blue Cross - All Plans - negotiated charge amount (87.1%) <td< th=""><th></th><th>ce and Ancillary Services HCPCS Code Revenue Code Star</th><th><u>ndard Charge</u></th></td<> | | ce and Ancillary Services HCPCS Code Revenue Code Star | <u>ndard Charge</u> |
| Copays, deductibles and coinsurances are not factored into these charge amount (5%), deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 60.00 Minimum negotiated charge amount (87.1%) \$ 104.52 Maximum negotiated charge amount (95%) \$ 114.00 Momentum Laboratory \$ 114.00 View Particle \$ 114.00 Norman - W/Med Adv negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 OP - Aetma - W/Med Adv negotiated charge amount (44%) \$ 114.00 Mate - Adv - negotiated charge amount (44%) \$ 104.52 OP - Optumeare - W/Med Adv negotiated charge amount (44%) \$ 52.80 OP - Optumeare - W/Med Adv negotiated charge amount (44%) \$ 52.80 OP - Optumara - W/Med Adv negotiated charge amount (4 | | | \$ 120.00 |
| Laboratory \$ 104.52 Minimum negotiated charge amount (87.1%) \$ 104.52 Maximum negotiated charge amount (95%) \$ 114.00 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 114.00 Hometown Health - All Plans - negotiated charge amount (95%) \$ 114.00 Prominence - All Plans - negotiated charge amount (95%) \$ 114.00 Winited Healthcare/UMR - All Plans - negotiated charge amount (95%) \$ 114.00 Silver Summit - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - All Plans - negotiated charge amount (95%) \$ 114.00 Yerominence - W/ Med Adv negotiated charge amount (87.1%) \$ 104.52 <td< td=""><td>VENITONETORE - a single minimal</td><td></td><td>\$ 120.00</td></td<> | VENITONETORE - a single minimal | | \$ 120.00 |
| OP - Healuipian Nevada/Sierra Healui and Life - w/ Med Adv negotiated charge amount (44%)> \$ \$ 52.80 | Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Maximum negotiated charge amount (87.1%)> Maximum negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> | \$ 60.00 \$ 104.52 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 114.00 \$ 104.52 \$ 52.80 \$ 52.80 \$ 52.80 \$ 52.80 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General H Shoppable Services Report - (CMS-1717-F2) | - | Page 189 of 391 |
|---|--|--|--|
| Shoppable Service Primary Service and Ancillary S | | HCPCS Code Revent | ue Code <u>Standard Charge</u> |
| 4218958 TESTOSTERONE, FREE | PATIENT, OUTPATIENT, SWING BED or SK | ILLED NUKSING FACILITY | |
| 4218958 TESTOSTERONE, FREE VENIPUNCTURE - a single minimal charge will be added to | o a group of multiple lab tests if a blood draw is necessary | 84402 | 301 \$ 76.00 |
| | o a group of maniple no tests if a brood draw is necessary | Total of Standard | Charges: \$ 76.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Uni COP - COP | F-pay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) mem Blue Cross - All Plans - negotiated charge amount (95%) metown Health - All Plans - negotiated charge amount (95%) Prominence - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (93%) ted Healthcare/UMR - All Plans - negotiated charge amount (93%) P - Aetna - All Plans - negotiated charge amount (87.1%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) Humana - W/ Med Adv negotiated charge amount (44%) n and Life - W/ Med Adv negotiated charge amount (44%) | > \$ 66.20 \$ 72.20 > \$ 72.20 > \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 72.20 \$ 70.68 \$ 70.68 \$ 72.20 \$ 5%) > \$ 566.20 \$ 33.44 \$ 33.44 \$ 33.44 |
| | - | l other insurances - non-negotiated charge amount (100%) | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 190 of 391 |
|--|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services INPATI 4219448 SARS-COV- RNA (COVID-19), QUA | (CMS-1717-F2) ENT, OUTPATIENT, SWING BED or SKILLED NU | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4219448 SARS-COV- RNA (COVID-19), QUALITATIVE VENIPUNCTURE - a single minimal charge will be added to a gro | | 87635 | 302 | \$ 225.00 \$ 225.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in ful inimum negotiated charge amount (87.1% Maximum negotiated charge amount (95% - All Plans - negotiated charge amount (9 - All Plans - negotiated charge amount (44 Med Adv negotiated | 5) >> 55%) >> 95%) >> 55%) >> 3%) >> 3%) >> 1%) >> 4%) >> 4%) >> 4%) >> 4%) >> | \$ 112.50 \$ 195.98 \$ 213.75 \$ 213.75 \$ 213.75 \$ 213.75 \$ 209.25 \$ 209.25 \$ 213.75 \$ 209.20 \$ 99.00 \$ 90.00 \$ 90.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General H Shoppable Services Repor (CMS-1717-F2) | • | Page 191 of 391 |
|--|--|--|--|
| | nd Ancillary Services INPATIENT, OUTPATIENT, SWING BED or S | HCPCS Code Rev | venue Code <u>Standard Charge</u> |
| 4220351 SPUTUM CULTURE 4220351 SPUTUM CULTURE VENIPUNCTURE - a single minimal charge | will be added to a group of multiple lab tests if a blood draw is necessary | 87070 Total of Standa | 306 \$ 64.00 ard Charges: \$ 64.00 |
| | Copays, deductibles and coinsurances are not factored into these charge Ar | lf-pay/Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) them Blue Cross - All Plans - negotiated charge amount (95%) fometown Health - All Plans - negotiated charge amount (95%) Prominence - All Plans - negotiated charge amount (95%) | > \$ 55.74 > \$ 60.80) > > \$ 60.80) > > \$ 60.80 \$ 60.80 \$ 60.80 > \$ 60.80 \$ 60.80 \$ 60.80 > \$ 60.80 > \$ 60.80 |
| Laboratory | OP - O OP - Healthplan Nevada/Sierra Hea | Silver Summit - All Plans - negotiated charge amount (93%) nited Healthcare/UMR - All Plans - negotiated charge amount Aetna - All Plans - negotiated charge amount (87.1%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) Optumcare - W/ Med Adv negotiated charge amount (44%) P - Humana - W/ Med Adv negotiated charge amount (44%) Ith and Life - W/ Med Adv negotiated charge amount (44%) All other insurances - non-negotiated charge amount (100%) | (95%)> \$ 60.80 > \$ 55.74 > \$ 28.16 > \$ 28.16 > \$ 28.16 > \$ 28.16 > \$ 28.16 > \$ 28.16 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 192 of 391 |
|---|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4220830GLUCOSE TOL 1 HR BLOOD | - ENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS CodeRevenue CodeURSING FACILITY</or> | Standard Charge |
| 4220830 GLUCOSE TOL 1 HR BLOOD VENIPUNCTURE - a single minimal charge will be added to a gro | up of multiple lab tests if a blood draw is necessary | 82950 301 Total of Standard Charges: | \$ 81.00 \$ 81.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) | \$ 70.55 \$ 76.95 \$ 35.64 \$ 35.64 \$ 35.64 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to S | 24 | Mt. Grant General Hospi Shoppable Services Report - Table (CMS-1717-F2) | ll CPT Code | Page 193 of 391 |
|--|-------------------------------------|---|---|--|
| Shoppable Service 4221103 MICR | | <u>Services</u> PATIENT, OUTPATIENT, SWING BED or SKILLE | <or> <u>HCPCS Code</u> Revenue Code</or> | Standard Charge |
| 4221103 | MICROALBUMIN | to a group of multiple lab tests if a blood draw is necessary | 82043 301 | \$ 86.00 |
| VENIPOINCTORE - as | single minimal charge will be added | to a group of multiple lab tests if a blood draw is necessary | Total of Standard Charge | s: \$ 86.00 |
| Labor | ratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetr OP - Healthplan Nevada/Sierra Health and Lit | Ash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) | > \$ 74.91 > \$ 81.70 > \$ 79.98 > \$ 81.70 > \$ 37.84 > \$ 37.84 > \$ 37.84 > \$ 37.84 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | | Page 194 of 391 |
|---|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4221410URINE DRUG COLLECTION A | ATIENT, OUTPATIENT, SWING BED or SKILLE | HCPCS Code Rev | venue Code Standard Charge |
| 4221410 URINE DRUG COLLECTION A | | 99001 | 300 \$ 59.00 |
| VENIPUNCTURE - a single minimal charge will be added to | a group of multiple lab tests if a blood draw is necessary | Total of Standa | ard Charges: \$59.00 |
| | Copays, deductibles and coinsurances are not | h Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | \$ 51.39 \$ 56.05 |
| Laboratory | amounts since each patient's insurance plan is unique. United Healt Action OP - Aetra OP - Optumcard | Cross - All Plans - negotiated charge amount (95% Health - All Plans - negotiated charge amount (95%) mence - All Plans - negotiated charge amount (95%) mmit - All Plans - negotiated charge amount (93%) chcare/UMR - All Plans - negotiated charge amount (87.1%) a - W/ Med Adv negotiated charge amount (44%) e - W/ Med Adv negotiated charge amount (44%) a - W/ Med Adv negotiated charge amount (44%) |)> \$ 56.05 >> \$ 56.05 >> \$ 56.05 >> \$ 54.87 (95%)> \$ 56.05 >> \$ 51.39 >> \$ 25.96 >> \$ 25.96 |
| | OP - Healthplan Nevada/Sierra Health and Life | e - W/ Med Adv negotiated charge amount (44%) surances - non-negotiated charge amount (100%) | > \$ 25.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General H Shoppable Services Report (CMS-1717-F2) | Table II CPT Code | | Page 195 of 391 |
|---|---|--|--|---|
| Shoppable ServicePrimary Service and AncillaryIN4230560HEPATITIS PROFILE | <u>Services</u> NPATIENT, OUTPATIENT, SWING BED or SE | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4230560 HEPATITIS PROFILE | to a group of multiple lab tests if a blood draw is necessary | 86706 | 300 | \$ 105.00 |
| VENIPONCTORE - a single minimal charge will be adde | To a group of multiple lab tests if a blood draw is necessary | Total of Stan | ndard Charges: | \$ 105.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Un OP - GOP OP - Healthplan Nevada/Sierra Healt | F-pay/Cash Price (50% of charges, if balance is paid in full Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) nem Blue Cross - All Plans - negotiated charge amount (95 metown Health - All Plans - negotiated charge amount (95 Prominence - All Plans - negotiated charge amount (95 Silver Summit - All Plans - negotiated charge amount (93' ted Healthcare/UMR - All Plans - negotiated charge amount (87.1' PP - Aetna - All Plans - negotiated charge amount (87.1' PP - Aetna - W/ Med Adv negotiated charge amount (44' Optumcare - W/ Med Adv negotiated charge amount (44' - Humana - W/ Med Adv negotiated charge amount (44' n and Life - W/ Med Adv negotiated charge amount (44') |)> 5%)> 5%)> %)> int (95%)> %)> %)> %)> %)> %)> %)> %)> %)> %)> %)> %)> | \$ 52.50 \$ 91.46 \$ 99.75 \$ 99.75 \$ 99.75 \$ 99.75 \$ 97.65 \$ 97.65 \$ 97.65 \$ 99.75 \$ 91.46 \$ 46.20 \$ 46.20 \$ 46.20 \$ 46.20 \$ 105.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 196 of 391 |
|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4231234LACTATE DEHYDROGENASE | TIENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS CodeRevenue CodeURSING FACILITY</or> | <u>Standard Charge</u> |
| 4231234 LACTATE DEHYDROGENASE (LD) ISOI VENIPUNCTURE - a single minimal charge will be added to a | | 301 Total of Standard Charges: | \$ 0.00 \$ 0.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full)> Ginimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> All Plans - negotiated charge amount (95%)> Mumber All Plans - negotiated charge amount (95%)> Med Adv negotiated charge amount (87.1%)> Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 0.00 \$ 0.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospi Shoppable Services Report - Table II (CMS-1717-F2) | | e 197 of 391 |
|---|--|--|---|
| Shoppable ServicePrimary Service and Ancill4231235IGG SUBCLASSES PANE | INPATIENT, OUTPATIENT, SWING BED or SKILLE | HCPCS Code Revenue Code Stand | dard Charge |
| 4231235 IGG SUBCLASSES PANEL VENIPUNCTURE - a single minimal charge will be a | dded to a group of multiple lab tests if a blood draw is necessary | 302 Total of Standard Charges: | \$ 0.00 \$ 0.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetn OP - Healthplan Nevada/Sierra Health and Life | h Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> Cross - All Plans - negotiated charge amount (95%)> Health - All Plans - negotiated charge amount (95%)> nence - All Plans - negotiated charge amount (95%)> immit - All Plans - negotiated charge amount (93%)> thcare/UMR - All Plans - negotiated charge amount (95%)> etna - All Plans - negotiated charge amount (87.1%)> a - W/ Med Adv negotiated charge amount (44%)> a - W/ Med Adv negotiated charge amount (44%)> b> a - W/ Med Adv negotiated charge amount (44%)> a - W/ Med Adv negotiated charge amount (44%)> a - W/ Med Adv negotiated charge amount (44%)> b> | \$ 0.00 \$ 0.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | | Page 198 of 391 |
|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4231256 PSA, TOTAL | <u>s</u> IENT, OUTPATIENT, SWING BED or SKILLED NU | | <u>Standard Charge</u> |
| 4231256 PSA, TOTAL VENIPUNCTURE - a single minimal charge will be added to a gr | oup of multiple lab tests if a blood draw is necessary | 84153 301 Total of Standard Charges: | \$ 38.00 \$ 38.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full)> inimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> - All Plans - negotiated charge amount (95%)> - Mur - All Plans - negotiated charge amount (87.1%)> - Med Adv negotiated charge amount (44%)> Med Adv negotiated charge amount (44%)> | \$ 19.00 \$ 33.10 \$ 36.10 \$ 36.10 \$ 36.10 \$ 36.10 \$ 36.10 \$ 35.34 \$ 36.10 \$ 35.34 \$ 36.10 \$ 33.10 \$ 16.72 \$ 16.72 \$ 16.72 \$ 16.72 \$ 16.72 \$ 16.72 \$ 38.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 199 of 391 |
|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA42312561PSA, FREE | <u>res</u> TIENT, OUTPATIENT, SWING BED or SKILLED | HCPCS Code Revenue Code | <u>Standard Charge</u> |
| 42312561 PSA, FREE VENIPUNCTURE - a single minimal charge will be added to a s | roup of multiple lab tests if a blood draw is necessary | 84154 301 | \$ 38.00 |
| | | Total of Standard Charges | \$ 38.00 |
| CMS-Specified Shoppable Service Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) ross - All Plans - negotiated charge amount (95%) rath - All Plans - negotiated charge amount (95%) rath - All Plans - negotiated charge amount (95%) rate - All Plans - negotiated charge amount (95%) | \$ \$ 33.10 \$ 36.10 \$ 36.10 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Use CTRL-F to SEARCH (CMS-1717-F2) Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FA 4233659 DRUG SCREEN BY MILLENIUM | | <u>Revenue Code</u> | Standard Charge |
|---|--|---|---|
| | | | <u>Stanual u Charge</u> |
| 4233659 DRUG SCREEN BY MILLENIUM VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | G0481 | 301 | \$ 290.00 |
| | Total of Sta | andard Charges: | \$ 290.00 |
| | d charge amount (87.1% ted charge amount (95% otiated charge amount (95% tiated charge amount (9 tiated charge amount (9 tiated charge amount (9 - negotiated charge amount (87. tiated charge amount (87. tiated charge amount (87. tiated charge amount (44 tiated charge amount (44 tiated charge amount (44 | 6)> 95%)> 95%)> 1%)> 1%)> 1%)> 4%)> 4%)> 4%)> | \$ 145.00 \$ 252.59 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 275.50 \$ 252.59 \$ 127.60 \$ 127.60 \$ 127.60 \$ 127.60 \$ 290.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hosp Shoppable Services Report - Table (CMS-1717-F2) | | | Page 201 of 391 |
|--|--|---|---|---|
| Shoppable Service Primary Service and Ancillary Service INF 4234446 CULTURE, AEROBIC AND AND | ATIENT, OUTPATIENT, SWING BED or SKILL | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4234446 CULTURE, AEROBIC AND ANAEROB VENIPUNCTURE - a single minimal charge will be added to | | 87070 | 305 | \$ 111.00 |
| TEAM OTVOTOTEL a single minima charge win be added a | | Total of St | tandard Charges: | \$ 111.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Action OP - Action OP - Hum | Cash Price (50% of charges, if balance is paid in f Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 Blue Cross - All Plans - negotiated charge amount wn Health - All Plans - negotiated charge amount ominence - All Plans - negotiated charge amount (c Summit - All Plans - negotiated charge amount (ealthcare/UMR - All Plans - negotiated charge amount (ealthcare - W/ Med Adv negotiated charge amount (care - W/ Med Adv negotiated charge amount (hana - W/ Med Adv negotiated charge amount (chana - W/ Med Adv negotiated charge amount (charge | %)> (%)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> | \$ 55.50 \$ 96.68 \$ 105.45 \$ 105.45 \$ 105.45 \$ 105.45 \$ 105.45 \$ 103.23 \$ 105.45 \$ 96.68 \$ 48.84 \$ 48.84 \$ 48.84 \$ 48.84 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACI 4235651 IRON BINDING CAPACITY | | nue Code S | tandard Charge |
|---|--|---|--|
| 4235651 IRON BINDING CAPACITY | 83550 | | |
| | | 301 | \$ 99.00 |
| VENIPUNCTURE - a single minimal charge will be added to a group of multiple lab tests if a blood draw is necessary | Total of Standard | d Charges: | \$ 99.00 |
| | arge amount (87.1%) charge amount (95%) ed charge amount (95%) - d charge amount (95%) d charge amount (93%) gotiated charge amount (9 charge amount (87.1%) d charge amount (87.1%) d charge amount (44%) d charge amount (44%) d charge amount (44%) | > > > > > > > > > | \$ 49.50 \$ 86.23 \$ 94.05 \$ 43.56 \$ 43.56 \$ 43.56 \$ 43.56 \$ 43.56 \$ 99.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services HC INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILIT 4237065 VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM 4237065 VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM | <or> <u>PCS Code</u> <u>Revenue Code</u> Y</or> | Standard Charge |
|---|---|--|
| | | |
| v Livit orver oke - a single minima charge will be added to a group of maniple hab tests if a blood draw is necessary | 82607 301 | \$ 36.00 |
| | Total of Standard Charges: | \$ 36.00 |
| | amount (87.1%) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospi Shoppable Services Report - Table (CMS-1717-F2) | Page 204 of 391 |
|---|---|---|
| Shoppable ServicePrimary Service4237150FOOD ALLERGY | <u>nd Ancillary Services</u> INPATIENT, OUTPATIENT, SWING BED or SKILLE ROFILE | HCPCS Code Revenue Code Standard Charge |
| 4237150 FOOD ALLERGY | OFILE will be added to a group of multiple lab tests if a blood draw is necessary | 86003 301 \$198.00 |
| VEIVII OIVE I OKE - a single minima ena | will be added to a group of multiple fab tests if a blood draw is necessary | Total of Standard Charges:\$ 198.00 |
| Laboratory | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aet OP - Healthplan Nevada/Sierra Health and Li | $ \begin{array}{llllllllllllllllllllllllllllllllllll$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 205 of 391 |
|--|---|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4237651FREETESTOSTERONE | <u>es</u> <mark>TIENT, OUTPATIENT, SWING BED or SKILLED NUR</mark> | <or> <u>HCPCS Code</u> Revenue Code</or> | <u>Standard Charge</u> |
| 4237651 FREE TESTOSTERONE VENIPUNCTURE - a single minimal charge will be added to a g | roup of multiple lab tests if a blood draw is necessary | 84402 301 | \$ 240.00 |
| | Copays, deductibles and Minin | 0% of charges, if balance is paid in full)> num negotiated charge amount (87.1%)> imum negotiated charge amount (95%)> | \$ 120.00 \$ 209.04 \$ 228.00 |
| Laboratory | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - A Hometown Health - A Prominence - Al Silver Summit - Al United Healthcare/UM Aetna - All I OP - Aetna - W/ Me OP - Optumcare - W/ Me | Il Plans - negotiated charge amount (95%)>Il Plans - negotiated charge amount (95%)>I Plans - negotiated charge amount (95%)>I Plans - negotiated charge amount (93%)>IR - All Plans - negotiated charge amount (95%)>Plans - negotiated charge amount (95%)>Plans - negotiated charge amount (87.1%)>d Adv negotiated charge amount (44%)>d Adv negotiated charge amount (44%)> | \$ 228.00 \$ 228.00 \$ 228.00 \$ 223.20 \$ 228.00 \$ 228.00 \$ 209.04 \$ 105.60 \$ 105.60 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Me | d Adv negotiated charge amount (44%)> d Adv negotiated charge amount (44%)> non-negotiated charge amount (100%)> | \$ 105.60 \$ 105.60 \$ 240.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Shoppable Servi | neral Hospital ces Report - Table II | | | Page 206 of 391 |
|--|--|--|--|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | , | -1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | ATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | FACILITY | | |
| 4330010 XRABDOMENVIEW 1 | | | | | |
| | | | | | |
| 4330010 XRABDOMENVIEW 1 | | | 74018 | 320 | \$ 281.00 |
| RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | | Total of St | and Channer | ¢ 201.00 |
| | | | 1 otal of St | andard Charges: | \$ 281.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All J | potiated charge amount (87.1) gotiated charge amount (95) - negotiated charge amount (95) - negotiated charge amount (9 negotiated charge amount (9 Plans - negotiated charge amount (9 Plans - negotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (9 negotiated charge amount (9 | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> | \$ 140.50 \$ 244.75 \$ 266.95 \$ 244.75 \$ 123.64 \$ 123.64 \$ 123.64 \$ 123.64 |
| | | All other insurances - non-neg | | | \$ 281.00 |
| | | ======================================= | | | ψ 201.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | Report - Table II | CPT Code | | Page 207 of 391 |
|---|--|-----------------------|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4330020XRABDOMENVIEWS 2 | <u>vices</u> ATIENT, OUTPATIENT, SWING BEI | or SKILLED NURSING F. | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330020 XRABDOMENVIEWS 2 RADIOLOGIST - not provided by facility (will be billed sepa | retaly by the radiology group) | | 74021 | 320 | \$ 375.00 |
| KADIOLOGIST - not provided by facility (will be blied sepa | ratery by the radiology group) | | Total of St | tandard Charges: | \$ 375.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | ted charge amount (87.1 iated charge amount (95 gotiated charge amount gotiated charge amount (gotiated charge amount (gotiated charge amount (s - negotiated charge am tiated charge amount (87 gotiated charge amount (87) gotiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 187.50 \$ 326.63 \$ 356.25 \$ 356.25 \$ 356.25 \$ 356.25 \$ 356.25 \$ 356.25 \$ 356.25 \$ 326.63 \$ 165.00 \$ 165.00 \$ 165.00 \$ 375.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | Report - Table II | CPT Code <or></or> | | Page 208 of 391 |
|---|---|---|--|--|--|
| Shoppable Service Primary Service and Ancillary S | | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330030 XRABDOMENVIEWS 3 | PATIENT, OUTPATIENT, SWING BEI | O or SKILLED NURSING | FACILITY | | |
| | | | 24022 | 220 | |
| 4330030 XR-ABDOMENVIEWS 3 | | | 74022 | 320 | \$ 608.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | arately by the radiology group) | | Total of S | tandard Charges: | \$ 608.00 |
| | Copays, deductibles and | | otiated charge amount (87.1 | l%)> | \$ 304.00 \$ 529.57 |
| | coinsurances are not | Maximum ne | egotiated charge amount (95 | 5%)> | \$ 577.60 |
| | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - | - negotiated charge amount negotiated charge amount (| (95%)> (95%)> | \$ 577.60 \$ 577.60 \$ 577.60 \$ 565.44 |
| X-Ray | 1 1 | United Healthcare/UMR - All | | | \$ 505.44 |
| • | | | egotiated charge amount (8 | | \$ 529.57 |
| | | OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv | | | \$ 267.52 \$ 267.52 |
| | | OP - Humana - W/ Med Adv | | | \$ 267.52 \$ 267.52 |
| | OP - Healthplan Nevada/Sie | erra Health and Life - W/ Med Adv | | | \$ 267.52 |
| | | All other insurances - non-neg | gotiated charge amount (100 |)%)> ================================ | \$ 608.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 209 of 391 |
|--|--|---|---------------------|------------------------|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIENT | I, OUTPATIENT, SWING BED or SKILLED NU | RSING FACILITY | | |
| 4330060 XRANKLE.RIGHTVIEWS 3 | | | | |
| | | | | |
| 4330060 XRANKLE.RIGHTVIEWS 3 | | 73610 | 320 | \$ 377.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the | e radiology group) | Total of S | Standard Charges: | \$ 377.00 |
| | | | 0 | |
| | | | | |
| | | | | |
| | Self-pay/Cash Price | (50% of charges, if balance is paid in | full)> | \$ 188.50 |
| | Copays, deductibles and Mir | nimum negotiated charge amount (87. | 1%)> | \$ 328.37 |
| | | aximum negotiated charge amount (9 | | \$ 358.15 |
| | | | | |
| | | All Plans - negotiated charge amoun | | \$ 358.15 |
| | | All Plans - negotiated charge amoun All Plans - negotiated charge amount | | \$ 358.15 |
| | | All Plans - negotiated charge amount | | \$ 358.15 \$ 350.61 |
| X-Ray | | JMR - All Plans - negotiated charge a | . , | \$ 358.15 |
| 11 Italy | | 11 Plans - negotiated charge amount (8 | | \$ 328.37 |
| | | Med Adv negotiated charge amount | | \$ 165.88 |
| | | Med Adv negotiated charge amount | | \$ 165.88 |
| | | Med Adv negotiated charge amount | | \$ 165.88 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ M | 6 6 | . , | \$ 165.88 |
| | All other insurance | s - non-negotiated charge amount (10 | 0%)> | \$ 377.00 |
| | | | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Services Report - Table II (CMS-1717-F2) Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 645000000000000000000000000000000000000 | | Page 210 of 391 |
|--|--|--|
| Displace Service Findary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 720 ABDIOLOGIST - not provided by facility (will be billed separately by the radiology group) | | |
| 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 720 RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) 7 | <u>S Code</u> <u>Revenue Cod</u> | e Standard Charge |
| 4330130 XRSPINE.CERVICALVIEWS 4 OR 5 720 RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) 720 | | |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | | |
| | 50 320 | \$ 555.00 |
| | otal of Standard Charg | es: \$ 555.00 |
| | | |
| Copays, deductibles and Minimum negotiated charge and Maximum nego | | |
| X-Ray Anthem Blue Cross - All Plans - negotiated charge amounts since each patient's insurance plan is unique. X-Ray Anthem Blue Cross - All Plans - negotiated charge Prominence - All Plans - negotiated charge Silver Summit - All Plans - negotiated charge OP - Aetna - All Plans - negotiated charge a OP - Aetna - W/ Med Adv negotiated charge OP - Optumcare - W/ Med Adv negotiated charge OP - Humana - W/ Med Adv negotiated charge OP - Humana - W/ Med Adv negotiated charge All other insurances - non-negotiated charge amounts | e amount (95%) amount (95%) amount (93%) charge amount (95%) mount (87.1%) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | Teral Hospital ces Report - Table II 1717-F2) | CPT Code <or></or> | | Page 211 of 391 |
|--|--|--|-----------------------------|---|---|
| | <u>y Services</u> <mark>NPATIENT, OUTPATIENT, SWING B</mark> OMPLETE, INCL OBLIQUE FLEXION | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330140 XRSPINE.CERVICALCOMPLE RADIOLOGIST - not provided by facility (will be billed | FE, INCL OBLIQUE FLEXION EXT STUDIES | | 72052 | 320 | \$ 628.00 |
| White bills and provided by facility (will be billed | separatery by the radiology group) | | Total of Sta | andard Charges: | \$ 628.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada | Minimum ne Maximum Anthem Blue Cross - All Plan Hometown Health - All Plan Prominence - All Plans Silver Summit - All Plans United Healthcare/UMR - Al Aetna - All Plans - OP - Aetna - W/ Med Adv. OP - Optumcare - W/ Med Adv. OP - Humana - W/ Med Adv. | negotiated charge amount (4 | %)> 95%)> 95%)> 95%)> 95%)> 93%)> 93%)> 1%)> 14%)> 14%)> 14%)> 14%)> | \$ 314.00 \$ 546.99 \$ 596.60 \$ 596.60 \$ 596.60 \$ 596.60 \$ 584.04 \$ 596.60 \$ 546.99 \$ 276.32 \$ 276.32 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 212 of 391 |
|---|--|---|---------------------|------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| INPATIE 4330150 XRCHESTVIEWS AP PORTABLE | NT, OUTPATIENT, SWING BED or SKILLED N 2 | URSING FACILITY | | |
| 4330150 XRCHESTVIEWS AP PORTABLE | | 71045 | 320 | \$ 326.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by | the radiology group) | Total of S | Standard Charges: | \$ 326.00 |
| | Self-pay/Cash Pric | ce (50% of charges, if balance is paid in | full)> | \$ 163.00 |
| | | Ainimum negotiated charge amount (87. Maximum negotiated charge amount (9 | | \$ 283.95 \$ 309.70 |
| | coinsurances are not | | | |
| | | ss - All Plans - negotiated charge amoun h - All Plans - negotiated charge amoun | | \$ 309.70 \$ 309.70 |
| | Prominence | e - All Plans - negotiated charge amount | (95%)> | \$ 309.70 |
| X-Ray | Silver Summe | t - All Plans - negotiated charge amount e/UMR - All Plans - negotiated charge a | | \$ 303.18 \$ 309.70 |
| | | All Plans - negotiated charge amount (8 | | \$ 283.95 |
| | | // Med Adv negotiated charge amount | | \$ 143.44 |
| | | // Med Adv negotiated charge amount// Med Adv negotiated charge amount | | \$ 143.44 \$ 143.44 |
| | OP - Healthplan Nevada/Sierra Health and Life - W | | | \$ 143.44 |
| | All other insuran | nces - non-negotiated charge amount (10 | 0%)> | \$ 326.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Genera Shoppable Services Re (CMS-1717-F | ort - Table II | | Page 213 of 391 |
|--|--|---|--|---|
| Shoppable Service Primary Service and Ancillary S | PATIENT, OUTPATIENT, SWING BED or | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4330160 XRCHESTVIEWS PA & LATERAL 4330160 XRCHESTVIEWS PA & LATERAL RADIOLOGIST - not provided by facility (will be billed sep | UPRIGHT | 71046 Total of St | 320 andard Charges: | \$ 384.00 \$ 384.00 |
| | | Self-pay/Cash Price (50% of charges, if balance is paid in fu | | \$ 192.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Minimum negotiated charge amount (87.19 Maximum negotiated charge amount (959 Anthem Blue Cross - All Plans - negotiated charge amount (Hometown Health - All Plans - negotiated charge amount (Prominence - All Plans - negotiated charge amount (Silver Summit - All Plans - negotiated charge amount (United Healthcare/UMR - All Plans - negotiated charge amount (| %)> 95%)> 95%)> 95%)> 93%)> ount (95%)> | \$ 334.46 \$ 364.80 \$ 364.80 \$ 364.80 \$ 364.80 \$ 357.12 \$ 364.80 |
| | | Aetna - All Plans - negotiated charge amount (87 OP - Aetna - W/ Med Adv negotiated charge amount (4 P - Optumcare - W/ Med Adv negotiated charge amount (4 OP - Humana - W/ Med Adv negotiated charge amount (4 lealth and Life - W/ Med Adv negotiated charge amount (4 All other insurances - non-negotiated charge amount (1009) | 44%)> 44%)> 44%)> 44%)> | \$ 334.46 \$ 168.96 \$ 168.96 \$ 168.96 \$ 168.96 \$ 384.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant General Hos Shoppable Services Report - Tab | | | |
|--|---|----------|--|
| Use CTRL-F to SEARCH (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | HCPCS Code Revenue Code Standard Charge | | |
| INPATIENT, OUTPATIENT, SWING BED or SKILI | ED NURSING FACILITY | | |
| 4330190 XRSPINE.CERVICALVIEWS 2 OR 3 | | | |
| 4330190 XRSPINE.CERVICALVIEWS 2 OR 3 | 72040 320 \$ 373.00 | | |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | | | |
| | Total of Standard Charges:\$ 373.00 | | |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem E Hometor Pro Silver United Hometor Pro Silver Pr | Cash Price (50% of charges, if balance is paid in full)>\$ 186.50Minimum negotiated charge amount (87.1%)>\$ 324.88Maximum negotiated charge amount (95%)>\$ 354.35Iue Cross - All Plans - negotiated charge amount (95%)>\$ 354.35wn Health - All Plans - negotiated charge amount (95%)>\$ 354.35syn Health - All Plans - negotiated charge amount (95%)>\$ 354.35synminence - All Plans - negotiated charge amount (95%)>\$ 354.35synmit - All Plans - negotiated charge amount (95%)>\$ 354.35synmit - All Plans - negotiated charge amount (93%)>\$ 346.89ealthcare/UMR - All Plans - negotiated charge amount (95%)>\$ 324.88etna - All Plans - negotiated charge amount (87.1%)>\$ 324.88etna - W/ Med Adv negotiated charge amount (44%)>\$ 164.12care - W/ Med Adv negotiated charge amount (44%)>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>\$ 164.12Life - W/ Med Adv negotiated charge amount (44%)>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>>\$ 164.12hana - W/ Med Adv negotiated charge amount (44%)>>\$ 164.12 <tr <t<="" th=""></tr> <tr><td>All othe</td><td>r insurances - non-negotiated charge amount (100%)> \$373.00</td></tr> | All othe | r insurances - non-negotiated charge amount (100%)> \$373.00 |
| | | | |
| All othe | r insurances - non-negotiated charge amount (100%)> \$373.00 | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hosp Shoppable Services Report - Table (CMS-1717-F2) | | | Page 215 of 391 |
|---|--|--|---|---|
| Shoppable Service Primary Service and Ancillary Service | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330220 XRELBOW.RIGHTVIEWS | TIENT, OUTPATIENT, SWING BED or SKILLI | LD NUKSING FACILITY | | |
| 4330220 XRELBOW.RIGHTVIEWS | | "73070,RT" | 320 | \$ 292.00 |
| RADIOLOGIST - not provided by facility (will be billed separ | ately by the radiology group) | Total of S | Standard Charges: | \$ 292.00 |
| | Copays, deductibles and coinsurances are not factored into these charge Anthem Blu | ash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 ue Cross - All Plans - negotiated charge amoun | 1%)> 5%)> t (95%)> | \$ 146.00 \$ 254.33 \$ 277.40 \$ 277.40 |
| X-Ray | insurance plan is unique. OP - Aet | n Health - All Plans - negotiated charge amoun ninence - All Plans - negotiated charge amount Summit - All Plans - negotiated charge amount althcare/UMR - All Plans - negotiated charge a Aetna - All Plans - negotiated charge amount (8 tna - W/ Med Adv negotiated charge amount are - W/ Med Adv negotiated charge amount | (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 277.40 \$ 277.40 \$ 271.56 \$ 277.40 \$ 254.33 \$ 128.48 \$ 128.48 |
| | OP - Huma | and - W/ Med Adv negotiated charge amount ina - W/ Med Adv negotiated charge amount ife - W/ Med Adv negotiated charge amount | (44%)> | \$ 120.48 \$ 128.48 \$ 128.48 |
| | - | insurances - non-negotiated charge amount (10 | | \$ 292.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 216 of 391 |
|---|--|--|--|---|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | Revenue Code | Standard Charge |
| INPATIENT, OUT | PATIENT, SWING BED or SKILLED NURSING FA | CILITY | | |
| 4330291 XRFINGER.SECOND.LEFTVIEWS | | | | |
| 4330291 XRFINGER.SECOND.LEFTVIEWS | | 73140 | 320 | \$ 301.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiolog | y group) | Total of S | Standard Charges: | \$ 301.00 |
| Copays, | | d charge amount (87. | 1%)> | \$ 150.50 \$ 262.17 |
| factored amounts | Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - nego Silver Summit - All Plans - nego Silver Summit - All Plans - nego United Healthcare/UMR - All Plans Aetna - All Plans - nego OP - Aetna - W/ Med Adv nego OP - Humana - W/ Med Adv nego OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv nego | otiated charge amount tiated charge amount tiated charge amount - negotiated charge an ated charge amount (8 tiated charge amount tiated charge amount tiated charge amount tiated charge amount tiated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> (44%)> (44%)> (44%)> (44%)> | \$ 285.95 \$ 285.95 \$ 285.95 \$ 285.95 \$ 279.93 \$ 285.95 \$ 262.17 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 |
| | All other insurances - non-negotiate | ed charge amount (10 | 0%)> ========== | \$ 301.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| 1 ····· | neral Hospital | Page 217 of 391 |
|---|--|---|
| | ces Report - Table II -1717-F2) CPT Code <or></or> | |
| Shoppable Service Primary Service and Ancillary Services | HCPCS Code Revenue Code | Standard Charge |
| INPATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING FACILITY | |
| 4330296 XRFINGER.SECOND.RIGHTVIEWS | | |
| 4330296 XRFINGER.SECOND.RIGHTVIEWS | 73140 320 | \$ 301.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of Standard Charges: | \$ 301.00 |
| Copays, deductibles and | Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | \$ 150.50 \$ 262.17 \$ 285.05 |
| Coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada | Anthem Blue Cross - All Plans - negotiated charge amount (95%)> Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (93%)> United Healthcare/UMR - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> OP - Humana - W/ Med Adv negotiated charge amount (44%)> A/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> | \$ 285.95 \$ 285.95 \$ 285.95 \$ 285.95 \$ 279.93 \$ 285.95 \$ 262.17 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 \$ 132.44 |
| | All other insurances - non-negotiated charge amount (100%)> | \$ 301.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gener Shoppable Services F (CMS-1717 | Report - Table II | | Page 218 of 391 |
|---|--|---|--|--|
| Shoppable Service Primary Service and Ancillary | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | NPATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING FACILITY | | |
| 4330320 XRFOOT.RIGHTVIEWS | 3 UK 4 | | | |
| 4330320 XRFOOT.RIGHTVIEWS 3 OR 4 | | 73630 | 320 | \$ 371.00 |
| RADIOLOGIST - not provided by facility (will be billed | eparately by the radiology group) | Total of S | standard Charges: | \$ 371.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (92) Anthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount United Healthcare/UMR - All Plans - negotiated charge amount United Healthcare/UMR - All Plans - negotiated charge amount (8) OP - Aetna - W/ Med Adv negotiated charge amount OP - Optumcare - W/ Med Adv negotiated charge amount OP - Humana - W/ Med Adv negotiated charge amount OP - Humana - W/ Med Adv negotiated charge amount | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | \$ 185.50 \$ 323.14 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 345.03 \$ 352.45 \$ 345.03 \$ 352.45 \$ 323.14 \$ 163.24 \$ 163.24 \$ 163.24 |
| | | ra Health and Life - W/ Med Adv negotiated charge amount All other insurances - non-negotiated charge amount (100 | | \$ 163.24 \$ 371.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 219 of 391 |
|--|---|---|---|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>S</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPAT | IENT, OUTPATIENT, SWING BED or SKILLED NU | RSING FACILITY | | |
| 4330330 XRRADIUS.RIGHT+ULNA.RIGH | ITVIEWS 2 | | | |
| 4330330 XRRADIUS.RIGHT+ULNA.RIGHTVIEWS | | 73090 | 320 | \$ 381.00 |
| RADIOLOGIST - not provided by facility (will be billed separatel | y by the radiology group) | Total of S | Standard Charges: | \$ 381.00 |
| | Copays, deductibles and Min | (50% of charges, if balance is paid in nimum negotiated charge amount (87. aximum negotiated charge amount (9 | 1%)> | \$ 190.50 \$ 331.85 \$ 361.95 |
| X-Ray | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - Hometown Health - Prominence - Silver Summit - United Healthcare/U Aetna - Al OP - Aetna - W/ M OP - Optumcare - W/ M | All Plans - negotiated charge amoun All Plans - negotiated charge amoun All Plans - negotiated charge amount All Plans - negotiated charge amount UMR - All Plans - negotiated charge a Il Plans - negotiated charge amount (8 Med Adv negotiated charge amount Med Adv negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> $37.1%)> (44%)> (44%)> (44%)> (44%)>$ | \$ 361.95 \$ 361.95 \$ 361.95 \$ 354.33 \$ 361.95 \$ 331.85 \$ 167.64 \$ 167.64 \$ 167.64 |
| | All other insurances | s - non-negotiated charge amount (10 | 0%)> | \$ 381.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 1717-F2) | CPT Code | | Page 220 of 391 |
|--|--|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4330360XRHAND.RIGHTVIEWS 3 | <u>vices</u> ATIENT, OUTPATIENT, SWING BE | ED or SKILLED NURSING I | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330360 XRHAND.RIGHTVIEWS 3 RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | | 73130 | 320 | \$ 344.00 |
| | | | Total of St | tandard Charges: | \$ 344.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - 1 Hometown Health - All Plans - 1 Prominence - All Plans - n Silver Summit - All Plans - n United Healthcare/UMR - All Pl | iated charge amount (87.1 otiated charge amount (95 negotiated charge amount egotiated charge amount (egotiated charge amount (egotiated charge amount (ans - negotiated charge am gotiated charge amount (87 egotiated charge amount (87 egotiated charge amount (87 egotiated charge amount (egotiated charge amount (egotiated charge amount (| %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 172.00 \$ 299.62 \$ 326.80 \$ 326.80 \$ 326.80 \$ 326.80 \$ 326.80 \$ 319.92 \$ 326.80 \$ 299.62 \$ 151.36 \$ 151.36 \$ 151.36 \$ 151.36 \$ 151.36 \$ 344.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 221 of 391 |
|---|--|---|---|--|
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT, SWING BED or SKILLED NURSING F | ACILITY | | |
| 4330370 XRHIP.RIGHTVIEWS 2 | | | | |
| 4330370 XRHIP.RIGHTVIEWS 2 | | 73502 | 320 | \$ 374.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the r | adiology group) | Total of S | Standard Charges: | \$ 374.00 |
| | Maximum nego | ges, if balance is paid in ated charge amount (87. ptiated charge amount (9 | 1%)> | \$ 187.00 \$ 325.75 \$ 355.30 |
| fao an | Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Prominence - All Plans - n Silver Summit - All Plans - ne United Healthcare/UMR - All Plan | egotiated charge amoun egotiated charge amoun egotiated charge amount egotiated charge amount ins - negotiated charge a otiated charge amount (8 egotiated charge amount (8 | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 355.30 \$ 355.30 \$ 355.30 \$ 347.82 \$ 355.30 \$ 325.75 \$ 164.56 \$ 164.56 |
| | OP - Humana - W/ Med Adv ne OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv ne | egotiated charge amount egotiated charge amount | (44%)> (44%)> | \$ 164.56 \$ 164.56 |
| | All other insurances - non-negot | iated charge amount (10 | 0%)> | \$ 374.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 222 of 391 |
|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4330380XRPELVIS+HIP.BILATERALV | - ENT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code Re | evenue Code | <u>Standard Charge</u> |
| 4330380 XRPELVIS+HIP.BILATERALVIEWS RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | 73521 | 320 | \$ 485.00 |
| | | Total of Stand | lard Charges: | \$ 485.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full)- inimum negotiated charge amount (87.1%) - Maximum negotiated charge amount (95%) - - All Plans - negotiated charge amount (95% - All Plans - negotiated charge amount (93% UMR - All Plans - negotiated charge amount (93% UMR - All Plans - negotiated charge amount (87.1% Med Adv negotiated charge amount (44% Med Adv negotiated charge amount (44% | %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > %) > | \$ 242.50 \$ 422.44 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 422.44 \$ 213.40 \$ 213. |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Shoppable Serv | rices Report - Table II | | | Page 223 of 391 |
|--|---------------------------------------|---|---|------------------|--------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | , | S-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | <u>.</u> IENT, OUTPATIENT, SWING I | RED or SKILLED NURSING FA | | | |
| 4330420 XRKNEE.RIGHTVIEWS 2 | IENT, OUTFAITENT, SWING I | DED OF SIX IEEE NORSING IA | | | |
| 4550420 ARKILE.KIGIIIVIEVV52 | | | | | |
| 4330420 XRKNEE.RIGHTVIEWS 2 | | | 73560 | 320 | \$ 341.00 |
| RADIOLOGIST - not provided by facility (will be billed separate | y by the radiology group) | | | | <i>¢ č • 1100</i> |
| | | | Total of S | tandard Charges: | \$ 341.00 |
| | | Self-pay/Cash Price (50% of charge | - | | \$ 170.50 |
| | Copays, deductibles and | | ed charge amount (87.1 | | \$ 297.01 |
| | coinsurances are not | Maximum negotia | ated charge amount (95 | 9%)> | \$ 323.95 |
| | factored into these charge | Anthem Blue Cross - All Plans - neg | | | \$ 323.95 |
| | amounts since each patient's | Hometown Health - All Plans - neg | | | \$ 323.95 |
| | insurance plan is unique. | Prominence - All Plans - nego | | | \$ 323.95 |
| X-Ray | insurance plan is unique. | Silver Summit - All Plans - nego United Healthcare/UMR - All Plans | | | \$ 317.13 \$ 323.95 |
| | | Aetna - All Plans - negoti | | | \$ 297.01 |
| | | OP - Aetna - W/ Med Adv nego | | | \$ 150.04 |
| | | OP - Optumcare - W/ Med Adv nego | | | \$ 150.04 |
| | | OP - Humana - W/ Med Adv nego | | | \$ 150.04 |
| | OP - Healthplan Nevad | la/Sierra Health and Life - W/ Med Adv nego | tiated charge amount (| (44%)> | \$ 150.04 |
| | | All other insurances - non-negotiat | ed charge amount (100 |)%)> | \$ 341.00 |
| | | | | | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Serv | neral Hospital ices Report - Table II 5-1717-F2) | CPT Code | | Page 224 of 391 |
|---|---|---|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4330430XRKNEE.RIGHTVIEWS 3 | <u>ices</u> TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330430 XRKNEE.RIGHTVIEWS 3 RADIOLOGIST - not provided by facility (will be billed separ | ately by the radiology group) | | 73562 Total of St | 320 tandard Charges: | \$ 388.00 \$ 388.00 |
| | | Self-pay/Cash Price (50% of charg | ges, if balance is paid in f | ull)> | \$ 194.00 |
| | Copays, deductibles and coinsurances are not factored into these charge | | ated charge amount (87.1 tiated charge amount (95 | %)> | \$ 337.95 \$ 368.60 \$ 368.60 |
| X-Ray | amounts since each patient's insurance plan is unique. | Hometown Health - All Plans - n Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Pla | egotiated charge amount (gotiated charge amount (gotiated charge amount (! | (95%)> 95%)> 93%)> nount (95%)> | \$ 368.60 \$ 368.60 \$ 368.60 \$ 360.84 \$ 368.60 \$ 337.95 |
| | OP - Healthplan Nevada | OP - Aetna - W/ Med Adv ne OP - Optumcare - W/ Med Adv ne OP - Humana - W/ Med Adv ne a/Sierra Health and Life - W/ Med Adv ne | gotiated charge amount (gotiated charge amount (gotiated charge amount (| 44%)> 44%)> 44%)> | \$ 170.72 \$ 170.72 \$ 170.72 \$ 170.72 \$ 170.72 |
| | | All other insurances - non-negoti | ated charge amount (100 | %)> ================= | \$ 388.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Rep (CMS-1717-F2 | ort - Table II | | Page 225 of 391 |
|---|---|---|-------------------------|-------------------------------------|
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | ENT, OUTPATIENT, SWING BED or | SKILLED NURSING FACILITY | | |
| 4330440 XRKNEE.RIGHTVIEWS 4 | | | | |
| 4330440 XRKNEE.RIGHTVIEWS 4 | | "73564,RT" | 320 | \$ 477.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of | Standard Charges: | \$ 477.00 |
| | Copays, deductibles and coinsurances are not | Self-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87 Maximum negotiated charge amount (9 | .1%)> 95%)> | \$ 238.50 \$ 415.47 \$ 453.15 |
| | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans - negotiated charge amoun Hometown Health - All Plans - negotiated charge amoun | | \$ 453.15 \$ 453.15 |
| | insurance plan is unique. | Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount | (95%)> | \$ 453.15 \$ 443.61 |
| X-Ray | 1 1 | United Healthcare/UMR - All Plans - negotiated charge a | | \$ 453.15 |
| • | | Aetna - All Plans - negotiated charge amount (| | \$ 415.47 |
| | 0 | OP - Aetna - W/ Med Adv negotiated charge amount P - Optumcare - W/ Med Adv negotiated charge amount | | \$ 209.88 \$ 209.88 |
| | | OP - Humana - W/ Med Adv negotiated charge amount | | \$ 209.88 |
| | | ealth and Life - W/ Med Adv negotiated charge amount | | \$ 209.88 |
| | | All other insurances - non-negotiated charge amount (10 |)0%)> ============== | \$ 477.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 226 of 391 |
|---|--|---|---------------------|------------------------|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Stondard Change |
| Shoppable Service Primary Service and Ancillary Services | | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | ENT, OUTPATIENT, SWING BED or SKILLED N | NURSING FACILITY | | |
| 4330450 XRSPINE.LUMBARVIEWS 2 OF | R 3 | | | |
| 4330450 XRSPINE.LUMBARVIEWS 2 OR 3 | | 72100 | 320 | \$ 453.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of s | Standard Charges: | \$ 453.00 |
| | | ice (50% of charges, if balance is paid in Minimum negotiated charge amount (87. | 1%)> | \$ 226.50 \$ 394.56 |
| | coinsurances are not factored into these charge Anthem Blue Cro | Maximum negotiated charge amount (9 oss - All Plans - negotiated charge amoun | | \$ 430.35 \$ 430.35 |
| | amounts since each patient's Hometown Heal | lth - All Plans - negotiated charge amoun | t (95%)> | \$ 430.35 |
| | | ce - All Plans - negotiated charge amount it - All Plans - negotiated charge amount | | \$ 430.35 \$ 421.29 |
| X-Ray | Silver Sullini | re/UMR - All Plans - negotiated charge a | | \$ 430.35 |
| | | - All Plans - negotiated charge amount (8 | | \$ 394.56 |
| | | W/ Med Adv negotiated charge amountW/ Med Adv negotiated charge amount | | \$ 199.32 \$ 199.32 |
| | | V/Med Adv negotiated charge amount | | \$ 199.32 |
| | OP - Healthplan Nevada/Sierra Health and Life - V | | | \$ 199.32 |
| | All other insura | nces - non-negotiated charge amount (10 | 0%)> | \$ 453.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | General Hospital Services Report - Table II CMS-1717-F2) CPT Code <or></or> | Page 227 of 391 |
|---|---|--|
| Shoppable Service Primary Service and Ancillary Services INDATIONT OI | G BED or SKILLED NURSING FACILITY | de <u>Standard Charge</u> |
| 4330470 XRSPINE.LUMBARVIEWS 5 | G DED OF SKILLED NURSING FACILITI | |
| 4330470 XRSPINE.LUMBARVIEWS 5 RADIOLOGIST - not provided by facility (will be billed separately by the radio | 72110 320 | \$ 663.00 |
| | Total of Standard Char | ges: \$ 663.00 |
| Copa coins factor amou insur X-Ray | Self-pay/Cash Price (50% of charges, if balance is paid in full) | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 228 of 391 |
|---|---|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4330480XRSPINE.LUMBARVIEWS 5^V | - IENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330480 XRSPINE.LUMBARVIEWS 5^W FLEXION | | 72114 | 320 | \$ 686.00 |
| RADIOLOGIST - not provided by facility (will be billed separatel | y by the radiology group) | Total of St | andard Charges: | \$ 686.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - V OP - Healthplan Nevada/Sierra Health and Life - V | rice (50% of charges, if balance is paid in fi Minimum negotiated charge amount (87.14 Maximum negotiated charge amount (95 oss - All Plans - negotiated charge amount (95 lth - All Plans - negotiated charge amount (9 hit - All Plans - negotiated charge amount (9 hit - All Plans - negotiated charge amount (9 hit - All Plans - negotiated charge amount (9 re/UMR - All Plans - negotiated charge amount (87 W/ Med Adv negotiated charge amount (67 W/ Med | %)> %)> (95%)> 95%)> 93%)> 93%)> 44%)> 44%)> 44%)> 44%)> | \$ 343.00 \$ 597.51 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 651.70 \$ 597.51 \$ 301.84 \$ 301.84 \$ 301.84 \$ 301.84 \$ 301.84 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Repo (CMS-1717-F2) | rt - Table II CPT Code | | Page 229 of 391 |
|---|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4330630XRRIBS.RIGHTVIEWS 3 | <u>wices</u> ATIENT, OUTPATIENT, SWING BED or S | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330630 XRRIBS.RIGHTVIEWS 3 | | 71101 | 320 | \$ 430.00 |
| RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | Total of S | Standard Charges: | \$ 430.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | elf-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (99) nthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount Jnited Healthcare/UMR - All Plans - negotiated charge amount Metha - All Plans - negotiated charge amount OP - Aetna - W/ Med Adv negotiated charge amount OP - Humana - W/ Med Adv negotiated charge amount Ath and Life - W/ Med Adv negotiated charge amount | 1%)> 5%)> (95%)> (95%)> (93%)> (93%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 215.00 \$ 374.53 \$ 408.50 \$ 408.50 \$ 408.50 \$ 408.50 \$ 399.90 \$ 408.50 \$ 374.53 \$ 189.20 \$ 189.20 \$ 189.20 \$ 189.20 |
| | | All other insurances - non-negotiated charge amount (100 |)%)> | \$ 430.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 230 of 391 |
|--|--|---|--|-------------------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | T, OUTPATIENT, SWING BED or SKILLED NUR | RSING FACILITY | | |
| 4330650 XRSACRUM+COCCYXVIEWS | | | | |
| 4330650 XRSACRUM+COCCYXVIEWS RADIOLOGIST - not provided by facility (will be billed separately by | the radiology group) | 72220 | 320 | \$ 451.00 |
| RADIOLOGIST - not provided by facility (will be blied separately by | the radiology group) | Total of S | Standard Charges: | \$ 451.00 |
| | Copays, deductibles and Minim | 50% of charges, if balance is paid in mum negotiated charge amount (87.1 | 1%)> | \$ 225.50 \$ 392.82 |
| | coinsurances are not | ximum negotiated charge amount (95 | , , | \$ 428.45 |
| | amounts since each patient's Hometown Health - A | All Plans - negotiated charge amount All Plans - negotiated charge amount | (95%)> | \$ 428.45 \$ 428.45 |
| X-Ray | Insurance plan is unique.Silver Summit - AUnited Healthcare/UN | All Plans - negotiated charge amount All Plans - negotiated charge amount MR - All Plans - negotiated charge ar | (93%)> nount (95%)> | \$ 428.45 \$ 419.43 \$ 428.45 |
| | | Plans - negotiated charge amount (8 ed Adv negotiated charge amount | · · · · · · · · · · · · · · · · · · · | \$ 392.82 \$ 198.44 |
| | | ed Adv negotiated charge amount ed Adv negotiated charge amount | | \$ 198.44 \$ 198.44 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Me | | | \$ 198.44 |
| | All other insurances | - non-negotiated charge amount (100 |)%)> ================================ | \$ 451.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Serv | neral Hospital Ices Report - Table II -1717-F2) | CPT Code | | Page 231 of 391 |
|---|--|--|---|--|--|
| Shoppable ServicePrimary Service and AncillaryIN4330690XRSHOULDER.RIGHTVI | PATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330690 XRSHOULDER.RIGHTVIEWS 3 | | | 73030 | 320 | \$ 380.00 |
| RADIOLOGIST - not provided by facility (will be billed s | eparately by the radiology group) | | Total of S | tandard Charges: | \$ 380.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All F | otiated charge amount (87.1 gotiated charge amount (95 negotiated charge amount negotiated charge amount negotiated charge amount (negotiated charge amount (Plans - negotiated charge am | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> | \$ 190.00 \$ 330.98 \$ 361.00 \$ 361.00 \$ 361.00 \$ 361.00 \$ 353.40 \$ 361.00 |
| LI | OP - Healthplan Nevada | OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv A/Sierra Health and Life - W/ Med Adv All other insurances - non-neg | negotiated charge amount (negotiated charge amount (negotiated charge amount (| (44%)> (44%)> (44%)> (44%)> | \$ 330.98 \$ 167.20 \$ 167.20 \$ 167.20 \$ 167.20 \$ 380.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code | Page 232 of 391 |
|---|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, OUTPAT4330755 XRNECKVIEWS AP & LATERAL | <or> HCPCS CodeRevenue CodeT, SWING BED or SKILLED NURSING FACILITY</or> | Standard Charge |
| 4330755 XRNECKVIEWS AP & LATERAL RADIOLOGIST - not provided by facility (will be billed separately by the radiology grou | 70360 320 Total of Standard Charges: | \$ 280.00 \$ 280.00 |
| Copays, deduc coinsurances a factored into t amounts since insurance plan | t Maximum negotiated charge amount (95%)> charge patient's Anthem Blue Cross - All Plans - negotiated charge amount (95%)> Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> | \$ 140.00 \$ 243.88 \$ 266.00 \$ 266.00 \$ 266.00 \$ 266.00 \$ 266.00 \$ 266.00 \$ 266.00 \$ 266.00 \$ 243.88 \$ 123.20 \$ 123.20 \$ 123.20 \$ 123.20 \$ 123.20 \$ 280.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services | <or> <u>HCPCS Code</u></or> | | |
|---|--|---|---|
| INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FA 4330800 XRSPINE.THORACICVIEWS 3 | CILITY | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330800 XRSPINE.THORACICVIEWS 3 | 72072 | 320 | \$ 456.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of St | tandard Charges: | \$ 456.00 |
| | d charge amount (87.1 ted charge amount (95 ptiated charge amount (95 ptiated charge amount (1) tiated charge amount (1) tiated charge amount (1) tiated charge amount (87 tiated charge amount (87 tiated charge amount (87 tiated charge amount (1) tiated charge amount (1) tiated charge amount (1) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 228.00 \$ 397.18 \$ 433.20 \$ 433.20 \$ 433.20 \$ 433.20 \$ 433.20 \$ 424.08 \$ 433.20 \$ 397.18 \$ 200.64 \$ 200. |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant General | • | | Page 234 of 391 |
|--|---|---|--|
| Use CTRL-F to SEARCH Shoppable Services R (CMS-1717- | • | | |
| Shoppable Service Primary Service and Ancillary Services | HCPCS Code | Revenue Code | Standard Charge |
| INPATIENT, OUTPATIENT, SWING BED (| or SKILLED NURSING FACILITY | | |
| 4330830 XRTIBIA.RIGHT+FIBULA.RIGHTVIEWS 2 | | | |
| 4330830 XRTIBIA.RIGHT+FIBULA.RIGHTVIEWS 2 RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | 73590 | 320 | \$ 417.00 |
| KADIOLOGIST - not provided by facility (will be offied separately by the factology group) | Total of St | andard Charges: | \$ 417.00 |
| Copays, deductibles and coinsurances are not | Self-pay/Cash Price (50% of charges, if balance is paid in f Minimum negotiated charge amount (87.14 Maximum negotiated charge amount (959 | %)> | \$ 208.50 \$ 363.21 \$ 396.15 |
| X-Ray OP - Healthplan Nevada/Sierra | Anthem Blue Cross - All Plans - negotiated charge amount (Hometown Health - All Plans - negotiated charge amount (Prominence - All Plans - negotiated charge amount (Silver Summit - All Plans - negotiated charge amount (United Healthcare/UMR - All Plans - negotiated charge amount (OP - Aetna - All Plans - negotiated charge amount (OP - Optumcare - W/ Med Adv negotiated charge amount (OP - Humana - W/ Med Adv negotiated charge amount (Athan - W/ Med Adv negotiated charge amount (| (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 396.15 \$ 396.15 \$ 396.15 \$ 387.81 \$ 396.15 \$ 363.21 \$ 183.48 \$ 183.48 \$ 183.48 \$ 183.48 \$ 183.48 \$ 183.48 |
| | | /0)> | \$ 417.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ces Report - Table II 1717-F2) | CPT Code <or></or> | | Page 235 of 391 |
|---|--|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary ServiceIN4330920XRWRIST.RIGHTVIEWS | PATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING FAC | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4330920 XRWRIST.RIGHTVIEWS 3 | | | 73110 | 320 | \$ 367.00 |
| RADIOLOGIST - not provided by facility (will be billed so | eparately by the radiology group) | | Total of S | standard Charges: | \$ 367.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, i Minimum negotiated o Maximum negotiated Anthem Blue Cross - All Plans - negoti Hometown Health - All Plans - negoti Prominence - All Plans - negotia Silver Summit - All Plans - negotia United Healthcare/UMR - All Plans - r Aetna - All Plans - negotiate OP - Aetna - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia | charge amount (87.1 d charge amount (95 ated charge amount ated charge amount ted charge amount ted charge amount (8 ted charge amount (8) | 1%)> 5%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 183.50 \$ 319.66 \$ 348.65 \$ 319.66 \$ 161.48 \$ 161.48 \$ 161.48 |
| | • | All other insurances - non-negotiated | e | | \$ 367.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 1717-F2) | CPT Code <or></or> | | Page 236 of 391 |
|---|--|---|--|---------------------------------------|------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4339060XRANKLE.LEFTVIEWS 3 | <u>s</u> IENT, OUTPATIENT, SWING BE | ED or SKILLED NURSING FA | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4339060 XRANKLE.LEFTVIEWS 3 | | | 73610 | 320 | \$ 377.00 |
| RADIOLOGIST - not provided by facility (will be billed separate | y by the radiology group) | | Total of S | tandard Charges: | \$ 377.00 |
| | | Self-pay/Cash Price (50% of charge | s, if balance is paid in t | full)> | \$ 188.50 |
| | Copays, deductibles and | | ed charge amount (87.1 ated charge amount (95 | | \$ 328.37 \$ 358.15 |
| | coinsurances are not factored into these charge | Anthem Blue Cross - All Plans - neg | otiated charge amount | (95%)> | \$ 358.15 |
| | amounts since each patient's | Hometown Health - All Plans - neg Prominence - All Plans - neg | | | \$ 358.15 \$ 358.15 |
| X-Ray | insurance plan is unique. | Silver Summit - All Plans - nego | | | \$ 350.61 \$ 358.15 |
| 2 X-1 Kay | | United Healthcare/UMR - All Plans Aetna - All Plans - negoti | 6 | · · · · · · · · · · · · · · · · · · · | \$ 328.37 |
| | | OP - Aetna - W/ Med Adv nego | tiated charge amount (| (44%)> | \$ 165.88 |
| | | OP - Optumcare - W/ Med Adv nego | | | \$ 165.88 |
| | OP - Healthplan Nevada/ | OP - Humana - W/ Med Adv nego Sierra Health and Life - W/ Med Adv nego | e | | \$ 165.88 \$ 165.88 |
| | ======================================= | All other insurances - non-negotiat | C C | | \$ 377.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 237 of 391 |
|---|--|--|--|--|
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4339220 XRELBOW.LEFTVIEWS | ENT, OUTPATIENT, SWING BED or SKILLED NU | JKSING FACILITY | | |
| 4339220 XRELBOW.LEFTVIEWS | | "73070,LT" | 320 | \$ 286.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of \$ | Standard Charges: | \$ 286.00 |
| X-Ray | Copays, deductibles and coinsurances are notMi Mi Nfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross Hometown Health Prominence - Silver Summit - | e (50% of charges, if balance is paid in inimum negotiated charge amount (87. Maximum negotiated charge amount (9 - All Plans - negotiated charge amoun - All Plans - negotiated charge amount - All Plans - negotiated charge amount - All Plans - negotiated charge amount | 1%)> 5%)> t (95%)> t (95%)> (95%)> (93%)> | \$ 143.00 \$ 249.11 \$ 271.70 \$ 271.70 \$ 271.70 \$ 271.70 \$ 265.98 \$ 271.70 |
| | Aetna - A OP - Aetna - W/ OP - Optumcare - W/ | UMR - All Plans - negotiated charge a All Plans - negotiated charge amount (8 Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount | 87.1%)> (44%)> (44%)> (44%)> | \$ 271.70 \$ 249.11 \$ 125.84 \$ 125.84 \$ 125.84 \$ 125.84 |
| | All other insuranc | es - non-negotiated charge amount (10 | 0%)> | \$ 286.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ices Report - Table II -1717-F2) | CPT Code | | Page 238 of 391 |
|--|--|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4339320XRFOOT.LEFTVIEWS 3 O | PATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | <or> HCPCS Code FACILITY</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4339320 XRFOOT.LEFTVIEWS 3 OR 4 | | | 73630 | 320 | \$ 371.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | parately by the radiology group) | | Total of S | tandard Charges: | \$ 371.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All H | otiated charge amount (87.1 gotiated charge amount (95 negotiated charge amount negotiated charge amount negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (Plans - negotiated charge amount (negotiated charge amount (negotiated charge amount (negotiated charge amount (| %)> (95%)> (95%)> (95%)> (93%)> (93%)> 7.1%)> (44%)> (44%)> | \$ 185.50 \$ 323.14 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 352.45 \$ 323.14 \$ 163.24 \$ 163.24 \$ 163.24 \$ 163.24 |
| | | All other insurances - non-neg | | | \$ 371.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Mt Last Update: 03/08/2024 Mt | ant General Hospital pable Services Report - Table II | Page 239 of 391 |
|--|---|---|
| Use CTRL-F to SEARCH | (CMS-1717-F2) CPT Code <or></or> | |
| Shoppable Service Primary Service and Ancillary Services | HCPCS Code Revenue Code | Standard Charge |
| INPATIENT, OUTPATIE | SWING BED or SKILLED NURSING FACILITY | |
| 4339330 XRRADIUS.LEFT+ULNA.LEFTVIEWS 2 | | |
| 4339330 XRRADIUS.LEFT+ULNA.LEFTVIEWS 2 | 73090 320 | \$ 381.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of Standard Charges: | \$ 381.00 |
| Copays, deductibl coinsurances are 1 | Self-pay/Cash Price (50% of charges, if balance is paid in full)> Minimum negotiated charge amount (87.1%)> Maximum negotiated charge amount (95%)> | \$ 190.50 \$ 331.85 \$ 361.95 |
| factored into these amounts since eac insurance plan is t | ent's Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> | \$ 361.95 \$ 361.95 \$ 361.95 \$ 354.33 \$ 361.95 \$ 331.85 \$ 167.64 \$ 167.64 \$ 167.64 |
| | All other insurances - non-negotiated charge amount (100%)> | \$ 381.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gener Shoppable Services R (CMS-1717 | eport - Table II | | Page 240 of 391 |
|---|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4339360XRHAND.LEFTVIEWS 3 | ices TIENT, OUTPATIENT, SWING BED | <pre><</pre> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4339360 XRHAND.LEFTVIEWS 3 | | 73130 | 320 | \$ 344.00 |
| RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | Total of S | tandard Charges: | \$ 344.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in f Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 Anthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount (Silver Summit - All Plans - negotiated charge amount (United Healthcare/UMR - All Plans - negotiated charge amount (8 OP - Aetna - W/ Med Adv negotiated charge amount (OP - Optumcare - W/ Med Adv negotiated charge amount (OP - Humana - W/ Med Adv negotiated charge amount (All other insurances - non-negotiated charge amount (100 | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 172.00 \$ 299.62 \$ 326.80 \$ 326.80 \$ 326.80 \$ 326.80 \$ 326.80 \$ 319.92 \$ 326.80 \$ 299.62 \$ 151.36 \$ 151.36 \$ 151.36 \$ 151.36 \$ 151.36 \$ 344.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gen Shoppable Service (CMS-1 | s Report - Table II | CPT Code | | Page 241 of 391 |
|--|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4339370XRHIP.LEFTVIEWS 2 | <u>vices</u> ATIENT, OUTPATIENT, SWING BE | D or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4339370 XRHIP.LEFTVIEWS 2 RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | | 73502 | 320 | \$ 374.00 |
| | | | Total of St | andard Charges: | \$ 374.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - r Silver Summit - All Plans - r United Healthcare/UMR - All Pl | tiated charge amount (87.14 sotiated charge amount (95% negotiated charge amount (negotiated charge a | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 187.00 \$ 325.75 \$ 355.30 \$ 355.30 \$ 355.30 \$ 355.30 \$ 355.30 \$ 355.30 \$ 347.82 \$ 355.30 \$ 325.75 \$ 164.56 \$ 164.56 \$ 164.56 \$ 164.56 \$ 164.56 \$ 374.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | •• | neral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 242 of 391 |
|--|--|--|---|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4339420XRKNEE.LEFTVIEWS 2 | <u>vices</u> ATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4339420 XRKNEE.LEFTVIEWS 2 | | | 73560 | 320 | \$ 341.00 |
| RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | | Total of St | andard Charges: | \$ 341.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum nego Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Pla | ated charge amount (87.1) otiated charge amount (95) egotiated charge amount (95) gotiated charge amount (9 gotiated charge amount (9 gotiated charge amount (9 ns - negotiated charge amount (87 egotiated charge amount (87 gotiated charge amount (87 gotiated charge amount (9 gotiated charge amount (9) | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> | \$ 170.50 \$ 297.01 \$ 323.95 \$ 297.01 \$ 150.04 \$ 150.04 \$ 150.04 |
| | | All other insurances - non-negot | ated charge amount (100 | %)> | \$ 341.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospit Shoppable Services Report - Table II (CMS-1717-F2) | l | Pa | age 243 of 391 |
|---|--|--|--|---|
| Shoppable Service Primary Service and Ancillary Service | , , , , , , , , , , , , , , , , , , , | | <u>venue Code</u> Sta | ndard Charge |
| 4339430 XRKNEE.LEFTVIEWS 3 | | | | |
| 4339430 XRKNEE.LEFTVIEWS 3 | | 73562 | 320 | \$ 388.00 |
| RADIOLOGIST - not provided by facility (will be billed separatel | y by the radiology group) | Total of Stand | ard Charges: | \$ 388.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna OP - Optumcard OP - Humana OP - Healthplan Nevada/Sierra Health and Life | h Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) c Cross - All Plans - negotiated charge amount (95%) Health - All Plans - negotiated charge amount (95%) nence - All Plans - negotiated charge amount (95%) immit - All Plans - negotiated charge amount (95%) thcare/UMR - All Plans - negotiated charge amount (93%) thcare/UMR - All Plans - negotiated charge amount (87.1%) a - W/ Med Adv negotiated charge amount (44%) a - W/ Med Adv negotiated charge amount (44%) a - W/ Med Adv negotiated charge amount (44%) a - W/ Med Adv negotiated charge amount (44%) a - W/ Med Adv negotiated charge amount (44%) | 6)> 6)>)> t (95%)>)>)>)>)>)> | \$ 194.00 \$ 337.95 \$ 368.60 \$ 368.60 \$ 368.60 \$ 368.60 \$ 368.60 \$ 368.60 \$ 368.60 \$ 337.95 \$ 170.72 \$ 170.72 \$ 170.72 \$ 170.72 \$ 170.72 \$ 170.72 \$ 388.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-177 | Report - Table II 7-F2) CH | PT Code | | Page 244 of 391 |
|---|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4339440XRKNEE.LEFTVIEWS 4 | <u>ices</u> TIENT, OUTPATIENT, SWING BEI | HCI | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4339440 XRKNEE.LEFTVIEWS 4 | ataly by the radiology group) | "73 | 3564,LT" | 320 | \$ 477.00 |
| RADIOLOGIST - not provided by facility (will be billed separ | atery by the radiology group) | | Total of Sta | andard Charges: | \$ 477.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance Minimum negotiated charge a Maximum negotiated charge Anthem Blue Cross - All Plans - negotiated char Hometown Health - All Plans - negotiated char Prominence - All Plans - negotiated char Silver Summit - All Plans - negotiated char United Healthcare/UMR - All Plans - negotiated charg Aetna - All Plans - negotiated charg OP - Aetna - W/ Med Adv negotiated char OP - Humana - W/ Med Adv negotiated char OP - Humana - W/ Med Adv negotiated charg | amount (87.1% e amount (95% arge amount (9 arge amount (9 arge amount (9 arge amount (9 arge amount (87. arge amount (87. arge amount (4 arge amount (4 arge amount (4) | 6)> 95%)> 95%)> 15%)> 13%)> 1%)> 1%)> 4%)> 4%)> 4%)> | \$ 238.50 \$ 415.47 \$ 453.15 \$ 453.15 \$ 453.15 \$ 453.15 \$ 453.15 \$ 443.61 \$ 453.15 \$ 443.61 \$ 453.15 \$ 445.15 \$ 415.47 \$ 209.88 \$ 209.88 \$ 209.88 \$ 209.88 |
| | | All other insurances - non-negotiated charge | amount (100% | 6)> ========= | \$ 477.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-171 | Report - Table II | CPT Code | | Page 245 of 391 |
|--|--|---|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4339630XRRIBS.LEFTVIEWS 3 | <u>vices</u> ATIENT, OUTPATIENT, SWING BED | or SKILLED NURSING FAC | | <u>Revenue Code</u> | Standard Charge |
| 4339630 XRRIBS.LEFTVIEWS 3 | | | 71101 | 320 | \$ 430.00 |
| RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | | Total of St | andard Charges: | \$ 430.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, i Minimum negotiated Maximum negotiated Anthem Blue Cross - All Plans - negoti Hometown Health - All Plans - negoti Prominence - All Plans - negotia Silver Summit - All Plans - negotia United Healthcare/UMR - All Plans - Aetna - All Plans - negotiate OP - Aetna - W/ Med Adv negotiate OP - Humana - W/ Med Adv negotiate OP - Humana - W/ Med Adv negotiate All other insurances - non-negotiated | charge amount (87.19 d charge amount (959 ated charge amount (ated charge amount (ated charge amount (9 ated charge amount (9 negotiated charge amount (87 ated charge amount (87 ated charge amount (4 ated charge amount (4 ated charge amount (4 ated charge amount (4 ated charge amount (4 | %)> %)> 95%)> 95%)> 03%)> 03%)> 03%)> 04%)> 14%)> 14%)> 14%)> | \$ 215.00 \$ 374.53 \$ 408.50 \$ 408.50 \$ 408.50 \$ 408.50 \$ 399.90 \$ 408.50 \$ 374.53 \$ 189.20 \$ 189.20 \$ 189.20 \$ 189.20 \$ 189.20 \$ 430.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 246 of 391 |
|---|---|--|--|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| INPATIEN | T, OUTPATIENT, SWING BED or SKILLED NURSI | NG FACILITY | | |
| 4339690 XRSHOULDER.LEFTVIEWS 3 | | | | |
| 4339690 XRSHOULDER.LEFTVIEWS 3 | | 73030 | 320 | \$ 380.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by t | he radiology group) | Total of S | Standard Charges: | \$ 380.00 |
| | Copays, deductibles and Minimum | of charges, if balance is paid in n negotiated charge amount (87. um negotiated charge amount (93 | 1%)> | \$ 190.00 \$ 330.98 \$ 361.00 |
| X-Ray | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All P Hometown Health - All P Prominence - All Pl Silver Summit - All Pl United Healthcare/UMR - Aetna - All Plan OP - Aetna - W/ Med A OP - Optumcare - W/ Med A | Plans - negotiated charge amount Plans - negotiated charge amount lans - negotiated charge amount lans - negotiated charge amount - All Plans - negotiated charge amount (8 Adv negotiated charge amount Adv negotiated charge amount | (95%) > (95%) > (93%) > mount (95%) > (7.1%) > (44%) > (44%) > (44%) > | \$ 361.00 \$ 361.00 \$ 361.00 \$ 353.40 \$ 361.00 \$ 361.00 \$ 330.98 \$ 167.20 \$ 167.20 \$ 167.20 \$ 167.20 |
| | All other insurances - no | n-negotiated charge amount (100 | 0%)> ================================ | \$ 380.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 247 of 391 |
|--|---|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIENT, OU | JTPATIENT, SWING BED or SKILLED NURSING FA | CILITY | | |
| 4339830 XRTIBIA.LEFT+FIBULA.LEFTVIEWS | 2 | | | |
| 4339830 XRTIBIA.LEFT+FIBULA.LEFTVIEWS 2 | | 73590 | 320 | \$ 417.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radio | logy group) | Total of S | Standard Charges: | \$ 417.00 |
| | | s, if balance is paid in ed charge amount (87. ated charge amount (9: | 1%)> | \$ 208.50 \$ 363.21 \$ 396.15 |
| factor amou | Anthem Blue Cross - All Plans - neg Hometown Health - All Plans - neg Prominence - All Plans - neg Silver Summit - All Plans - nego Silver Summit - All Plans - nego United Healthcare/UMR - All Plans Aetna - All Plans - negot OP - Aetna - W/ Med Adv negot OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negot | cotiated charge amount obtated charge amount obtated charge amount s - negotiated charge am iated charge amount (8 obtated charge amount obtated charge amount obtated charge amount obtated charge amount | t (95%)> (95%)> (93%)> mount (95%)> $37.1%)> (44%)> (44%)> (44%)> (44%)>$ | \$ 396.15 \$ 396.15 \$ 396.15 \$ 387.81 \$ 396.15 \$ 363.21 \$ 183.48 \$ 183.48 \$ 183.48 \$ 183.48 |
| | All other insurances - non-negotiat | 0 | | \$ 417.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | •• | eral Hospital res Report - Table II 1717-F2) | CPT Code | | Page 248 of 391 |
|--|--|--|---|--|---|
| Shoppable ServicePrimary Service and Ancillary SIN4339920XRWRIST.LEFTVIEWS 3 | <u>ervices</u> PATIENT, OUTPATIENT, SWING BI | ED or SKILLED NURSING F. | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4339920 XRWRIST.LEFTVIEWS 3 | | | 73110 | 320 | \$ 367.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | parately by the radiology group) | | Total of St | andard Charges: | \$ 367.00 |
| X-Ray | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum negot Anthem Blue Cross - All Plans - ne Hometown Health - All Plans - ne Prominence - All Plans - neg Silver Summit - All Plans - neg United Healthcare/UMR - All Plan Aetna - All Plans - nego OP - Aetna - W/ Med Adv neg OP - Optumcare - W/ Med Adv neg OP - Humana - W/ Med Adv neg | ted charge amount (87.19 iated charge amount (959 gotiated charge amount (gotiated charge amount (gotiated charge amount (9 gotiated charge amount (9 as - negotiated charge amount (87 gotiated charge amount (87 gotiated charge amount (87 gotiated charge amount (47 gotiated charge amount (47 gotiated charge amount (47 gotiated charge amount (47 | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 7.1%)> 44%)> 44%)> | \$ 183.50 \$ 319.66 \$ 348.65 \$ 319.66 \$ 161.48 \$ 161.48 \$ 161.48 \$ 161.48 |
| | | Sierra Health and Life - W/ Med Adv neg All other insurances - non-negotia | e e | | \$ 367.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to S | INIT. Grant General Hospita Shoppable Services Report - Table II | CPT Code <or></or> | Page 249 of 391 |
|--|--|--|---|
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | HCPCS Code Revenue Code | Standard Charge |
| | INPATIENT, OUTPATIENT, SWING BED or SKILLED | NURSING FACILITY | |
| 4390010 ABDO | MEN WO/W CONTRAST | | |
| 4391967 | ABDOMEN WO/W CONTRAST IV CONTRAST UP TO 100CC | 74170 350 "Q9967,ME" 636 | \$ 2,454.00 \$ 226.00 |
| RADIOLOGIST - not pr | ovided by facility (will be billed separately by the radiology group) | Total of Standard Charges: | \$ 2,680.00 |
| | Copays, deductibles and | Price (50% of charges, if balance is paid in full) | > \$ 2,334.28 |
| CT S | amounts since each patient'sHometown Heinsurance plan is unique.PromineCanUnited Healthe | Cross - All Plans - negotiated charge amount (95%) ealth - All Plans - negotiated charge amount (95%) | > \$ 2,546.00 > \$ 2,546.00 > \$ 2,546.00 > \$ 2,546.00 > \$ 2,492.40 > \$ 2,546.00 |
| | OP - Aetna - OP - Optumcare - OP - Humana - | na - All Plans - negotiated charge amount (87.1%) | > \$ 1,179.20 > \$ 1,179.20 > \$ 1,179.20 |
| | All other insu | arances - non-negotiated charge amount (100%) | > \$ 2,680.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed:03/08/2024Last Update:03/08/2024Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 250 of 391 |
|---|---|---|---|
| Shoppable Service Primary Serv | ice and Ancillary Services | HCPCS Code Revenue Code | e Standard Charge |
| | INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSIN | NG FACILITY | |
| 4390071 CERVICAL SPIN | NE W/O CONTRAST | | |
| 4391967 IV CONTRAST | | 72125 350 "Q9967,ME" 636 | \$ 2,547.00 \$ 226.00 |
| RADIOLOGIST - not provided by facil | ity (will be billed separately by the radiology group) | Total of Standard Charge | es: \$ 2,773.00 |
| | Copays, deductibles and Minimum | of charges, if balance is paid in full) negotiated charge amount (87.1%) | > \$ 2,415.28 |
| CT Scan | Coinsurances are not factored into these charge Anthem Blue Cross - All Pla amounts since each patient's Hometown Health - All Pla insurance plan is unique. Silver Summit - All Pla United Healthcare/UMR - A Aetna - All Plas OP - Aetna - W/ Med Add OP - Aetna - W/ Med Add | ans - negotiated charge amount (95%) ans - negotiated charge amount (95%) | > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,634.35 > \$ 2,615.28 > \$ 1,220.12 |
| | OP - Humana - W/ Med Ad OP - Healthplan Nevada/Sierra Health and Life - W/ Med Ad | Iv negotiated charge amount (44%) Iv negotiated charge amount (44%) Iv negotiated charge amount (44%) -negotiated charge amount (100%) | > \$ 1,220.12 > \$ 1,220.12 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 251 of 391 |
|--|--|--|---|
| Shoppable Service Primary Service and Ancillary | <u>y Services</u> | HCPCS Code Revenue Cod | e Standard Charge |
| | NPATIENT, OUTPATIENT, SWING BED or SKILLED NUR | SING FACILITY | |
| 4390080 CHEST WO/W CONTRAST | | | |
| 4390080CHEST WO/W CONTRAST4391967IV CONTRAST UP TO 100CCRADIOLOGIST - not provided by facility (will be billed | separately by the radiology group) | 71270 350 "Q9967,ME" 636 | \$ 2,916.00 \$ 226.00 |
| | | Total of Standard Charg | es: \$ 3,142.00 |
| | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurances rear is unique | 0% of charges, if balance is paid in full) num negotiated charge amount (87.1%) imum negotiated charge amount (95%) .ll Plans - negotiated charge amount (95%) .ll Plans - negotiated charge amount (95%) ll Plans - negotiated charge amount (95%) | ****> \$ 2,736.68 ****> \$ 2,984.90 ****> \$ 2,984.90 ****> \$ 2,984.90 ****> \$ 2,984.90 ****> \$ 2,984.90 ****> \$ 2,984.90 ****> \$ 2,984.90 |
| CT Scan | United Healthcare/UM Aetna - All OP - Aetna - W/ Me OP - Optumcare - W/ Me OP - Humana - W/ Me OP - Humana - W/ Me | IR - All Plans - negotiated charge amount (95%) Plans - negotiated charge amount (87.1%) d Adv negotiated charge amount (44%) | > \$ 2,984.90 > \$ 2,736.68 > \$ 1,382.48 > \$ 1,382.48 > \$ 1,382.48 > \$ 1,382.48 > \$ 1,382.48 > \$ 1,382.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 252 of 391 |
|--|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIE4390090 CHEST W/O CONTRAST | ENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS Code</or> | <u>Revenue Code</u> | Standard Charge |
| 4390090 CHEST W/O CONTRAST | | 71250 | 350 | \$ 1,883.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of S | Standard Charges: | \$ 1,883.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | ce (50% of charges, if balance is paid in Ainimum negotiated charge amount (87. Maximum negotiated charge amount (92. ss - All Plans - negotiated charge amount h - All Plans - negotiated charge amount c - All Plans - negotiated charge amount t - All Plans - negotiated charge amount c/UMR - All Plans - negotiated charge amount All Plans - negotiated charge amount (87. Med Adv negotiated charge amount / Med Adv negotiated charge amount | 1%)> 5%)> (95%)> (95%)> (93%)> mount (95%)> inount (95%)> inount (94%)> (44%)> (44%)> | \$ 941.50 \$ 1,640.09 \$ 1,788.85 \$ 1,885 \$ 2,855 \$ 828.52 \$ 828.52 \$ 828.52 \$ 828.52 \$ 828.52 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | Page 253 of 391 |
|--|--|---|---|
| Shoppable Service Primary Service and Anci | llary Services | HCPCS Code Revenue Code | Standard Charge |
| | INPATIENT, OUTPATIENT, SWING BED or SKILLED NURS | ING FACILITY | |
| 4390100 CHEST WITH CONTRAS | T | | |
| 4390100CHEST WITH CONTRAST4391967IV CONTRAST UP TO 100CCRADIOLOGIST - not provided by facility (will be bit) | lled separately by the radiology group) | 71260 350 "Q9967,ME" 636 Total of Standard Charges: | \$ 2,533.00 \$ 226.00 \$ 2,759.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | \$ \$2,403.09 \$2,621.05 \$2,403.09 \$1,213.96 \$1,213.96 \$1,213.96 \$1,213.96<} |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEAF | RCH Mt. Grant General Hospital (CMS-1717-F2) | CPT Code <or></or> | | Page 254 of 391 |
|---|---|--|--|---|
| Shoppable Service Prin | nary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPATIENT, OUTPATIENT, SWING BED or SKILLED NUR | SING FACILITY | | |
| 4390110 HEAD WC | D/W CONTRAST | | | |
| 4391967 IV CO | D WO/W CONTRAST ONTRAST UP TO 100CC ed by facility (will be billed separately by the radiology group) | 70470 "Q9967,ME" | 350 636 | \$ 2,595.00 \$ 226.00 |
| • | | Total of Sta | ndard Charges: | \$ 2,821.00 |
| | Copays, deductibles and Minim | 0% of charges, if balance is paid in ful num negotiated charge amount (87.1% imum negotiated charge amount (95% |)> | \$ 1,410.50 \$ 2,457.09 \$ 2,679.95 |
| CT Sca | amounts since each patient's insurance plan is unique. N Hometown Health - A Prominence - Al Silver Summit - Al United Healthcare/UM Aetna - All I | Il Plans - negotiated charge amount (9 Il Plans - negotiated charge amount (9 Il Plans - negotiated charge amount (93 Il Plans - negotiated charge amount (93 IR - All Plans - negotiated charge amo Plans - negotiated charge amount (87.1 d Adv negotiated charge amount (44 | 95%)> 5%)> 3%)> punt (95%)> 1%)> | \$ 2,679.95 \$ 2,679.95 \$ 2,679.95 \$ 2,623.53 \$ 2,679.95 \$ 2,457.09 \$ 1,241.24 |
| | OP - Optumcare - W/ Me OP - Humana - W/ Me OP - Healthplan Nevada/Sierra Health and Life - W/ Me | d Adv negotiated charge amount (44 d Adv negotiated charge amount (44 | 4%)> 4%)> 4%)> | \$ 1,241.24 \$ 1,241.24 \$ 1,241.24 \$ 1,241.24 \$ 2,821.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 255 of 391 |
|---|--|---|---|--|
| | NT, OUTPATIENT, SWING BED or SKILLED NU | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390120 HEAD W/O CONTRAST 4390120 HEAD W/O CONTRAST | | 70450 | 350 | \$ 1,815.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by | the radiology group) | Total of S | tandard Charges: | \$ 1,815.00 |
| CMS-Specified Shoppable Service CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 50% of charges, if balance is paid in a mum negotiated charge amount (87.1 ximum negotiated charge amount (95 All Plans - negotiated charge amount All Plans - negotiated charge amount All Plans - negotiated charge amount (All Plans - negotiated charge amount (All Plans - negotiated charge amount (MR - All Plans - negotiated charge amount (MR - All Plans - negotiated charge amount (ed Adv negotiated charge amount (fed Adv negotiated ch | 1%)> 5%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 907.50 \$ 1,580.87 \$ 1,724.25 \$ 1,780.87 \$ 798.60 \$ 798. |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ces Report - Table II 1717-F2) | CPT Code <or></or> | | Page 256 of 391 |
|--|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4390161LUMBAR SPINE W/O CONTRAST | TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING F | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390161 LUMBAR SPINE W/O CONTRAST | | | 72131 | 350 | \$ 2,332.00 |
| RADIOLOGIST - not provided by facility (will be billed separat | ely by the radiology group) | | Total of S | tandard Charges: | \$ 2,332.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum nego Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Prominence - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Pla Aetna - All Plans - nego OP - Aetna - W/ Med Adv ne | ated charge amount (87.1 tiated charge amount (95 egotiated charge amount gotiated charge amount gotiated charge amount (gotiated charge amount (ns - negotiated charge am otiated charge amount (8' gotiated charge amount (8' | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> | \$ 1,166.00 \$ 2,031.17 \$ 2,215.40 \$ 2,215.40 |
| | OP - Healthplan Nevada | OP - Optumcare - W/ Med Adv ne OP - Humana - W/ Med Adv ne /Sierra Health and Life - W/ Med Adv ne All other insurances - non-negoti | gotiated charge amount (gotiated charge amount (| 44%)> 44%)> | \$ 1,026.08 \$ 1,026.08 \$ 1,026.08 \$ 2,332.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 257 of 391 |
|--|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4390200LOWER EXTREMITY RT W/O C | <u>IENT, OUTPATIENT, SWING BED or SKILLED NU</u> | <or> HCPCS Code</or> | <u>Revenue Code</u> | Standard Charge |
| 4390200 LOWER EXTREMITY RT W/O C | | 73700 | 350 | \$ 2,100.00 |
| RADIOLOGIST - not provided by facility (will be billed separatel | y by the radiology group) | Total of S | Standard Charges: | \$ 2,100.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in inimum negotiated charge amount (87. Maximum negotiated charge amount (9 - All Plans - negotiated charge amoun - All Plans - negotiated charge amount - All Plans - negotiated charge amount - All Plans - negotiated charge amount UMR - All Plans - negotiated charge amount UMR - All Plans - negotiated charge amount (8 Med Adv negotiated charge amount Med Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> g3%)> g7.1%)> (44%)> (44%)> (44%)> | \$ 1,050.00 \$ 1,829.10 \$ 1,995.00 \$ 1,995.00 \$ 1,995.00 \$ 1,995.00 \$ 1,995.00 \$ 1,995.00 \$ 1,995.00 \$ 1,829.10 \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Tak (CMS-1717-F2) | - | | Page 258 of 391 |
|---|--|--|---|---|
| Shoppable Service Primary Service and Ancient 4390230 MAXILLOFACIAL W/O | INPATIENT, OUTPATIENT, SWING BED or SKIL | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390230 MAXILLOFACIAL W/O C RADIOLOGIST - not provided by facility (will be b | illed separately by the radiology group) | 70486 | 350 | \$ 1,936.00 |
| | | Total of S | Standard Charges: | \$ 1,936.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - MoP - | /Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 Blue Cross - All Plans - negotiated charge amount own Health - All Plans - negotiated charge amount rominence - All Plans - negotiated charge amount er Summit - All Plans - negotiated charge amount Healthcare/UMR - All Plans - negotiated charge amount Healthcare/UMR - All Plans - negotiated charge amount (8 Aetna - All Plans - negotiated charge amount ncare - W/ Med Adv negotiated charge amount mana - W/ Med Adv negotiated charge amount the function of the theory of the theory of the theory of the theory of the theory of the theory of the theory of the theory of the theory of the theory of the theory (10) | 1%)> 5%)> (95%)> (95%)> (93%)> mount (95%)> (7.1%)> (44%)> (44%)> (44%)> | \$ 968.00 \$ 1,686.26 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,839.20 \$ 1,686.26 \$ 851.84 \$ 851.84 \$ 851.84 \$ 851.84 \$ 851.84 \$ 1,936.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | rant General Hospital oppable Services Report - Table II (CMS-1717-F2) CPT Code | | Page 259 of 391 |
|--|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIENT, OUTP4390231 CTSINUSESMULTISECTION CORONAL SA | <or> HCPCS Code SWING BED or SKILLED NURSING FACILITY</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390231 CTSINUSESMULTISECTION CORONAL SAGITTAL RADIOLOGIST - not provided by facility (will be billed separately by the radiology g | "70486,TC" Total of S | 350 tandard Charges: | \$ 2,154.00 \$ 2,154.00 |
| Copays, de coinsuranc factored in amounts si insurance p | 'ge Anthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 1,077.00 \$ 1,876.13 \$ 2,046.30 \$ 2,046.30 \$ 2,046.30 \$ 2,046.30 \$ 2,046.30 \$ 2,046.30 \$ 2,046.30 \$ 1,876.13 \$ 947.76 \$ 947.76 \$ 947.76 \$ 947.76 \$ 947.76 \$ 947.76 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 260 of 391 |
|---|---|--|---|--|
| Shoppable Service Primary Service and Ancillary | <u>Services</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| I | NPATIENT, OUTPATIENT, SWING BED or SKILLED NURS | ING FACILITY | | |
| 4390270 NECK SOFT TISSUE W C | | | | |
| 4390270NECK SOFT TISSUE W C4391967IV CONTRAST UP TO 100CCRADIOLOGIST - not provided by facility (will be billed s | separately by the radiology group) | 70491 "Q9967,ME" Total of S t | 350 636 tandard Charges: | \$ 2,585.00 \$ 226.00 \$ 2,811.00 |
| | Copays, deductibles and coinsurances are not | o of charges, if balance is paid in f n negotiated charge amount (87.1 um negotiated charge amount (95 Plans - negotiated charge amount | %)> 5%)> | \$ 1,405.50 \$ 2,448.38 \$ 2,670.45 \$ 2,670.45 |
| CT Scan | amounts since each patient's insurance plan is unique. Hometown Health - All P Silver Summit - All P United Healthcare/UMR Aetna - All Pla OP - Aetna - W/ Med A OP - Optumcare - W/ Med A | Plans - negotiated charge amount Plans - negotiated charge amount (Plans - negotiated charge amount (- All Plans - negotiated charge amount (Adv negotiated charge amount (Adv negotiated charge amount (Adv negotiated charge amount (| (95%)> (95%)> (93%)> nount (95%)> 7.1%)> 44%)> (44%)> | \$ 2,670.45 \$ 2,670.45 \$ 2,670.45 \$ 2,614.23 \$ 2,670.45 \$ 2,448.38 \$ 1,236.84 \$ 1,236.84 \$ 1,236.84 \$ 1,236.84 |
| | All other insurances - no | on-negotiated charge amount (100 | 9%)> ================================ | \$ 2,811.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Repo (CMS-1717-F2 | rt - Table II CPT Code | | Page 261 of 391 |
|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4390280NECK SOFT TISSUE W/O C | ervices PATIENT, OUTPATIENT, SWING BED or | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390280 NECK SOFT TISSUE W/O C | | 70490 | 350 | \$ 2,184.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | arately by the radiology group) | Total of S | Standard Charges: | \$ 2,184.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | belf-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 nthem Blue Cross - All Plans - negotiated charge amoun Hometown Health - All Plans - negotiated charge amoun Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount Jnited Healthcare/UMR - All Plans - negotiated charge amount (8 OP - Aetna - All Plans - negotiated charge amount (8 OP - Aetna - W/ Med Adv negotiated charge amount - Optumcare - W/ Med Adv negotiated charge amount DP - Humana - W/ Med Adv negotiated charge amount alth and Life - W/ Med Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 1,092.00 \$ 1,902.26 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 2,074.80 \$ 1,902.26 \$ 960.96 \$ 960.96 \$ 960.96 \$ 960.96 \$ 960.96 \$ 960.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant Gene Shoppable Services (CMS-17 | Report - Table II | | Page 262 of 391 |
|---|--|--|---------------------|----------------------------|
| Shoppable Service Primary Service and Ancillary | <u>Services</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| I | NPATIENT, OUTPATIENT, SWING BEI | O or SKILLED NURSING FACILITY | | |
| 4390330 PELVIS W CONTRAST | | | | |
| 4390330PELVIS W CONTRAST4391967IV CONTRAST UP TO 100CC | | 72193 "Q9967,ME" | 350 636 | \$ 2,777.00 \$ 226.00 |
| RADIOLOGIST - not provided by facility (will be billed | separately by the radiology group) | Total of S | tandard Charges: | \$ 3,003.00 |
| | Copays, deductibles and | Self-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. | 1%)> | \$ 1,501.50 \$ 2,615.61 |
| | coinsurances are not factored into these charge | Maximum negotiated charge amount (9: | , | \$ 2,852.85 |
| | amounts since each patient's | Anthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount | | \$ 2,852.85 \$ 2,852.85 |
| CMS-Specified Shoppable Service | * | Prominence - All Plans - negotiated charge amount | (95%)> | \$ 2,852.85 |
| CT Scor | insurance plan is unique. | Silver Summit - All Plans - negotiated charge amount | | \$ 2,792.79 |
| CT Scan | | United Healthcare/UMR - All Plans - negotiated charge an | | \$ 2,852.85 |
| | | Aetna - All Plans - negotiated charge amount (8 | | \$ 2,615.61 |
| | | OP - Aetna - W/ Med Adv negotiated charge amount OP - Optumcare - W/ Med Adv negotiated charge amount | | \$ 1,321.32 \$ 1,321.32 |
| | | OP - Optimicare - W/ Med Adv negotiated charge amount OP - Humana - W/ Med Adv negotiated charge amount | | \$ 1,321.32 |
| | OP - Healthnlan Nevada/Si | erra Health and Life - W/ Med Adv negotiated charge amount | | \$ 1,321.32 |
| | | All other insurances - non-negotiated charge amount (100 | | \$ 3,003.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 263 of 391 |
|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4390340 PELVIS W/O CONTRAST | ENT, OUTPATIENT, SWING BED or SKILLED NUR | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390340 PELVIS W/O CONTRAST | | 72192 | 350 | \$ 1,918.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of S | Standard Charges: | \$ 1,918.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | 50% of charges, if balance is paid in mum negotiated charge amount (87. ximum negotiated charge amount (9 All Plans - negotiated charge amount All Plans - negotiated charge amount Il Plans - negotiated charge amount Il Plans - negotiated charge amount MR - All Plans - negotiated charge a Plans - negotiated charge amount (8 ed Adv negotiated charge amount ed Adv negotiated charge amount (10 | 1%)> 5%)> (95%)> (95%)> (93%)> (7.1%)> (44%)> (44%)> (44%)> | \$ 959.00 \$ 1,670.58 \$ 1,822.10 \$ 1,822.10 \$ 1,822.10 \$ 1,822.10 \$ 1,822.10 \$ 1,783.74 \$ 1,822.10 \$ 1,670.58 \$ 843.92 \$ 843.92 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ices Report - Table II -1717-F2) | CPT Code <or></or> | | Page 264 of 391 |
|---|--|---|---|---|--|
| Shoppable Service Primary Service and Ancillary Service | | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390361 THORACIC SPINE W/O CONTR | TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | FACILITY | | |
| 4390301 THORACIC SFINE W/O CONTR | ASI | | | | |
| 4390361 THORACIC SPINE W/O CONTRAST | | | 72128 | 350 | \$ 2,455.00 |
| RADIOLOGIST - not provided by facility (will be billed separat | ely by the radiology group) | | Total of S | tandard Charges: | \$ 2,455.00 |
| | | Self-pay/Cash Price (50% of cha | arges, if balance is paid in 1 | full)> | \$ 1,227.50 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P | negotiated charge amount negotiated charge amount (negotiated charge amount (lans - negotiated charge am | (95%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> | \$ 2,138.31 \$ 2,332.25 \$ 2,332.25 \$ 2,332.25 \$ 2,332.25 \$ 2,332.25 \$ 2,283.15 \$ 2,332.25 |
| | OP - Healthplan Nevada | Aetna - All Plans - ne OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv a/Sierra Health and Life - W/ Med Adv All other insurances - non-neg | negotiated charge amount (negotiated charge amount (negotiated charge amount (| (44%)> (44%)> (44%)> (44%)> | \$ 2,138.31 \$ 1,080.20 \$ 1,080.20 \$ 1,080.20 \$ 1,080.20 \$ 2,455.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Shoppable Services Rep (CMS-1717-F2 | ort - Table II | | Page 265 of 391 |
|---|--|---|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4390420BONE DENSITY SPINE / HIP | <u>es</u> TIENT, OUTPATIENT, SWING BED or | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4390420 BONE DENSITY SPINE / HIP | | "77078,TC" | 350 | \$ 485.00 |
| RADIOLOGIST - not provided by facility (will be billed separat | ely by the radiology group) | Total of S | tandard Charges: | \$ 485.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (99) Anthem Blue Cross - All Plans - negotiated charge amount Hometown Health - All Plans - negotiated charge amount Prominence - All Plans - negotiated charge amount Silver Summit - All Plans - negotiated charge amount United Healthcare/UMR - All Plans - negotiated charge amount United Healthcare/UMR - All Plans - negotiated charge amount (8) OP - Aetna - W/ Med Adv negotiated charge amount P- Optumcare - W/ Med Adv negotiated charge amount OP - Humana - W/ Med Adv negotiated charge amount ealth and Life - W/ Med Adv negotiated charge amount | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | \$ 242.50 \$ 422.44 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 460.75 \$ 422.44 \$ 213.40 \$ 213.40 \$ 213.40 \$ 213.40 |
| | | All other insurances - non-negotiated charge amount (100 |)%)> ================================ | \$ 485.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to | 24 | Mt. Grant General Shoppable Services Repo (CMS-1717-F2) | rt - Table II | CPT Code <or></or> | | Page 266 of 391 |
|--|---|---|---|-----------------------|---------------------|----------------------------|
| Shoppable Service | Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | INPATIE | NT, OUTPATIENT, SWING BED or S | SKILLED NURSING FAC | ILITY | | |
| 4391275 CTA | CHEST WO/W CONTR W/IMA | GE | | | | |
| 4391275 4391967 | CTA CHEST WO/W CONTR W/IMAGE IV CONTRAST UP TO 100CC | | | 71275 "Q9967,ME" | 350 636 | \$ 3,236.00 \$ 226.00 |
| RADIOLOGIST - not | provided by facility (will be billed separately b | v the radiology group) | | Total of S | Standard Charges: | \$ 3,462.00 |
| | | Copays, deductibles and | elf-pay/Cash Price (50% of charges, if Minimum negotiated c | - | | \$ 1,731.00 \$ 3,015.40 |
| | | coinsurances are not | Maximum negotiated | charge amount (9 | 5%)> | \$ 3,288.90 |
| | | | nthem Blue Cross - All Plans - negotia Hometown Health - All Plans - negotia | | | \$ 3,288.90 |
| | | amounts since each patient s | Prominence - All Plans - negotia | | | \$ 3,288.90 \$ 3,288.90 |
| | C | insurance plan is unique. | Silver Summit - All Plans - negotiat | | | \$ 3,219.66 |
| | Scan | | United Healthcare/UMR - All Plans - n | egotiated charge a | mount (95%)> | \$ 3,288.90 |
| | | | Aetna - All Plans - negotiate | | | \$ 3,015.40 |
| | | OP | OP - Aetna - W/ Med Adv negotiat - Optumcare - W/ Med Adv negotiat | | | \$ 1,523.28 \$ 1,523.28 |
| | | | - Optumcare - w/ Med Adv negotial DP - Humana - W/ Med Adv negotial | | | \$ 1,523.28 |
| | | | alth and Life - W/ Med Adv negotiat | | | \$ 1,523.28 |
| | | • | All other insurances - non-negotiated | C | | \$ 3,462.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | eral Hospital es Report - Table II 1717-F2) | CPT Code <or></or> | | Page 267 of 391 |
|---|--|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary SIN4394176CT ABD PELVIS W / O CONT | PATIENT, OUTPATIENT, SWING BE | ED or SKILLED NURSING F. | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4394176 CT ABD PELVIS W / O CONTRAST | | | 74176 | 350 | \$ 3,329.00 |
| RADIOLOGIST - not provided by facility (will be billed se | parately by the radiology group) | | Total of S | tandard Charges: | \$ 3,329.00 |
| CT Scan | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | ted charge amount (87.1 iated charge amount (95 gotiated charge amount gotiated charge amount otiated charge amount (otiated charge amount (s - negotiated charge amount (8 otiated charge amount (8 otiated charge amount (8 otiated charge amount (9 otiated charge amount (9 otiated charge amount (9) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> | \$ 1,664.50 \$ 2,899.56 \$ 3,162.55 \$ 3,162.55 \$ 3,162.55 \$ 3,162.55 \$ 3,162.55 \$ 3,095.97 \$ 3,162.55 \$ 2,899.56 \$ 1,464.76 \$ 1,464.76 \$ 1,464.76 |
| | | All other insurances - non-negotia | ted charge amount (100 | %)> ======== | \$ 3,329.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Use CTRL-F to SEARCH | Shoppable Services (CMS-17 ⁻ | • | CPT Code | | Page 268 of 391 |
|---|---|---|---|--|--|
| Shoppable Service Primary Service and Ancillary Services | ENT, OUTPATIENT, SWING BEI | , | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4399200 LOWER EXTREMITY LT W/O C 4399200 LOWER EXTREMITY LT W/O C RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | | 73700 Total of St | 350 tandard Charges: | \$ 2,100.00 \$ 2,100.00 |
| | Π | Self-pay/Cash Price (50% of charges, | if balance is paid in f | ull)> | \$ 1,050.00 |
| | Copays, deductibles and coinsurances are not factored into these charge | Maximum negotiat Anthem Blue Cross - All Plans - nego | | %)> (95%)> | \$ 1,829.10 \$ 1,995.00 \$ 1,995.00 |
| CT Scan | amounts since each patient's insurance plan is unique. | Hometown Health - All Plans - nego Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotia | iated charge amount (iated charge amount (negotiated charge am ted charge amount (87 | 95%)> 93%)> nount (95%)> 7.1%)> | \$ 1,995.00 \$ 1,995.00 \$ 1,953.00 \$ 1,995.00 \$ 1,829.10 |
| | OP - Healthplan Nevada/Sie | OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot erra Health and Life - W/ Med Adv negot All other insurances - non-negotiate | iated charge amount (iated charge amount (iated charge amount (| 44%)> 44%)> 44%)> | \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 \$ 924.00 \$ 2,100.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | Page 269 of 391 |
|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4420025 ABDOMEN MRI | ENT, OUTPATIENT, SWING BED or SKILLED N | <or> HCPCS CodeRevenue CodeURSING FACILITY</or> | <u>Standard Charge</u> |
| 4420025 ABDOMEN MRI | | 74181 610 | \$ 3,290.00 |
| RADIOLOGIST - not provided by facility (will be billed separately | by the radiology group) | Total of Standard Charges: | \$ 3,290.00 |
| MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in full) | <pre>\$ \$ 2,865.59 \$ 3,125.50 \$ 3,125.50 \$ 3,125.50 \$ 3,125.50 \$ 3,125.50 \$ 3,125.50 \$ 3,059.70 \$ 3,059.70 \$ 3,125.50 \$ 2,865.59 \$ 1,447.60 \$ 1,447.60 \$ 1,447.60</pre> |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 270 of 391 |
|--|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4420075 BRAIN WO/W CONTR MRI | T, OUTPATIENT, SWING BED or SKILLED N | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4420075 BRAIN WO/W CONTR MRI RADIOLOGIST - not provided by facility (will be billed separately by t | he radiology group) | 70553 | 611 | \$ 4,125.00 |
| | | Total of S | tandard Charges: | \$ 4,125.00 |
| CMS-Specified Shoppable Service MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | ce (50% of charges, if balance is paid in f Minimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 ss - All Plans - negotiated charge amount h - All Plans - negotiated charge amount (e - All Plans - negotiated charge amount (t - All Plans - negotiated charge amount (e/UMR - All Plans - negotiated charge amount (e/UMR - All Plans - negotiated charge amount (Med Adv negotiated charge amount (7/ Med Adv negotiated charge amount (| %)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (95%)> (44%)> (44%)> (44%)> | \$ 2,062.50 \$ 3,592.88 \$ 3,918.75 \$ 3,592.88 \$ 1,815.00 \$ 1,81 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospita Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 271 of 391 |
|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4420125BRAIN WO CONTRAST MRI | <u>ces</u> TIENT, OUTPATIENT, SWING BED or SKILLED | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4420125 BRAIN WO CONTRAST MRI RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | 70551 Total of Star | 611 ndard Charges: | \$ 2,614.00 \$ 2,614.00 |
| MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Aetna - OP - Humana - OP - Healthplan Nevada/Sierra Health and Life - | brice (50% of charges, if balance is paid in full Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) boss - All Plans - negotiated charge amount (95 alth - All Plans - negotiated charge amount (95 nit - All Plans - negotiated charge amount (93 are/UMR - All Plans - negotiated charge amount (93 are/UMR - All Plans - negotiated charge amount (87.1 W/ Med Adv negotiated charge amount (44 W/ Med Adv negotiated charge amount (44 W/ Med Adv negotiated charge amount (44 W/ Med Adv negotiated charge amount (44 ances - non-negotiated charge amount (100%) |)>)> 5%)> 5%)> 5%)> i%)> wunt (95%)> %)> i%) | \$ 1,307.00 \$ 2,276.79 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,483.30 \$ 2,276.79 \$ 1,150.16 \$ 1,150.16 \$ 1,150.16 \$ 1,150.16 \$ 1,150.16 \$ 2,614.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 272 of 391 |
|---|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| INPATIEN | T, OUTPATIENT, SWING BED or SKILLED N | NURSING FACILITY | | |
| 4420200 C SPINE WO CONTRAST MRI | | | | |
| 4420200 C SPINE WO CONTRAST MRI | ha radiology group) | 72141 | 612 | \$ 2,426.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by t | ne radiology group) | Total of S | Standard Charges: | \$ 2,426.00 |
| | | ice (50% of charges, if balance is paid in Minimum negotiated charge amount (87. | | \$ 1,213.00 \$ 2,113.05 |
| | coinsurances are not | Maximum negotiated charge amount (9 | 5%)> | \$ 2,304.70 |
| | amounts since each patient's Hometown Heal Prominence | ss - All Plans - negotiated charge amoun th - All Plans - negotiated charge amoun e - All Plans - negotiated charge amount it - All Plans - negotiated charge amount | t (95%)> (95%)> | \$ 2,304.70 \$ 2,304.70 \$ 2,304.70 \$ 2,256.18 |
| MRI | United Healthcar | re/UMR - All Plans - negotiated charge a - All Plans - negotiated charge amount (8 | mount (95%)> | \$ 2,304.70 \$ 2,113.05 |
| | | V/ Med Adv negotiated charge amountV/ Med Adv negotiated charge amount | | \$ 1,067.44 \$ 1,067.44 |
| | | V/ Med Adv negotiated charge amount | (44%)> | \$ 1,067.44 \$ 1,067.44 \$ 1,067.44 |
| | All other insuration | nces - non-negotiated charge amount (10 | 0%)> ================================ | \$ 2,426.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 273 of 391 |
|--|--|--|---|---|---|
| Shoppable ServicePrimary Service and AncillaryInIn4420300L SPINE WO CONTRAST M | NPATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4420300 L SPINE WO CONTRAST MRI | | | 72148 | 612 | \$ 2,613.00 |
| RADIOLOGIST - not provided by facility (will be billed a | separately by the radiology group) | | Total of Sta | andard Charges: | \$ 2,613.00 |
| CMS-Specified Shoppable Service MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P Aetna - All Plans - ne OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv | tiated charge amount (87.19 gotiated charge amount (959 negotiated charge amount (negotiated charge amount (negotiated charge amount (9 negotiated charge amount (9 lans - negotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (40 negotiated charge amount (40 negotiated charge amount (40 negotiated charge amount (40 | %)> 95%)> 95%)> 95%)> 93%)> 03%)> 01%)> 1%)> 14%)> 14%)> | \$ 1,306.50 \$ 2,275.92 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,482.35 \$ 2,275.92 \$ 1,149.72 \$ 1,149.72 |
| | OP - Healthplan Nevada | OP - Humana - W/ Med Adv /Sierra Health and Life - W/ Med Adv 1 | | | \$ 1,149.72 \$ 1,149.72 |
| | | All other insurances - non-neg | otiated charge amount (1009 | %)> ============= | \$ 2,613.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed:03/08/2024MtLast Update:03/08/2024MtUse CTRL-F to SEARCH | pable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | Page 274 of 391 |
|---|--|--|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIE 4420325 LE RT JNT WO CONTR | | <u>Standard Charge</u> |
| 4420325 LE RT JNT WO CONTR | 73721 610 | \$ 2,585.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of Standard Charges: | \$ 2,585.00 |
| Copays, deductible coinsurances are in factored into these amounts since each insurance plan is the OP | e Anthem Blue Cross - All Plans - negotiated charge amount (95%)> Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> | \$ 1,292.50 \$ 2,251.54 \$ 2,455.75 \$ 2,455.75 \$ 2,455.75 \$ 2,455.75 \$ 2,404.05 \$ 2,455.75 \$ 2,251.54 \$ 1,137.40 \$ 1,137.40 \$ 1,137.40 \$ 1,137.40 \$ 2,585.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | neral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 275 of 391 |
|--|---|--|--|--|--|
| Shoppable Service Primary Service and Ancillary S INI INI 4420510 T SPINE WO CONTRAST MR | PATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING I | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4420510 T SPINE WO CONTRAST MRI RADIOLOGIST - not provided by facility (will be billed sep | parately by the radiology group) | | 72146 Total of St | 612 candard Charges: | \$ 2,690.00 \$ 2,690.00 |
| | Copays, deductibles and | | rges, if balance is paid in f tiated charge amount (87.1 totiated charge amount (95 | %)> | \$ 1,345.00 \$ 2,342.99 \$ 2,555.50 |
| MRI | coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - n Silver Summit - All Plans - n United Healthcare/UMR - All Pl Aetna - All Plans - neg | negotiated charge amount negotiated charge amount negotiated charge amount (negotiated charge amount (ans - negotiated charge am gotiated charge amount (87 | (95%)> (95%)> 95%)> 93%)> hount (95%)> 7.1%)> | \$ 2,555.50 \$ 2,555.50 \$ 2,555.50 \$ 2,501.70 \$ 2,555.50 \$ 2,342.99 |
| | OP - Healthplan Nevada | OP - Aetna - W/ Med Adv n OP - Optumcare - W/ Med Adv n OP - Humana - W/ Med Adv n /Sierra Health and Life - W/ Med Adv n All other insurances - non-nego | egotiated charge amount (egotiated charge amount (egotiated charge amount (| 44%)> 44%)> 44%)> | \$ 1,183.60 \$ 1,183.60 \$ 1,183.60 \$ 1,183.60 \$ 2,690.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | neral Hospital ices Report - Table II | | | Page 276 of 391 |
|---|--|---|--|--|--|
| Use CTRL-F to SEARCH | `````````````````````````````````````` | -1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>ces</u> | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPA | TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | FACILITY | | |
| 4420550 UE RT JOINT WO CONTRAST | | | | | |
| | | | | | |
| 4420550 UE RT JOINT WO CONTRAST | | | 73221 | 610 | \$ 2,985.00 |
| RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | | Total of St | tandard Charges: | \$ 2,985.00 |
| | | | | tanuaru Charges. | \$ 2 , 905.00 |
| MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - r Silver Summit - All Plans - r United Healthcare/UMR - All P Aetna - All Plans - ne | tiated charge amount (87.1 gotiated charge amount (95 negotiated charge amount negotiated charge amount negotiated charge amount (negotiated charge amount (lans - negotiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> | \$ 1,492.50 \$ 2,599.94 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,776.05 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 |
| | | OP - Aetna - W/ Med Adv 1 OP - Optumcare - W/ Med Adv 1 | | | \$ 1,313.40 \$ 1,313.40 |
| | | OP - Humana - W/ Med Adv I | | | \$ 1,313.40 |
| | OP - Healthplan Nevada | a/Sierra Health and Life - W/ Med Adv r | | | \$ 1,313.40 |
| | | All other insurances - non-nego | otiated charge amount (100 | %)> ======= | \$ 2,985.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | | Page 277 of 391 |
|---|--|--|---|---|
| Shoppable Service Primary Service and Ancillary Service INIPAT | <u>es</u> <mark>TENT, OUTPATIENT, SWING BED or SKILLED N</mark> | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4429325 LE LT JOINT WO CONTR | TENT, OUTFAILENT, SWING DED OF SKILLED N | | | |
| 4429325 LE LT JOINT WO CONTR RADIOLOGIST - not provided by facility (will be billed separate | ly by the radiology group) | 73721 | 610 | \$ 2,585.00 |
| | | Total of S | tandard Charges: | \$ 2,585.00 |
| CMS-Specified Shoppable Service MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | ce (50% of charges, if balance is paid in Ainimum negotiated charge amount (87. Maximum negotiated charge amount (9 s - All Plans - negotiated charge amount h - All Plans - negotiated charge amount c - All Plans - negotiated charge amount t - All Plans - negotiated charge amount c/UMR - All Plans - negotiated charge amount e/UMR - All Plans - negotiated charge amount (8 // Med Adv negotiated charge amount // Med Adv negotiate | 1%) >> 5%) >> (95%) >> (95%) >> (95%) >> (95%) >> (93%) >> nount (95%) >> 7.1%) >> (44%) >> (44%) >> (44%) >> | \$ 1,292.50 \$ 2,251.54 \$ 2,455.75 \$ 2,455.75 \$ 2,455.75 \$ 2,455.75 \$ 2,455.75 \$ 2,404.05 \$ 2,455.75 \$ 2,251.54 \$ 1,137.40 \$ 1,13 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | •• | eral Hospital res Report - Table II 1717-F2) | CPT Code | | Page 278 of 391 |
|--|--|--|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINF4429550UE LT JNT WO CONTR | <u>rvices</u> ATIENT, OUTPATIENT, SWING BI | ED or SKILLED NURSING | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4429550 UE LT JNT WO CONTR RADIOLOGIST - not provided by facility (will be billed sep | arately by the radiology group) | | 73221 | 610 andard Charges: | \$ 2,985.00 \$ 2,985.00 |
| MRI | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All H | otiated charge amount (87.19 gotiated charge amount (959 e negotiated charge amount (e negotiated charge amount (negotiated charge amount (Plans - negotiated charge amount (Plans - negotiated charge amount (egotiated charge amount (negotiated charge amount (| %)> %)> (95%)> (95%)> (95%)> (95%)> (93%)> (1%) | \$ 1,492.50 \$ 2,599.94 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,835.75 \$ 2,776.05 \$ 2,835.75 \$ 2,599.94 \$ 1,313.40 \$ 1,313.40 \$ 1,313.40 \$ 1,313.40 \$ 2,985.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 279 of 391 |
|--|--|--|---|--|
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | UTPATIENT, SWING BED or SKILLED NURSIN | IG FACILITY | | |
| 4450010 COMPLETE ABDOMEN U S | | | | |
| 4450010 COMPLETE ABDOMEN U S | | 76700 | 402 | \$ 945.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the rad | ology group) | Total of 9 | Standard Charges: | \$ 945.00 |
| | ys, deductibles and Minimum n | f charges, if balance is paid in negotiated charge amount (87. n negotiated charge amount (9 | 1%)> | \$ 472.50 \$ 823.10 \$ 897.75 |
| CMS-Specified Shoppable Service amo | nts since each patient's ance plan is unique. Hometown Health - All Plan Silver Summit - All Plan United Healthcare/UMR - A Aetna - All Plans OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv | v negotiated charge amount | $\begin{array}{l} (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ (93\%) &> \\ (93\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 897.75 \$ 897.75 \$ 897.75 \$ 878.85 \$ 897.75 \$ 823.10 \$ 415.80 \$ 415.80 \$ 415.80 \$ 415.80 |
| | All other insurances - non-n | negotiated charge amount (10 | 0%)> ======== | \$ 945.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Tak (CMS-1717-F2) | • | | Page 280 of 391 |
|---|---|--|------------------------|-------------------------------------|
| Shoppable ServicePrimary Service and Ancillary ServiceINPAT4450020 LIMITED ABDOMEN U S | <u>es</u> TIENT, OUTPATIENT, SWING BED or SKIL | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4450020 LIMITED ABDOMEN U S RADIOLOGIST - not provided by facility (will be billed separat | ely by the radiology group) | 76705 | 402 | \$ 803.00 |
| | | | Standard Charges: | \$ 803.00 |
| | Self-pay | /Cash Price (50% of charges, if balance is paid in | full)> | \$ 401.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 | | \$ 699.41 \$ 762.85 |
| | amounts since each patient's Hometo | Blue Cross - All Plans - negotiated charge amoun wn Health - All Plans - negotiated charge amoun ominence - All Plans - negotiated charge amount | t (95%)> | \$ 762.85 \$ 762.85 \$ 762.85 |
| Ultrasound | insurance plan is unique. Silve | r Summit - All Plans - negotiated charge amount Healthcare/UMR - All Plans - negotiated charge a | (93%)> mount (95%)> | \$ 746.79 \$ 762.85 |
| | | Aetna - All Plans - negotiated charge amount (Aetna - W/ Med Adv negotiated charge amount ncare - W/ Med Adv negotiated charge amount | (44%)> | \$ 699.41 \$ 353.32 \$ 353.32 |
| | OP - Hu | mana - W/ Med Adv negotiated charge amount Life - W/ Med Adv negotiated charge amount | (44%)> | \$ 353.32 \$ 353.32 |
| | All oth | er insurances - non-negotiated charge amount (10 | 0%)> ========== | \$ 803.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | ces Report - Table II | | | Page 281 of 391 |
|--|--|---|---|--|---|
| Use CTRL-F to SEARCH <u>Shoppable Service</u> <u>Primary Service and Ancillary Service</u> | <u>ices</u> | 1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4450080 RENAL ULTRA SOUND | TIENT, OUTPATIENT, SWING B | ED OF SKILLED NUKSING | FACILITY | | |
| 4450080 RENAL ULTRA SOUND RADIOLOGIST - not provided by facility (will be billed separ | ately by the radiology group) | | 76770 | 402 | \$ 723.00 |
| KADIOLOOIST - not provided by facinity (will be blied separ | acty by the radiology group) | | Total of St | andard Charges: | \$ 723.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum neg Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P | tiated charge amount (87.1 gotiated charge amount (95 negotiated charge amount (95 negotiated charge amount (97 negotiated charge amount (97 negotiated charge amount (97 lans - negotiated charge amount (97 gotiated charge amount (97 | %)> %)> (95%)> 95%)> 93%)> iount (95%)> '.1%)> | \$ 361.50 \$ 629.73 \$ 686.85 \$ 686.85 \$ 686.85 \$ 686.85 \$ 686.85 \$ 672.39 \$ 686.85 \$ 629.73 \$ 318.12 |
| | OP - Healthplan Nevada | OP - Optumcare - W/ Med Adv 1 OP - Humana - W/ Med Adv 1 /Sierra Health and Life - W/ Med Adv 1 All other insurances - non-nego | negotiated charge amount (negotiated charge amount (negotiated charge amount (| 44%)> 44%)> 44%)> | \$ 318.12 \$ 318.12 \$ 318.12 \$ 318.12 \$ 723.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 282 of 391 |
|--|--|---|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services UNDATED INDATED | NUTRATIONT COUNCIDED or SZULEDD NUDSING D | | <u>Kevenue Code</u> | <u>Standard Charge</u> |
| 4450090 PELVIS NON OB ULTRA SOUND | DUTPATIENT, SWING BED or SKILLED NURSING F | ACILITY | | |
| ++30070 TELVIS NON OB CETIKA SOUND | | | | |
| 4450090 PELVIS NON OB ULTRA SOUND | | 76856 | 402 | \$ 830.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the ra | diology group) | Total of § | Standard Charges: | \$ 830.00 |
| | | | chungun u Chunges. | φ 0.50.00 |
| coi fac am | | atted charge amount (87. tiated charge amount (92 egotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount ns - negotiated charge an otiated charge amount (8 gotiated charge amount (8 gotiated charge amount gotiated charge amount | 1%)> 5%)> (95%)> (95%)> (93%)> mount (95%)> (7.1%)> (44%)> (44%)> | \$ 415.00 \$ 722.93 \$ 788.50 \$ 788.50 \$ 788.50 \$ 788.50 \$ 788.50 \$ 788.50 \$ 771.90 \$ 788.50 \$ 722.93 \$ 365.20 \$ 365.20 \$ 365.20 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv neg | | | \$ 365.20 |
| | All other insurances - non-negoti | ated charge amount (100 | J%)> ================================ | \$ 830.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ces Report - Table II -1717-F2) | CPT Code | | Page 283 of 391 |
|--|--|--|---|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4450100LIMITED VENOUS STUDIES US | TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING F | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4450100 LIMITED VENOUS STUDIES US | | | 93971 | 921 | \$ 797.00 |
| RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | | Total of S | tandard Charges: | \$ 797.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada | Maximum nego Anthem Blue Cross - All Plans - r Hometown Health - All Plans - r Prominence - All Plans - no Silver Summit - All Plans - no United Healthcare/UMR - All Pla Aetna - All Plans - neg OP - Aetna - W/ Med Adv no OP - Optumcare - W/ Med Adv no OP - Humana - W/ Med Adv no Visierra Health and Life - W/ Med Adv no | iated charge amount (87.1 potiated charge amount (95 negotiated charge amount egotiated charge amount (egotiated charge amount (egotiated charge amount (ans - negotiated charge am potiated charge amount (87 egotiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 398.50 \$ 694.19 \$ 757.15 \$ 757.15 \$ 757.15 \$ 757.15 \$ 757.15 \$ 741.21 \$ 757.15 \$ 694.19 \$ 350.68 \$ 350.68 \$ 350.68 \$ 350.68 |
| | | All other insurances - non-negot | tiated charge amount (100 | %)> ======= | \$ 797.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Shoppable Servi | neral Hospital ces Report - Table II | | | Page 284 of 391 |
|--|---|--|---|----------------|-------------------------------------|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancilla | , , | -1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | <u>INPATIENT, OUTPATIENT, SWING B</u> | ED or SKILLED NURSING | | | |
| 4450120 S T NECK | | | | | |
| 4450120 S T NECK | | | 76536 | 402 | \$ 726.00 |
| RADIOLOGIST - not provided by facility (will be bille | d separately by the radiology group) | | Total of Sta | ndard Charges: | \$ 726.00 |
| | Copays, deductibles and | | otiated charge amount (87.1% |)> | \$ 363.00 \$ 632.35 |
| | Copays, deductibles and coinsurances are not | | otiated charge amount (87.1% egotiated charge amount (95% | | \$ 632.35 \$ 689.70 |
| | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans Hometown Health - All Plans | - negotiated charge amount (9 | 95%)> | \$ 689.70 \$ 689.70 |
| Ultrasound | insurance plan is unique. | | negotiated charge amount (93 negotiated charge amount (93 Plans - negotiated charge amo | 3%)> | \$ 689.70 \$ 675.18 \$ 689.70 |
| | | | egotiated charge amount (87.) negotiated charge amount (44 | | \$ 632.35 \$ 319.44 |
| | | OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv | negotiated charge amount (44 | 4%)> | \$ 319.44 \$ 319.44 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv | | | \$ 319.44 |
| | | All other insurances - non-ne | gotiated charge amount (100% |)> | \$ 726.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ices Report - Table II -1717-F2) | CPT Code | | Page 285 of 391 |
|---|--|--|--|---|--|
| | <u>vices</u> TIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | <or> HCPCS Code FACILITY</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4450130 SCROTUM ULTRASOUND | | | | | |
| 4450130 SCROTUM ULTRASOUND | | | 76870 | 402 | \$ 775.00 |
| RADIOLOGIST - not provided by facility (will be billed separ | ately by the radiology group) | | Total of St | andard Charges: | \$ 775.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum ne Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All J Aetna - All Plans - n OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv a/Sierra Health and Life - W/ Med Adv | ptiated charge amount (87.19 gotiated charge amount (959 - negotiated charge amount (- negotiated charge amount (negotiated charge amount (Plans - negotiated charge am egotiated charge amount (87 negotiated charge amount (87 negotiated charge amount (47 negotiated charge am | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> 44%)> | \$ 387.50 \$ 675.03 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 675.03 \$ 341.00 \$ 341.00 \$ 341.00 \$ 341.00 \$ 341.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Mt. Grant General Hospital Use CTRL-F to SEARCH Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 286 of 391 |
|---|--|---|---|
| Shoppable Service Primary Service and Ancillary Services INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSIN 4450140 TRANSVAGINAL ULTRA SOUND | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4450140 TRANSVAGINAL ULTRA SOUND | 76830 | 402 | \$ 717.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of Sta | undard Charges: | \$ 717.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | of charges, if balance is paid in ful negotiated charge amount (87.1% n negotiated charge amount (95% ans - negotiated charge amount (9 ans - negotiated charge amount (9 ns - negotiated charge amount (9 All Plans - negotiated charge amount (87. All Plans - negotiated charge amount (87. lv negotiated charge amount (44 lv negotiated charge amount (44 lv negotiated charge amount (44 v negotiated charge amount (44 v negotiated charge amount (44 v negotiated charge amount (44 v negotiated charge amount (44 | b) >> b) >> | \$ 358.50 \$ 624.51 \$ 681.15 \$ 681.15 \$ 681.15 \$ 681.15 \$ 666.81 \$ 681.15 \$ 624.51 \$ 315.48 \$ 315.48 \$ 315.48 \$ 315.48 \$ 315.48 \$ 315.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servic | neral Hospital ces Report - Table II -1717-F2) | CPT Code | | Page 287 of 391 |
|--|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINI4453306ECHOCARDIOGRAM, COMP | PATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING FA | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4453306 ECHOCARDIOGRAM, COMPLETE | | | 93306 | 483 | \$ 2,365.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | parately by the radiology group) | | Total of St | andard Charges: | \$ 2,365.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada | | ed charge amount (87.14 ated charge amount (95 gotiated charge amount (95 obtiated charge amount (95) obtiated charge amount (95) obtiated charge amount (95) ated charge amount (97) obtiated charge amount (97) | %)> %)> (95%)> 95%)> 93%)> iount (95%)> 44%)> 44%)> 44%)> | \$ 1,182.50 \$ 2,059.92 \$ 2,246.75 \$ 2,199.45 \$ 2,246.75 \$ 2,2059.92 \$ 1,040.60 \$ 1,040.60 \$ 1,040.60 \$ 1,040.60 |
| | | All other insurances - non-negotia | ted charge amount (100 | %)> | \$ 2,365.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ices Report - Table II -1717-F2) | CPT Code <or></or> | | Page 288 of 391 |
|---|--|---|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4453308ECHOCARDIOGRAM, LIMIT | ATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4453308 ECHOCARDIOGRAM, LIMITED | | | 93308 | 483 | \$ 1,006.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | arately by the radiology group) | | Total of St | andard Charges: | \$ 1,006.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum n Anthem Blue Cross - All Plans Hometown Health - All Plans Prominence - All Plans - | otiated charge amount (87.1) egotiated charge amount (95) - negotiated charge amount (- negotiated charge amount (- negotiated charge amount (- negotiated charge amount (| %)> %)> (95%)> 95%)> 93%)> | \$ 503.00 \$ 876.23 \$ 955.70 \$ 955.70 \$ 955.70 \$ 955.70 \$ 955.70 \$ 935.58 \$ 955.70 |
| | OP - Healthplan Nevada | | egotiated charge amount (87 negotiated charge amount (4 negotiated charge amount (4 negotiated charge amount (4 negotiated charge amount (4 | .1%) 44%) | \$ 953.70 \$ 876.23 \$ 442.64 \$ 442.64 \$ 442.64 \$ 442.64 \$ 442.64 \$ 1,006.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|--|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Servic | e <u>s</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPAT | TIENT, OUTPATIENT, SWING BED or SKILLED N | URSING FACILITY | | |
| 4453880 DOPPLER SCAN XCRANIAL BII | LAT (CAROTID) | | | |
| 4453880 DOPPLER SCAN XCRANIAL BILAT (CARC | | 93880 | 921 | \$ 1,251.00 |
| RADIOLOGIST - not provided by facility (will be billed separate | ly by the radiology group) | Total of S | tandard Charges: | \$ 1,251.00 |
| | Copays, deductibles and M | ee (50% of charges, if balance is paid in f finimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 | %)> | \$ 625.50 \$ 1,089.62 \$ 1,188.45 |
| Ultrasound | Anthem Blue Cross Anthem Blue Cross Hometown Health Prominence Silver Summit United Healthcare, Aetna - OP - Aetna - W/ OP - Optumcare - W/ OP - Humana - W/ | s - All Plans - negotiated charge amount h - All Plans - negotiated charge amount - All Plans - negotiated charge amount (- All Plans - negotiated charge amount (//UMR - All Plans - negotiated charge am All Plans - negotiated charge amount (//Med Adv negotiated charge amount (//Med Adv negotiated charge amount (//Med Adv negotiated charge amount (| (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | 1,188.45 1,188.45 1,188.45 1,188.45 1,163.43 1,188.45 1,089.62 550.44 550.44 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ All other insuranc | Med Adv negotiated charge amount (ces - non-negotiated charge amount (100 | | \$ 550.44 \$ 1,251.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | ces Report - Table II 1717-F2) CPT Code <or></or> | Page 290 of 391 |
|--|---|---|--|
| Shoppable ServicePrimary Service and AncillaryIn4453925BILAT DOPPLER LOW EXT | NPATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING FACILITY | Code Standard Charge |
| 4453925 BILAT DOPPLER LOW EXT ARTER | | 93925 402 | 2 \$ 1,091.00 |
| RADIOLOGIST - not provided by facility (will be billed s | eparately by the radiology group) | Total of Standard Ch | arges: \$ 1,091.00 |
| | | Self-pay/Cash Price (50% of charges, if balance is paid in full) | > \$ 545.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | |
| Ultrasound | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negotiated charge amount (95%) Hometown Health - All Plans - negotiated charge amount (95%) Prominence - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (93%) United Healthcare/UMR - All Plans - negotiated charge amount (95%) Aetna - All Plans - negotiated charge amount (87.1%) OP - Aetna - W/ Med Adv negotiated charge amount (44%) OP - Optumcare - W/ Med Adv negotiated charge amount (44%) | > \$ 1,036.45 > \$ 1,036.45 > \$ 1,014.63 > \$ 1,036.45 > \$ 1,036.45 > \$ 1,036.45 > \$ 1,036.45 > \$ 1,036.45 > \$ 950.26 > \$ 480.04 |
| | OP - Healthplan Nevada | OP - Humana - W/ Med Adv negotiated charge amount (44%) OP - Humana - W/ Med Adv negotiated charge amount (44%) /Sierra Health and Life - W/ Med Adv negotiated charge amount (44%) All other insurances - non-negotiated charge amount (100%) | > \$ 480.04 > \$ 480.04 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Service Primary Service and Ancillary Services | <or> <u>HCPCS Code</u></or> | Revenue Code | |
|--|---|---|---|
| INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FA 4453926 UNI DUPLEX LOW EXT RT ARTERY | ACILITY | <u>Kevenue Code</u> | <u>Standard Charge</u> |
| 4453926 UNI DUPLEX LOW EXT RT ARTERY | 93926 | 402 | \$ 1,041.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radiology group) | Total of St | tandard Charges: | \$ 1,041.00 |
| | ted charge amount (87.1 iated charge amount (95 gotiated charge amount gotiated charge amount (gotiated charge amount (gotiated charge amount (gotiated charge amount (87 gotiated charge amount (87) gotiated charge amount (87) gotiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 520.50 \$ 906.71 \$ 988.95 \$ 988.95 \$ 988.95 \$ 988.95 \$ 988.95 \$ 988.95 \$ 988.95 \$ 968.13 \$ 988.95 \$ 906.71 \$ 458.04 \$ 458.04 \$ 458.04 \$ 458.04 \$ 458.04 \$ 458.04 \$ 1,041.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | Teral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 292 of 391 |
|---|---|---|---|---|---|
| Shoppable Service Primary Service and Ancillary Se | Υ. Υ. | , | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4453970 CMPL BILAT VENOUS STUD | | | | | |
| 4453970 CMPL BILAT VENOUS STUD US RADIOLOGIST - not provided by facility (will be billed sep | anotaly by the radials as aroun) | | 93970 | 402 | \$ 1,208.00 |
| RADIOLOGIST - not provided by facility (will be blied sep | aratery by the radiology group) | | Total of St | andard Charges: | \$ 1,208.00 |
| | Copays, deductibles and | | rges, if balance is paid in f tiated charge amount (87.1 gotiated charge amount (95 | %)> | \$ 604.00 \$ 1,052.17 \$ 1,147.60 |
| Ultrasound | coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - r Silver Summit - All Plans - r United Healthcare/UMR - All P Aetna - All Plans - ne OP - Aetna - W/ Med Adv r | negotiated charge amount negotiated charge amount (negotiated charge amount (negotiated charge amount (lans - negotiated charge am gotiated charge amount (87 negotiated charge amount (87 | (95%)> (95%)> 95%)> 93%)> hount (95%)> 7.1%)> 44%)> | \$ 1,147.60 \$ 1,147.60 \$ 1,147.60 \$ 1,123.44 \$ 1,147.60 \$ 1,052.17 \$ 531.52 |
| | OP - Healthplan Nevada | OP - Optumcare - W/ Med Adv 1 OP - Humana - W/ Med Adv 1 /Sierra Health and Life - W/ Med Adv r All other insurances - non-nego | negotiated charge amount (negotiated charge amount (| 44%)> 44%)> | \$ 531.52 \$ 531.52 \$ 531.52 \$ 1,208.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hosp Shoppable Services Report - Table (CMS-1717-F2) | e II | Page 293 of 391 |
|--|---|--|---|
| Shoppable Service Primary Service and Ancillary Ser | <u>vices</u> ATIENT, OUTPATIENT, SWING BED or SKILL | CPT Code <or> <u>HCPCS Code</u> <u>Revenue Cod</u> ED NURSING FACILITY</or> | e <u>Standard Charge</u> |
| 4453975 RENAL DOPPLER US - COMPLETE RADIOLOGIST - not provided by facility (will be billed sepa | rately by the radiology group) | 93975 921 Total of Standard Charg | \$ 1,401.00 es: \$ 1,401.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Ae OP - Optunc OP - Huma | Cash Price (50% of charges, if balance is paid in full) Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Iue Cross - All Plans - negotiated charge amount (95%) | > \$ 1,220.27 \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,330.95 > \$ 1,220.27 > \$ 616.44 > \$ 616.44 > \$ 616.44 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Serv | neral Hospital ices Report - Table II -1717-F2) | CPT Code <or></or> | | Page 294 of 391 |
|---|---|--|---|--|--|
| Shoppable ServicePrimary Service and Ancillary SIN4453976RENAL DOPPLER US - LIMIT | PATIENT, OUTPATIENT, SWING B | BED or SKILLED NURSING | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4453976 RENAL DOPPLER US - LIMITED | | | 93976 | 921 | \$ 2,593.00 |
| RADIOLOGIST - not provided by facility (will be billed sep | parately by the radiology group) | | Total of St | andard Charges: | \$ 2,593.00 |
| | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's | Maximum ne Anthem Blue Cross - All Plans - Hometown Health - All Plans - | otiated charge amount (87.1 gotiated charge amount (95 negotiated charge amount negotiated charge amount | %)> %)> (95%)> (95%)> | \$ 1,296.50 \$ 2,258.50 \$ 2,463.35 \$ 2,463.35 \$ 2,463.35 \$ 2,463.35 |
| Ultrasound | insurance plan is unique. OP - Healthplan Nevad | Silver Summit - All Plans - United Healthcare/UMR - All P | Plans - negotiated charge an egotiated charge amount (87 negotiated charge amount (negotiated charge amount (negotiated charge amount (| 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 2,463.35 \$ 2,411.49 \$ 2,463.35 \$ 2,258.50 \$ 1,140.92 \$ 1,140.92 \$ 1,140.92 \$ 1,140.92 |
| | | All other insurances - non-neg | otiated charge amount (100 | %)> | \$ 2,593.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 295 of 391 |
|---|--|--|-------------------------|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | ices | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPA | TIENT, OUTPATIENT, SWING BED or SKILLED NU | RSING FACILITY | | |
| 4456770 ABDOMINAL AORTA ULTRAS | OUND | | | |
| 4456770 ABDOMINAL AORTA ULTRASOUND | | 76770 | 402 | \$ 723.00 |
| RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | Total of S | Standard Charges: | \$ 723.00 |
| | Copays, deductibles and Min coinsurances are not | (50% of charges, if balance is paid in nimum negotiated charge amount (87. aximum negotiated charge amount (93 | 1%)> 5%)> | \$ 361.50 \$ 629.73 \$ 686.85 |
| | amounts since each patient's Hometown Health - Prominence - | All Plans - negotiated charge amount | (95%)> (95%)> | \$ 686.85 \$ 686.85 \$ 686.85 \$ 672.39 |
| Ultrasound | United Healthcare/U Aetna - A | JMR - All Plans - negotiated charge amount (8 Il Plans - negotiated charge amount (8 Med Adv negotiated charge amount | mount (95%)> 37.1%)> | \$ 686.85 \$ 629.73 \$ 318.12 |
| | | Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount | (44%)> | \$ 318.12 \$ 318.12 \$ 318.12 |
| | All other insurances | es - non-negotiated charge amount (100 | 0%)> ======== | \$ 723.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hos Shoppable Services Report - Ta (CMS-1717-F2) | ble II CPT Code | | Page 296 of 391 |
|---|--|--|--|---|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4457680S.T. BACK | <u>ices</u> TIENT, OUTPATIENT, SWING BED or SKIL | | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4457680 S.T. BACK | | 76800 | 402 | \$ 1,585.00 |
| RADIOLOGIST - not provided by facility (will be billed separa | tely by the radiology group) | Total of Star | ndard Charges: | \$ 1,585.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - OP - Optu OP - Healthplan Nevada/Sierra Health an | //Cash Price (50% of charges, if balance is paid in full Minimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) Blue Cross - All Plans - negotiated charge amount (95 own Health - All Plans - negotiated charge amount (95 rominence - All Plans - negotiated charge amount (95 er Summit - All Plans - negotiated charge amount (95 er Summit - All Plans - negotiated charge amount (93 Healthcare/UMR - All Plans - negotiated charge amount (87.1 Aetna - All Plans - negotiated charge amount (87.1 Aetna - W/ Med Adv negotiated charge amount (44 mcare - W/ Med Adv negotiated charge amount (44 mana - W/ Med Adv negotiated charge amount (44 mana - W/ Med Adv negotiated charge amount (44 meare - W/ Meare - Negotiated charge amount (44 meare - W/ Meare - Negotiated charge amount (44 meare - W/ Meare - Negotiated charge amount (44 meare - Negotiated |)>)> 5%)> 5%)> %)> %)> %)> %)> %)> %)> %)> %)> %)> %)> | \$ 792.50 \$ 1,380.54 \$ 1,505.75 \$ 1,505.75 \$ 1,505.75 \$ 1,505.75 \$ 1,505.75 \$ 1,505.75 \$ 1,505.75 \$ 1,380.54 \$ 697.40 \$ 697.40 \$ 697.40 \$ 697.40 \$ 1,585.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 297 of 391 |
|--|---|---|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| INPATIENT, OU | TPATIENT, SWING BED or SKILLED NURSING FA | CILITY | | |
| 4458964 EXTREMITY, NON-VASCULAR, LIMITEI | U/S | | | |
| 4458964 EXTREMITY, NON-VASCULAR, LIMITED U/S | | 76882 | 402 | \$ 517.00 |
| RADIOLOGIST - not provided by facility (will be billed separately by the radio | ogy group) | Total of S | tandard Charges: | \$ 517.00 |
| | | s, if balance is paid in a ed charge amount (87.1 ated charge amount (95 | 1%)> | \$ 258.50 \$ 450.31 \$ 491.15 |
| amou | Anthem Blue Cross - All Plans - nege Hometown Health - All Plans - nege Prominence - All Plans - nego Silver Summit - All Plans - nego United Healthcare/UMR - All Plans Aetna - All Plans - nego OP - Aetna - W/ Med Adv nego OP - Optumcare - W/ Med Adv nego OP - Humana - W/ Med Adv nego | otiated charge amount otiated charge amount otiated charge amount - negotiated charge ar ated charge amount (8 otiated charge amount (8 otiated charge amount (8 otiated charge amount (8) | (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 491.15 \$ 491.15 \$ 491.15 \$ 480.81 \$ 491.15 \$ 450.31 \$ 227.48 \$ 227.48 \$ 227.48 \$ 227.48 |
| | All other insurances - non-negotiate | Ū. | | \$ 517.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital Ices Report - Table II -1717-F2) | CPT Code | | Page 298 of 391 |
|---|--|---|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINP4459926UNI DUPLEX LOW EXT LT A | ATIENT, OUTPATIENT, SWING B | ED or SKILLED NURSING FA | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4459926 UNI DUPLEX LOW EXT LT ARTERY | | | 93926 | 402 | \$ 1,041.00 |
| RADIOLOGIST - not provided by facility (will be billed sepa | urately by the radiology group) | | Total of St | andard Charges: | \$ 1,041.00 |
| Ultrasound | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | d charge amount (87.1 ed charge amount (95 tiated charge amount (tiated charge amount (iated charge amount (iated charge amount (- negotiated charge am ted charge amount (87 iated charge amount (87 iated charge amount (iated charge amount (iated charge amount (| %)> %)> (95%)> 95%)> 93%)> hount (95%)> 1%)> 44%)> 44%)> 44%)> | \$ 520.50 \$ 906.71 \$ 988.95 \$ 988.95 \$ 988.95 \$ 988.95 \$ 968.13 \$ 988.95 \$ 968.13 \$ 988.95 \$ 906.71 \$ 458.04 \$ 458.04 \$ 458.04 |
| | | All other insurances - non-negotiate | d charge amount (100 | %)> | \$ 1,041.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | 03/08/2024 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 299 of 391 |
|--------------------|--------------------------|--|---|---|--|
| Use CTR | | EARCH (CMS-1717-F2) | CPT Code <or></or> | | |
| <u>Shoppable S</u> | <u>Service</u> | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPATIENT | | | |
| 4480165 | ADEN | OSINE 6 MG/SYR (3 MG/ML), J0153 - INJECTION, PER 1 MG | | | |
| 4480165 4657374 | | ADENOSINE 6 MG/SYR (3 MG/ML), J0153 - INJECTION, PER 1 MG IV PUSH INITIAL | J0153 96374 | 636 260 | \$ 18.00 \$ 168.00 |
| | | | Total of | Standard Charges: | \$ 186.00 |
| | | Self-pay/Cash Price (50% of | f charges, if balance is paid ir | n full)> | \$ 93.00 |
| | | | negotiated charge amount (87 n negotiated charge amount (9 | | \$ 162.01 \$ 176.70 |
| I | Pharr | nacy All nounts since cach patient s insurance plan is unique. Prominence - All Plan Silver Summit - All Plan United Healthcare/UMR - A Aetna - All Plan | ns - negotiated charge amount ns - negotiated charge amount ns - negotiated charge amount All Plans - negotiated charge amount (negotiated charge amount (v negotiated charge amount v negotiated charge amount v negotiated charge amount v negotiated charge amount | nt (95%)> t (95%)> t (93%)> amount (95%)> 87.1%)> t (44%)> t (44%)> t (44%)> | \$ 176.70 \$ 176.70 \$ 176.70 \$ 172.98 \$ 176.70 \$ 162.01 \$ 81.84 \$ 81.84 \$ 81.84 \$ 81.84 |
| | | All other insurances - non- | negotiated charge amount (10 |)0%)> | \$ 186.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | •• | neral Hospital ces Report - Table II 1717-F2) | CPT Code | | Page 300 of 391 |
|---|--|--|--|--|--|
| Shoppable ServicePrimary Service and Ancillary Service4480283AMIODARONE 450 MG/9 ML, J | OUTPA | TIENT | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4480283AMIODARONE 450 MG/9 ML, J0282 - IN4480283AMIODARONE 450 MG/9 ML, J0282 - IN4487084FSODIUM CHLORIDE 0.9% INTRAVENOU4657365THERAPEUTIC 16-60 MIN | ECTION, PER 30 MG | | J0282 96365 Total of \$ | 636 258 260 Standard Charges: | \$ 2.50 \$ 57.00 \$ 362.00 \$ 421.50 |
| Pharmacy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | I charge amount (87. ed charge amount (9 tiated charge amount iated charge amount iated charge amount iated charge amount negotiated charge a ted charge amount (8 iated charge amount iated charge amount iated charge amount iated charge amount iated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> g3%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 210.75 \$ 367.13 \$ 400.43 \$ 400.43 \$ 400.43 \$ 400.43 \$ 392.00 \$ 400.43 \$ 367.13 \$ 185.46 \$ 185.46 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | |
|--|---|--|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) CPT Code <or></or> | | |
| Shoppable Service Primary Se | ervice and Ancillary Services <u>HCPCS Code</u> <u>Revenue Code</u> | Standard Charge | |
| | OUTPATIENT | | |
| 4480295 AMPICILLIN/ | SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM | | |
| | | | |
| | N/SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM 536 | \$ 37.00 | |
| | ILORIDE 0.9% INTRAVENOUS SOLUTION 50ML | \$ 57.00 | |
| 4657365 THERAPEU | TIC 16-60 MIN 96365 260 | \$ 362.00 | |
| | Total of Standard Charges: | \$ 456.00 | |
| | | | |
| Pharmacy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is paid in full) | > \$ 397.18 \$ 433.20 > \$ 433.20 > \$ 433.20 > \$ 433.20 > \$ 433.20 \$ 433.20 > \$ 424.08 \$ 433.20 > \$ 424.08 > \$ 433.20 > \$ 200.64 \$ 200.64 \$ 200.64 | |
| | All other insurances - non-negotiated charge amount (100%) | > \$456.00 | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: Last Update: | 03/08/2024 03/08/2024 | Mt. Grant General Hospital | Page 30 | 02 of 391 |
|--------------------------------|---|---|-----------------------------|---|
| Use CTR | RL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | | |
| Shoppable S | Service Primary Serv | ice and Ancillary Services HCPCS Code Reve | enue Code Standard | <u>l Charge</u> |
| | | OUTPATIENT | | |
| 4480897 | DENOSUMAB 1 | | | |
| | | A quantity of 100MG will be charged for this medication the pricing shown is for a 1MG injection | | |
| 4480897 4487084F 4657365 | DENOSUMAB 1 SODIUM CHLO THERAPEUTIC | RIDE 0.9% INTRAVENOUS SOLUTION 50ML | 636 258 260 | \$ 42.00 \$ 57.00 \$ 362.00 |
| | | Total of Standar | [•] d Charges: | \$ 461.00 |
| | | Self-pay/Cash Price (50% of charges, if balance is paid in full) | | \$ 230.50 |
| | | Copays, deductibles and coinsurances are notMinimum negotiated charge amount (87.1%) Maximum negotiated charge amount (95%) | | \$ 401.53 \$ 437.95 |
| Pharmacy | Pharmacy | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - negotiated charge amount (95%) Hometown Health - All Plans - negotiated charge amount (95%) Silver Summit - All Plans - negotiated charge amount (93%) - United Healthcare/UMR - All Plans - negotiated charge amount (93%) - United Healthcare/UMR - All Plans - negotiated charge amount (87.1%) - OP - Aetna - M/ Med Adv negotiated charge amount (44%) - OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%) - | >> (95%)> > > > | \$ 437.95 \$ 437.95 \$ 428.73 \$ 437.95 \$ 401.53 \$ 202.84 \$ 202.84 \$ 202.84 \$ 202.84 |
| | | All other insurances - non-negotiated charge amount (100%) | > | \$ 461.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 | Nit. Grant General Hospital | | | Page 303 of 391 |
|---|--|--|---|---|
| Use CTRL-F to | D SEARCH Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4480972 CEF | AZOLIN 1 GM/VIAL, J0690 - INJECTION, PER 500 MG | | | |
| 4480972 4487084F | CEFAZOLIN 1 GM/VIAL, J0690 - INJECTION, PER 500 MG SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML | J0690 | 636 258 | \$ 28.00 \$ 57.00 |
| 4657365 | THERAPEUTIC 16-60 MIN | 96365 | 260 | \$ 362.00 |
| | | Total of | Standard Charges: | \$ 447.00 |
| | Self-pay/Cash Price (50% of cha | arges, if balance is paid in | full)> | \$ 223.50 |
| | | otiated charge amount (87 gotiated charge amount (9 | | \$ 389.34 \$ 424.65 |
| | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - | negotiated charge amoun negotiated charge amount | tt (95%)> 2 (95%)> | \$ 424.65 \$ 424.65 \$ 424.65 \$ 424.65 \$ 415.71 |
| Phar | TMACY United Healthcare/UMR - All F Aetna - All Plans - ne OP - Aetna - W/ Med Adv | Plans - negotiated charge a egotiated charge amount (negotiated charge amount | amount (95%)> 87.1%)> 4 (44%)> | \$ 424.65 \$ 389.34 \$ 196.68 |
| | OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv | negotiated charge amount negotiated charge amount | (44%)> (44%)> | \$ 196.68 \$ 196.68 \$ 196.68 |
| | All other insurances - non-neg | otiated charge amount (10 |)0%)> ================================ | \$ 447.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: Last Update: Use CTR | 03/08/2024 03/08/2024 L-F to S | 4 | Shoppable Serv | neral Hospital ices Report - Table II 5-1717-F2) | CPT Code <or></or> | | Page 304 of 391 |
|--|--------------------------------------|---------------------------------------|--|--|-----------------------|-------------------|----------------------|
| Shoppable S | Service_ | Primary Service and Ancillary Servic | <u>ces</u> | | HCPCS Code | Revenue Code | Standard Charge |
| | | | OUTPA | TIENT | | | |
| 4481012 | CEFT | RIAXONE 25 MG/VIAL, J0 | 696 - INJECTION, PER 250 MG | | | | |
| | | · · · · · · · · · · · · · · · · · · · | ll usually be administered and charged f | or this medication the pricing shown | is for a 250MG | injection | |
| 4481012 | | CEFTRIAXONE 25 MG/VIAL, J0696 - INJEC | CTION, PER 250 MG | | J0696 | 636 | \$ 7.50 |
| 4652015 | | PHARMACY INJ FEE | | | 96372 | 260 | \$ 32.00 |
| | | | | | Total of S | Standard Charges: | \$ 39.50 |
| | | | Copays, deductibles and | Self-pay/Cash Price (50% of charges | - | full)> | \$ 19.75 \$ 34.40 |
| | | | coinsurances are not | e | e · | 5%)> | \$ 37.53 |
| | | | factored into these charge | Anthem Blue Cross - All Plans - nego | | | \$ 37.53 |
| | | | amounts since each patient's | Hometown Health - All Plans - nego | | | \$ 37.53 |
| | | | insurance plan is unique. | Prominence - All Plans - nego | | | \$ 37.53 |
| 1 | Phari | macy | instrance plan is unique. | Silver Summit - All Plans - nego | | | \$ 36.74 \$ 37.53 |
| | 1 1141 1 | macy | | United Healthcare/UMR - All Plans Aetna - All Plans - negotia | | | \$ 37.55 \$ 34.40 |
| | | | L | OP - Aetna - W/ Med Adv nego | | | \$ 54.40 \$ 17.38 |
| | | | | OP - Optumcare - W/ Med Adv nego | | | \$ 17.38 |
| | | | | OP - Humana - W/ Med Adv nego | | | \$ 17.38 |
| | | | OP - Healthplan Nevad | a/Sierra Health and Life - W/ Med Adv negot | iated charge amount | (44%)> | \$ 17.38 |
| | | | | All other insurances - non-negotiate | d charge amount (10 | 0%)> | \$ 39.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to | 24 | Shoppable Servi | neral Hospital ces Report - Table II -1717-F2) | CPT Code | | Page 305 of 391 |
|--|---------------------------------------|--|--|---------------------------------|---------------------|----------------------|
| Shoppable Service | Primary Service and Ancillary Service | 5 | | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | | - OUTPA | TIENT | | | |
| 4481350 J1100 |) - INJECTION, DEXAMETH | ASONE SODIUM PHOSPHATE, | 1MG | | | |
| | , | this injection will be at least 4MG, but | | MG injection | | |
| 4481350 | J1100 - INJECTION, DEXAMETHASONE SOI | v v v | | J1100 | 636 | \$ 7.50 |
| 4652015 | PHARMACY INJ FEE | | | 96372 | 260 | \$ 32.00 |
| | | | | Total of S | Standard Charges: | \$ 39.50 |
| | | | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 19.75 |
| | | Copays, deductibles and | Minimum negotiated | l charge amount (87. | 1%)> | \$ 34.40 |
| | | coinsurances are not | | | 5%)> | |
| | | factored into these charge | Anthem Blue Cross - All Plans - nego | | | \$ 37.53 |
| | | amounts since each patient's | Hometown Health - All Plans - nego | | | |
| | | insurance plan is unique. | Prominence - All Plans - negot | | | |
| Dhar | macy | insurance plan is unique. | Silver Summit - All Plans - negot | | | |
| 1 11a1 | macy | | United Healthcare/UMR - All Plans - | | | \$ 37.53 |
| | | | Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot | | | |
| | | | OP - Aetna - w/ Med Adv negot OP - Optumcare - W/ Med Adv negot | | | \$ 17.38 \$ 17.38 |
| | | | OP - Humana - W/ Med Adv negot | | | |
| | | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv negot | | | \$ 17.38 |
| | | r | All other insurances - non-negotiate | e | | \$ 39.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | neral Hospital | | | Page 306 of 391 |
|--|------------------------------|--|-----------------------|---------------------|------------------------|
| Use CTRL-F to SEARCH | | ces Report - Table II 1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPA | TIENT | | | |
| 4481630 J3360 - INJECTION, DIAZEPAM, UP | | | | | |
| | | | | | |
| 4481630 J3360 - INJECTION, DIAZEPAM, UP TO 5 MG | | | J3360 | 636 | \$ 13.00 |
| 4652015PHARMACY INJ FEE | | | 96372 | 260 | \$ 32.00 |
| | | | Total of S | Standard Charges: | \$ 45.00 |
| | | | | | |
| | | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 22.50 |
| | Copays, deductibles and | Minimum negotiated | l charge amount (87. | .1%)> | \$ 39.20 |
| | coinsurances are not | Maximum negotiat | ed charge amount (9 | 95%)> | \$ 42.75 |
| | factored into these charge | Anthem Blue Cross - All Plans - nego | tiated charge amoun | ıt (95%)> | \$ 42.75 |
| | amounts since each patient's | Hometown Health - All Plans - nego | | | \$ 42.75 |
| | insurance plan is unique. | Prominence - All Plans - negot | | | \$ 42.75 |
| Pharmacy | insurance plan is unique. | Silver Summit - All Plans - negoti | | | \$ 41.85 |
| I hat macy | | - United Healthcare/UMR - All Plans Aetna - All Plans - negotia | | | \$ 42.75 |
| | | OP - Aetna - W/ Med Adv negota | | | \$ 39.20 \$ 19.80 |
| | | OP - Optumcare - W/ Med Adv negot | | | \$ 19.80 |
| | | OP - Humana - W/ Med Adv negot | | | \$ 19.80 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv negoti | | | \$ 19.80 |
| | - | All other insurances - non-negotiated | C C | | \$ 45.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to | 24 IVIT. Grant General Hospital Shoppable Services Report - Table II | CPT Code | | Page 307 of 391 |
|--|--|--|---|--|
| Shoppable Service | Primary Service and Ancillary Services OUTPATIENT | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4481830 J1200 4481830 4652015 |) - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG PHARMACY INJ FEE | J1200 96372 Total of S | 636 260 Standard Charges: | \$ 20.00 \$ 32.00 \$ 52.00 |
| Phar | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. TMACY TMACY TMACY TMACY Copays, deductibles and Minin Mar Hometown Health - A Brominence - A Silver Summit - A United Healthcare/UM Aetna - All OP - Aetna - W/ Me OP - Optumcare - W/ Me OP - Humana - W/ Me OP - Healthplan Nevada/Sierra Health and Life - W/ Me | 50% of charges, if balance is paid in mum negotiated charge amount (87. ximum negotiated charge amount (92 All Plans - negotiated charge amount All Plans - negotiated charge amount All Plans - negotiated charge amount All Plans - negotiated charge amount MR - All Plans - negotiated charge amount MR - All Plans - negotiated charge amount (8 ded Adv negotiated charge amount ded Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 26.00 \$ 45.29 \$ 49.40 \$ 49.40 \$ 49.40 \$ 49.40 \$ 49.40 \$ 44.36 \$ 49.40 \$ 45.29 \$ 22.88 \$ 22.88 \$ 22.88 \$ 22.88 \$ 22.88 \$ 22.88 \$ 22.88 \$ 22.88 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 308 of 391 |
|--|---|--|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4481950 J1265 - INJECTION, DOPAMINE HC | | | | |
| 4481950 J1265 - INJECTION, DOPAMINE HCL, 40 MG 4657365 THERAPEUTIC 16-60 MIN | | J1265 96365 | 636 260 | \$ 78.00 \$ 362.00 |
| | | Total of | Standard Charges: | \$ 440.00 |
| | Self-pay/Cash Price (50% of charg | | | \$ 220.00 |
| | copuls, acadenoics and | ated charge amount (87 stiated charge amount (9 | | \$ 383.24 \$ 418.00 |
| Pharmacy | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - ne Hometown Health - All Plans - ne Silver Summit - All Plans - ne United Healthcare/UMR - All Plans - ne United Healthcare/UMR - All Plans - nego OP - Aetna - All Plans - nego OP - Aetna - W/ Med Adv ne OP - Optumcare - W/ Med Adv ne OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv ne | egotiated charge amount gotiated charge amount gotiated charge amount ns - negotiated charge a ptiated charge amount (gotiated charge amount gotiated charge amount gotiated charge amount | tt (95%)> tt (95%)> tt (93%)> amount (95%)> 87.1%)> tt (44%)> tt (44%)> tt (44%)> | \$ 418.00 \$ 418.00 \$ 418.00 \$ 409.20 \$ 418.00 \$ 383.24 \$ 193.60 \$ 193.60 \$ 193.60 \$ 193.60 |
| | All other insurances - non-negoti | | | \$ 440.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 | | | | Page 309 of 391 |
|---|--|---|--|--|
| Use CTRL-F to | | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4481953 LEVI | ETIRACETAM INJ 10 MG | | | |
| 4481953 4487084F | LEVETIRACETAM INJ 10 MG SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML | J1953 | 636 258 | \$ 1.50 \$ 57.00 |
| 4657365 | THERAPEUTIC 16-60 MIN | 96365 | 260 | \$ 362.00 |
| | | Total of S | Standard Charges: | \$ 420.50 |
| | Self-pay/Cash Price (50% of ch | harges, if balance is paid in | full)> | \$ 210.25 |
| | | gotiated charge amount (87. egotiated charge amount (9 | | \$ 366.26 \$ 399.48 |
| Phar | rmacy Silver Summit - All Plans - United Healthcare/UMR - All Aetna - All Plans - n OP - Aetna - W/ Med Adv OP - Optumcare - W/ Med Adv OP - Humana - W/ Med Adv OP - Humana - W/ Med Adv | negotiated charge amoun negotiated charge amount negotiated charge amount Plans - negotiated charge amount (8 negotiated charge amount (8 negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> $37.1%)> (44%)$ | \$ 399.48 \$ 399.48 \$ 399.48 \$ 391.07 \$ 399.48 \$ 366.26 \$ 185.02 \$ 185.02 \$ 185.02 \$ 185.02 |
| | All other insurances - non-neg | gotiated charge amount (10 | 0%)> | \$ 420.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 310 of 391 |
|--|---|--|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services | | <u>Hereb couc</u> | <u>Kevenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | |
| 4482062 J2060 - INJECTION, LORAZEPAM | , 2MG | | | |
| 4482062 J2060 - INJECTION, LORAZEPAM, 2MG | | J2060 | 636 | \$ 18.00 |
| 4652015PHARMACY INJ FEE | | 96372 | 260 | \$ 32.00 |
| | | Total of | Standard Charges: | \$ 50.00 |
| | Self-pay/Cash Price (50% of char | ges, if balance is paid in iated charge amount (87. | , | \$ 25.00 \$ 43.55 |
| | | otiated charge amount (97 | | \$ 43.55 \$ 47.50 |
| Pharmacy | OP - Aetna - W/ Med Adv no OP - Optumcare - W/ Med Adv no OP - Humana - W/ Med Adv no | negotiated charge amount egotiated charge amount egotiated charge amount ans - negotiated charge a gotiated charge amount (segotiated charge amount egotiated charge amount egotiated charge amount egotiated charge amount | $\begin{array}{l} t (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \end{array}$ | \$ 47.50 \$ 47.50 \$ 47.50 \$ 46.50 \$ 46.50 \$ 47.50 \$ 43.55 \$ 22.00 \$ 22.00 \$ 22.00 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv ne All other insurances - non-negot | 0 | | \$ 22.00 \$ 50.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed:03/08/2024Last Update:03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 311 of 391 |
|---|--|--------------------------|---------------------|----------------------|
| Use CTRL-F to SEAR | | CPT Code <or></or> | | |
| Shoppable Service Prima | ary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4482130 J0171 - INJ | IECTION, ADRENALIN, EPINEPHRINE, 0.1 MG | | | |
| | | | | |
| | - INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG | J0171 | 636 | \$ 8.50 |
| 4652015 PHAR | MACY INJ FEE | 96372 | 260 | \$ 32.00 |
| | | Total of | Standard Charges: | \$ 40.50 |
| | Self-pay/Cash Price (50% of charge | s, if balance is paid in | 1 full)> | \$ 20.25 |
| | Copays, deductibles and Minimum negotiat | ed charge amount (87. | .1%)> | \$ 35.28 |
| | coinsurances are not Maximum negoti | ated charge amount (9 | 95%)> | \$ 38.48 |
| | factored into these charge Anthem Blue Cross - All Plans - neg | | | \$ 38.48 |
| | amounts since each patient's Hometown Health - All Plans - neg | | | \$ 38.48 |
| | insurance plan is unique. Prominence - All Plans - neg Silver Summit - All Plans - neg | | | \$ 38.48 \$ 37.67 |
| Pharmac | CV Shive Summer And Lans - hege United Healthcare/UMR - All Plans | | | \$ 38.48 |
| | Aetna - All Plans - negot | iated charge amount (| 87.1%)> | \$ 35.28 |
| | OP - Aetna - W/ Med Adv neg | | | \$ 17.82 |
| | OP - Optumcare - W/ Med Adv neg | | | \$ 17.82 \$ 17.82 |
| | OP - Humana - W/ Med Adv neg OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv neg | | | \$ 17.82 \$ 17.82 |
| | All other insurances - non-negotia | e | | \$ 40.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 | Mit. Grant General Hospital | | | Page 312 of 391 |
|--|--|--|---------------------|-------------------------------------|
| Use CTRL-F to | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4482185 MER | ROPENEM 100MG IV | | | |
| 4482185 4487084F | MEROPENEM 100MG IV SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML | J2185 | 636 258 | \$ 17.00 |
| 4657365 | THERAPEUTIC 16-60 MIN | 96365 | 260 | \$ 57.00 \$ 362.00 |
| | | Total of | Standard Charges: | \$ 436.00 |
| | Self-pay/Cash Price (50% of char | ges, if balance is paid in | n full)> | \$ 218.00 |
| | | iated charge amount (87 otiated charge amount (9 peropertiated charge amount | 95%)> | \$ 379.76 \$ 414.20 \$ 414.20 |
| | amounts since each patient's Hometown Health - All Plans - r | negotiated charge amoun | nt (95%)> | \$ 414.20 |
| | insurance plan is unique. | | | \$ 414.20 \$ 405.48 |
| Phar | United Healthcare/UMR - All Pla | ans - negotiated charge a | amount (95%)> | \$ 414.20 |
| | Aetna - All Plans - neg OP - Aetna - W/ Med Adv ne | sotiated charge amount (| | \$ 379.76 \$ 191.84 |
| | OP - Optumcare - W/ Med Adv no | egotiated charge amount | t (44%)> | \$ 191.84 |
| | OP - Humana - W/ Med Adv no OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv no | | | \$ 191.84 \$ 191.84 |
| | All other insurances - non-negot | 0 | | \$ 436.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | NIT (Frant (Fonoral Hospital | | | Page 313 of 391 |
|--|---|---|---|---|
| Use CTRL-F to | | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4482350 J3010 |) - INJECTION, FENTANYL CITRATE, 0.1 MG | | | |
| 4482350 4657374 | J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG IV PUSH INITIAL | J3010 96374 | 636 260 | \$ 97.00 \$ 168.00 |
| | | Total of | Standard Charges: | \$ 265.00 |
| | | tice (50% of charges, if balance is paid in | | \$ 132.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 | , | \$ 230.82 \$ 251.75 |
| Phar | amounts since each patient's insurance plan is unique. TMACY Hometown Heal Prominenc Silver Summi United Healthcar Aetna | bss - All Plans - negotiated charge amoun lth - All Plans - negotiated charge amoun ce - All Plans - negotiated charge amount tit - All Plans - negotiated charge amount re/UMR - All Plans - negotiated charge a - All Plans - negotiated charge amount (8 W/ Med Adv negotiated charge amount | tt (95%)> (95%)> (93%)> tmount (95%)> 87.1%)> | \$ 251.75 \$ 251.75 \$ 251.75 \$ 246.45 \$ 251.75 \$ 230.82 \$ 116.60 |
| | OP - Humana - W OP - Healthplan Nevada/Sierra Health and Life - W | W/ Med Adv negotiated charge amount W/ Med Adv negotiated charge amount W/ Med Adv negotiated charge amount unces - non-negotiated charge amount (10 | (44%)> (44%)> | \$ 116.60 \$ 116.60 \$ 116.60 \$ 265.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 314 of 391 |
|---|---|--|-------------------------|--|
| Shoppable Service Primary Service an | d Ancillary Services | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | |
| 4482543 J2543 - INJECTION, | PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.7 | 125 GRAMS (1.125 GRAN | (IS) | |
| | PERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)).9% INTRAVENOUS SOLUTION 50ML | J2543 | 636 258 | \$ 34.00 \$ 57.00 |
| 4657365 THERAPEUTIC 16-60 | MIN | 96365 | 260 | \$ 362.00 |
| | | Total of S | Standard Charges: | \$ 453.00 |
| | | (50% of charges, if balance is paid in nimum negotiated charge amount (87. | | \$ 226.50 |
| | | laximum negotiated charge amount (87. | | \$ 394.56 \$ 430.35 |
| | amounts since each patient's Hometown Health - Prominence - | - All Plans - negotiated charge amount - All Plans - negotiated charge amount All Plans - negotiated charge amount | t (95%)> (95%)> | \$ 430.35 \$ 430.35 \$ 430.35 |
| Pharmacy | United Healthcare/U Aetna - A | All Plans - negotiated charge amount JMR - All Plans - negotiated charge a Il Plans - negotiated charge amount (8 | mount (95%)> 87.1%)> | \$ 421.29 \$ 430.35 \$ 394.56 \$ 100.22 |
| | OP - Optumcare - W/ M | Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount Med Adv negotiated charge amount | (44%)> (44%)> | \$ 199.32 \$ 199.32 \$ 199.32 \$ 199.32 |
| | All other insurance | es - non-negotiated charge amount (10 | 0%)> | \$ 453.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|--|--|---|-------------------|----------------------------------|
| Use CTRL-F to S | SEARCH | •• | 717-F2) | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | | | HCPCS Code | Revenue Code | Standard Charge |
| | | OUTPAT | TIENT | | | |
| 4482800 J1630 | - INJECTION, HALOPERIDOL | , UP TO 5MG | | | | |
| 4482800 | J1630 - INJECTION, HALOPERIDOL, UP TO 5MG | | | J1630 | 636 | \$ 51.00 |
| 4652015 | PHARMACY INJ FEE | | | 96372 | 260 | \$ 32.00 |
| | | | | Total of S | Standard Charges: | \$ 83.00 |
| | | Copays, deductibles and coinsurances are not | Maximum negotiat | l charge amount (87. ed charge amount (9 | 1%)> 5%)> | \$ 41.50 \$ 72.29 \$ 78.85 |
| | | factored into these charge amounts since each patient's | Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego | | | \$ 78.85 \$ 78.85 |
| | | insurance plan is unique. | Prominence - All Plans - negot | iated charge amount | (95%)> | \$ 78.85 |
| Phar | macy | insurance plan is unique. | Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - | | | \$ 77.19 \$ 78.85 |
| | | | Aetna - All Plans - negotia | ted charge amount (8 | 87.1%)> | \$ 72.29 |
| | | | OP - Aetna - W/ Med Adv negot | | | \$ 36.52 \$ 26.52 |
| | | | OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot | | | \$ 36.52 \$ 36.52 |
| | | OP - Healthplan Nevada/S | Sierra Health and Life - W/ Med Adv negoti | | | \$ 36.52 |
| | | | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 83.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gene Shoppable Service | • | | | Page 316 of 391 |
|--|-------------------------------------|---|-----------------------|---------------------|----------------------|
| Use CTRL-F to SEARCH | (CMS-17 | • | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPAT | IENT | | | |
| 4483030 J1170 - INJECTION, HYDROMOR | PHONE, UP TO 4MG | | | | |
| | | | | | |
| 4483030 J1170 - INJECTION, HYDROMORPHONE, UP ' | TO 4MG | | J1170 | 636 | \$ 29.00 |
| 4652015PHARMACY INJ FEE | | | 96372 | 260 | \$ 32.00 |
| | | | Total of S | Standard Charges: | \$ 61.00 |
| | | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 30.50 |
| | Copays, deductibles and | Minimum negotiated | U N | | \$ 53.13 |
| | coinsurances are not | Maximum negotiat | ed charge amount (9 | 5%)> | \$ 57.95 |
| | factored into these charge | Anthem Blue Cross - All Plans - nego | | | \$ 57.95 |
| | amounts since each patient's | Hometown Health - All Plans - nego | | | \$ 57.95 |
| | insurance plan is unique. | Prominence - All Plans - negot Silver Summit - All Plans - negot | | | \$ 57.95 \$ 56.73 |
| Pharmacy | | United Healthcare/UMR - All Plans - | | | \$ 50.75 |
| | | Aetna - All Plans - negotiat | | | \$ 53.13 |
| | | OP - Aetna - W/ Med Adv negot | | | \$ 26.84 |
| | | OP - Optumcare - W/ Med Adv negot | | | \$ 26.84 |
| | | OP - Humana - W/ Med Adv negot | | | \$ 26.84 |
| | OP - Healthplan Nevada/S | erra Health and Life - W/ Med Adv negoti | ated charge amount | (44%)> | \$ 26.84 |
| | | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 61.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|--|---|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4483210 REGULAR INSULIN (HUMULIN-R), J | 11815 - INJECTION, PER 5 UNITS | | | |
| 4483210 REGULAR INSULIN (HUMULIN-R), J1815 - INJECT | TION, PER 5 UNITS | J1815 | 636 | \$ 5.00 |
| | | Total of S | Standard Charges: | \$ 5.00 |
| Pharmacy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Minim Maxi Anthem Blue Cross - Al Hometown Health - Al Prominence - All Silver Summit - All United Healthcare/UM Aetna - All P | 0% of charges, if balance is paid in num negotiated charge amount (87. imum negotiated charge amount (9 Il Plans - negotiated charge amoun Il Plans - negotiated charge amoun I Plans - negotiated charge amount I Plans - negotiated charge amount I Plans - negotiated charge amount IR - All Plans - negotiated charge a Plans - negotiated charge amount (8 d Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> | \$ 2.50 \$ 4.36 \$ 4.75 \$ 4.75 \$ 4.75 \$ 4.75 \$ 4.75 \$ 4.65 \$ 4.75 \$ 4.65 \$ 4.75 \$ 4.36 \$ 2.20 |
| | OP - Optumcare - W/ Med OP - Humana - W/ Med OP - Healthplan Nevada/Sierra Health and Life - W/ Med | d Adv negotiated charge amount d Adv negotiated charge amount | (44%)> (44%)> (44%)> | \$ 2.20 \$ 2.20 \$ 2.20 \$ 5.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Ho | • | | | Page 318 of 391 |
|--|---|--|--|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - 1 (CMS-1717-F2) | | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPATIENT | | | | |
| 4483331 LANTUS INSULIN/VIAL, J1815 - IN | JECTION, PER 5 UNITS | | | | |
| 4483331 LANTUS INSULIN/VIAL, J1815 - INJECTION, P. | ER 5 UNITS | | J1815 | 636 | \$ 17.00 |
| | | | Total of S | tandard Charges: | \$ 17.00 |
| | Copays, deductibles and coinsurances are not factored into these charge Anthe amounts since each patient's Hom | bay/Cash Price (50% of charges, in Minimum negotiated of Maximum negotiated of Blue Cross - All Plans - negotia netown Health - All Plans - negotia Prominence - All Plans - negotia | charge amount (87.3 I charge amount (93 ated charge amount ated charge amount | 1%)> 5%)> (95%)> (95%)> | \$ 8.50 \$ 14.81 \$ 16.15 \$ 16.15 \$ 16.15 \$ 16.15 |
| Pharmacy | Unite OP OP - Op | ilver Summit - All Plans - negotia ed Healthcare/UMR - All Plans - r Aetna - All Plans - negotiate - Aetna - W/ Med Adv negotia otumcare - W/ Med Adv negotia Humana - W/ Med Adv negotia | ted charge amount negotiated charge and d charge amount (8 ted charge amount ted charge amount ted charge amount ted charge amount | (93%)> mount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 10.13 \$ 15.81 \$ 16.15 \$ 14.81 \$ 7.48 \$ 7.48 \$ 7.48 \$ 7.48 |
| | All c | other insurances - non-negotiated | charge amount (100 |)%)> ================================ | \$ 17.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|--|------------------------|----------------------------------|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4483336 SULFAMETHOXAZOLE 800 MG-TRI | METHOPRIM 160 MG TABLET | | | |
| 4483336 SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM | 160 MG TABLET | S0039 | 636 | \$ 18.00 |
| | | Total of | Standard Charges: | \$ 18.00 |
| | | rges, if balance is paid in iated charge amount (87 otiated charge amount (9 | .1%)> | \$ 9.00 \$ 15.68 \$ 17.10 |
| | factored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans - 1 Hometown Health - All Plans - 1 Prominence - All Plans - 1 Silver Summit - All Plans - 1 | negotiated charge amoun legotiated charge amount | tt (95%)> tt (95%)> | \$ 17.10 \$ 17.10 \$ 17.10 |
| Pharmacy | United Healthcare/UMR - All Pl | ans - negotiated charge a | amount (95%)> | \$ 16.74 \$ 17.10 |
| | OP - Aetna - W/ Med Adv n | gotiated charge amount (legotiated charge amount | | \$ 15.68 \$ 7.92 |
| | OP - Optumcare - W/ Med Adv n OP - Humana - W/ Med Adv n | egotiated charge amount | z (44%)> | \$ 7.92 \$ 7.92 |
| | OP - Hullana - W/ Med Adv n OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv n | | | \$ 7.92 \$ 7.92 |
| | All other insurances - non-nego | tiated charge amount (10 | 00%)> | \$ 18.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 320 of 391 |
|--|--|---|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>s</u> | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4483596 J1650 - INJECTION, ENOXAPAR | IN SODIUM, 10 MG | | | |
| 4483596J1650 - INJECTION, ENOXAPARIN SODIUM4652015PHARMACY INJ FEE | , 10 MG | J1650 96372 | 636 260 | \$ 20.00 \$ 32.00 |
| | | Total of S | Standard Charges: | \$ 52.00 |
| | | 1% of charges, if balance is paid in um negotiated charge amount (87. | , | \$ 26.00 \$ 45.29 |
| | coinsurances are not Maxin | mum negotiated charge amount (9). | · · · · · · · · · · · · · · · · · · · | \$ 45.29 \$ 49.40 |
| Pharmacy | amounts since each patient's insurance plan is unique. Hometown Health - All Prominence - All Silver Summit - All United Healthcare/UMF Aetna - All P OP - Aetna - W/ Med | Il Plans - negotiated charge amount Il Plans - negotiated charge amount Plans - negotiated charge amount Plans - negotiated charge amount R - All Plans - negotiated charge amount Plans - negotiated charge amount (8 Adv negotiated charge amount Adv negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 49.40 \$ 49.40 \$ 49.40 \$ 48.36 \$ 49.40 \$ 45.29 \$ 22.88 \$ 22.88 |
| | OP - Humana - W/ Med OP - Healthplan Nevada/Sierra Health and Life - W/ Med | d Adv negotiated charge amount | (44%)> (44%)> | \$ 22.88 \$ 22.88 \$ 52.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 321 of 391 |
|--|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary Service4483602J3475 - INJECTION, MAGNESI | OUTPATIENT | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4483602J3475 - INJECTION, MAGNESIUM SULFA4487084FSODIUM CHLORIDE 0.9% INTRAVENOU4657365THERAPEUTIC 16-60 MIN | TE, PER 500 MG | J3475 96365 Total of St | 636 258 260 tandard Charges: | \$ 13.00 \$ 57.00 \$ 362.00 \$ 432.00 |
| Pharmacy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | e (50% of charges, if balance is paid in f finimum negotiated charge amount (87.1 Maximum negotiated charge amount (95 s - All Plans - negotiated charge amount - All Plans - negotiated charge amount (- All Plans - negotiated charge amount (- All Plans - negotiated charge amount (/UMR - All Plans - negotiated charge amount (/UMR - All Plans - negotiated charge amount (/UMR - All Plans - negotiated charge amount (/ Med Adv negotiated charge amount (| %)> (95%)> (95%)> (95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 216.00 \$ 376.27 \$ 410.40 \$ 410.40 \$ 410.40 \$ 410.40 \$ 410.40 \$ 410.40 \$ 410.40 \$ 376.27 \$ 190.08 \$ 190. |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|-------------------------------|--------------------------|---|---------------------------------------|---|---|---------------------|------------------------|
| Use CTR Shoppable S | RL-F to SEARC | H y Service and Ancillary Servic | , , , , , , , , , , , , , , , , , , , | S-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | | y Service and Anemary Servic | | ATIENT | | | <u></u> |
| 4483791 | SOLU-MEDI | ROL (PF) 125 MG/2 N | IL SOLUTION FOR INJECTIO | | | | |
| 403771 | SOLC-MLD | $\mathbf{NOL}\left(\mathbf{IT}\right)\mathbf{I25}\mathbf{NIO}\mathbf{I2}\mathbf{N}$ | | | | | |
| 4483791 | SOLU-M | EDROL (PF) 125 MG/2 ML SOLUTI | ON FOR INJECTION | | J2930 | 636 | \$ 56.00 |
| 4657374 | IV PUSH | INITIAL | | | 96374 | 260 | \$ 168.00 |
| | | | | | Total of S | Standard Charges: | \$ 224.00 |
| | | | | _ | | | |
| | | | | Self-pay/Cash Price (50% of charge | es, if balance is paid in | full)> | \$ 112.00 |
| | | | Copays, deductibles and | e | ed charge amount (87. | · | \$ 195.10 |
| | | | coinsurances are not | Maximum negoti | ated charge amount (9 | 5%)> | \$ 212.80 |
| | | | factored into these charge | Anthem Blue Cross - All Plans - neg | | | \$ 212.80 |
| | | | amounts since each patient's | Hometown Health - All Plans - neg | | | \$ 212.80 |
| | | | insurance plan is unique. | Prominence - All Plans - neg Silver Summit - All Plans - neg | | | \$ 212.80 \$ 208.32 |
| | Pharmacy | 7 | 1 1 | United Healthcare/UMR - All Plans | | | \$ 208.32 |
| | | | | Aetna - All Plans - negot | | | \$ 195.10 |
| | | | | OP - Aetna - W/ Med Adv nego | e . | | \$ 98.56 |
| | | | | OP - Optumcare - W/ Med Adv nego | | | \$ 98.56 |
| | | | | OP - Humana - W/ Med Adv nego | | | \$ 98.56 |
| | | | OP - Healthplan Neva | la/Sierra Health and Life - W/ Med Adv nego | otiated charge amount | (44%)> | \$ 98.56 |
| | | | | All other insurances - non-negotia | ted charge amount (10 | 0%)> | \$ 224.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/ Last Update: 03/08/ | 2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 323 of 391 |
|---|--|--|--|---|---|
| Use CTRL-F t | | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | | |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | | <u>HCrCs Coue</u> | <u>Revenue Code</u> | Standard Charge |
| | | OUTPATIENT | | | |
| 4483810 ME | TOCLOPRAMIDE 5 MG/ML INJEC | FION SOLUTION | | | |
| 4483810 4657374 | METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION IV PUSH INITIAL | 1 | J2765 96374 | 636 260 | \$ 42.00 \$ 168.00 |
| | | | Total of S | Standard Charges: | \$ 210.00 |
| | C | | tiated charge amount (87. | 1%)> | \$ 105.00 \$ 182.91 |
| Pha | fa an | Anthem Blue Cross - All Plans - Hometown Health - All Plans - Prominence - All Plans - Silver Summit - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P Aetna - All Plans - ne OP - Aetna - W/ Med Adv n OP - Humana - W/ Med Adv n OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv n | negotiated charge amount negotiated charge amount negotiated charge amount Plans - negotiated charge a gotiated charge amount (8 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 199.50 \$ 199.50 \$ 199.50 \$ 199.50 \$ 199.50 \$ 199.50 \$ 182.91 \$ 92.40 \$ 92.40 \$ 92.40 \$ 92.40 |
| | | All other insurances - non-nego | otiated charge amount (10 | 0%)> ================================ | \$ 210.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | 4 IVIT. Grant General H Shoppable Services Report | • | | Page 324 of 391 |
|---|--|--|--|--|
| Use CTRL-F to S | | CPT Code <or> HCPCS Code</or> | . <u>Revenue Code</u> | Standard Charge |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | <u>Heres cour</u> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | |
| 4483900 J2250 | - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG | | | |
| 4483900 | J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG | J2250 | 636 | \$ 18.00 |
| 4652015 | PHARMACY INJ FEE | 96372 | 260 | \$ 32.00 |
| | | Total o | f Standard Charges: | \$ 50.00 |
| | Sel | f-pay/Cash Price (50% of charges, if balance is paid | n full)> | \$ 25.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated charge amount (8 Maximum negotiated charge amount | · · · · · · · · · · · · · · · · · · · | \$ 43.55 \$ 47.50 |
| Dham | factored into these chargeAntamounts since each patient'sHoinsurance plan is unique.Ho | hem Blue Cross - All Plans - negotiated charge amou ometown Health - All Plans - negotiated charge amou Prominence - All Plans - negotiated charge amou Silver Summit - All Plans - negotiated charge amou | nt (95%)> nt (95%)> | \$ 47.50 \$ 47.50 \$ 47.50 \$ 46.50 |
| Phar | Un Un OP - C OP | ited Healthcare/UMR - All Plans - negotiated charge Aetna - All Plans - negotiated charge amount OP - Aetna - W/ Med Adv negotiated charge amoun Optumcare - W/ Med Adv negotiated charge amount - Humana - W/ Med Adv negotiated charge amount h and Life - W/ Med Adv negotiated charge amount - Negotiated char | amount (95%)> (87.1%)> nt (44%)> nt (44%)> nt (44%)> | \$ 47.50 \$ 43.55 \$ 22.00 \$ 22.00 \$ 22.00 \$ 22.00 \$ 22.00 |
| | - | ll other insurances - non-negotiated charge amount (| | \$ 50.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 Use CTRL-F to | 24 IVIT. Grant Gener Shoppable Services F | Report - Table II | | | Page 325 of 391 |
|--|--|--|--|--|--|
| Shoppable Service | Primary Service and Ancillary Services | | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4484070 J2310 | OUTPATIE - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG | N 1 | | | |
| 4484070 4657374 | J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG IV PUSH INITIAL | | J2310 96374 | 636 260 | \$ 30.00 \$ 168.00 |
| | | | Total of S | tandard Charges: | \$ 198.00 |
| | Copays, deductibles and coinsurances are not | Self-pay/Cash Price (50% of charges, if b Minimum negotiated cha Maximum negotiated c | arge amount (87.1 harge amount (95 | (%)> 5%)> | \$ 99.00 \$ 172.46 \$ 188.10 |
| Phar | macy OP - Healthplan Nevada/Sier | Anthem Blue Cross - All Plans - negotiate Hometown Health - All Plans - negotiate Prominence - All Plans - negotiate Silver Summit - All Plans - negotiate United Healthcare/UMR - All Plans - negotiated OP - Aetna - All Plans - negotiated OP - Aetna - W/ Med Adv negotiated OP - Optumcare - W/ Med Adv negotiated oP - Humana - W/ Med Adv negotiated a Health and Life - W/ Med Adv negotiated | ed charge amount d charge amount d charge amount gotiated charge ar charge amount (8 d charge amount (8 d charge amount (d charge amount (d charge amount (d charge amount (| (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 188.10 \$ 188.10 \$ 188.10 \$ 184.14 \$ 188.10 \$ 172.46 \$ 87.12 \$ 87.12 \$ 87.12 \$ 87.12 |
| | | All other insurances - non-negotiated ch | arge amount (100 |)%)> | \$ 198.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SI | EARCH | H Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or></or> | | Page 326 of 391 |
|---|---|--|---|--|---|--|
| Shoppable Service | Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPA | TIENT | | | |
| 4484310 J2360 - | INJECTION, ORPHENADRINE CIT | TRATE, UP TO 60 MG | | | | |
| 4487084F | J2360 - INJECTION, ORPHENADRINE CITRATE, UP TO 60 SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50N THERAPEUTIC 16-60 MIN | | | J2360 96365 | 636 258 260 | \$ 66.00 \$ 57.00 \$ 362.00 |
| | | | | Total of S | tandard Charges: | \$ 485.00 |
| | | Π | Self-pay/Cash Price (50% of charges, | f balance is paid in | full)> | \$ 242.50 |
| | - | ys, deductibles and urances are not | Minimum negotiated Maximum negotiate | | 1%)> 5%)> | \$ 422.44 \$ 460.75 |
| Pharn | amou | red into these charge ints since each patient's ance plan is unique. OP - Healthplan Nevada | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot Sierra Health and Life - W/ Med Adv negot | iated charge amount ated charge amount ated charge amount negotiated charge amount ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | (95%) > (95%) > (93%) > mount (95%) > 7.1%) > (44%) > (44%) > (44%) > (44%) > (44%) > | \$ 460.75 \$ 460.75 \$ 460.75 \$ 451.05 \$ 460.75 \$ 422.44 \$ 213.40 \$ 213.40 \$ 213.40 \$ 213.40 |
| | | | All other insurances - non-negotiated | charge amount (10 |)%)> ================================ | \$ 485.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | General Hospital | | | Page 327 of 391 |
|---|---|---|---|---|
| Use CTRL-F to SEARCH Shoppable Shoppable Service Primary Service and Ancillary Services | e Services Report - Table II (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | UTPATIENT MAL INJECTION SOLUTION | | | |
| 4484360 APLISOL (PPD/TB TEST) 0.1 ML/DOSE, 86580 - INTRADERMAL INJECTION SOLUTION | | 86580 | 636 | \$ 12.00 |
| | | Total of S | Standard Charges: | \$ 12.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan | | d charge amount (87. ted charge amount (9 otiated charge amount tiated charge amount tiated charge amount tiated charge amount - negotiated charge a ted charge amount (8 tiated charge amount (8 tiated charge amount tiated charge amount tiated charge amount tiated charge amount tiated charge amount | 1%)> 5%)> t (95%)> (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 6.00 \$ 10.45 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 11.40 \$ 10.45 \$ 5.28 \$ 5.2 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Ger | - | | | Page 328 of 391 |
|--|--|--|--|---|---|
| Use CTRL-F to SEARCH | | ces Report - Table II 1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPA | TIENT | | | |
| 4484559 J3535 - DRUG ADMINISTERED THRC | OUGH A METERED DOSE I | NHALER | | | |
| 4484559 J3535 - DRUG ADMINISTERED THROUGH A METE | ERED DOSE INHALER | | J3535 | 636 | \$ 116.00 |
| | | | Total of S | Standard Charges: | \$ 116.00 |
| | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiated Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negotiat OP - Humana - W/ Med Adv negotiat OP - Humana - W/ Med Adv negotiat | charge amount (87. ed charge amount (9 tiated charge amount iated charge amount iated charge amount iated charge amount negotiated charge a ted charge amount (8 iated charge amount (8 iated charge amount iated charge amount iated charge amount iated charge amount iated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 58.00 \$ 101.04 \$ 110.20 \$ 110.20 \$ 110.20 \$ 110.20 \$ 110.20 \$ 107.88 \$ 110.20 \$ 101.04 \$ 51.04 \$ 51.04 \$ 51.04 |
| | | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 116.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Ser | eneral Hospital vices Report - Table II S-1717-F2) | CPT Code <or></or> | | Page 329 of 391 |
|--|---|--|---|--|--|
| Shoppable Service Primary Service and Ancillary Se | rvices | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTP. | ATIENT | | | |
| 4484780 J3480 - INJECTION, POTASSI | UM CHLORIDE, PER 2 MEQ | | | | |
| 4484780J3480 - INJECTION, POTASSIUM CHLO4487084J7030 - INFUSION, NORMAL SALINE 34657360HYDRATION 31-60 MIN | | | J3480 J7030 96360 | 636 258 260 | \$ 6.50 \$ 73.00 \$ 326.00 |
| | | | Total of S | Standard Charges: | \$ 405.50 |
| | | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 202.75 |
| | Copays, deductibles and coinsurances are not | | | 1%)> 5%)> | \$ 353.19 \$ 385.23 |
| Pharmacy | factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Neva | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti OP - Humana - W/ Med Adv negoti da/Sierra Health and Life - W/ Med Adv negoti | tiated charge amount ated charge amount ated charge amount negotiated charge a ted charge amount (& ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | $\begin{array}{l} t \ (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount \ (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 385.23 \$ 385.23 \$ 385.23 \$ 377.12 \$ 385.23 \$ 353.19 \$ 178.42 \$ 178.42 \$ 178.42 \$ 178.42 |
| | | All other insurances - non-negotiated | 1 charge amount (10 | IU%)> ================================ | \$ 405.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | | | eneral Hospital | | | Page 330 of 391 |
|--|---|--|--|--|---|--|
| Use CTRL-F to | | Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | | | <u>IICI C5 Couc</u> | <u>Kevenue Coue</u> | <u>Standard Charge</u> |
| | | OUTP2 | ATIENT | | | |
| 4484840 PRED | DNISONE 5 MG TABLET | | | | | |
| 4484840 | PREDNISONE 5 MG TABLET | | | J7599 | 636 | \$ 8.50 |
| | | | | Total of S | Standard Charges: | \$ 8.50 |
| Phar | macy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum negotiat Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot | I charge amount (87. ed charge amount (9 tiated charge amount iated charge amount iated charge amount iated charge amount negotiated charge a ted charge amount (8 iated charge amount (8 iated charge amount iated charge amount iated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> | \$ 4.25 \$ 7.40 \$ 8.08 \$ 8.08 \$ 8.08 \$ 8.08 \$ 7.91 \$ 8.08 \$ 7.91 \$ 8.08 \$ 7.40 \$ 3.74 \$ 3.74 \$ 3.74 |
| | | OP - Healthplan Nevad | da/Sierra Health and Life - W/ Med Adv negoti | e | . , | \$ 3.74 |
| | | | All other insurances - non-negotiated | | ======================================= | \$ 8.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 331 of 391 |
|--|--|---------------------------|---------------------|----------------------|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4484967 J3486 - INJECTION, ZIPRASIDONE | MESYLATE, 10 MG | | | |
| | | | | |
| 4484967 J3486 - INJECTION, ZIPRASIDONE MESYLATE | , 10 MG | J3486 | 636 | \$ 19.00 |
| 4652015PHARMACY INJ FEE | | 96372 | 260 | \$ 32.00 |
| | | Total of S | Standard Charges: | \$ 51.00 |
| | Salf may/Cash Drive (500/ of show | | £.11) | ¢ 25 50 |
| | Self-pay/Cash Price (50% of charg | es, il balance is paid il | i iuii)> | \$ 25.50 |
| | | ted charge amount (87. | | \$ 44.42 |
| | coinsurances are not Maximum nego | tiated charge amount (9 | 95%)> | \$ 48.45 |
| | factored into these charge Anthem Blue Cross - All Plans - ne | | | \$ 48.45 |
| | amounts since each patient's Hometown Health - All Plans - ne | | | \$ 48.45 |
| | insurance plan is unique. Prominence - All Plans - ne Silver Summit - All Plans - ne | | | \$ 48.45 |
| Pharmacy | Silver Summit - All Plans - neg United Healthcare/UMR - All Plan | | | \$ 47.43 \$ 48.45 |
| I mar macy | Aetna - All Plans - nego | | | \$ 44.42 |
| | OP - Aetna - W/ Med Adv nej | | | \$ 22.44 |
| | OP - Optumcare - W/ Med Adv ne | | | \$ 22.44 |
| | OP - Humana - W/ Med Adv ne | gotiated charge amount | (44%)> | \$ 22.44 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv neg | gotiated charge amount | (44%)> | \$ 22.44 |
| | All other insurances - non-negoti | ated charge amount (10 | 00%)> | \$ 51.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | 24 IVIT. Grant Ger Shoppable Servic | ces Report - Table II | | | Page 332 of 391 |
|---|--|---|---|---|--|
| Use CTRL-F to S | Primary Service and Ancillary Services | 1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | OUTPA | TIENT | | | |
| 4485015 J2550 | - INJECTION, PROMETHAZINE HCL, UP TO 50 MG | | | | |
| 4485015 4652015 | J2550 - INJECTION, PROMETHAZINE HCL, UP TO 50 MG PHARMACY INJ FEE | | J2550 96372 | 636 260 | \$ 9.50 \$ 32.00 |
| | | | Total of S | Standard Charges: | \$ 41.50 |
| | Copays, deductibles and | Self-pay/Cash Price (50% of charges, Minimum negotiated | charge amount (87. | 1%)> | \$ 20.75 \$ 36.15 |
| Phar | macy OP - Healthplan Nevada | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti OP - Humana - W/ Med Adv negoti | iated charge amount iated charge amount ated charge amount ated charge amount negotiated charge am ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | (95%) > (95%) > (93%) > (7.1%) > (44%) > (44%) > (44%) > | \$ 39.43 \$ 39.43 \$ 39.43 \$ 39.43 \$ 38.60 \$ 39.43 \$ 36.15 \$ 18.26 \$ 18.26 \$ 18.26 \$ 18.26 |
| | | All other insurances - non-negotiated | l charge amount (10 | 0%)> ================================ | \$ 41.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | | Mt. Grant Gen | eral Hospital es Report - Table II | | | Page 333 of 391 |
|--|--|------------------------------|--|-----------------------|---------------------|------------------------|
| Use CTRL-F to S | SEARCH | | 717-F2) | CPT Code <or></or> | | |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPAT | TIENT | | | |
| 4485025 J2704 | - INJECTION, PROPOFOL, 1 |) MG | | | | |
| 4485025 | J2704 - INJECTION, PROPOFOL, 10 MG | | | J2704 | 636 | \$ 15.00 |
| 4657374 | IV PUSH INITIAL | | | 96374 | 260 | \$ 168.00 |
| | | | | Total of S | Standard Charges: | \$ 183.00 |
| | | Copays, deductibles and | Self-pay/Cash Price (50% of charges, Minimum negotiated | - | full)> | \$ 91.50 \$ 159.39 |
| | | coinsurances are not | e | Ũ (| 5%)> | \$ 173.85 |
| | | factored into these charge | Anthem Blue Cross - All Plans - nego | | | \$ 173.85 |
| | | amounts since each patient's | Hometown Health - All Plans - nego Prominence - All Plans - negot | | | \$ 173.85 \$ 173.85 |
| Т | | insurance plan is unique. | Silver Summit - All Plans - negot | | | \$ 175.85 \$ 170.19 |
| Phar | macy | | United Healthcare/UMR - All Plans - | • negotiated charge a | mount (95%)> | \$ 173.85 |
| | - | | Aetna - All Plans - negotia | | | \$ 159.39 |
| | | | OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot | | | \$ 80.52 \$ 80.52 |
| | | | OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot | | | \$ 80.52 \$ 80.52 |
| | | OP - Healthplan Nevada/ | Sierra Health and Life - W/ Med Adv negot | | | \$ 80.52 |
| | | - | All other insurances - non-negotiate | d charge amount (10 | 0%)> | \$ 183.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 Use CTRL-F to | IVIT. Grant General Hospi D24 Shoppable Services Report - Table I | ll CPT Code | | Page 334 of 391 |
|--|--|--|---|--|
| <u>Shoppable Service</u> | Primary Service and Ancillary Services OUTPATIENT | <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4485310 INJE | ECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG | | | |
| 4485310 4657374 | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20MG IV PUSH INITIAL | J0330 96374 | 636 260 | \$ 9.50 \$ 168.00 |
| | | Total of | Standard Charges: | \$ 177.50 |
| Phar | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Tmacy OP - Aetr OP - Optuncation OP - Humar | sh Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 e Cross - All Plans - negotiated charge amoun Health - All Plans - negotiated charge amoun inence - All Plans - negotiated charge amount ummit - All Plans - negotiated charge amount lthcare/UMR - All Plans - negotiated charge amount (a ketna - All Plans - negotiated charge amount (8 ha - W/ Med Adv negotiated charge amount na - W/ Med Adv negotiated charge amount na - W/ Med Adv negotiated charge amount | .1%)> 95%)> at (95%)> t (95%)> t (95%)> amount (95%)> 87.1%)> t (44%)> t (44%)> t (44%)> | \$ 88.75 \$ 154.60 \$ 168.63 \$ 168.63 \$ 168.63 \$ 168.63 \$ 168.63 \$ 168.63 \$ 168.63 \$ 168.63 \$ 154.60 \$ 78.10 \$ 78.10 \$ 78.10 |
| | OP - Healthplan Nevada/Sierra Health and Lit | | (44%)> | \$ 78.10 \$ 177.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 335 of 391 |
|--|--|---|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4485600 ADMINISTRATION OF INFLUENZA | /IRUS VACCINE | | | |
| 4485600 ADMINISTRATION OF INFLUENZA VIRUS VACCIN | ΙE | G0008 | 771 | \$ 29.00 |
| | | Total of S | Standard Charges: | \$ 29.00 |
| | | es, if balance is paid in ted charge amount (87. iated charge amount (9 | 1%)> | \$ 14.50 \$ 25.26 \$ 27.55 |
| | Factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - neg Hometown Health - All Plans - neg Silver Summit - All Plans - neg United Healthcare/UMR - All Plan Aetna - All Plans - nego OP - Aetna - W/ Med Adv neg OP - Optumcare - W/ Med Adv neg OP - Humana - W/ Med Adv neg OP - Humana - W/ Med Adv neg All other insurances - non-negotia | gotiated charge amount gotiated charge amount gotiated charge amount as - negotiated charge a tiated charge amount (& gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount | $\begin{array}{l} t \ (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount \ (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 27.55 \$ 27.55 \$ 27.55 \$ 26.97 \$ 27.55 \$ 25.26 \$ 12.76 \$ 12.76 \$ 12.76 \$ 12.76 \$ 12.76 \$ 12.76 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Genera | - | | | Page 336 of 391 |
|--|--|--|---|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Re (CMS-1717- | • | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Anci | lary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIE | NT | | | |
| 4485772 J3301 - INJECTION, TRIA | MCINOLONE ACETONIDE, NOT OTHERV | VISE SPECIFIED, 10 MG | | | |
| 4485772 J3301 - INJECTION, TRIAMCII 4652015 PHARMACY INJ FEE | NOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG | | J3301 96372 | 636 260 | \$ 15.00 \$ 32.00 |
| | | | Total of S | tandard Charges: | \$ 47.00 |
| | | Self-pay/Cash Price (50% of charges, i | f balance is paid in | full)> | \$ 23.50 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated Maximum negotiate | | | \$ 40.94 \$ 44.65 |
| Pharmacy | | Anthem Blue Cross - All Plans - negoti Hometown Health - All Plans - negoti Prominence - All Plans - negotia Silver Summit - All Plans - negotia United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negotia OP - Optumcare - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia | ated charge amount ated charge amount ated charge amount negotiated charge an ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount | (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> (44%)> | \$ 44.65 \$ 44.65 \$ 44.65 \$ 43.71 \$ 44.65 \$ 40.94 \$ 20.68 \$ 20.68 \$ 20.68 \$ 20.68 |
| | • | All other insurances - non-negotiated | e | | \$ 47.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: Last Update: Use CTR | 03/08/2024 03/08/2024 RL-F to SE | EARCH | Shoppable Ser | eneral Hospital vices Report - Table II S-1717-F2) | CPT Code <or></or> | | Page 337 of 391 |
|--|--|--|---|---|--|--|--|
| Shoppable S | Service] | Primary Service and Ancillary Services | | | HCPCS Code | Revenue Code | Standard Charge |
| | | | OUTP | ATIENT | | | |
| 4486615 | J3370 - | INJECTION, VANCOMYCIN | HCL, 500 MG | | | | |
| 4486615 4487084A 4657365 | J | J3370 - INJECTION, VANCOMYCIN HCL, 500 MG J7050 - INFUSION, NORMAL SALINE SOLUTION THERAPEUTIC 16-60 MIN | | | J3370 J7050 96365 | 636 258 260 | \$ 15.00 \$ 57.00 \$ 362.00 |
| | | | | | Total of | Standard Charges: | \$ 434.00 |
| | | | | Self-pay/Cash Price (50% of charges | , if balance is paid in | full)> | \$ 217.00 |
| | | | Copays, deductibles and coinsurances are not | | | 1%)> 5%)> | \$ 378.01 \$ 412.30 |
|] | Pharm | nacy | factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Neva | Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - nego Silver Summit - All Plans - nego United Healthcare/UMR - All Plans Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot da/Sierra Health and Life - W/ Med Adv negot | btiated charge amount tiated charge amount tiated charge amount - negotiated charge a tted charge amount (tiated charge amount tiated charge amount tiated charge amount tiated charge amount | $\begin{array}{l} t (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 412.30 \$ 412.30 \$ 412.30 \$ 403.62 \$ 412.30 \$ 378.01 \$ 190.96 \$ 190.96 \$ 190.96 \$ 190.96 |
| | | | | All other insurances - non-negotiate | d charge amount (10 | 0%)> | \$ 434.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| de Standard Charge |
|---|
| |
| |
| |
| \$ 16.00 \$ 362.00 |
| ges: \$ 378.00 |
| > \$ 189.00 > \$ 329.24 |
| > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 359.10 > \$ 329.24 > \$ 166.32 > \$ 166.32 > \$ 166.32 > \$ 378.00 |
| 6) |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 | NIT (Frant (Fonoral | - | | | Page 339 of 391 |
|--|---|---|---|------------------------|---|
| Use CTRL-F to | | | CPT Code <or></or> | | |
| Shoppable Service | Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIEN | Γ | | | |
| 4489353 80164 | 4 - INJECTION, PANTOPRAZOLE SODIUM, 40 MG | | | | |
| 4489353 4657374 | S0164 - INJECTION, PANTOPRAZOLE SODIUM, 40 MG IV PUSH INITIAL | | S0164 96374 | 636 260 | \$ 98.00 \$ 168.00 |
| | | | Total of S | tandard Charges: | \$ 266.00 |
| | | Self-pay/Cash Price (50% of charges, if | 1 | , | \$ 133.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated cl Maximum negotiated | | | \$ 231.69 \$ 252.70 |
| | factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negotia Hometown Health - All Plans - negotia Prominence - All Plans - negotiat Silver Summit - All Plans - negotiat | ted charge amount ed charge amount | (95%)> (95%)> | \$ 252.70 \$ 252.70 \$ 252.70 \$ 252.70 \$ 247.38 |
| Phar | rmacy | United Healthcare/UMR - All Plans - negotiated Aetna - All Plans - negotiated OP - Aetna - W/ Med Adv negotiated | egotiated charge an charge amount (8 | mount (95%)> 7.1%)> | \$ 247.38 \$ 252.70 \$ 231.69 \$ 117.04 |
| | 0. | P - Optumcare - W/ Med Adv negotiat | | | \$ 117.04 |
| | | OP - Humana - W/ Med Adv negotiat | 0 | | \$ 117.04 |
| | OP - Healthplan Nevada/Sierra H | ealth and Life - W/ Med Adv negotiate All other insurances - non-negotiated c | e | | \$ 117.04 \$ 266.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2 Last Update: 03/08/2 Use CTRL-F to | IVIt. Grant General Hospital Shoppable Services Report - Table II | CPT Code <or></or> | | Page 340 of 391 |
|--|---|--|---|--|
| Shoppable Service | Primary Service and Ancillary Services | <ok> HCPCS Code</ok> | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4489502 ADA | CEL (TDAP) 0.5 ML/SYRINGE, 90715 - INJECTION, 7 YRS AND OLDER | | | |
| 4489502 4652471 | ADACEL (TDAP) 0.5 ML/SYRINGE, 90715 - INJECTION, 7 YRS AND OLDER VACCINE ADMIN 1ST | 90715 90471 | 636 771 | \$ 93.00 \$ 32.00 |
| | | Total of S | Standard Charges: | \$ 125.00 |
| | Maximum negotiat | l charge amount (87. | full)> 1%)> 5%)> | \$ 62.50 \$ 108.88 \$ 118.75 |
| Pha | macy Maximum Regonal factored into these charge amounts since each patient's insurance plan is unique. Maximum Regonal Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - negot Silver Summit - All Plans - negotia OP - Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negotia OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotian OP - Healthplan Nevada/Sierra Health Adv neg | tiated charge amoun tiated charge amount iated charge amount iated charge amount negotiated charge amount ted charge amount (a iated charge amount iated charge amount iated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 118.75 \$ 118.75 \$ 118.75 \$ 116.25 \$ 118.75 \$ 108.88 \$ 55.00 \$ 55.00 \$ 55.00 \$ 55.00 |
| | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 125.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2 Last Update: 03/08/2 Use CTRL-F to | NIt. Grant General Hospital 024 Shoppable Services Report - Table II | CPT Code | | Page 341 of 391 |
|--|--|--|---|--|
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| 4489513 ATR | OUTPATIENT OPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG | | | |
| 4489513 4657374 | ATROPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG IV PUSH INITIAL | J0461 96374 | 636 260 | \$ 1.50 \$ 168.00 |
| | | Total of S | Standard Charges: | \$ 169.50 |
| | Copays, deductibles and Minir | 50% of charges, if balance is paid in mum negotiated charge amount (87. | 1%)> | \$ 84.75 \$ 147.63 |
| Pha | coinsurances are not factored into these charge factored into these charge Anthem Blue Cross - A amounts since each patient's Hometown Health - A insurance plan is unique. Silver Summit - A United Healthcare/UM Aetna - All OP - Aetna - W/ Me OP - Optumcare - W/ Me | All Plans - negotiated charge amount (9 All Plans - negotiated charge amoun All Plans - negotiated charge amoun Il Plans - negotiated charge amount Il Plans - negotiated charge amount <i>I</i> R - All Plans - negotiated charge amount (8 ed Adv negotiated charge amount ed Adv negotiated charge amount | t (95%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 161.03 \$ 161.03 \$ 161.03 \$ 161.03 \$ 161.03 \$ 157.64 \$ 161.03 \$ 147.63 \$ 74.58 \$ 74.58 \$ 74.58 \$ 74.58 \$ 74.58 |
| | - | - non-negotiated charge amount (10 | | \$ 169.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/20 Last Update: 03/08/20 Use CTRL-F to | Image: Mit. Grant General Hospital Shoppable Services Report - Table II | CPT Code <or></or> | | Page 342 of 391 |
|--|---|--|--|--|
| Shoppable Service | Primary Service and Ancillary Services | <ok> HCPCS Code</ok> | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4489519 BICI | LLIN L-A 1,200,000 UNIT/2 ML, J0561 - Injection, PER 100,000 units | | | |
| 4489519 4652015 | BICILLIN L-A 1,200,000 UNIT/2 ML, J0561 - Injection, PER 100,000 units PHARMACY INJ FEE | J0561 96372 | 636 260 | \$ 34.00 \$ 32.00 |
| | | Total of S | Standard Charges: | \$ 66.00 |
| | Copays, deductibles and Min | (50% of charges, if balance is paid in nimum negotiated charge amount (87. Iaximum negotiated charge amount (9 | 1%)> | \$ 33.00 \$ 57.49 \$ 62.70 |
| Phar | amounts since each patient's insurance plan is unique. Hometown Health - Prominence - Silver Summit - United Healthcare/U Aetna - A OP - Aetna - W/ M OP - Optumcare - W/ M | - All Plans - negotiated charge amoun - All Plans - negotiated charge amoun All Plans - negotiated charge amount All Plans - negotiated charge amount JMR - All Plans - negotiated charge a and Plans - negotiated charge amount (8 Med Adv negotiated charge amount Med Adv negotiated charge amount | t (95%)> (95%)> (93%)> mount (95%)> $87.1%)> (44%)> (44%)> $ | \$ 62.70 \$ 62.70 \$ 62.70 \$ 61.38 \$ 62.70 \$ 57.49 \$ 29.04 \$ 29.04 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ M | Med Adv negotiated charge amount Med Adv negotiated charge amount es - non-negotiated charge amount (10 | (44%)> | \$ 29.04 \$ 29.04 \$ 66.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | 03/08/2024 03/08/2024 | 4 IVIT. Grant General HOS Shoppable Services Report - Ta | ble II | _ | Page 343 of 391 |
|--------------------|--------------------------|---|--|---|--|
| Shoppable St | | Primary Service and Ancillary Services | CPT Code <or> <u>HCPCS Cod</u></or> | <u>e Revenue Code</u> | Standard Charge |
| 4489575 | J1885 - | OUTPATIENT - INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG | | | |
| 4489575 4652015 | | J1885 - INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG PHARMACY INJ FEE | J1885 96372 | 636 260 | \$ 9.50 \$ 32.00 |
| | | | Total | of Standard Charges: | \$ 41.50 |
| | | Copays, deductibles and coinsurances are not | y/Cash Price (50% of charges, if balance is paid Minimum negotiated charge amount (8 Maximum negotiated charge amount | 87.1%)> (95%)> | \$ 20.75 \$ 36.15 \$ 39.43 |
| J | Pharn | amounts since each patient's insurance plan is unique. OP - OP - OP - OP - OP - OP - OP - OP | Blue Cross - All Plans - negotiated charge amony town Health - All Plans - negotiated charge amony prominence - All Plans - negotiated charge amony ver Summit - All Plans - negotiated charge amony Healthcare/UMR - All Plans - negotiated charge amony Aetna - All Plans - negotiated charge amony Aetna - W/ Med Adv negotiated charge amony umana - W/ Med Adv negotiated charge amony and Life - W/ Med Adv negotiated charge amony and Life - W/ Med Adv negotiated charge amony amony and Life - W/ Med Adv negotiated charge amony and a the set amony a | unt (95%)> int (95%)> e amount (95%)> t (87.1%)> int (44%)> int (44%)> int (44%)> | \$ 39.43 \$ 39.43 \$ 39.43 \$ 39.43 \$ 39.43 \$ 39.43 \$ 36.15 \$ 18.26 \$ 18.26 \$ 18.26 \$ 18.26 |
| | | All oth | her insurances - non-negotiated charge amount (| 100%)> | \$ 41.50 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | 03/08/2024 03/08/2024 L-F to S | EARCH Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | Page 344 of 391 |
|--------------------|--------------------------------------|---|---|--|---|
| Shoppable Se | ervice | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPATIENT | | | |
| 4489579 | LEVO | LOXACIN 500 MG/100 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK | | | |
| 4489579 4657365 | | LEVOFLOXACIN 500 MG/100 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK THERAPEUTIC 16-60 MIN | J1956 96365 | 636 260 | \$ 42.00 \$ 362.00 |
| | | | Total of S | Standard Charges: | \$ 404.00 |
| | | Copays, deductibles and coinsurances are not | charge amount (87. | 1%)> | \$ 202.00 \$ 351.88 \$ 383.80 |
| I | Pharn | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - negotia Prominence - All Plans - negotia Silver Summit - All Plans - negotia | ated charge amount ted charge amount ted charge amount negotiated charge a d charge amount (8 ted charge amount ted charge amount ted charge amount ted charge amount | $\begin{array}{l} (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ (93\%) &> \\ (93\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 383.80 \$ 383.80 \$ 383.80 \$ 375.72 \$ 383.80 \$ 351.88 \$ 177.76 \$ 177.76 \$ 177.76 |
| | | All other insurances - non-negotiated | charge amount (10 | 0%)> | \$ 404.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | 03/08/2024 03/08/2024 | 4 Mit. Grant 0 | General Hospital | | | Page 345 of 391 |
|--------------------|--------------------------|---|--|-----------------------|---|------------------------|
| Use CTR | L-F to S | | Services Report - Table II CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable S | <u>Service</u> | Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OU. | FPATIENT | | | |
| 4489618 | J2405 | - INJECTION, ONDANSETRON HYDROCHLORIDE, PI | ER 1 MG | | | |
| 4489618 4657374 | | J2405 - INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG IV PUSH INITIAL | | J2405 96374 | 636 260 | \$ 27.00 \$ 168.00 |
| | | | | Total of S | Standard Charges: | \$ 195.00 |
| | | Conque deductibles and | Self-pay/Cash Price (50% of charges | - | 1 full)> | \$ 97.50 \$ 169.85 |
| | | Copays, deductibles and coinsurances are not | Maximum negotia | ted charge amount (9 | 95%)> | \$ 185.25 |
| | | factored into these charge | Anthem Blue Cross - All Plans - neg Hometown Health - All Plans - neg | | | \$ 185.25 \$ 185.25 |
| | | amounts since each patient's | Prominence - All Plans - nego | | | \$ 185.25 |
| | Phar | insurance plan is unique. | Silver Summit - All Plans - nego | | | \$ 181.35 |
| | I IIai I | inacy | United Healthcare/UMR - All Plans Aetna - All Plans - negotia | | | \$ 185.25 \$ 169.85 |
| | | | OP - Aetna - W/ Med Adv nego | | | \$ 109.83 \$ 85.80 |
| | | | OP - Optumcare - W/ Med Adv nego | tiated charge amount | (44%)> | \$ 85.80 |
| | | | OP - Humana - W/ Med Adv nego | | | \$ 85.80 |
| | | OP - Healthplan N | evada/Sierra Health and Life - W/ Med Adv nego | e | . , | \$ 85.80 |
| | | | All other insurances - non-negotiate | ed charge amount (10 |)0%)> ================================ | \$ 195.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | EARCH Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or></or> | | Page 346 of 391 |
|---|---|---------------------------|--|---|--|
| Shoppable ServicePrimary Service and Ancillary ServiceINPA4600090FUNCTIONAL ACT TRAIN | <u>vices</u> ATIENT, OUTPATIENT, SWING F | BED or SKILLED NURSING FA | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4600090 FUNCTIONAL ACT TRAIN | | | 97530 | 420 | \$ 94.00 |
| | | | Total of S | tandard Charges: | \$ 94.00 |
| PhysTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevad | | ed charge amount (87.1 ated charge amount (95 otiated charge amount otiated charge amount otiated charge amount (otiated charge amount (otiated charge amount (87 otiated charge amount (87) | %)> %)> (95%)> 95%)> 93%)> nount (95%)> 7.1%)> 44%)> 44%)> 44%)> | \$ 47.00 \$ 81.87 \$ 89.30 \$ 89.30 \$ 89.30 \$ 89.30 \$ 87.42 \$ 89.30 \$ 87.42 \$ 89.30 \$ 81.87 \$ 41.36 \$ 41.36 \$ 41.36 \$ 41.36 \$ 41.36 \$ 41.36 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or></or> | Page 347 of 391 |
|---|--|--|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATIEN4600110 MANUAL THERAPY | HCPCS Code Revenue Code F, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY EXAMPLE 1 | <u>Standard Charge</u> |
| 4600110 MANUAL THERAPY | 97140 421 | \$ 104.00 |
| | Total of Standard Charges: | \$ 104.00 |
| PhysTherapy | Copays, deductibles and coinsurances are not factored into these charge amount since each patient's insurance plan is unique. Self-pay/Cash Price (50% of charges, if balance is paid in full)> Maximum negotiated charge amount (95%)> Maximum negotiated charge amount (95%)> Hometown Health - All Plans - negotiated charge amount (95%)> Prominence - All Plans - negotiated charge amount (95%)> Silver Summit - All Plans - negotiated charge amount (95%)> Aetna - All Plans - negotiated charge amount (87.1%)> OP - Aetna - W/ Med Adv negotiated charge amount (44%)> OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> All other insurances - non-negotiated charge amount (100%)>> All other insurances - non-negotiated charge amount (100%)> | \$ 98.80 \$ 98.80 \$ 98.80 \$ 96.72 \$ 98.80 \$ 90.58 \$ 45.76 \$ 45.76 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code | | Page 348 of 391 |
|---|--|--|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4600190 THERAPEUTIC EXERCISE | NT, OUTPATIENT, SWING BED or SKILLED N | <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4600190 THERAPEUTIC EXERCISE | | 97110 | 422 | \$ 106.00 |
| | | Total of S | Standard Charges: | \$ 106.00 |
| CMS-Specified Shoppable Service PhysTherapy | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cro Hometown Heal Prominenc Silver Summi United Healthcar Aetna OP - Aetna - W OP - Optumcare - W | ice (50% of charges, if balance is paid in Minimum negotiated charge amount (87. Maximum negotiated charge amount (9 oss - All Plans - negotiated charge amoun lth - All Plans - negotiated charge amoun ce - All Plans - negotiated charge amount it - All Plans - negotiated charge amount it - All Plans - negotiated charge amount re/UMR - All Plans - negotiated charge amount (8 V/ Med Adv negotiated charge amount V/ Med Adv negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 53.00 \$ 92.33 \$ 100.70 \$ 100.70 \$ 100.70 \$ 100.70 \$ 98.58 \$ 100.70 \$ 92.33 \$ 46.64 \$ 46.64 \$ 46.64 \$ 46.64 |
| | All other insuration | nces - non-negotiated charge amount (10 | 0%)> ======== | \$ 106.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | | T Code :OR> | Page 349 of 391 |
|--|---|---|---|
| Shoppable ServicePrimary Service and Ancillary ServicesINPATI4608010 PT SCHOOL CHARGE - 1 HR | HCP ENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY | <u>CS Code</u> <u>Revenue Code</u> Y | <u>Standard Charge</u> |
| 4608010 PT SCHOOL CHARGE - 1 HR | | 420 | \$ 200.00 |
| | | Total of Standard Charges: | \$ 200.00 |
| PhysTherapy | | $\begin{array}{l} \text{mount (87.1\%)>} \\ \text{a mount (95\%)>} \\ \text{arge amount (95\%)>} \\ \text{arge amount (95\%)>} \\ \text{rge amount (95\%)>} \\ \text{rge amount (93\%)>} \\ \text{ed charge amount (95\%)>} \\ \text{e amount (87.1\%)>} \\ \text{rge amount (87.1\%)>} \\ \text{rge amount (44\%)>} \\ \end{array}$ | \$ 100.00 \$ 174.20 \$ 190.00 \$ 190.00 \$ 190.00 \$ 190.00 \$ 190.00 \$ 190.00 \$ 190.00 \$ 190.00 \$ 174.20 \$ 88.00 \$ 80.00 \$ |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Ge | neral Hospital | | | Page 350 of 391 |
|--|--|--|---|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Service | (CMS | vices Report - Table II S-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| | OUTPA | TIENT | | | |
| 4630020 EMERGENCY DEPARTMENT | Γ VISIT LIMITED/MINOR PROB | | | | |
| In a | ddition, ER physician fees will be added to t | the ER visit based on the level of care p | rovided | | |
| 4630020EMERGENCY DEPARTMENT VISIT I | IMITED/MINOR PROB | | 99281 | 450 | \$ 263.00 |
| | | | Total of S | Standard Charges: | \$ 263.00 |
| EmerRoom | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiated Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negotiat OP - Optumcare - W/ Med Adv negotiat OP - Humana - W/ Med Adv negotiat Asign - W/ Med Adv negotiat | charge amount (87. ed charge amount (9 tiated charge amount tiated charge amount ated charge amount ated charge amount negotiated charge amount (8 tiated charge amount (8 tiated charge amount tiated charge amount tiated charge amount tiated charge amount tiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> | \$ 131.50 \$ 229.07 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 249.85 \$ 229.07 \$ 115.72 \$ 115.72 \$ 115.72 \$ 115.72 |
| | | All other insurances - non-negotiated | l charge amount (10 | 0%)> | \$ 263.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Mt. G Last Update: 03/08/2024 Mt. G | eneral Hospital Page 351 of 391 |
|---|--|
| Use CTRL-F to SEARCH Shoppable Service Shoppable Service Primary Service and Ancillary Services | ervices Report - Table II MS-1717-F2) CPT Code <or> HCPCS Code Revenue Code Standard Charge</or> |
| Timary bervice and Anemary bervices | PATIENT |
| 4630030 EMERGENCY DEPARTMENT VISIT LOW/MODER SH | |
| | o the ER visit based on the level of care provided |
| 4630030 EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY | 99282 450 \$ 467.00 |
| | Total of Standard Charges: \$467.00 |
| EmerRoom OP - He | Self-pay/Cash Price (50% of charges, if balance is paid in full)> \$ 233.50 Minimum negotiated charge amount (87.1%) \$ 406.76 Maximum negotiated charge amount (95%) \$ 443.65 Anthem Blue Cross - All Plans - negotiated charge amount (95%) \$ 443.65 Hometown Health - All Plans - negotiated charge amount (95%) \$ 443.65 Prominence - All Plans - negotiated charge amount (95%) \$ 443.65 Silver Summit - All Plans - negotiated charge amount (95%) \$ 443.65 Super Summit - All Plans - negotiated charge amount (95%) \$ 443.65 Actna - All Plans - negotiated charge amount (95%) \$ 443.65 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%) \$ 406.76 OP - Optumcare - W/ Med Adv negotiated charge amount (44%) \$ 205.48 OP - Humana - W/ Med Adv negotiated charge amount (44%) \$ 205.48 OP - Humana - W/ Med Adv negotiated charge amount (44%) \$ 205.48 All other insurances - non-negotiated charge amount (100%) \$ 205.48 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | | Page 352 of 391 |
|---|---|---|--|--|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services Report - Table II (CMS-1717-F2) | _ | CPT Code <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | | |
| 4630040 EMERGENCY DEPARTMENT VISI | | | | | |
| | ER physician fees will be added to the ER visit based on the leve | el of care prov | vided | | |
| 4630040 EMERGENCY DEPARTMENT VISIT MODERAT | | Pro | 99283 | 450 | \$ 775.00 |
| | | | Total of § | standard Charges: | \$ 775.00 |
| EmerRoom | Coinsurances are notMaximfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Hometown Health - All Prominence - All H Silver Summit - All H United Healthcare/UMR Aetna - All Pla OP - Aetna - W/ Med OP - Optumcare - W/ Med | um negotiated ch mum negotiated ch l Plans - negotiate l Plans - negotiate Plans - negotiate Plans - negotiate R - All Plans - ne lans - negotiated l Adv negotiate l Adv negotiate l Adv negotiate | arge amount (87.) charge amount (99 ed charge amount ed charge amount ed charge amount ed charge amount gotiated charge an charge amount (8 ed charge amount ed charge amount ed charge amount ed charge amount | 1%)> 5%)> (95%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | \$ 387.50 \$ 675.03 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 736.25 \$ 720.75 \$ 736.25 \$ 736.25 \$ 675.03 \$ 341.00 \$ 341.00 \$ 341.00 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med A All other insurances - ne | - | - | | \$ 341.00 \$ 775.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gene | ral Hospital | | | Page 353 of 391 |
|---|--|---|--|---|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services (CMS-17 | • | CPT Code <or> HCPCS Code</or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATI | ENT | | | |
| 4630050 EMERGENCY DEPARTMENT VIS | T HIGH/URGENT SEVERITY | | | | |
| In addition | , ER physician fees will be added to the l | ER visit based on the level of care pr | ovided | | |
| 4630050 EMERGENCY DEPARTMENT VISIT HIGH/UR | GENT SEVERITY | | 99284 | 450 | \$ 1,301.00 |
| | | | Total of S | Standard Charges: | \$ 1,301.00 |
| EmerRoom | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Self-pay/Cash Price (50% of charges, i Minimum negotiated Maximum negotiate Anthem Blue Cross - All Plans - negoti Hometown Health - All Plans - negoti Silver Summit - All Plans - negotia Silver Summit - All Plans - negotia United Healthcare/UMR - All Plans - Aetna - All Plans - negotiate OP - Aetna - W/ Med Adv negotiate OP - Humana - W/ Med Adv negotiate OP - Humana - W/ Med Adv negotiate Promine - W/ Med Adv negotiate OP - Humana - W/ Med Adv negotiate Promine - M/ Med Adv negotiate Promine | charge amount (87. d charge amount (9. ated charge amount ated charge amount ated charge amount ated charge amount negotiated charge ar ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | 1%)> 5%)> (95%)> (95%)> (93%)> mount (95%)> i7.1%)> (44%)> (44%)> | \$ 650.50 \$ 1,133.17 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,235.95 \$ 1,133.17 \$ 572.44 \$ 572.44 \$ 572.44 \$ 572.44 |
| | | All other insurances - non-negotiated | e | . , | \$ 1,301.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 354 of 391 |
|---|--|---|--|--|
| Use CTRL-F to SEA | | CPT Code <or> HCPCS Code</or> | Revenue Code | Standard Charge |
| <u>Shoppable Service</u> <u>Pr</u> | mary Service and Ancillary Services | | <u>Revenue Coue</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4630060 EMERG | ENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ | | | |
| | In addition, ER physician fees will be added to the ER visit based on the level of care p | | | |
| 4630060 EM | ERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ | 99285 | 450 | \$ 1,893.00 |
| | | Total of S | tandard Charges: | \$ 1,893.00 |
| EmerRo | Corpulys, accurations and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Maximum negotiat Maximum negotiat Maximum negotiat Maximum negotiat Maximum negotiat Silver Summit All Plans - negotiat | d charge amount (87. ted charge amount (97. ptiated charge amount ptiated charge amount tiated charge amount iated charge amount - negotiated charge an ted charge amount (8 tiated charge amount (8 tiated charge amount (8 | 1%)> 5%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> (44%)> | \$ 946.50 \$ 1,648.80 \$ 1,798.35 \$ 1,798.35 \$ 1,798.35 \$ 1,798.35 \$ 1,798.35 \$ 1,760.49 \$ 1,798.35 \$ 1,648.80 \$ 832.92 \$ 832.92 |
| | OP - Humana - W/ Med Adv negot OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negot All other insurances - non-negotiate | tiated charge amount iated charge amount | (44%)> (44%)> | \$ 832.92 \$ 832.92 \$ 832.92 \$ 1,893.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Shoppable Servi | neral Hospital ces Report - Table II -1717-F2) | CPT Code <or></or> | | Page 355 of 391 |
|--|---|---|---|---|---|
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPA | TIENT | | | |
| 4630070 CRITICAL CARE ILL/INJURED P | ATIENT INIT 30-74 MIN | | | | |
| 4630070CRITICAL CARE ILL/INJURED PATIENT INIT4805450** ProFee **4805460** ProFee **CRITCARE,ADD 30MIN,PROFEE | ' 30-74 MIN | | 99291 99291 99292 Total of 1 | 450 981 981 Standard Charges: | \$ 2,556.00 \$ 965.00 \$ 343.00 \$ 3 864.00 |
| | | | Total of | Standard Charges: | \$ 3,864.00 |
| | Copays, deductibles and | Self-pay/Cash Price (50% of charges, | - | full)> 1%)> | \$ 1,932.00 \$ 3,365.54 |
| | coinsurances are not | | | 95%)> | \$ 3,670.80 |
| EmerRoom | factored into these charge amounts since each patient's insurance plan is unique. OP - Healthplan Nevada | Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot | tiated charge amount iated charge amount iated charge amount - negotiated charge a ted charge amount (a iated charge amount iated charge amount iated charge amount iated charge amount | t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 3,670.80 \$ 3,670.80 \$ 3,670.80 \$ 3,593.52 \$ 3,670.80 \$ 3,365.54 \$ 1,700.16 \$ 1,700.16 \$ 1,700.16 |
| | | All other insurances - non-negotiate | d charge amount (10 | 0%)> | \$ 3,864.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General H | - | | | Page 356 of 391 |
|--|---|---|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report (CMS-1717-F2) | - Table II | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | | |
| 4633600 CONTROL NASAL HEMMOR SM | Р | | | | |
| This | procedure will also have an ER facility fee and a | ER professional fee added to | it | | |
| 4633600 CONTROL NASAL HEMMOR SMP | | - | 30901 | 450 | \$ 343.00 |
| 4803600 ** ProFee ** CONTROL NASAL HEMMOR SMP* | | | 30901 | 981 | \$ 393.00 |
| | | | Total of S | Standard Charges: | \$ 736.00 |
| | Se | f-pay/Cash Price (50% of charges, if | balance is paid in | full)> | \$ 368.00 |
| | Copays, deductibles and coinsurances are not | Minimum negotiated ch Maximum negotiated | U N | | \$ 641.06 \$ 699.20 |
| EmerRoom | factored into these chargeAnamounts since each patient'sHinsurance plan is unique.U | them Blue Cross - All Plans - negotiat ometown Health - All Plans - negotiat Prominence - All Plans - negotiat Silver Summit - All Plans - negotiate nited Healthcare/UMR - All Plans - negotiated Aetna - All Plans - negotiated OP - Aetna - W/ Med Adv negotiated Optumcare - W/ Med Adv negotiated | ted charge amount ed charge amount ed charge amount egotiated charge an charge amount (8 ed charge amount | (95%)> (95%)> (93%)> mount (95%)> (7.1%)> (44%)> | \$ 699.20 \$ 699.20 \$ 699.20 \$ 684.48 \$ 699.20 \$ 641.06 \$ 323.84 \$ 323.84 |
| | Ol OP - Healthplan Nevada/Sierra Heal | P - Humana - W/ Med Adv negotiate th and Life - W/ Med Adv negotiate ll other insurances - non-negotiated c | ed charge amount ed charge amount | (44%)> (44%)> | \$ 323.84 \$ 323.84 \$ 323.84 \$ 736.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/202 Last Update: 03/08/202 | ⁴ Mt. Grant General Hospital | | | Page 357 of 391 |
|--|--|----------------------------|---------------------|------------------------|
| Use CTRL-F to | SEARCH Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| <u>Shoppable Service</u> | Primary Service and Ancillary Services | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4636360 IV IN | FUSION HYDRATION INITIAL 31 MIN-1 HOUR | | | |
| | | | | |
| 4636360 | IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | 260 | \$ 326.00 |
| 4636361 | IV INFUSION HYDRATION EACH ADDITIONAL HOUR | 96361 | 260 | \$ 102.00 |
| | | Total of | Standard Charges: | \$ 428.00 |
| | Self-pay/Cash Price (50% of char | ges, if balance is paid ir | 1 full)> | \$ 214.00 |
| | Copays, deductibles and Minimum negot | iated charge amount (87 | .1%)> | \$ 372.79 |
| | coinsurances are not Maximum neg | otiated charge amount (9 | · | \$ 406.60 |
| | factored into these charge Anthem Blue Cross - All Plans - r | | | \$ 406.60 |
| | amounts since each patient's Hometown Health - All Plans - n | | | \$ 406.60 |
| | Insurance plan is unique.Prominence - All Plans - nSilver Summit - All Plans - n | | | \$ 406.60 \$ 398.04 |
| Emer | Room United Healthcare/UMR - All Plans - In | | | \$ 406.60 |
| | | otiated charge amount (| | \$ 372.79 |
| | OP - Aetna - W/ Med Adv n OP - Optumcare - W/ Med Adv n | | | \$ 188.32 \$ 188.32 |
| | OP - Optumcare - W/ Med Adv h OP - Humana - W/ Med Adv n | | | \$ 188.32 \$ 188.32 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv no | | | \$ 188.32 |
| | All other insurances - non-nego | 0 | . , | \$ 428.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Shoppable Services Report - Table II (CMS-1717-F2) CPT Code <or> Shoppable Service Primary Service and Ancillary Services Revenue Colspan="2">Colspan="2">CPT Code <or> Shoppable Service Primary Service and Ancillary Services Revenue Colspan="2">Colspan="2">Colspan="2">CPT Code <or> Shoppable Service Primary Service and Ancillary Services CUTPATIENT Revenue Colspan="2">Colspan="2"Colspan="2">Colspan="2"Cols</or></or></or> | <u>le Standard Charge</u> |
|--|---------------------------|
| Shippable Service Frimary Service and Antennary Services OUTPATIENT 4636365 IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR 4636365 IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR | <u>le Standard Charge</u> |
| 4636365 IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR 4636365 IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR 4636365 IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR | |
| 4636365IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR96365260 | |
| | |
| | |
| 4636366 IV INFUSION THERAPY PROPHYLAXIS/DX FA HOUR | \$ 362.00 |
| | \$ 149.00 |
| 4636367IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR96367260 | \$ 149.00 |
| Total of Standard Char | ges: \$ 660.00 |
| | |
| Self-pay/Cash Price (50% of charges, if balance is paid in full) | > \$ 330.00 |
| Copays, deductibles and Minimum negotiated charge amount (87.1%) | |
| Coinsurances are not Maximum negotiated charge amount (95%) | \$ 627.00 |
| factored into these charge Anthem Blue Cross - All Plans - negotiated charge amount (95%) | > \$ 627.00 |
| amounts since each patient's Hometown Health - All Plans - negotiated charge amount (95%) | |
| Prominence - All Plans - negotiated charge amount (95%) | |
| EmerRoom Silver Summit - All Plans - negotiated charge amount (93%) | |
| Aetna - All Plans - negotiated charge amount (87.1%) | |
| OP - Aetna - W/ Med Adv negotiated charge amount (44%) | |
| OP - Optumcare - W/ Med Adv negotiated charge amount (44%) | |
| OP - Humana - W/ Med Adv negotiated charge amount (44%) | > \$ 290.40 |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%) | |
| All other insurances - non-negotiated charge amount (100%) | > \$ 660.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | nt General Hospital | Page 359 of 391 |
|--|---|---|
| Use CTRL-F to SEARCH | bable Services Report - Table II (CMS-1717-F2) CPT Code <or> HCPCS Code Revenue Code</or> | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services | | <u>Standard Charge</u> |
| | OUTPATIENT | |
| 4636368 IV NFS THERAPY PROPHYLAXIS/DX CONCURREN | FS | |
| 4636368 IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS | 96368 450 | \$ 149.00 |
| | Total of Standard Charges: | \$ 149.00 |
| Copays, deductibles coinsurances are no factored into these of amounts since each insurance plan is un OP - | | \$ 74.50 \$ 129.78 \$ 141.55 \$ 141.55 \$ 141.55 \$ 141.55 \$ 141.55 \$ 141.55 \$ 138.57 \$ 141.55 \$ 129.78 \$ 65.56 \$ 65.56 \$ 65.56 \$ 65.56 \$ 65.56 \$ 149.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 360 of 391 |
|--|--|---|---------------------|----------------------|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Demonso Code | Stee land Change |
| Shoppable Service Primary Service and Ancillary Services | | <u>HCFCS Code</u> | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4636372 THERAPEUTIC PROPHYLACTIC/DX INJ | ECTION SUBQ/IM | | | |
| | | | | |
| 4636372 THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM | [| 96372 | 260 | \$ 32.00 |
| 4805630 ** ProFee ** INJECT, SUBQ OR INTRAMUSC | | 96372 | 987 | \$ 9.00 |
| | | Total of S | Standard Charges: | \$ 41.00 |
| | | | C 11) | |
| | Self-pay/Cash Price (50% of charg | ges, il balance is paid ili | Iuii)> | \$ 20.50 |
| Copa | | ted charge amount (87. | | \$ 35.71 |
| coins | urances are not Maximum nego | tiated charge amount (9 | 5%)> | \$ 38.95 |
| facto | red into these charge Anthem Blue Cross - All Plans - ne | gotiated charge amoun | t (95%)> | \$ 38.95 |
| amou | nts since each patient's Hometown Health - All Plans - ne | | | \$ 38.95 |
| | Prominence - All Plans - ne | | | \$ 38.95 |
| EmerRoom | Sirver Summit - Air Flairs - ne | | | \$ 38.13 |
| | United Healthcare/UMR - All Plan Aetna - All Plans - nego | | | \$ 38.95 \$ 25.71 |
| | OP - Aetna - W/ Med Adv neg | | | \$ 35.71 \$ 18.04 |
| | OP - Optumcare - W/ Med Adv ne | | | \$ 18.04 |
| | OP - Humana - W/ Med Adv ne | | | \$ 18.04 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv neg | | | \$ 18.04 |
| | All other insurances - non-negoti | ated charge amount (10 | 0%)> | \$ 41.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | neral Hospital | | | Page 361 of 391 |
|--|--|---|---|---|
| | vices Report - Table II S-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| OUTPA | TIENT | | | |
| 4636374 THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG | | | | |
| 4636374 THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG | | 96374 | 260 | \$ 168.00 |
| | | Total of S | Standard Charges: | \$ 168.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negotiat | charge amount (87. d charge amount (9 iated charge amount ated charge amount ated charge amount negotiated charge amount negotiated charge amount (8 ated charge amount (8 ated charge amount (8) | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 84.00 \$ 146.33 \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 159.60 \$ 156.24 \$ 159.60 \$ 146.33 \$ 73.92 |
| OP - Healthplan Nevac | OP - Optumcare - W/ Med Adv negotia OP - Humana - W/ Med Adv negotia la/Sierra Health and Life - W/ Med Adv negotia | ated charge amount ated charge amount | (44%)> (44%)> | \$ 73.92 \$ 73.92 \$ 73.92 |
| | All other insurances - non-negotiated | ====================================== | U%)> =============== | \$ 168.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | neral Hospital ces Report - Table II | | | Page 362 of 391 |
|--|---|---|---|--------------------------|--|
| Use CTRL-F to SEARCH | | -1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPA | TIENT | | | |
| 4636375 THERAPEUTIC INJECTION IV PUS | SH EACH NEW DRUG | | | | |
| 4636375 THERAPEUTIC INJECTION IV PUSH EACH NEW | V DRUG | | 96375 | 260 | \$ 92.00 |
| | | | Total of S | Standard Charges: | \$ 92.00 |
| | Copays, deductibles and coinsurances are not factored into these charge | Maximum negotiat Anthem Blue Cross - All Plans - nego | l charge amount (87. ed charge amount (9 tiated charge amount | 1%)> 5%)> t (95%)> | \$ 46.00 \$ 80.13 \$ 87.40 \$ 87.40 |
| | amounts since each patient's insurance plan is unique. | Hometown Health - All Plans - nego Prominence - All Plans - negot Silver Summit - All Plans - negot | iated charge amount | (95%)> | \$ 87.40 \$ 87.40 \$ 85.56 |
| EmerRoom | | United Healthcare/UMR - All Plans - | negotiated charge a | mount (95%)> | \$ 85.50 \$ 87.40 |
| | | Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot | iated charge amount iated charge amount | (44%)> (44%)> | \$ 80.13 \$ 40.48 \$ 40.48 \$ 40.48 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv negoti | | | \$ 40.48 |
| | | All other insurances - non-negotiated | d charge amount (10 | 0%)> ======== | \$ 92.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Gene | | | | Page 363 of 391 |
|--|--|--|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Service | <u>s</u> | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPAT | IENT | | | |
| 4636376 THER PROPH/DX NJX EA SEQL | IV PUSH SBST/DRUG FAC | | | | |
| 4636376 THER PROPH/DX NJX EA SEQL IV PUSH SE | ST/DRUG FAC | | 96376 | 260 | \$ 92.00 |
| | | | Total of S | Standard Charges: | \$ 92.00 |
| EmerRoom | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Maximum negotiat Anthem Blue Cross - All Plans - nego Hometown Health - All Plans - nego Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat | I charge amount (87. ed charge amount (9 tiated charge amount tiated charge amount iated charge amount iated charge amount negotiated charge a ted charge amount (8 | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> | \$ 46.00 \$ 80.13 \$ 87.40 \$ 87.40 |
| | OP - Healthplan Nevada/S | OP - Aetna - W/ Med Adv negot OP - Optumcare - W/ Med Adv negot OP - Humana - W/ Med Adv negot Sierra Health and Life - W/ Med Adv negot All other insurances - non-negotiated | iated charge amount iated charge amount iated charge amount | (44%)> (44%)> (44%)> | \$ 40.48 \$ 40.48 \$ 40.48 \$ 40.48 \$ 92.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 Use CTRL-F to SEARCH | Mt. Grant General Hospital Shoppable Services Report - Table II (CMS-1717-F2) | | | Page 364 of 391 |
|---|---|--|---------------------|------------------------|
| Shoppable Service Primary Service and Ancillary Service | vices_ | <or> HCPCS Code</or> | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4636800 I&D DEEP ABSCESS | | | | |
| | This procedure will also have an ER facility fee and a | n ER professional fee added to it | | |
| 4636800 I&D DEEP ABSCESS | | 10060 | 450 | \$ 514.00 |
| 4806800 ** ProFee ** I&D DEEP ABSCESS | | 10060 | 981 | \$ 247.00 |
| | | Total of | Standard Charges: | \$ 761.00 |
| | | elf-pay/Cash Price (50% of charges, if balance is paid in Minimum negotiated charge amount (87 | | \$ 380.50 |
| | Copays, deductibles and coinsurances are not | Maximum negotiated charge amount (97 | | \$ 662.83 \$ 722.95 |
| | factored into these charge | nthem Blue Cross - All Plans - negotiated charge amoun | nt (95%)> | \$ 722.95 |
| | | Iometown Health - All Plans - negotiated charge amoun | nt (95%)> | \$ 722.95 |
| i | insurance plan is unique. | Prominence - All Plans - negotiated charge amount | . , | \$ 722.95 |
| EmerRoom | | Silver Summit - All Plans - negotiated charge amount | | \$ 707.73 |
| Emer Koom | | nited Healthcare/UMR - All Plans - negotiated charge a | | \$ 722.95 |
| | | Aetna - All Plans - negotiated charge amount (OP - Aetna - W/ Med Adv negotiated charge amount | | \$ 662.83 \$ 334.84 |
| | OP | Optumcare - W/ Med Adv negotiated charge amount | | \$ 334.84 |
| | | P - Humana - W/ Med Adv negotiated charge amount | | \$ 334.84 |
| | | lth and Life - W/ Med Adv negotiated charge amount | | \$ 334.84 |
| | | All other insurances - non-negotiated charge amount (10 |)0%)> | \$ 761.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | | neral Hospital | | | Page 365 of 391 |
|--|---|--|---|---------------------|------------------------|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services | | | <u>Herebeoue</u> | <u>Revenue Coue</u> | <u>Stanuaru Charge</u> |
| | OUTPA | TIENT | | | |
| 4636850 REPAIR SUP WOUNDS <2.5CM | | | | | |
| This p | rocedure will also have an ER facility | fee and an ER professional fee added t | o it | | |
| 4636850 REPAIR SUP WOUNDS <2.5CM | | | 12001 | 450 | \$ 333.00 |
| 4806850 ** ProFee ** REPAIR SUP WOUNDS <2.5CM* | | | 12001 | 981 | \$ 384.00 |
| | | | Total of S | Standard Charges: | \$ 717.00 |
| | | Self-pay/Cash Price (50% of charges, | - | | \$ 358.50 |
| | Copays, deductibles and coinsurances are not | | | 1%)> 5%)> | \$ 624.51 \$ 681.15 |
| | factored into these charge | Anthem Blue Cross - All Plans - negot | iated charge amoun | t (95%)> | \$ 681.15 |
| | amounts since each patient's | Hometown Health - All Plans - negot | | | \$ 681.15 |
| | - | Prominence - All Plans - negoti | | | \$ 681.15 |
| EmerRoom | insurance plan is unique. | Silver Summit - All Plans - negoti | | | \$ 666.81 |
| LIIICI KOOIII | | United Healthcare/UMR - All Plans - | | | \$ 681.15 |
| | | Aetna - All Plans - negotiat | | | \$ 624.51 \$ 215.48 |
| | | OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti | | | \$ 315.48 \$ 315.48 |
| | | OP - Humana - W/ Med Adv negoti | | | \$ 315.48 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv negoti | | | \$ 315.48 |
| | | All other insurances - non-negotiated | l charge amount (10 | 0%)> | \$ 717.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | | |
|---|--|---|---|---------------------|------------------------|
| Use CTRL-F to SEARCH | X | -1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Damana Cada | Standard Chause |
| Shoppable Service Primary Service and Ancillary | <u>Services</u> | | <u>IICrCS Coue</u> | <u>Revenue Code</u> | Standard Charge |
| | OUTPA | TIENT | | | |
| 4636860 REPAIR WOUND 2.6-7.5 CM | | | | | |
| | This procedure will also have an ER facility | fee and an ER professional fee added | l to it | | |
| 4636860 REPAIR WOUND 2.6-7.5 CM | | | 12002 | 450 | \$ 413.00 |
| 4806860 ** ProFee ** REPAIR WOUND 2.6-7.5 CM* | | | 12002 | 981 | \$ 368.00 |
| | | | Total of S | Standard Charges: | \$ 781.00 |
| | | Self-pay/Cash Price (50% of charge | s, if balance is paid in | full)> | \$ 390.50 |
| | Copays, deductibles and | Minimum negotiate | ed charge amount (87. | 1%)> | \$ 680.25 |
| | coinsurances are not | Maximum negotia | ated charge amount (9 | 5%)> | \$ 741.95 |
| | factored into these charge | Anthem Blue Cross - All Plans - neg | | | \$ 741.95 |
| | amounts since each patient's | Hometown Health - All Plans - neg | | | \$ 741.95 |
| | insurance plan is unique. | Prominence - All Plans - nego | | | \$ 741.95 \$ 726.33 |
| EmerRoom | r i i i i i i i i i i i i i i i i i i i | Silver Summit - All Plans - nego United Healthcare/UMR - All Plans | | | \$ 720.33 \$ 741.95 |
| | | Aetna - All Plans - negoti | | | \$ 680.25 |
| | | OP - Aetna - W/ Med Adv nego | | | \$ 343.64 |
| | | OP - Optumcare - W/ Med Adv nego | | | \$ 343.64 |
| | | OP - Humana - W/ Med Adv nego | | | \$ 343.64 |
| | OP - Healthplan Nevada | /Sierra Health and Life - W/ Med Adv nego | otiated charge amount | (44%)> | \$ 343.64 |
| | | All other insurances - non-negotiat | ed charge amount (10 | 0%)> | \$ 781.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 367 of 391 |
|--|---|-----------------------|---------------------|------------------------|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4636900 REPAIR SIMPLE <2.5 CM* | | | | |
| | re will also have an ER facility fee and an ER professional fee added t | o it | | |
| 4636900 REPAIR SIMPLE <2.5 CM* | | 12011 | 450 | \$ 443.00 |
| 4806900 ** ProFee ** REPAIR SIMPLE <2.5 CM* | | 12011 | 981 | \$ 461.00 |
| | | Total of S | Standard Charges: | \$ 904.00 |
| | Self-pay/Cash Price (50% of charges, | if balance is paid in | full)> | \$ 452.00 |
| Cot | Days, deductibles and Minimum negotiated | charge amount (87. | 1%)> | \$ 787.38 |
| | | | 5%)> | \$ 858.80 |
| fact | cored into these charge Anthem Blue Cross - All Plans - negot | | | \$ 858.80 |
| amo | bunts since each patient's Hometown Health - All Plans - negot | | | \$ 858.80 |
| insu | Prominence - All Plans - negoti Silver Summit - All Plans - negoti | | | \$ 858.80 \$ 840.72 |
| EmerRoom | United Healthcare/UMR - All Plans - | | | \$ 858.80 |
| | Aetna - All Plans - negotiat | | | \$ 787.38 |
| | OP - Aetna - W/ Med Adv negoti | ated charge amount | (44%)> | \$ 397.76 |
| | OP - Optumcare - W/ Med Adv negoti | | | \$ 397.76 |
| | OP - Humana - W/ Med Adv negoti | | | \$ 397.76 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotia | - | | \$ 397.76 |
| | All other insurances - non-negotiated | charge amount (10 | 0%)> | \$ 904.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|---|--|---|---------------------|----------------------|
| Use CTRL-F to Shoppable Service | SEARCH Primary Service and Ancillary Services | Shoppable Services Report - Table II (CMS-1717-F2) | | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | Standard Charge |
| <u></u> | | OUTPATIENT | | | | |
| 4642000 OBS | ERVATION ROOM TRANSFE | | | | | |
| | | This is a PER HOUR observation | on room rate | | | |
| 4642000 | OBSERVATION ROOM TRANSFER | | | G0378 | 762 | \$ 71.00 |
| | | | | Total of S | Standard Charges: | \$ 71.00 |
| | | Copays, deductibles and | elf-pay/Cash Price (50% of charges, i Minimum negotiated | charge amount (87. | 1%)> | \$ 35.50 \$ 61.84 |
| | | coinsurances are not | Maximum negotiate | C X | , | \$ 67.45 \$ 67.45 |
| | | <u> </u> | Hometown Health - All Plans - negoti | ated charge amount | t (95%)> | \$ 67.45 |
| | | insurance plan is unique. | Prominence - All Plans - negotia | | | \$ 67.45 |
| Obsei | rvation | | Silver Summit - All Plans - negotia United Healthcare/UMR - All Plans - | | | \$ 66.03 \$ 67.45 |
| | | | Aetna - All Plans - negotiate | | | \$ 61.84 |
| | | | OP - Aetna - W/ Med Adv negotia | | | \$ 31.24 |
| | | | - Optumcare - W/ Med Adv negotia | | | \$ 31.24 |
| | | | DP - Humana - W/ Med Adv negotia alth and Life - W/ Med Adv negotia | | | \$ 31.24 \$ 31.24 |
| | | - | All other insurances - non-negotiated | - | | \$ 71.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|---|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | OUTPATIENT | | | |
| 4642001 OBSERVATION DIRECT ENTRY | | | | |
| HUHZOWI ODSERVATION DIRECT ENTRI | This is a PER HOUR observation room rate | | | |
| 4642001 OBSERVATION DIRECT ENTRY | | G0379 | 762 | \$ 71.00 |
| | | Total of S | Standard Charges: | \$ 71.00 |
| Observation | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.Self-pay/Cash Price (50% of charges, if Minimum negotiated ch Maximum negotiated ch Maximum negotiated ch Maximum negotiated ch Maximum negotiated ch | harge amount (87. charge amount (9: ted charge amount ted charge amount ed charge amount ed charge amount egotiated charge am | 1%)> 5%)> 2 (95%)> (95%)> (93%)> mount (95%)> | \$ 35.50 \$ 61.84 \$ 67.45 \$ 67.45 \$ 67.45 \$ 67.45 \$ 67.45 \$ 66.03 \$ 67.45 |
| | Aetna - All Plans - negotiated OP - Aetna - W/ Med Adv negotiated OP - Optumcare - W/ Med Adv negotiated OP - Humana - W/ Med Adv negotiated OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated All other insurances - non-negotiated c | ed charge amount ed charge amount ed charge amount ed charge amount | (44%)> (44%)> (44%)> (44%)> | \$ 61.84 \$ 31.24 \$ 31.24 \$ 31.24 \$ 31.24 \$ 31.24 \$ 31.24 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital | | | Page 370 of 391 |
|--|--|---|---------------------|----------------------------------|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | | Revenue Code | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | <u>Standard Charge</u> |
| | OUTPATIENT | | | |
| 4651122 DRESSING CHANGE COMPLEX | | | | |
| This dressir | ng change does not include additional charges for any associated dressing | supplies | | |
| 4651122 DRESSING CHANGE COMPLEX | | 99211 | 761 | \$ 100.00 |
| | | Total of | Standard Charges: | \$ 100.00 |
| | coinsurances are not Maximum negotia | ed charge amount (87 ated charge amount (9 | .1%)> 95%)> | \$ 50.00 \$ 87.10 \$ 95.00 |
| | factored into these chargeAnthem Blue Cross - All Plans - negamounts since each patient'sHometown Health - All Plans - neg | | | \$ 95.00 \$ 95.00 |
| | Prominence - All Plans - neg | otiated charge amount | t (95%)> | \$ 95.00 |
| Outpatient | Silver Summit - All Plans - nego United Healthcare/UMR - All Plans | | | \$ 93.00 \$ 95.00 |
| outputient | Aetna - All Plans - negoti | | | \$ 87.10 |
| | OP - Aetna - W/ Med Adv nego | | | \$ 44.00 |
| | OP - Optumcare - W/ Med Adv nego OP - Humana - W/ Med Adv nego | e | . , | \$ 44.00 \$ 44.00 |
| | OP - Humana - W/ Med Adv nego OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv nego | | | \$ 44.00 \$ 44.00 |
| | All other insurances - non-negotiat | e | | \$ 100.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Update: 03/08/2024 IVIT. Grant General Hospital | | | | |
|---|---|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services Report - Table II (CMS-1717-F2) | | <u>Revenue Code</u> | Standard Charge | |
| | OUTPATIENT | | | | |
| 4651123 DRESSING CHANGE SIMPLE | | | | | |
| This dressin | g change does not include additional charges for any associated dressing s | upplies | | | |
| 4651123DRESSING CHANGE SIMPLE | | "99211,DC" | 761 | \$ 28.00 | |
| | | Total of S | Standard Charges: | \$ 28.00 | |
| | Copays, deductibles and coinsurances are not | charge amount (87. | | \$ 14.00 \$ 24.39 \$ 26.60 | |
| Outpatient | factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negot OP - Aetna - W/ Med Adv negot OP - Humana - W/ Med Adv negot OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negot | tiated charge amount iated charge amount iated charge amount negotiated charge am ted charge amount (8 iated charge amount iated charge amount iated charge amount iated charge amount | (95%)> (95%)> (93%)> mount (95%)> (7.1%)> (44%)> (44%)> (44%)> | \$ 26.60 \$ 26.60 \$ 26.60 \$ 26.04 \$ 26.60 \$ 24.39 \$ 12.32 \$ 12.32 \$ 12.32 \$ 12.32 | |
| | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 28.00 | |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|--|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Rej (CMS-1717-F | • | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | Revenue Code | Standard Charge |
| | OUTPATIEN | T | | | |
| 4651702 BLADDER CATH TEMP INDWELL | | | | | |
| 4651702BLADDER CATH TEMP INDWELL | | | 51702 | 761 | \$ 223.00 |
| | | | Total of S | Standard Charges: | \$ 223.00 |
| Outpatient | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti | charge amount (87. ed charge amount (9 tiated charge amount tiated charge amount ated charge amount ated charge amount negotiated charge a ed charge amount (8 ated charge amount (8 ated charge amount ated charge amount ated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> | \$ 111.50 \$ 194.23 \$ 211.85 \$ 211.85 \$ 211.85 \$ 211.85 \$ 211.85 \$ 207.39 \$ 211.85 \$ 194.23 \$ 98.12 \$ 98.12 |
| | OP - Healthplan Nevada/Sierra I | OP - Humana - W/ Med Adv negoti Health and Life - W/ Med Adv negoti | | | \$ 98.12 \$ 98.12 |
| | | All other insurances - non-negotiated | l charge amount (10 | 0%)> ========= | \$ 223.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 373 of 391 |
|--|--|--|---|---|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4652040 PHLEBOTOMY THERAPEUTIC | | | | |
| 4652040 PHLEBOTOMY THERAPEUTIC | | 99195 | 940 | \$ 211.00 |
| | | Total of | Standard Charges: | \$ 211.00 |
| Outpatient | coinsurances are notMaximum negfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans - Hometown Health - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All Plans | tiated charge amount (87 gotiated charge amount (97 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount lans - negotiated charge a gotiated charge amount (negotiated charge amount (negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | .1%)> 95%)> at (95%)> t (95%)> (95%)> at (95%)> at (95%)> at (95%)> at (95%)> at (44%)> at (44%)> (44%)> | \$ 105.50 \$ 183.78 \$ 200.45 \$ 200.45 \$ 200.45 \$ 200.45 \$ 196.23 \$ 200.45 \$ 183.78 \$ 92.84 \$ 92.84 \$ 92.84 \$ 92.84 \$ 92.84 \$ 92.84 \$ 92.84 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Use CTRL-F to SEARCH (CMS-1717-F2) CPT Code (OR) Revenue Code Standard Chara Shoppable Service Primary Service and Ancillary Services. OUTPATIENT Revenue Code Standard Chara 4657360 HYDRATION 31-60 MIN 96360 260 \$ 332 4657361 HYDRATION 31-60 MIN 96361 260 \$ 323 4657361 HYDRATON 31-60 MIN 96361 260 \$ 323 Copays, deductibles and coinsurances are not factored into these charge amount (87,1%) \$ 42 Minimum negotiated charge amount (87,1%) \$ 44 Minimum negotiated charge amount (87,1%) \$ 43 \$ 45 \$ 46 \$ 46 Outpatient Self-pay/Cash Price (50% of charges, if balance is paid in full) \$ 42 \$ 46 \$ 42 Minimum negotiated charge amount (87,1%) \$ 43 \$ 46 <th>Date Printed: 03/08/2 Last Update: 03/08/2</th> <th></th> <th>Mt. Grant Gene Shoppable Services</th> <th></th> <th></th> <th></th> <th>Page 374 of 391</th> | Date Printed: 03/08/2 Last Update: 03/08/2 | | Mt. Grant Gene Shoppable Services | | | | Page 374 of 391 |
|--|---|--|--------------------------------------|--------------------------------------|-------------------------|---------------------|------------------------|
| OUTPATION 4657360 HYDRATION 31-60 MIN 4657360 HYDRATION 31-60 MIN 96360 260 \$ 32 4657361 HYDRA EA AD HR530 MIN 96361 260 \$ 10 Total of Standard Charges: \$ 42 Minimum negotiated charge amount (87.1%) \$ 2 Minimum negotiated charge amount (87.1%) \$ 3 Outpatient Outpatient Outpatient | Use CTRL-F to | D SEARCH | •• | • | <or></or> | | |
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| All other insurances - non-negotiated charge amount (100%)> \$42 | | | | All other insurances - non-negotiate | d charge amount (10 | 0%)> | \$ 428.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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| Outpatient Prominence - All Plans - negotiated charge amount (95%)> \$ 627.00 Silver Summit - All Plans - negotiated charge amount (93%)> \$ 613.80 United Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 627.00 Aetna - All Plans - negotiated charge amount (95%)> \$ 627.00 OP - Aetna - W/ Med Adv negotiated charge amount (87.1%)> \$ 574.86 OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 | | | | amounts since each patient's | | | | |
| Outpatient Image: All Plans - negotiated charge amount (95%)> \$ 013.00 United Healthcare/UMR - All Plans - negotiated charge amount (95%)> \$ 627.00 Aetna - All Plans - negotiated charge amount (87.1%)> \$ 574.86 OP - Aetna - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 | | | | * | | | | |
| Aetna - All Plans - negotiated charge amount (87.1%)> \$ 574.86 OP - Aetna - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 | | Auto | ationt | insurance plan is unique. | | | | |
| OP - Aetna - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Optumcare - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Humana - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)> \$ 290.40 | | Outp | | | | | | |
| OP - Optumcare - W/ Med Adv negotiated charge amount (44%)>\$ 290.40OP - Humana - W/ Med Adv negotiated charge amount (44%)>\$ 290.40OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)>\$ 290.40\$ 290.40\$ 290.40 | | | | I | | | | |
| OP - Humana - W/ Med Adv negotiated charge amount (44%)>\$ 290.40OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)>\$ 290.40\$ 290.40 | | | | | | | | |
| OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negotiated charge amount (44%)>\$ 290.40 | | | | | | | | |
| | | | | OP - Healthplan Neva | | | | \$ 290.40 |
| All other insurances - non-negotiated charge amount (100%)> \$ 660.00 | | | | | All other insurances - non-negotiated | d charge amount (10 | 0%)> | \$ 660.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | 03/08/2024 03/08/2024 | Mt. Grant General Hospital | | | Page 376 of 391 |
|--------------|---|--|-------------------------------|--|------------------------|
| Use CTRI | L-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Se | ervice Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | | OUTPATIENT | | | |
| 4657374 | IV PUSH INITIAL | | | | |
| | | | | | |
| 4657374 | IV PUSH INITIAL | | 96374 | 260 | \$ 168.00 |
| 4657375 | IV PUSH NEW SUBSTANCE | | 96375 | 260 | \$ 92.00 |
| 4657376 | IV PUSH SAME SUBSTANCE | | 96376 | 260 | \$ 92.00 |
| | | | | | |
| | | | Total of S | Standard Charges: | \$ 352.00 |
| | | | | | |
| | | Self-pay/Cash Price (50% of ch | harges, if balance is paid in | full)> | \$ 176.00 |
| | | Copays, deductibles and Minimum neg | otiated charge amount (87. | 1%)> | \$ 306.59 |
| | | | egotiated charge amount (9 | | \$ 334.40 |
| | | | 1 1 | (050()) | * 22.1 10 |
| | | | | | \$ 334.40 \$ 334.40 |
| | | Prominence - All Plans - | - negotiated charge amount | | \$ 334.40 |
| | | insurance plan is unique. Silver Summit - All Plans - | | | \$ 327.36 |
| | Dutpatient | United Healthcare/UMR - All | Plans - negotiated charge a | mount (95%)> | \$ 334.40 |
| | • | | negotiated charge amount (8 | | \$ 306.59 |
| | | OP - Aetna - W/ Med Adv | | | \$ 154.88 |
| | | OP - Optumcare - W/ Med Adv | | | \$ 154.88 |
| | | - OP - Humana - W/ Med Adv. - OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. | | | \$ 154.88 \$ 154.88 |
| | | | 6 6 | . , | |
| | | All other insurances - non-neg | gotiated charge amount (10 | U%)> ================================ | \$ 352.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| | neral Hospital | | | Page 377 of 391 |
|---|---|---|---|--|
| | ices Report - Table II -1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| OUTPA | TIENT | | | |
| 4657802 MNT; INIT ASSESSMENT & INTERVENTION, INDIVIDUAL, FA | CE-TO-FACE W/ PATIENT, EA | CH 15 MIN | | |
| 4657802 MNT; INIT ASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EAC | H 15 MIN | 97802 | 942 | \$ 78.00 |
| | | Total of St | andard Charges: | \$ 78.00 |
| Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Outpatient | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiated Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negoti OP - Aetna - W/ Med Adv negoti OP - Optumcare - W/ Med Adv negoti OP - Humana - W/ Med Adv negoti a/Sierra Health and Life - W/ Med Adv negoti | charge amount (87.1 ed charge amount (95 iated charge amount (95 iated charge amount (95 ated charge amount (97 ated charge amount (97 | %)> %)> (95%)> 95%)> 93%)> hount (95%)> 44%)> 44%)> 44%)> | \$ 39.00 \$ 67.94 \$ 74.10 \$ 74.10 \$ 74.10 \$ 74.10 \$ 74.10 \$ 72.54 \$ 74.10 \$ 67.94 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 \$ 34.32 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| I and I | rant General Hospital | | | Page 378 of 391 |
|--|--|---|---|--|
| Use CTRL-F to SEARCH | hoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| 4657803 MNT; REASSESSMENT & INTERVENTION, INDIVID | OUTPATIENT JAL, FACE-TO-FACE W/ PATIENT, EAC | CH 15 MIN | | |
| 4657803 MNT; REASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ | PATIENT, EACH 15 MIN | 97803 | 942 | \$ 53.00 |
| | | Total of S | Standard Charges: | \$ 53.00 |
| Copays, deductibles a coinsurances are not factored into these ch amounts since each p insurance plan is unit OP - He | Arge Anthem Blue Cross - All Plans - nego Attient's Prominence - All Plans - nego | d charge amount (87. ted charge amount (95 otiated charge amount otiated charge amount tiated charge amount - negotiated charge amount - negotiated charge amount (8 tiated charge amount (8 tiated charge amount tiated charge amount tiated charge amount tiated charge amount tiated charge amount | 1%)> 5%)> (95%)> (95%)> (93%)> (7.1%)> (44%)> (44%)> (44%)> | \$ 26.50 \$ 46.16 \$ 50.35 \$ 50.35 \$ 50.35 \$ 50.35 \$ 49.29 \$ 50.35 \$ 46.16 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 23.32 \$ 53.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|---|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPATIENT | | | |
| 4659623 IRRIGATION OF IMPLANTED VENOUS ACC | CESS DEVICE FOR DRUG DELIVERY SYSTEMS | | | |
| This service will usually include 1 to | 5 units of 4489644 HEPARIN, PORCINE (PF) 100 UNIT/ML : | at an additional c | ost | |
| 4659623 IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR I | DRUG DELIVERY SYSTEMS | 96523 | 761 | \$ 158.00 |
| | | Total of S | tandard Charges: | \$ 158.00 |
| Copays | Self-pay/Cash Price (50% of charges, Minimum negotiated | - | | \$ 79.00 \$ 137.62 |
| coinsuran factored i | ces are notMaximum negotiatnto these chargeAnthem Blue Cross - All Plans - negosince each patient'sHometown Health - All Plans - nego | tiated charge amount | (95%)> (95%)> | \$ 150.10 \$ 150.10 \$ 150.10 |
| | Prominence - All Plans - negoti Silver Summit - All Plans - negoti United Healthcare/UMR - All Plans - Aetna - All Plans - negotia OP - Aetna - W/ Med Adv negotia OP - Optumcare - W/ Med Adv negoti OP - Humana - W/ Med Adv negoti | ated charge amount negotiated charge an ed charge amount (8 ated charge amount ated charge amount | (93%)> nount (95%)> 7.1%)> (44%)> (44%)> | \$ 150.10 \$ 146.94 \$ 150.10 \$ 137.62 \$ 69.52 \$ 69.52 \$ 69.52 |
| | OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv negoti All other insurances - non-negotiated | ated charge amount | (44%)> | \$ 69.52 \$ 158.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|---------------------------------------|---|---|--|
| Use CTRL-F to SEARCH | | 717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | OUTPAT | TIENT | | | |
| 4659800 TELEHEALTH ORIGINATING SITE | FEE | | | | |
| 4659800 TELEHEALTH ORIGINATING SITE FEE | | | Q3014 | 780 | \$ 87.00 |
| | | | Total of S | Standard Charges: | \$ 87.00 |
| Outpatient | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | d charge amount (87. red charge amount (9 tiated charge amount iated charge amount iated charge amount iated charge amount - negotiated charge a ted charge amount (8 iated charge amount (8 iated charge amount iated charge amount iated charge amount iated charge amount iated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> 87.1%)> (44%)> (44%)> (44%)> (44%)> | \$ 43.50 \$ 75.78 \$ 82.65 \$ 82.65 \$ 82.65 \$ 82.65 \$ 80.91 \$ 82.65 \$ 75.78 \$ 38.28 \$ 3 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|---|--|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | |
| 4725010 OFFICE VISIT, NEW, EXPANDED | | | | |
| 4725010 OFFICE VISIT,NEW,EXPANDED | | 99202 | 521 | \$ 134.00 |
| | | Total of S | Standard Charges: | \$ 134.00 |
| Clinic | | ted charge amount (87. iated charge amount (9 gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount s - negotiated charge a tiated charge amount (8 gotiated charge amount (8 gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount gotiated charge amount | $\begin{array}{c} 1\%) &> \\ 55\%) &> \\ t (95\%) &> \\ (95\%) &> \\ (95\%) &> \\ (93\%) &> \\ mount (95\%) &> \\ 87.1\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ (44\%) &> \\ \end{array}$ | \$ 67.00 \$ 116.71 \$ 127.30 \$ 127.30 \$ 127.30 \$ 127.30 \$ 124.62 \$ 127.30 \$ 116.71 \$ 58.96 \$ 58.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|---|---|--|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table (CMS-1717-F2) | | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | | |
| 4725020 OFFICE VISIT,NEW,DETAILED | | | | | |
| 4725020 OFFICE VISIT,NEW,DETAILED | | | 99203 | 521 | \$ 185.00 |
| | | | Total of S | tandard Charges: | \$ 185.00 |
| CMS-Specified Shoppable Service | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blu Hometown Silver S United Hea | sh Price (50% of charges, if b Minimum negotiated cha Maximum negotiated ci e Cross - All Plans - negotiate Health - All Plans - negotiate inence - All Plans - negotiate ummit - All Plans - negotiated lthcare/UMR - All Plans - neg tetna - All Plans - negotiated na - W/ Med Adv negotiated | arge amount (87.1 harge amount (92 ed charge amount ed charge amount d charge amount d charge amount gotiated charge ar charge amount (8 | 1%)> 5%)> (95%)> (95%)> (93%)> nount (95%)> 7.1%)> | \$ 92.50 \$ 161.14 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 175.75 \$ 161.14 \$ 81.40 |
| | OP - Optumca OP - Huma OP - Healthplan Nevada/Sierra Health and Li | re - W/ Med Adv negotiated na - W/ Med Adv negotiated fe - W/ Med Adv negotiated | d charge amount d charge amount d charge amount (| (44%)> (44%)> (44%)> | \$ 81.40 \$ 81.40 \$ 81.40 |
| | All other 1 | nsurances - non-negotiated cha | arge amount (100 | J%)> ================================ | \$ 185.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | |
| 4725030 OFFICE VISIT,NEW,MOD COMP | | | | |
| 4725030 OFFICE VISIT,NEW,MOD COMP | | 99204 | 521 | \$ 259.00 |
| | | Total of S | Standard Charges: | \$ 259.00 |
| CMS-Specified Shoppable Service | Coinsurances are notMaximum negfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans - n Hometown Health - All Plans - n Silver Summit - All Plans - n | iated charge amount (87. otiated charge amount (9 negotiated charge amoun negotiated charge amoun egotiated charge amount egotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (93%)> | \$ 129.50 \$ 225.59 \$ 246.05 \$ 246.05 \$ 246.05 \$ 246.05 \$ 240.87 \$ 240.87 |
| | United Healthcare/UMR - All Pl Aetna - All Plans - neg OP - Aetna - W/ Med Adv n OP - Optumcare - W/ Med Adv n OP - Humana - W/ Med Adv n OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv n All other insurances - non-nego | gotiated charge amount (& egotiated charge amount egotiated charge amount egotiated charge amount egotiated charge amount | 87.1%)> (44%)> (44%)> (44%)> (44%)> | \$ 246.05 \$ 225.59 \$ 113.96 \$ 113.96 \$ 113.96 \$ 113.96 \$ 113.96 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|---|--|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | |
| 4725040 OFFICE VISIT,NEW,HGH COMP | | | | |
| 4725040 OFFICE VISIT,NEW,HGH COMP | | 99205 | 521 | \$ 344.00 |
| | | Total of S | Standard Charges: | \$ 344.00 |
| CMS-Specified Shoppable Service Clinic | coinsurances are notMaximum negfactored into these charge amounts since each patient's insurance plan is unique.Anthem Blue Cross - All Plans - Hometown Health - All Plans - Silver Summit - All Plans - United Healthcare/UMR - All P | otiated charge amount (87. gotiated charge amount (9 negotiated charge amoun negotiated charge amoun negotiated charge amount negotiated charge amount Plans - negotiated charge a egotiated charge amount (8 negotiated charge amount (8 negotiated charge amount negotiated charge amount negotiated charge amount negotiated charge amount | 1%)> 5%)> t (95%)> (95%)> (95%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> | \$ 172.00 \$ 299.62 \$ 326.80 \$ 326.80 \$ 326.80 \$ 326.80 \$ 319.92 \$ 326.80 \$ 299.62 \$ 151.36 \$ 151.36 \$ 151.36 \$ 151.36 |
| | All other insurances - non-neg | otiated charge amount (10 | 0%)> | \$ 344.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|--|---|--|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | |
| 4729385 INIT CMP PRV EXAM 18-39YR | | | | |
| 4729385 INIT CMP PRV EXAM 18-39YR | | 99385 | 521 | \$ 161.00 |
| | | Total of S | Standard Charges: | \$ 161.00 |
| | Copays, deductibles and Minimum Maxim | o of charges, if balance is paid in m negotiated charge amount (87. um negotiated charge amount (9 | 1%)> | \$ 80.50 \$ 140.23 \$ 152.95 |
| CMS-Specified Shoppable Service Clinic | amounts since each patient's insurance plan is unique. Hometown Health - All P Silver Summit - All P Silver Summit - All P United Healthcare/UMR Aetna - All Pla OP - Aetna - W/ Med A OP - Optumcare - W/ Med A OP - Humana - W/ Med A | 0 0 | t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> (44%)> (44%)> | \$ 152.95 \$ 152.95 \$ 152.95 \$ 149.73 \$ 152.95 \$ 140.23 \$ 70.84 \$ 70.84 \$ 70.84 \$ 70.84 |
| | All other insurances - no | on-negotiated charge amount (10 | 0%)> | \$ 161.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|--|---|--|---|
| Use CTRL-F to SEARCH | Shoppable Services Report - Table II (CMS-1717-F2) | CPT Code <or></or> | | |
| Shoppable Service Primary Service and Ancillary Services | | HCPCS Code | <u>Revenue Code</u> | Standard Charge |
| | CLINIC | | | |
| 4729386 INIT CMP PRV EXAM 40-64YR | | | | |
| 4729386 INIT CMP PRV EXAM 40-64YR | | 99386 | 521 | \$ 197.00 |
| | | Total of S | Standard Charges: | \$ 197.00 |
| CMS-Specified Shoppable Service Clinic | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | (50% of charges, if balance is paid in imum negotiated charge amount (87, aximum negotiated charge amount (9 All Plans - negotiated charge amoun All Plans - negotiated charge amount All Plans - negotiated charge amount All Plans - negotiated charge amount (MR - All Plans - negotiated charge amount (Med Adv negotiated charge amount) | 1%)> 55%)> t (95%)> (95%)> (93%)> mount (95%)> 87.1%)> (44%)> (44%)> | \$ 98.50 \$ 171.59 \$ 187.15 \$ 886.68 \$ 86.68 \$ 86.68 |
| | All other insurances | s - non-negotiated charge amount (10 | 0%)> | \$ 197.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 387 of 391 |
|---|--|---|--|--|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| | SPECIALTY CLINIC | | | |
| 4740804 PSYCH 30 MIN | | | | |
| 4740804 PSYCH 30 MIN | | 90832 | 900 | \$ 133.00 |
| | | Total of | Standard Charges: | \$ 133.00 |
| CMS-Specified Shoppable Service | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. | | .1%)> 95%)> at (95%)> t (95%)> t (95%)> amount (95%)> 87.1%)> 87.1%)> t (44%)> t (44%)> t (44%)> t (44%)> | \$ 66.50 \$ 115.84 \$ 126.35 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 \$ 58.52 |
| | All other insurances - no | on-negotiated charge amount (10 |)0%)> ================================ | \$ 133.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant General Hospital Shoppable Services Report - Table II | | | Page 388 of 391 |
|---|--|---|---|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | (CMS-1717-F2) SPECIALTY CLINIC | CPT Code <or> <u>HCPCS Code</u></or> | <u>Revenue Code</u> | <u>Standard Charge</u> |
| 4740806 PSYCH 45 MIN | | | | |
| 4740806 PSYCH 45 MIN | | 90834 | 900 | \$ 193.00 |
| | | Total of | Standard Charges: | \$ 193.00 |
| CMS-Specified Shoppable Service | | ed charge amount (87 ated charge amount (9 gotiated charge amount otiated charge amount otiated charge amount otiated charge amount s - negotiated charge a iated charge amount (otiated charge amount (otiated charge amount otiated charge amount otiated charge amount otiated charge amount | $\begin{array}{c} .1\%)> \\ .5\%)> \\ t (95\%)> \\ t (95\%)> \\ (95\%)> \\ (95\%)> \\ (93\%)> \\ mount (95\%)> \\ 87.1\%)> \\ t (44\%)> \\ t (44\%)> \\ t (44\%)> \\ t (44\%)> \\ (44\%)> \\ \end{array}$ | \$ 96.50 \$ 168.10 \$ 183.35 \$ 183.35 \$ 183.35 \$ 183.35 \$ 183.35 \$ 179.49 \$ 183.35 \$ 168.10 \$ 84.92 \$ 8 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

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|--|---|---|---|---|--|
| Use CTRL-F to SEARCH | (CMS-1717-F2) | | CPT Code <or> <u>HCPCS Code</u></or> | Revenue Code | Standard Charge |
| Shoppable Service Primary Service and Ancillary Services | | | <u>Herebeuue</u> | <u>Kevenue Coue</u> | Standard Charge |
| | SPECIALTY CLINIC | | | | |
| 4740808 PSYCH 60 MIN | | | | | |
| 4740808 PSYCH 60 MIN | | | 90837 | 900 | \$ 255.00 |
| | | | Total of a | Standard Charges: | \$ 255.00 |
| CMS-Specified Shoppable Service Clinic | Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique. Anthem Blue Hometown Silver Su United Healt Ac OP - Aetm | Maximum negotiate e Cross - All Plans - negot Health - All Plans - negot inence - All Plans - negoti immit - All Plans - negoti thcare/UMR - All Plans - etna - All Plans - negotiat a - W/ Med Adv negoti | charge amount (87, ed charge amount (9 tiated charge amount iated charge amount iated charge amount negotiated charge a ted charge amount (8 iated charge amount (8 iated charge amount (8 iated charge amount (8) | .1%)> b(95%)> it (95%)> it (95%)> it (95%)> it (93%)> it (93%)> it (95%)> it (| \$ 127.50 \$ 222.11 \$ 242.25 \$ 242.25 |
| | OP - Human | re - W/ Med Adv negoti na - W/ Med Adv negoti | iated charge amount | (44%)> | \$ 112.20 \$ 112.20 \$ 112.20 |
| | OP - Healthplan Nevada/Sierra Health and Life All other in | e - W/ Med Adv negota nsurances - non-negotiatec | - | | \$ 112.20 \$ 255.00 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

| Date Printed: 03/08/2024 Last Update: 03/08/2024 | Mt. Grant Genera | l Hospital | | | Page 390 of 391 |
|---|--------------------------------------|---|---|---|---|
| Use CTRL-F to SEARCH Shoppable Service Primary Service and Ancillary Services | Shoppable Services Re (CMS-1717-F | • | CPT Code <or> HCPCS Code</or> | <u>Revenue Code</u> | Standard Charge |
| | SPECIALTY CL | INIC | | | |
| 4740847 PSYCH FAMILY 1HR | | | | | |
| 4740847 PSYCH FAMILY 1HR | | | 90847 | 900 | \$ 208.00 |
| | | | Total of S | Standard Charges: | \$ 208.00 |
| CMS-Specified Shoppable Service Clinic | | Self-pay/Cash Price (50% of charges, Minimum negotiated Maximum negotiated Anthem Blue Cross - All Plans - negot Hometown Health - All Plans - negot Prominence - All Plans - negot Silver Summit - All Plans - negot United Healthcare/UMR - All Plans - Aetna - All Plans - negotiat OP - Aetna - W/ Med Adv negotiat OP - Humana - W/ Med Adv negotiat Health and Life - W/ Med Adv negotiat All other insurances - non-negotiated | charge amount (87. d charge amount (9 iated charge amount ated charge amount ated charge amount ated charge amount negotiated charge a ed charge amount (8 ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount ated charge amount | 1%)> 5%)> t (95%)> (95%)> (95%)> (93%)> mount (95%)> 37.1%)> (44%)> (44%)> (44%)> | \$ 104.00 \$ 181.17 \$ 197.60 \$ 197.60 \$ 197.60 \$ 197.60 \$ 193.44 \$ 197.60 \$ 181.17 \$ 91.52 \$ 9 |

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.

Mt. Grant General Hospital

Shoppable Services Report - Table II Use CTRL-F to SEARCH (CMS-1717-F2) **CPT Code** <**OR**> HCPCS Code **Revenue Code** Standard Charge Shoppable Service Primary Service and Ancillary Services Mt. Grant General Hospital does not offer the services listed below which are members of the 70 CMS-specified shoppable services: 90846 Family psychotherapy, not including patient, 50 min 90853 Group psychotherapy 99243 Patient office consultation, typically 40 min 99244 Patient office consultation, typically 60 min 80055 Obstetric blood test panel 81000 Manual urinalysis test with examination using microscope (includes 81001) 76805 Abdominal ultrasound of pregnant uterus (greater of equal to 14 weeks 0 days) single or first fetus 77065 Mammography of one breast 77066 Mammography of both breasts 77067 Mammography, screening, bilateral Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities 216 460 Spinal fusion except cervical without major comorbid conditions or complications (MCC) 470 Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC) Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). 473 Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) 743 19120 Removal of 1 or more breast growth, open procedure 29826 Shaving of shoulder bone using an endoscope 29881 Removal of one knee cartilage using an endoscope 42820 Removal of tonsils and adenoid glands patient younger than age 12 45391 Ultrasound examination of lower large bowel using an endoscope 47562 Removal of gallbladder using an endoscope 49505 Repair of groin hernia patient age 5 years or older 55700 Biopsy of prostate gland 55866 Surgical removal of prostate and surrounding lymph nodes using an endoscope 59400 Routine obstetric care for vaginal delivery, including pre-and post-delivery care 59510 Routine obstetric care for cesarean delivery, including pre-and post-delivery care 59610 Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care 62322 Injection of substance into spinal canal of lower back or sacrum using imaging guidance (includes HCPCS 62323) 64483 Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance 66821 Removal of recurring cataract in lens capsule using laser 66984 Removal of cataract with insertion of lens 93452 Insertion of catheter into left heart for diagnosis 95810 Sleep study

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For patients who do not have insurance coverage ----> 50% patient discount if the self pay balance on the entire patient account or family account is paid in full. For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to \$2526 per day, regardless of charges.