Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)				
Available Rooms and Rates				
3000005	MED/SURG ROOM (SEMI-PRIVATE)		120	$ 2,100.00
3050010	PEDIATRIC ROOM		123	$ 1,703.00
3100015	ISOLATION ROOM (PRIVATE)		110	$ 2,360.00
3150020	TELEMETRY ROOM (PRIVATE)		110	$ 2,360.00
3250035	SWING BED		129	$ 1,700.00
3300030	SNF ROOM		120	$ 565.00

Room and Board

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4010203	**SCREENING MCARE HIGH RISK**			
4010203	SCREENING MCARE HIGH RISK	G0105	750	$ 3,357.00
4100110	RECOVERY ROOM		710	$ 260.00
4819123 ** ProFee **	SCREENING MCARE HIGH RISK	G0105	975	$ 1,737.00

Total of Standard Charges: $ 5,354.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,677.00
Minimum negotiated charge amount (87.1%) ---------->	$ 4,663.33
Maximum negotiated charge amount (95%) ---------->	$ 5,086.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 4,979.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,086.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,663.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,354.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

OUTPATIENT

4010206 COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
4010206		COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	G0121	750	$ 3,357.00
4100110		RECOVERY ROOM		710	$ 260.00
4819126	** ProFee **	SCREENING MCARE AVG RISK	G0121	975	$ 1,737.00

Total of Standard Charges: $ 5,354.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,677.00
Minimum negotiated charge amount (87.1%) ---------->	$ 4,663.33
Maximum negotiated charge amount (95%) ---------->	$ 5,086.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,086.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 4,979.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,086.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,663.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,355.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,354.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4010209		**COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY)**			
4010209		COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (PRIMARY)	45385	750	$ 3,357.00
4100110		RECOVERY ROOM		710	$ 260.00
4819129	** ProFee **	COLON W/POLYP REMOV SNARE	45385	975	$ 1,911.00

Total of Standard Charges: $ 5,528.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

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)---------->	$ 2,764.00
Minimum negotiated charge amount (87.1%) ---------->	$ 4,814.89
Maximum negotiated charge amount (95%) ---------->	$ 5,251.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 5,141.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,251.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,814.89
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,528.00

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CMS-Specified Shoppable Service

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	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

Total of Standard Charges: $ 4,659.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

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)---------->	$ 2,329.50
Minimum negotiated charge amount (87.1%) ---------->	$ 4,057.99
Maximum negotiated charge amount (95%) ---------->	$ 4,426.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 4,426.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 4,426.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 4,426.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 4,332.87
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 4,426.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,057.99
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,049.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,049.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,049.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,049.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 4,659.00

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CMS-Specified Shoppable Service

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4010215	**COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)**			
4010215	COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (PRIMARY)	45380	750	$ 3,357.00
4100110	RECOVERY ROOM		710	$ 260.00
4819130 ** ProFee **	COLONOSCOPY WITH BIOPSY	45380	975	$ 1,794.00

Total of Standard Charges: $ 5,411.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

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)---------->	$ 2,705.50
Minimum negotiated charge amount (87.1%) ---------->	$ 4,712.98
Maximum negotiated charge amount (95%) ---------->	$ 5,140.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,140.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,140.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,140.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 5,032.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,140.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,712.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,380.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,380.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,380.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,380.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,411.00

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CMS-Specified Shoppable Service

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4010218	**EGD, FLEXIBLE, TRANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS (PRIMARY)**			
4010218	EGD, FLEXIBLE, TRANSORAL, WITH GUIDE WIRE, W_PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS (PRIMARY)	43248	750	$ 2,218.00
4100110	RECOVERY ROOM		710	$ 260.00
4819140 ** ProFee **	EGD DIL W/GUIDEWIRE	43248	975	$ 1,448.00
			Total of Standard Charges:	**$ 3,926.00**

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,963.00
Minimum negotiated charge amount (87.1%) ---------->	$ 3,419.55
Maximum negotiated charge amount (95%) ---------->	$ 3,729.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,729.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,729.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,729.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,651.18
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,729.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,419.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,727.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,727.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,727.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,727.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,926.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4010221 EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY)

4010221		EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (PRIMARY)	43244	750	$ 2,547.00
4100110		RECOVERY ROOM		710	$ 260.00
4819135	** ProFee **	EGD W/BANDING VARICES	43244	975	$ 1,448.00

Total of Standard Charges: $ 4,255.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,127.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,706.11
Maximum negotiated charge amount (95%) ---------->	$ 4,042.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,957.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 4,042.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,706.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 4,255.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4010224 EGD, FLEXIBLE, 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

Total of Standard Charges: $ 3,849.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

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)---------->	$ 1,924.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,352.48
Maximum negotiated charge amount (95%) ---------->	$ 3,656.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,579.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,656.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,352.48
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,849.00

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CMS-Specified Shoppable Service

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4010233		**FLEXIBLE SIGMOIDOSCOPY**			
4010233		FLEXIBLE SIGMOIDOSCOPY	45330	750	$ 1,331.00
4100110		RECOVERY ROOM		710	$ 260.00
4819180	** ProFee **	FLEX SIG	45330	975	$ 926.00

Total of Standard Charges: $ 2,517.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,258.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,192.31
Maximum negotiated charge amount (95%) ---------->	$ 2,391.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,340.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,391.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,192.31
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,517.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4010236	**SIGMOIDOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE**			
4010236	SIGMOIDOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE	45331	750	$ 1,737.00
4100110	RECOVERY ROOM		710	$ 260.00
4819144 ** ProFee **	FLEX SIG W/BIOPSY	45331	975	$ 1,158.00
			Total of Standard Charges:	**$ 3,155.00**

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,577.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,748.01
Maximum negotiated charge amount (95%) ---------->	$ 2,997.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,934.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,997.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,748.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,155.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4010240 UPPER GASTRO ENDOSCOPY				
4010240	UPPER GASTRO ENDOSCOPY	43235	750	$ 2,027.00
4100110	RECOVERY ROOM		710	$ 260.00
4819150 ** ProFee **	EGD	43235	975	$ 985.00

Total of Standard Charges: $ 3,272.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

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)---------->	$ 1,636.00
Minimum negotiated charge amount (87.1%) ---------->	$ 2,849.91
Maximum negotiated charge amount (95%) ---------->	$ 3,108.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,108.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,108.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,108.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,042.96
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,108.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,849.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,439.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,439.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,439.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,439.68
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,272.00

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CMS-Specified Shoppable Service

Surgery

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4014360 SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DI

4014360		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSTI	44360	750	$ 2,547.00
4100110		RECOVERY ROOM		710	$ 260.00
4814360	** ProFee **	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INC ILEUM; DIAGNOSTI	44360	975	$ 1,448.00

Total of Standard Charges: $ 4,255.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,127.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,706.11
Maximum negotiated charge amount (95%) ---------->	$ 4,042.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,957.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 4,042.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,706.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 4,255.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

OUTPATIENT

4014380 ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHE

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
4014380		ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERF	44380	750	$ 2,431.00
4100110		RECOVERY ROOM		710	$ 260.00
4814380	** ProFee **	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INC COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERF	44380	975	$ 1,158.00

Total of Standard Charges: $ 3,849.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,924.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,352.48
Maximum negotiated charge amount (95%) ---------->	$ 3,656.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,656.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,579.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,656.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,352.48
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,693.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,849.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4015333 SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORC

4015333		SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	45333	750	$ 1,654.00
4100110		RECOVERY ROOM		710	$ 260.00
4819170	** ProFee **	FLEX SIGMOID-REMOVE POLYP	45333	975	$ 1,103.00

Total of Standard Charges: $ 3,017.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,508.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,627.81
Maximum negotiated charge amount (95%) ---------->	$ 2,866.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,866.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,866.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,866.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,805.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,866.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,627.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,327.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,327.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,327.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,327.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,017.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4015338	**SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE**			
4015338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE	45338	750	$ 1,621.00
4100110	RECOVERY ROOM		710	$ 260.00
4815338 ** ProFee **	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR BY SNARE TECHNIQUE	45338	975	$ 1,100.00

Total of Standard Charges: $ 2,981.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,490.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,596.45
Maximum negotiated charge amount (95%) ---------->	$ 2,831.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,831.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,831.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,831.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,772.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,831.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,596.45
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,311.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,311.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,311.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,311.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,981.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4015350	**SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)**			
4015350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	45350	750	$ 1,679.00
4100110	RECOVERY ROOM		710	$ 260.00
4815350 ** ProFee **	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	45350	975	$ 1,216.00
			Total of Standard Charges:	**$ 3,155.00**

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,577.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,748.01
Maximum negotiated charge amount (95%) ---------->	$ 2,997.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,997.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,934.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,997.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,748.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,388.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,155.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4015381 COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE

4015381		COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	45381	750	$ 3,056.00
4100110		RECOVERY ROOM		710	$ 260.00
4815381	** ProFee **	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	45381	975	$ 1,783.00

Total of Standard Charges: $ 5,099.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,549.50
Minimum negotiated charge amount (87.1%) ---------->	$ 4,441.23
Maximum negotiated charge amount (95%) ---------->	$ 4,844.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 4,844.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 4,844.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 4,844.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 4,742.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 4,844.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,441.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,243.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,243.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,243.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,243.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,099.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

OUTPATIENT

4015384 COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (PRIMARY)

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
4015384		COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (PRIMARY)	45384	750	$ 3,357.00
4100110		RECOVERY ROOM		710	$ 260.00
4819132	** ProFee **	COLON W/POLYP REMOV FORCP	45384	975	$ 1,911.00

Total of Standard Charges: $ 5,528.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,764.00
Minimum negotiated charge amount (87.1%) ---------->	$ 4,814.89
Maximum negotiated charge amount (95%) ---------->	$ 5,251.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,251.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 5,141.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,251.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,814.89
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,432.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,528.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

OUTPATIENT

4016946 EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (PRIMARY)

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
4016946		EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (PRIMARY)	43249	750	$ 2,547.00
4100110		RECOVERY ROOM		710	$ 260.00
4816946	** ProFee **	EGD BALLN DIL	43249	975	$ 1,448.00

Total of Standard Charges: $ 4,255.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 2,127.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,706.11
Maximum negotiated charge amount (95%) ---------->	$ 4,042.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 4,042.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,957.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 4,042.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,706.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,872.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 4,255.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4016948 EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE

4016948		EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE	43251	750	$ 1,915.00
4100110		RECOVERY ROOM		710	$ 260.00
4816948	** ProFee **	EGD, FLEXIBLE, TRANSORAL, WITH REMOVAL OF TUMOR(S), POLYP(S) OR OTHER LESION(S) BY SNARE (PRIMARY)	43251	975	$ 1,313.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Total of Standard Charges: $ 3,488.00

Surgery

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)---------->	$ 1,744.00
Minimum negotiated charge amount (87.1%) ---------->	$ 3,038.05
Maximum negotiated charge amount (95%) ---------->	$ 3,313.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,313.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,313.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,313.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,243.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,313.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,038.05
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,534.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,534.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,534.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,534.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,488.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4019141	**FLEX SIG CANC SCRN - MCARE**			
4019141	FLEX SIG CANC SCRN - MCARE	G0104	750	$ 1,331.00
4100110	RECOVERY ROOM		710	$ 260.00
4819141 ** ProFee **	FLEX SIG CANC SCRN-MCARE	G0104	975	$ 926.00
			Total of Standard Charges:	**$ 2,517.00**

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 1,258.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,192.31
Maximum negotiated charge amount (95%) ---------->	$ 2,391.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,391.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,340.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,391.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,192.31
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,107.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,517.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4019209		**COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY)**			
This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure					
4019209		COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), SNARE TECHNIQUE (2NDARY)	45385	750	$ 637.00
4810129	** ProFee **	COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	45385	975	$ 290.00

Total of Standard Charges: $ 927.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 463.50
Minimum negotiated charge amount (87.1%) ---------->	$ 807.42
Maximum negotiated charge amount (95%) ---------->	$ 880.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 862.11
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 880.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 807.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 927.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4019215		**COLONOSCOPY, FLEXIBLE, 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 primary procedure					
4019215		COLONOSCOPY, FLEXIBLE, WITH BIOPSY, SINGLE OR MULTIPLE (2NDARY)	45380	750	$ 637.00
4810130	** ProFee **	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	45380	975	$ 174.00

Total of Standard Charges: $ 811.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code

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)

Surgery

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)---------->	$ 405.50
Minimum negotiated charge amount (87.1%) ---------->	$ 706.38
Maximum negotiated charge amount (95%) ---------->	$ 770.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 770.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 770.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 770.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 754.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 770.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 706.38
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 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

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4019221 EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)

This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure

4019221		EGD, FLEXIBLE, TRANSORAL, WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES (2NDARY)	43244	750	$ 463.00
4810135	** ProFee **	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH BAND LIGATION OF ESOPHAGEAL/GASTRIC VARICES	43244	975	$ 463.00

Total of Standard Charges: $ 926.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 463.00
Minimum negotiated charge amount (87.1%) ---------->	$ 806.55
Maximum negotiated charge amount (95%) ---------->	$ 879.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 879.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 879.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 879.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 861.18
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 879.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 806.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 926.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	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 primary 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

Total of Standard Charges: $ 481.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 240.50
Minimum negotiated charge amount (87.1%) ---------->	$ 418.95
Maximum negotiated charge amount (95%) ---------->	$ 456.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 456.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 456.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 456.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 447.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 456.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 418.95
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 211.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 211.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 211.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 211.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 481.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4019381 COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)					
This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure					
4019381		COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)	45381	750	$ 278.00
4819381	** ProFee **	COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE (2NDARY)	45381	975	$ 162.00

Total of Standard Charges: $ 440.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 220.00
Minimum negotiated charge amount (87.1%) ---------->	$ 383.24
Maximum negotiated charge amount (95%) ---------->	$ 418.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 418.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 418.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 418.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 409.20
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 418.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 383.24
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 193.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 193.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 193.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 193.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 440.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4019384		**COLONOSCOPY, FLEXIBLE, WITH REMOVAL OF TUMOR(S), POLYP(S), HOT BIOPSY (2NDARY)**			
This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary 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

Total of Standard Charges: $ 927.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 463.50
Minimum negotiated charge amount (87.1%) ---------->	$ 807.42
Maximum negotiated charge amount (95%) ---------->	$ 880.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 880.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 862.11
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 880.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 807.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 407.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 927.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service		Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT					
4019946		**EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY)**			
This is a secondary procedure that is performed in addition to a primary procedure, and it has a lesser charge price than a primary procedure					
4019946		EGD, FLEXIBLE, WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (2NDARY)	43249	750	$ 522.00
4810946	** ProFee **	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHA	43249	975	$ 463.00

Total of Standard Charges: $ 985.00

SURGEON - the surgeon's professional fees are represented by '481' as the first three digits of the SHOPPABLE SERVICE code
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)

Surgery

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)---------->	$ 492.50
Minimum negotiated charge amount (87.1%) ---------->	$ 857.94
Maximum negotiated charge amount (95%) ---------->	$ 935.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 935.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 935.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 935.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 916.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 935.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 857.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 433.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 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-negotiated charge amount (100%) ---------->	$ 985.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4140010 EKG WITH RHYTHM STRIP

4140010	EKG WITH RHYTHM STRIP	93005	730	$ 416.00

Total of Standard Charges: $ 416.00

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)---------->	$ 208.00
Minimum negotiated charge amount (87.1%) ---------->	$ 362.34
Maximum negotiated charge amount (95%) ---------->	$ 395.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 395.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 395.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 395.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 386.88
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 395.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 362.34
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 416.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4140015 EKG SERIAL

4140015	EKG SERIAL	93000	739	$ 249.00

Total of Standard Charges: $ 249.00

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)---------->	$ 124.50
Minimum negotiated charge amount (87.1%) ---------->	$ 216.88
Maximum negotiated charge amount (95%) ---------->	$ 236.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 236.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 236.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 236.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 231.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 236.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 216.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 109.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 109.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 109.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 109.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 249.00

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CMS-Specified Shoppable Service

RespTherapy

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4150010 HOLTER MONITOR

4150010	HOLTER MONITOR	93225	731	$ 477.00
4150020	SCANNING ANALYSIS W/RPT	93226	731	$ 568.00

Total of Standard Charges: $ 1,045.00

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)---------->	$ 522.50
Minimum negotiated charge amount (87.1%) ---------->	$ 910.20
Maximum negotiated charge amount (95%) ---------->	$ 992.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 992.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 992.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 992.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 971.85
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 992.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 910.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 459.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 459.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 459.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 459.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,045.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160020 AEROSOL TREATMENT INITIAL

Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added

4160020	AEROSOL TREATMENT INITIAL	94640	410	$ 273.00
4480202	ALBUTEROL, INHALATION, UNIT DOSE, 1MG	J3535	636	$ 0.00

Total of Standard Charges: $ 273.00

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)---------->	$ 136.50
Minimum negotiated charge amount (87.1%) ---------->	$ 237.78
Maximum negotiated charge amount (95%) ---------->	$ 259.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 259.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 259.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 259.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 253.89
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 259.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 237.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 120.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 120.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 120.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 120.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 273.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160050 ARTERIAL PUNCTURE

4160050	ARTERIAL PUNCTURE	36600	300	$ 240.00

Total of Standard Charges: $ 240.00

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)---------->	$ 120.00
Minimum negotiated charge amount (87.1%) ---------->	$ 209.04
Maximum negotiated charge amount (95%) ---------->	$ 228.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 223.20
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 228.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 209.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 240.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160180 INCENTIVE SPIROMETERY TX

4160180	INCENTIVE SPIROMETERY TX	94727	460	$ 63.00

Total of Standard Charges: $ 63.00

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)---------->	$ 31.50
Minimum negotiated charge amount (87.1%) ---------->	$ 54.87
Maximum negotiated charge amount (95%) ---------->	$ 59.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 58.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 59.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 54.87
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 63.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160190 MDI INHALER TX INITIAL

Aerosol treatments and inhalers will have PHARMACY charges added, and may have SUBSEQUENT TREATMENT charges added

4160190	MDI INHALER TX INITIAL	94640	410	$ 218.00

Total of Standard Charges: $ 218.00

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)---------->	$ 109.00
Minimum negotiated charge amount (87.1%) ---------->	$ 189.88
Maximum negotiated charge amount (95%) ---------->	$ 207.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 207.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 207.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 207.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 202.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 207.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 189.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 218.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160400 OXIMETRY

4160400	OXIMETRY	94760	460	$ 108.00

Total of Standard 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, if balance is paid in full)---------->	$ 54.00
Minimum negotiated charge amount (87.1%) ---------->	$ 94.07
Maximum negotiated charge amount (95%) ---------->	$ 102.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 100.44
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 102.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 94.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 108.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4160480 PFT COMPLETE

4160480	PFT COMPLETE	94060	460	$ 849.00
4487619	LEVALBUTEROL 1.25 MG/3 ML SOLUTION FOR NEBULIZATION	J7614	250	$ 0.00

Total of Standard Charges: $ 849.00

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)---------->	$ 424.50
Minimum negotiated charge amount (87.1%) ---------->	$ 739.48
Maximum negotiated charge amount (95%) ---------->	$ 806.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 806.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 806.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 806.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 789.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 806.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 739.48
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 373.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 373.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 373.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 373.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 849.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4163015 CARDIOVASC STRESS TEST

4163015	CARDIOVASC STRESS TEST	93015	482	$ 631.00

Total of Standard Charges: $ 631.00

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)---------->	$ 315.50
Minimum negotiated charge amount (87.1%) ---------->	$ 549.60
Maximum negotiated charge amount (95%) ---------->	$ 599.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 599.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 599.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 599.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 586.83
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 599.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 549.60
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 277.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 277.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 277.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 277.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 631.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4163784 AMBUL BLOOD PRESS MONITOR

4163784	AMBUL BLOOD PRESS MONITOR	93788	920	$ 400.00

Total of Standard Charges: $ 400.00

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)---------->	$ 200.00
Minimum negotiated charge amount (87.1%) ---------->	$ 348.40
Maximum negotiated charge amount (95%) ---------->	$ 380.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 380.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 380.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 380.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 372.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 380.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 348.40
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 400.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4164618 PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY

4164618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND	94618	460	$ 674.00

Total of Standard Charges: $ 674.00

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)---------->	$ 337.00
Minimum negotiated charge amount (87.1%) ---------->	$ 587.05
Maximum negotiated charge amount (95%) ---------->	$ 640.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 640.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 640.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 640.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 626.82
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 640.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 587.05
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 296.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 296.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 296.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 296.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 674.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4164667 FLUTTER VALVE INITIAL

4164667	FLUTTER VALVE INITIAL	94667	410	$ 203.00

Total of Standard Charges: $ 203.00

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)---------->	$ 101.50
Minimum negotiated charge amount (87.1%) ---------->	$ 176.81
Maximum negotiated charge amount (95%) ---------->	$ 192.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 188.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 192.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 176.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 203.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4164762 OVERNIGHT OXIMETRY

4164762	OVERNIGHT OXIMETRY	94762	460	$ 678.00

Total of Standard Charges: $ 678.00

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)---------->	$ 339.00
Minimum negotiated charge amount (87.1%) ---------->	$ 590.54
Maximum negotiated charge amount (95%) ---------->	$ 644.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 644.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 644.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 644.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 630.54
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 644.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 590.54
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 298.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 298.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 298.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 298.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 678.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200005 ABO BLOOD TYPING

4200005	ABO BLOOD TYPING	86900	300	$ 327.00

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: $ 327.00

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)---------->	$ 163.50
Minimum negotiated charge amount (87.1%) ---------->	$ 284.82
Maximum negotiated charge amount (95%) ---------->	$ 310.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 310.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 310.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 310.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 304.11
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 310.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 284.82
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 327.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200007 ACETAMINOPHEN

4200007	ACETAMINOPHEN	80329	301	$ 199.00

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: $ 199.00

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)---------->	$ 99.50
Minimum negotiated charge amount (87.1%) ---------->	$ 173.33
Maximum negotiated charge amount (95%) ---------->	$ 189.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 185.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 189.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 173.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 199.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200010 KETONES

4200010	KETONES	82009	301	$ 80.00

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: $ 80.00

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)---------->	$ 40.00
Minimum negotiated charge amount (87.1%) ---------->	$ 69.68
Maximum negotiated charge amount (95%) ---------->	$ 76.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 76.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 76.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 76.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 74.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 76.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 69.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 80.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200060 ALBUMIN

4200060	ALBUMIN	82040	301	$ 67.00

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: $ 67.00

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)---------->	$ 33.50
Minimum negotiated charge amount (87.1%) ---------->	$ 58.36
Maximum negotiated charge amount (95%) ---------->	$ 63.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 63.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 63.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 63.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 62.31
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 63.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 58.36
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 67.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200061 PLATELET COUNT

4200061	PLATELET COUNT	85027	301	$ 92.00

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: $ 92.00

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)---------->	$ 46.00
Minimum negotiated charge amount (87.1%) ---------->	$ 80.13
Maximum negotiated charge amount (95%) ---------->	$ 87.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 87.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 87.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 87.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 85.56
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 87.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 80.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 92.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200069 RENAL PANEL

4200069	RENAL PANEL	80069	301	$ 203.00

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: $ 203.00

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)---------->	$ 101.50
Minimum negotiated charge amount (87.1%) ---------->	$ 176.81
Maximum negotiated charge amount (95%) ---------->	$ 192.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 192.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 188.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 192.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 176.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 89.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 203.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200070 ETOH

4200070	ETOH	80320	301	$ 176.00

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: $ 176.00

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)---------->	$ 88.00
Minimum negotiated charge amount (87.1%) ---------->	$ 153.30
Maximum negotiated charge amount (95%) ---------->	$ 167.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 167.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 167.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 167.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 163.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 167.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 153.30
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 176.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200170 AMYLASE

4200170	AMYLASE	82150	301	$ 112.00

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: $ 112.00

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)---------->	$ 56.00
Minimum negotiated charge amount (87.1%) ---------->	$ 97.55
Maximum negotiated charge amount (95%) ---------->	$ 106.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 104.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 106.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 97.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 112.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200220 ANTIBODY SCREEN

4200220	ANTIBODY SCREEN	86850	300	$ 307.00

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: $ 307.00

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)---------->	$ 153.50
Minimum negotiated charge amount (87.1%) ---------->	$ 267.40
Maximum negotiated charge amount (95%) ---------->	$ 291.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 291.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 291.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 291.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 285.51
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 291.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 267.40
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 135.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 135.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 135.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 135.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 307.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200288 LIPID PANEL

4200288	LIPID PANEL	80061	301	$ 175.00

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: $ 175.00

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)---------->	$ 87.50
Minimum negotiated charge amount (87.1%) ---------->	$ 152.43
Maximum negotiated charge amount (95%) ---------->	$ 166.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 166.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 166.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 166.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 162.75
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 166.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 152.43
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 175.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200289 BASIC METABOLIC PANEL (BMP)

4200289	BASIC METABOLIC PANEL (BMP)	80048	301	$ 165.00

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: $ 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 82.50
Minimum negotiated charge amount (87.1%) ---------->	$ 143.72
Maximum negotiated charge amount (95%) ---------->	$ 156.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 153.45
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 156.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 143.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 165.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200320 TOTAL BILIRUBIN

4200320	TOTAL BILIRUBIN	82247	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 Standard Charges: $ 63.00

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)---------->	$ 31.50
Minimum negotiated charge amount (87.1%) ---------->	$ 54.87
Maximum negotiated charge amount (95%) ---------->	$ 59.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 59.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 58.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 59.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 54.87
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 63.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200325 DIRECT BILIRUBIN

4200325	DIRECT BILIRUBIN	82248	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

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)---------->	$ 40.50
Minimum negotiated charge amount (87.1%) ---------->	$ 70.55
Maximum negotiated charge amount (95%) ---------->	$ 76.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 75.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 76.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 70.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 81.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200370 CALCIUM TOTAL

4200370	CALCIUM TOTAL	82310	301	$ 68.00

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: $ 68.00

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)---------->	$ 34.00
Minimum negotiated charge amount (87.1%) ---------->	$ 59.23
Maximum negotiated charge amount (95%) ---------->	$ 64.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 64.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 64.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 64.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 63.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 64.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 59.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 29.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 68.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200452 COMPLETE BLOOD COUNT (CBC)

4200452	COMPLETE BLOOD COUNT (CBC)	85025	305	$ 136.00

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: $ 136.00

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)---------->	$ 68.00
Minimum negotiated charge amount (87.1%) ---------->	$ 118.46
Maximum negotiated charge amount (95%) ---------->	$ 129.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 126.48
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 129.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 118.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 136.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200515 ARTERIAL BLOOD GASES (ISTAT) -- MGGH LAB

4200515	ARTERIAL BLOOD GASES (ISTAT) -- MGGH LAB	82803	301	$ 214.00

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: $ 214.00

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)---------->	$ 107.00
Minimum negotiated charge amount (87.1%) ---------->	$ 186.39
Maximum negotiated charge amount (95%) ---------->	$ 203.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 203.30
Hometown 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 (93%) ---------->	$ 199.02
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 203.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 186.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 214.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200534 CK (CPK) TOTAL

4200534	CK (CPK) TOTAL	82550	301	$ 89.00

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: $ 89.00

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)---------->	$ 44.50
Minimum negotiated charge amount (87.1%) ---------->	$ 77.52
Maximum negotiated charge amount (95%) ---------->	$ 84.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 82.77
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 84.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 77.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 89.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200540 CK-MB

4200540	CK-MB	82553	301	$ 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 Standard Charges: $ 180.00

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)---------->	$ 90.00
Minimum negotiated charge amount (87.1%) ---------->	$ 156.78
Maximum negotiated charge amount (95%) ---------->	$ 171.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 167.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 171.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 156.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 180.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200554 COMPLETE METABOLIC PANEL (CMP)

4200554	COMPLETE METABOLIC PANEL (CMP)	80053	301	$ 196.00

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: $ 196.00

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)---------->	$ 98.00
Minimum negotiated charge amount (87.1%) ---------->	$ 170.72
Maximum negotiated charge amount (95%) ---------->	$ 186.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 186.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 186.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 186.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 182.28
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 186.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 170.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 86.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 86.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 86.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 86.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 196.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200559 LIVER PANEL

4200559	LIVER PANEL	80076	301	$ 133.00

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: $ 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 66.50
Minimum negotiated charge amount (87.1%) ---------->	$ 115.84
Maximum negotiated charge amount (95%) ---------->	$ 126.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 126.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 126.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 126.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 123.69
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 126.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 115.84
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 58.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 58.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 58.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 58.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 133.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200595 CREATININE

4200595	CREATININE	82565	301	$ 70.00

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: $ 70.00

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)---------->	$ 35.00
Minimum negotiated charge amount (87.1%) ---------->	$ 60.97
Maximum negotiated charge amount (95%) ---------->	$ 66.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 66.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 66.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 66.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 65.10
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 66.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 60.97
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 30.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 30.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 30.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 30.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 70.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200660 DIGOXIN

4200660	DIGOXIN	80162	301	$ 163.00

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: $ 163.00

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)---------->	$ 81.50
Minimum negotiated charge amount (87.1%) ---------->	$ 141.97
Maximum negotiated charge amount (95%) ---------->	$ 154.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 154.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 154.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 154.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 151.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 154.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 141.97
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 71.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 71.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 71.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 71.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 163.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200678 DRUGS OF ABUSE SCREEN (DAU)

4200678	DRUGS OF ABUSE SCREEN (DAU)	80305	301	$ 255.00

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: $ 255.00

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)---------->	$ 127.50
Minimum negotiated charge amount (87.1%) ---------->	$ 222.11
Maximum negotiated charge amount (95%) ---------->	$ 242.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 237.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 242.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 222.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 255.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200822 GLUCOSE, FASTING

4200822	GLUCOSE, FASTING	82947	301	$ 62.00

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: $ 62.00

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)---------->	$ 31.00
Minimum negotiated charge amount (87.1%) ---------->	$ 54.00
Maximum negotiated charge amount (95%) ---------->	$ 58.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 58.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 58.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 58.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 57.66
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 58.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 54.00
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 27.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 62.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200850 GLYCOHEMOGLOBIN

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 65.00
Minimum negotiated charge amount (87.1%) ---------->	$ 113.23
Maximum negotiated charge amount (95%) ---------->	$ 123.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 123.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 123.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 123.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 120.90
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 123.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 113.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 57.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 57.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 57.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 57.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 130.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200872 H. PYLORI

4200872	H. PYLORI	86677	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 Standard Charges: $ 180.00

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)---------->	$ 90.00
Minimum negotiated charge amount (87.1%) ---------->	$ 156.78
Maximum negotiated charge amount (95%) ---------->	$ 171.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 167.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 171.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 156.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 180.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200875 HEMATOCRIT

4200875	HEMATOCRIT	85014	305	$ 39.00

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: $ 39.00

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)---------->	$ 19.50
Minimum negotiated charge amount (87.1%) ---------->	$ 33.97
Maximum negotiated charge amount (95%) ---------->	$ 37.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 36.27
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 37.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 33.97
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 39.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4200880 HEMOGLOBIN

4200880	HEMOGLOBIN	85018	305	$ 39.00

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: $ 39.00

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)---------->	$ 19.50
Minimum negotiated charge amount (87.1%) ---------->	$ 33.97
Maximum negotiated charge amount (95%) ---------->	$ 37.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 37.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 36.27
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 37.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 33.97
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 17.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 39.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201025 HCG QUAL SERUM

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 53.50
Minimum negotiated charge amount (87.1%) ---------->	$ 93.20
Maximum negotiated charge amount (95%) ---------->	$ 101.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 101.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 101.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 101.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 99.51
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 101.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 93.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 107.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201026 HCG QUAL URINE

4201026	HCG QUAL URINE	81025	307	$ 98.00

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: $ 98.00

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)---------->	$ 49.00
Minimum negotiated charge amount (87.1%) ---------->	$ 85.36
Maximum negotiated charge amount (95%) ---------->	$ 93.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 93.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 93.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 93.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 91.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 93.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 85.36
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 98.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201045 LIPASE

4201045	LIPASE	83690	301	$ 113.00

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: $ 113.00

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)---------->	$ 56.50
Minimum negotiated charge amount (87.1%) ---------->	$ 98.42
Maximum negotiated charge amount (95%) ---------->	$ 107.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 107.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 107.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 107.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 105.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 107.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 98.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 113.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201055 LITHIUM

4201055	LITHIUM	80178	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 Charges: $ 156.00

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)---------->	$ 78.00
Minimum negotiated charge amount (87.1%) ---------->	$ 135.88
Maximum negotiated charge amount (95%) ---------->	$ 148.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 145.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 148.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 135.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 156.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201070 MAGNESIUM

4201070	MAGNESIUM	83735	301	$ 105.00

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: $ 105.00

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)---------->	$ 52.50
Minimum negotiated charge amount (87.1%) ---------->	$ 91.46
Maximum negotiated charge amount (95%) ---------->	$ 99.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 99.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 99.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 99.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 97.65
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 99.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 91.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 105.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201110 MONO SPOT TEST

4201110	MONO SPOT TEST	86308	302	$ 94.00

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: $ 94.00

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)---------->	$ 47.00
Minimum negotiated charge amount (87.1%) ---------->	$ 81.87
Maximum negotiated charge amount (95%) ---------->	$ 89.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 89.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 89.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 89.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 87.42
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 89.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 81.87
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 41.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 41.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 41.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 41.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 94.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201150 OCCULT BLOOD

4201150	OCCULT BLOOD	82270	301	$ 116.00

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: $ 116.00

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)---------->	$ 58.00
Minimum negotiated charge amount (87.1%) ---------->	$ 101.04
Maximum negotiated charge amount (95%) ---------->	$ 110.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 107.88
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 110.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 101.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 116.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201151 OCCULT BLOOD (ONCE)

4201151	OCCULT BLOOD (ONCE)	82274	301	$ 112.00

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: $ 112.00

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)---------->	$ 56.00
Minimum negotiated charge amount (87.1%) ---------->	$ 97.55
Maximum negotiated charge amount (95%) ---------->	$ 106.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 104.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 106.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 97.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 112.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201195 PHOSPHORUS INORGANIC

4201195	PHOSPHORUS INORGANIC	84100	301	$ 77.00

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: $ 77.00

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)---------->	$ 38.50
Minimum negotiated charge amount (87.1%) ---------->	$ 67.07
Maximum negotiated charge amount (95%) ---------->	$ 73.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 73.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 73.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 73.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 71.61
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 73.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 67.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 77.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201203 D-DIMER

4201203	D-DIMER	85362	305	$ 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 Standard Charges: $ 120.00

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)---------->	$ 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
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 114.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 111.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 114.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 104.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 120.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201235 POTASSIUM

4201235	POTASSIUM	84132	301	$ 56.00

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: $ 56.00

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)---------->	$ 28.00
Minimum negotiated charge amount (87.1%) ---------->	$ 48.78
Maximum negotiated charge amount (95%) ---------->	$ 53.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 53.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 53.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 53.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 52.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 53.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 48.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 24.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 24.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 24.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 24.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 56.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201254 PSA SCREEN

4201254	PSA SCREEN	G0103	301	$ 155.00

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: $ 155.00

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)---------->	$ 77.50
Minimum negotiated charge amount (87.1%) ---------->	$ 135.01
Maximum negotiated charge amount (95%) ---------->	$ 147.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 147.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 147.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 147.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 144.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 147.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 135.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 155.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201255 PSA DIAGNOSTIC

4201255	PSA DIAGNOSTIC	84153	301	$ 166.00

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: $ 166.00

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)---------->	$ 83.00
Minimum negotiated charge amount (87.1%) ---------->	$ 144.59
Maximum negotiated charge amount (95%) ---------->	$ 157.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 154.38
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 157.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 144.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 166.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201295 PROTIME W/INR

4201295	PROTIME W/INR	85610	305	$ 76.00

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: $ 76.00

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)---------->	$ 38.00
Minimum negotiated charge amount (87.1%) ---------->	$ 66.20
Maximum negotiated charge amount (95%) ---------->	$ 72.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 70.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 72.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 66.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 76.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201305 PTT

4201305	PTT	85730	305	$ 118.00

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: $ 118.00

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)---------->	$ 59.00
Minimum negotiated charge amount (87.1%) ---------->	$ 102.78
Maximum negotiated charge amount (95%) ---------->	$ 112.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 112.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 112.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 112.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 109.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 112.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 102.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 118.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201320 RSV

4201320	RSV	86756	300	$ 165.00

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: $ 165.00

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)---------->	$ 82.50
Minimum negotiated charge amount (87.1%) ---------->	$ 143.72
Maximum negotiated charge amount (95%) ---------->	$ 156.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 156.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 153.45
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 156.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 143.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 72.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 165.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201328 RH BLOOD TYPING

4201328	RH BLOOD TYPING	86901	300	$ 186.00

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: $ 186.00

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)---------->	$ 93.00
Minimum negotiated charge amount (87.1%) ---------->	$ 162.01
Maximum negotiated charge amount (95%) ---------->	$ 176.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 172.98
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 176.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 162.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 186.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201345 SALICYLATES

4201345	SALICYLATES	80329	301	$ 199.00

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: $ 199.00

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)---------->	$ 99.50
Minimum negotiated charge amount (87.1%) ---------->	$ 173.33
Maximum negotiated charge amount (95%) ---------->	$ 189.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 189.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 185.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 189.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 173.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 199.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201355 SED RATE (ESR)

4201355	SED RATE (ESR)	85651	305	$ 75.00

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: $ 75.00

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)---------->	$ 37.50
Minimum negotiated charge amount (87.1%) ---------->	$ 65.33
Maximum negotiated charge amount (95%) ---------->	$ 71.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 69.75
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 71.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 65.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 75.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201470 TSH

4201470	TSH	84443	301	$ 168.00

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: $ 168.00

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)---------->	$ 84.00
Minimum negotiated charge amount (87.1%) ---------->	$ 146.33
Maximum negotiated charge amount (95%) ---------->	$ 159.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 156.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 159.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 146.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 168.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201475 FREE T4

4201475	FREE T4	84439	301	$ 148.00

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: $ 148.00

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)---------->	$ 74.00
Minimum negotiated charge amount (87.1%) ---------->	$ 128.91
Maximum negotiated charge amount (95%) ---------->	$ 140.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 140.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 140.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 140.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 137.64
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 140.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 128.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 148.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201505 TROPONIN

4201505	TROPONIN	84484	301	$ 213.00

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: $ 213.00

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)---------->	$ 106.50
Minimum negotiated charge amount (87.1%) ---------->	$ 185.52
Maximum negotiated charge amount (95%) ---------->	$ 202.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 198.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 202.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 185.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 213.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201515 BUN

4201515	BUN	84520	301	$ 76.00

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: $ 76.00

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)---------->	$ 38.00
Minimum negotiated charge amount (87.1%) ---------->	$ 66.20
Maximum negotiated charge amount (95%) ---------->	$ 72.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 70.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 72.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 66.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 76.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201520 URIC ACID

4201520	URIC ACID	84550	301	$ 74.00

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: $ 74.00

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)---------->	$ 37.00
Minimum negotiated charge amount (87.1%) ---------->	$ 64.45
Maximum negotiated charge amount (95%) ---------->	$ 70.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 68.82
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 70.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 64.45
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 74.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201523 URINALYSIS W/O MICRO

4201523	URINALYSIS W/O MICRO	81003	307	$ 42.00

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: $ 42.00

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)---------->	$ 21.00
Minimum negotiated charge amount (87.1%) ---------->	$ 36.58
Maximum negotiated charge amount (95%) ---------->	$ 39.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 39.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 39.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 39.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 39.06
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 39.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 36.58
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 18.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 18.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 18.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 18.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 42.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201560 VANCOMYCIN PEAK

4201560	VANCOMYCIN PEAK	80202	301	$ 188.00

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: $ 188.00

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)---------->	$ 94.00
Minimum negotiated charge amount (87.1%) ---------->	$ 163.75
Maximum negotiated charge amount (95%) ---------->	$ 178.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 174.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 178.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 163.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 188.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4201570 VANCOMYCIN TROUGH

4201570	VANCOMYCIN TROUGH	80202	301	$ 188.00

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: $ 188.00

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)---------->	$ 94.00
Minimum negotiated charge amount (87.1%) ---------->	$ 163.75
Maximum negotiated charge amount (95%) ---------->	$ 178.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 174.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 178.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 163.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 188.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4204123 PHENYTOIN (IN-HOUSE)

4204123	PHENYTOIN (IN-HOUSE)	80185	301	$ 198.00

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: $ 198.00

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)---------->	$ 99.00
Minimum negotiated charge amount (87.1%) ---------->	$ 172.46
Maximum negotiated charge amount (95%) ---------->	$ 188.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 184.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 188.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 172.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 198.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4206000 VENOUS BLOOD GAS (ISTAT) -- MGGH LAB

4206000	VENOUS BLOOD GAS (ISTAT) -- MGGH LAB	82805	301	$ 214.00

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: $ 214.00

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)---------->	$ 107.00
Minimum negotiated charge amount (87.1%) ---------->	$ 186.39
Maximum negotiated charge amount (95%) ---------->	$ 203.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 203.30
Hometown 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 (93%) ---------->	$ 199.02
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 203.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 186.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 94.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 214.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4206063 STREP

4206063	STREP	86063	302	$ 100.00

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: $ 100.00

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)---------->	$ 50.00
Minimum negotiated charge amount (87.1%) ---------->	$ 87.10
Maximum negotiated charge amount (95%) ---------->	$ 95.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 93.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 95.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 87.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 100.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4206431 RHEUMATOID FACTOR

4206431	RHEUMATOID FACTOR	86431	302	$ 76.00

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: $ 76.00

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)---------->	$ 38.00
Minimum negotiated charge amount (87.1%) ---------->	$ 66.20
Maximum negotiated charge amount (95%) ---------->	$ 72.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 72.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 70.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 72.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 66.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 76.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4207449 FLU TEST

4207449	FLU TEST	87804	300	$ 166.00

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: $ 166.00

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)---------->	$ 83.00
Minimum negotiated charge amount (87.1%) ---------->	$ 144.59
Maximum negotiated charge amount (95%) ---------->	$ 157.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 154.38
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 157.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 144.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 166.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4207891 LACTIC ACID (IN-HOUSE)

4207891	LACTIC ACID (IN-HOUSE)	83605	301	$ 157.00

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: $ 157.00

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)---------->	$ 78.50
Minimum negotiated charge amount (87.1%) ---------->	$ 136.75
Maximum negotiated charge amount (95%) ---------->	$ 149.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 146.01
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 149.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 136.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 157.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4208101 URINE MICRO

4208101	URINE MICRO	81015	307	$ 60.00

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: $ 60.00

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)---------->	$ 30.00
Minimum negotiated charge amount (87.1%) ---------->	$ 52.26
Maximum negotiated charge amount (95%) ---------->	$ 57.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 57.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 57.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 57.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 55.80
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 57.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 52.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 26.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 26.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 26.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 26.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 60.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210007 BLOOD CULTURE

4210007	BLOOD CULTURE	87040	306	$ 229.00

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: $ 229.00

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)---------->	$ 114.50
Minimum negotiated charge amount (87.1%) ---------->	$ 199.46
Maximum negotiated charge amount (95%) ---------->	$ 217.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 212.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 217.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 199.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 229.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210012 HIV 1/2 AG,AB W/RX,4GEN

4210012	HIV 1/2 AG,AB W/RX,4GEN	87389	302	$ 290.00

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: $ 290.00

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)---------->	$ 145.00
Minimum negotiated charge amount (87.1%) ---------->	$ 252.59
Maximum negotiated charge amount (95%) ---------->	$ 275.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 269.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 275.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 252.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 290.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210017 HEPATITIS C VIRAL RNA, GENOTYPE

4210017	HEPATITIS C VIRAL RNA, GENOTYPE	87902	301	$ 1,207.00

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: $ 1,207.00

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)---------->	$ 603.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,051.30
Maximum negotiated charge amount (95%) ---------->	$ 1,146.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,146.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,146.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,146.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,122.51
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,146.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,051.30
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 531.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 531.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 531.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 531.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,207.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210120 ACTH, PLASMA

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 191.00
Minimum negotiated charge amount (87.1%) ---------->	$ 332.72
Maximum negotiated charge amount (95%) ---------->	$ 362.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 362.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 362.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 362.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 355.26
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 362.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 332.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 168.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 168.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 168.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 168.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 382.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210124 CRP-HS (HIGH SENSITIVITY)

4210124	CRP-HS (HIGH SENSITIVITY)	86141	301	$ 153.00

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: $ 153.00

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)---------->	$ 76.50
Minimum negotiated charge amount (87.1%) ---------->	$ 133.26
Maximum negotiated charge amount (95%) ---------->	$ 145.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 142.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 145.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 133.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 153.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210135 ALPHA-FETOPROTEIN, TUMOR MARKER

4210135	ALPHA-FETOPROTEIN, TUMOR MARKER	82105	301	$ 147.00

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: $ 147.00

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)---------->	$ 73.50
Minimum negotiated charge amount (87.1%) ---------->	$ 128.04
Maximum negotiated charge amount (95%) ---------->	$ 139.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 139.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 139.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 139.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 136.71
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 139.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 128.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.68
All other insurances - non-negotiated charge amount (100%) ---------->	$ 147.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210230 AMMONIA, PLASMA

4210230	AMMONIA, PLASMA	82140	301	$ 190.00

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: $ 190.00

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)---------->	$ 95.00
Minimum negotiated charge amount (87.1%) ---------->	$ 165.49
Maximum negotiated charge amount (95%) ---------->	$ 180.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 176.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 180.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 165.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 190.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210255 ANA IFA SCREEN W/REFLEX TO TITER AND PATTERN, IFA

4210255	ANA IFA SCREEN W/REFLEX TO TITER AND PATTERN, IFA	86038	300	$ 120.00
4210260	ANA IFA TITER; ANA PATTERN	86039	302	$ 89.00

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: $ 209.00

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)---------->	$ 104.50
Minimum negotiated charge amount (87.1%) ---------->	$ 182.04
Maximum negotiated charge amount (95%) ---------->	$ 198.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 194.37
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 198.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 182.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 209.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210281 VAGINAL CULTURE

4210281	VAGINAL CULTURE	87070	306	$ 116.00

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: $ 116.00

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)---------->	$ 58.00
Minimum negotiated charge amount (87.1%) ---------->	$ 101.04
Maximum negotiated charge amount (95%) ---------->	$ 110.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 107.88
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 110.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 101.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 116.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210315 BETA-2-MICROGLOBULIN

4210315	BETA-2-MICROGLOBULIN	82232	301	$ 320.00

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: $ 320.00

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)---------->	$ 160.00
Minimum negotiated charge amount (87.1%) ---------->	$ 278.72
Maximum negotiated charge amount (95%) ---------->	$ 304.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 304.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 304.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 304.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 297.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 304.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 278.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 140.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 140.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 140.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 140.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 320.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210320 BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, URINE

4210320	BK VIRUS DNA, QUANTITATIVE REAL-TIME PCR, URINE	87799	301	$ 608.00

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: $ 608.00

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)---------->	$ 304.00
Minimum negotiated charge amount (87.1%) ---------->	$ 529.57
Maximum negotiated charge amount (95%) ---------->	$ 577.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 577.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 577.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 577.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 565.44
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 577.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 529.57
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 267.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 267.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 267.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 267.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 608.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210330 C. DIFFICILE TOXIN B, PCR

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 208.50
Minimum negotiated charge amount (87.1%) ---------->	$ 363.21
Maximum negotiated charge amount (95%) ---------->	$ 396.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 387.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 396.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 363.21
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 417.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210335 CA 125

4210335	CA 125	86304	301	$ 220.00

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: $ 220.00

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)---------->	$ 110.00
Minimum negotiated charge amount (87.1%) ---------->	$ 191.62
Maximum negotiated charge amount (95%) ---------->	$ 209.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 204.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 209.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 191.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 220.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210340 CA 19-9

4210340	CA 19-9	86301	301	$ 213.00

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: $ 213.00

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)---------->	$ 106.50
Minimum negotiated charge amount (87.1%) ---------->	$ 185.52
Maximum negotiated charge amount (95%) ---------->	$ 202.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 198.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 202.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 185.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 213.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210345 CA 27.29

4210345	CA 27.29	86300	301	$ 202.00

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: $ 202.00

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)---------->	$ 101.00
Minimum negotiated charge amount (87.1%) ---------->	$ 175.94
Maximum negotiated charge amount (95%) ---------->	$ 191.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 191.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 191.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 191.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 187.86
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 191.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 175.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 202.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210350 CALCIUM, IONIZED

4210350	CALCIUM, IONIZED	82330	301	$ 174.00

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: $ 174.00

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)---------->	$ 87.00
Minimum negotiated charge amount (87.1%) ---------->	$ 151.55
Maximum negotiated charge amount (95%) ---------->	$ 165.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 165.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 165.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 165.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 161.82
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 165.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 151.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 174.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210380 CEA (CARCINOEMBRYONIC ANTIGEN)

4210380	CEA (CARCINOEMBRYONIC ANTIGEN)	82378	301	$ 106.00

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: $ 106.00

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)---------->	$ 53.00
Minimum negotiated charge amount (87.1%) ---------->	$ 92.33
Maximum negotiated charge amount (95%) ---------->	$ 100.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 100.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 100.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 100.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 98.58
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 100.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 92.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 46.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 106.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210390 CHLAMYDIA TRACHOMATIS RNA, TMA

4210390	CHLAMYDIA TRACHOMATIS RNA, TMA	87491	306	$ 317.00
4210655	NEISSERIA GONORRHOEAE RNA, TMA	87591	306	$ 327.00

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: $ 644.00

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)---------->	$ 322.00
Minimum negotiated charge amount (87.1%) ---------->	$ 560.92
Maximum negotiated charge amount (95%) ---------->	$ 611.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 611.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 611.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 611.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 598.92
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 611.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 560.92
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 283.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 283.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 283.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 283.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 644.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210395 COMPLEMENT COMPONENT C3C

4210395	COMPLEMENT COMPONENT C3C	86160	302	$ 136.00

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: $ 136.00

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)---------->	$ 68.00
Minimum negotiated charge amount (87.1%) ---------->	$ 118.46
Maximum negotiated charge amount (95%) ---------->	$ 129.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 129.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 126.48
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 129.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 118.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 59.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 136.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210400 COMPLEMENT COMPONENT C4

4210400	COMPLEMENT COMPONENT C4	86160	302	$ 153.00

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: $ 153.00

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)---------->	$ 76.50
Minimum negotiated charge amount (87.1%) ---------->	$ 133.26
Maximum negotiated charge amount (95%) ---------->	$ 145.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 142.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 145.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 133.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 153.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210410 CORTISOL, A.M.

4210410	CORTISOL, A.M.	82533	301	$ 177.00

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: $ 177.00

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)---------->	$ 88.50
Minimum negotiated charge amount (87.1%) ---------->	$ 154.17
Maximum negotiated charge amount (95%) ---------->	$ 168.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 168.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 168.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 168.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 164.61
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 168.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 154.17
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 177.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210415 C-REACTIVE PROTEIN (CRP)

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 Standard Charges: $ 180.00

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)---------->	$ 90.00
Minimum negotiated charge amount (87.1%) ---------->	$ 156.78
Maximum negotiated charge amount (95%) ---------->	$ 171.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 171.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 167.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 171.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 156.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 180.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210425 CULTURE, THROAT

4210425	CULTURE, THROAT	87070	306	$ 111.00

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: $ 111.00

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)---------->	$ 55.50
Minimum negotiated charge amount (87.1%) ---------->	$ 96.68
Maximum negotiated charge amount (95%) ---------->	$ 105.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 103.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 105.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 96.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 111.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210430 CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG

4210430	CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY IGG	86200	300	$ 280.00

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: $ 280.00

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)---------->	$ 140.00
Minimum negotiated charge amount (87.1%) ---------->	$ 243.88
Maximum negotiated charge amount (95%) ---------->	$ 266.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 260.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 266.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 243.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 280.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210455 ESTRADIOL

4210455	ESTRADIOL	82670	301	$ 229.00

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: $ 229.00

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)---------->	$ 114.50
Minimum negotiated charge amount (87.1%) ---------->	$ 199.46
Maximum negotiated charge amount (95%) ---------->	$ 217.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 217.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 212.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 217.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 199.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 100.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 229.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210465 FERRITIN

4210465	FERRITIN	82728	301	$ 144.00

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: $ 144.00

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)---------->	$ 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 (93%) ---------->	$ 133.92
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 136.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 125.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 144.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210470 FOLATE

4210470	FOLATE	82746	301	$ 143.00

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: $ 143.00

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)---------->	$ 71.50
Minimum negotiated charge amount (87.1%) ---------->	$ 124.55
Maximum negotiated charge amount (95%) ---------->	$ 135.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 135.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 135.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 135.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 132.99
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 135.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 124.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 143.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210480 FSH (FOLLICLE STIMULATING HORMONE)

4210480	FSH (FOLLICLE STIMULATING HORMONE)	83001	301	$ 187.00

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: $ 187.00

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)---------->	$ 93.50
Minimum negotiated charge amount (87.1%) ---------->	$ 162.88
Maximum negotiated charge amount (95%) ---------->	$ 177.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 173.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 177.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 162.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 187.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210515 HCG, TOTAL, QUANTITATIVE

4210515	HCG, TOTAL, QUANTITATIVE	84702	301	$ 210.00

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: $ 210.00

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)---------->	$ 105.00
Minimum negotiated charge amount (87.1%) ---------->	$ 182.91
Maximum negotiated charge amount (95%) ---------->	$ 199.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 199.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 199.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 199.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 195.30
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 199.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 182.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 92.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 92.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 92.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 92.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 210.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210525 HEPATITIS A ANTIBODY, TOTAL

4210525	HEPATITIS A ANTIBODY, TOTAL	86708	302	$ 122.00
4216504	HEPATITIS A ANTIBODY, TOTAL WITH REFLEX TO IGM	86708	302	$ 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 Standard Charges: $ 260.00

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)---------->	$ 130.00
Minimum negotiated charge amount (87.1%) ---------->	$ 226.46
Maximum negotiated charge amount (95%) ---------->	$ 247.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 247.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 247.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 247.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 241.80
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 247.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 226.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 114.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 114.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 114.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 114.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 260.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING 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 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 78.00
Minimum negotiated charge amount (87.1%) ---------->	$ 135.88
Maximum negotiated charge amount (95%) ---------->	$ 148.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 148.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 145.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 148.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 135.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 68.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 156.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210535 HEPATITIS B SURFACE ANTIBODY, QUALITATIVE

4210535	HEPATITIS B SURFACE ANTIBODY, QUALITATIVE	86706	300	$ 112.00

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: $ 112.00

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)---------->	$ 56.00
Minimum negotiated charge amount (87.1%) ---------->	$ 97.55
Maximum negotiated charge amount (95%) ---------->	$ 106.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 104.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 106.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 97.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 112.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210540 HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE

4210540	HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE	86317	302	$ 146.00

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: $ 146.00

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)---------->	$ 73.00
Minimum negotiated charge amount (87.1%) ---------->	$ 127.17
Maximum negotiated charge amount (95%) ---------->	$ 138.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 138.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 138.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 138.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 135.78
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 138.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 127.17
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 64.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 146.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210545 HEPATITIS B SURFACE ANTIGEN WITH RELEX CONFIRMATION

4210545	HEPATITIS B SURFACE ANTIGEN WITH RELEX CONFIRMATION	87340	302	$ 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 Standard Charges: $ 120.00

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)---------->	$ 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
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 114.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 111.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 114.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 104.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 120.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210550 HEPATITIS C ANTIBODY

4210550	HEPATITIS C ANTIBODY	86803	302	$ 125.00

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: $ 125.00

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)---------->	$ 62.50
Minimum negotiated charge amount (87.1%) ---------->	$ 108.88
Maximum negotiated charge amount (95%) ---------->	$ 118.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 118.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 118.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 118.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 116.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 118.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 108.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 55.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 55.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 55.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 55.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 125.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210555 HEPATITIS C VIRUS RNA, QUANTITATIVE, REAL-TIME PCR

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 necessary

Total of Standard Charges: $ 610.00

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)---------->	$ 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 (93%) ---------->	$ 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 - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 268.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 268.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 268.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 610.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210565 HIV ANTIBODIES, HIV-1/2

4210565	HIV ANTIBODIES, HIV-1/2	86701	300	$ 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 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)---------->	$ 42.00
Minimum negotiated charge amount (87.1%) ---------->	$ 73.16
Maximum negotiated charge amount (95%) ---------->	$ 79.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 79.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 79.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 79.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 78.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 79.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 73.16
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 84.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210570 HLA-B27 ANTIGEN

4210570	HLA-B27 ANTIGEN	86812	301	$ 468.00

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: $ 468.00

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)---------->	$ 234.00
Minimum negotiated charge amount (87.1%) ---------->	$ 407.63
Maximum negotiated charge amount (95%) ---------->	$ 444.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 444.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 444.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 444.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 435.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 444.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 407.63
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 205.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 205.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 205.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 205.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 468.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210585 IGA, SERUM

4210585	IGA, SERUM	82784	301	$ 88.00

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: $ 88.00

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)---------->	$ 44.00
Minimum negotiated charge amount (87.1%) ---------->	$ 76.65
Maximum negotiated charge amount (95%) ---------->	$ 83.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 81.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 83.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 76.65
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 88.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210595 IGG, SERUM

4210595	IGG, SERUM	82784	301	$ 128.00

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: $ 128.00

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)---------->	$ 64.00
Minimum negotiated charge amount (87.1%) ---------->	$ 111.49
Maximum negotiated charge amount (95%) ---------->	$ 121.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 119.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 121.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 111.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 128.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210600 IGM, SERUM

4210600	IGM, SERUM	82784	301	$ 128.00

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: $ 128.00

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)---------->	$ 64.00
Minimum negotiated charge amount (87.1%) ---------->	$ 111.49
Maximum negotiated charge amount (95%) ---------->	$ 121.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 121.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 119.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 121.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 111.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 56.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 128.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210605 INSULIN, FASTING

4210605	INSULIN, FASTING	83525	301	$ 121.00

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: $ 121.00

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)---------->	$ 60.50
Minimum negotiated charge amount (87.1%) ---------->	$ 105.39
Maximum negotiated charge amount (95%) ---------->	$ 114.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 114.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 114.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 114.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 112.53
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 114.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 105.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 53.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 53.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 53.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 53.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 121.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210610 IRON, TOTAL

4210610	IRON, TOTAL	83540	301	$ 89.00

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: $ 89.00

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)---------->	$ 44.50
Minimum negotiated charge amount (87.1%) ---------->	$ 77.52
Maximum negotiated charge amount (95%) ---------->	$ 84.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 84.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 82.77
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 84.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 77.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 89.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210620 LDH LACTATE DEHYDROGENASE (LD)

4210620	LDH LACTATE DEHYDROGENASE (LD)	83615	301	$ 74.00

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: $ 74.00

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)---------->	$ 37.00
Minimum negotiated charge amount (87.1%) ---------->	$ 64.45
Maximum negotiated charge amount (95%) ---------->	$ 70.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 70.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 68.82
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 70.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 64.45
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 32.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 74.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210630 LH (LUTEINIZING HORMONE)

4210630	LH (LUTEINIZING HORMONE)	83002	301	$ 194.00

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: $ 194.00

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)---------->	$ 97.00
Minimum negotiated charge amount (87.1%) ---------->	$ 168.97
Maximum negotiated charge amount (95%) ---------->	$ 184.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 184.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 184.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 184.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 180.42
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 184.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 168.97
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 85.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 85.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 85.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 85.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 194.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210680 PHENYTOIN

4210680	PHENYTOIN	80185	301	$ 198.00

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: $ 198.00

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)---------->	$ 99.00
Minimum negotiated charge amount (87.1%) ---------->	$ 172.46
Maximum negotiated charge amount (95%) ---------->	$ 188.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 184.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 188.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 172.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 198.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210685 PREALBUMIN

4210685	PREALBUMIN	84134	301	$ 140.00

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: $ 140.00

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)---------->	$ 70.00
Minimum negotiated charge amount (87.1%) ---------->	$ 121.94
Maximum negotiated charge amount (95%) ---------->	$ 133.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 133.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 133.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 133.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 130.20
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 133.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 121.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 61.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 61.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 61.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 61.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 140.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210690 PROLACTIN

4210690	PROLACTIN	84146	301	$ 217.00

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: $ 217.00

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)---------->	$ 108.50
Minimum negotiated charge amount (87.1%) ---------->	$ 189.01
Maximum negotiated charge amount (95%) ---------->	$ 206.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 206.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 206.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 206.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 201.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 206.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 189.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 95.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 217.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210700 PTH, INTACT WITHOUT CALCIUM

4210700	PTH, INTACT WITHOUT CALCIUM	83970	301	$ 397.00

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: $ 397.00

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)---------->	$ 198.50
Minimum negotiated charge amount (87.1%) ---------->	$ 345.79
Maximum negotiated charge amount (95%) ---------->	$ 377.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 377.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 377.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 377.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 369.21
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 377.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 345.79
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 174.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 174.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 174.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 174.68
All other insurances - non-negotiated charge amount (100%) ---------->	$ 397.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210725 SJOGREN'S ANTIBODIES (SS-A)

4210725	SJOGREN'S ANTIBODIES (SS-A)	86235	300	$ 183.00

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: $ 183.00

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)---------->	$ 91.50
Minimum negotiated charge amount (87.1%) ---------->	$ 159.39
Maximum negotiated charge amount (95%) ---------->	$ 173.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 170.19
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 173.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 159.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 183.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210730 SJOGREN'S ANTIBODIES (SS-B)

4210730	SJOGREN'S ANTIBODIES (SS-B)	86235	300	$ 183.00

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: $ 183.00

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)---------->	$ 91.50
Minimum negotiated charge amount (87.1%) ---------->	$ 159.39
Maximum negotiated charge amount (95%) ---------->	$ 173.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 173.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 170.19
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 173.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 159.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 183.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210740 STOOL FOR WBC

4210740	STOOL FOR WBC	89055	300	$ 75.00

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: $ 75.00

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)---------->	$ 37.50
Minimum negotiated charge amount (87.1%) ---------->	$ 65.33
Maximum negotiated charge amount (95%) ---------->	$ 71.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 71.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 69.75
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 71.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 65.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 33.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 75.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210750 STS (RPR) WITH REFLEX TO FTA

4210750	STS (RPR) WITH REFLEX TO FTA	86592	300	$ 81.00
4216126	RPR (DIAGNOSIS) WITH REFLEX TO TITER AND CONFIRMATORY TESTING	86780	302	$ 119.00

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: $ 200.00

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)---------->	$ 100.00
Minimum negotiated charge amount (87.1%) ---------->	$ 174.20
Maximum negotiated charge amount (95%) ---------->	$ 190.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 186.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 190.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 174.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 200.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210755 T3 FREE

4210755	T3 FREE	84481	301	$ 209.00

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: $ 209.00

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)---------->	$ 104.50
Minimum negotiated charge amount (87.1%) ---------->	$ 182.04
Maximum negotiated charge amount (95%) ---------->	$ 198.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 198.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 194.37
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 198.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 182.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 91.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 209.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210760 TACROLIMUS (FK506)

4210760	TACROLIMUS (FK506)	80197	301	$ 263.00

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: $ 263.00

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)---------->	$ 131.50
Minimum negotiated charge amount (87.1%) ---------->	$ 229.07
Maximum negotiated charge amount (95%) ---------->	$ 249.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 249.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 249.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 249.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 244.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 249.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 229.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 115.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 115.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 115.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 115.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 263.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210765 TESTOSTERONE, TOTAL, IMMUNOASSAY

4210765	TESTOSTERONE, TOTAL, IMMUNOASSAY	84403	301	$ 223.00

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: $ 223.00

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)---------->	$ 111.50
Minimum negotiated charge amount (87.1%) ---------->	$ 194.23
Maximum negotiated charge amount (95%) ---------->	$ 211.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 211.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 211.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 211.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 207.39
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 211.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 194.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 98.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 98.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 98.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 98.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 223.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210770 TESTOSTERONE, TOTAL, LC/MS/MS

4210770	TESTOSTERONE, TOTAL, LC/MS/MS	84403	301	$ 231.00

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: $ 231.00

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)---------->	$ 115.50
Minimum negotiated charge amount (87.1%) ---------->	$ 201.20
Maximum negotiated charge amount (95%) ---------->	$ 219.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 219.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 219.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 219.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 214.83
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 219.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 201.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 101.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 101.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 101.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 101.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 231.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210775 THEOPHYLLINE

4210775	THEOPHYLLINE	80198	301	$ 160.00

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: $ 160.00

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)---------->	$ 80.00
Minimum negotiated charge amount (87.1%) ---------->	$ 139.36
Maximum negotiated charge amount (95%) ---------->	$ 152.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 152.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 152.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 152.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 148.80
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 152.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 139.36
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 70.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 70.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 70.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 70.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 160.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210785 THYROGLOBULIN ANTIBODIES

4210785	THYROGLOBULIN ANTIBODIES	86800	300	$ 149.00

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: $ 149.00

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)---------->	$ 74.50
Minimum negotiated charge amount (87.1%) ---------->	$ 129.78
Maximum negotiated charge amount (95%) ---------->	$ 141.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 141.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 141.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 141.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 138.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 141.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 129.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 65.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 149.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210790 THYROID PEROXIDASE ANTIBODIES (TPO)

4210790	THYROID PEROXIDASE ANTIBODIES (TPO)	86376	300	$ 123.00

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: $ 123.00

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)---------->	$ 61.50
Minimum negotiated charge amount (87.1%) ---------->	$ 107.13
Maximum negotiated charge amount (95%) ---------->	$ 116.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 116.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 116.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 116.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 114.39
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 116.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 107.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 123.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210810 TOTAL T3

4210810	TOTAL T3	84480	301	$ 153.00

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: $ 153.00

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)---------->	$ 76.50
Minimum negotiated charge amount (87.1%) ---------->	$ 133.26
Maximum negotiated charge amount (95%) ---------->	$ 145.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 145.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 142.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 145.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 133.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 67.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 153.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210815 VALPROIC ACID

4210815	VALPROIC ACID	80164	301	$ 192.00

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: $ 192.00

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)---------->	$ 96.00
Minimum negotiated charge amount (87.1%) ---------->	$ 167.23
Maximum negotiated charge amount (95%) ---------->	$ 182.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 178.56
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 182.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 167.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 192.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210820 VITAMIN B12

4210820	VITAMIN B12	82607	301	$ 190.00

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: $ 190.00

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)---------->	$ 95.00
Minimum negotiated charge amount (87.1%) ---------->	$ 165.49
Maximum negotiated charge amount (95%) ---------->	$ 180.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 176.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 180.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 165.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 190.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4210825 VITAMIN D, 1,25-DIHYDROXY, LC/MS/MS

4210825	VITAMIN D, 1,25-DIHYDROXY, LC/MS/MS	82652	301	$ 695.00

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: $ 695.00

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)---------->	$ 347.50
Minimum negotiated charge amount (87.1%) ---------->	$ 605.35
Maximum negotiated charge amount (95%) ---------->	$ 660.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 660.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 660.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 660.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 646.35
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 660.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 605.35
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 305.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 305.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 305.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 305.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 695.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211031 URINE CREATININE

4211031	URINE CREATININE	82570	301	$ 82.00

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: $ 82.00

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)---------->	$ 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
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 77.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 77.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 76.26
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 77.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 71.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 82.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211123 KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, SERUM

4211123	KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, SERUM	83883	301	$ 266.00

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: $ 266.00

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)---------->	$ 133.00
Minimum negotiated charge amount (87.1%) ---------->	$ 231.69
Maximum negotiated charge amount (95%) ---------->	$ 252.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 252.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 252.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 252.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 247.38
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 252.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 231.69
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 117.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 117.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 117.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 117.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 266.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211133 KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, URINE

4211133	KAPPA/LAMBDA LIGHT CHAINS, FREE WITH RATIO, URINE	83883	301	$ 294.00

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: $ 294.00

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)---------->	$ 147.00
Minimum negotiated charge amount (87.1%) ---------->	$ 256.07
Maximum negotiated charge amount (95%) ---------->	$ 279.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 279.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 279.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 279.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 273.42
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 279.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 256.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 129.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 129.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 129.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 129.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 294.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211298 C-PEPTIDE

4211298	C-PEPTIDE	84681	301	$ 278.00

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: $ 278.00

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)---------->	$ 139.00
Minimum negotiated charge amount (87.1%) ---------->	$ 242.14
Maximum negotiated charge amount (95%) ---------->	$ 264.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 258.54
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 264.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 242.14
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 278.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211411 LEGAL BLOOD ALCOHOL (WITHIN HOURS)

4211411	LEGAL BLOOD ALCOHOL (WITHIN HOURS)	80320	300	$ 157.00

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: $ 157.00

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)---------->	$ 78.50
Minimum negotiated charge amount (87.1%) ---------->	$ 136.75
Maximum negotiated charge amount (95%) ---------->	$ 149.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 149.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 146.01
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 149.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 136.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.08
All other insurances - non-negotiated charge amount (100%) ---------->	$ 157.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211514 LEVETIRACETAM

4211514	LEVETIRACETAM	80177	301	$ 158.00

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: $ 158.00

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)---------->	$ 79.00
Minimum negotiated charge amount (87.1%) ---------->	$ 137.62
Maximum negotiated charge amount (95%) ---------->	$ 150.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 146.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 150.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 137.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 158.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211573 VITAMIN B1 (THIAMINE)

4211573	VITAMIN B1 (THIAMINE)	84425	301	$ 255.00

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: $ 255.00

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)---------->	$ 127.50
Minimum negotiated charge amount (87.1%) ---------->	$ 222.11
Maximum negotiated charge amount (95%) ---------->	$ 242.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 242.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 237.15
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 242.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 222.11
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 112.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 255.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4211574 VITAMIN B6, PLASMA

4211574	VITAMIN B6, PLASMA	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 Charges: $ 305.00

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)---------->	$ 152.50
Minimum negotiated charge amount (87.1%) ---------->	$ 265.66
Maximum negotiated charge amount (95%) ---------->	$ 289.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 289.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 289.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 289.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 283.65
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 289.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 265.66
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 134.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 134.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 134.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 134.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 305.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4212888 QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS/MS

4212888	QUESTASSURED 25-HYDROXYVITAMIN D (D 2, D 3), LC/MS/MS	82306	301	$ 318.00

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: $ 318.00

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)---------->	$ 159.00
Minimum negotiated charge amount (87.1%) ---------->	$ 276.98
Maximum negotiated charge amount (95%) ---------->	$ 302.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 295.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 302.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 276.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 318.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

42141561 URINE PROTEIN

42141561	URINE PROTEIN	84156	301	$ 90.00

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: $ 90.00

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)---------->	$ 45.00
Minimum negotiated charge amount (87.1%) ---------->	$ 78.39
Maximum negotiated charge amount (95%) ---------->	$ 85.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 85.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 85.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 85.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 83.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 85.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 78.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 39.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 90.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4214839 HELICOBACTER PYLORI, UREA BREATH TEST

4214839	HELICOBACTER PYLORI, UREA BREATH TEST	83013	300	$ 498.00

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: $ 498.00

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)---------->	$ 249.00
Minimum negotiated charge amount (87.1%) ---------->	$ 433.76
Maximum negotiated charge amount (95%) ---------->	$ 473.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 473.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 473.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 473.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 463.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 473.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 433.76
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 219.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 219.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 219.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 219.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 498.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4216181 CLOSTRIDIUM DIFFICILE

4216181	CLOSTRIDIUM DIFFICILE	87081	306	$ 124.00

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: $ 124.00

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)---------->	$ 62.00
Minimum negotiated charge amount (87.1%) ---------->	$ 108.00
Maximum negotiated charge amount (95%) ---------->	$ 117.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 117.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 117.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 117.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 115.32
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 117.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 108.00
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 54.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 124.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4217045 HEPATITIS A IGM ANTIBODY

4217045	HEPATITIS A IGM ANTIBODY	86709	302	$ 141.00

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: $ 141.00

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)---------->	$ 70.50
Minimum negotiated charge amount (87.1%) ---------->	$ 122.81
Maximum negotiated charge amount (95%) ---------->	$ 133.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 133.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 133.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 133.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 131.13
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 133.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 122.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 62.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 141.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4217306 VITAMIN D, 25-HYDROXY

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 Standard Charges: $ 405.00

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)---------->	$ 202.50
Minimum negotiated charge amount (87.1%) ---------->	$ 352.76
Maximum negotiated charge amount (95%) ---------->	$ 384.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 384.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 384.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 384.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 376.65
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 384.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 352.76
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 178.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 178.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 178.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 178.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 405.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4217525 T4 (THYROXINE), TOTAL

4217525	T4 (THYROXINE), TOTAL	84436	301	$ 108.00

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: $ 108.00

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)---------->	$ 54.00
Minimum negotiated charge amount (87.1%) ---------->	$ 94.07
Maximum negotiated charge amount (95%) ---------->	$ 102.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 102.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 100.44
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 102.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 94.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 47.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 108.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4218144 STOOL CULTURE

4218144	STOOL CULTURE	87045	306	$ 173.00

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: $ 173.00

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)---------->	$ 86.50
Minimum negotiated charge amount (87.1%) ---------->	$ 150.68
Maximum negotiated charge amount (95%) ---------->	$ 164.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 164.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 164.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 164.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 160.89
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 164.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 150.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 76.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 173.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4218891 TRANSFERRIN

4218891	TRANSFERRIN	84466	301	$ 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 Standard Charges: $ 120.00

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)---------->	$ 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
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 114.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 111.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 114.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 104.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 52.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 120.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4218958 TESTOSTERONE, FREE

4218958	TESTOSTERONE, FREE	84402	301	$ 220.00

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: $ 220.00

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)---------->	$ 110.00
Minimum negotiated charge amount (87.1%) ---------->	$ 191.62
Maximum negotiated charge amount (95%) ---------->	$ 209.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 209.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 204.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 209.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 191.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 220.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4219448 SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST

4219448	SARS-COV- RNA (COVID-19), QUALITATIVE NAAT -- QUEST	87635	302	$ 225.00

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: $ 225.00

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)---------->	$ 112.50
Minimum negotiated charge amount (87.1%) ---------->	$ 195.98
Maximum negotiated charge amount (95%) ---------->	$ 213.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 209.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 213.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 195.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 225.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4220351 SPUTUM CULTURE

4220351	SPUTUM CULTURE	87070	306	$ 111.00

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: $ 111.00

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)---------->	$ 55.50
Minimum negotiated charge amount (87.1%) ---------->	$ 96.68
Maximum negotiated charge amount (95%) ---------->	$ 105.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 103.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 105.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 96.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 111.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4220830 GLUCOSE TOL 1 HR BLOOD

4220830	GLUCOSE TOL 1 HR BLOOD	82950	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

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)---------->	$ 40.50
Minimum negotiated charge amount (87.1%) ---------->	$ 70.55
Maximum negotiated charge amount (95%) ---------->	$ 76.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 76.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 75.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 76.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 70.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 35.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 81.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4221103 MICROALBUMIN

4221103	MICROALBUMIN	82043	301	$ 86.00

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: $ 86.00

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)---------->	$ 43.00
Minimum negotiated charge amount (87.1%) ---------->	$ 74.91
Maximum negotiated charge amount (95%) ---------->	$ 81.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 81.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 81.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 81.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 79.98
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 81.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 74.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 37.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 37.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 37.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 37.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 86.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4221410 URINE DRUG COLLECTION A

4221410	URINE DRUG COLLECTION A	99001	300	$ 87.00

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: $ 87.00

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)---------->	$ 43.50
Minimum negotiated charge amount (87.1%) ---------->	$ 75.78
Maximum negotiated charge amount (95%) ---------->	$ 82.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 82.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 82.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 82.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 80.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 82.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 75.78
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 87.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4230560 HEPATITIS PROFILE

4230560	HEPATITIS PROFILE	86706	300	$ 112.00

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: $ 112.00

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)---------->	$ 56.00
Minimum negotiated charge amount (87.1%) ---------->	$ 97.55
Maximum negotiated charge amount (95%) ---------->	$ 106.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 106.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 104.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 106.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 97.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 49.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 112.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4231234 LACTATE DEHYDROGENASE (LD) ISOENZYME PANEL

4231234	LACTATE DEHYDROGENASE (LD) ISOENZYME PANEL	301	$ 0.00

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: $ 0.00

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)---------->	$ 0.00
Minimum negotiated charge amount (87.1%) ---------->	$ 0.00
Maximum negotiated charge amount (95%) ---------->	$ 0.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 0.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 0.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 0.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 0.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 0.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 0.00
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 0.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 0.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 0.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 0.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 0.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4231256 PSA, TOTAL

4231256	PSA, TOTAL	84153	301	$ 166.00

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: $ 166.00

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)---------->	$ 83.00
Minimum negotiated charge amount (87.1%) ---------->	$ 144.59
Maximum negotiated charge amount (95%) ---------->	$ 157.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 157.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 154.38
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 157.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 144.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 166.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

42312561 PSA, FREE

42312561	PSA, FREE	84154	301	$ 179.00

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: $ 179.00

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)---------->	$ 89.50
Minimum negotiated charge amount (87.1%) ---------->	$ 155.91
Maximum negotiated charge amount (95%) ---------->	$ 170.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 170.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 170.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 170.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 166.47
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 170.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 155.91
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 179.00

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CMS-Specified Shoppable Service

Laboratory

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4233659 DRUG SCREEN BY MILLENIUM

4233659	DRUG SCREEN BY MILLENIUM	G0481	301	$ 290.00

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: $ 290.00

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)---------->	$ 145.00
Minimum negotiated charge amount (87.1%) ---------->	$ 252.59
Maximum negotiated charge amount (95%) ---------->	$ 275.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 275.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 269.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 275.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 252.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 127.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 290.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4234446 CULTURE, AEROBIC AND ANAEROBIC

4234446	CULTURE, AEROBIC AND ANAEROBIC	87070	306	$ 111.00

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: $ 111.00

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)---------->	$ 55.50
Minimum negotiated charge amount (87.1%) ---------->	$ 96.68
Maximum negotiated charge amount (95%) ---------->	$ 105.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 105.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 103.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 105.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 96.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 48.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 111.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4235651 IRON BINDING CAPACITY

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 Charges: $ 99.00

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)---------->	$ 49.50
Minimum negotiated charge amount (87.1%) ---------->	$ 86.23
Maximum negotiated charge amount (95%) ---------->	$ 94.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 94.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 94.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 94.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 92.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 94.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 86.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 43.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 99.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4237065 VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM

4237065	VITAMIN B12 (COBALAMIN) AND FOLATE PANEL, SERUM	82607	301	$ 190.00

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: $ 190.00

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)---------->	$ 95.00
Minimum negotiated charge amount (87.1%) ---------->	$ 165.49
Maximum negotiated charge amount (95%) ---------->	$ 180.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 180.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 176.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 180.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 165.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 83.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 190.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4237150 FOOD ALLERGY PROFILE

4237150	FOOD ALLERGY PROFILE	86003	301	$ 198.00

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: $ 198.00

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)---------->	$ 99.00
Minimum negotiated charge amount (87.1%) ---------->	$ 172.46
Maximum negotiated charge amount (95%) ---------->	$ 188.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 188.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 184.14
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 188.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 172.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 87.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 198.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4237651 FREE TESTOSTERONE

4237651	FREE TESTOSTERONE	84402	301	$ 240.00

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: $ 240.00

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)---------->	$ 120.00
Minimum negotiated charge amount (87.1%) ---------->	$ 209.04
Maximum negotiated charge amount (95%) ---------->	$ 228.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 228.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 223.20
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 228.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 209.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 105.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 240.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330010 XR--ABDOMEN--VIEW 1

4330010	XR--ABDOMEN--VIEW 1	74018	320	$ 433.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 433.00

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 full)---------->	$ 216.50
Minimum negotiated charge amount (87.1%) ---------->	$ 377.14
Maximum negotiated charge amount (95%) ---------->	$ 411.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 411.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 411.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 411.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 402.69
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 411.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 377.14
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 190.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 190.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 190.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 190.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 433.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330020 XR--ABDOMEN--VIEWS 2

4330020	XR--ABDOMEN--VIEWS 2	74021	320	$ 751.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 751.00

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 full)---------->	$ 375.50
Minimum negotiated charge amount (87.1%) ---------->	$ 654.12
Maximum negotiated charge amount (95%) ---------->	$ 713.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 698.43
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 713.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 654.12
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 751.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330030 XR--ABDOMEN--VIEWS 3

4330030	XR--ABDOMEN--VIEWS 3	74022	320	$ 637.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 637.00

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 full)---------->	$ 318.50
Minimum negotiated charge amount (87.1%) ---------->	$ 554.83
Maximum negotiated charge amount (95%) ---------->	$ 605.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 605.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 605.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 605.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 592.41
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 605.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 554.83
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 637.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330060 XR--ANKLE.RIGHT--VIEWS 3

4330060	XR--ANKLE.RIGHT--VIEWS 3	73610	320	$ 387.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 387.00

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 full)---------->	$ 193.50
Minimum negotiated charge amount (87.1%) ---------->	$ 337.08
Maximum negotiated charge amount (95%) ---------->	$ 367.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 359.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 367.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 337.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 387.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330130 XR--SPINE.CERVICAL--VIEWS 4 OR 5

4330130	XR--SPINE.CERVICAL--VIEWS 4 OR 5	72050	320	$ 604.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 604.00

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 full)---------->	$ 302.00
Minimum negotiated charge amount (87.1%) ---------->	$ 526.08
Maximum negotiated charge amount (95%) ---------->	$ 573.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 573.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 573.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 573.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 561.72
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 573.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 526.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 265.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 265.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 265.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 265.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 604.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330140 XR--SPINE.CERVICAL--COMPLETE, INCL OBLIQUE FLEXION EXT STUDIES

4330140	XR--SPINE.CERVICAL--COMPLETE, INCL OBLIQUE FLEXION EXT STUDIES	72052	320	$ 742.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 742.00

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 full)---------->	$ 371.00
Minimum negotiated charge amount (87.1%) ---------->	$ 646.28
Maximum negotiated charge amount (95%) ---------->	$ 704.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 704.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 704.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 704.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 690.06
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 704.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 646.28
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 326.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 326.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 326.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 326.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 742.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330150 XR--CHEST--VIEWS AP PORTABLE

4330150	XR--CHEST--VIEWS AP PORTABLE	71045	320	$ 341.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 341.00

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 full)---------->	$ 170.50
Minimum negotiated charge amount (87.1%) ---------->	$ 297.01
Maximum negotiated charge amount (95%) ---------->	$ 323.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 323.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 323.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 323.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 317.13
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 323.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 297.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 341.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330160 XR--CHEST--VIEWS PA & LATERAL UPRIGHT

4330160	XR--CHEST--VIEWS PA & LATERAL UPRIGHT	71046	320	$ 409.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 409.00

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 full)---------->	$ 204.50
Minimum negotiated charge amount (87.1%) ---------->	$ 356.24
Maximum negotiated charge amount (95%) ---------->	$ 388.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 380.37
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 388.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 356.24
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 409.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330190 XR--SPINE.CERVICAL--VIEWS 2 OR 3

4330190	XR--SPINE.CERVICAL--VIEWS 2 OR 3	72040	320	$ 418.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 418.00

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 full)---------->	$ 209.00
Minimum negotiated charge amount (87.1%) ---------->	$ 364.08
Maximum negotiated charge amount (95%) ---------->	$ 397.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 397.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 397.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 397.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 388.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 397.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 364.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 418.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330220 XR--ELBOW.RIGHT--VIEWS

4330220	XR--ELBOW.RIGHT--VIEWS	"73070,RT"	320	$ 354.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 354.00

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 full)---------->	$ 177.00
Minimum negotiated charge amount (87.1%) ---------->	$ 308.33
Maximum negotiated charge amount (95%) ---------->	$ 336.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 329.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 336.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 308.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 354.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330291 XR--FINGER.SECOND.LEFT--VIEWS

4330291	XR--FINGER.SECOND.LEFT--VIEWS	73140	320	$ 325.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 325.00

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 full)---------->	$ 162.50
Minimum negotiated charge amount (87.1%) ---------->	$ 283.08
Maximum negotiated charge amount (95%) ---------->	$ 308.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 302.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 308.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 283.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 325.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330296 XR--FINGER.SECOND.RIGHT--VIEWS

4330296	XR--FINGER.SECOND.RIGHT--VIEWS	73140	320	$ 325.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 325.00

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 full)---------->	$ 162.50
Minimum negotiated charge amount (87.1%) ---------->	$ 283.08
Maximum negotiated charge amount (95%) ---------->	$ 308.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 302.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 308.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 283.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 325.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330320 XR--FOOT.RIGHT--VIEWS 3 OR 4

4330320	XR--FOOT.RIGHT--VIEWS 3 OR 4	73630	320	$ 388.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 388.00

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 full)---------->	$ 194.00
Minimum negotiated charge amount (87.1%) ---------->	$ 337.95
Maximum negotiated charge amount (95%) ---------->	$ 368.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 360.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 368.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 337.95
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 388.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330330 XR--RADIUS.RIGHT+ULNA.RIGHT--VIEWS 2

4330330	XR--RADIUS.RIGHT+ULNA.RIGHT--VIEWS 2	73090	320	$ 381.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 381.00

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 full)---------->	$ 190.50
Minimum negotiated charge amount (87.1%) ---------->	$ 331.85
Maximum negotiated charge amount (95%) ---------->	$ 361.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 354.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 361.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 331.85
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 381.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330360 XR--HAND.RIGHT--VIEWS 3

4330360	XR--HAND.RIGHT--VIEWS 3	73130	320	$ 371.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of 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 full)---------->	$ 185.50
Minimum negotiated charge amount (87.1%) ---------->	$ 323.14
Maximum negotiated charge amount (95%) ---------->	$ 352.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 345.03
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 352.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 323.14
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 371.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330370 XR--HIP.RIGHT--VIEWS 2

4330370	XR--HIP.RIGHT--VIEWS 2	73502	320	$ 413.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 413.00

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 full)---------->	$ 206.50
Minimum negotiated charge amount (87.1%) ---------->	$ 359.72
Maximum negotiated charge amount (95%) ---------->	$ 392.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 384.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 392.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 359.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 413.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330380 XR--PELVIS+HIP.BILATERAL--VIEWS

4330380	XR--PELVIS+HIP.BILATERAL--VIEWS	73521	320	$ 751.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 751.00

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 full)---------->	$ 375.50
Minimum negotiated charge amount (87.1%) ---------->	$ 654.12
Maximum negotiated charge amount (95%) ---------->	$ 713.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 713.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 698.43
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 713.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 654.12
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 330.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 751.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330420 XR--KNEE.RIGHT--VIEWS 2

4330420	XR--KNEE.RIGHT--VIEWS 2	73560	320	$ 358.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 358.00

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 full)---------->	$ 179.00
Minimum negotiated charge amount (87.1%) ---------->	$ 311.82
Maximum negotiated charge amount (95%) ---------->	$ 340.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 332.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 340.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 311.82
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 358.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330430 XR--KNEE.RIGHT--VIEWS 3

4330430	XR--KNEE.RIGHT--VIEWS 3	73562	320	$ 453.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 453.00

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 full)---------->	$ 226.50
Minimum negotiated charge amount (87.1%) ---------->	$ 394.56
Maximum negotiated charge amount (95%) ---------->	$ 430.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 421.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 430.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 394.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 453.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330440 XR--KNEE.RIGHT--VIEWS 4

4330440	XR--KNEE.RIGHT--VIEWS 4	"73564,RT"	320	$ 484.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 484.00

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 full)---------->	$ 242.00
Minimum negotiated charge amount (87.1%) ---------->	$ 421.56
Maximum negotiated charge amount (95%) ---------->	$ 459.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 450.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 459.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 421.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 484.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330450 XR--SPINE.LUMBAR--VIEWS 2 OR 3

4330450	XR--SPINE.LUMBAR--VIEWS 2 OR 3	72100	320	$ 453.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 453.00

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 full)---------->	$ 226.50
Minimum negotiated charge amount (87.1%) ---------->	$ 394.56
Maximum negotiated charge amount (95%) ---------->	$ 430.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 421.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 430.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 394.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 453.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330470 XR--SPINE.LUMBAR--VIEWS 5

4330470	XR--SPINE.LUMBAR--VIEWS 5	72110	320	$ 663.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 663.00

CMS-Specified Shoppable Service

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 full)---------->	$ 331.50
Minimum negotiated charge amount (87.1%) ---------->	$ 577.47
Maximum negotiated charge amount (95%) ---------->	$ 629.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 629.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 629.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 629.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 616.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 629.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 577.47
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 291.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 291.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 291.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 291.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 663.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330480 XR--SPINE.LUMBAR--VIEWS 5^W FLEXION & W EXTENSION

4330480	XR--SPINE.LUMBAR--VIEWS 5^W FLEXION & W EXTENSION	72114	320	$ 799.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 799.00

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 full)---------->	$ 399.50
Minimum negotiated charge amount (87.1%) ---------->	$ 695.93
Maximum negotiated charge amount (95%) ---------->	$ 759.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 759.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 759.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 759.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 743.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 759.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 695.93
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 351.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 351.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 351.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 351.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 799.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330630 XR--RIBS.RIGHT--VIEWS 3

4330630	XR--RIBS.RIGHT--VIEWS 3	71101	320	$ 454.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 454.00

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 full)---------->	$ 227.00
Minimum negotiated charge amount (87.1%) ---------->	$ 395.43
Maximum negotiated charge amount (95%) ---------->	$ 431.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 422.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 431.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 395.43
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 454.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330650 XR--SACRUM+COCCYX--VIEWS

4330650	XR--SACRUM+COCCYX--VIEWS	72220	320	$ 451.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 451.00

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 full)---------->	$ 225.50
Minimum negotiated charge amount (87.1%) ---------->	$ 392.82
Maximum negotiated charge amount (95%) ---------->	$ 428.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 428.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 428.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 428.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 419.43
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 428.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 392.82
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 451.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330690 XR--SHOULDER.RIGHT--VIEWS 3

4330690	XR--SHOULDER.RIGHT--VIEWS 3	73030	320	$ 412.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 412.00

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 full)---------->	$ 206.00
Minimum negotiated charge amount (87.1%) ---------->	$ 358.85
Maximum negotiated charge amount (95%) ---------->	$ 391.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 383.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 391.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 358.85
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 412.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330755 XR--NECK--VIEWS AP & LATERAL

4330755	XR--NECK--VIEWS AP & LATERAL	70360	320	$ 325.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 325.00

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 full)---------->	$ 162.50
Minimum negotiated charge amount (87.1%) ---------->	$ 283.08
Maximum negotiated charge amount (95%) ---------->	$ 308.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 308.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 302.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 308.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 283.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 143.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 325.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330800 XR--SPINE.THORACIC--VIEWS 3

4330800	XR--SPINE.THORACIC--VIEWS 3	72072	320	$ 512.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 512.00

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 full)---------->	$ 256.00
Minimum negotiated charge amount (87.1%) ---------->	$ 445.95
Maximum negotiated charge amount (95%) ---------->	$ 486.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 486.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 486.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 486.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 476.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 486.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 445.95
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 225.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 225.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 225.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 225.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 512.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330830 XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2

4330830	XR--TIBIA.RIGHT+FIBULA.RIGHT--VIEWS 2	73590	320	$ 417.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 417.00

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 full)---------->	$ 208.50
Minimum negotiated charge amount (87.1%) ---------->	$ 363.21
Maximum negotiated charge amount (95%) ---------->	$ 396.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 387.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 396.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 363.21
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 417.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4330920 XR--WRIST.RIGHT--VIEWS 3

4330920	XR--WRIST.RIGHT--VIEWS 3	73110	320	$ 401.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 401.00

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 full)---------->	$ 200.50
Minimum negotiated charge amount (87.1%) ---------->	$ 349.27
Maximum negotiated charge amount (95%) ---------->	$ 380.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 372.93
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 380.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 349.27
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 401.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339060 XR--ANKLE.LEFT--VIEWS 3

4339060	XR--ANKLE.LEFT--VIEWS 3	73610	320	$ 387.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 387.00

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 full)---------->	$ 193.50
Minimum negotiated charge amount (87.1%) ---------->	$ 337.08
Maximum negotiated charge amount (95%) ---------->	$ 367.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 367.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 359.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 367.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 337.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 387.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339220 XR--ELBOW.LEFT--VIEWS

4339220	XR--ELBOW.LEFT--VIEWS	"73070,LT"	320	$ 354.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 354.00

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 full)---------->	$ 177.00
Minimum negotiated charge amount (87.1%) ---------->	$ 308.33
Maximum negotiated charge amount (95%) ---------->	$ 336.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 336.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 329.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 336.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 308.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 354.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339320 XR--FOOT.LEFT--VIEWS 3 OR 4

4339320	XR--FOOT.LEFT--VIEWS 3 OR 4	73630	320	$ 388.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 388.00

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 full)---------->	$ 194.00
Minimum negotiated charge amount (87.1%) ---------->	$ 337.95
Maximum negotiated charge amount (95%) ---------->	$ 368.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 368.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 360.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 368.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 337.95
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 170.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 388.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339330 XR--RADIUS.LEFT+ULNA.LEFT--VIEWS 2

4339330	XR--RADIUS.LEFT+ULNA.LEFT--VIEWS 2	73090	320	$ 381.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 381.00

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 full)---------->	$ 190.50
Minimum negotiated charge amount (87.1%) ---------->	$ 331.85
Maximum negotiated charge amount (95%) ---------->	$ 361.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 361.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 354.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 361.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 331.85
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 167.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 381.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339360 XR--HAND.LEFT--VIEWS 3

4339360	XR--HAND.LEFT--VIEWS 3	73130	320	$ 371.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of 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 full)---------->	$ 185.50
Minimum negotiated charge amount (87.1%) ---------->	$ 323.14
Maximum negotiated charge amount (95%) ---------->	$ 352.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 352.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 345.03
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 352.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 323.14
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 163.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 371.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339370 XR--HIP.LEFT--VIEWS 2

4339370	XR--HIP.LEFT--VIEWS 2	73502	320	$ 413.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 413.00

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 full)---------->	$ 206.50
Minimum negotiated charge amount (87.1%) ---------->	$ 359.72
Maximum negotiated charge amount (95%) ---------->	$ 392.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 392.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 384.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 392.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 359.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 413.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339420 XR--KNEE.LEFT--VIEWS 2

4339420	XR--KNEE.LEFT--VIEWS 2	73560	320	$ 358.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 358.00

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 full)---------->	$ 179.00
Minimum negotiated charge amount (87.1%) ---------->	$ 311.82
Maximum negotiated charge amount (95%) ---------->	$ 340.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 340.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 332.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 340.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 311.82
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 157.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 358.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339430 XR--KNEE.LEFT--VIEWS 3

4339430	XR--KNEE.LEFT--VIEWS 3	73562	320	$ 453.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 453.00

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 full)---------->	$ 226.50
Minimum negotiated charge amount (87.1%) ---------->	$ 394.56
Maximum negotiated charge amount (95%) ---------->	$ 430.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 430.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 421.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 430.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 394.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 453.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339440 XR--KNEE.LEFT--VIEWS 4

4339440	XR--KNEE.LEFT--VIEWS 4	"73564,LT"	320	$ 484.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 484.00

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 full)---------->	$ 242.00
Minimum negotiated charge amount (87.1%) ---------->	$ 421.56
Maximum negotiated charge amount (95%) ---------->	$ 459.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 459.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 450.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 459.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 421.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 212.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 484.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339630 XR--RIBS.LEFT--VIEWS 3

4339630	XR--RIBS.LEFT--VIEWS 3	71101	320	$ 454.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 454.00

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 full)---------->	$ 227.00
Minimum negotiated charge amount (87.1%) ---------->	$ 395.43
Maximum negotiated charge amount (95%) ---------->	$ 431.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 431.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 422.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 431.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 395.43
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 199.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 454.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339690 XR--SHOULDER.LEFT--VIEWS 3

4339690	XR--SHOULDER.LEFT--VIEWS 3	73030	320	$ 412.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 412.00

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 full)---------->	$ 206.00
Minimum negotiated charge amount (87.1%) ---------->	$ 358.85
Maximum negotiated charge amount (95%) ---------->	$ 391.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 391.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 383.16
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 391.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 358.85
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 181.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 412.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339830 XR--TIBIA.LEFT+FIBULA.LEFT--VIEWS 2

4339830	XR--TIBIA.LEFT+FIBULA.LEFT--VIEWS 2	73590	320	$ 417.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 417.00

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 full)---------->	$ 208.50
Minimum negotiated charge amount (87.1%) ---------->	$ 363.21
Maximum negotiated charge amount (95%) ---------->	$ 396.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 396.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 387.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 396.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 363.21
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 183.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 417.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4339920 XR--WRIST.LEFT--VIEWS 3

4339920	XR--WRIST.LEFT--VIEWS 3	73110	320	$ 401.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 401.00

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 full)---------->	$ 200.50
Minimum negotiated charge amount (87.1%) ---------->	$ 349.27
Maximum negotiated charge amount (95%) ---------->	$ 380.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 380.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 372.93
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 380.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 349.27
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 176.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 401.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390010 ABDOMEN WO/W CONTRAST

4390010	ABDOMEN WO/W CONTRAST	74170	350	$ 3,026.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 3,252.00

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 full)---------->	$ 1,626.00
Minimum negotiated charge amount (87.1%) ---------->	$ 2,832.49
Maximum negotiated charge amount (95%) ---------->	$ 3,089.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,089.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,089.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,089.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,024.36
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,089.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,832.49
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,430.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,430.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,430.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,430.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,252.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390071 CERVICAL SPINE W/O CONTRAST

4390071	CERVICAL SPINE W/O CONTRAST	72125	350	$ 2,547.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,773.00

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 full)---------->	$ 1,386.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,415.28
Maximum negotiated charge amount (95%) ---------->	$ 2,634.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,634.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,634.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,634.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,578.89
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,634.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,415.28
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,220.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,220.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,220.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,220.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,773.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390080 CHEST WO/W CONTRAST

4390080	CHEST WO/W CONTRAST	71270	350	$ 2,916.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 3,142.00

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 full)---------->	$ 1,571.00
Minimum negotiated charge amount (87.1%) ---------->	$ 2,736.68
Maximum negotiated charge amount (95%) ---------->	$ 2,984.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,984.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,984.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,984.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,922.06
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,984.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,736.68
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,382.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,382.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,382.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,382.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,142.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390090 CHEST W/O CONTRAST

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 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 941.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,640.09
Maximum negotiated charge amount (95%) ---------->	$ 1,788.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,788.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,788.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,788.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,751.19
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,788.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,640.09
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 828.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 828.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 828.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 828.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,883.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390100 CHEST WITH CONTRAST

4390100	CHEST WITH CONTRAST	71260	350	$ 2,533.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,759.00

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 full)---------->	$ 1,379.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,403.09
Maximum negotiated charge amount (95%) ---------->	$ 2,621.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,621.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,621.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,621.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,565.87
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,621.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,403.09
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,213.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,213.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,213.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,213.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,759.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390110 HEAD WO/W CONTRAST

4390110	HEAD WO/W CONTRAST	70470	350	$ 2,723.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,949.00

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 full)---------->	$ 1,474.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,568.58
Maximum negotiated charge amount (95%) ---------->	$ 2,801.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,801.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,801.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,801.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,742.57
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,801.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,568.58
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,297.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,297.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,297.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,297.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,949.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

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 Standard 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 907.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,580.87
Maximum negotiated charge amount (95%) ---------->	$ 1,724.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,724.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,724.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,724.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,687.95
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,724.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,580.87
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 798.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 798.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 798.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 798.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,815.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390161 LUMBAR SPINE W/O CONTRAST

4390161	LUMBAR SPINE W/O CONTRAST	72131	350	$ 2,547.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,547.00

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 full)---------->	$ 1,273.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,218.44
Maximum negotiated charge amount (95%) ---------->	$ 2,419.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,368.71
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,419.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,218.44
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,547.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390200 LOWER EXTREMITY RT W/O C

4390200	LOWER EXTREMITY RT W/O C	73700	350	$ 2,100.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,050.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,829.10
Maximum negotiated charge amount (95%) ---------->	$ 1,995.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,953.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,995.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,829.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,100.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390230 MAXILLOFACIAL W/O C

4390230	MAXILLOFACIAL W/O C	70486	350	$ 2,029.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,029.00

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 full)---------->	$ 1,014.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,767.26
Maximum negotiated charge amount (95%) ---------->	$ 1,927.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,927.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,927.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,927.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,886.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,927.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,767.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 892.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 892.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 892.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 892.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,029.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390231 CT--SINUSES--MULTISECTION CORONAL SAGITTAL

4390231	CT--SINUSES--MULTISECTION CORONAL SAGITTAL	"70486,TC"	350	$ 2,154.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 2,154.00

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 full)---------->	$ 1,077.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,876.13
Maximum negotiated charge amount (95%) ---------->	$ 2,046.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,046.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,046.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,046.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,003.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,046.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,876.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 947.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 947.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 947.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 947.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,154.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390270 NECK SOFT TISSUE W C

4390270	NECK SOFT TISSUE W C	70491	350	$ 2,585.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,811.00

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 full)---------->	$ 1,405.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,448.38
Maximum negotiated charge amount (95%) ---------->	$ 2,670.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,670.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,670.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,670.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,614.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,670.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,448.38
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,236.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,236.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,236.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,236.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,811.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390280 NECK SOFT TISSUE W/O C

4390280	NECK SOFT TISSUE W/O C	70490	350	$ 2,184.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,092.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,902.26
Maximum negotiated charge amount (95%) ---------->	$ 2,074.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,074.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,074.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,074.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,031.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,074.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,902.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 960.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 960.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 960.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 960.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,184.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390330 PELVIS W CONTRAST

4390330	PELVIS W CONTRAST	72193	350	$ 2,777.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 3,003.00

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,501.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,615.61
Maximum negotiated charge amount (95%) ---------->	$ 2,852.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,852.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,852.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,852.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,792.79
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,852.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,615.61
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,321.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,321.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,321.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,321.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,003.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390340 PELVIS W/O CONTRAST

4390340	PELVIS W/O CONTRAST	72192	350	$ 2,084.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,084.00

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 full)---------->	$ 1,042.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,815.16
Maximum negotiated charge amount (95%) ---------->	$ 1,979.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,979.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,979.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,979.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,938.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,979.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,815.16
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 916.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 916.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 916.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 916.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,084.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390361 THORACIC SPINE W/O CONTRAST

4390361	THORACIC SPINE W/O CONTRAST	72128	350	$ 2,547.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,547.00

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 full)---------->	$ 1,273.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,218.44
Maximum negotiated charge amount (95%) ---------->	$ 2,419.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,419.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,368.71
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,419.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,218.44
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,120.68
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,547.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4390420 BONE DENSITY SPINE / HIP

4390420	BONE DENSITY SPINE / HIP	"77078,TC"	350	$ 485.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard 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 full)---------->	$ 242.50
Minimum negotiated charge amount (87.1%) ---------->	$ 422.44
Maximum negotiated charge amount (95%) ---------->	$ 460.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 460.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 460.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 460.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 451.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 460.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 422.44
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 485.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4391275 CTA CHEST WO/W CONTR W/IMAGE

4391275	CTA CHEST WO/W CONTR W/IMAGE	71275	350	$ 3,236.00
4391967	OMNIPAQUE 300 MG/ML, IV CONTRAST UP TO 100 CC	"Q9967,ME"	636	$ 226.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 3,462.00

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 full)---------->	$ 1,731.00
Minimum negotiated charge amount (87.1%) ---------->	$ 3,015.40
Maximum negotiated charge amount (95%) ---------->	$ 3,288.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,288.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,288.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,288.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,219.66
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,288.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,015.40
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,523.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,523.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,523.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,523.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,462.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4394176 CT ABD PELVIS W / O CONTRAST

4394176	CT ABD PELVIS W / O CONTRAST	74176	350	$ 3,329.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,664.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,899.56
Maximum negotiated charge amount (95%) ---------->	$ 3,162.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,162.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,162.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,162.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,095.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,162.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,899.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,464.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,464.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,464.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,464.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,329.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4399200 LOWER EXTREMITY LT W/O C

4399200	LOWER EXTREMITY LT W/O C	73700	350	$ 2,100.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of 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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,050.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,829.10
Maximum negotiated charge amount (95%) ---------->	$ 1,995.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,995.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,953.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,995.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,829.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 924.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,100.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420025 ABDOMEN MRI

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.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 1,645.00
Minimum negotiated charge amount (87.1%) ---------->	$ 2,865.59
Maximum negotiated charge amount (95%) ---------->	$ 3,125.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,125.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,125.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,125.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,059.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,125.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,865.59
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,447.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,447.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,447.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,447.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 3,290.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420075 BRAIN WO/W CONTR MRI

4420075	BRAIN WO/W CONTR MRI	70553	611	$ 4,125.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 4,125.00

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)---------->	$ 2,062.50
Minimum negotiated charge amount (87.1%) ---------->	$ 3,592.88
Maximum negotiated charge amount (95%) ---------->	$ 3,918.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 3,918.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 3,918.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 3,918.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 3,836.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 3,918.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 3,592.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,815.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,815.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,815.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,815.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 4,125.00

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CMS-Specified Shoppable Service

MRI

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420125 BRAIN WO CONTRAST MRI

4420125	BRAIN WO CONTRAST MRI	70551	611	$ 2,614.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,614.00

MRI

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)---------->	$ 1,307.00
Minimum negotiated charge amount (87.1%) ---------->	$ 2,276.79
Maximum negotiated charge amount (95%) ---------->	$ 2,483.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,483.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,483.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,483.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,431.02
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,483.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,276.79
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,150.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,150.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,150.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,150.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,614.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420200 C SPINE WO CONTRAST MRI

4420200	C SPINE WO CONTRAST MRI	72141	612	$ 2,839.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 2,839.00

MRI

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)---------->	$ 1,419.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,472.77
Maximum negotiated charge amount (95%) ---------->	$ 2,697.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,640.27
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,697.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,472.77
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,839.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420300 L SPINE WO CONTRAST MRI

4420300	L SPINE WO CONTRAST MRI	72148	612	$ 2,839.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 2,839.00

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)---------->	$ 1,419.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,472.77
Maximum negotiated charge amount (95%) ---------->	$ 2,697.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,640.27
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,697.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,472.77
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,839.00

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CMS-Specified Shoppable Service

MRI

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420325 LE RT JNT WO CONTR

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, 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)---------->	$ 1,292.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,251.54
Maximum negotiated charge amount (95%) ---------->	$ 2,455.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,404.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,455.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,251.54
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,585.00

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CMS-Specified Shoppable Service

MRI

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4420510 T SPINE WO CONTRAST MRI

4420510	T SPINE WO CONTRAST MRI	72146	612	$ 2,839.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 2,839.00

MRI

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)---------->	$ 1,419.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,472.77
Maximum negotiated charge amount (95%) ---------->	$ 2,697.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,697.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,640.27
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,697.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,472.77
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,249.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,839.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED 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 separately by the radiology group)

Total of Standard Charges: $ 2,985.00

MRI

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)---------->	$ 1,492.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,599.94
Maximum negotiated charge amount (95%) ---------->	$ 2,835.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,776.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,835.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,599.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,985.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4429325 LE LT JOINT WO CONTR

4429325	LE LT JOINT 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

CMS-Specified Shoppable Service

MRI

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)---------->	$ 1,292.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,251.54
Maximum negotiated charge amount (95%) ---------->	$ 2,455.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,455.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,404.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,455.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,251.54
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,137.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,585.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4429550 UE LT JNT WO CONTR

4429550	UE LT JNT WO CONTR	73221	610	$ 2,985.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,985.00

MRI

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)---------->	$ 1,492.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,599.94
Maximum negotiated charge amount (95%) ---------->	$ 2,835.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,835.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,776.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,835.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,599.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,313.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,985.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450010 COMPLETE ABDOMEN U S

4450010	COMPLETE ABDOMEN U S	76700	402	$ 999.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 999.00

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)---------->	$ 499.50
Minimum negotiated charge amount (87.1%) ---------->	$ 870.13
Maximum negotiated charge amount (95%) ---------->	$ 949.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 949.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 949.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 949.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 929.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 949.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 870.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 439.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 439.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 439.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 439.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 999.00

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CMS-Specified Shoppable Service

Ultrasound

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450020 LIMITED ABDOMEN U S

4450020	LIMITED ABDOMEN U S	76705	402	$ 823.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 823.00

Ultrasound

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)---------->	$ 411.50
Minimum negotiated charge amount (87.1%) ---------->	$ 716.83
Maximum negotiated charge amount (95%) ---------->	$ 781.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 781.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 781.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 781.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 765.39
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 781.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 716.83
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 362.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 362.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 362.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 362.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 823.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450080 RENAL ULTRA SOUND

4450080	RENAL ULTRA SOUND	76770	402	$ 770.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 770.00

Ultrasound

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)---------->	$ 385.00
Minimum negotiated charge amount (87.1%) ---------->	$ 670.67
Maximum negotiated charge amount (95%) ---------->	$ 731.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 716.10
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 731.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 670.67
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 770.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450090 PELVIS NON OB ULTRA SOUND

4450090	PELVIS NON OB ULTRA SOUND	76856	402	$ 830.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 830.00

Ultrasound

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)---------->	$ 415.00
Minimum negotiated charge amount (87.1%) ---------->	$ 722.93
Maximum negotiated charge amount (95%) ---------->	$ 788.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 788.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 788.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 788.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 771.90
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 788.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 722.93
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 365.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 365.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 365.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 365.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 830.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450100 LIMITED VENOUS STUDIES US

4450100	LIMITED VENOUS STUDIES US	93971	921	$ 844.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 844.00

Ultrasound

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)---------->	$ 422.00
Minimum negotiated charge amount (87.1%) ---------->	$ 735.12
Maximum negotiated charge amount (95%) ---------->	$ 801.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 801.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 801.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 801.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 784.92
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 801.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 735.12
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 371.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 371.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 371.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 371.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 844.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450120 S T NECK

4450120	S T NECK	76536	402	$ 814.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 814.00

Ultrasound

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)---------->	$ 407.00
Minimum negotiated charge amount (87.1%) ---------->	$ 708.99
Maximum negotiated charge amount (95%) ---------->	$ 773.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 773.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 773.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 773.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 757.02
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 773.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 708.99
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 358.16
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 358.16
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 358.16
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 358.16
All other insurances - non-negotiated charge amount (100%) ---------->	$ 814.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450130 SCROTUM ULTRASOUND

4450130	SCROTUM ULTRASOUND	76870	402	$ 775.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 775.00

Ultrasound

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)---------->	$ 387.50
Minimum negotiated charge amount (87.1%) ---------->	$ 675.03
Maximum negotiated charge amount (95%) ---------->	$ 736.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 736.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 736.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 736.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 720.75
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 736.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 675.03
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 341.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 341.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 341.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 341.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 775.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4450140 TRANSVAGINAL ULTRA SOUND

4450140	TRANSVAGINAL ULTRA SOUND	76830	402	$ 806.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 806.00

CMS-Specified Shoppable Service

Ultrasound

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)---------->	$ 403.00
Minimum negotiated charge amount (87.1%) ---------->	$ 702.03
Maximum negotiated charge amount (95%) ---------->	$ 765.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 765.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 765.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 765.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 749.58
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 765.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 702.03
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 354.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 354.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 354.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 354.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 806.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453306 ECHOCARDIOGRAM, COMPLETE

4453306	ECHOCARDIOGRAM, COMPLETE	93306	483	$ 2,365.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,365.00

Ultrasound

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)---------->	$ 1,182.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,059.92
Maximum negotiated charge amount (95%) ---------->	$ 2,246.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,246.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,246.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,246.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,199.45
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,246.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,059.92
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,040.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,040.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,040.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,040.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,365.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453308 ECHOCARDIOGRAM, LIMITED

4453308	ECHOCARDIOGRAM, LIMITED	93308	483	$ 1,165.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,165.00

Ultrasound

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)---------->	$ 582.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,014.72
Maximum negotiated charge amount (95%) ---------->	$ 1,106.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,106.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,106.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,106.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,083.45
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,106.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,014.72
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 512.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 512.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 512.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 512.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,165.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453880 DOPPLER SCAN XCRANIAL BILAT (CAROTID)

4453880	DOPPLER SCAN XCRANIAL BILAT (CAROTID)	93880	921	$ 1,523.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,523.00

Ultrasound

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)---------->	$ 761.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,326.53
Maximum negotiated charge amount (95%) ---------->	$ 1,446.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,446.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,446.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,446.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,416.39
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,446.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,326.53
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 670.12
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 670.12
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 670.12
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 670.12
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,523.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453925 BILAT DOPPLER LOW EXT ARTERY

4453925	BILAT DOPPLER LOW EXT ARTERY	93925	402	$ 1,496.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,496.00

Ultrasound

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)---------->	$ 748.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,303.02
Maximum negotiated charge amount (95%) ---------->	$ 1,421.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,421.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,421.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,421.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,391.28
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,421.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,303.02
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 658.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 658.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 658.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 658.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,496.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453926 UNI DUPLEX LOW EXT RT ARTERY

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 Standard Charges: $ 1,041.00

Ultrasound

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)---------->	$ 520.50
Minimum negotiated charge amount (87.1%) ---------->	$ 906.71
Maximum negotiated charge amount (95%) ---------->	$ 988.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 968.13
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 988.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 906.71
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,041.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453970 CMPL BILAT VENOUS STUD US

4453970	CMPL BILAT VENOUS STUD US	93970	402	$ 1,356.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,356.00

Ultrasound

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)---------->	$ 678.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,181.08
Maximum negotiated charge amount (95%) ---------->	$ 1,288.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,288.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,288.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,288.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,261.08
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,288.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,181.08
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 596.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 596.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 596.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 596.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,356.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453975 RENAL DOPPLER US - COMPLETE

4453975	RENAL DOPPLER US - COMPLETE	93975	921	$ 1,442.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,442.00

Ultrasound

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)---------->	$ 721.00
Minimum negotiated charge amount (87.1%) ---------->	$ 1,255.98
Maximum negotiated charge amount (95%) ---------->	$ 1,369.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,369.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,369.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,369.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,341.06
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,369.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,255.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 634.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 634.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 634.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 634.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,442.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4453976 RENAL DOPPLER US - LIMITED

4453976	RENAL DOPPLER US - LIMITED	93976	921	$ 2,593.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 2,593.00

Ultrasound

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)---------->	$ 1,296.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,258.50
Maximum negotiated charge amount (95%) ---------->	$ 2,463.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,463.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,463.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,463.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,411.49
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,463.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,258.50
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,140.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,140.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,140.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,140.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,593.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4456770 ABDOMINAL AORTA ULTRASOUND

4456770	ABDOMINAL AORTA ULTRASOUND	76770	402	$ 770.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 770.00

Ultrasound

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)---------->	$ 385.00
Minimum negotiated charge amount (87.1%) ---------->	$ 670.67
Maximum negotiated charge amount (95%) ---------->	$ 731.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 731.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 716.10
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 731.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 670.67
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 338.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 770.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4457680 S.T. BACK

4457680	S.T. BACK	76800	402	$ 1,585.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,585.00

Ultrasound

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)---------->	$ 792.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,380.54
Maximum negotiated charge amount (95%) ---------->	$ 1,505.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,505.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,505.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,505.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,474.05
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,505.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,380.54
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 697.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 697.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 697.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 697.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,585.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4458964 EXTREMITY, NON-VASCULAR, LIMITED U/S

4458964	EXTREMITY, NON-VASCULAR, LIMITED U/S	76882	402	$ 517.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				

Total of Standard Charges: $ 517.00

Ultrasound

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)---------->	$ 258.50
Minimum negotiated charge amount (87.1%) ---------->	$ 450.31
Maximum negotiated charge amount (95%) ---------->	$ 491.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 491.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 491.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 491.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 480.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 491.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 450.31
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 227.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 227.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 227.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 227.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 517.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4459926 UNI DUPLEX LOW EXT LT ARTERY

4459926	UNI DUPLEX LOW EXT LT ARTERY	93926	402	$ 1,041.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: $ 1,041.00

Ultrasound

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)---------->	$ 520.50
Minimum negotiated charge amount (87.1%) ---------->	$ 906.71
Maximum negotiated charge amount (95%) ---------->	$ 988.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 988.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 968.13
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 988.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 906.71
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 458.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,041.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4480165 ADENOSINE 6 MG/SYR (3 MG/ML), J0153 - INJECTION, PER 1 MG

4480165	ADENOSINE 6 MG/SYR (3 MG/ML), J0153 - INJECTION, PER 1 MG	J0153	636	$ 18.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 329.00

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)---------->	$ 164.50
Minimum negotiated charge amount (87.1%) ---------->	$ 286.56
Maximum negotiated charge amount (95%) ---------->	$ 312.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 312.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 312.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 312.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 305.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 312.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 286.56
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 144.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 144.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 144.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 144.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 329.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4480283	**AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG**			
4480283	AMIODARONE 450 MG/9 ML, J0282 - INJECTION, PER 30 MG	J0282	636	$ 2.50
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 635.50**

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)---------->	$ 317.75
Minimum negotiated charge amount (87.1%) ---------->	$ 553.52
Maximum negotiated charge amount (95%) ---------->	$ 603.73
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 603.73
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 603.73
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 603.73
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 591.02
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 603.73
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 553.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 279.62
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 279.62
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 279.62
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 279.62
All other insurances - non-negotiated charge amount (100%) ---------->	$ 635.50

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4480295	**AMPICILLIN/SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM**			
4480295	AMPICILLIN/SULBACTAM 3G/VIAL, J0295 - INJECTION, PER 1.5 GM	J0295	636	$ 43.00
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 676.00**

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)---------->	$ 338.00
Minimum negotiated charge amount (87.1%) ---------->	$ 588.80
Maximum negotiated charge amount (95%) ---------->	$ 642.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 642.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 642.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 642.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 628.68
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 642.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 588.80
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 297.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 297.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 297.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 297.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 676.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
A quantity of 100MG will be charged for this medication -- the pricing shown is for a 1MG injection				
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 633.00**

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)---------->	$ 316.50
Minimum negotiated charge amount (87.1%) ---------->	$ 551.34
Maximum negotiated charge amount (95%) ---------->	$ 601.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 588.69
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 601.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 551.34
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 633.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 633.00**

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)---------->	$ 316.50
Minimum negotiated charge amount (87.1%) ---------->	$ 551.34
Maximum negotiated charge amount (95%) ---------->	$ 601.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 588.69
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 601.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 551.34
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 633.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
A quantity of 1000MG will usually be administered and charged for this medication -- the pricing shown is for a 250MG injection				
4652015	PHARMACY INJ FEE	96372	260	$ 168.00
			Total of Standard Charges:	**$ 168.00**

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)---------->	$ 84.00
Minimum negotiated charge amount (87.1%) ---------->	$ 146.33
Maximum negotiated charge amount (95%) ---------->	$ 159.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 156.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 159.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 146.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 168.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4481350 J1100 - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG				
The quantity of this injection will be at least 4MG, but can be up to 10MG -- pricing is for a 1MG injection				
4481350	J1100 - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	J1100	636	$ 7.50
4652015	PHARMACY INJ FEE	96372	260	$ 168.00
			Total of Standard Charges:	**$ 175.50**

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)---------->	$ 87.75
Minimum negotiated charge amount (87.1%) ---------->	$ 152.86
Maximum negotiated charge amount (95%) ---------->	$ 166.73
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 166.73
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 166.73
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 166.73
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 163.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 166.73
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 152.86
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.22
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.22
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.22
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 77.22
All other insurances - non-negotiated charge amount (100%) ---------->	$ 175.50

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4481630 J3360 - INJECTION, DIAZEPAM, UP TO 5 MG

4481630	J3360 - INJECTION, DIAZEPAM, UP TO 5 MG	J3360	636	$ 13.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 181.00

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)---------->	$ 90.50
Minimum negotiated charge amount (87.1%) ---------->	$ 157.65
Maximum negotiated charge amount (95%) ---------->	$ 171.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 171.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 171.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 171.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 168.33
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 171.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 157.65
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 79.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 181.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4481830 J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG

4481830	J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	J1200	636	$ 20.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 188.00

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)---------->	$ 94.00
Minimum negotiated charge amount (87.1%) ---------->	$ 163.75
Maximum negotiated charge amount (95%) ---------->	$ 178.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 174.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 178.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 163.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 188.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4481950 J1265 - INJECTION, DOPAMINE HCL, 40 MG

4481950	J1265 - INJECTION, DOPAMINE HCL, 40 MG	J1265	636	$ 78.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00

Total of Standard Charges: $ 654.00

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)---------->	$ 327.00
Minimum negotiated charge amount (87.1%) ---------->	$ 569.63
Maximum negotiated charge amount (95%) ---------->	$ 621.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 608.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 621.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 569.63
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 654.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4481953 J1953 - INJECTION, LEVETIRACETAM, 5 MG				
4481953	J1953 - INJECTION, LEVETIRACETAM, 5 MG	J1957	636	$ 5.00
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 638.00**

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)---------->	$ 319.00
Minimum negotiated charge amount (87.1%) ---------->	$ 555.70
Maximum negotiated charge amount (95%) ---------->	$ 606.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 606.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 606.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 606.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 593.34
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 606.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 555.70
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 280.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 638.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4482062 J2060 - INJECTION, LORAZEPAM, 2MG

4482062	J2060 - INJECTION, LORAZEPAM, 2MG	J2060	636	$ 18.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 186.00

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)---------->	$ 93.00
Minimum negotiated charge amount (87.1%) ---------->	$ 162.01
Maximum negotiated charge amount (95%) ---------->	$ 176.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 176.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 172.98
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 176.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 162.01
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 81.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 186.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4652015	PHARMACY INJ FEE	96372	260	$ 168.00
			Total of Standard Charges:	**$ 168.00**

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)---------->	$ 84.00
Minimum negotiated charge amount (87.1%) ---------->	$ 146.33
Maximum negotiated charge amount (95%) ---------->	$ 159.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 156.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 159.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 146.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 168.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4482185 J2185 - INJECTION, MEROPENEM, 100 MG				
4482185	J2185 - INJECTION, MEROPENEM, 100 MG	J2185	636	$ 25.00
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 658.00**

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)---------->	$ 329.00
Minimum negotiated charge amount (87.1%) ---------->	$ 573.12
Maximum negotiated charge amount (95%) ---------->	$ 625.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 625.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 625.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 625.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 611.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 625.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 573.12
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 289.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 289.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 289.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 289.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 658.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4482350 J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG

4482350	J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG	J3010	636	$ 97.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 408.00

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)---------->	$ 204.00
Minimum negotiated charge amount (87.1%) ---------->	$ 355.37
Maximum negotiated charge amount (95%) ---------->	$ 387.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 387.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 387.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 387.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 379.44
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 387.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 355.37
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 408.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4482543	**J2543 - INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)**			
4482543	J2543 - INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	J2543	636	$ 60.00
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 693.00**

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)---------->	$ 346.50
Minimum negotiated charge amount (87.1%) ---------->	$ 603.60
Maximum negotiated charge amount (95%) ---------->	$ 658.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 658.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 658.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 658.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 644.49
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 658.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 603.60
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 304.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 304.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 304.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 304.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 693.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4482800 J1630 - INJECTION, HALOPERIDOL, UP TO 5MG

4482800	J1630 - INJECTION, HALOPERIDOL, UP TO 5MG	J1630	636	$ 51.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 219.00

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)---------->	$ 109.50
Minimum negotiated charge amount (87.1%) ---------->	$ 190.75
Maximum negotiated charge amount (95%) ---------->	$ 208.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 203.67
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 208.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 190.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 219.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4652015	PHARMACY INJ FEE	96372	260	$ 168.00
			Total of Standard Charges:	**$ 168.00**

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)---------->	$ 84.00
Minimum negotiated charge amount (87.1%) ---------->	$ 146.33
Maximum negotiated charge amount (95%) ---------->	$ 159.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 156.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 159.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 146.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 168.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4483210	**REGULAR INSULIN (HUMULIN-R), J1815 - INJECTION, PER 5 UNITS**			
4483210	REGULAR INSULIN (HUMULIN-R), J1815 - INJECTION, PER 5 UNITS	J1815	636	$ 20.00
			Total of Standard Charges:	**$ 20.00**

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)---------->	$ 10.00
Minimum negotiated charge amount (87.1%) ---------->	$ 17.42
Maximum negotiated charge amount (95%) ---------->	$ 19.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 19.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 19.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 19.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 18.60
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 19.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 17.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 8.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 8.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 8.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 8.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 20.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4483331	**LANTUS INSULIN/VIAL, J1815 - INJECTION, PER 5 UNITS**			
4483331	LANTUS INSULIN/VIAL, J1815 - INJECTION, PER 5 UNITS	J1815	636	$ 17.00
			Total of Standard Charges:	**$ 17.00**

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)---------->	$ 8.50
Minimum negotiated charge amount (87.1%) ---------->	$ 14.81
Maximum negotiated charge amount (95%) ---------->	$ 16.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 16.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 16.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 16.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 15.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 16.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 14.81
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 7.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 7.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 7.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 7.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 17.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4483336	**SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET**			
4483336	SULFAMETHOXAZOLE 800 MG-TRIMETHOPRIM 160 MG TABLET		250	$ 30.00
			Total of Standard Charges:	**$ 30.00**

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)---------->	$ 15.00
Minimum negotiated charge amount (87.1%) ---------->	$ 26.13
Maximum negotiated charge amount (95%) ---------->	$ 28.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 28.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 28.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 28.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 27.90
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 28.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 26.13
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 13.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 13.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 13.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 13.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 30.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4483596 ENOXAPARIN 30 MG/0.3 ML SYR

4483596	ENOXAPARIN 30 MG/0.3 ML SYR	J1650	636	$ 20.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 188.00

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)---------->	$ 94.00
Minimum negotiated charge amount (87.1%) ---------->	$ 163.75
Maximum negotiated charge amount (95%) ---------->	$ 178.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 178.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 174.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 178.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 163.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 188.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 633.00**

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)---------->	$ 316.50
Minimum negotiated charge amount (87.1%) ---------->	$ 551.34
Maximum negotiated charge amount (95%) ---------->	$ 601.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 601.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 588.69
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 601.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 551.34
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 278.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 633.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657374	IV PUSH INITIAL	96374	260	$ 311.00
			Total of Standard Charges:	**$ 311.00**

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)---------->	$ 155.50
Minimum negotiated charge amount (87.1%) ---------->	$ 270.88
Maximum negotiated charge amount (95%) ---------->	$ 295.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 289.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 295.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 270.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 311.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4483810 METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION

4483810	METOCLOPRAMIDE 5 MG/ML INJECTION SOLUTION	J2765	636	$ 42.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 353.00

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)---------->	$ 176.50
Minimum negotiated charge amount (87.1%) ---------->	$ 307.46
Maximum negotiated charge amount (95%) ---------->	$ 335.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 335.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 335.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 335.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 328.29
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 335.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 307.46
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 155.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 353.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4483900 J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG

4483900	J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	J2250	636	$ 25.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 193.00

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)---------->	$ 96.50
Minimum negotiated charge amount (87.1%) ---------->	$ 168.10
Maximum negotiated charge amount (95%) ---------->	$ 183.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 179.49
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 183.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 168.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 193.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4484070 J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG

4484070	J2310 - INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	J2312	636	$ 50.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 361.00

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)---------->	$ 180.50
Minimum negotiated charge amount (87.1%) ---------->	$ 314.43
Maximum negotiated charge amount (95%) ---------->	$ 342.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 342.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 342.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 342.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 335.73
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 342.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 314.43
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 158.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 158.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 158.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 158.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 361.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4484310 J2360 - INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG				
4484310	J2360 - INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	J2360	636	$ 66.00
4487084F	SODIUM CHLORIDE 0.9% INTRAVENOUS SOLUTION 50ML		258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
			Total of Standard Charges:	**$ 699.00**

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)---------->	$ 349.50
Minimum negotiated charge amount (87.1%) ---------->	$ 608.83
Maximum negotiated charge amount (95%) ---------->	$ 664.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 664.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 664.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 664.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 650.07
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 664.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 608.83
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 307.56
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 307.56
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 307.56
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 307.56
All other insurances - non-negotiated charge amount (100%) ---------->	$ 699.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4484360	**86580 - SKIN TEST; TUBERCULOSIS, INTRADERMAL**			
4484360	86580 - SKIN TEST; TUBERCULOSIS, INTRADERMAL	86580	636	$ 15.00
			Total of Standard Charges:	**$ 15.00**

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)---------->	$ 7.50
Minimum negotiated charge amount (87.1%) ---------->	$ 13.07
Maximum negotiated charge amount (95%) ---------->	$ 14.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 14.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 14.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 14.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 13.95
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 14.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 13.07
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 6.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 6.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 6.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 6.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 15.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4484559	**J3535 - DRUG ADMINISTERED THROUGH A METERED DOSE INHALER**			
4484559	J3535 - DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	J3535	636	$ 116.00
			Total of Standard Charges:	**$ 116.00**

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)---------->	$ 58.00
Minimum negotiated charge amount (87.1%) ---------->	$ 101.04
Maximum negotiated charge amount (95%) ---------->	$ 110.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 110.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 107.88
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 110.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 101.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 51.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 116.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4484780	**J3480 - INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ**			
4484780	J3480 - INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	J3480	636	$ 6.50
4487084	J7030 - INFUSION, NORMAL SALINE SOLUTION, 1000CC	J7030	258	$ 73.00
4657360	HYDRATION 31-60 MIN	96360	260	$ 514.00
			Total of Standard Charges:	**$ 593.50**

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)---------->	$ 296.75
Minimum negotiated charge amount (87.1%) ---------->	$ 516.94
Maximum negotiated charge amount (95%) ---------->	$ 563.83
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 563.83
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 563.83
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 563.83
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 551.96
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 563.83
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 516.94
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 261.14
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 261.14
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 261.14
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 261.14
All other insurances - non-negotiated charge amount (100%) ---------->	$ 593.50

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4484840	**PREDNISONE 5 MG TABLET**			
4484840	PREDNISONE 5 MG TABLET	J7599	636	$ 8.50
			Total of Standard Charges:	**$ 8.50**

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)---------->	$ 4.25
Minimum negotiated charge amount (87.1%) ---------->	$ 7.40
Maximum negotiated charge amount (95%) ---------->	$ 8.08
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 8.08
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 8.08
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 8.08
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 7.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 8.08
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 7.40
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 3.74
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 3.74
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 3.74
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 3.74
All other insurances - non-negotiated charge amount (100%) ---------->	$ 8.50

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4484967 J3486 - INJECTION, ZIPRASIDONE MESYLATE, 10 MG

4484967	J3486 - INJECTION, ZIPRASIDONE MESYLATE, 10 MG	J3486	636	$ 19.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 187.00

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)---------->	$ 93.50
Minimum negotiated charge amount (87.1%) ---------->	$ 162.88
Maximum negotiated charge amount (95%) ---------->	$ 177.65
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 177.65
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 173.91
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 177.65
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 162.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 82.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 187.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4485015 J2550 - INJECTION, PROMETHAZINE HCL, UP TO 50 MG

4485015	J2550 - INJECTION, PROMETHAZINE HCL, UP TO 50 MG	J2550	636	$ 10.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 178.00

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)---------->	$ 89.00
Minimum negotiated charge amount (87.1%) ---------->	$ 155.04
Maximum negotiated charge amount (95%) ---------->	$ 169.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 169.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 169.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 169.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 165.54
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 169.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 155.04
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 78.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 178.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4485025 J2704 - INJECTION, PROPOFOL, 10 MG

4485025	J2704 - INJECTION, PROPOFOL, 10 MG	J2704	636	$ 25.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 336.00

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)---------->	$ 168.00
Minimum negotiated charge amount (87.1%) ---------->	$ 292.66
Maximum negotiated charge amount (95%) ---------->	$ 319.20
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 319.20
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 319.20
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 319.20
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 312.48
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 319.20
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 292.66
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 147.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 147.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 147.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 147.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 336.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4485310 J0330 - INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG

4485310	J0330 - INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	J0330	636	$ 20.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 331.00

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)---------->	$ 165.50
Minimum negotiated charge amount (87.1%) ---------->	$ 288.30
Maximum negotiated charge amount (95%) ---------->	$ 314.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 314.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 314.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 314.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 307.83
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 314.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 288.30
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 145.64
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 145.64
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 145.64
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 145.64
All other insurances - non-negotiated charge amount (100%) ---------->	$ 331.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4485600	**ADMINISTRATION OF INFLUENZA VIRUS VACCINE**			
4485600	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	G0008	771	$ 29.00
			Total of Standard Charges:	**$ 29.00**

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)---------->	$ 14.50
Minimum negotiated charge amount (87.1%) ---------->	$ 25.26
Maximum negotiated charge amount (95%) ---------->	$ 27.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 27.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 27.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 27.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 26.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 27.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 25.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 29.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4485772 J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG

4485772	J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	J3301	636	$ 25.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 193.00

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)---------->	$ 96.50
Minimum negotiated charge amount (87.1%) ---------->	$ 168.10
Maximum negotiated charge amount (95%) ---------->	$ 183.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 183.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 179.49
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 183.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 168.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 193.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4486615 J3373 - INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG

4486615	J3373 - INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG	J3373	636	$ 21.00
4487084A	J7050 - INFUSION, NORMAL SALINE SOLUTION, 250 CC	J7050	258	$ 57.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00

Total of Standard Charges: $ 654.00

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)---------->	$ 327.00
Minimum negotiated charge amount (87.1%) ---------->	$ 569.63
Maximum negotiated charge amount (95%) ---------->	$ 621.30
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 621.30
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 608.22
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 621.30
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 569.63
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 287.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 654.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4489322 INJECTION, METRONIDAZOLE, 500 MG

4489322	INJECTION, METRONIDAZOLE, 500 MG	J1836	636	$ 15.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00

Total of Standard Charges: $ 591.00

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)---------->	$ 295.50
Minimum negotiated charge amount (87.1%) ---------->	$ 514.76
Maximum negotiated charge amount (95%) ---------->	$ 561.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 561.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 561.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 561.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 549.63
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 561.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 514.76
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 260.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 260.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 260.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 260.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 591.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4489353	**INJECTION, PANTOPRAZOLE SODIUM, 40 MG**			
4489353	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	J2470	636	$ 98.00
4657374	IV PUSH INITIAL	96374	260	$ 311.00
			Total of Standard Charges:	**$ 409.00**

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)---------->	$ 204.50
Minimum negotiated charge amount (87.1%) ---------->	$ 356.24
Maximum negotiated charge amount (95%) ---------->	$ 388.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 388.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 380.37
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 388.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 356.24
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 179.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 409.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4489502 ADACEL (TDAP) 0.5 ML/SYRINGE, 90715 - INJECTION, 7 YRS AND OLDER

4489502	ADACEL (TDAP) 0.5 ML/SYRINGE, 90715 - INJECTION, 7 YRS AND OLDER	90715	636	$ 150.00
4652471	VACCINE ADMIN 1ST	90471	771	$ 75.00

Total of Standard Charges: $ 225.00

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)---------->	$ 112.50
Minimum negotiated charge amount (87.1%) ---------->	$ 195.98
Maximum negotiated charge amount (95%) ---------->	$ 213.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 213.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 209.25
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 213.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 195.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 99.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 225.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4489513 ATROPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG

4489513	ATROPINE SULFATE 1 MG/10 ML (0.1 MG/ML), J0461 - INJECTION, 0.01 MG	J0461	636	$ 1.50
4657374	IV PUSH INITIAL	96374	260	$ 311.00

Total of Standard Charges: $ 312.50

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)---------->	$ 156.25
Minimum negotiated charge amount (87.1%) ---------->	$ 272.19
Maximum negotiated charge amount (95%) ---------->	$ 296.88
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 296.88
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 296.88
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 296.88
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 290.63
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 296.88
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 272.19
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 137.50
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 137.50
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 137.50
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 137.50
All other insurances - non-negotiated charge amount (100%) ---------->	$ 312.50

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4489519 J0561 - INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS

4489519	J0561 - INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	J0561	636	$ 45.00
4652015	PHARMACY INJ FEE	96372	260	$ 168.00

Total of Standard Charges: $ 213.00

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)---------->	$ 106.50
Minimum negotiated charge amount (87.1%) ---------->	$ 185.52
Maximum negotiated charge amount (95%) ---------->	$ 202.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 202.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 198.09
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 202.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 185.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 93.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 213.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4652015	PHARMACY INJ FEE	96372	260	$ 168.00
			Total of Standard Charges:	**$ 168.00**

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)---------->	$ 84.00
Minimum negotiated charge amount (87.1%) ---------->	$ 146.33
Maximum negotiated charge amount (95%) ---------->	$ 159.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 159.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 156.24
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 159.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 146.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 73.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 168.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4489579 LEVOFLOXACIN 500 MG/100 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK

4489579	LEVOFLOXACIN 500 MG/100 ML IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK	J1956	636	$ 42.00
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00

Total of Standard Charges: $ 618.00

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)---------->	$ 309.00
Minimum negotiated charge amount (87.1%) ---------->	$ 538.28
Maximum negotiated charge amount (95%) ---------->	$ 587.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 587.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 587.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 587.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 574.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 587.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 538.28
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 271.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 271.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 271.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 271.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 618.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657374	IV PUSH INITIAL	96374	260	$ 311.00
			Total of Standard Charges:	**$ 311.00**

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)---------->	$ 155.50
Minimum negotiated charge amount (87.1%) ---------->	$ 270.88
Maximum negotiated charge amount (95%) ---------->	$ 295.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 295.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 289.23
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 295.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 270.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 136.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 311.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4600090 FUNCTIONAL ACT TRAIN

4600090	FUNCTIONAL ACT TRAIN	97530	420	$ 137.00

Total of Standard Charges: $ 137.00

PhysTherapy

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)---------->	$ 68.50
Minimum negotiated charge amount (87.1%) ---------->	$ 119.33
Maximum negotiated charge amount (95%) ---------->	$ 130.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 127.41
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 130.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 119.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 137.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4600110 MANUAL THERAPY

4600110	MANUAL THERAPY	97140	421	$ 138.00

Total of Standard Charges: $ 138.00

PhysTherapy

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)---------->	$ 69.00
Minimum negotiated charge amount (87.1%) ---------->	$ 120.20
Maximum negotiated charge amount (95%) ---------->	$ 131.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 131.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 131.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 131.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 128.34
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 131.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 120.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 138.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4600190 THERAPEUTIC EXERCISE

4600190	THERAPEUTIC EXERCISE	97110	422	$ 137.00

Total of Standard Charges: $ 137.00

CMS-Specified Shoppable Service

PhysTherapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 68.50
Minimum negotiated charge amount (87.1%) ---------->	$ 119.33
Maximum negotiated charge amount (95%) ---------->	$ 130.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 130.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 127.41
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 130.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 119.33
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 60.28
All other insurances - non-negotiated charge amount (100%) ---------->	$ 137.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

INPATIENT, OUTPATIENT, SWING BED or SKILLED NURSING FACILITY

4608010 PT SCHOOL CHARGE - 1 HR

4608010	PT SCHOOL CHARGE - 1 HR	420	$ 200.00

Total of Standard Charges: $ 200.00

PhysTherapy

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)---------->	$ 100.00
Minimum negotiated charge amount (87.1%) ---------->	$ 174.20
Maximum negotiated charge amount (95%) ---------->	$ 190.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 186.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 190.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 174.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 200.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4630020	**EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB**			
In addition, ER physician fees will be added to the ER visit based on the level of care provided				
4630020	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	99281	450	$ 318.00
			Total of Standard Charges:	**$ 318.00**

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, if balance is paid in full)---------->	$ 159.00
Minimum negotiated charge amount (87.1%) ---------->	$ 276.98
Maximum negotiated charge amount (95%) ---------->	$ 302.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 302.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 295.74
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 302.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 276.98
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 139.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 318.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4630030	**EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY**			
In addition, ER physician fees will be added to the ER visit based on the level of care provided				
4630030	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	99282	450	$ 615.00

Total of Standard Charges: $ 615.00

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, if balance is paid in full)---------->	$ 307.50
Minimum negotiated charge amount (87.1%) ---------->	$ 535.67
Maximum negotiated charge amount (95%) ---------->	$ 584.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 584.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 584.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 584.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 571.95
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 584.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 535.67
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 270.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 270.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 270.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 270.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 615.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4630040	**EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY**			
In addition, ER physician fees will be added to the ER visit based on the level of care provided				
4630040	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	99283	450	$ 1,121.00

Total of Standard Charges: $ 1,121.00

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, if balance is paid in full)---------->	$ 560.50
Minimum negotiated charge amount (87.1%) ---------->	$ 976.39
Maximum negotiated charge amount (95%) ---------->	$ 1,064.95
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,064.95
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,064.95
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,064.95
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,042.53
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,064.95
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 976.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 493.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 493.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 493.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 493.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,121.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4630050	**EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY**			
In addition, ER physician fees will be added to the ER visit based on the level of care provided				
4630050	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	99284	450	$ 1,715.00

Total of Standard Charges: $ 1,715.00

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, if balance is paid in full)---------->	$ 857.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,493.77
Maximum negotiated charge amount (95%) ---------->	$ 1,629.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,629.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,629.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,629.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,594.95
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,629.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,493.77
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 754.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 754.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 754.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 754.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,715.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4630060	**EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ**			
In addition, ER physician fees will be added to the ER visit based on the level of care provided				
4630060	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	99285	450	$ 2,443.00

Total of Standard Charges: $ 2,443.00

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, if balance is paid in full)---------->	$ 1,221.50
Minimum negotiated charge amount (87.1%) ---------->	$ 2,127.85
Maximum negotiated charge amount (95%) ---------->	$ 2,320.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 2,320.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 2,320.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 2,320.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 2,271.99
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 2,320.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 2,127.85
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,074.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,074.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,074.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 1,074.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 2,443.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4630070 CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN

4630070		CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	450	$ 3,485.00
4805450	** ProFee **	CRITCARE,1ST HR,PROFEE	99291	981	$ 1,420.00
4805460	** ProFee **	CRITCARE,ADD 30MIN,PROFEE	99292	981	$ 585.00

Total of Standard Charges: $ 5,490.00

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, if balance is paid in full)---------->	$ 2,745.00
Minimum negotiated charge amount (87.1%) ---------->	$ 4,781.79
Maximum negotiated charge amount (95%) ---------->	$ 5,215.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 5,215.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 5,215.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 5,215.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 5,105.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 5,215.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 4,781.79
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,415.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,415.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,415.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 2,415.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 5,490.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4633600 CONTROL NASAL HEMMOR SMP				
This procedure will also have an ER facility fee and an ER professional fee added to it				
4633600	CONTROL NASAL HEMMOR SMP	30901	450	$ 459.00
4803600 ** ProFee **	CONTROL NASAL HEMMOR SMP*	30901	981	$ 393.00
			Total of Standard Charges:	**$ 852.00**

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, if balance is paid in full)---------->	$ 426.00
Minimum negotiated charge amount (87.1%) ---------->	$ 742.09
Maximum negotiated charge amount (95%) ---------->	$ 809.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 809.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 809.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 809.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 792.36
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 809.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 742.09
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 374.88
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 374.88
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 374.88
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 374.88
All other insurances - non-negotiated charge amount (100%) ---------->	$ 852.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4636360 IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR

4636360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	260	$ 514.00
4636361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	260	$ 203.00

Total of Standard Charges: $ 717.00

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, if balance is paid in full)---------->	$ 358.50
Minimum negotiated charge amount (87.1%) ---------->	$ 624.51
Maximum negotiated charge amount (95%) ---------->	$ 681.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 666.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 681.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 624.51
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 717.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636365	**IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR**			
4636365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	260	$ 616.00
4636366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	260	$ 224.00
4636367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	260	$ 351.00
			Total of Standard Charges:	**$ 1,191.00**

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, if balance is paid in full)---------->	$ 595.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,037.36
Maximum negotiated charge amount (95%) ---------->	$ 1,131.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,131.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,131.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,131.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,107.63
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,131.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,037.36
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 524.04
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 524.04
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 524.04
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 524.04
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,191.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636368	**IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS**			
4636368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	450	$ 192.00
			Total of Standard Charges:	**$ 192.00**

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, if balance is paid in full)---------->	$ 96.00
Minimum negotiated charge amount (87.1%) ---------->	$ 167.23
Maximum negotiated charge amount (95%) ---------->	$ 182.40
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 182.40
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 178.56
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 182.40
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 167.23
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 84.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 192.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4636372 THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM

4636372		THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	260	$ 210.00
4805630	** ProFee **	INJECT, SUBQ OR INTRAMUSC	96372	987	$ 9.00

Total of Standard Charges: $ 219.00

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, if balance is paid in full)---------->	$ 109.50
Minimum negotiated charge amount (87.1%) ---------->	$ 190.75
Maximum negotiated charge amount (95%) ---------->	$ 208.05
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 208.05
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 203.67
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 208.05
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 190.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 96.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 219.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636374	**THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG**			
4636374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	260	$ 342.00
			Total of Standard Charges:	**$ 342.00**

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, if balance is paid in full)---------->	$ 171.00
Minimum negotiated charge amount (87.1%) ---------->	$ 297.88
Maximum negotiated charge amount (95%) ---------->	$ 324.90
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 324.90
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 324.90
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 324.90
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 318.06
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 324.90
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 297.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 150.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 342.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636375	**THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG**			
4636375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	260	$ 280.00
			Total of Standard Charges:	**$ 280.00**

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, if balance is paid in full)---------->	$ 140.00
Minimum negotiated charge amount (87.1%) ---------->	$ 243.88
Maximum negotiated charge amount (95%) ---------->	$ 266.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 266.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 260.40
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 266.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 243.88
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 123.20
All other insurances - non-negotiated charge amount (100%) ---------->	$ 280.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636376	**THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC**			
4636376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	260	$ 200.00
			Total of Standard Charges:	**$ 200.00**

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, if balance is paid in full)---------->	$ 100.00
Minimum negotiated charge amount (87.1%) ---------->	$ 174.20
Maximum negotiated charge amount (95%) ---------->	$ 190.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 190.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 186.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 190.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 174.20
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 88.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 200.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4636800 I&D DEEP ABSCESS

This procedure will also have an ER facility fee and an ER professional fee added to it

4636800		I&D DEEP ABSCESS	10060	450	$ 632.00
4806800	** ProFee **	I&D DEEP ABSCESS	10060	981	$ 368.00

Total of Standard Charges: $ 1,000.00

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, if balance is paid in full)---------->	$ 500.00
Minimum negotiated charge amount (87.1%) ---------->	$ 871.00
Maximum negotiated charge amount (95%) ---------->	$ 950.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 950.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 950.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 950.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 930.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 950.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 871.00
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 440.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 440.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 440.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 440.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,000.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4636850 REPAIR SUP WOUNDS <2.5CM

This procedure will also have an ER facility fee and an ER professional fee added to it

4636850		REPAIR SUP WOUNDS <2.5CM	12001	450	$ 511.00
4806850	** ProFee **	REPAIR SUP WOUNDS <2.5CM*	12001	981	$ 384.00

Total of Standard Charges: $ 895.00

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, if balance is paid in full)---------->	$ 447.50
Minimum negotiated charge amount (87.1%) ---------->	$ 779.55
Maximum negotiated charge amount (95%) ---------->	$ 850.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 850.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 850.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 850.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 832.35
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 850.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 779.55
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 393.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 393.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 393.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 393.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 895.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636860 REPAIR WOUND 2.6-7.5 CM				
This procedure will also have an ER facility fee and an ER professional fee added 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	$ 397.00
			Total of Standard Charges:	**$ 810.00**

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, if balance is paid in full)---------->	$ 405.00
Minimum negotiated charge amount (87.1%) ---------->	$ 705.51
Maximum negotiated charge amount (95%) ---------->	$ 769.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 769.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 769.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 769.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 753.30
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 769.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 705.51
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 356.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 356.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 356.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 356.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 810.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4636900 REPAIR SIMPLE <2.5 CM*				
This procedure will also have an ER facility fee and an ER professional fee added to it				
4636900	REPAIR SIMPLE <2.5 CM*	12011	450	$ 536.00
4806900 ** ProFee **	REPAIR SIMPLE <2.5 CM*	12011	981	$ 493.00
			Total of Standard Charges:	**$ 1,029.00**

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, if balance is paid in full)---------->	$ 514.50
Minimum negotiated charge amount (87.1%) ---------->	$ 896.26
Maximum negotiated charge amount (95%) ---------->	$ 977.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 977.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 977.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 977.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 956.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 977.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 896.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 452.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 452.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 452.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 452.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,029.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4642000 OBSERVATION ROOM TRANSFER				
This is a PER HOUR observation room rate				
4642000	OBSERVATION ROOM TRANSFER	G0378	762	$ 88.00
			Total of Standard Charges:	**$ 88.00**

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 balance is paid in full)---------->	$ 44.00
Minimum negotiated charge amount (87.1%) ---------->	$ 76.65
Maximum negotiated charge amount (95%) ---------->	$ 83.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 83.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 81.84
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 83.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 76.65
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 38.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 88.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4642001 OBSERVATION DIRECT ENTRY				
This is a PER HOUR observation room rate				
4642001	OBSERVATION DIRECT ENTRY	G0379	762	$ 71.00
			Total of 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 balance is paid in full)---------->	$ 35.50
Minimum negotiated charge amount (87.1%) ---------->	$ 61.84
Maximum negotiated charge amount (95%) ---------->	$ 67.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 67.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 67.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 67.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 66.03
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 67.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 61.84
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 31.24
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 31.24
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 31.24
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 31.24
All other insurances - non-negotiated charge amount (100%) ---------->	$ 71.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

OUTPATIENT

4651122 DRESSING CHANGE COMPLEX

This dressing change does not include additional charges for any associated dressing supplies

4651122	DRESSING CHANGE COMPLEX	99211	761	$ 144.00

Total of Standard Charges: $ 144.00

Outpatient

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)---------->	$ 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 (93%) ---------->	$ 133.92
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 136.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 125.42
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 63.36
All other insurances - non-negotiated charge amount (100%) ---------->	$ 144.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Outpatient

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4651123	**DRESSING CHANGE SIMPLE**			
This dressing change does not include additional charges for any associated dressing supplies				
4651123	DRESSING CHANGE SIMPLE	"99211,DC"	761	$ 28.00
			Total of Standard Charges:	**$ 28.00**

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 14.00
Minimum negotiated charge amount (87.1%) ---------->	$ 24.39
Maximum negotiated charge amount (95%) ---------->	$ 26.60
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 26.60
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 26.60
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 26.60
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 26.04
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 26.60
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 24.39
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 12.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 28.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4651702	**BLADDER CATH TEMP INDWELL**			
4651702	BLADDER CATH TEMP INDWELL	51702	761	$ 278.00
			Total of Standard Charges:	**$ 278.00**

Outpatient

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)---------->	$ 139.00
Minimum negotiated charge amount (87.1%) ---------->	$ 242.14
Maximum negotiated charge amount (95%) ---------->	$ 264.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 264.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 258.54
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 264.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 242.14
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 122.32
All other insurances - non-negotiated charge amount (100%) ---------->	$ 278.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4652040	**PHLEBOTOMY THERAPEUTIC**			
4652040	PHLEBOTOMY THERAPEUTIC	99195	940	$ 250.00
			Total of Standard Charges:	**$ 250.00**

Outpatient

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)---------->	$ 125.00
Minimum negotiated charge amount (87.1%) ---------->	$ 217.75
Maximum negotiated charge amount (95%) ---------->	$ 237.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 232.50
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 237.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 217.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 250.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657360	**HYDRATION 31-60 MIN**			
4657360	HYDRATION 31-60 MIN	96360	260	$ 514.00
4657361	HYDRA EA AD HR>30 MIN	96361	260	$ 203.00
			Total of Standard Charges:	**$ 717.00**

Outpatient

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)---------->	$ 358.50
Minimum negotiated charge amount (87.1%) ---------->	$ 624.51
Maximum negotiated charge amount (95%) ---------->	$ 681.15
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 681.15
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 666.81
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 681.15
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 624.51
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 315.48
All other insurances - non-negotiated charge amount (100%) ---------->	$ 717.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657365	**THERAPEUTIC 16-60 MIN**			
4657365	THERAPEUTIC 16-60 MIN	96365	260	$ 576.00
4657366	THER. EA ADD HR>30MIN	96366	260	$ 224.00
4657367	THER ADDL DRUG X1 ONLY	96367	260	$ 351.00
			Total of Standard Charges:	**$ 1,151.00**

Outpatient

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)---------->	$ 575.50
Minimum negotiated charge amount (87.1%) ---------->	$ 1,002.52
Maximum negotiated charge amount (95%) ---------->	$ 1,093.45
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 1,093.45
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 1,093.45
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 1,093.45
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 1,070.43
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 1,093.45
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 1,002.52
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 506.44
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 506.44
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 506.44
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 506.44
All other insurances - non-negotiated charge amount (100%) ---------->	$ 1,151.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657374 IV PUSH INITIAL				
4657374	IV PUSH INITIAL	96374	260	$ 311.00
4657375	IV PUSH NEW SUBSTANCE	96375	260	$ 224.00
4657376	IV PUSH SAME SUBSTANCE	96376	260	$ 200.00
			Total of Standard Charges:	**$ 735.00**

Outpatient

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)---------->	$ 367.50
Minimum negotiated charge amount (87.1%) ---------->	$ 640.19
Maximum negotiated charge amount (95%) ---------->	$ 698.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 698.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 698.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 698.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 683.55
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 698.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 640.19
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 323.40
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 323.40
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 323.40
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 323.40
All other insurances - non-negotiated charge amount (100%) ---------->	$ 735.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657802	**MNT; INIT ASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN**			
4657802	MNT; INIT ASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN	97802	942	$ 100.00
			Total of Standard Charges:	**$ 100.00**

Outpatient

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)---------->	$ 50.00
Minimum negotiated charge amount (87.1%) ---------->	$ 87.10
Maximum negotiated charge amount (95%) ---------->	$ 95.00
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 95.00
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 93.00
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 95.00
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 87.10
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 44.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 100.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4657803	**MNT; REASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN**			
4657803	MNT; REASSESSMENT & INTERVENTION, INDIVIDUAL, FACE-TO-FACE W/ PATIENT, EACH 15 MIN	97803	942	$ 83.00
			Total of Standard Charges:	**$ 83.00**

Outpatient

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)---------->	$ 41.50
Minimum negotiated charge amount (87.1%) ---------->	$ 72.29
Maximum negotiated charge amount (95%) ---------->	$ 78.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 78.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 78.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 78.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 77.19
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 78.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 72.29
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 36.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 83.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4659623	**IRRIGATION OF IMPLANTED VENOUS ACCESS 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 cost				
4659623	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	96523	761	$ 158.00
			Total of Standard Charges:	**$ 158.00**

Outpatient

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)---------->	$ 79.00
Minimum negotiated charge amount (87.1%) ---------->	$ 137.62
Maximum negotiated charge amount (95%) ---------->	$ 150.10
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 150.10
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 146.94
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 150.10
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 137.62
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 69.52
All other insurances - non-negotiated charge amount (100%) ---------->	$ 158.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
OUTPATIENT				
4659800	**TELEHEALTH ORIGINATING SITE FEE**			
4659800	TELEHEALTH ORIGINATING SITE FEE	Q3014	780	$ 93.00
			Total of Standard Charges:	**$ 93.00**

Outpatient

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)---------->	$ 46.50
Minimum negotiated charge amount (87.1%) ---------->	$ 81.00
Maximum negotiated charge amount (95%) ---------->	$ 88.35
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 88.35
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 88.35
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 88.35
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 86.49
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 88.35
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 81.00
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.92
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.92
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.92
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 40.92
All other insurances - non-negotiated charge amount (100%) ---------->	$ 93.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4725010 OFFICE VISIT,NEW,EXPANDED				
4725010	OFFICE VISIT,NEW,EXPANDED	99202	521	$ 184.00
			Total of Standard Charges:	**$ 184.00**

Clinic

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)---------->	$ 92.00
Minimum negotiated charge amount (87.1%) ---------->	$ 160.26
Maximum negotiated charge amount (95%) ---------->	$ 174.80
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 174.80
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 174.80
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 174.80
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 171.12
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 174.80
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 160.26
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.96
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.96
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.96
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 80.96
All other insurances - non-negotiated charge amount (100%) ---------->	$ 184.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4725020	**OFFICE VISIT,NEW,DETAILED**			
4725020	OFFICE VISIT,NEW,DETAILED	99203	521	$ 315.00
			Total of Standard Charges:	**$ 315.00**

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)---------->	$ 157.50
Minimum negotiated charge amount (87.1%) ---------->	$ 274.37
Maximum negotiated charge amount (95%) ---------->	$ 299.25
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 299.25
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 299.25
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 299.25
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 292.95
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 299.25
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 274.37
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 138.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 138.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 138.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 138.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 315.00

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CMS-Specified Shoppable Service

Clinic

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4725030	**OFFICE VISIT,NEW,MOD COMP**			
4725030	OFFICE VISIT,NEW,MOD COMP	99204	521	$ 486.00
			Total of Standard Charges:	**$ 486.00**

CMS-Specified Shoppable Service

Clinic

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 243.00
Minimum negotiated charge amount (87.1%) ---------->	$ 423.31
Maximum negotiated charge amount (95%) ---------->	$ 461.70
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 461.70
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 461.70
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 461.70
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 451.98
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 461.70
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 423.31
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.84
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.84
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.84
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 213.84
All other insurances - non-negotiated charge amount (100%) ---------->	$ 486.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4725040	**OFFICE VISIT,NEW,HGH COMP**			
4725040	OFFICE VISIT,NEW,HGH COMP	99205	521	$ 529.00
			Total of Standard Charges:	**$ 529.00**

CMS-Specified Shoppable Service

Clinic

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 264.50
Minimum negotiated charge amount (87.1%) ---------->	$ 460.76
Maximum negotiated charge amount (95%) ---------->	$ 502.55
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 502.55
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 502.55
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 502.55
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 491.97
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 502.55
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 460.76
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 232.76
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 232.76
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 232.76
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 232.76
All other insurances - non-negotiated charge amount (100%) ---------->	$ 529.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4729385 INIT CMP PRV EXAM 18-39YR				
4729385	INIT CMP PRV EXAM 18-39YR	99385	521	$ 345.00
			Total of Standard Charges:	**$ 345.00**

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)---------->	$ 172.50
Minimum negotiated charge amount (87.1%) ---------->	$ 300.50
Maximum negotiated charge amount (95%) ---------->	$ 327.75
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 327.75
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 327.75
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 327.75
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 320.85
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 327.75
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 300.50
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 151.80
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 151.80
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 151.80
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 151.80
All other insurances - non-negotiated charge amount (100%) ---------->	$ 345.00

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CMS-Specified Shoppable Service

Clinic

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
CLINIC				
4729386	**INIT CMP PRV EXAM 40-64YR**			
4729386	INIT CMP PRV EXAM 40-64YR	99386	521	$ 363.00
			Total of Standard Charges:	**$ 363.00**

CMS-Specified Shoppable Service

Clinic

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 181.50
Minimum negotiated charge amount (87.1%) ---------->	$ 316.17
Maximum negotiated charge amount (95%) ---------->	$ 344.85
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 344.85
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 344.85
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 344.85
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 337.59
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 344.85
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 316.17
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 159.72
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 159.72
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 159.72
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 159.72
All other insurances - non-negotiated charge amount (100%) ---------->	$ 363.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
SPECIALTY CLINIC				
4740804	**PSYCH 30 MIN**			
4740804	PSYCH 30 MIN	90832	900	$ 150.00
			Total of Standard Charges:	**$ 150.00**

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)---------->	$ 75.00
Minimum negotiated charge amount (87.1%) ---------->	$ 130.65
Maximum negotiated charge amount (95%) ---------->	$ 142.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 142.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 142.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 142.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 139.50
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 142.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 130.65
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 66.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 66.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 66.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 66.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 150.00

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CMS-Specified Shoppable Service

Clinic

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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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Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
SPECIALTY CLINIC				
4740806	**PSYCH 45 MIN**			
4740806	PSYCH 45 MIN	90834	900	$ 250.00
			Total of Standard Charges:	**$ 250.00**

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)---------->	$ 125.00
Minimum negotiated charge amount (87.1%) ---------->	$ 217.75
Maximum negotiated charge amount (95%) ---------->	$ 237.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 237.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 232.50
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 237.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 217.75
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 110.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 250.00

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CMS-Specified Shoppable Service

Clinic

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

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NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
SPECIALTY CLINIC				
4740808	**PSYCH 60 MIN**			
4740808	PSYCH 60 MIN	90837	900	$ 450.00
			Total of Standard Charges:	**$ 450.00**

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)---------->	$ 225.00
Minimum negotiated charge amount (87.1%) ---------->	$ 391.95
Maximum negotiated charge amount (95%) ---------->	$ 427.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 427.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 427.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 427.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 418.50
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 427.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 391.95
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.00
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.00
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.00
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 198.00
All other insurances - non-negotiated charge amount (100%) ---------->	$ 450.00

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CMS-Specified Shoppable Service

Clinic

Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
SPECIALTY CLINIC				
4740847	**PSYCH FAMILY 1HR**			
4740847	PSYCH FAMILY 1HR	90847	900	$ 390.00
			Total of Standard Charges:	**$ 390.00**

CMS-Specified Shoppable Service

Clinic

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (50% of charges, if balance is paid in full)---------->	$ 195.00
Minimum negotiated charge amount (87.1%) ---------->	$ 339.69
Maximum negotiated charge amount (95%) ---------->	$ 370.50
Anthem Blue Cross - All Plans - negotiated charge amount (95%) ---------->	$ 370.50
Hometown Health - All Plans - negotiated charge amount (95%) ---------->	$ 370.50
Prominence - All Plans - negotiated charge amount (95%) ---------->	$ 370.50
Silver Summit - All Plans - negotiated charge amount (93%) ---------->	$ 362.70
United Healthcare/UMR - All Plans - negotiated charge amount (95%) ------->	$ 370.50
Aetna - All Plans - negotiated charge amount (87.1%) ---------->	$ 339.69
OP - Aetna - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 171.60
OP - Optumcare - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 171.60
OP - Humana - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 171.60
OP - Healthplan Nevada/Sierra Health and Life - W/ Med Adv. - negotiated charge amount (44%) ---------->	$ 171.60
All other insurances - non-negotiated charge amount (100%) ---------->	$ 390.00

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Mt. Grant General Hospital -- PATIENT DISCOUNT PROGRAMS

For insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit

Mt. Grant General Hospital

Shoppable Services Report - Table II
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge

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
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities
460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)
470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)
473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).
743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)
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 insurance in the Inpatient setting with Medicare Advntage, the insurance will pay up to $2526 per day, regardless of charges.

NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit