

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

<u>Shoppable Service</u>	<u>Primary Service and Ancillary Services</u>	<u>CPT Code <OR> HCPCS Code</u>	<u>Revenue Code</u>	<u>Standard Charge</u>
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INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

Available Rooms and Rates

10000	ISOLATION ROOM		202	\$ 1,500.00
10001	TELEMETRY ROOM		219	\$ 1,200.00
10002	ACUTE ROOM		121	\$ 1,200.00
10011	SWG/SNF		100	\$ 1,000.00
99221	** ProFee ** INITIAL IP CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM	99221	984	\$ 213.15
99222	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM	99222	987	\$ 348.60
99223	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99223	984	\$ 485.10
99238	** ProFee ** IP DISCHARGE, 30 MIN OR LESS	99238	987	\$ 351.75

Room and Board

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

10060 INCISION/DRAINAGE OF ABSCESS SIMPLE OR SINGLE

10060	** ProFee **	INCISION/DRAINAGE OF ABSCESS SIMPLE OR SINGLE	10060	981	\$ 346.50
10061	** ProFee **	INCISION/DRAINAGE ABSCESS COMP/MULTIPLE	10061	981	\$ 501.90
455006		EMER ROOM - LEVEL 2	99282	450	\$ 378.00
Total of Standard Charges:					\$ 1,226.40

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 981.12
Minimum negotiated charge amount (93%) ----->	\$ 1,140.55
Maximum negotiated charge amount (95%) ----->	\$ 1,165.08
Aetna - negotiated charge amount (93%) ----->	\$ 1,140.55
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,165.08
Cigna - negotiated charge amount (95%) ----->	\$ 1,165.08
CDS - negotiated charge amount (95%) ----->	\$ 1,165.08
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,226.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

10120 INCISION & REMOVAL OF F/B SUB/TISSUE SIMPLE

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

10120	** ProFee **	INCISION & REMOVAL OF F/B SUB/TISSUE SIMPLE	10120	981	\$ 277.20
10121	** ProFee **	INCISION & REMOVAL OF F/B SUB/TISSUE COMPLICATED	10121	981	\$ 574.35
				Total of Standard Charges:	\$ 851.55

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 681.24
Minimum negotiated charge amount (93%) ----->	\$ 791.94
Maximum negotiated charge amount (95%) ----->	\$ 808.97
Aetna - negotiated charge amount (93%) ----->	\$ 791.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 808.97
Cigna - negotiated charge amount (95%) ----->	\$ 808.97
CDS - negotiated charge amount (95%) ----->	\$ 808.97
All other insurances - non-negotiated charge amount (100%) ----->	\$ 851.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

11200 REMOVAL OF SKIN TAGS UP TO 15

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

11200	** ProFee **	REMOVAL OF SKIN TAGS UP TO 15	11200	981	\$ 183.75
				Total of Standard Charges:	\$ 183.75

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 147.00
Minimum negotiated charge amount (93%) ----->	\$ 170.89
Maximum negotiated charge amount (95%) ----->	\$ 174.56
Aetna - negotiated charge amount (93%) ----->	\$ 170.89
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 174.56
Cigna - negotiated charge amount (95%) ----->	\$ 174.56
CDS - negotiated charge amount (95%) ----->	\$ 174.56
All other insurances - non-negotiated charge amount (100%) ----->	\$ 183.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

11400 EXCISION BENIGN LESION .5CM OR LESS TRNK

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

11400	** ProFee **	EXCISION BENIGN LESION .5CM OR LESS TRNK	11400	981	\$ 288.75
11402	** ProFee **	EXCISION BENIGN LESION 1.1 TO 2.0 CM	11402	981	\$ 525.00

Total of Standard Charges: \$ 813.75

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 651.00
Minimum negotiated charge amount (93%) ----->	\$ 756.79
Maximum negotiated charge amount (95%) ----->	\$ 773.06
Aetna - negotiated charge amount (93%) ----->	\$ 756.79
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 773.06
Cigna - negotiated charge amount (95%) ----->	\$ 773.06
CDS - negotiated charge amount (95%) ----->	\$ 773.06
All other insurances - non-negotiated charge amount (100%) ----->	\$ 813.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

11730 NAIL AVULSION PART/COM/SIM

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

11730	** ProFee **	NAIL AVULSION PART/COM/SIM	11730	981	\$ 269.85
11732	** ProFee **	NAIL PLATE AVULSION EA ADDITIONAL	11732	981	\$ 152.25

Total of Standard Charges: \$ 422.10

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 337.68
Minimum negotiated charge amount (93%) ----->	\$ 392.55
Maximum negotiated charge amount (95%) ----->	\$ 401.00
Aetna - negotiated charge amount (93%) ----->	\$ 392.55
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 401.00
Cigna - negotiated charge amount (95%) ----->	\$ 401.00
CDS - negotiated charge amount (95%) ----->	\$ 401.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 422.10

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Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

11740 EVACUATION SUBUNGUAL HEMATOMA

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

11740	** ProFee **	EVACUATION SUBUNGUAL HEMATOMA	11740	981	\$ 171.15
Total of Standard Charges:					\$ 171.15

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 136.92
Minimum negotiated charge amount (93%) ----->	\$ 159.17
Maximum negotiated charge amount (95%) ----->	\$ 162.59
Aetna - negotiated charge amount (93%) ----->	\$ 159.17
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 162.59
Cigna - negotiated charge amount (95%) ----->	\$ 162.59
CDS - negotiated charge amount (95%) ----->	\$ 162.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 171.15

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Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

11750 NAIL EXCISION/PERM REMOVAL

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

11750	** ProFee **	NAIL EXCISION/PERM REMOVAL	11750	981	\$ 437.85
				Total of Standard Charges:	\$ 437.85

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 350.28
Minimum negotiated charge amount (93%) ----->	\$ 407.20
Maximum negotiated charge amount (95%) ----->	\$ 415.96
Aetna - negotiated charge amount (93%) ----->	\$ 407.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 415.96
Cigna - negotiated charge amount (95%) ----->	\$ 415.96
CDS - negotiated charge amount (95%) ----->	\$ 415.96
All other insurances - non-negotiated charge amount (100%) ----->	\$ 437.85

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

12001 WOUND REPAIR SIMPLE 2.5 OR LESS

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

12001	** ProFee **	WOUND REPAIR SIMPLE 2.5 OR LESS	12001	981	\$ 299.25
12004	** ProFee **	WOUND REPAIR SIMPLE 7.6-12.5 CM	12004	981	\$ 550.20
12005	** ProFee **	WOUND REPAIR SIMPLE 12.6-20.0 CM	12005	981	\$ 495.60
455006		EMER ROOM - LEVEL 2	99282	450	\$ 378.00

Total of Standard Charges: \$ 1,723.05

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 1,378.44
Minimum negotiated charge amount (93%)	\$ 1,602.44
Maximum negotiated charge amount (95%)	\$ 1,636.90
Aetna - negotiated charge amount (93%)	\$ 1,602.44
Anthem Blue Cross - negotiated charge amount (95%)	\$ 1,636.90
Cigna - negotiated charge amount (95%)	\$ 1,636.90
CDS - negotiated charge amount (95%)	\$ 1,636.90
All other insurances - non-negotiated charge amount (100%)	\$ 1,723.05

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

12011 WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS/LPS 2.5 CM<

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

12011	** ProFee **	WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS/LPS 2.5 CM<	12011	981	\$ 472.50
12013	** ProFee **	WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS 2.6-5.0 CM	12013	981	\$ 402.15
12014	** ProFee **	WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS 5.1-7.5 CM	12014	981	\$ 523.95
455006		EMER ROOM - LEVEL 2	99282	450	\$ 378.00

Total of Standard Charges: \$ 1,776.60

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 1,421.28
Minimum negotiated charge amount (93%)	\$ 1,652.24
Maximum negotiated charge amount (95%)	\$ 1,687.77
Aetna - negotiated charge amount (93%)	\$ 1,652.24
Anthem Blue Cross - negotiated charge amount (95%)	\$ 1,687.77
Cigna - negotiated charge amount (95%)	\$ 1,687.77
CDS - negotiated charge amount (95%)	\$ 1,687.77
All other insurances - non-negotiated charge amount (100%)	\$ 1,776.60

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

12031 WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 2.5CM OR LESS

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

12031	** ProFee **	WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 2.5CM OR LESS	12031	981	\$ 457.80
12032	** ProFee **	WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 2.6CM -7.5CM	12032	981	\$ 519.75
12034	** ProFee **	WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 7.6CM - 12.5CM	12034	981	\$ 555.45
12035	** ProFee **	WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 12.6CM - 20.0CM	12035	981	\$ 708.75
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 2,806.65

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 2,245.32
Minimum negotiated charge amount (93%) ----->	\$ 2,610.18
Maximum negotiated charge amount (95%) ----->	\$ 2,666.32
Aetna - negotiated charge amount (93%) ----->	\$ 2,610.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,666.32
Cigna - negotiated charge amount (95%) ----->	\$ 2,666.32
CDS - negotiated charge amount (95%) ----->	\$ 2,666.32
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,806.65

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

12041 WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.5CM OR LESS

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

12041	** ProFee **	WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.5CM OR LESS	12041	981	\$ 443.10
12042	** ProFee **	WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.6CM - 5.0CM	12042	981	\$ 526.05
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 1,534.05

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,227.24
Minimum negotiated charge amount (93%) ----->	\$ 1,426.67
Maximum negotiated charge amount (95%) ----->	\$ 1,457.35
Aetna - negotiated charge amount (93%) ----->	\$ 1,426.67
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,457.35
Cigna - negotiated charge amount (95%) ----->	\$ 1,457.35
CDS - negotiated charge amount (95%) ----->	\$ 1,457.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,534.05

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

12051 REPAIR INTERM FACE/EARS/EYELIDS/NOSE/LIPS 2.5CM OR LESS

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

12051	** ProFee **	REPAIR INTERM FACE/EARS/EYELIDS/NOSE/LIPS 2.5CM OR LESS	12051	981	\$ 496.65
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 1,061.55

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 849.24
Minimum negotiated charge amount (93%) ----->	\$ 987.24
Maximum negotiated charge amount (95%) ----->	\$ 1,008.47
Aetna - negotiated charge amount (93%) ----->	\$ 987.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,008.47
Cigna - negotiated charge amount (95%) ----->	\$ 1,008.47
CDS - negotiated charge amount (95%) ----->	\$ 1,008.47
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,061.55

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

13100 REPAIR, COMPLEX, TRUNK 1.1CM -2.5CM

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

13100	** ProFee **	REPAIR, COMPLEX, TRUNK 1.1CM -2.5CM	13100	981	\$ 840.00
13101	** ProFee **	REPAIR, COMPLEX, TRUNK 2.6CM - 7.5CM	13101	981	\$ 937.65
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 2,342.55

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,874.04
Minimum negotiated charge amount (93%) ----->	\$ 2,178.57
Maximum negotiated charge amount (95%) ----->	\$ 2,225.42
Aetna - negotiated charge amount (93%) ----->	\$ 2,178.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,225.42
Cigna - negotiated charge amount (95%) ----->	\$ 2,225.42
CDS - negotiated charge amount (95%) ----->	\$ 2,225.42
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,342.55

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

20552 INJ SINGLE OR MULTIPLE (1-2) TRIGGER POINT

20552	** ProFee **	INJ SINGLE OR MULTIPLE (1-2) TRIGGER POINT	20552	981	\$ 176.40
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90
99283	** ProFee **	ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM	99283	981	\$ 424.20
Total of Standard Charges:					\$ 1,165.50

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 932.40
Minimum negotiated charge amount (93%) ----->	\$ 1,083.92
Maximum negotiated charge amount (95%) ----->	\$ 1,107.23
Aetna - negotiated charge amount (93%) ----->	\$ 1,083.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,107.23
Cigna - negotiated charge amount (95%) ----->	\$ 1,107.23
CDS - negotiated charge amount (95%) ----->	\$ 1,107.23
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,165.50

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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

20605 INJ/ASPIRATION/ARTHROCENTESIS/INTERMED W/O GUID

20605	** ProFee **	INJ/ASPIRATION/ARTHROCENTESIS/INTERMED W/O GUID	20605	981	\$ 232.05
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90
99283	** ProFee **	ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM	99283	981	\$ 424.20
Total of Standard Charges:					\$ 1,221.15

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 976.92
Minimum negotiated charge amount (93%) ----->	\$ 1,135.67
Maximum negotiated charge amount (95%) ----->	\$ 1,160.09
Aetna - negotiated charge amount (93%) ----->	\$ 1,135.67
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,160.09
Cigna - negotiated charge amount (95%) ----->	\$ 1,160.09
CDS - negotiated charge amount (95%) ----->	\$ 1,160.09
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,221.15

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Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

23500 CLSD TX CLAVICAL FX W/O MANIP

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

23500	** ProFee **	CLSD TX CLAVICAL FX W/O MANIP	23500	981	\$ 877.80
455008		EMER ROOM - LEVEL 4	99284	450	\$ 883.05

Total of Standard Charges: \$ 1,760.85

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,408.68
Minimum negotiated charge amount (93%) ----->	\$ 1,637.59
Maximum negotiated charge amount (95%) ----->	\$ 1,672.81
Aetna - negotiated charge amount (93%) ----->	\$ 1,637.59
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,672.81
Cigna - negotiated charge amount (95%) ----->	\$ 1,672.81
CDS - negotiated charge amount (95%) ----->	\$ 1,672.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,760.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

24640 CLSD TX RADIAL HEAD SUBLUX/NURSEMAID - CHILD W/MANIP

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

24640	** ProFee **	CLSD TX RADIAL HEAD SUBLUX/NURSEMAID - CHILD W/MANIP	24640	981	\$ 430.50
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 995.40

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 796.32
Minimum negotiated charge amount (93%) ----->	\$ 925.72
Maximum negotiated charge amount (95%) ----->	\$ 945.63
Aetna - negotiated charge amount (93%) ----->	\$ 925.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 945.63
Cigna - negotiated charge amount (95%) ----->	\$ 945.63
CDS - negotiated charge amount (95%) ----->	\$ 945.63
All other insurances - non-negotiated charge amount (100%) ----->	\$ 995.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

29065 APPLICATION CAST; SHOULDER TO HAND (LONG ARM)

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

29065	** ProFee **	APPLICATION CAST; SHOULDER TO HAND (LONG ARM)	29065	981	\$ 352.80
29075	** ProFee **	APPLICATION CAST; ELBOW TO FINGER (SHORT ARM)	29075	981	\$ 320.25
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 1,237.95

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 990.36
Minimum negotiated charge amount (93%) ----->	\$ 1,151.29
Maximum negotiated charge amount (95%) ----->	\$ 1,176.05
Aetna - negotiated charge amount (93%) ----->	\$ 1,151.29
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,176.05
Cigna - negotiated charge amount (95%) ----->	\$ 1,176.05
CDS - negotiated charge amount (95%) ----->	\$ 1,176.05
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,237.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

29505 APPLICATION LONG LEG SPLINT (THIGH TO ANKLE/TOES)

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

29505	** ProFee **	APPLICATION LONG LEG SPLINT (THIGH TO ANKLE/TOES)	29505	981	\$ 256.20
29515	** ProFee **	APPLICATION SHORT LEG SPLINT (CALF TO FOOT)	29515	981	\$ 263.55
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90
Total of Standard Charges:					\$ 1,084.65

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 867.72
Minimum negotiated charge amount (93%) ----->	\$ 1,008.72
Maximum negotiated charge amount (95%) ----->	\$ 1,030.42
Aetna - negotiated charge amount (93%) ----->	\$ 1,008.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,030.42
Cigna - negotiated charge amount (95%) ----->	\$ 1,030.42
CDS - negotiated charge amount (95%) ----->	\$ 1,030.42
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,084.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

30300 RMVL FB, INTRANASAL; OFFICE TYPE PROC

30300	** ProFee ** RMVL FB, INTRANASAL; OFFICE TYPE PROC	30300	981	\$ 577.50
455006	EMER ROOM - LEVEL 2	99282	450	\$ 378.00

Total of Standard Charges: \$ 955.50

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 764.40
Minimum negotiated charge amount (93%)	\$ 888.62
Maximum negotiated charge amount (95%)	\$ 907.73
Aetna - negotiated charge amount (93%)	\$ 888.62
Anthem Blue Cross - negotiated charge amount (95%)	\$ 907.73
Cigna - negotiated charge amount (95%)	\$ 907.73
CDS - negotiated charge amount (95%)	\$ 907.73
All other insurances - non-negotiated charge amount (100%)	\$ 955.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

30901 CONTRL NASAL HEMOORHAGE, ANTERIOR, SIMPLE

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

30901	** ProFee **	CONTRL NASAL HEMOORHAGE, ANTERIOR, SIMPLE	30901	981	\$ 307.65
30903	** ProFee **	CONTRL NASAL HEMORRHAGE, ANTERIOR, COMPLEX	30903	981	\$ 358.05
30905	** ProFee **	CONTRL NASAL HEMORRHAGE, POSTERIOR, INITIAL	30905	981	\$ 346.50
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90

Total of Standard Charges: \$ 1,577.10

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 1,261.68
Minimum negotiated charge amount (93%)	\$ 1,466.70
Maximum negotiated charge amount (95%)	\$ 1,498.25
Aetna - negotiated charge amount (93%)	\$ 1,466.70
Anthem Blue Cross - negotiated charge amount (95%)	\$ 1,498.25
Cigna - negotiated charge amount (95%)	\$ 1,498.25
CDS - negotiated charge amount (95%)	\$ 1,498.25
All other insurances - non-negotiated charge amount (100%)	\$ 1,577.10

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

31500 INTUBATION, ENDOTRACHEAL, EMERGENCY

An E/M facility fee <and/or> an E/M professional fee could be added, depending on the situation

31500	** ProFee **	INTUBATION, ENDOTRACHEAL, EMERGENCY	31500	981	\$ 618.45
				Total of Standard Charges:	\$ 618.45

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 494.76
Minimum negotiated charge amount (93%) ----->	\$ 575.16
Maximum negotiated charge amount (95%) ----->	\$ 587.53
Aetna - negotiated charge amount (93%) ----->	\$ 575.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 587.53
Cigna - negotiated charge amount (95%) ----->	\$ 587.53
CDS - negotiated charge amount (95%) ----->	\$ 587.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 618.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388008 CBC/WORK PHYS

388008	CBC/WORK PHYS	85025	300	\$ 20.48
			Total of Standard Charges:	\$ 20.48

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 16.38
Minimum negotiated charge amount (93%) ----->	\$ 19.05
Maximum negotiated charge amount (95%) ----->	\$ 19.46
Aetna - negotiated charge amount (93%) ----->	\$ 19.05
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 19.46
Cigna - negotiated charge amount (95%) ----->	\$ 19.46
CDS - negotiated charge amount (95%) ----->	\$ 19.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 20.48

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388009 CHEM PANEL 14/WORK PHYSICAL

388009	CHEM PANEL 14/WORK PHYSICAL	80053	301	\$ 30.98
Total of Standard Charges:				\$ 30.98

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 24.78
Minimum negotiated charge amount (93%) ----->	\$ 28.81
Maximum negotiated charge amount (95%) ----->	\$ 29.43
Aetna - negotiated charge amount (93%) ----->	\$ 28.81
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.43
Cigna - negotiated charge amount (95%) ----->	\$ 29.43
CDS - negotiated charge amount (95%) ----->	\$ 29.43
All other insurances - non-negotiated charge amount (100%) ----->	\$ 30.98

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388014 CHOLESEROL/WORK PHYSICAL

388014	CHOLESEROL/WORK PHYSICAL	301	\$ 22.58
Total of Standard Charges:			\$ 22.58

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 18.06
Minimum negotiated charge amount (93%) ----->	\$ 21.00
Maximum negotiated charge amount (95%) ----->	\$ 21.45
Aetna - negotiated charge amount (93%) ----->	\$ 21.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 21.45
Cigna - negotiated charge amount (95%) ----->	\$ 21.45
CDS - negotiated charge amount (95%) ----->	\$ 21.45
All other insurances - non-negotiated charge amount (100%) ----->	\$ 22.58

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388015 UA MICRO PHYSICAL

388015	UA MICRO PHYSICAL		81003	307	\$ 18.90
Total of Standard Charges:					\$ 18.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 15.12
Minimum negotiated charge amount (93%) ----->		\$ 17.58
Maximum negotiated charge amount (95%) ----->		\$ 17.96
Aetna - negotiated charge amount (93%) ----->		\$ 17.58
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 17.96
Cigna - negotiated charge amount (95%) ----->		\$ 17.96
CDS - negotiated charge amount (95%) ----->		\$ 17.96
All other insurances - non-negotiated charge amount (100%) ----->		\$ 18.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388016 TRIGLYCERIDES/WORK PHYS

388016	TRIGLYCERIDES/WORK PHYS	84478	301	\$ 26.25
			Total of Standard Charges:	\$ 26.25

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 21.00
Minimum negotiated charge amount (93%) ----->	\$ 24.41
Maximum negotiated charge amount (95%) ----->	\$ 24.94
Aetna - negotiated charge amount (93%) ----->	\$ 24.41
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 24.94
Cigna - negotiated charge amount (95%) ----->	\$ 24.94
CDS - negotiated charge amount (95%) ----->	\$ 24.94
All other insurances - non-negotiated charge amount (100%) ----->	\$ 26.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

388017 LIPID PANEL PRE-EMPLOYMENT

388017	LIPID PANEL PRE-EMPLOYMENT	80061	300	\$ 30.98
			Total of Standard Charges:	\$ 30.98

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 24.78
Minimum negotiated charge amount (93%) ----->	\$ 28.81
Maximum negotiated charge amount (95%) ----->	\$ 29.43
Aetna - negotiated charge amount (93%) ----->	\$ 28.81
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.43
Cigna - negotiated charge amount (95%) ----->	\$ 29.43
CDS - negotiated charge amount (95%) ----->	\$ 29.43
All other insurances - non-negotiated charge amount (100%) ----->	\$ 30.98

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

418011 SPIROMETRY W/ BRONCHODILATION

418011	SPIROMETRY W/ BRONCHODILATION	94060	460	\$ 273.00
Total of Standard Charges:				\$ 273.00

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 218.40
Minimum negotiated charge amount (93%) ----->	\$ 253.89
Maximum negotiated charge amount (95%) ----->	\$ 259.35
Aetna - negotiated charge amount (93%) ----->	\$ 253.89
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 259.35
Cigna - negotiated charge amount (95%) ----->	\$ 259.35
CDS - negotiated charge amount (95%) ----->	\$ 259.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 273.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455006 EMER ROOM - LEVEL 2

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455006	EMER ROOM - LEVEL 2	99282	450	\$ 378.00
			Total of Standard Charges:	\$ 378.00

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 302.40
Minimum negotiated charge amount (93%) ----->	\$ 351.54
Maximum negotiated charge amount (95%) ----->	\$ 359.10
Aetna - negotiated charge amount (93%) ----->	\$ 351.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 359.10
Cigna - negotiated charge amount (95%) ----->	\$ 359.10
CDS - negotiated charge amount (95%) ----->	\$ 359.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 378.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455007 EMER ROOM - LEVEL 3

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455007	EMER ROOM - LEVEL 3	99283	450	\$ 564.90
			Total of Standard Charges:	\$ 564.90

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 451.92
Minimum negotiated charge amount (93%) ----->	\$ 525.36
Maximum negotiated charge amount (95%) ----->	\$ 536.66
Aetna - negotiated charge amount (93%) ----->	\$ 525.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 536.66
Cigna - negotiated charge amount (95%) ----->	\$ 536.66
CDS - negotiated charge amount (95%) ----->	\$ 536.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 564.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455008 EMER ROOM - LEVEL 4

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455008	EMER ROOM - LEVEL 4	99284	450	\$ 883.05
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Total of Standard Charges: \$ 883.05

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 706.44
Minimum negotiated charge amount (93%)	\$ 821.24
Maximum negotiated charge amount (95%)	\$ 838.90
Aetna - negotiated charge amount (93%)	\$ 821.24
Anthem Blue Cross - negotiated charge amount (95%)	\$ 838.90
Cigna - negotiated charge amount (95%)	\$ 838.90
CDS - negotiated charge amount (95%)	\$ 838.90
All other insurances - non-negotiated charge amount (100%)	\$ 883.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455009 EMER ROOM - LEVEL 5

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455009	EMER ROOM - LEVEL 5	99285	450	\$ 1,303.05
			Total of Standard Charges:	\$ 1,303.05

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,042.44
Minimum negotiated charge amount (93%) ----->	\$ 1,211.84
Maximum negotiated charge amount (95%) ----->	\$ 1,237.90
Aetna - negotiated charge amount (93%) ----->	\$ 1,211.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,237.90
Cigna - negotiated charge amount (95%) ----->	\$ 1,237.90
CDS - negotiated charge amount (95%) ----->	\$ 1,237.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,303.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455013 CRITICAL CARE - 1ST HOUR

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455013	CRITICAL CARE - 1ST HOUR	99291	450	\$ 1,896.30
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Total of Standard Charges: \$ 1,896.30

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,517.04
Minimum negotiated charge amount (93%) ----->	\$ 1,763.56
Maximum negotiated charge amount (95%) ----->	\$ 1,801.49
Aetna - negotiated charge amount (93%) ----->	\$ 1,763.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,801.49
Cigna - negotiated charge amount (95%) ----->	\$ 1,801.49
CDS - negotiated charge amount (95%) ----->	\$ 1,801.49
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,896.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

455014 CRITICAL CARE EA AD 30 MINUTE

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

455014	CRITICAL CARE EA AD 30 MINUTE	99292	450	\$ 480.90
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Total of Standard Charges: \$ 480.90

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 384.72
Minimum negotiated charge amount (93%) ----->	\$ 447.24
Maximum negotiated charge amount (95%) ----->	\$ 456.86
Aetna - negotiated charge amount (93%) ----->	\$ 447.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 456.86
Cigna - negotiated charge amount (95%) ----->	\$ 456.86
CDS - negotiated charge amount (95%) ----->	\$ 456.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 480.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

488001 CHEST XRAY 1V WRK PHYS

488001 CHEST XRAY 1V WRK PHYS

324

\$ 99.75

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 99.75

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 (80% of charges) ----->	\$ 79.80
Minimum negotiated charge amount (93%) ----->	\$ 92.77
Maximum negotiated charge amount (95%) ----->	\$ 94.76
Aetna - negotiated charge amount (93%) ----->	\$ 92.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 94.76
Cigna - negotiated charge amount (95%) ----->	\$ 94.76
CDS - negotiated charge amount (95%) ----->	\$ 94.76
All other insurances - non-negotiated charge amount (100%) ----->	\$ 99.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

488002 CHEST XRAY 2V WRK PHYS

488002 CHEST XRAY 2V WRK PHYS

324

\$ 126.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 126.00

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 (80% of charges) ----->	\$ 100.80
Minimum negotiated charge amount (93%) ----->	\$ 117.18
Maximum negotiated charge amount (95%) ----->	\$ 119.70
Aetna - negotiated charge amount (93%) ----->	\$ 117.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 119.70
Cigna - negotiated charge amount (95%) ----->	\$ 119.70
CDS - negotiated charge amount (95%) ----->	\$ 119.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 126.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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Shoppable Service	Primary Service and Ancillary Services
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

488003 L SPINE 2 V WORK PHYS

488003	L SPINE 2 V WORK PHYS	324	\$ 73.50
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)			
Total of Standard Charges:			\$ 73.50

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 (80% of charges) ----->	\$ 58.80
Minimum negotiated charge amount (93%) ----->	\$ 68.36
Maximum negotiated charge amount (95%) ----->	\$ 69.83
Aetna - negotiated charge amount (93%) ----->	\$ 68.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 69.83
Cigna - negotiated charge amount (95%) ----->	\$ 69.83
CDS - negotiated charge amount (95%) ----->	\$ 69.83
All other insurances - non-negotiated charge amount (100%) ----->	\$ 73.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

58301 REMOVAL INTRAUTERINE DEVICE (IUD)

58301	** ProFee **	REMOVAL INTRAUTERINE DEVICE (IUD)	58301	981	\$ 226.80
				Total of Standard Charges:	\$ 226.80

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 181.44
Minimum negotiated charge amount (93%) ----->	\$ 210.92
Maximum negotiated charge amount (95%) ----->	\$ 215.46
Aetna - negotiated charge amount (93%) ----->	\$ 210.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 215.46
Cigna - negotiated charge amount (95%) ----->	\$ 215.46
CDS - negotiated charge amount (95%) ----->	\$ 215.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 226.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

588002 EKG WRK PHYS

588002 EKG WRK PHYS

730 \$ 78.75

Total of Standard Charges: \$ 78.75

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 63.00
Minimum negotiated charge amount (93%) ----->	\$ 73.24
Maximum negotiated charge amount (95%) ----->	\$ 74.81
Aetna - negotiated charge amount (93%) ----->	\$ 73.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 74.81
Cigna - negotiated charge amount (95%) ----->	\$ 74.81
CDS - negotiated charge amount (95%) ----->	\$ 74.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 78.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

69200 REMOVAL FB EXTERNAL AUDITORY CANAL, W/O GENERAL ANESTH

A FACILITY FEE will be added

69200	** ProFee **	REMOVAL FB EXTERNAL AUDITORY CANAL, W/O GENERAL ANESTH	69200	981	\$ 310.80
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Total of Standard Charges: \$ 310.80

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 248.64
Minimum negotiated charge amount (93%)	\$ 289.04
Maximum negotiated charge amount (95%)	\$ 295.26
Aetna - negotiated charge amount (93%)	\$ 289.04
Anthem Blue Cross - negotiated charge amount (95%)	\$ 295.26
Cigna - negotiated charge amount (95%)	\$ 295.26
CDS - negotiated charge amount (95%)	\$ 295.26
All other insurances - non-negotiated charge amount (100%)	\$ 310.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

69209 REMOVAL IMPACTED CERUMEN, IRRIGA/LAVAGE, UNILAT

A FACILITY FEE will be added

69209	** ProFee **	REMOVAL IMPACTED CERUMEN, IRRIGA/LAVAGE, UNILAT	69209	981	\$ 47.25
Total of Standard Charges:					\$ 47.25

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 37.80
Minimum negotiated charge amount (93%) ----->	\$ 43.94
Maximum negotiated charge amount (95%) ----->	\$ 44.89
Aetna - negotiated charge amount (93%) ----->	\$ 43.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 44.89
Cigna - negotiated charge amount (95%) ----->	\$ 44.89
CDS - negotiated charge amount (95%) ----->	\$ 44.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 47.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70450 CT HEAD OR BRAIN W/O CONTRAST

70450	CT HEAD OR BRAIN W/O CONTRAST	70450	351	\$ 1,642.20
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,642.20

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 (80% of charges) ----->	\$ 1,313.76
Minimum negotiated charge amount (93%) ----->	\$ 1,527.25
Maximum negotiated charge amount (95%) ----->	\$ 1,560.09
Aetna - negotiated charge amount (93%) ----->	\$ 1,527.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,560.09
Cigna - negotiated charge amount (95%) ----->	\$ 1,560.09
CDS - negotiated charge amount (95%) ----->	\$ 1,560.09
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,642.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70460 CT HEAD OR BRAIN W/CONTRAST

70460	CT HEAD OR BRAIN W/CONTRAST	70460	351	\$ 2,244.90
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 2,244.90

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 (80% of charges) ----->	\$ 1,795.92
Minimum negotiated charge amount (93%) ----->	\$ 2,087.76
Maximum negotiated charge amount (95%) ----->	\$ 2,132.66
Aetna - negotiated charge amount (93%) ----->	\$ 2,087.76
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,132.66
Cigna - negotiated charge amount (95%) ----->	\$ 2,132.66
CDS - negotiated charge amount (95%) ----->	\$ 2,132.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,244.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70470 CT HEAD W & W/O CONTRAST

70470	CT HEAD W & W/O CONTRAST	70470	351	\$ 2,699.55
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,699.55

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 (80% of charges) ----->	\$ 2,159.64
Minimum negotiated charge amount (93%) ----->	\$ 2,510.58
Maximum negotiated charge amount (95%) ----->	\$ 2,564.57
Aetna - negotiated charge amount (93%) ----->	\$ 2,510.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,564.57
Cigna - negotiated charge amount (95%) ----->	\$ 2,564.57
CDS - negotiated charge amount (95%) ----->	\$ 2,564.57
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,699.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70486 CT MAXILLOFACIAL AREA W/O CONT

70486	CT MAXILLOFACIAL AREA W/O CONT	70486	351	\$ 2,002.35
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,002.35

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 (80% of charges) ----->	\$ 1,601.88
Minimum negotiated charge amount (93%) ----->	\$ 1,862.19
Maximum negotiated charge amount (95%) ----->	\$ 1,902.23
Aetna - negotiated charge amount (93%) ----->	\$ 1,862.19
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,902.23
Cigna - negotiated charge amount (95%) ----->	\$ 1,902.23
CDS - negotiated charge amount (95%) ----->	\$ 1,902.23
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,002.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70487 CT MAXILLOFACIAL AREA W/CONTRAST

70487	CT MAXILLOFACIAL AREA W/CONTRAST	70487	351	\$ 1,905.75
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,905.75

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 (80% of charges) ----->	\$ 1,524.60
Minimum negotiated charge amount (93%) ----->	\$ 1,772.35
Maximum negotiated charge amount (95%) ----->	\$ 1,810.46
Aetna - negotiated charge amount (93%) ----->	\$ 1,772.35
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,810.46
Cigna - negotiated charge amount (95%) ----->	\$ 1,810.46
CDS - negotiated charge amount (95%) ----->	\$ 1,810.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,905.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70490 CT SOFT TISSUE NECK W/O CONTRAST

70490	CT SOFT TISSUE NECK W/O CONTRAST	70490	351	\$ 2,718.45
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,718.45

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 (80% of charges) ----->	\$ 2,174.76
Minimum negotiated charge amount (93%) ----->	\$ 2,528.16
Maximum negotiated charge amount (95%) ----->	\$ 2,582.53
Aetna - negotiated charge amount (93%) ----->	\$ 2,528.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,582.53
Cigna - negotiated charge amount (95%) ----->	\$ 2,582.53
CDS - negotiated charge amount (95%) ----->	\$ 2,582.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,718.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70496 CTA HEAD W/WO CONTRAST

70496	CTA HEAD W/WO CONTRAST	70496	351	\$ 3,361.05
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 3,361.05

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 (80% of charges) ----->	\$ 2,688.84
Minimum negotiated charge amount (93%) ----->	\$ 3,125.78
Maximum negotiated charge amount (95%) ----->	\$ 3,193.00
Aetna - negotiated charge amount (93%) ----->	\$ 3,125.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,193.00
Cigna - negotiated charge amount (95%) ----->	\$ 3,193.00
CDS - negotiated charge amount (95%) ----->	\$ 3,193.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,361.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70498 CTA NECK W/WO CONTRAST

70498 CTA NECK W/WO CONTRAST

70498

351

\$ 3,425.10

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 3,425.10

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 (80% of charges) ----->	\$ 2,740.08
Minimum negotiated charge amount (93%) ----->	\$ 3,185.34
Maximum negotiated charge amount (95%) ----->	\$ 3,253.85
Aetna - negotiated charge amount (93%) ----->	\$ 3,185.34
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,253.85
Cigna - negotiated charge amount (95%) ----->	\$ 3,253.85
CDS - negotiated charge amount (95%) ----->	\$ 3,253.85
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,425.10

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

70553 MRI BRAIN INCLD STEM W &W/O CONTRAST

70553	MRI BRAIN INCLD STEM W &W/O CONTRAST	70553	611	\$ 3,521.70
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 3,521.70

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 (80% of charges) ----->	\$ 2,817.36
Minimum negotiated charge amount (93%) ----->	\$ 3,275.18
Maximum negotiated charge amount (95%) ----->	\$ 3,345.62
Aetna - negotiated charge amount (93%) ----->	\$ 3,275.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,345.62
Cigna - negotiated charge amount (95%) ----->	\$ 3,345.62
CDS - negotiated charge amount (95%) ----->	\$ 3,345.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,521.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

71045 CHEST SINGLE VIEW

71045	CHEST SINGLE VIEW	71045	324	\$ 236.25
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 236.25

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 (80% of charges) ----->	\$ 189.00
Minimum negotiated charge amount (93%) ----->	\$ 219.71
Maximum negotiated charge amount (95%) ----->	\$ 224.44
Aetna - negotiated charge amount (93%) ----->	\$ 219.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 224.44
Cigna - negotiated charge amount (95%) ----->	\$ 224.44
CDS - negotiated charge amount (95%) ----->	\$ 224.44
All other insurances - non-negotiated charge amount (100%) ----->	\$ 236.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

71046 CHEST TWO VIEWS

71046 CHEST TWO VIEWS

71046

324

\$ 306.60

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 306.60

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 (80% of charges) ----->	\$ 245.28
Minimum negotiated charge amount (93%) ----->	\$ 285.14
Maximum negotiated charge amount (95%) ----->	\$ 291.27
Aetna - negotiated charge amount (93%) ----->	\$ 285.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 291.27
Cigna - negotiated charge amount (95%) ----->	\$ 291.27
CDS - negotiated charge amount (95%) ----->	\$ 291.27
All other insurances - non-negotiated charge amount (100%) ----->	\$ 306.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

71100 RIBS, UNILATERAL 2 VIEWS

71100 RIBS, UNILATERAL 2 VIEWS

71100

320

\$ 331.80

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 331.80

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 (80% of charges) ----->

\$ 265.44

Minimum negotiated charge amount (93%) ----->

\$ 308.57

Maximum negotiated charge amount (95%) ----->

\$ 315.21

Aetna - negotiated charge amount (93%) ----->

\$ 308.57

Anthem Blue Cross - negotiated charge amount (95%) ----->

\$ 315.21

Cigna - negotiated charge amount (95%) ----->

\$ 315.21

CDS - negotiated charge amount (95%) ----->

\$ 315.21

All other insurances - non-negotiated charge amount (100%) ----->

\$ 331.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72040 SPINE, CERVICAL 2 OR 3 VIEWS

72040	SPINE, CERVICAL 2 OR 3 VIEWS	72040	320	\$ 364.35
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 364.35

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 (80% of charges) ----->	\$ 291.48
Minimum negotiated charge amount (93%) ----->	\$ 338.85
Maximum negotiated charge amount (95%) ----->	\$ 346.13
Aetna - negotiated charge amount (93%) ----->	\$ 338.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 346.13
Cigna - negotiated charge amount (95%) ----->	\$ 346.13
CDS - negotiated charge amount (95%) ----->	\$ 346.13
All other insurances - non-negotiated charge amount (100%) ----->	\$ 364.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72052 SPINE, CERVICAL 6 OR MORE VIEW

72052	SPINE, CERVICAL 6 OR MORE VIEW	72052	320	\$ 601.65
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 601.65

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 (80% of charges) ----->	\$ 481.32
Minimum negotiated charge amount (93%) ----->	\$ 559.53
Maximum negotiated charge amount (95%) ----->	\$ 571.57
Aetna - negotiated charge amount (93%) ----->	\$ 559.53
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 571.57
Cigna - negotiated charge amount (95%) ----->	\$ 571.57
CDS - negotiated charge amount (95%) ----->	\$ 571.57
All other insurances - non-negotiated charge amount (100%) ----->	\$ 601.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72070 SPINE, THORACIC 2 VIEWS AP,LAT

72070	SPINE, THORACIC 2 VIEWS AP,LAT	72070	320	\$ 339.15
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 339.15

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 (80% of charges) ----->	\$ 271.32
Minimum negotiated charge amount (93%) ----->	\$ 315.41
Maximum negotiated charge amount (95%) ----->	\$ 322.19
Aetna - negotiated charge amount (93%) ----->	\$ 315.41
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 322.19
Cigna - negotiated charge amount (95%) ----->	\$ 322.19
CDS - negotiated charge amount (95%) ----->	\$ 322.19
All other insurances - non-negotiated charge amount (100%) ----->	\$ 339.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72074 SPINE, THORACIC MIN 4 VIEWS

72074	SPINE, THORACIC MIN 4 VIEWS	72074	320	\$ 451.50
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 451.50

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 (80% of charges) ----->	\$ 361.20
Minimum negotiated charge amount (93%) ----->	\$ 419.90
Maximum negotiated charge amount (95%) ----->	\$ 428.93
Aetna - negotiated charge amount (93%) ----->	\$ 419.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 428.93
Cigna - negotiated charge amount (95%) ----->	\$ 428.93
CDS - negotiated charge amount (95%) ----->	\$ 428.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 451.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72100 SPINE, LUMBOSACRAL 2 OR 3 VIEW

72100	SPINE, LUMBOSACRAL 2 OR 3 VIEW	72100	320	\$ 498.75
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 498.75

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 (80% of charges) ----->	\$ 399.00
Minimum negotiated charge amount (93%) ----->	\$ 463.84
Maximum negotiated charge amount (95%) ----->	\$ 473.81
Aetna - negotiated charge amount (93%) ----->	\$ 463.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 473.81
Cigna - negotiated charge amount (95%) ----->	\$ 473.81
CDS - negotiated charge amount (95%) ----->	\$ 473.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 498.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72110 SPINE LUMBOSACRAL MIN 4 VIEWS

72110 SPINE LUMBOSACRAL MIN 4 VIEWS

72110

320

\$ 498.75

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 498.75

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

X-Ray

Self-pay/Cash Price (80% of charges) ----->	\$ 399.00
Minimum negotiated charge amount (93%) ----->	\$ 463.84
Maximum negotiated charge amount (95%) ----->	\$ 473.81
Aetna - negotiated charge amount (93%) ----->	\$ 463.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 473.81
Cigna - negotiated charge amount (95%) ----->	\$ 473.81
CDS - negotiated charge amount (95%) ----->	\$ 473.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 498.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72141 MRI SPINAL CANAL/CONTENTS:CERVICAL W/O CONTRAST

72141 MRI SPINAL CANAL/CONTENTS:CERVICAL W/O CONTRAST

72141

612

\$ 2,508.45

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,508.45

MRI

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 2,006.76
Minimum negotiated charge amount (93%) ----->	\$ 2,332.86
Maximum negotiated charge amount (95%) ----->	\$ 2,383.03
Aetna - negotiated charge amount (93%) ----->	\$ 2,332.86
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,383.03
Cigna - negotiated charge amount (95%) ----->	\$ 2,383.03
CDS - negotiated charge amount (95%) ----->	\$ 2,383.03
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,508.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service **Primary Service and Ancillary Services**

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72147 MRI SPINAL CANAL/CONTENTS:THORACIC W/CONTRAST

72147	MRI SPINAL CANAL/CONTENTS:THORACIC W/CONTRAST	72147	612	\$ 2,623.95
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 2,623.95

MRI

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 2,099.16
Minimum negotiated charge amount (93%) ----->	\$ 2,440.27
Maximum negotiated charge amount (95%) ----->	\$ 2,492.75
Aetna - negotiated charge amount (93%) ----->	\$ 2,440.27
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,492.75
Cigna - negotiated charge amount (95%) ----->	\$ 2,492.75
CDS - negotiated charge amount (95%) ----->	\$ 2,492.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,623.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72148 MRI LUMBAR SPINE W/O CONTRAST

72148 MRI LUMBAR SPINE W/O CONTRAST

72148

612

\$ 2,476.95

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,476.95

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

MRI

Self-pay/Cash Price (80% of charges) ----->	\$ 1,981.56
Minimum negotiated charge amount (93%) ----->	\$ 2,303.56
Maximum negotiated charge amount (95%) ----->	\$ 2,353.10
Aetna - negotiated charge amount (93%) ----->	\$ 2,303.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,353.10
Cigna - negotiated charge amount (95%) ----->	\$ 2,353.10
CDS - negotiated charge amount (95%) ----->	\$ 2,353.10
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,476.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72149 MRI LUMBAR SPINE W/CONTRAST

72149 MRI LUMBAR SPINE W/CONTRAST

72149

612

\$ 2,637.60

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,637.60

MRI

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 2,110.08
Minimum negotiated charge amount (93%) ----->	\$ 2,452.97
Maximum negotiated charge amount (95%) ----->	\$ 2,505.72
Aetna - negotiated charge amount (93%) ----->	\$ 2,452.97
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,505.72
Cigna - negotiated charge amount (95%) ----->	\$ 2,505.72
CDS - negotiated charge amount (95%) ----->	\$ 2,505.72
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,637.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

72193 CT PELVIS W/CONTRAST

72193	CT PELVIS W/CONTRAST	72193	352	\$ 3,135.30
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 3,135.30

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 (80% of charges) ----->	\$ 2,508.24
Minimum negotiated charge amount (93%) ----->	\$ 2,915.83
Maximum negotiated charge amount (95%) ----->	\$ 2,978.54
Aetna - negotiated charge amount (93%) ----->	\$ 2,915.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,978.54
Cigna - negotiated charge amount (95%) ----->	\$ 2,978.54
CDS - negotiated charge amount (95%) ----->	\$ 2,978.54
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,135.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73030 SHOULDER,COMPLETE 2VW MIN

73030 SHOULDER,COMPLETE 2VW MIN

73030 320 \$ 315.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 315.00

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 (80% of charges) ----->	\$ 252.00
Minimum negotiated charge amount (93%) ----->	\$ 292.95
Maximum negotiated charge amount (95%) ----->	\$ 299.25
Aetna - negotiated charge amount (93%) ----->	\$ 292.95
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 299.25
Cigna - negotiated charge amount (95%) ----->	\$ 299.25
CDS - negotiated charge amount (95%) ----->	\$ 299.25
All other insurances - non-negotiated charge amount (100%) ----->	\$ 315.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73060 HUMERUS, MIN 2 VIEWS

73060 HUMERUS, MIN 2 VIEWS

73060

320

\$ 294.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 294.00

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 (80% of charges) ----->	\$ 235.20
Minimum negotiated charge amount (93%) ----->	\$ 273.42
Maximum negotiated charge amount (95%) ----->	\$ 279.30
Aetna - negotiated charge amount (93%) ----->	\$ 273.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 279.30
Cigna - negotiated charge amount (95%) ----->	\$ 279.30
CDS - negotiated charge amount (95%) ----->	\$ 279.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 294.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73070 ELBOW, LIMITED/ 2 VIEWS

73070	ELBOW, LIMITED/ 2 VIEWS	73070	320	\$ 286.65
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 286.65

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 (80% of charges) ----->	\$ 229.32
Minimum negotiated charge amount (93%) ----->	\$ 266.58
Maximum negotiated charge amount (95%) ----->	\$ 272.32
Aetna - negotiated charge amount (93%) ----->	\$ 266.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 272.32
Cigna - negotiated charge amount (95%) ----->	\$ 272.32
CDS - negotiated charge amount (95%) ----->	\$ 272.32
All other insurances - non-negotiated charge amount (100%) ----->	\$ 286.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73080 ELBOW, COMPLETE MIN 3 VIEWS

73080 ELBOW, COMPLETE MIN 3 VIEWS

73080

320

\$ 340.20

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 340.20

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 (80% of charges) ----->	\$ 272.16
Minimum negotiated charge amount (93%) ----->	\$ 316.39
Maximum negotiated charge amount (95%) ----->	\$ 323.19
Aetna - negotiated charge amount (93%) ----->	\$ 316.39
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 323.19
Cigna - negotiated charge amount (95%) ----->	\$ 323.19
CDS - negotiated charge amount (95%) ----->	\$ 323.19
All other insurances - non-negotiated charge amount (100%) ----->	\$ 340.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73090 FOREARM 2 VIEWS

73090 FOREARM 2 VIEWS

73090 320 \$ 283.50

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 283.50

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 (80% of charges) ----->	\$ 226.80
Minimum negotiated charge amount (93%) ----->	\$ 263.66
Maximum negotiated charge amount (95%) ----->	\$ 269.33
Aetna - negotiated charge amount (93%) ----->	\$ 263.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 269.33
Cigna - negotiated charge amount (95%) ----->	\$ 269.33
CDS - negotiated charge amount (95%) ----->	\$ 269.33
All other insurances - non-negotiated charge amount (100%) ----->	\$ 283.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73110 WRIST - COMPLETE MIN 3 VIEWS

73110	WRIST - COMPLETE MIN 3 VIEWS	73110	320	\$ 383.25
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 383.25

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 (80% of charges) ----->	\$ 306.60
Minimum negotiated charge amount (93%) ----->	\$ 356.42
Maximum negotiated charge amount (95%) ----->	\$ 364.09
Aetna - negotiated charge amount (93%) ----->	\$ 356.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 364.09
Cigna - negotiated charge amount (95%) ----->	\$ 364.09
CDS - negotiated charge amount (95%) ----->	\$ 364.09
All other insurances - non-negotiated charge amount (100%) ----->	\$ 383.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73120 HAND, LIMITED/ 2 VIEWS

73120	HAND, LIMITED/ 2 VIEWS	73120	320	\$ 279.30
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 279.30

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 (80% of charges) ----->	\$ 223.44
Minimum negotiated charge amount (93%) ----->	\$ 259.75
Maximum negotiated charge amount (95%) ----->	\$ 265.34
Aetna - negotiated charge amount (93%) ----->	\$ 259.75
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 265.34
Cigna - negotiated charge amount (95%) ----->	\$ 265.34
CDS - negotiated charge amount (95%) ----->	\$ 265.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 279.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73140 FINGERS MIN 2 VIEWS

73140	FINGERS MIN 2 VIEWS	73140	320	\$ 302.40
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
		Total of Standard Charges:		\$ 302.40

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 (80% of charges) ----->	\$ 241.92
Minimum negotiated charge amount (93%) ----->	\$ 281.23
Maximum negotiated charge amount (95%) ----->	\$ 287.28
Aetna - negotiated charge amount (93%) ----->	\$ 281.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 287.28
Cigna - negotiated charge amount (95%) ----->	\$ 287.28
CDS - negotiated charge amount (95%) ----->	\$ 287.28
All other insurances - non-negotiated charge amount (100%) ----->	\$ 302.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73221 MRI ANY JOINT/UPPER EXTREM W/O

73221 MRI ANY JOINT/UPPER EXTREM W/O

73221

614

\$ 2,354.10

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,354.10

MRI

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,883.28
Minimum negotiated charge amount (93%) ----->	\$ 2,189.31
Maximum negotiated charge amount (95%) ----->	\$ 2,236.40
Aetna - negotiated charge amount (93%) ----->	\$ 2,189.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,236.40
Cigna - negotiated charge amount (95%) ----->	\$ 2,236.40
CDS - negotiated charge amount (95%) ----->	\$ 2,236.40
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,354.10

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73502 HIP UNILATER W/PELVIS 2-3V

73502 HIP UNILATER W/PELVIS 2-3V

73502

320

\$ 400.05

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 400.05

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 (80% of charges) ----->	\$ 320.04
Minimum negotiated charge amount (93%) ----->	\$ 372.05
Maximum negotiated charge amount (95%) ----->	\$ 380.05
Aetna - negotiated charge amount (93%) ----->	\$ 372.05
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 380.05
Cigna - negotiated charge amount (95%) ----->	\$ 380.05
CDS - negotiated charge amount (95%) ----->	\$ 380.05
All other insurances - non-negotiated charge amount (100%) ----->	\$ 400.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73521 HIP BILATERAL PELVIS 2 VWS

73521 HIP BILATERAL PELVIS 2 VWS

73521 320 \$ 421.05

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 421.05

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 (80% of charges) ----->	\$ 336.84
Minimum negotiated charge amount (93%) ----->	\$ 391.58
Maximum negotiated charge amount (95%) ----->	\$ 400.00
Aetna - negotiated charge amount (93%) ----->	\$ 391.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 400.00
Cigna - negotiated charge amount (95%) ----->	\$ 400.00
CDS - negotiated charge amount (95%) ----->	\$ 400.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 421.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73610 ANKLE COMPLETE MIN 3 VIEW

73610 ANKLE COMPLETE MIN 3 VIEW

73610

320

\$ 340.20

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 340.20

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 (80% of charges) ----->	\$ 272.16
Minimum negotiated charge amount (93%) ----->	\$ 316.39
Maximum negotiated charge amount (95%) ----->	\$ 323.19
Aetna - negotiated charge amount (93%) ----->	\$ 316.39
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 323.19
Cigna - negotiated charge amount (95%) ----->	\$ 323.19
CDS - negotiated charge amount (95%) ----->	\$ 323.19
All other insurances - non-negotiated charge amount (100%) ----->	\$ 340.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73630 FOOT, COMPLETE MIN 3 VIEWS

73630 FOOT, COMPLETE MIN 3 VIEWS

73630

320

\$ 318.15

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 318.15

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 (80% of charges) ----->	\$ 254.52
Minimum negotiated charge amount (93%) ----->	\$ 295.88
Maximum negotiated charge amount (95%) ----->	\$ 302.24
Aetna - negotiated charge amount (93%) ----->	\$ 295.88
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 302.24
Cigna - negotiated charge amount (95%) ----->	\$ 302.24
CDS - negotiated charge amount (95%) ----->	\$ 302.24
All other insurances - non-negotiated charge amount (100%) ----->	\$ 318.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

73721 MRI JNT OF LWR EXTRE W/O CONTR

73721 MRI JNT OF LWR EXTRE W/O CONTR

73721

614

\$ 2,612.40

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 2,612.40

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

MRI

Self-pay/Cash Price (80% of charges) -----> \$ 2,089.92

Minimum negotiated charge amount (93%) -----> \$ 2,429.53

Maximum negotiated charge amount (95%) -----> \$ 2,481.78

Aetna - negotiated charge amount (93%) -----> \$ 2,429.53

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 2,481.78

Cigna - negotiated charge amount (95%) -----> \$ 2,481.78

CDS - negotiated charge amount (95%) -----> \$ 2,481.78

All other insurances - non-negotiated charge amount (100%) -----> \$ 2,612.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74019 ABDOMEN 2 VIEWS

74019	ABDOMEN 2 VIEWS	74019	320	\$ 392.70
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 392.70

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 (80% of charges) ----->	\$ 314.16
Minimum negotiated charge amount (93%) ----->	\$ 365.21
Maximum negotiated charge amount (95%) ----->	\$ 373.07
Aetna - negotiated charge amount (93%) ----->	\$ 365.21
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 373.07
Cigna - negotiated charge amount (95%) ----->	\$ 373.07
CDS - negotiated charge amount (95%) ----->	\$ 373.07
All other insurances - non-negotiated charge amount (100%) ----->	\$ 392.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74021 ABDOMEN 3V MINIMUM

74021 ABDOMEN 3V MINIMUM

74021 320 \$ 409.50

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 409.50

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 (80% of charges) ----->	\$ 327.60
Minimum negotiated charge amount (93%) ----->	\$ 380.84
Maximum negotiated charge amount (95%) ----->	\$ 389.03
Aetna - negotiated charge amount (93%) ----->	\$ 380.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 389.03
Cigna - negotiated charge amount (95%) ----->	\$ 389.03
CDS - negotiated charge amount (95%) ----->	\$ 389.03
All other insurances - non-negotiated charge amount (100%) ----->	\$ 409.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74022 ABDOMEN SERIES 2V W/1V CXR

74022 ABDOMEN SERIES 2V W/1V CXR

74022

320

\$ 494.55

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 494.55

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 (80% of charges) ----->	\$ 395.64
Minimum negotiated charge amount (93%) ----->	\$ 459.93
Maximum negotiated charge amount (95%) ----->	\$ 469.82
Aetna - negotiated charge amount (93%) ----->	\$ 459.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 469.82
Cigna - negotiated charge amount (95%) ----->	\$ 469.82
CDS - negotiated charge amount (95%) ----->	\$ 469.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 494.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74176 CT ABDOMEN & PELVIS W/O CONTRAST

74176	CT ABDOMEN & PELVIS W/O CONTRAST	74176	352	\$ 2,869.65
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 2,869.65

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 (80% of charges) ----->	\$ 2,295.72
Minimum negotiated charge amount (93%) ----->	\$ 2,668.77
Maximum negotiated charge amount (95%) ----->	\$ 2,726.17
Aetna - negotiated charge amount (93%) ----->	\$ 2,668.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,726.17
Cigna - negotiated charge amount (95%) ----->	\$ 2,726.17
CDS - negotiated charge amount (95%) ----->	\$ 2,726.17
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,869.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74177 CT ABDOMEN & PELVIS W/CONTRAST

74177 CT ABDOMEN & PELVIS W/CONTRAST

74177

352

\$ 3,255.00

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 3,255.00

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

CMS-Specified Shoppable Service

CT Scan

Self-pay/Cash Price (80% of charges) ----->	\$ 2,604.00
Minimum negotiated charge amount (93%) ----->	\$ 3,027.15
Maximum negotiated charge amount (95%) ----->	\$ 3,092.25
Aetna - negotiated charge amount (93%) ----->	\$ 3,027.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,092.25
Cigna - negotiated charge amount (95%) ----->	\$ 3,092.25
CDS - negotiated charge amount (95%) ----->	\$ 3,092.25
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,255.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

74178 CT ABDOMEN & PELVIS W &W/O CONTRAST/1 BOT

74178	CT ABDOMEN & PELVIS W &W/O CONTRAST/1 BOT	74178	352	\$ 3,885.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 3,885.00

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 (80% of charges) ----->	\$ 3,108.00
Minimum negotiated charge amount (93%) ----->	\$ 3,613.05
Maximum negotiated charge amount (95%) ----->	\$ 3,690.75
Aetna - negotiated charge amount (93%) ----->	\$ 3,613.05
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,690.75
Cigna - negotiated charge amount (95%) ----->	\$ 3,690.75
CDS - negotiated charge amount (95%) ----->	\$ 3,690.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 3,885.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76604 ULTRASOUND SOFT TISSUE CHEST

76604	ULTRASOUND SOFT TISSUE CHEST	76604	402	\$ 828.45
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 828.45

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 662.76
Minimum negotiated charge amount (93%) ----->	\$ 770.46
Maximum negotiated charge amount (95%) ----->	\$ 787.03
Aetna - negotiated charge amount (93%) ----->	\$ 770.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 787.03
Cigna - negotiated charge amount (95%) ----->	\$ 787.03
CDS - negotiated charge amount (95%) ----->	\$ 787.03
All other insurances - non-negotiated charge amount (100%) ----->	\$ 828.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76700 ULTRASOUND ABDOMINAL REAL TIME

76700	ULTRASOUND ABDOMINAL REAL TIME	76700	402	\$ 968.10
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges: \$ 968.10

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 774.48
Minimum negotiated charge amount (93%) ----->	\$ 900.33
Maximum negotiated charge amount (95%) ----->	\$ 919.70
Aetna - negotiated charge amount (93%) ----->	\$ 900.33
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 919.70
Cigna - negotiated charge amount (95%) ----->	\$ 919.70
CDS - negotiated charge amount (95%) ----->	\$ 919.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 968.10

CMS-Specified Shoppable Service

Ultrasound

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76705 ULTRASOUND ABDOMINAL LIMITED/SINGLE ORGAN/QUAD, FOLLOW UP

76705	ULTRASOUND ABDOMINAL LIMITED/SINGLE ORGAN/QUAD, FOLLOW UP	76705	402	\$ 832.65
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 832.65

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 666.12
Minimum negotiated charge amount (93%) ----->	\$ 774.36
Maximum negotiated charge amount (95%) ----->	\$ 791.02
Aetna - negotiated charge amount (93%) ----->	\$ 774.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 791.02
Cigna - negotiated charge amount (95%) ----->	\$ 791.02
CDS - negotiated charge amount (95%) ----->	\$ 791.02
All other insurances - non-negotiated charge amount (100%) ----->	\$ 832.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76770 ULTRASOUND RENAL, AORTA, NODES, COMPLETE

76770 ULTRASOUND RENAL, AORTA, NODES, COMPLETE

76770

402

\$ 841.05

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 841.05

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 672.84
Minimum negotiated charge amount (93%) ----->	\$ 782.18
Maximum negotiated charge amount (95%) ----->	\$ 799.00
Aetna - negotiated charge amount (93%) ----->	\$ 782.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 799.00
Cigna - negotiated charge amount (95%) ----->	\$ 799.00
CDS - negotiated charge amount (95%) ----->	\$ 799.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 841.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76805 ULTRASOUND OB >14 WKS TRANSAB, FETAL/MATERNAL EVAL, SIBLE/FIRST GESTATION

76805	ULTRASOUND OB >14 WKS TRANSAB, FETAL/MATERNAL EVAL, SIBLE/FIRST GESTATION	76805	402	\$ 878.85
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 878.85

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 (80% of charges) ----->	\$ 703.08
Minimum negotiated charge amount (93%) ----->	\$ 817.33
Maximum negotiated charge amount (95%) ----->	\$ 834.91
Aetna - negotiated charge amount (93%) ----->	\$ 817.33
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 834.91
Cigna - negotiated charge amount (95%) ----->	\$ 834.91
CDS - negotiated charge amount (95%) ----->	\$ 834.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 878.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76810 ULTRASOUND OB>14 WKS TRANSAB FETAL/MATERNAL EVAL, EA ADDIT GESTATION

76810	ULTRASOUND OB>14 WKS TRANSAB FETAL/MATERNAL EVAL, EA ADDIT GESTATION	76810	402	\$ 579.60
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			Total of Standard Charges:	\$ 579.60

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 463.68
Minimum negotiated charge amount (93%) ----->	\$ 539.03
Maximum negotiated charge amount (95%) ----->	\$ 550.62
Aetna - negotiated charge amount (93%) ----->	\$ 539.03
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 550.62
Cigna - negotiated charge amount (95%) ----->	\$ 550.62
CDS - negotiated charge amount (95%) ----->	\$ 550.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 579.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76818 ULTRASOUND FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TEST

76818	ULTRASOUND FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TEST	76818	402	\$ 196.35
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 196.35

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 157.08
Minimum negotiated charge amount (93%) ----->	\$ 182.61
Maximum negotiated charge amount (95%) ----->	\$ 186.53
Aetna - negotiated charge amount (93%) ----->	\$ 182.61
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 186.53
Cigna - negotiated charge amount (95%) ----->	\$ 186.53
CDS - negotiated charge amount (95%) ----->	\$ 186.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 196.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
--------------------------------	--------------	-----------------

Shoppable Service	Primary Service and Ancillary Services
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76830 ULTRASOUND TRANSVAGINAL

76830	ULTRASOUND TRANSVAGINAL	76830	402	\$ 763.35
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 763.35

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 610.68
Minimum negotiated charge amount (93%) ----->	\$ 709.92
Maximum negotiated charge amount (95%) ----->	\$ 725.18
Aetna - negotiated charge amount (93%) ----->	\$ 709.92
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 725.18
Cigna - negotiated charge amount (95%) ----->	\$ 725.18
CDS - negotiated charge amount (95%) ----->	\$ 725.18
All other insurances - non-negotiated charge amount (100%) ----->	\$ 763.35

CMS-Specified Shoppable Service

Ultrasound

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

76856 ULTRASOUND PELVIC(NON OB) COMPLETE

76856 ULTRASOUND PELVIC(NON OB) COMPLETE

76856

402

\$ 869.40

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 869.40

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 695.52
Minimum negotiated charge amount (93%) ----->	\$ 808.54
Maximum negotiated charge amount (95%) ----->	\$ 825.93
Aetna - negotiated charge amount (93%) ----->	\$ 808.54
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 825.93
Cigna - negotiated charge amount (95%) ----->	\$ 825.93
CDS - negotiated charge amount (95%) ----->	\$ 825.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 869.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80048 CHEM 8/BASIC METABOLIC PANEL

80048	CHEM 8/BASIC METABOLIC PANEL	80048	301	\$ 135.45
Total of Standard Charges:				\$ 135.45

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 108.36
Minimum negotiated charge amount (93%) ----->	\$ 125.97
Maximum negotiated charge amount (95%) ----->	\$ 128.68
Aetna - negotiated charge amount (93%) ----->	\$ 125.97
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 128.68
Cigna - negotiated charge amount (95%) ----->	\$ 128.68
CDS - negotiated charge amount (95%) ----->	\$ 128.68
All other insurances - non-negotiated charge amount (100%) ----->	\$ 135.45

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80050 GENERAL HEALTH PANEL

80050	GENERAL HEALTH PANEL			
		80050	301	\$ 294.00
			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 (80% of charges) ----->	\$ 235.20
Minimum negotiated charge amount (93%) ----->	\$ 273.42
Maximum negotiated charge amount (95%) ----->	\$ 279.30
Aetna - negotiated charge amount (93%) ----->	\$ 273.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 279.30
Cigna - negotiated charge amount (95%) ----->	\$ 279.30
CDS - negotiated charge amount (95%) ----->	\$ 279.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 294.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80051 ELECTROLYTE PANEL BLOOD

80051	ELECTROLYTE PANEL BLOOD	80051	301	\$ 82.95
Total of Standard Charges:				\$ 82.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 66.36
Minimum negotiated charge amount (93%) ----->	\$ 77.14
Maximum negotiated charge amount (95%) ----->	\$ 78.80
Aetna - negotiated charge amount (93%) ----->	\$ 77.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 78.80
Cigna - negotiated charge amount (95%) ----->	\$ 78.80
CDS - negotiated charge amount (95%) ----->	\$ 78.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 82.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80053 CHEM 14/COMPREHENSIVE METABOLIC PANEL (CMP)

80053	CHEM 14/COMPREHENSIVE METABOLIC PANEL (CMP)	80053	300	\$ 149.10
			Total of Standard Charges:	\$ 149.10

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 119.28
Minimum negotiated charge amount (93%) ----->	\$ 138.66
Maximum negotiated charge amount (95%) ----->	\$ 141.65
Aetna - negotiated charge amount (93%) ----->	\$ 138.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 141.65
Cigna - negotiated charge amount (95%) ----->	\$ 141.65
CDS - negotiated charge amount (95%) ----->	\$ 141.65
All other insurances - non-negotiated charge amount (100%) ----->	\$ 149.10

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80061 LIMITED LIPID PROFILE

80061	LIMITED LIPID PROFILE	80061	301	\$ 139.65
8006190	LIMITED LIPID PROFILE	80061	301	\$ 139.65
Total of Standard Charges:				\$ 279.30

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 223.44
Minimum negotiated charge amount (93%) ----->	\$ 259.75
Maximum negotiated charge amount (95%) ----->	\$ 265.34
Aetna - negotiated charge amount (93%) ----->	\$ 259.75
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 265.34
Cigna - negotiated charge amount (95%) ----->	\$ 265.34
CDS - negotiated charge amount (95%) ----->	\$ 265.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 279.30

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80069 RENAL PANEL

80069	RENAL PANEL	80069	301	\$ 141.75
Total of Standard Charges:				\$ 141.75

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 113.40
Minimum negotiated charge amount (93%) ----->	\$ 131.83
Maximum negotiated charge amount (95%) ----->	\$ 134.66
Aetna - negotiated charge amount (93%) ----->	\$ 131.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 134.66
Cigna - negotiated charge amount (95%) ----->	\$ 134.66
CDS - negotiated charge amount (95%) ----->	\$ 134.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 141.75

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80076 HEPATIC FUNCTION PANEL

80076	HEPATIC FUNCTION PANEL			
		80076	301	\$ 100.80
			Total of Standard Charges:	\$ 100.80

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 80.64
Minimum negotiated charge amount (93%) ----->	\$ 93.74
Maximum negotiated charge amount (95%) ----->	\$ 95.76
Aetna - negotiated charge amount (93%) ----->	\$ 93.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 95.76
Cigna - negotiated charge amount (95%) ----->	\$ 95.76
CDS - negotiated charge amount (95%) ----->	\$ 95.76
All other insurances - non-negotiated charge amount (100%) ----->	\$ 100.80

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80164 ASSAY DIPROPYLACETIC ACID

80164	ASSAY DIPROPYLACETIC ACID	80164	301	\$ 197.40
			Total of Standard Charges:	\$ 197.40

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 157.92
Minimum negotiated charge amount (93%) ----->	\$ 183.58
Maximum negotiated charge amount (95%) ----->	\$ 187.53
Aetna - negotiated charge amount (93%) ----->	\$ 183.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 187.53
Cigna - negotiated charge amount (95%) ----->	\$ 187.53
CDS - negotiated charge amount (95%) ----->	\$ 187.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 197.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80185 DILANTIN

80185	DILANTIN		80185	301	\$ 184.80
				Total of Standard Charges:	\$ 184.80

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 147.84
Minimum negotiated charge amount (93%) ----->	\$ 171.86
Maximum negotiated charge amount (95%) ----->	\$ 175.56
Aetna - negotiated charge amount (93%) ----->	\$ 171.86
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 175.56
Cigna - negotiated charge amount (95%) ----->	\$ 175.56
CDS - negotiated charge amount (95%) ----->	\$ 175.56
All other insurances - non-negotiated charge amount (100%) ----->	\$ 184.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80202 VANCOMYCIN

80202	VANCOMYCIN		80202	301	\$ 194.25
Total of Standard Charges:					\$ 194.25

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 155.40
Minimum negotiated charge amount (93%) ----->	\$ 180.65
Maximum negotiated charge amount (95%) ----->	\$ 184.54
Aetna - negotiated charge amount (93%) ----->	\$ 180.65
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 184.54
Cigna - negotiated charge amount (95%) ----->	\$ 184.54
CDS - negotiated charge amount (95%) ----->	\$ 184.54
All other insurances - non-negotiated charge amount (100%) ----->	\$ 194.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80305 OTC DRUG SCREEN

80305	OTC DRUG SCREEN			
		80305	301	\$ 78.75
			Total of Standard Charges:	\$ 78.75

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 63.00
Minimum negotiated charge amount (93%) ----->	\$ 73.24
Maximum negotiated charge amount (95%) ----->	\$ 74.81
Aetna - negotiated charge amount (93%) ----->	\$ 73.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 74.81
Cigna - negotiated charge amount (95%) ----->	\$ 74.81
CDS - negotiated charge amount (95%) ----->	\$ 74.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 78.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80306 MEDTOX SCAN DRUG SCREEN OF ABU

80306	MEDTOX SCAN DRUG SCREEN OF ABU	80306	301	\$ 74.55
			Total of Standard Charges:	\$ 74.55

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 59.64
Minimum negotiated charge amount (93%) ----->	\$ 69.33
Maximum negotiated charge amount (95%) ----->	\$ 70.82
Aetna - negotiated charge amount (93%) ----->	\$ 69.33
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 70.82
Cigna - negotiated charge amount (95%) ----->	\$ 70.82
CDS - negotiated charge amount (95%) ----->	\$ 70.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 74.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80320 ETOH

80320	ETOH			
		80320	301	\$ 156.45
			Total of Standard Charges:	\$ 156.45

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 125.16
Minimum negotiated charge amount (93%) ----->	\$ 145.50
Maximum negotiated charge amount (95%) ----->	\$ 148.63
Aetna - negotiated charge amount (93%) ----->	\$ 145.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 148.63
Cigna - negotiated charge amount (95%) ----->	\$ 148.63
CDS - negotiated charge amount (95%) ----->	\$ 148.63
All other insurances - non-negotiated charge amount (100%) ----->	\$ 156.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

80329 SALICYLATE/ACETAMINOPHEN

80329	SALICYLATE/ACETAMINOPHEN	80329	301	\$ 88.20
			Total of Standard Charges:	\$ 88.20

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 70.56
Minimum negotiated charge amount (93%) ----->	\$ 82.03
Maximum negotiated charge amount (95%) ----->	\$ 83.79
Aetna - negotiated charge amount (93%) ----->	\$ 82.03
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 83.79
Cigna - negotiated charge amount (95%) ----->	\$ 83.79
CDS - negotiated charge amount (95%) ----->	\$ 83.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 88.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

81001 URINALYSIS AUTO W/SCOPE

81001	URINALYSIS AUTO W/SCOPE	81001	307	\$ 46.20
Total of Standard Charges:				\$ 46.20

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.96
Minimum negotiated charge amount (93%) ----->	\$ 42.97
Maximum negotiated charge amount (95%) ----->	\$ 43.89
Aetna - negotiated charge amount (93%) ----->	\$ 42.97
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 43.89
Cigna - negotiated charge amount (95%) ----->	\$ 43.89
CDS - negotiated charge amount (95%) ----->	\$ 43.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 46.20

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

81002 URINE KETONE,URINALYSIS W/O MI

81002	URINE KETONE,URINALYSIS W/O MI	81002	307	\$ 30.45
			Total of Standard Charges:	\$ 30.45

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 24.36
Minimum negotiated charge amount (93%) ----->	\$ 28.32
Maximum negotiated charge amount (95%) ----->	\$ 28.93
Aetna - negotiated charge amount (93%) ----->	\$ 28.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 28.93
Cigna - negotiated charge amount (95%) ----->	\$ 28.93
CDS - negotiated charge amount (95%) ----->	\$ 28.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 30.45

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

81003 URANALYSIS, AUTO, W/O SCOPE

81003	URANALYSIS, AUTO, W/O SCOPE	81003	307	\$ 33.60
			Total of Standard Charges:	\$ 33.60

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.88
Minimum negotiated charge amount (93%) ----->	\$ 31.25
Maximum negotiated charge amount (95%) ----->	\$ 31.92
Aetna - negotiated charge amount (93%) ----->	\$ 31.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 31.92
Cigna - negotiated charge amount (95%) ----->	\$ 31.92
CDS - negotiated charge amount (95%) ----->	\$ 31.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 33.60

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

81015 MICROSCOPIC ONLY

81015	MICROSCOPIC ONLY			
		81015	307	\$ 40.95
			Total of Standard Charges:	\$ 40.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 32.76
Minimum negotiated charge amount (93%) ----->	\$ 38.08
Maximum negotiated charge amount (95%) ----->	\$ 38.90
Aetna - negotiated charge amount (93%) ----->	\$ 38.08
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 38.90
Cigna - negotiated charge amount (95%) ----->	\$ 38.90
CDS - negotiated charge amount (95%) ----->	\$ 38.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 40.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

81025 PREGNANCY TEST * URINE *

81025	PREGNANCY TEST * URINE *			
		81025	307	\$ 36.75
			Total of Standard Charges:	\$ 36.75

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 29.40
Minimum negotiated charge amount (93%) ----->	\$ 34.18
Maximum negotiated charge amount (95%) ----->	\$ 34.91
Aetna - negotiated charge amount (93%) ----->	\$ 34.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 34.91
Cigna - negotiated charge amount (95%) ----->	\$ 34.91
CDS - negotiated charge amount (95%) ----->	\$ 34.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 36.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82075 BREATH ALCOHOL LEVEL

82075	BREATH ALCOHOL LEVEL	82075	300	\$ 184.00
Total of Standard Charges:				\$ 184.00

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 147.20
Minimum negotiated charge amount (93%) ----->	\$ 171.12
Maximum negotiated charge amount (95%) ----->	\$ 174.80
Aetna - negotiated charge amount (93%) ----->	\$ 171.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 174.80
Cigna - negotiated charge amount (95%) ----->	\$ 174.80
CDS - negotiated charge amount (95%) ----->	\$ 174.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 184.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82150 ASSAY OF AMYLASE

82150	ASSAY OF AMYLASE			
		82150	301	\$ 77.70
			Total of Standard Charges:	\$ 77.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 62.16
Minimum negotiated charge amount (93%) ----->	\$ 72.26
Maximum negotiated charge amount (95%) ----->	\$ 73.82
Aetna - negotiated charge amount (93%) ----->	\$ 72.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 73.82
Cigna - negotiated charge amount (95%) ----->	\$ 73.82
CDS - negotiated charge amount (95%) ----->	\$ 73.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 77.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82247 BILIRUBIN, TOTAL

82247	BILIRUBIN, TOTAL			
		82247	301	\$ 57.75
			Total of Standard Charges:	\$ 57.75

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 46.20
Minimum negotiated charge amount (93%) ----->	\$ 53.71
Maximum negotiated charge amount (95%) ----->	\$ 54.86
Aetna - negotiated charge amount (93%) ----->	\$ 53.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 54.86
Cigna - negotiated charge amount (95%) ----->	\$ 54.86
CDS - negotiated charge amount (95%) ----->	\$ 54.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 57.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82248 BILIRUBIN, DIRECT

82248	BILIRUBIN, DIRECT	82248	301	\$ 57.75
Total of Standard Charges:				\$ 57.75

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 46.20
Minimum negotiated charge amount (93%) ----->	\$ 53.71
Maximum negotiated charge amount (95%) ----->	\$ 54.86
Aetna - negotiated charge amount (93%) ----->	\$ 53.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 54.86
Cigna - negotiated charge amount (95%) ----->	\$ 54.86
CDS - negotiated charge amount (95%) ----->	\$ 54.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 57.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82270 OCCULT BLOOD, COLORECTAL NEOPL

82270	OCCULT BLOOD, COLORECTAL NEOPL	82270	301	\$ 39.90
			Total of Standard Charges:	\$ 39.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 31.92
Minimum negotiated charge amount (93%) ----->	\$ 37.11
Maximum negotiated charge amount (95%) ----->	\$ 37.91
Aetna - negotiated charge amount (93%) ----->	\$ 37.11
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 37.91
Cigna - negotiated charge amount (95%) ----->	\$ 37.91
CDS - negotiated charge amount (95%) ----->	\$ 37.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 39.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82271 TEST FOR BLOOD, OTHER SOURCE

82271	TEST FOR BLOOD, OTHER SOURCE	82271	301	\$ 36.75
			Total of Standard Charges:	\$ 36.75

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 29.40
Minimum negotiated charge amount (93%) ----->	\$ 34.18
Maximum negotiated charge amount (95%) ----->	\$ 34.91
Aetna - negotiated charge amount (93%) ----->	\$ 34.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 34.91
Cigna - negotiated charge amount (95%) ----->	\$ 34.91
CDS - negotiated charge amount (95%) ----->	\$ 34.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 36.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82272 BLOOD OCCULT, NOT COLORECTAL NEOP

82272	BLOOD OCCULT, NOT COLORECTAL NEOP	82272	301	\$ 45.15
			Total of Standard Charges:	\$ 45.15

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
CDS - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82310 CALCIUM; TOTAL

82310	CALCIUM; TOTAL			
		82310	301	\$ 53.55
			Total of Standard Charges:	\$ 53.55

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.84
Minimum negotiated charge amount (93%) ----->	\$ 49.80
Maximum negotiated charge amount (95%) ----->	\$ 50.87
Aetna - negotiated charge amount (93%) ----->	\$ 49.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 50.87
Cigna - negotiated charge amount (95%) ----->	\$ 50.87
CDS - negotiated charge amount (95%) ----->	\$ 50.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 53.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82550 ASSAY OF CREATINE KINASE

82550	ASSAY OF CREATINE KINASE	82550	301	\$ 84.00
			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 (80% of charges) ----->	\$ 67.20
Minimum negotiated charge amount (93%) ----->	\$ 78.12
Maximum negotiated charge amount (95%) ----->	\$ 79.80
Aetna - negotiated charge amount (93%) ----->	\$ 78.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 79.80
Cigna - negotiated charge amount (95%) ----->	\$ 79.80
CDS - negotiated charge amount (95%) ----->	\$ 79.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 84.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82553 CREATINE, MB FRACTION ONLY

82553	CREATINE, MB FRACTION ONLY	82553	301	\$ 142.80
			Total of Standard Charges:	\$ 142.80

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 114.24
Minimum negotiated charge amount (93%) ----->	\$ 132.80
Maximum negotiated charge amount (95%) ----->	\$ 135.66
Aetna - negotiated charge amount (93%) ----->	\$ 132.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 135.66
Cigna - negotiated charge amount (95%) ----->	\$ 135.66
CDS - negotiated charge amount (95%) ----->	\$ 135.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 142.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82565 ASSAY OF CREATININE BLOOD

82565	ASSAY OF CREATININE BLOOD	82565	301	\$ 75.60
			Total of Standard Charges:	\$ 75.60

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
CDS - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82575 CREATININE CLEARANCE TEST

82575	CREATININE CLEARANCE TEST			
		82575	301	\$ 124.95
			Total of Standard Charges:	\$ 124.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 99.96
Minimum negotiated charge amount (93%) ----->	\$ 116.20
Maximum negotiated charge amount (95%) ----->	\$ 118.70
Aetna - negotiated charge amount (93%) ----->	\$ 116.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 118.70
Cigna - negotiated charge amount (95%) ----->	\$ 118.70
CDS - negotiated charge amount (95%) ----->	\$ 118.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 124.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82800 GASES, BLOOD & PH ONLY

82800	GASES, BLOOD & PH ONLY			
		82800	301	\$ 181.65
			Total of Standard Charges:	\$ 181.65

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 145.32
Minimum negotiated charge amount (93%) ----->	\$ 168.93
Maximum negotiated charge amount (95%) ----->	\$ 172.57
Aetna - negotiated charge amount (93%) ----->	\$ 168.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 172.57
Cigna - negotiated charge amount (95%) ----->	\$ 172.57
CDS - negotiated charge amount (95%) ----->	\$ 172.57
All other insurances - non-negotiated charge amount (100%) ----->	\$ 181.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82803 ABG

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
82803	ABG	82803	300	\$ 275.10
Total of Standard Charges:				\$ 275.10

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 220.08
Minimum negotiated charge amount (93%) ----->	\$ 255.84
Maximum negotiated charge amount (95%) ----->	\$ 261.35
Aetna - negotiated charge amount (93%) ----->	\$ 255.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 261.35
Cigna - negotiated charge amount (95%) ----->	\$ 261.35
CDS - negotiated charge amount (95%) ----->	\$ 261.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 275.10

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82947 ASSAY, GLUCOSE, BLOOD QUANT

82947

ASSAY, GLUCOSE, BLOOD QUANT

82947

301

\$ 57.75

Total of Standard Charges:

\$ 57.75

Self-pay/Cash Price (80% of charges) -----> \$ 46.20

Minimum negotiated charge amount (93%) -----> \$ 53.71

Maximum negotiated charge amount (95%) -----> \$ 54.86

Aetna - negotiated charge amount (93%) -----> \$ 53.71

Anthem Blue Cross - negotiated charge amount (95%) -----> \$ 54.86

Cigna - negotiated charge amount (95%) -----> \$ 54.86

CDS - negotiated charge amount (95%) -----> \$ 54.86

All other insurances - non-negotiated charge amount (100%) -----> \$ 57.75

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82950 GLUCOSE TEST

82950	GLUCOSE TEST			
		82950	301	\$ 74.55
			Total of Standard Charges:	\$ 74.55

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 59.64
Minimum negotiated charge amount (93%) ----->	\$ 69.33
Maximum negotiated charge amount (95%) ----->	\$ 70.82
Aetna - negotiated charge amount (93%) ----->	\$ 69.33
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 70.82
Cigna - negotiated charge amount (95%) ----->	\$ 70.82
CDS - negotiated charge amount (95%) ----->	\$ 70.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 74.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

82951 GLUCOSE TOLERANCE-3HR (GTT)

82951	GLUCOSE TOLERANCE-3HR (GTT)	82951	301	\$ 130.20
82952	GTT -BEYOND THREE SPECIMENS	82952	301	\$ 57.75

Total of Standard Charges: \$ 187.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 150.36
Minimum negotiated charge amount (93%) ----->	\$ 174.79
Maximum negotiated charge amount (95%) ----->	\$ 178.55
Aetna - negotiated charge amount (93%) ----->	\$ 174.79
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 178.55
Cigna - negotiated charge amount (95%) ----->	\$ 178.55
CDS - negotiated charge amount (95%) ----->	\$ 178.55
All other insurances - non-negotiated charge amount (100%) ----->	\$ 187.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83036 GLYCOSYLATED HEMOGLOBIN TEST

83036	GLYCOSYLATED HEMOGLOBIN TEST	83036	301	\$ 90.30
			Total of Standard Charges:	\$ 90.30

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 72.24
Minimum negotiated charge amount (93%) ----->	\$ 83.98
Maximum negotiated charge amount (95%) ----->	\$ 85.79
Aetna - negotiated charge amount (93%) ----->	\$ 83.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 85.79
Cigna - negotiated charge amount (95%) ----->	\$ 85.79
CDS - negotiated charge amount (95%) ----->	\$ 85.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 90.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83525 Insulin Response to Glucose

Shoppable Service	Primary Service and Ancillary Services	CPT Code	Revenue Code	Standard Charge
6691	INSULIN RESPONSE TO GLUCOSE X6 SPECIMENS	83525	301	\$ 875.70
6693	INSULIN RESPONSE TO GLUCOSE X5 SPECIMENS	83525	301	\$ 729.75
6694	INSULIN RESPONSE TO GLUCOSE X4 SPECIMENS	83525	301	\$ 583.80
6695	INSULIN RESPONSE TO GLUCOSE X3 SPECIMENS	83525	301	\$ 494.55
6697	INSULIN RESPONSE TO GLUCOSE X2 SPECIMENS	83525	301	\$ 291.90

Total of Standard Charges: \$ 2,975.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges)	\$ 2,380.56
Minimum negotiated charge amount (93%)	\$ 2,767.40
Maximum negotiated charge amount (95%)	\$ 2,826.92
Aetna - negotiated charge amount (93%)	\$ 2,767.40
Anthem Blue Cross - negotiated charge amount (95%)	\$ 2,826.92
Cigna - negotiated charge amount (95%)	\$ 2,826.92
CDS - negotiated charge amount (95%)	\$ 2,826.92
All other insurances - non-negotiated charge amount (100%)	\$ 2,975.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83605 LACTIC ACID

83605	LACTIC ACID		83605	300	\$ 100.80
Total of Standard Charges:					\$ 100.80

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 80.64
Minimum negotiated charge amount (93%) ----->		\$ 93.74
Maximum negotiated charge amount (95%) ----->		\$ 95.76
Aetna - negotiated charge amount (93%) ----->		\$ 93.74
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 95.76
Cigna - negotiated charge amount (95%) ----->		\$ 95.76
CDS - negotiated charge amount (95%) ----->		\$ 95.76
All other insurances - non-negotiated charge amount (100%) ----->		\$ 100.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83690 LIPASE

83690	LIPASE		83690	301	\$ 84.00
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 (80% of charges) ----->		\$ 67.20
Minimum negotiated charge amount (93%) ----->		\$ 78.12
Maximum negotiated charge amount (95%) ----->		\$ 79.80
Aetna - negotiated charge amount (93%) ----->		\$ 78.12
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 79.80
Cigna - negotiated charge amount (95%) ----->		\$ 79.80
CDS - negotiated charge amount (95%) ----->		\$ 79.80
All other insurances - non-negotiated charge amount (100%) ----->		\$ 84.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83735 ASSAY OF MAGNESIUM

83735	ASSAY OF MAGNESIUM	83735	301	\$ 87.15
			Total of Standard Charges:	\$ 87.15

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 69.72
Minimum negotiated charge amount (93%) ----->	\$ 81.05
Maximum negotiated charge amount (95%) ----->	\$ 82.79
Aetna - negotiated charge amount (93%) ----->	\$ 81.05
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 82.79
Cigna - negotiated charge amount (95%) ----->	\$ 82.79
CDS - negotiated charge amount (95%) ----->	\$ 82.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 87.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83874 ASSAY OF MYOGLOBIN

83874	ASSAY OF MYOGLOBIN	83874	301	\$ 139.65
Total of Standard Charges:				\$ 139.65

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 111.72
Minimum negotiated charge amount (93%) ----->	\$ 129.87
Maximum negotiated charge amount (95%) ----->	\$ 132.67
Aetna - negotiated charge amount (93%) ----->	\$ 129.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 132.67
Cigna - negotiated charge amount (95%) ----->	\$ 132.67
CDS - negotiated charge amount (95%) ----->	\$ 132.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 139.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

83880 NATRIURETIC PEPTIDE

83880	NATRIURETIC PEPTIDE		83880	301	\$ 280.35
					Total of Standard Charges:
					\$ 280.35

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 224.28
Minimum negotiated charge amount (93%) ----->	\$ 260.73
Maximum negotiated charge amount (95%) ----->	\$ 266.33
Aetna - negotiated charge amount (93%) ----->	\$ 260.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 266.33
Cigna - negotiated charge amount (95%) ----->	\$ 266.33
CDS - negotiated charge amount (95%) ----->	\$ 266.33
All other insurances - non-negotiated charge amount (100%) ----->	\$ 280.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84132 ASSAY OF SERUM POTASSIUM

84132	ASSAY OF SERUM POTASSIUM	84132	301	\$ 51.45
			Total of Standard Charges:	\$ 51.45

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 41.16
Minimum negotiated charge amount (93%) ----->	\$ 47.85
Maximum negotiated charge amount (95%) ----->	\$ 48.88
Aetna - negotiated charge amount (93%) ----->	\$ 47.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 48.88
Cigna - negotiated charge amount (95%) ----->	\$ 48.88
CDS - negotiated charge amount (95%) ----->	\$ 48.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 51.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84153 ASSAY OF PSA, TOTAL

84153	ASSAY OF PSA, TOTAL			
		84153	301	\$ 153.30
			Total of Standard Charges:	\$ 153.30

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 122.64
Minimum negotiated charge amount (93%) ----->	\$ 142.57
Maximum negotiated charge amount (95%) ----->	\$ 145.64
Aetna - negotiated charge amount (93%) ----->	\$ 142.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 145.64
Cigna - negotiated charge amount (95%) ----->	\$ 145.64
CDS - negotiated charge amount (95%) ----->	\$ 145.64
All other insurances - non-negotiated charge amount (100%) ----->	\$ 153.30

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84155 ASSAY OF PROTEIN TOTAL

84155	ASSAY OF PROTEIN TOTAL			
		84155	301	\$ 53.55
			Total of Standard Charges:	\$ 53.55

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.84
Minimum negotiated charge amount (93%) ----->	\$ 49.80
Maximum negotiated charge amount (95%) ----->	\$ 50.87
Aetna - negotiated charge amount (93%) ----->	\$ 49.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 50.87
Cigna - negotiated charge amount (95%) ----->	\$ 50.87
CDS - negotiated charge amount (95%) ----->	\$ 50.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 53.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84165 PROTEIN E-PHOREISIS, SERUM

84165	PROTEIN E-PHOREISIS, SERUM		84165	301	\$ 109.20
Total of Standard Charges:					\$ 109.20

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 87.36
Minimum negotiated charge amount (93%) ----->	\$ 101.56
Maximum negotiated charge amount (95%) ----->	\$ 103.74
Aetna - negotiated charge amount (93%) ----->	\$ 101.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 103.74
Cigna - negotiated charge amount (95%) ----->	\$ 103.74
CDS - negotiated charge amount (95%) ----->	\$ 103.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 109.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84295 ASSAY OF SERUM SODIUM

84295	ASSAY OF SERUM SODIUM			
		84295	301	\$ 45.15
			Total of Standard Charges:	\$ 45.15

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
CDS - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84436 ASSAY OF TOTAL THYROXIN

84436	ASSAY OF TOTAL THYROXIN	84436	301	\$ 77.70
			Total of Standard Charges:	\$ 77.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 62.16
Minimum negotiated charge amount (93%) ----->	\$ 72.26
Maximum negotiated charge amount (95%) ----->	\$ 73.82
Aetna - negotiated charge amount (93%) ----->	\$ 72.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 73.82
Cigna - negotiated charge amount (95%) ----->	\$ 73.82
CDS - negotiated charge amount (95%) ----->	\$ 73.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 77.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84439 ASSAY OF FREE THYROXINE (FREE

84439	ASSAY OF FREE THYROXINE (FREE			
		84439	300	\$ 112.35
			Total of Standard Charges:	\$ 112.35

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 89.88
Minimum negotiated charge amount (93%) ----->	\$ 104.49
Maximum negotiated charge amount (95%) ----->	\$ 106.73
Aetna - negotiated charge amount (93%) ----->	\$ 104.49
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.73
Cigna - negotiated charge amount (95%) ----->	\$ 106.73
CDS - negotiated charge amount (95%) ----->	\$ 106.73
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84443 ASSAY THYROID STIM HORMONE

84443	ASSAY THYROID STIM HORMONE		84443	300	\$ 160.65
Total of Standard Charges:					\$ 160.65

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 128.52
Minimum negotiated charge amount (93%) ----->	\$ 149.40
Maximum negotiated charge amount (95%) ----->	\$ 152.62
Aetna - negotiated charge amount (93%) ----->	\$ 149.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 152.62
Cigna - negotiated charge amount (95%) ----->	\$ 152.62
CDS - negotiated charge amount (95%) ----->	\$ 152.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 160.65

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84450 TRANSFERASE (AST) (SGOT)

84450	TRANSFERASE (AST) (SGOT)	84450	301	\$ 52.50
			Total of Standard Charges:	\$ 52.50

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.00
Minimum negotiated charge amount (93%) ----->	\$ 48.83
Maximum negotiated charge amount (95%) ----->	\$ 49.88
Aetna - negotiated charge amount (93%) ----->	\$ 48.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 49.88
Cigna - negotiated charge amount (95%) ----->	\$ 49.88
CDS - negotiated charge amount (95%) ----->	\$ 49.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 52.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84460 ALANINE AMINO (ALT) (SGPT)

84460	ALANINE AMINO (ALT) (SGPT)			
		84460	301	\$ 59.85
			Total of Standard Charges:	\$ 59.85

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
CDS - negotiated charge amount (95%) ----->	\$ 56.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 59.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84479 ASSAY OF THYROID (T3 OR T4)

84479	ASSAY OF THYROID (T3 OR T4)			
		84479	301	\$ 92.40
			Total of Standard Charges:	\$ 92.40

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 73.92
Minimum negotiated charge amount (93%) ----->	\$ 85.93
Maximum negotiated charge amount (95%) ----->	\$ 87.78
Aetna - negotiated charge amount (93%) ----->	\$ 85.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 87.78
Cigna - negotiated charge amount (95%) ----->	\$ 87.78
CDS - negotiated charge amount (95%) ----->	\$ 87.78
All other insurances - non-negotiated charge amount (100%) ----->	\$ 92.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84480 TRIIODOTHYRONINE T3;TOTAL(TT-3

84480	TRIIODOTHYRONINE T3;TOTAL(TT-3			
		84480	301	\$ 123.90
			Total of Standard Charges:	\$ 123.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 99.12
Minimum negotiated charge amount (93%) ----->	\$ 115.23
Maximum negotiated charge amount (95%) ----->	\$ 117.71
Aetna - negotiated charge amount (93%) ----->	\$ 115.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 117.71
Cigna - negotiated charge amount (95%) ----->	\$ 117.71
CDS - negotiated charge amount (95%) ----->	\$ 117.71
All other insurances - non-negotiated charge amount (100%) ----->	\$ 123.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

Shoppable Services Report - Table II
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Use CTRL-F to SEARCH

CPT Code
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 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84484 ASSAY OF TROPONIN, QUANT

84484	ASSAY OF TROPONIN, QUANT			
		84484	301	\$ 140.70
			Total of Standard Charges:	\$ 140.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 112.56
Minimum negotiated charge amount (93%) ----->	\$ 130.85
Maximum negotiated charge amount (95%) ----->	\$ 133.67
Aetna - negotiated charge amount (93%) ----->	\$ 130.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 133.67
Cigna - negotiated charge amount (95%) ----->	\$ 133.67
CDS - negotiated charge amount (95%) ----->	\$ 133.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 140.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84520 ASSAY OF UREA NITROGEN (BUN)

84520	ASSAY OF UREA NITROGEN (BUN)	84520	301	\$ 59.85
			Total of Standard Charges:	\$ 59.85

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
CDS - negotiated charge amount (95%) ----->	\$ 56.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 59.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84550 ASSAY OF BLOOD/URIC ACID

84550	ASSAY OF BLOOD/URIC ACID	84550	301	\$ 59.85
			Total of Standard Charges:	\$ 59.85

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
CDS - negotiated charge amount (95%) ----->	\$ 56.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 59.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

84703 CHORIONIC GONADOTROPIN ASSAY -

84703	CHORIONIC GONADOTROPIN ASSAY -	84703	301	\$ 110.25
			Total of Standard Charges:	\$ 110.25

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 88.20
Minimum negotiated charge amount (93%) ----->	\$ 102.53
Maximum negotiated charge amount (95%) ----->	\$ 104.74
Aetna - negotiated charge amount (93%) ----->	\$ 102.53
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 104.74
Cigna - negotiated charge amount (95%) ----->	\$ 104.74
CDS - negotiated charge amount (95%) ----->	\$ 104.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 110.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85002 BLEEDING TIME TEST

85002	BLEEDING TIME TEST		85002	305	\$ 102.90
Total of Standard Charges:					\$ 102.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 82.32
Minimum negotiated charge amount (93%) ----->	\$ 95.70
Maximum negotiated charge amount (95%) ----->	\$ 97.76
Aetna - negotiated charge amount (93%) ----->	\$ 95.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 97.76
Cigna - negotiated charge amount (95%) ----->	\$ 97.76
CDS - negotiated charge amount (95%) ----->	\$ 97.76
All other insurances - non-negotiated charge amount (100%) ----->	\$ 102.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85014 HEMATOCRIT (HCT)

85014	HEMATOCRIT (HCT)	85014	305	\$ 33.60
Total of Standard Charges:				\$ 33.60

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 26.88
Minimum negotiated charge amount (93%) ----->		\$ 31.25
Maximum negotiated charge amount (95%) ----->		\$ 31.92
Aetna - negotiated charge amount (93%) ----->		\$ 31.25
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 31.92
Cigna - negotiated charge amount (95%) ----->		\$ 31.92
CDS - negotiated charge amount (95%) ----->		\$ 31.92
All other insurances - non-negotiated charge amount (100%) ----->		\$ 33.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85018 HEMOGLOBIN (HGB)

85018	HEMOGLOBIN (HGB)			
		85018	305	\$ 31.50
			Total of Standard Charges:	\$ 31.50

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 25.20
Minimum negotiated charge amount (93%) ----->	\$ 29.30
Maximum negotiated charge amount (95%) ----->	\$ 29.93
Aetna - negotiated charge amount (93%) ----->	\$ 29.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.93
Cigna - negotiated charge amount (95%) ----->	\$ 29.93
CDS - negotiated charge amount (95%) ----->	\$ 29.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 31.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85025 COMPLETE CBC W/AUTO DIFF WBC

85025	COMPLETE CBC W/AUTO DIFF WBC	85025	305	\$ 108.15
			Total of Standard Charges:	\$ 108.15

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 86.52
Minimum negotiated charge amount (93%) ----->	\$ 100.58
Maximum negotiated charge amount (95%) ----->	\$ 102.74
Aetna - negotiated charge amount (93%) ----->	\$ 100.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 102.74
Cigna - negotiated charge amount (95%) ----->	\$ 102.74
CDS - negotiated charge amount (95%) ----->	\$ 102.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 108.15

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85027 COMPLETE CBC, AUTOMATED

85027	COMPLETE CBC, AUTOMATED			
		85027	305	\$ 89.25
			Total of Standard Charges:	\$ 89.25

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 71.40
Minimum negotiated charge amount (93%) ----->	\$ 83.00
Maximum negotiated charge amount (95%) ----->	\$ 84.79
Aetna - negotiated charge amount (93%) ----->	\$ 83.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 84.79
Cigna - negotiated charge amount (95%) ----->	\$ 84.79
CDS - negotiated charge amount (95%) ----->	\$ 84.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 89.25

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85048 AUTOMATED LEUKOCYTE COUNT WBC

85048	AUTOMATED LEUKOCYTE COUNT WBC	85048	305	\$ 32.55
			Total of Standard Charges:	\$ 32.55

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.04
Minimum negotiated charge amount (93%) ----->	\$ 30.27
Maximum negotiated charge amount (95%) ----->	\$ 30.92
Aetna - negotiated charge amount (93%) ----->	\$ 30.27
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 30.92
Cigna - negotiated charge amount (95%) ----->	\$ 30.92
CDS - negotiated charge amount (95%) ----->	\$ 30.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 32.55

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85378 FIBRIN DEGRADATION PRODUCTS

85378	FIBRIN DEGRADATION PRODUCTS	85378	305	\$ 68.25
			Total of Standard Charges:	\$ 68.25

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 54.60
Minimum negotiated charge amount (93%) ----->	\$ 63.47
Maximum negotiated charge amount (95%) ----->	\$ 64.84
Aetna - negotiated charge amount (93%) ----->	\$ 63.47
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 64.84
Cigna - negotiated charge amount (95%) ----->	\$ 64.84
CDS - negotiated charge amount (95%) ----->	\$ 64.84
All other insurances - non-negotiated charge amount (100%) ----->	\$ 68.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85610 PROTHROMBIN TIME

85610	PROTHROMBIN TIME			
		85610	300	\$ 56.70
			Total of Standard Charges:	\$ 56.70

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 45.36
Minimum negotiated charge amount (93%) ----->	\$ 52.73
Maximum negotiated charge amount (95%) ----->	\$ 53.87
Aetna - negotiated charge amount (93%) ----->	\$ 52.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 53.87
Cigna - negotiated charge amount (95%) ----->	\$ 53.87
CDS - negotiated charge amount (95%) ----->	\$ 53.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 56.70

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85651 RBC SED RATE, NON AUTOMATED

85651	RBC SED RATE, NON AUTOMATED			
		85651	305	\$ 45.15
			Total of Standard Charges:	\$ 45.15

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
CDS - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85652 RB SED RATE, AUTOMATED

85652	RB SED RATE, AUTOMATED	85652	305	\$ 67.20
			Total of Standard Charges:	\$ 67.20

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 53.76
Minimum negotiated charge amount (93%) ----->	\$ 62.50
Maximum negotiated charge amount (95%) ----->	\$ 63.84
Aetna - negotiated charge amount (93%) ----->	\$ 62.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 63.84
Cigna - negotiated charge amount (95%) ----->	\$ 63.84
CDS - negotiated charge amount (95%) ----->	\$ 63.84
All other insurances - non-negotiated charge amount (100%) ----->	\$ 67.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

85730 THROMBOPLASTIN TIME, PARTIAL

85730	THROMBOPLASTIN TIME, PARTIAL	85730	305	\$ 81.90
			Total of Standard Charges:	\$ 81.90

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 65.52
Minimum negotiated charge amount (93%) ----->	\$ 76.17
Maximum negotiated charge amount (95%) ----->	\$ 77.81
Aetna - negotiated charge amount (93%) ----->	\$ 76.17
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 77.81
Cigna - negotiated charge amount (95%) ----->	\$ 77.81
CDS - negotiated charge amount (95%) ----->	\$ 77.81
All other insurances - non-negotiated charge amount (100%) ----->	\$ 81.90

CMS-Specified Shoppable Service

Laboratory

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86430 RHEUMATOID FACTOR TEST QUAL

86430	RHEUMATOID FACTOR TEST QUAL	86430	302	\$ 59.85
			Total of Standard Charges:	\$ 59.85

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
CDS - negotiated charge amount (95%) ----->	\$ 56.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 59.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86431 RHEUMATOID FACTOR, QUANT

86431	RHEUMATOID FACTOR, QUANT	86431	302	\$ 82.95
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Total of Standard Charges: \$ 82.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 66.36
Minimum negotiated charge amount (93%) ----->		\$ 77.14
Maximum negotiated charge amount (95%) ----->		\$ 78.80
Aetna - negotiated charge amount (93%) ----->		\$ 77.14
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 78.80
Cigna - negotiated charge amount (95%) ----->		\$ 78.80
CDS - negotiated charge amount (95%) ----->		\$ 78.80
All other insurances - non-negotiated charge amount (100%) ----->		\$ 82.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86580 TUBERCULOSIS TEST

86580	TUBERCULOSIS TEST		86580	302	\$ 35.70
Total of Standard Charges:					\$ 35.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 28.56
Minimum negotiated charge amount (93%) ----->	\$ 33.20
Maximum negotiated charge amount (95%) ----->	\$ 33.92
Aetna - negotiated charge amount (93%) ----->	\$ 33.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 33.92
Cigna - negotiated charge amount (95%) ----->	\$ 33.92
CDS - negotiated charge amount (95%) ----->	\$ 33.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 35.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86592 BLOOD SEROLOGY, QUALITATIVE

86592	BLOOD SEROLOGY, QUALITATIVE	86592	302	\$ 47.25
			Total of Standard Charges:	\$ 47.25

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 37.80
Minimum negotiated charge amount (93%) ----->	\$ 43.94
Maximum negotiated charge amount (95%) ----->	\$ 44.89
Aetna - negotiated charge amount (93%) ----->	\$ 43.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 44.89
Cigna - negotiated charge amount (95%) ----->	\$ 44.89
CDS - negotiated charge amount (95%) ----->	\$ 44.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 47.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86617 LYME DISEASE ANTIBODY

86617	LYME DISEASE ANTIBODY		86617	302	\$ 139.65
Total of Standard Charges:					\$ 139.65

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 111.72
Minimum negotiated charge amount (93%) ----->	\$ 129.87
Maximum negotiated charge amount (95%) ----->	\$ 132.67
Aetna - negotiated charge amount (93%) ----->	\$ 129.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 132.67
Cigna - negotiated charge amount (95%) ----->	\$ 132.67
CDS - negotiated charge amount (95%) ----->	\$ 132.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 139.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86900 BLOOD TYPING, ABO

86900	BLOOD TYPING, ABO			
		86900	300	\$ 51.45
			Total of Standard Charges:	\$ 51.45

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 41.16
Minimum negotiated charge amount (93%) ----->	\$ 47.85
Maximum negotiated charge amount (95%) ----->	\$ 48.88
Aetna - negotiated charge amount (93%) ----->	\$ 47.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 48.88
Cigna - negotiated charge amount (95%) ----->	\$ 48.88
CDS - negotiated charge amount (95%) ----->	\$ 48.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 51.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86901 BLOOD - TYPE RH (D)

86901	BLOOD - TYPE RH (D)	86901	300	\$ 51.45
Total of Standard Charges:				\$ 51.45

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 41.16
Minimum negotiated charge amount (93%) ----->	\$ 47.85
Maximum negotiated charge amount (95%) ----->	\$ 48.88
Aetna - negotiated charge amount (93%) ----->	\$ 47.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 48.88
Cigna - negotiated charge amount (95%) ----->	\$ 48.88
CDS - negotiated charge amount (95%) ----->	\$ 48.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 51.45

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86905 BLOOD TYPING, RBC ANTIGENS

86905	BLOOD TYPING, RBC ANTIGENS			
		86905	300	\$ 43.05
			Total of Standard Charges:	\$ 43.05

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 34.44
Minimum negotiated charge amount (93%) ----->	\$ 40.04
Maximum negotiated charge amount (95%) ----->	\$ 40.90
Aetna - negotiated charge amount (93%) ----->	\$ 40.04
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 40.90
Cigna - negotiated charge amount (95%) ----->	\$ 40.90
CDS - negotiated charge amount (95%) ----->	\$ 40.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 43.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

86922 COMPATIBILITY TEST, ANTIGLOB

86922	COMPATIBILITY TEST, ANTIGLOB	86922	300	\$ 227.85
			Total of Standard Charges:	\$ 227.85

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 182.28
Minimum negotiated charge amount (93%) ----->	\$ 211.90
Maximum negotiated charge amount (95%) ----->	\$ 216.46
Aetna - negotiated charge amount (93%) ----->	\$ 211.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 216.46
Cigna - negotiated charge amount (95%) ----->	\$ 216.46
CDS - negotiated charge amount (95%) ----->	\$ 216.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 227.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87040 BLOOD CULTURE FOR BACTERIA

87040	BLOOD CULTURE FOR BACTERIA			
		87040	306	\$ 123.90
			Total of Standard Charges:	\$ 123.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 99.12
Minimum negotiated charge amount (93%) ----->	\$ 115.23
Maximum negotiated charge amount (95%) ----->	\$ 117.71
Aetna - negotiated charge amount (93%) ----->	\$ 115.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 117.71
Cigna - negotiated charge amount (95%) ----->	\$ 117.71
CDS - negotiated charge amount (95%) ----->	\$ 117.71
All other insurances - non-negotiated charge amount (100%) ----->	\$ 123.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87046 STOOL CULTURE, BACTERIA, EACH

87046	STOOL CULTURE, BACTERIA, EACH	87046	306	\$ 37.80
			Total of Standard Charges:	\$ 37.80

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 30.24
Minimum negotiated charge amount (93%) ----->	\$ 35.15
Maximum negotiated charge amount (95%) ----->	\$ 35.91
Aetna - negotiated charge amount (93%) ----->	\$ 35.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 35.91
Cigna - negotiated charge amount (95%) ----->	\$ 35.91
CDS - negotiated charge amount (95%) ----->	\$ 35.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 37.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87070 CULTURE, BACTERIA, OTHER

4558	GENITAL CULTURE (QUEST)	87070	306	\$ 98.70
87070	CULTURE, BACTERIA, OTHER	87070	306	\$ 98.70
Total of Standard Charges:				\$ 197.40

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 157.92
Minimum negotiated charge amount (93%) ----->	\$ 183.58
Maximum negotiated charge amount (95%) ----->	\$ 187.53
Aetna - negotiated charge amount (93%) ----->	\$ 183.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 187.53
Cigna - negotiated charge amount (95%) ----->	\$ 187.53
CDS - negotiated charge amount (95%) ----->	\$ 187.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 197.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87086 CULTURE URINE

87086	CULTURE URINE		87086	306	\$ 75.60
					Total of Standard Charges:
					\$ 75.60

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
CDS - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87088 URINE BACTERIA CULTURE

87088	URINE BACTERIA CULTURE	87088	306	\$ 90.30
			Total of Standard Charges:	\$ 90.30

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 72.24
Minimum negotiated charge amount (93%) ----->	\$ 83.98
Maximum negotiated charge amount (95%) ----->	\$ 85.79
Aetna - negotiated charge amount (93%) ----->	\$ 83.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 85.79
Cigna - negotiated charge amount (95%) ----->	\$ 85.79
CDS - negotiated charge amount (95%) ----->	\$ 85.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 90.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87110 CHLAMYDIA CULTURE - ANY SOURCE

87110	CHLAMYDIA CULTURE - ANY SOURCE	87110	306	\$ 172.20
			Total of Standard Charges:	\$ 172.20

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 137.76
Minimum negotiated charge amount (93%) ----->	\$ 160.15
Maximum negotiated charge amount (95%) ----->	\$ 163.59
Aetna - negotiated charge amount (93%) ----->	\$ 160.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 163.59
Cigna - negotiated charge amount (95%) ----->	\$ 163.59
CDS - negotiated charge amount (95%) ----->	\$ 163.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 172.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87147 E.COLI STOOL

87147	E.COLI STOOL		87147	306	\$ 111.30
Total of Standard Charges:					\$ 111.30

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 89.04
Minimum negotiated charge amount (93%) ----->	\$ 103.51
Maximum negotiated charge amount (95%) ----->	\$ 105.74
Aetna - negotiated charge amount (93%) ----->	\$ 103.51
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 105.74
Cigna - negotiated charge amount (95%) ----->	\$ 105.74
CDS - negotiated charge amount (95%) ----->	\$ 105.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 111.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87210 SMEAR, WET MOUNT, SALINE/INK

87210	SMEAR, WET MOUNT, SALINE/INK	87210	306	\$ 64.05
Total of Standard Charges:				\$ 64.05

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 51.24
Minimum negotiated charge amount (93%) ----->	\$ 59.57
Maximum negotiated charge amount (95%) ----->	\$ 60.85
Aetna - negotiated charge amount (93%) ----->	\$ 59.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 60.85
Cigna - negotiated charge amount (95%) ----->	\$ 60.85
CDS - negotiated charge amount (95%) ----->	\$ 60.85
All other insurances - non-negotiated charge amount (100%) ----->	\$ 64.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87324 CLOSTRIDIUM DIFF TOXIN

87324	CLOSTRIDIUM DIFF TOXIN	87324	302	\$ 130.20
Total of Standard Charges:				\$ 130.20

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 104.16
Minimum negotiated charge amount (93%) ----->	\$ 121.09
Maximum negotiated charge amount (95%) ----->	\$ 123.69
Aetna - negotiated charge amount (93%) ----->	\$ 121.09
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 123.69
Cigna - negotiated charge amount (95%) ----->	\$ 123.69
CDS - negotiated charge amount (95%) ----->	\$ 123.69
All other insurances - non-negotiated charge amount (100%) ----->	\$ 130.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87338 HELICOBACTER PYLORI, STOOL

87338	HELICOBACTER PYLORI, STOOL	87338	306	\$ 147.00
			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 (80% of charges) ----->	\$ 117.60
Minimum negotiated charge amount (93%) ----->	\$ 136.71
Maximum negotiated charge amount (95%) ----->	\$ 139.65
Aetna - negotiated charge amount (93%) ----->	\$ 136.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 139.65
Cigna - negotiated charge amount (95%) ----->	\$ 139.65
CDS - negotiated charge amount (95%) ----->	\$ 139.65
All other insurances - non-negotiated charge amount (100%) ----->	\$ 147.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87339 H PYLORI AC, EIA

87339	H PYLORI AC, EIA	87339	306	\$ 127.05
			Total of Standard Charges:	\$ 127.05

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 101.64
Minimum negotiated charge amount (93%) ----->	\$ 118.16
Maximum negotiated charge amount (95%) ----->	\$ 120.70
Aetna - negotiated charge amount (93%) ----->	\$ 118.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 120.70
Cigna - negotiated charge amount (95%) ----->	\$ 120.70
CDS - negotiated charge amount (95%) ----->	\$ 120.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 127.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87804 INFLUENZA A&B RAPID

87804	INFLUENZA A&B RAPID	87804	306	\$ 103.95
Total of Standard Charges:				\$ 103.95

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 83.16
Minimum negotiated charge amount (93%) ----->	\$ 96.67
Maximum negotiated charge amount (95%) ----->	\$ 98.75
Aetna - negotiated charge amount (93%) ----->	\$ 96.67
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 98.75
Cigna - negotiated charge amount (95%) ----->	\$ 98.75
CDS - negotiated charge amount (95%) ----->	\$ 98.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 103.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87807 RESPIRATORY SYNCYTIAL VIRUS (RSV)

87807	RESPIRATORY SYNCYTIAL VIRUS (RSV)	87807	300	\$ 182.70
			Total of Standard Charges:	\$ 182.70

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 146.16
Minimum negotiated charge amount (93%) ----->	\$ 169.91
Maximum negotiated charge amount (95%) ----->	\$ 173.57
Aetna - negotiated charge amount (93%) ----->	\$ 169.91
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 173.57
Cigna - negotiated charge amount (95%) ----->	\$ 173.57
CDS - negotiated charge amount (95%) ----->	\$ 173.57
All other insurances - non-negotiated charge amount (100%) ----->	\$ 182.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

87880 STREP A ASSAY W/OPTIC

87880	STREP A ASSAY W/OPTIC	87880	306	\$ 76.65
			Total of Standard Charges:	\$ 76.65

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 61.32
Minimum negotiated charge amount (93%) ----->	\$ 71.28
Maximum negotiated charge amount (95%) ----->	\$ 72.82
Aetna - negotiated charge amount (93%) ----->	\$ 71.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 72.82
Cigna - negotiated charge amount (95%) ----->	\$ 72.82
CDS - negotiated charge amount (95%) ----->	\$ 72.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 76.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

89055 LEUKOCYTE (WBC) ASSESSMENT, FECAL

89055	LEUKOCYTE (WBC) ASSESSMENT, FECAL	89055	300	\$ 54.60
			Total of Standard Charges:	\$ 54.60

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 43.68
Minimum negotiated charge amount (93%) ----->	\$ 50.78
Maximum negotiated charge amount (95%) ----->	\$ 51.87
Aetna - negotiated charge amount (93%) ----->	\$ 50.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 51.87
Cigna - negotiated charge amount (95%) ----->	\$ 51.87
CDS - negotiated charge amount (95%) ----->	\$ 51.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 54.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

93000 EKG COMPLETE-TRACE INTERP/RPT

93000	EKG COMPLETE-TRACE INTERP/RPT	93000	730	\$ 241.50
			Total of Standard Charges:	\$ 241.50

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 193.20
Minimum negotiated charge amount (93%) ----->	\$ 224.60
Maximum negotiated charge amount (95%) ----->	\$ 229.43
Aetna - negotiated charge amount (93%) ----->	\$ 224.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 229.43
Cigna - negotiated charge amount (95%) ----->	\$ 229.43
CDS - negotiated charge amount (95%) ----->	\$ 229.43
All other insurances - non-negotiated charge amount (100%) ----->	\$ 241.50

CMS-Specified Shoppable Service

Respiratory Therapy

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

93225 HOLTER MONITOR S.U.

93225	HOLTER MONITOR S.U.			
		93225	731	\$ 315.00
			Total of Standard Charges:	\$ 315.00

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 252.00
Minimum negotiated charge amount (93%) ----->	\$ 292.95
Maximum negotiated charge amount (95%) ----->	\$ 299.25
Aetna - negotiated charge amount (93%) ----->	\$ 292.95
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 299.25
Cigna - negotiated charge amount (95%) ----->	\$ 299.25
CDS - negotiated charge amount (95%) ----->	\$ 299.25
All other insurances - non-negotiated charge amount (100%) ----->	\$ 315.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

93970 LOWER EXTREMITY VENOUS BILATER

93970	LOWER EXTREMITY VENOUS BILATER	93970	402	\$ 1,135.05
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
Total of Standard Charges:				\$ 1,135.05

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 908.04
Minimum negotiated charge amount (93%) ----->	\$ 1,055.60
Maximum negotiated charge amount (95%) ----->	\$ 1,078.30
Aetna - negotiated charge amount (93%) ----->	\$ 1,055.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,078.30
Cigna - negotiated charge amount (95%) ----->	\$ 1,078.30
CDS - negotiated charge amount (95%) ----->	\$ 1,078.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,135.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

93971 LOWER EXTREMITY VENOUS UNILATE

93971 LOWER EXTREMITY VENOUS UNILATE

93971

402

\$ 689.85

RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

Total of Standard Charges:

\$ 689.85

Ultrasound

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 551.88
Minimum negotiated charge amount (93%) ----->	\$ 641.56
Maximum negotiated charge amount (95%) ----->	\$ 655.36
Aetna - negotiated charge amount (93%) ----->	\$ 641.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 655.36
Cigna - negotiated charge amount (95%) ----->	\$ 655.36
CDS - negotiated charge amount (95%) ----->	\$ 655.36
All other insurances - non-negotiated charge amount (100%) ----->	\$ 689.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

94010 PFT/SPIROMETRY

94010	PFT/SPIROMETRY			
		94010	460	\$ 157.50
			Total of Standard Charges:	\$ 157.50

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 126.00
Minimum negotiated charge amount (93%) ----->	\$ 146.48
Maximum negotiated charge amount (95%) ----->	\$ 149.63
Aetna - negotiated charge amount (93%) ----->	\$ 146.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 149.63
Cigna - negotiated charge amount (95%) ----->	\$ 149.63
CDS - negotiated charge amount (95%) ----->	\$ 149.63
All other insurances - non-negotiated charge amount (100%) ----->	\$ 157.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

94060 PFT PRE/POST SPIRMTY

94060	PFT PRE/POST SPIRMTY			
		94060	460	\$ 273.00
			Total of Standard Charges:	\$ 273.00

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 218.40
Minimum negotiated charge amount (93%) ----->	\$ 253.89
Maximum negotiated charge amount (95%) ----->	\$ 259.35
Aetna - negotiated charge amount (93%) ----->	\$ 253.89
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 259.35
Cigna - negotiated charge amount (95%) ----->	\$ 259.35
CDS - negotiated charge amount (95%) ----->	\$ 259.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 273.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

94640 AEROSOL INHALATION

250046	Ipratropium/ Albuterol 0.5/3ml vial, 1 each	J7620	636	\$ 16.50
260130	Levalbuterol (Xopenex) 1.25mg/3ml	J7614	636	\$ 8.00
94640	AEROSOL INHALATION	94640	412	\$ 200.55
Total of Standard Charges:				\$ 225.05

Respiratory Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 180.04
Minimum negotiated charge amount (93%) ----->	\$ 209.30
Maximum negotiated charge amount (95%) ----->	\$ 213.80
Aetna - negotiated charge amount (93%) ----->	\$ 209.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 213.80
Cigna - negotiated charge amount (95%) ----->	\$ 213.80
CDS - negotiated charge amount (95%) ----->	\$ 213.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 225.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

95921 VALSALVA MANEUVER

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

95921	VALSALVA MANEUVER	922	\$ 278.25
Total of Standard Charges:			\$ 278.25

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 222.60
Minimum negotiated charge amount (93%) ----->	\$ 258.77
Maximum negotiated charge amount (95%) ----->	\$ 264.34
Aetna - negotiated charge amount (93%) ----->	\$ 258.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.34
Cigna - negotiated charge amount (95%) ----->	\$ 264.34
CDS - negotiated charge amount (95%) ----->	\$ 264.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

95992 EPLEY MANEUVER

A FACILITY FEE will be added

95992	EPLEY MANEUVER	450	\$ 97.00
Total of Standard Charges:			\$ 97.00

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 77.60
Minimum negotiated charge amount (93%) ----->	\$ 90.21
Maximum negotiated charge amount (95%) ----->	\$ 92.15
Aetna - negotiated charge amount (93%) ----->	\$ 90.21
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 92.15
Cigna - negotiated charge amount (95%) ----->	\$ 92.15
CDS - negotiated charge amount (95%) ----->	\$ 92.15
All other insurances - non-negotiated charge amount (100%) ----->	\$ 97.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

**CPT Code
<OR>
HCPCS Code**

Revenue Code

Standard Charge

Shoppable Service Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96360 INFUSION THERAPY-1ST HOUR

A MEDICATION CHARGE will be added

96360	INFUSION THERAPY-1ST HOUR	96360	260	\$ 410.55
96361	INFUSION THERAPY EACH ADD HOUR	96361	260	\$ 120.75
Total of Standard Charges:				\$ 531.30

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 425.04
Minimum negotiated charge amount (93%) ----->	\$ 494.11
Maximum negotiated charge amount (95%) ----->	\$ 504.74
Aetna - negotiated charge amount (93%) ----->	\$ 494.11
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 504.74
Cigna - negotiated charge amount (95%) ----->	\$ 504.74
CDS - negotiated charge amount (95%) ----->	\$ 504.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 531.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96365 INTRAVENOUS INFUSION WITH MEDS

A MEDICATION CHARGE will be added

96365	INTRAVENOUS INFUSION WITH MEDS	96365	920	\$ 451.50
Total of Standard Charges:				\$ 451.50

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 361.20
Minimum negotiated charge amount (93%) ----->	\$ 419.90
Maximum negotiated charge amount (95%) ----->	\$ 428.93
Aetna - negotiated charge amount (93%) ----->	\$ 419.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 428.93
Cigna - negotiated charge amount (95%) ----->	\$ 428.93
CDS - negotiated charge amount (95%) ----->	\$ 428.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 451.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96366 INTRAVENOUS INFUSION W/MEDS EA ADD

A MEDICATION CHARGE will be added

96366	INTRAVENOUS INFUSION W/MEDS EA ADD	96366	260	\$ 143.85
Total of Standard Charges:				\$ 143.85

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 115.08
Minimum negotiated charge amount (93%) ----->	\$ 133.78
Maximum negotiated charge amount (95%) ----->	\$ 136.66
Aetna - negotiated charge amount (93%) ----->	\$ 133.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 136.66
Cigna - negotiated charge amount (95%) ----->	\$ 136.66
CDS - negotiated charge amount (95%) ----->	\$ 136.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 143.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96367 INTRAVENOUS INFUSION W/MEDS EA ADD

A MEDICATION CHARGE will be added

96367	INTRAVENOUS INFUSION W/MEDS EA ADD	96367	260	\$ 228.90
Total of Standard Charges:				\$ 228.90

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 183.12
Minimum negotiated charge amount (93%) ----->	\$ 212.88
Maximum negotiated charge amount (95%) ----->	\$ 217.46
Aetna - negotiated charge amount (93%) ----->	\$ 212.88
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 217.46
Cigna - negotiated charge amount (95%) ----->	\$ 217.46
CDS - negotiated charge amount (95%) ----->	\$ 217.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 228.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96368 IV INFUSION FOR THERAPY-CONCURRENT INFUS

A MEDICATION CHARGE will be added

96368	IV INFUSION FOR THERAPY-CONCURRENT INFUS	96368	260	\$ 174.30
Total of Standard Charges:				\$ 174.30

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 139.44
Minimum negotiated charge amount (93%) ----->	\$ 162.10
Maximum negotiated charge amount (95%) ----->	\$ 165.59
Aetna - negotiated charge amount (93%) ----->	\$ 162.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 165.59
Cigna - negotiated charge amount (95%) ----->	\$ 165.59
CDS - negotiated charge amount (95%) ----->	\$ 165.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 174.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96372 IM/SUBQ INJECTION THERAPEUTIC

A MEDICATION CHARGE will be added

96372	IM/SUBQ INJECTION THERAPEUTIC	96372	450	\$ 52.50
			Total of Standard Charges:	\$ 52.50

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.00
Minimum negotiated charge amount (93%) ----->	\$ 48.83
Maximum negotiated charge amount (95%) ----->	\$ 49.88
Aetna - negotiated charge amount (93%) ----->	\$ 48.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 49.88
Cigna - negotiated charge amount (95%) ----->	\$ 49.88
CDS - negotiated charge amount (95%) ----->	\$ 49.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 52.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96374 DIAGNOSTIC IV INJECTION PUSH

A MEDICATION CHARGE will be added

96374	DIAGNOSTIC IV INJECTION PUSH	96374	260	\$ 173.25
			Total of Standard Charges:	\$ 173.25

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 138.60
Minimum negotiated charge amount (93%) ----->	\$ 161.12
Maximum negotiated charge amount (95%) ----->	\$ 164.59
Aetna - negotiated charge amount (93%) ----->	\$ 161.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 164.59
Cigna - negotiated charge amount (95%) ----->	\$ 164.59
CDS - negotiated charge amount (95%) ----->	\$ 164.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 173.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96375 INTRAVEN. PUSH EA ADD'L SEQ. (DIFF DRUG)

A MEDICATION CHARGE will be added

96375	INTRAVEN. PUSH EA ADD'L SEQ. (DIFF DRUG)	96375	260	\$ 161.70
			Total of Standard Charges:	\$ 161.70

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 129.36
Minimum negotiated charge amount (93%) ----->	\$ 150.38
Maximum negotiated charge amount (95%) ----->	\$ 153.62
Aetna - negotiated charge amount (93%) ----->	\$ 150.38
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 153.62
Cigna - negotiated charge amount (95%) ----->	\$ 153.62
CDS - negotiated charge amount (95%) ----->	\$ 153.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 161.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96376 IV PUSH EA ADD'L SUBSEQUENT. (SAME DRUG)

A MEDICATION CHARGE will be added

96376	IV PUSH EA ADD'L SUBSEQUENT. (SAME DRUG)	96376	260	\$ 139.65
			Total of Standard Charges:	\$ 139.65

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 111.72
Minimum negotiated charge amount (93%) ----->	\$ 129.87
Maximum negotiated charge amount (95%) ----->	\$ 132.67
Aetna - negotiated charge amount (93%) ----->	\$ 129.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 132.67
Cigna - negotiated charge amount (95%) ----->	\$ 132.67
CDS - negotiated charge amount (95%) ----->	\$ 132.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 139.65

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

96523 IRRIGATION OF IMPLANTED VENOUS

96523	IRRIGATION OF IMPLANTED VENOUS	96523	450	\$ 134.40
			Total of Standard Charges:	\$ 134.40

Infusion Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 107.52
Minimum negotiated charge amount (93%) ----->	\$ 124.99
Maximum negotiated charge amount (95%) ----->	\$ 127.68
Aetna - negotiated charge amount (93%) ----->	\$ 124.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 127.68
Cigna - negotiated charge amount (95%) ----->	\$ 127.68
CDS - negotiated charge amount (95%) ----->	\$ 127.68
All other insurances - non-negotiated charge amount (100%) ----->	\$ 134.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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CPT Code
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97001 EVALUATION

Shoppable Service	Primary Service and Ancillary Services	CPT Code	Revenue Code	Standard Charge
97001	EVALUATION	97001	424	\$ 186.00
Total of Standard Charges:				\$ 186.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 148.80
Minimum negotiated charge amount (93%) ----->	\$ 172.98
Maximum negotiated charge amount (95%) ----->	\$ 176.70
Aetna - negotiated charge amount (93%) ----->	\$ 172.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 176.70
Cigna - negotiated charge amount (95%) ----->	\$ 176.70
CDS - negotiated charge amount (95%) ----->	\$ 176.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 186.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97002 RE-EVALUATION

97002	RE-EVALUATION		97002	424	\$ 63.60
Total of Standard Charges:					\$ 63.60

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 50.88
Minimum negotiated charge amount (93%) ----->	\$ 59.15
Maximum negotiated charge amount (95%) ----->	\$ 60.42
Aetna - negotiated charge amount (93%) ----->	\$ 59.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 60.42
Cigna - negotiated charge amount (95%) ----->	\$ 60.42
CDS - negotiated charge amount (95%) ----->	\$ 60.42
All other insurances - non-negotiated charge amount (100%) ----->	\$ 63.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97010 PHYS THERP HOT/COLD PACK

97010	PHYS THERP HOT/COLD PACK			
		97010	420	\$ 38.40
			Total of Standard Charges:	\$ 38.40

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 30.72
Minimum negotiated charge amount (93%) ----->	\$ 35.71
Maximum negotiated charge amount (95%) ----->	\$ 36.48
Aetna - negotiated charge amount (93%) ----->	\$ 35.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 36.48
Cigna - negotiated charge amount (95%) ----->	\$ 36.48
CDS - negotiated charge amount (95%) ----->	\$ 36.48
All other insurances - non-negotiated charge amount (100%) ----->	\$ 38.40

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97032 E-STIM/PHYS THER (EA 15 MIN)

97032	E-STIM/PHYS THER (EA 15 MIN)	97032	420	\$ 61.00
			Total of Standard Charges:	\$ 61.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 48.80
Minimum negotiated charge amount (93%) ----->	\$ 56.73
Maximum negotiated charge amount (95%) ----->	\$ 57.95
Aetna - negotiated charge amount (93%) ----->	\$ 56.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 57.95
Cigna - negotiated charge amount (95%) ----->	\$ 57.95
CDS - negotiated charge amount (95%) ----->	\$ 57.95
All other insurances - non-negotiated charge amount (100%) ----->	\$ 61.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97110 PHYS THERP THERAPU EXERCIS

97110	PHYS THERP THERAPU EXERCIS	97110	420	\$ 75.60
			Total of Standard Charges:	\$ 75.60

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
CDS - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

CMS-Specified Shoppable Service

Physical Therapy

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97161 PT EVALUATION - LOW COMPLEXITY

97161	PT EVALUATION - LOW COMPLEXITY	97161	424	\$ 204.00
			Total of Standard Charges:	\$ 204.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 163.20
Minimum negotiated charge amount (93%) ----->	\$ 189.72
Maximum negotiated charge amount (95%) ----->	\$ 193.80
Aetna - negotiated charge amount (93%) ----->	\$ 189.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 193.80
Cigna - negotiated charge amount (95%) ----->	\$ 193.80
CDS - negotiated charge amount (95%) ----->	\$ 193.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 204.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

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

Use CTRL-F to SEARCH

CPT Code
 <OR>
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97162 PT EVALUATION - MODERATE COMPLEXITY

97162	PT EVALUATION - MODERATE COMPLEXITY		97162	424	\$ 240.00
Total of Standard Charges:					\$ 240.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 192.00
Minimum negotiated charge amount (93%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 228.00
Aetna - negotiated charge amount (93%) ----->	\$ 223.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 228.00
Cigna - negotiated charge amount (95%) ----->	\$ 228.00
CDS - negotiated charge amount (95%) ----->	\$ 228.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 240.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97163 PT EVALUATION - HIGH COMPLEXITY

97163	PT EVALUATION - HIGH COMPLEXITY	97163	424	\$ 276.00
			Total of Standard Charges:	\$ 276.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 220.80
Minimum negotiated charge amount (93%) ----->	\$ 256.68
Maximum negotiated charge amount (95%) ----->	\$ 262.20
Aetna - negotiated charge amount (93%) ----->	\$ 256.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 262.20
Cigna - negotiated charge amount (95%) ----->	\$ 262.20
CDS - negotiated charge amount (95%) ----->	\$ 262.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 276.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

97164 PT RE EVALUATION

97164	PT RE EVALUATION	97164	424	\$ 120.00
Total of Standard Charges:				\$ 120.00

Physical Therapy

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 96.00
Minimum negotiated charge amount (93%) ----->	\$ 111.60
Maximum negotiated charge amount (95%) ----->	\$ 114.00
Aetna - negotiated charge amount (93%) ----->	\$ 111.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 114.00
Cigna - negotiated charge amount (95%) ----->	\$ 114.00
CDS - negotiated charge amount (95%) ----->	\$ 114.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 120.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

Shoppable Services Report - Table II (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

97802 DIETARY CONSULT-INITIAL EA 15

97802	DIETARY CONSULT-INITIAL EA 15	97802	942	\$ 42.00
			Total of Standard Charges:	\$ 42.00

Nutritional Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 33.60
Minimum negotiated charge amount (93%) ----->	\$ 39.06
Maximum negotiated charge amount (95%) ----->	\$ 39.90
Aetna - negotiated charge amount (93%) ----->	\$ 39.06
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 39.90
Cigna - negotiated charge amount (95%) ----->	\$ 39.90
CDS - negotiated charge amount (95%) ----->	\$ 39.90
All other insurances - non-negotiated charge amount (100%) ----->	\$ 42.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

Shoppable Services Report - Table II (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

97803 DIETARY CONSULT RE-ASSESS EA

97803	DIETARY CONSULT RE-ASSESS EA	97803	942	\$ 33.60
			Total of Standard Charges:	\$ 33.60

Nutritional Services

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.88
Minimum negotiated charge amount (93%) ----->	\$ 31.25
Maximum negotiated charge amount (95%) ----->	\$ 31.92
Aetna - negotiated charge amount (93%) ----->	\$ 31.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 31.92
Cigna - negotiated charge amount (95%) ----->	\$ 31.92
CDS - negotiated charge amount (95%) ----->	\$ 31.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 33.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99001 SPECIMEN HANDLING

99001	SPECIMEN HANDLING		99001	300	\$ 31.50
Total of Standard Charges:					\$ 31.50

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 25.20
Minimum negotiated charge amount (93%) ----->	\$ 29.30
Maximum negotiated charge amount (95%) ----->	\$ 29.93
Aetna - negotiated charge amount (93%) ----->	\$ 29.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.93
Cigna - negotiated charge amount (95%) ----->	\$ 29.93
CDS - negotiated charge amount (95%) ----->	\$ 29.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 31.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99195 PHLEBOTOMY THERAPEUTIC

99195	PHLEBOTOMY THERAPEUTIC			
		99195	940	\$ 60.90
			Total of Standard Charges:	\$ 60.90

Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 48.72
Minimum negotiated charge amount (93%) ----->	\$ 56.64
Maximum negotiated charge amount (95%) ----->	\$ 57.86
Aetna - negotiated charge amount (93%) ----->	\$ 56.64
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 57.86
Cigna - negotiated charge amount (95%) ----->	\$ 57.86
CDS - negotiated charge amount (95%) ----->	\$ 57.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 60.90

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99217 OBSERVATION DISCHARGE

99217 ** ProFee ** OBSERVATION DISCHARGE

99217 982 \$ 278.25

Total of Standard Charges: \$ 278.25

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 222.60
Minimum negotiated charge amount (93%) ----->	\$ 258.77
Maximum negotiated charge amount (95%) ----->	\$ 264.34
Aetna - negotiated charge amount (93%) ----->	\$ 258.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.34
Cigna - negotiated charge amount (95%) ----->	\$ 264.34
CDS - negotiated charge amount (95%) ----->	\$ 264.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99218 INITIAL OBS CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM

Additional charges will be added for the PER HOUR observation room rate

99218	** ProFee **	INITIAL OBS CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM	99218	982	\$ 657.30
Total of Standard Charges:					\$ 657.30

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 525.84
Minimum negotiated charge amount (93%) ----->	\$ 611.29
Maximum negotiated charge amount (95%) ----->	\$ 624.44
Aetna - negotiated charge amount (93%) ----->	\$ 611.29
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 624.44
Cigna - negotiated charge amount (95%) ----->	\$ 624.44
CDS - negotiated charge amount (95%) ----->	\$ 624.44
All other insurances - non-negotiated charge amount (100%) ----->	\$ 657.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99219 INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM

Additional charges will be added for the PER HOUR observation room rate

99219	** ProFee **	INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM	99219	982	\$ 458.85
				Total of Standard Charges:	\$ 458.85

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 367.08
Minimum negotiated charge amount (93%) ----->	\$ 426.73
Maximum negotiated charge amount (95%) ----->	\$ 435.91
Aetna - negotiated charge amount (93%) ----->	\$ 426.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 435.91
Cigna - negotiated charge amount (95%) ----->	\$ 435.91
CDS - negotiated charge amount (95%) ----->	\$ 435.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 458.85

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99220 INITIAL OBS CARE, COMP HIST, COMP EXAM, HIGH COMP MDM

Additional charges will be added for the PER HOUR observation room rate

99220	** ProFee **	INITIAL OBS CARE, COMP HIST, COMP EXAM, HIGH COMP MDM	99220	982	\$ 525.00
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Total of Standard Charges: \$ 525.00

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 420.00
Minimum negotiated charge amount (93%) ----->	\$ 488.25
Maximum negotiated charge amount (95%) ----->	\$ 498.75
Aetna - negotiated charge amount (93%) ----->	\$ 488.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 498.75
Cigna - negotiated charge amount (95%) ----->	\$ 498.75
CDS - negotiated charge amount (95%) ----->	\$ 498.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 525.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99221 INITIAL IP CARE,DETAIL/COMP HIST,DETAIL/COMP EXAM,SF/LOW MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99221	** ProFee ** INITIAL IP CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM	99221	984	\$ 213.15
Total of Standard Charges:				\$ 1,413.15

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,130.52
Minimum negotiated charge amount (93%) ----->	\$ 1,314.23
Maximum negotiated charge amount (95%) ----->	\$ 1,342.49
Aetna - negotiated charge amount (93%) ----->	\$ 1,314.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,342.49
Cigna - negotiated charge amount (95%) ----->	\$ 1,342.49
CDS - negotiated charge amount (95%) ----->	\$ 1,342.49
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,413.15

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99222 INITIAL IP CARE,COMP HIST,COMP EXAM,MOD COMPLEX MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99222	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM	99222	987	\$ 348.60
Total of Standard Charges:				\$ 1,548.60

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,238.88
Minimum negotiated charge amount (93%) ----->	\$ 1,440.20
Maximum negotiated charge amount (95%) ----->	\$ 1,471.17
Aetna - negotiated charge amount (93%) ----->	\$ 1,440.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,471.17
Cigna - negotiated charge amount (95%) ----->	\$ 1,471.17
CDS - negotiated charge amount (95%) ----->	\$ 1,471.17
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,548.60

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99223 INITIAL IP CARE,COMP HIST,COMP EXAM,HIGH COMPLEX MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99223	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99223	984	\$ 485.10

Total of Standard Charges: \$ 1,685.10

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,348.08
Minimum negotiated charge amount (93%) ----->	\$ 1,567.14
Maximum negotiated charge amount (95%) ----->	\$ 1,600.85
Aetna - negotiated charge amount (93%) ----->	\$ 1,567.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,600.85
Cigna - negotiated charge amount (95%) ----->	\$ 1,600.85
CDS - negotiated charge amount (95%) ----->	\$ 1,600.85
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,685.10

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99224 SUBSEQUENT OBS CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPLEX MDM

Additional charges will be added for the PER HOUR observation room rate

99224	** ProFee **	SUBSEQUENT OBS CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPLEX MDM	99224	982	\$ 119.70
				Total of Standard Charges:	\$ 119.70

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 95.76
Minimum negotiated charge amount (93%) ----->	\$ 111.32
Maximum negotiated charge amount (95%) ----->	\$ 113.72
Aetna - negotiated charge amount (93%) ----->	\$ 111.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 113.72
Cigna - negotiated charge amount (95%) ----->	\$ 113.72
CDS - negotiated charge amount (95%) ----->	\$ 113.72
All other insurances - non-negotiated charge amount (100%) ----->	\$ 119.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99225 SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM

Additional charges will be added for the PER HOUR observation room rate

99225	** ProFee **	SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM	99225	982	\$ 211.05
				Total of Standard Charges:	\$ 211.05

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 168.84
Minimum negotiated charge amount (93%) ----->	\$ 196.28
Maximum negotiated charge amount (95%) ----->	\$ 200.50
Aetna - negotiated charge amount (93%) ----->	\$ 196.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 200.50
Cigna - negotiated charge amount (95%) ----->	\$ 200.50
CDS - negotiated charge amount (95%) ----->	\$ 200.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 211.05

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99226 SUBSEQUENT OBS CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM

Additional charges will be added for the PER HOUR observation room rate

99226	** ProFee **	SUBSEQUENT OBS CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM	99226	982	\$ 331.80
				Total of Standard Charges:	\$ 331.80

Observation

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 265.44
Minimum negotiated charge amount (93%) ----->	\$ 308.57
Maximum negotiated charge amount (95%) ----->	\$ 315.21
Aetna - negotiated charge amount (93%) ----->	\$ 308.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 315.21
Cigna - negotiated charge amount (95%) ----->	\$ 315.21
CDS - negotiated charge amount (95%) ----->	\$ 315.21
All other insurances - non-negotiated charge amount (100%) ----->	\$ 331.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99231 SUBSEQUENT IP CARE PF HIST,PF EXAM,STRAIGHT/LOW COMPL MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99231	** ProFee ** SUBSEQUENT IP CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPL MDM	99231	987	\$ 205.80
Total of Standard Charges:				\$ 1,405.80

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,124.64
Minimum negotiated charge amount (93%) ----->	\$ 1,307.39
Maximum negotiated charge amount (95%) ----->	\$ 1,335.51
Aetna - negotiated charge amount (93%) ----->	\$ 1,307.39
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,335.51
Cigna - negotiated charge amount (95%) ----->	\$ 1,335.51
CDS - negotiated charge amount (95%) ----->	\$ 1,335.51
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,405.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99232 SUBSEQUENT IP CARE,PF HIST,PF EXAM,MOD COMPLEX MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99232	** ProFee ** SUBSEQUENT IP CARE, PF HIST, PF EXAM, MOD COMPLEX MDM	99232	984	\$ 231.00
Total of Standard Charges:				\$ 1,431.00

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,144.80
Minimum negotiated charge amount (93%) ----->	\$ 1,330.83
Maximum negotiated charge amount (95%) ----->	\$ 1,359.45
Aetna - negotiated charge amount (93%) ----->	\$ 1,330.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,359.45
Cigna - negotiated charge amount (95%) ----->	\$ 1,359.45
CDS - negotiated charge amount (95%) ----->	\$ 1,359.45
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,431.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99233 SUBSEQUENT IP CARE,DETAIL HIST,DETAIL EXAM,HIGH COMPLEX MDM

10002	ACUTE ROOM		121	\$ 1,200.00
99233	** ProFee ** SUBSEQUENT IP CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM	99233	984	\$ 357.00
Total of Standard Charges:				\$ 1,557.00

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,245.60
Minimum negotiated charge amount (93%) ----->	\$ 1,448.01
Maximum negotiated charge amount (95%) ----->	\$ 1,479.15
Aetna - negotiated charge amount (93%) ----->	\$ 1,448.01
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,479.15
Cigna - negotiated charge amount (95%) ----->	\$ 1,479.15
CDS - negotiated charge amount (95%) ----->	\$ 1,479.15
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,557.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99238 IP DISCHARGE, 30 MIN OR LESS

99238 ** ProFee ** IP DISCHARGE, 30 MIN OR LESS

99238

987

\$ 351.75

Total of Standard Charges:

\$ 351.75

Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 281.40
Minimum negotiated charge amount (93%) ----->	\$ 327.13
Maximum negotiated charge amount (95%) ----->	\$ 334.16
Aetna - negotiated charge amount (93%) ----->	\$ 327.13
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 334.16
Cigna - negotiated charge amount (95%) ----->	\$ 334.16
CDS - negotiated charge amount (95%) ----->	\$ 334.16
All other insurances - non-negotiated charge amount (100%) ----->	\$ 351.75

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99281 ER, PF HIST, PF EXAM, STRAIGHT MDM

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

99281	** ProFee **	ER, PF HIST, PF EXAM, STRAIGHT MDM	99281	981	\$ 178.50
				Total of Standard Charges:	\$ 178.50

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 142.80
Minimum negotiated charge amount (93%) ----->	\$ 166.01
Maximum negotiated charge amount (95%) ----->	\$ 169.58
Aetna - negotiated charge amount (93%) ----->	\$ 166.01
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 169.58
Cigna - negotiated charge amount (95%) ----->	\$ 169.58
CDS - negotiated charge amount (95%) ----->	\$ 169.58
All other insurances - non-negotiated charge amount (100%) ----->	\$ 178.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99282 ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

99282	** ProFee **	ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM	99282	981	\$ 237.30
				Total of Standard Charges:	\$ 237.30

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 189.84
Minimum negotiated charge amount (93%) ----->	\$ 220.69
Maximum negotiated charge amount (95%) ----->	\$ 225.44
Aetna - negotiated charge amount (93%) ----->	\$ 220.69
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 225.44
Cigna - negotiated charge amount (95%) ----->	\$ 225.44
CDS - negotiated charge amount (95%) ----->	\$ 225.44
All other insurances - non-negotiated charge amount (100%) ----->	\$ 237.30

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99283 ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

99283	** ProFee **	ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM	99283	981	\$ 424.20
				Total of Standard Charges:	\$ 424.20

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 339.36
Minimum negotiated charge amount (93%) ----->	\$ 394.51
Maximum negotiated charge amount (95%) ----->	\$ 402.99
Aetna - negotiated charge amount (93%) ----->	\$ 394.51
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 402.99
Cigna - negotiated charge amount (95%) ----->	\$ 402.99
CDS - negotiated charge amount (95%) ----->	\$ 402.99
All other insurances - non-negotiated charge amount (100%) ----->	\$ 424.20

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99284 ER, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

99284	** ProFee **	ER, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM	99284	981	\$ 644.70
				Total of Standard Charges:	\$ 644.70

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 515.76
Minimum negotiated charge amount (93%) ----->	\$ 599.57
Maximum negotiated charge amount (95%) ----->	\$ 612.47
Aetna - negotiated charge amount (93%) ----->	\$ 599.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 612.47
Cigna - negotiated charge amount (95%) ----->	\$ 612.47
CDS - negotiated charge amount (95%) ----->	\$ 612.47
All other insurances - non-negotiated charge amount (100%) ----->	\$ 644.70

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code
<OR>
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

99285 ER, COMP HIST, COMP EXAM, HIGH COMPLEX MDM

In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided

99285	** ProFee **	ER, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99285	981	\$ 943.95
				Total of Standard Charges:	\$ 943.95

Emergency Room

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 755.16
Minimum negotiated charge amount (93%) ----->	\$ 877.87
Maximum negotiated charge amount (95%) ----->	\$ 896.75
Aetna - negotiated charge amount (93%) ----->	\$ 877.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 896.75
Cigna - negotiated charge amount (95%) ----->	\$ 896.75
CDS - negotiated charge amount (95%) ----->	\$ 896.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 943.95

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99304 INITIAL NURSING FACILITY,DETAIL/COMP HIST,DETAIL/COMP EXAM,STRAIG/LOW COMPLEX MDM

10011	SWG/SNF		100	\$ 1,000.00
99304	** ProFee ** INITIAL NURSING FACILITY, DETAIL/COMP HIST, DETAIL/COMP EXAM, STRAIG/LOW COMPLEX MDM	99304	550	\$ 420.00
			Total of Standard Charges:	\$ 1,420.00

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,136.00
Minimum negotiated charge amount (93%) ----->	\$ 1,320.60
Maximum negotiated charge amount (95%) ----->	\$ 1,349.00
Aetna - negotiated charge amount (93%) ----->	\$ 1,320.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,349.00
Cigna - negotiated charge amount (95%) ----->	\$ 1,349.00
CDS - negotiated charge amount (95%) ----->	\$ 1,349.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,420.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99305 INITIAL NURSING FACILITY,COMP HIST,COMP EXAM,MOD COMPLEX MDM

10011	SWG/SNF		100	\$ 1,000.00
99305	** ProFee ** INITIAL NURSING FACILITY, COMP HIST, COMP EXAM, MOD COMPLEX MDM	99305	550	\$ 562.80
Total of Standard Charges:				\$ 1,562.80

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,250.24
Minimum negotiated charge amount (93%) ----->	\$ 1,453.40
Maximum negotiated charge amount (95%) ----->	\$ 1,484.66
Aetna - negotiated charge amount (93%) ----->	\$ 1,453.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,484.66
Cigna - negotiated charge amount (95%) ----->	\$ 1,484.66
CDS - negotiated charge amount (95%) ----->	\$ 1,484.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,562.80

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99306 INITIAL NURSING FACILITY,COMP HIST,COMP EXAM,HIGH COMPLEX MDM

10011	SWG/SNF		100	\$ 1,000.00
99306	** ProFee ** INITIALNURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99306	550	\$ 598.50
Total of Standard Charges:				\$ 1,598.50

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,278.80
Minimum negotiated charge amount (93%) ----->	\$ 1,486.61
Maximum negotiated charge amount (95%) ----->	\$ 1,518.58
Aetna - negotiated charge amount (93%) ----->	\$ 1,486.61
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,518.58
Cigna - negotiated charge amount (95%) ----->	\$ 1,518.58
CDS - negotiated charge amount (95%) ----->	\$ 1,518.58
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,598.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99307 SUBSEQUENT NURSING FACILITY,PF HIST,PF EXAM,STRAIGHT MDM

10011	SWG/SNF		100	\$ 1,000.00
99307	** ProFee ** SUBSEQUENT NURSING FACILITY, PF HIST, PF EXAM, STRAIGHT MDM	99307	550	\$ 210.00
Total of Standard Charges:				\$ 1,210.00

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 968.00
Minimum negotiated charge amount (93%) ----->	\$ 1,125.30
Maximum negotiated charge amount (95%) ----->	\$ 1,149.50
Aetna - negotiated charge amount (93%) ----->	\$ 1,125.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,149.50
Cigna - negotiated charge amount (95%) ----->	\$ 1,149.50
CDS - negotiated charge amount (95%) ----->	\$ 1,149.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,210.00

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99308 SUBSEQUENT NURSING FACILITY,EXPAND/PF HIST,EXPAND/PF EXAM,LOW COMPLEX MDM

10011	SWG/SNF		100	\$ 1,000.00
99308	** ProFee ** SUBSEQUENT NURSING FACILITY, EXAPAND/PF HIST, EXPAND/PF EXAM, LOW COMPLEX MDM	99308	550	\$ 320.25
			Total of Standard Charges:	\$ 1,320.25

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,056.20
Minimum negotiated charge amount (93%) ----->	\$ 1,227.83
Maximum negotiated charge amount (95%) ----->	\$ 1,254.24
Aetna - negotiated charge amount (93%) ----->	\$ 1,227.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,254.24
Cigna - negotiated charge amount (95%) ----->	\$ 1,254.24
CDS - negotiated charge amount (95%) ----->	\$ 1,254.24
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,320.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99309 SUBSEQUENT NURSING FACILITY,DETAIL HIST,DETAIL EXAM,MOD COMPLEX MDM

10011	SWG/SNF		100	\$ 1,000.00
99309	** ProFee ** SUBSEQUENT NURSING FACILITY, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM	99309	550	\$ 425.25

Total of Standard Charges: \$ 1,425.25

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,140.20
Minimum negotiated charge amount (93%) ----->	\$ 1,325.48
Maximum negotiated charge amount (95%) ----->	\$ 1,353.99
Aetna - negotiated charge amount (93%) ----->	\$ 1,325.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,353.99
Cigna - negotiated charge amount (95%) ----->	\$ 1,353.99
CDS - negotiated charge amount (95%) ----->	\$ 1,353.99
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,425.25

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99310 SUBSEQUENT NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM

99310	** ProFee **	SUBSEQUENT NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99310	984	\$ 595.35
				Total of Standard Charges:	\$ 595.35

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 476.28
Minimum negotiated charge amount (93%) ----->	\$ 553.68
Maximum negotiated charge amount (95%) ----->	\$ 565.58
Aetna - negotiated charge amount (93%) ----->	\$ 553.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 565.58
Cigna - negotiated charge amount (95%) ----->	\$ 565.58
CDS - negotiated charge amount (95%) ----->	\$ 565.58
All other insurances - non-negotiated charge amount (100%) ----->	\$ 595.35

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

99315 NURSING FACILITY DC, 30 MINUTES OR LESS

99315	** ProFee **	NURSING FACILITY DC, 30 MINUTES OR LESS	99315	550	\$ 304.50
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Total of Standard Charges: \$ 304.50

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 243.60
Minimum negotiated charge amount (93%) ----->	\$ 283.19
Maximum negotiated charge amount (95%) ----->	\$ 289.28
Aetna - negotiated charge amount (93%) ----->	\$ 283.19
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 289.28
Cigna - negotiated charge amount (95%) ----->	\$ 289.28
CDS - negotiated charge amount (95%) ----->	\$ 289.28
All other insurances - non-negotiated charge amount (100%) ----->	\$ 304.50

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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

Shoppable Services Report - Table II

(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code

<OR>

HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

Battle Mountain General Hospital does not offer the services listed below which are members of the 70 CMS-specified shoppable services:

99243 Patient office consultation, typically 40 min
 99244 Patient office consultation, typically 60 min
 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
 43235 Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope
 43239 Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope
 45378 Diagnostic examination of large bowel using an endoscope
 45380 Biopsy of large bowel using an endoscope
 45385 Removal of polyps or growths of large bowel using an endoscope
 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

Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**