### INPATIENT, SWING BED and SNF ROOMS (these are PER DAY rates)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>ISOLATION ROOM</td>
<td></td>
<td>202</td>
<td></td>
<td>$1,500.00</td>
</tr>
<tr>
<td>10001</td>
<td>TELEMETRY ROOM</td>
<td></td>
<td>219</td>
<td></td>
<td>$1,200.00</td>
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<tr>
<td>10002</td>
<td>ACUTE ROOM</td>
<td></td>
<td>121</td>
<td></td>
<td>$1,200.00</td>
</tr>
<tr>
<td>10011</td>
<td>SWG/SNF</td>
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<td>100</td>
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<td>$1,000.00</td>
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<tr>
<td>99221</td>
<td>INITIAL IP CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM</td>
<td>99221</td>
<td>984</td>
<td></td>
<td>$213.15</td>
</tr>
<tr>
<td>99222</td>
<td>INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM</td>
<td>99222</td>
<td>987</td>
<td></td>
<td>$348.60</td>
</tr>
<tr>
<td>99223</td>
<td>INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM</td>
<td>99223</td>
<td>984</td>
<td></td>
<td>$485.10</td>
</tr>
<tr>
<td>99238</td>
<td>IP DISCHARGE, 30 MIN OR LESS</td>
<td></td>
<td>99238</td>
<td>987</td>
<td>$351.75</td>
</tr>
</tbody>
</table>

**Room and Board**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10060</td>
<td>INCISION/DRAINAGE OF ABSCESS SIMPLE OR SINGLE</td>
<td>10060</td>
<td>981</td>
<td></td>
<td>$ 346.50</td>
</tr>
<tr>
<td>10061</td>
<td>INCISION/DRAINAGE ABSCESS COMP/MULTIPLE</td>
<td>10061</td>
<td>981</td>
<td></td>
<td>$ 501.90</td>
</tr>
<tr>
<td>455006</td>
<td>EMER ROOM - LEVEL 2</td>
<td>99282</td>
<td>450</td>
<td></td>
<td>$ 378.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 1,226.40

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
UMR - negotiated charge amount (95%) $ 1,165.08
All other insurances - non-negotiated charge amount (100%) $ 1,226.40

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

** ProFee **

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10120</td>
<td>INCISION &amp; REMOVAL OF F/B SUB/TISSUE SIMPLE</td>
<td>10120</td>
<td>981</td>
<td><strong>ProFee</strong></td>
<td><strong>$ 277.20</strong></td>
</tr>
<tr>
<td>10121</td>
<td>INCISION &amp; REMOVAL OF F/B SUB/TISSUE COMPLICATED</td>
<td>10121</td>
<td>981</td>
<td><strong>ProFee</strong></td>
<td><strong>$ 574.35</strong></td>
</tr>
</tbody>
</table>

Total of Standard Charges: **$ 851.55**

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**
UMR - negotiated charge amount (95%) ------------------> **$ 808.97**
All other insurances - non-negotiated charge amount (100%) ------------------> **$ 851.55**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>11200  ** ProFee **</td>
<td>REMOVAL OF SKIN TAGS UP TO 15</td>
<td>11200</td>
<td>981</td>
<td></td>
<td>$ 183.75</td>
</tr>
</tbody>
</table>

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

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

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

Professional Fees:

- 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
- UMR - 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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>11400</td>
<td>EXCISION BENIGN LESION .5CM OR LESS TRNK</td>
<td>11400</td>
<td>981</td>
<td></td>
<td>$ 288.75</td>
</tr>
<tr>
<td>11402</td>
<td>EXCISION BENIGN LESION 1.1 TO 2.0 CM</td>
<td>11402</td>
<td>981</td>
<td></td>
<td>$ 525.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 813.75

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
UMR - negotiated charge amount (95%) ---> $ 773.06
All other insurances - non-negotiated charge amount (100%) ---> $ 813.75

**Professional Fees**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>11730 NAIL AVULSION PART/COM/SIM</td>
<td>An E/M facility fee &lt;and/or&gt; an E/M professional fee could be added, depending on the situation</td>
<td>11730</td>
<td>981</td>
<td></td>
<td>$ 269.85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11732</td>
<td>981</td>
<td></td>
<td>$ 152.25</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 422.10

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
UMR - negotiated charge amount (95%) $ 401.00
All other insurances - non-negotiated charge amount (100%) $ 422.10

Professional Fees

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVACUATION SUBUNGUAL HEMATOMA</td>
<td></td>
<td>11740</td>
<td>981</td>
<td>$ 171.15</td>
</tr>
</tbody>
</table>

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

**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

**UMR - negotiated charge amount (95%):** $ 162.59

**All other insurances - non-negotiated charge amount (100%):** $ 171.15

---

**Professional Fees**

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

---

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAIL EXCISION/PERM REMOVAL</td>
<td></td>
<td>11750</td>
<td>981</td>
<td></td>
<td>$ 437.85</td>
</tr>
</tbody>
</table>

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

| | | | | | |
|---|---|---|---|---|
| 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 |
| UMR - negotiated charge amount (95%) | $ 415.96 |
| All other insurances - non-negotiated charge amount (100%) | $ 437.85 |

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

**Professional Fees**

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>12001</td>
<td>WOUND REPAIR SIMPLE 2.5 OR LESS</td>
<td>12001</td>
<td>981</td>
<td></td>
<td>$ 299.25</td>
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<tr>
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<td></td>
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<tr>
<td></td>
<td></td>
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<td>981</td>
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<td>$ 495.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99282</td>
<td>450</td>
<td></td>
<td>$ 378.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,723.05

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
UMR - negotiated charge amount (95%) -> $ 1,636.90
All other insurances - non-negotiated charge amount (100%) -> $ 1,723.05

---

**Use CTRL-F to SEARCH**

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12011</td>
<td>WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS/LPS 2.5 CM&lt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12011** ProFee **</td>
<td>WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS/LPS 2.5 CM&lt;</td>
<td>12011</td>
<td>981</td>
<td>** ProFee **</td>
<td>$ 472.50</td>
</tr>
<tr>
<td>12013** ProFee **</td>
<td>WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS/LPS 2.6-5.0 CM</td>
<td>12013</td>
<td>981</td>
<td>** ProFee **</td>
<td>$ 402.15</td>
</tr>
<tr>
<td>12014** ProFee **</td>
<td>WOUND REPAIR SIMPLE FACE/EARS/EYELD/NS 2.6-5.0 CM</td>
<td>12014</td>
<td>981</td>
<td>** ProFee **</td>
<td>$ 523.95</td>
</tr>
<tr>
<td>455006</td>
<td>EMER ROOM - LEVEL 2</td>
<td></td>
<td></td>
<td></td>
<td>$ 378.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,776.60

---

**Emergency Room**

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>12031</td>
<td>WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 2.5CM OR LESS</td>
<td>12031</td>
<td>981</td>
<td></td>
<td>$457.80</td>
</tr>
<tr>
<td>12032</td>
<td>WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 2.6CM - 7.5CM</td>
<td>12032</td>
<td>981</td>
<td></td>
<td>$519.75</td>
</tr>
<tr>
<td>12034</td>
<td>WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 7.6CM - 12.5CM</td>
<td>12034</td>
<td>981</td>
<td></td>
<td>$555.45</td>
</tr>
<tr>
<td>12035</td>
<td>WOUND REPAIR INTERM SCALP/AXIL/TRUNK/EXTREM (EXCL HAND/FEET) 12.6CM - 20.0CM</td>
<td>12035</td>
<td>981</td>
<td>450</td>
<td>$708.75</td>
</tr>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
<td></td>
<td></td>
<td>981</td>
<td>$564.90</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $2,806.65

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
UMR - negotiated charge amount (95%) $2,666.32
All other insurances - non-negotiated charge amount (100%) $2,806.65

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

Emergency Room

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

## Battle Mountain General Hospital

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

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.5CM OR LESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12041</strong></td>
<td><strong>WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.5CM OR LESS</strong></td>
<td>12041</td>
<td>981</td>
<td></td>
<td>$443.10</td>
</tr>
<tr>
<td><strong>12042</strong></td>
<td><strong>WOUND REPAIR INTERM NECK/HAND/FEET/EXTERN GENITAL 2.6CM - 5.0CM</strong></td>
<td>12042</td>
<td>981</td>
<td></td>
<td>$526.05</td>
</tr>
<tr>
<td><strong>455007</strong></td>
<td><strong>EMER ROOM - LEVEL 3</strong></td>
<td>99283</td>
<td>450</td>
<td></td>
<td>$564.90</td>
</tr>
</tbody>
</table>

**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.

**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.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>12051</td>
<td>981</td>
<td></td>
<td>$ 496.65</td>
</tr>
<tr>
<td>99283</td>
<td>450</td>
<td></td>
<td>$ 564.90</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 1,061.55

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

** Emergency Room **

** 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

**Shoppable Service**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13100</strong></td>
<td>REPAIR, COMPLEX, TRUNK 1.1CM -2.5CM</td>
<td>13100</td>
<td>981</td>
<td>981</td>
<td><strong>$ 840.00</strong></td>
</tr>
<tr>
<td><strong>13101</strong></td>
<td>REPAIR, COMPLEX, TRUNK 2.6CM - 7.5CM</td>
<td>13101</td>
<td>981</td>
<td>981</td>
<td><strong>$ 937.65</strong></td>
</tr>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
<td>99283</td>
<td>450</td>
<td></td>
<td><strong>$ 564.90</strong></td>
</tr>
</tbody>
</table>

**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.

---

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20552 INJ SINGLE OR MULTIPLE (1-2) TRIGGER POINT</strong></td>
<td><strong>20552 INJ SINGLE OR MULTIPLE (1-2) TRIGGER POINT</strong></td>
<td><strong>981</strong></td>
<td><strong>99283</strong></td>
<td><strong>450</strong></td>
<td><strong>$ 176.40</strong></td>
</tr>
<tr>
<td><strong>455007</strong> <strong>EMER ROOM - LEVEL 3</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>981</strong></td>
<td><strong>$ 564.90</strong></td>
</tr>
<tr>
<td><strong>99283</strong> <strong>ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>981</strong></td>
<td><strong>$ 424.20</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 1,165.50</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 1,165.50

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

**Emergency Room**

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20605</strong> INJ/ASPIRATION/ARTHROCENTESIS/INTERMED W/O GUID</td>
<td><strong>ProFee</strong> INJ/ASPIRATION/ARTHROCENTESIS/INTERMED W/O GUID</td>
<td>20605</td>
<td>981</td>
<td><strong>232.05</strong></td>
<td></td>
</tr>
<tr>
<td><strong>455007</strong> EMER ROOM - LEVEL 3</td>
<td></td>
<td>99283</td>
<td>450</td>
<td><strong>564.90</strong></td>
<td></td>
</tr>
<tr>
<td><strong>99283</strong> ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM</td>
<td></td>
<td>99283</td>
<td>981</td>
<td><strong>424.20</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

**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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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>23500</td>
<td>CLSD TX CLAVICAL FX W/O MANIP</td>
<td>23500</td>
<td>981</td>
<td></td>
<td>$ 877.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99284</td>
<td>450</td>
<td></td>
<td>$ 883.05</td>
</tr>
<tr>
<td></td>
<td>An E/M facility fee &lt;and/or&gt; an E/M professional fee could be added, depending on the situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges: $ 1,760.85</td>
</tr>
</tbody>
</table>

- **ProFee**

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
UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>24640</td>
<td>CLSD TX RADIAL HEAD SUBLUX/NURSEMAID - CHILD W/MANIP</td>
<td>24640</td>
<td>981</td>
<td></td>
<td>$430.50</td>
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<tr>
<td></td>
<td>** ProFee **</td>
<td></td>
<td></td>
<td></td>
<td>$564.90</td>
</tr>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
<td></td>
<td></td>
<td></td>
<td>$995.40</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $995.40

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

Emergency Room
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>29065</strong> APPLICATION CAST; SHOULDER TO HAND (LONG ARM)</td>
<td></td>
<td>29065</td>
<td>981</td>
<td></td>
<td>$ 352.80</td>
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<tr>
<td><strong>29075</strong> APPLICATION CAST; ELBOW TO FINGER (SHORT ARM)</td>
<td></td>
<td>29075</td>
<td>981</td>
<td></td>
<td>$ 320.25</td>
</tr>
<tr>
<td><strong>455007</strong> EMER ROOM - LEVEL 3</td>
<td></td>
<td>99283</td>
<td>450</td>
<td></td>
<td>$ 564.90</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,237.95

- 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
- UMR - negotiated charge amount (95%) $ 1,176.05
- All other insurances - non-negotiated charge amount (100%) $ 1,237.95

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>29505  APPLICATION LONG LEG SPLINT (THIGH TO ANKLE/TOES)</td>
<td>29505</td>
<td>981</td>
<td>$ 256.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29515  APPLICATION SHORT LEG SPLINT (CALF TO FOOT)</td>
<td>99283</td>
<td>450</td>
<td>$ 564.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>455007  EMER ROOM - LEVEL 3</td>
<td>29515</td>
<td>981</td>
<td>$ 263.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 1,084.65

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

---

**Emergency Room**

<table>
<thead>
<tr>
<th><strong>Shoppable Service</strong></th>
<th><strong>An E/M facility fee &lt;and/or&gt; an E/M professional fee could be added, depending on the situation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>29505 ** ProFee **</td>
<td>APPLICATION LONG LEG SPLINT (THIGH TO ANKLE/TOES)</td>
</tr>
<tr>
<td>29515 ** ProFee **</td>
<td>APPLICATION SHORT LEG SPLINT (CALF TO FOOT)</td>
</tr>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
</tr>
</tbody>
</table>

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
UMR - 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.
## Shoppable Services Report - Table II

### Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td>30300</td>
<td>981</td>
<td></td>
<td>$577.50</td>
</tr>
<tr>
<td><strong>30300</strong></td>
<td>RMVL FB, INTRANASAL; OFFICE TYPE PROC</td>
<td>30300</td>
<td>981</td>
<td></td>
<td>$577.50</td>
</tr>
<tr>
<td>455006</td>
<td>EMER ROOM - LEVEL 2</td>
<td>99282</td>
<td>450</td>
<td></td>
<td>$378.00</td>
</tr>
</tbody>
</table>

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

---

**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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
30901 | CONTRL NASAL HEMORRHAGE, ANTERIOR, SIMPLE | 30901 | 981 | | $307.65
30903 | CONTRL NASAL HEMORRHAGE, ANTERIOR, COMPLEX | 30903 | 981 | | $358.05
30905 | CONTRL NASAL HEMORRHAGE, POSTERIOR, INITIAL | 30905 | 981 | | $346.50
45507 | 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.

---

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>31500</strong> INTUBATION, ENDOTRACHEAL, EMERGENCY</td>
<td><strong>An E/M facility fee &lt;and/or&gt; an E/M professional fee could be added, depending on the situation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31500 <strong>ProFee</strong> INTUBATION, ENDOTRACHEAL, EMERGENCY</td>
<td>31500</td>
<td>981</td>
<td>$618.45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- **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
- **UMR - negotiated charge amount (95%)**: $587.53
- **All other insurances - non-negotiated charge amount (100%)**: $618.45

**Professional Fees**

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

---

**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

**Battle Mountain General Hospital**

_Shoppable Service_  | _Primary Service and Ancillary Services_  | _CPT Code_  | _HCPCS Code_  | _Revenue Code_  | _Standard Charge_  
---|---|---|---|---|---
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

UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>388009 CHEM PANEL 14/WORK PHYSICAL</td>
<td></td>
<td>80053</td>
<td>301</td>
<td></td>
<td>$30.98</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $29.43
All other insurances - non-negotiated charge amount (100%) $30.98

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

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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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>388014 CHOLESTEROL/WORK PHYSICAL</td>
<td>388014 CHOLESTEROL/WORK PHYSICAL</td>
<td>301</td>
<td></td>
<td></td>
<td>$22.58</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $22.58

- **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
- **UMR - negotiated charge amount (95%)**: $21.45
- **All other insurances - non-negotiated charge amount (100%)**: $22.58

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

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>388015 UA MICRO PHYSICAL</td>
<td>388015 UA MICRO PHYSICAL</td>
<td>81003</td>
<td>307</td>
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<td>$18.90</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $18.90

- **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
- **UMR - negotiated charge amount (95%):** $17.96
- **All other insurances - non-negotiated charge amount (100%):** $18.90

**Laboratory**

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

**Use CTRL-F to SEARCH**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>388016</strong> TRIGLYCERIDES/WORK PHYS</td>
<td></td>
<td>84478</td>
<td>301</td>
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<td>$ 26.25</td>
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</tbody>
</table>

**Total of Standard Charges:** $ 26.25

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
UMR - negotiated charge amount (95%) $ 24.94
All other insurances - non-negotiated charge amount (100%) $ 26.25

**Laboratory**

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

---

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report** - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIPID PANEL PRE-EMPLOYMENT</td>
<td>388017</td>
<td>80061</td>
<td>300</td>
<td></td>
<td>$ 30.98</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) $ 29.43
- All other insurances - non-negotiated charge amount (100%) $ 30.98

**Laboratory**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>418011</td>
<td>SPIROMETRY W/ BRONCHODILATION</td>
<td>94060</td>
<td>460</td>
<td></td>
<td>$ 273.00</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $ 259.35
All other insurances - non-negotiated charge amount (100%) $ 273.00

Respiratory Therapy

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

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)

<table>
<thead>
<tr>
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<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
</table>
| **INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

| 455006 | EMER ROOM - LEVEL 2 | 455006 | 99282 | 450 | $ 378.00 |

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

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

**Emergency Room**

- 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
- UMR - negotiated charge amount (95%) --------------- > $ 359.10
- All other insurances - non-negotiated charge amount (100%) --------------- > $ 378.00

**Total of Standard Charges:**

$ 378.00

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

*Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE*
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
<td>99283</td>
<td>450</td>
</tr>
</tbody>
</table>

**Shoppable Service**

**Primary Service and Ancillary Services**

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

### Emergency Room

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>455007</td>
<td>EMER ROOM - LEVEL 3</td>
<td>99283</td>
<td>450</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td>$451.92</td>
<td>Minimum negotiated charge amount (93%)</td>
<td>$525.36</td>
</tr>
<tr>
<td>(% of charges)</td>
<td></td>
<td>Maximum negotiated charge amount (95%)</td>
<td>$536.66</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$525.36</td>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$536.66</td>
</tr>
<tr>
<td>Cigna - negotiated charge amount (95%)</td>
<td>$536.66</td>
<td>UMR - negotiated charge amount (95%)</td>
<td>$536.66</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$564.90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Date Printed: 01/01/2022
Last Update: 01/01/2022
### Shoppable Services Report - Table II

#### Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>455008 EMER ROOM - LEVEL 4</td>
<td></td>
<td>455008</td>
<td>EMER ROOM - LEVEL 4</td>
<td>99284</td>
<td>450</td>
</tr>
</tbody>
</table>

**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
UMR - 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.
### INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>455009</td>
<td>99285</td>
<td>450</td>
<td>$1,303.05</td>
</tr>
</tbody>
</table>

- **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.

**Total of Standard Charges:** $1,303.05

- **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
- **UMR - 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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>455013 Critical Care - 1st Hour</td>
<td>In addition, an ER facility fee &lt;OR&gt; professional fee will be added to the ER visit based on the level of care provided</td>
<td>99291</td>
<td>450</td>
<td>$1,896.30</td>
<td></td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) --------------> $1,801.49
All other insurances - non-negotiated charge amount (100%) --------------> $1,896.30

Emergency Room

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

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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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>455014 CRITICAL CARE EA AD 30 MINUTE</td>
<td>In addition, an ER facility fee &lt;OR&gt; professional fee will be added to the ER visit based on the level of care provided</td>
<td>99292</td>
<td>450</td>
<td>$ 480.90</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 480.90

- 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
- UMR - 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
<table>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>488001</td>
<td>CHEST XRAY 1V WRK PHYS</td>
<td>488001</td>
<td>324</td>
<td></td>
<td>$99.75</td>
</tr>
</tbody>
</table>

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

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

X-Ray

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
UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST XRAY 2V WRK PHYS</td>
<td>488002</td>
<td>324</td>
<td>126.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $126.00

**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**

**UMR - 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.
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>488003</strong> L SPINE 2 V WORK PHYS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>488003</td>
<td>L SPINE 2 V WORK PHYS</td>
<td></td>
<td></td>
<td></td>
<td>$73.50</td>
</tr>
</tbody>
</table>

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

- **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
- **UMR - negotiated charge amount (95%)**: $69.83
- **All other insurances - non-negotiated charge amount (100%)**: $73.50

### X-Ray

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

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

---

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

**Trouble with this form? Email ShoppableServices@Hospital.com**

If you prefer to view this report online, you can use the link provided on the hospital's website.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>58301</strong> REMOVAL INTRAUTERINE DEVICE (IUD)</td>
<td><strong>58301</strong> REMOVAL INTRAUTERINE DEVICE (IUD)</td>
<td>58301</td>
<td>981</td>
<td></td>
<td>$226.80</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

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

**Professional Fees**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG WRK PHYS</td>
<td></td>
<td>588002</td>
<td></td>
<td>730</td>
<td>$ 78.75</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 78.75

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
UMR - negotiated charge amount (95%) $ 74.81
All other insurances - non-negotiated charge amount (100%) $ 78.75

Respiratory Therapy

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

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>69200 REMOVAL FB EXTERNAL AUDITORY CANAL, W/O GENERAL ANESTH</strong></td>
<td><strong>A FACILITY FEE will be added</strong></td>
<td>69200</td>
<td>981</td>
<td></td>
<td>$310.80</td>
</tr>
<tr>
<td><strong>69200</strong> <strong>ProFee</strong> <strong>REMOVAL FB EXTERNAL AUDITORY CANAL, W/O GENERAL ANESTH</strong></td>
<td></td>
<td>69200</td>
<td>981</td>
<td></td>
<td><strong>$310.80</strong></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  

- **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 
- **UMR - Negotiated Charge Amount (95%):** $295.26 
- **All Other Insurances - Non-Negotiated Charge Amount (100%):** $310.80 

**Use CTRL-F to SEARCH**

**Professional Fees**

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

**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 Service Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>69209</strong> REMOVAL IMPACTED CERUMEN, IRRIGA/LAVAGE, UNILAT</td>
<td></td>
<td>69209</td>
<td>981</td>
<td></td>
<td>$47.25</td>
</tr>
</tbody>
</table>

A FACILITY FEE will be added

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
UMR - negotiated charge amount (95%) → $44.89
All other insurances - non-negotiated charge amount (100%) → $47.25

---

**Inpatient, Outpatient, Emergency Room, Swing Bed or Skilled Nursing Facility**

**Professional Fees**

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

**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)

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
**CMS-Specified Shoppable Service** | **CT Scan** | 70450 | 351 | | $1,642.20

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

**70450 CT HEAD OR BRAIN W/O CONTRAST**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70450</td>
<td>351</td>
<td></td>
<td>$1,642.20</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,642.20

- **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
- **UMR - 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

**Use CTRL-F to SEARCH**

**Date Printed:** 01/01/2022  
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## Shoppable Services Report - Table II

### Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CT HEAD OR BRAIN W/CONTRAST</strong></td>
<td></td>
<td>70460</td>
<td>351</td>
<td></td>
<td>$2,244.90</td>
</tr>
</tbody>
</table>

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

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

UMR - negotiated charge amount (95%) $2,132.66

All other insurances - non-negotiated charge amount (100%) $2,244.90

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

---

**Use CTRL-F to SEARCH**

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

---

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**
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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70470 CT HEAD W &amp; W/O CONTRAST</td>
<td></td>
<td>70470</td>
<td>351</td>
<td></td>
<td>$2,699.55</td>
</tr>
</tbody>
</table>

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

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
UMR - 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
## Shoppable Service

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70486</td>
<td>351</td>
<td></td>
<td>$2,002.35</td>
<td>$1,601.88</td>
<td>$1,862.19</td>
<td>$1,902.23</td>
<td>$1,862.19</td>
<td>$1,902.23</td>
<td>$1,902.23</td>
<td>$1,902.23</td>
<td>$2,002.35</td>
</tr>
</tbody>
</table>

### CT Scan

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

**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)**

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>70487</strong></td>
<td>CT MAXILLOFACIAL AREA W/CONTRAST</td>
<td>70487</td>
<td>351</td>
<td></td>
<td>$ 1,905.75</td>
<td>$ 1,524.60</td>
<td>$ 1,772.35</td>
<td>$ 1,810.46</td>
<td>$ 1,772.35</td>
<td>$ 1,810.46</td>
<td>$ 1,810.46</td>
<td>$ 1,810.46</td>
<td>$ 1,905.75</td>
</tr>
<tr>
<td><strong>RADIOLOGIST</strong></td>
<td>- not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CT Scan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Total of Standard Charges:** $ 1,905.75

---

**Use CTRL-F to SEARCH**

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

**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

**Battle Mountain General Hospital**

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70490</td>
<td>351</td>
<td></td>
<td>$2,718.45</td>
</tr>
</tbody>
</table>

#### Shoppable Service: CT SOFT TISSUE NECK W/O CONTRAST

**CPT Code:** 70490  
**HCPCS Code:** 351  
**Revenue Code:**  
**Standard Charge:** $2,718.45

**Note:** 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, UMR - negotiated charge amount (95%) $2,582.53, All other insurances - non-negotiated charge amount (100%) $2,718.45

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

**Total of Standard Charges:** $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
# Shoppable Services Report

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>70496  CTA HEAD W/WO CONTRAST</strong></td>
<td></td>
<td>70496</td>
<td>351</td>
<td></td>
<td>$3,361.05</td>
</tr>
</tbody>
</table>

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

**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

**UMR - 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**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70498 CTA NECK W/WO CONTRAST</td>
<td></td>
<td>70498</td>
<td>351</td>
<td></td>
<td>$ 3,425.10</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 3,425.10

COPAYS, DEDUCTIBLES AND COINSURANCES ARE NOT FACTORED INTO THESE CHARGE AMOUNTS SINCE EACH PATIENT'S INSURANCE PLAN IS UNIQUE.

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>70553 MRI BRAIN INCLD STEM W &amp;W/O CONTRAST</td>
<td>70553 MRI BRAIN INCLD STEM W &amp;W/O CONTRAST</td>
<td>70553</td>
<td>611</td>
<td>$3,521.70</td>
<td></td>
</tr>
</tbody>
</table>

**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.

**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)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>71045</td>
<td>324</td>
<td></td>
<td>$ 236.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 236.25

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

---

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

**CHEST SINGLE VIEW**

**71045**

**Fees for Services:**

- **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
- **UMR - 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**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST TWO VIEWS</td>
<td></td>
<td>71046</td>
<td>324</td>
<td></td>
<td>$ 306.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) --> $ 291.27
- All other insurances - non-negotiated charge amount (100%) --> $ 306.60

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

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

**X-Ray**

**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

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  **Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>71100</strong> RIBS, UNILATERAL 2 VIEWS</td>
<td></td>
<td>71100</td>
<td>320</td>
<td></td>
<td>$331.80</td>
</tr>
</tbody>
</table>

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

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

**X-Ray**

**Total of Standard Charges:** $331.80

- 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
- UMR - 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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>72040</strong></td>
<td>SPINE, CERVICAL 2 OR 3 VIEWS</td>
<td>72040</td>
<td>320</td>
<td></td>
<td>$ 364.35</td>
</tr>
<tr>
<td><strong>X-Ray</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $ 364.35

- **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
- **UMR - 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.
<table>
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>72052 SPINE, CERVICAL 6 OR MORE VIEW</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>72052</td>
<td>SPINE, CERVICAL 6 OR MORE VIEW</td>
<td>72052</td>
<td>320</td>
<td></td>
<td>$ 601.65</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges: $ 601.65</td>
</tr>
</tbody>
</table>

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

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
UMR - 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
### Shoppable Services Report - Table II

**CMS-1717-F2**

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPINE, THORACIC 2 VIEWS AP,LAT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$339.15</td>
</tr>
</tbody>
</table>

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

---

**X-Ray**

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

**Total of Standard Charges:** $339.15

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
UMR - 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
### Shoppable Services Report - Table II

**CMS-1717-F2**

**Battle Mountain General Hospital**

Date Printed: 01/01/2022  
Last Update: 01/01/2022

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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPINE, THORACIC MIN 4 VIEWS</strong></td>
<td></td>
<td>72074</td>
<td>320</td>
<td></td>
<td>$451.50</td>
</tr>
</tbody>
</table>

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

---

**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

UMR - 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.
## Shoppable Services Report

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72100</td>
<td>SPINE, LUMBOSACRAL 2 OR 3 VIEW</td>
<td>72100</td>
<td>320</td>
<td></td>
<td>$ 498.75</td>
</tr>
<tr>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **72100 SPINE, LUMBOSACRAL 2 OR 3 VIEW**
  - CPT Code: 72100
  - HCPCS Code: 320
  - Revenue Code:
  - Standard Charge: $ 498.75

**Total of Standard Charges:** $ 498.75

- **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
- **UMR - negotiated charge amount (95%)**: $ 473.81
- **All other insurances - non-negotiated charge amount (100%)**: $ 498.75

---

**X-Ray**

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

---

**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

**Battle Mountain General Hospital**

(Date Printed: 01/01/2022, Last Update: 01/01/2022)

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>72110 SPINE LUMBOSACRAL MIN 4 VIEWS</strong></td>
<td></td>
<td>72110</td>
<td>320</td>
<td></td>
<td>$498.75</td>
</tr>
</tbody>
</table>

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

**CMS-Specified Shoppable Service**

---

**X-Ray**

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

---

### 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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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI SPINAL CANAL/CONTENTS: CERVICAL W/O CONTRAST</td>
<td></td>
<td>72141</td>
<td>612</td>
<td></td>
<td>$2,508.45</td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $2,508.45

- 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
- UMR - negotiated charge amount (95%) $2,383.03
- All other insurances - non-negotiated charge amount (100%) $2,508.45

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>72147 MRI SPINAL CANAL/CONTENTS: THORACIC W/CONTRAST</td>
<td>72147</td>
<td>612</td>
<td></td>
<td>$2,623.95</td>
</tr>
</tbody>
</table>

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

**Total of Standard Charges:** $2,623.95

*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*

*UMR - negotiated charge amount (95%) --> $2,492.75*

*All other insurances - non-negotiated charge amount (100%) --> $2,623.95*

---

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE W/O CONTRAST</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>72148</td>
<td>612</td>
<td></td>
<td>$2,476.95</td>
</tr>
</tbody>
</table>

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

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
UMR - negotiated charge amount (95%) $2,353.10
All other insurances - non-negotiated charge amount (100%) $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**

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>72149  MRI LUMBAR SPINE W/CONTRAST</td>
<td></td>
<td>72149</td>
<td>612</td>
<td>$ 2,637.60</td>
</tr>
<tr>
<td>Total of Standard Charges:</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,637.60</td>
</tr>
<tr>
<td>Self-pay/Cash Price (80% of charges)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,110.08</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,452.97</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,505.72</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,452.97</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,505.72</td>
</tr>
<tr>
<td>Cigna - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,505.72</td>
</tr>
<tr>
<td>UMR - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,505.72</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,637.60</td>
</tr>
</tbody>
</table>

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

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>72193 CT PELVIS W/CONTRAST</strong></td>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td>72193</td>
<td>352</td>
<td></td>
<td>$3,135.30</td>
</tr>
</tbody>
</table>

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

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
UMR - 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
## Shoppable Services Report - Table II

### Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>73030</td>
<td>SHOULDER, COMPLETE 2VW MIN</td>
<td>73030</td>
<td>320</td>
<td></td>
<td>$ 315.00</td>
</tr>
</tbody>
</table>

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

**Use CTRL-F to SEARCH**

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

### Total of Standard Charges: $ 315.00

- **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
- **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMERUS, MIN 2 VIEWS</td>
<td>73060</td>
<td>320</td>
<td>$294.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Ray</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**73060  HUMERUS, MIN 2 VIEWS**

73060  HUMERUS, MIN 2 VIEWS

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

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

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

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

UMR - negotiated charge amount (95%) ------------------>  $279.30

All other insurances - non-negotiated charge amount (100%) ------------------>  $294.00

**Total of Standard Charges:**  $294.00
## Shoppable Service Report - Table II

**Battle Mountain General Hospital**

### Shoppable Service

**Primary Service and Ancillary Services**

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>73070</td>
<td>ELBOW, LIMITED/ 2 VIEWS</td>
<td>73070</td>
<td>320</td>
<td></td>
<td>$ 286.65</td>
</tr>
</tbody>
</table>

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

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

**X-Ray**

**Total of Standard Charges:**

- Self-pay/Cash Price (80% of charges) ---
  
- Minimum negotiated charge amount (93%) ---
  
- Maximum negotiated charge amount (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
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**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**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73080 ELBOW, COMPLETE MIN 3 VIEWS</td>
<td></td>
<td>73080</td>
<td>320</td>
<td></td>
<td>$340.20</td>
</tr>
<tr>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
- UMR - negotiated charge amount (95%): $323.19
- All other insurances - non-negotiated charge amount (100%): $340.20

**Total of Standard Charges**: $340.20

---

Date Printed: 01/01/2022

Last Update: 01/01/2022
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>73090 FOREARM 2 VIEWS</td>
<td></td>
<td>73090</td>
<td>320</td>
<td></td>
<td>$283.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total of Standard Charges: $283.50</td>
</tr>
</tbody>
</table>

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

**X-Ray**

**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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
</table>
| **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

---

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>73120</td>
<td>HAND, LIMITED/2 VIEWS</td>
<td>73120</td>
<td>320</td>
<td></td>
<td>$279.30</td>
</tr>
<tr>
<td></td>
<td>X-Ray</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**73120  HAND, LIMITED/2 VIEWS**

73120   HAND, LIMITED/2 VIEWS 73120 320 $279.30

Total of Standard Charges: $279.30

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
UMR - negotiated charge amount (95%) $265.34
All other insurances - non-negotiated charge amount (100%) $279.30

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**  
(EMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>73140</strong> FINGERS MIN 2 VIEWS</td>
<td></td>
<td>73140</td>
<td>320</td>
<td></td>
<td>$302.40</td>
</tr>
</tbody>
</table>

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

---

**Total of Standard Charges:**

| **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 |
| **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI ANY JOINT/UPPER EXTREM W/O</td>
<td>MRI ANY JOINT/UPPER EXTREM W/O</td>
<td>73221</td>
<td>614</td>
<td>75</td>
<td>$2,354.10</td>
</tr>
</tbody>
</table>

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

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
UMR - negotiated charge amount (95%) -> $2,236.40
All other insurances - non-negotiated charge amount (100%) -> $2,354.10

**Total of Standard Charges:** $2,354.10

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>73502</strong> HIP UNILATER W/PELVIS 2-3V</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>73502</td>
<td>320</td>
<td></td>
<td>$400.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>73502</strong> HIP UNILATER W/PELVIS 2-3V</td>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></td>
<td>73502</td>
<td>320</td>
<td></td>
<td>$400.05</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$400.05

**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

**UMR - 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**
### Shoppable Service Report - Table II

**Battle Mountain General Hospital**  
(CMS-1717-F2)

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<tr>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>73521 HIP BILATERAL PELVIS 2 VWS</strong></td>
<td></td>
<td>73521</td>
<td>320</td>
<td></td>
<td><strong>$ 421.05</strong></td>
</tr>
<tr>
<td><strong>RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
**$ 421.05**

- 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**

- UMR - negotiated charge amount (95%)  
  **$ 400.00**

- All other insurances - non-negotiated charge amount (100%)  
  **$ 421.05**

---

**X-Ray**

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

---

**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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<thead>
<tr>
<th>Shoppable Service</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>73610 ANKLE COMPLETE MIN 3 VIEW</td>
<td>73610 ANKLE COMPLETE MIN 3 VIEW</td>
<td>73610</td>
<td>320</td>
<td>$340.20</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**X-Ray**

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOT, COMPLETE MIN 3 VIEWS</td>
<td>73630</td>
<td>320</td>
<td>$ 318.15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 318.15

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):** $ 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
- **UMR - negotiated charge amount (95%):** $ 302.24
- **All other insurances - non-negotiated charge amount (100%):** $ 318.15

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI JNT OF LWR EXTE W/O CONTR</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>73721</td>
<td>614</td>
<td></td>
<td>$2,612.40</td>
</tr>
</tbody>
</table>

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

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

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

### Battle Mountain General Hospital

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>74019</td>
<td>ABDOMEN 2 VIEWS</td>
<td>74019</td>
<td>320</td>
<td></td>
<td>$ 392.70</td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $ 392.70

| 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 |
| UMR - negotiated charge amount (95%) | $ 373.07 |
| All other insurances - non-negotiated charge amount (100%) | $ 392.70 |

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**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 Service Report - Table II

****Battle Mountain General Hospital****

Shoppable Services Report - Table II

(CMS-1717-F2)

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<tr>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>74021</td>
<td>320</td>
<td>80</td>
<td>$409.50</td>
</tr>
</tbody>
</table>

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

74021  ABDOMEN 3V MINIMUM

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

- **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
- **UMR - negotiated charge amount (95%)**: $389.03
- **All other insurances - non-negotiated charge amount (100%)**: $409.50

**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.

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

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

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</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN SERIES 2V W/1V CXR</td>
<td></td>
<td>74022</td>
<td>320</td>
<td></td>
<td>$ 494.55</td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $ 494.55

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

UMR - 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.
## INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

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<tbody>
<tr>
<td>74176 CT ABDOMEN &amp; PELVIS W/O CONTRAST</td>
<td>74176 CT ABDOMEN &amp; PELVIS W/O CONTRAST</td>
<td>74176</td>
<td>352</td>
<td>805</td>
<td>$2,869.65</td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $2,869.65

- 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
- UMR - 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
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</thead>
<tbody>
<tr>
<td>74177 CT ABDOMEN &amp; PELVIS W/CONTRAST</td>
<td></td>
<td>74177</td>
<td>352</td>
<td></td>
<td>$3,255.00</td>
</tr>
</tbody>
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Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE

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</thead>
<tbody>
<tr>
<td>74178 CT ABDOMEN &amp; PELVIS W &amp;W/O CONTRAST/1 BOT</td>
<td>CT Scan</td>
<td>74178</td>
<td>352</td>
<td></td>
<td>$3,885.00</td>
</tr>
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</table>

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

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) ↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓→
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
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<tbody>
<tr>
<td>76604 UE</td>
<td>ULTRASOUND SOFT TISSUE CHEST</td>
<td>76604</td>
<td>402</td>
<td></td>
<td>$ 828.45</td>
</tr>
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</table>

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

**Total of Standard Charges:** $ 828.45

**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) --- $ 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
- UMR - 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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>76700</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>76700</td>
<td>402</td>
<td></td>
<td>$ 968.10</td>
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<tr>
<td>76700</td>
<td>ULTRASOUND ABDOMINAL REAL TIME</td>
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<td>402</td>
<td></td>
<td>$ 968.10</td>
</tr>
</tbody>
</table>

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

Categorized under Ultrasound

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
UMR - negotiated charge amount (95%) -> $ 919.70
All other insurances - non-negotiated charge amount (100%) -> $ 968.10

---

**CMS-Specified Shoppable Service**

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

**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)

<table>
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<tr>
<th>Shoppable Service</th>
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<th>Standard Charge</th>
</tr>
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<tbody>
<tr>
<td>76705</td>
<td>ULTRASOUND ABDOMINAL LIMITED/SINGLE ORGAN/QUAD, FOLLOW UP</td>
<td>76705</td>
<td>402</td>
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<td>$ 832.65</td>
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</tbody>
</table>

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

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

**Ultrasound**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 832.65</td>
</tr>
</tbody>
</table>

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
UMR - 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
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<tr>
<th>CPT Code</th>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>76770</td>
<td>402</td>
<td></td>
<td>$841.05</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $841.05

- **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
- **UMR - negotiated charge amount (95%):** $799.00
- **All other insurances - non-negotiated charge amount (100%):** $841.05

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

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

**Ultrasound**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
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</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>ULTRASOUND OB &gt;14 WKS TRANSAB, FETAL/MATERNAL EVAL, SIBLE/FIRST GESTATION</td>
<td>76805</td>
<td>402</td>
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<td>$ 878.85</td>
</tr>
</tbody>
</table>

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

CPT Code: 76805
HCPCS Code: 402

Self-pay/Cash Price (80% of charges) ---------------

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

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

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

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

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

UMR - negotiated charge amount (95%) ---------------

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

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
UMR - 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
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</thead>
<tbody>
<tr>
<td>76810</td>
<td>ULTRASOUND OB&gt;14 WKS TRANSAB FETAL/MATERNAL EVAL, EA ADDIT GESTATION</td>
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<td>402</td>
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<td>$ 579.60</td>
</tr>
</tbody>
</table>

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

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

**Total of Standard Charges:** $ 579.60

- 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
- UMR - negotiated charge amount (95%) $ 550.62
- All other insurances - non-negotiated charge amount (100%) $ 579.60

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**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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<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>76818</td>
<td>ULTRASOUND FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TEST</td>
<td>76818</td>
<td>402</td>
<td></td>
<td>$ 196.35</td>
</tr>
</tbody>
</table>

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

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
UMR - negotiated charge amount (95%) -- $ 186.53
All other insurances - non-negotiated charge amount (100%) -- $ 196.35

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound Transvaginal</td>
<td>76830</td>
<td>402</td>
<td></td>
<td>$763.35</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $763.35

- 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
- UMR - negotiated charge amount (95%) $725.18
- All other insurances - non-negotiated charge amount (100%) $763.35

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>76856</strong> <strong>ULTRASOUND PELVIC(NON OB) COMPLETE</strong></td>
<td></td>
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<td>402</td>
<td></td>
<td>$869.40</td>
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</table>

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

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

**Ultrasound**

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

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

---

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM 8/BASIC METABOLIC PANEL</td>
<td>80048</td>
<td>80048</td>
<td>301</td>
<td></td>
<td>$135.45</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $135.45

**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

**UMR - negotiated charge amount (95%) ------------------>** $128.68

**All other insurances - non-negotiated charge amount (100%) ------------------>** $135.45

---

**CMS-Specified Shoppable Service**

**Laboratory**

Copays, deductibles and co-insurances are not factored into these charge amounts since each patient’s insurance plan is unique.

---

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80050</td>
<td>301</td>
<td>80050</td>
<td>$294.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $294.00

**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

**UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80051 ELECTROLYTE PANEL BLOOD</td>
<td>80051 ELECTROLYTE PANEL BLOOD</td>
<td>80051</td>
<td>301</td>
<td></td>
<td>$82.95</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $82.95

**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

**UMR - negotiated charge amount (95%) -->** $78.80

**All other insurances - non-negotiated charge amount (100%) -->** $82.95

---

**Laboratory**

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

---

**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

**Battle Mountain General Hospital**

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

### 80053 CHEM 14/COMPREHENSIVE METABOLIC PANEL (CMP)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80053</td>
<td>CHEM 14/COMPREHENSIVE METABOLIC PANEL (CMP)</td>
<td>80053</td>
<td>300</td>
<td></td>
<td>$ 149.10</td>
</tr>
</tbody>
</table>

- **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
- **UMR - negotiated charge amount (95%)**: $ 141.65
- **All other insurances - non-negotiated charge amount (100%)**: $ 149.10

---

**CMS-Specified Shoppable Service**

**Laboratory**

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80061</strong> LIMITED LIPID PROFILE</td>
<td></td>
<td>80061</td>
<td>301</td>
<td></td>
<td>$139.65</td>
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<tr>
<td>8006190 LIMITED LIPID PROFILE</td>
<td></td>
<td>80061</td>
<td>301</td>
<td></td>
<td>$139.65</td>
</tr>
<tr>
<td>8006190 LIMITED LIPID PROFILE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $279.30

- **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
- **UMR - negotiated charge amount (95%)**: $265.34
- **All other insurances - non-negotiated charge amount (100%)**: $279.30

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

**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

**Battle Mountain General Hospital (CMS-1717-F2)**

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

### 80069  RENAL PANEL

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80069</td>
<td>RENAL PANEL</td>
<td>80069</td>
<td>301</td>
<td></td>
<td>$141.75</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$141.75

- **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
- **UMR - negotiated charge amount (95%)**: $134.66
- **All other insurances - non-negotiated charge amount (100%)**: $141.75

**CMS-Specified Shoppable Service - Laboratory**

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

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATIC FUNCTION PANEL</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>80076</td>
<td>301</td>
<td></td>
<td>$ 100.80</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 100.80

- **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
- **UMR - 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.
# Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td>80164</td>
<td>ASSAY DIPROPYLACETIC ACID</td>
<td>80164</td>
<td>301</td>
<td></td>
<td>$197.40</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $197.40

- 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
- UMR - negotiated charge amount (95%) → $187.53
- All other insurances - non-negotiated charge amount (100%) → $197.40

---

**Laboratory**

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

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

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

**Date Printed:** 01/01/2022
**Last Update:** 01/01/2022
<table>
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<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80185 DILANTIN</strong></td>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td><strong>80185</strong></td>
<td><strong>301</strong></td>
<td><strong>$ 184.80</strong></td>
<td><strong>$ 184.80</strong></td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $ 175.56
All other insurances - non-negotiated charge amount (100%) $ 184.80

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

**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

**Battle Mountain General Hospital**

Shoppable Services (CMS-1717-F2)

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80202 VANCOMYCIN</td>
<td>80202 VANCOMYCIN</td>
<td>80202</td>
<td>301</td>
<td></td>
<td>$ 194.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 194.25

- **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
- **UMR - negotiated charge amount (95%)**: $ 184.54
- **All other insurances - non-negotiated charge amount (100%)**: $ 194.25

**Laboratory**

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTC DRUG SCREEN</td>
<td>OTC DRUG SCREEN</td>
<td>80305</td>
<td>301</td>
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<td>$ 78.75</td>
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</tbody>
</table>

Total of Standard Charges: $ 78.75

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
UMR - negotiated charge amount (95%) $ 74.81
All other insurances - non-negotiated charge amount (100%) $ 78.75

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

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
### Inpatient, Outpatient, Emergency Room, Swing Bed or Skilled Nursing Facility

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>80306</td>
<td>MEDTOX SCAN DRUG SCREEN OF ABU</td>
<td>80306</td>
<td>301</td>
<td></td>
<td>$74.55</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $74.55

- 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
- UMR - negotiated charge amount (95%) $70.82
- All other insurances - non-negotiated charge amount (100%) $74.55

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

---

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80320</strong> ETOH</td>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td>80320</td>
<td>301</td>
<td></td>
<td>$156.45</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $156.45

- **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
- **UMR - negotiated charge amount (95%):** $148.63
- **All other insurances - non-negotiated charge amount (100%):** $156.45

**Laboratory**

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>SALICYLATE/ACETAMINOPHEN</td>
<td>80329</td>
<td>301</td>
<td></td>
<td>$88.20</td>
</tr>
</tbody>
</table>

80329  SALICYLATE/ACETAMINOPHEN

80329  SALICYLATE/ACETAMINOPHEN

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
UMR - 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
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
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<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 81001 URINALYSIS AUTO W/SCOPE

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>81001</td>
<td>307</td>
<td></td>
<td>$ 46.20</td>
</tr>
</tbody>
</table>

**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
- **UMR - 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
### Shoppable Services Report - Table II

**CMS-1717-F2**

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge** |
--- | --- | --- | --- | --- | --- |
81002 | URINE KETONE, URINALYSIS W/O MI | 81002 | 307 | | $30.45 |

**Total of Standard Charges:** $30.45

- **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
- **UMR - negotiated charge amount (95%)**: $28.93
- **All other insurances - non-negotiated charge amount (100%)**: $30.45

**Use CTRL-F to SEARCH**

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>81003</td>
<td>URANALYSIS, AUTO, W/O SCOPE</td>
<td>81003</td>
<td>307</td>
<td></td>
<td>$ 33.60</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 33.60

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
UMR - negotiated charge amount (95%) → $ 31.92
All other insurances - non-negotiated charge amount (100%) → $ 33.60

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

 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>81015 MICROSCOPIC ONLY</td>
<td>Laboratory</td>
<td>81015</td>
<td>307</td>
<td></td>
<td>$40.95</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $40.95

- 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
- UMR - negotiated charge amount (95%) $38.90
- All other insurances - non-negotiated charge amount (100%) $40.95

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

**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**

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**81025 PREGNANCY TEST * URINE ***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81025</td>
<td>PREGNANCY TEST * URINE *</td>
<td>81025</td>
<td>307</td>
<td></td>
<td>$36.75</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $36.75

- 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
- UMR - negotiated charge amount (95%) → $34.91
- All other insurances - non-negotiated charge amount (100%) → $36.75

---

**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.
## Shoppable Service Report - Table II
### Battle Mountain General Hospital

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
<th>Total of Standard Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82075 BREATH ALCOHOL LEVEL</td>
<td></td>
<td>82075</td>
<td>300</td>
<td></td>
<td>$184.00</td>
<td>$147.20</td>
<td>$171.12</td>
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<td>$174.80</td>
<td>$174.80</td>
<td>$174.80</td>
<td>$184.00</td>
<td>$184.00</td>
</tr>
</tbody>
</table>

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSAY OF AMYLASE</td>
<td>82150 ASSAY OF AMYLASE</td>
<td>82150</td>
<td>301</td>
<td></td>
<td>$ 77.70</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 77.70

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
UMR - negotiated charge amount (95%) $ 73.82
All other insurances - non-negotiated charge amount (100%) $ 77.70

**Laboratory**

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

**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**

**Battle Mountain General Hospital**

Shoppable Services Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82247</td>
<td></td>
<td>301</td>
<td>$ 57.75</td>
</tr>
</tbody>
</table>

**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.

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82248 BILIRUBIN, DIRECT</td>
<td>82248 BILIRUBIN, DIRECT</td>
<td>82248</td>
<td>301</td>
<td></td>
<td>$57.75</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82270</td>
<td>OCCULT BLOOD, COLORECTAL NEOPL</td>
<td>82270</td>
<td>301</td>
<td></td>
<td>$39.90</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $39.90

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
UMR - negotiated charge amount (95%) $37.91
All other insurances - non-negotiated charge amount (100%) $39.90

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

**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

**Battle Mountain General Hospital**

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

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82271</td>
<td>TEST FOR BLOOD, OTHER SOURCE</td>
<td>82271</td>
<td>301</td>
<td></td>
<td>$ 36.75</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 36.75

- 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
- UMR - negotiated charge amount (95%) ------------------> $ 34.91
- All other insurances - non-negotiated charge amount (100%) ------------------> $ 36.75

---

**Laboratory**

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

---

**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

**Battle Mountain General Hospital**

**(CMS-1717-F2)**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT,</strong> <strong>OUTPATIENT,</strong> <strong>EMERGENCY ROOM,</strong> <strong>SWING BED</strong> or <strong>SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82272</td>
<td><strong>BLOOD OCCULT, NOT COLORECTAL NEOP</strong></td>
<td>82272</td>
<td>301</td>
<td></td>
<td><strong>$ 45.15</strong></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** **$ 45.15**

- 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**
- UMR - negotiated charge amount (95%) ------------------> **$ 42.89**
- All other insurances - non-negotiated charge amount (100%) ------------------> **$ 45.15**

---

**Laboratory**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
## Shoppable Services Report - Table II

**Battle Mountain General Hospital**

_CMS-1717-F2_

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

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

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge** |
--- | --- | --- | --- | --- | --- |
82310 | CALCIUM; TOTAL | 82310 | 301 | | $53.55 |

**Total of Standard Charges:** $53.55

- **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
- **UMR - negotiated charge amount (95%):** $50.87
- **All other insurances - non-negotiated charge amount (100%):** $53.55

**Laboratory**

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

**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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022

**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSAY OF CREATINE KINASE</strong></td>
<td>82550 ASSAY OF CREATINE KINASE</td>
<td>82550</td>
<td>301</td>
<td></td>
<td>$ 84.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 84.00

- 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
- UMR - negotiated charge amount (95%) → $ 79.80
- All other insurances - non-negotiated charge amount (100%) → $ 84.00

**Laboratory**

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

---

**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 Service Report - Table II

### Battle Mountain General Hospital (CMS-1717-F2)

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82553</td>
<td>CREATINE, MB FRACTION ONLY</td>
<td>82553</td>
<td>301</td>
<td></td>
<td>$142.80</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $142.80

**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

**UMR - negotiated charge amount (95%)**: $135.66

**All other insurances - non-negotiated charge amount (100%)**: $142.80

---

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82565 ASSAY OF CREATININE BLOOD</td>
<td>82565 ASSAY OF CREATININE BLOOD</td>
<td>82565</td>
<td>301</td>
<td></td>
<td>$75.60</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $71.82
All other insurances - non-negotiated charge amount (100%) $75.60

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
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82575</td>
<td>CREATININE CLEARANCE TEST</td>
<td>82575</td>
<td>301</td>
<td></td>
<td>$124.95</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $124.95

- **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
- **UMR - negotiated charge amount (95%)**: $118.70
- **All other insurances - non-negotiated charge amount (100%)**: $124.95

**Laboratory**

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

**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 Service Details

**Shoppable Service**: GASES, BLOOD & PH ONLY

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82800</td>
<td>301</td>
<td>301</td>
<td>$181.65</td>
</tr>
</tbody>
</table>

**Total of Standard Charges**: $181.65

### Additional Charges

- **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
- **UMR - negotiated charge amount (95%)**: $172.57
- **All other insurances - non-negotiated charge amount (100%)**: $181.65

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>82803</td>
<td>300</td>
<td></td>
<td>$ 275.10</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>82947</td>
<td>ASSAY, GLUCOSE, BLOOD QUANT</td>
<td>82947</td>
<td>301</td>
<td></td>
<td>$57.75</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLUCOSE TEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82950</td>
<td>GLUCOSE TEST</td>
<td>82950</td>
<td>301</td>
<td></td>
<td>$ 74.55</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) → $ 70.82
All other insurances - non-negotiated charge amount (100%) → $ 74.55

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLUCOSE TOLERANCE-3HR (GTT)</td>
<td>GLUCOSE TOLERANCE-3HR (GTT)</td>
<td>82951</td>
<td>301</td>
<td>$130.20</td>
</tr>
<tr>
<td>GTT - BEYOND THREE SPECIMENS</td>
<td></td>
<td>82952</td>
<td>301</td>
<td>$57.75</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $187.95

- 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
- UMR - negotiated charge amount (95%) ------> $178.55
- All other insurances - non-negotiated charge amount (100%) ------> $187.95

Laboratory

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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>83036</strong> GLYCOSYLATED HEMOGLOBIN TEST</td>
<td>GLYCOSYLATED HEMOGLOBIN TEST</td>
<td>83036</td>
<td>301</td>
<td></td>
<td>$90.30</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $90.30

- **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
- **UMR - negotiated charge amount (95%)**: $85.79
- **All other insurances - non-negotiated charge amount (100%)**: $90.30

**Laboratory**

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>83525 Insulin Response to Glucose</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 875.70</td>
</tr>
<tr>
<td></td>
<td>INSULIN RESPONSE TO GLUCOSE X6 SPECIMENS</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 729.75</td>
</tr>
<tr>
<td></td>
<td>INSULIN RESPONSE TO GLUCOSE X5 SPECIMENS</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 583.80</td>
</tr>
<tr>
<td></td>
<td>INSULIN RESPONSE TO GLUCOSE X4 SPECIMENS</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 494.55</td>
</tr>
<tr>
<td></td>
<td>INSULIN RESPONSE TO GLUCOSE X3 SPECIMENS</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 291.90</td>
</tr>
<tr>
<td></td>
<td>INSULIN RESPONSE TO GLUCOSE X2 SPECIMENS</td>
<td>83525</td>
<td>301</td>
<td>301</td>
<td>$ 291.90</td>
</tr>
<tr>
<td></td>
<td>Total of Standard Charges:</td>
<td></td>
<td></td>
<td></td>
<td>$ 2,975.70</td>
</tr>
</tbody>
</table>

Sel-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
UMR - negotiated charge amount (95%) -------------->$ 2,826.92
All other insurances - non-negotiated charge amount (100%) -------------->$ 2,975.70

Laboratory

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>LACTIC ACID</td>
<td>LACTIC ACID</td>
<td>83605</td>
<td>300</td>
<td></td>
<td>$ 100.80</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $ 95.76
All other insurances - non-negotiated charge amount (100%) $ 100.80

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

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

**Battle Mountain General Hospital**  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

Use CTRL-F to SEARCH the document for specific keywords.

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td></td>
<td>83690</td>
<td>301</td>
<td></td>
<td>$ 84.00</td>
</tr>
</tbody>
</table>

- **Total of Standard Charges:** $ 84.00

### Notes

- **Laboratory**

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

- **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

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>83735 ASSAY OF MAGNESIUM</td>
<td></td>
<td>83735</td>
<td>301</td>
<td></td>
<td>$87.15</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**Total of Standard Charges:** $87.15

- **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
- **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSAY OF MYOGLOBIN</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>83874</td>
<td>301</td>
<td></td>
<td>$139.65</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $139.65

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

UMR - negotiated charge amount (95%) $132.67

All other insurances - non-negotiated charge amount (100%) $139.65

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>83880 Natriuretic Peptide</td>
<td></td>
<td>83880</td>
<td>301</td>
<td></td>
<td>$280.35</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $280.35

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
UMR - negotiated charge amount (95%) → $266.33
All other insurances - non-negotiated charge amount (100%) → $280.35

Laboratory

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

**Note:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
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<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84132 ASSAY OF SERUM POTASSIUM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84132</td>
<td></td>
<td>301</td>
<td>$51.45</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $51.45

- **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
- **UMR - negotiated charge amount (95%)**: $48.88
- **All other insurances - non-negotiated charge amount (100%)**: $51.45

---

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSAY OF PSA, TOTAL</td>
<td>--------------------------------------</td>
<td>84153</td>
<td>301</td>
<td></td>
<td>$ 153.30</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 153.30

- 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
- UMR - negotiated charge amount (95%) $ 145.64
- All other insurances - non-negotiated charge amount (100%) $ 153.30

**CMS-Specified Shoppable Service**

Laboratory

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

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

## Battle Mountain General Hospital

### CMS-1717-F2

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>84155</td>
<td>ASSAY OF PROTEIN TOTAL</td>
<td>84155</td>
<td>301</td>
<td>$53.55</td>
<td></td>
</tr>
<tr>
<td><strong>Total of Standard Charges:</strong></td>
<td></td>
<td></td>
<td></td>
<td>$53.55</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$49.80</td>
<td>$50.87</td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$50.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigna - negotiated charge amount (95%)</td>
<td>$50.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMR - negotiated charge amount (95%)</td>
<td>$50.87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$53.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Laboratory**

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

---

**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 Service: PROTEIN E-PHOREISIS, SERUM

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTEIN E-PHOREISIS, SERUM</td>
<td>84165</td>
<td>301</td>
<td>$109.20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $109.20

- 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
- UMR - negotiated charge amount (95%): $103.74
- All other insurances - non-negotiated charge amount (100%): $109.20

**Laboratory**

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

---

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>84295 ASSAY OF SERUM SODIUM</strong></td>
<td></td>
<td>84295</td>
<td>301</td>
<td></td>
<td>$ 45.15</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 45.15

- **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
- **UMR - negotiated charge amount (95%)**: $ 42.89
- **All other insurances - non-negotiated charge amount (100%)**: $ 45.15

---

**Laboratory**

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

---

**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

**Battle Mountain General Hospital**

### (CMS-1717-F2)

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>84436</strong> ASSAY OF TOTAL THYROXIN</td>
<td></td>
<td>84436</td>
<td>301</td>
<td></td>
<td>$ 77.70</td>
</tr>
</tbody>
</table>

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84439</td>
<td>ASSAY OF FREE THYROXINE  (FREE)</td>
<td>84439</td>
<td></td>
<td></td>
<td>$112.35</td>
</tr>
</tbody>
</table>

**Laboratory**

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

---

**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**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84443</td>
<td>ASSAY THYROID STIM HORMONE</td>
<td>84443</td>
<td>300</td>
<td></td>
<td>$160.65</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of Standard Charges: $160.65

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

UMR - negotiated charge amount (95%) $152.62

All other insurances - non-negotiated charge amount (100%) $160.65

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84450 TRANSFERASE (AST) (SGOT)</td>
<td>84450 TRANSFERASE (AST) (SGOT)</td>
<td>84450</td>
<td>301</td>
<td></td>
<td>$52.50</td>
</tr>
</tbody>
</table>

Total of Standard Charges: **$52.50**

- **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
- **UMR - negotiated charge amount (95%)**: $49.88
- **All other insurances - non-negotiated charge amount (100%)**: $52.50

**Laboratory**

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

**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

**Battle Mountain General Hospital**  
Shoppable Services Report - Table II  
(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>84460</strong> ALANINE AMINO (ALT) (SGPT)**</td>
<td><strong>Inpatient, Outpatient, Emergency Room, Swing Bed or Skilled Nursing Facility</strong></td>
<td></td>
<td></td>
<td></td>
<td>$ 59.85</td>
</tr>
</tbody>
</table>

**Laboratory**

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

---

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
<th>Self-pay/Cash Price</th>
<th>Minimum negotiated charge amount</th>
<th>Maximum negotiated charge amount</th>
<th>Aetna - negotiated charge amount</th>
<th>Anthem Blue Cross - negotiated charge amount</th>
<th>Cigna - negotiated charge amount</th>
<th>UMR - negotiated charge amount</th>
<th>All other insurances - non-negotiated charge amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>84479</strong> ASSAY OF THYROID (T3 OR T4)**</td>
<td><strong>ASSAY OF THYROID (T3 OR T4)</strong></td>
<td><strong>84479</strong></td>
<td><strong>301</strong></td>
<td><strong>-</strong></td>
<td><strong>$ 92.40</strong></td>
<td><strong>$ 73.92</strong></td>
<td><strong>$ 85.93</strong></td>
<td><strong>$ 87.78</strong></td>
<td><strong>$ 85.93</strong></td>
<td><strong>$ 87.78</strong></td>
<td><strong>$ 87.78</strong></td>
<td><strong>$ 87.78</strong></td>
<td><strong>$ 92.40</strong></td>
</tr>
</tbody>
</table>

CPT Codes: 84479 ASSAY OF THYROID (T3 OR T4)

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
UMR - negotiated charge amount (95%) $ 87.78
All other insurances - non-negotiated charge amount (100%) $ 92.40

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

---

**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

**Battle Mountain General Hospital**

(Date Printed: 01/01/2022, Last Update: 01/01/2022)

#### Shoppable Service

**Primary Service and Ancillary Services**

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84480</td>
<td>301</td>
<td></td>
<td>$123.90</td>
</tr>
</tbody>
</table>

**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

- **UMR - 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.
### INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSAY OF TROPONIN, QUANT</td>
<td></td>
<td>84484</td>
<td>301</td>
<td></td>
<td>$140.70</td>
<td>$112.56</td>
<td>$130.85</td>
<td>$133.67</td>
<td>$130.85</td>
<td>$133.67</td>
<td>$133.67</td>
<td>$133.67</td>
<td>$140.70</td>
</tr>
</tbody>
</table>

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

---

**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
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>84520</td>
<td>301</td>
<td></td>
<td>$59.85</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $59.85

- **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
- **UMR - negotiated charge amount (95%):** $56.86
- **All other insurances - non-negotiated charge amount (100%):** $59.85

---

**Laboratory**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84550 ASSAY OF BLOOD/URIC ACID</td>
<td>84550 ASSAY OF BLOOD/URIC ACID</td>
<td>84550</td>
<td>301</td>
<td></td>
<td>$ 59.85</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 59.85

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
UMR - 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
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>84703  CHORIONIC GONADOTROPIN ASSAY -</strong></td>
<td></td>
<td>84703</td>
<td>301</td>
<td></td>
<td>$ 110.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$ 110.25

- **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  
- **UMR - negotiated charge amount (95%):** $ 104.74  
- **All other insurances - non-negotiated charge amount (100%):** $ 110.25

---

**Laboratory**

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

---

**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 Service Report - Table II

## Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85002</td>
<td>305</td>
<td></td>
<td>$102.90</td>
</tr>
</tbody>
</table>

**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.

---

**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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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>85014 HEMATOCRIT (HCT)</strong></td>
<td>85014 HEMATOCRIT (HCT)</td>
<td>85014</td>
<td>305</td>
<td>156</td>
<td>$33.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $33.60

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
UMR - negotiated charge amount (95%) $31.92
All other insurances - non-negotiated charge amount (100%) $33.60

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

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

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

**Use CTRL-F to SEARCH**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85018 HEMOGLOBIN (HGB)</td>
<td>85018 HEMOGLOBIN (HGB)</td>
<td>85018</td>
<td>305</td>
<td></td>
<td>$31.50</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $29.93
All other insurances - non-negotiated charge amount (100%) $31.50

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

**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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<tr>
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<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>85025</strong> COMPLETE CBC W/AUTO DIFF WBC</td>
<td></td>
<td>85025</td>
<td>305</td>
<td></td>
<td>$108.15</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $108.15

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (80% of charges)</td>
<td>$86.52</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$100.58</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$102.74</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$100.58</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$102.74</td>
</tr>
<tr>
<td>Cigna - negotiated charge amount (95%)</td>
<td>$102.74</td>
</tr>
<tr>
<td>UMR - negotiated charge amount (95%)</td>
<td>$102.74</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$108.15</td>
</tr>
</tbody>
</table>

**CMS-Specified Shoppable Service**

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85027 COMPLETE CBC, AUTOMATED</td>
<td>85027 COMPLETE CBC, AUTOMATED</td>
<td>85027</td>
<td>305</td>
<td></td>
<td>$ 89.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 89.25

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
UMR - negotiated charge amount (95%) -> $ 84.79
All other insurances - non-negotiated charge amount (100%) -> $ 89.25

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

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient’s insurance plan is unique.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>AUTOMATED LEUKOCYTE COUNT WBC</td>
<td>85048</td>
<td>305</td>
<td></td>
<td>$32.55</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $32.55

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
UMR - negotiated charge amount (95%) → $30.92
All other insurances - non-negotiated charge amount (100%) → $32.55

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

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
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</thead>
<tbody>
<tr>
<td><strong>85378</strong> FIBRIN DEGRADATION PRODUCTS</td>
<td></td>
<td>85378</td>
<td>305</td>
<td></td>
<td>$68.25</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $68.25

- 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
- UMR - negotiated charge amount (95%) $64.84
- All other insurances - non-negotiated charge amount (100%) $68.25

**Laboratory**

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

**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

**Battle Mountain General Hospital**  
(AMS-1717-F2)

**Use CTRL-F to SEARCH**

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>85610 PROTHROMBIN TIME</strong></td>
<td></td>
<td><strong>85610</strong></td>
<td><strong>300</strong></td>
<td><strong>$ 56.70</strong></td>
<td></td>
</tr>
</tbody>
</table>

| | | | | | **Total of Standard Charges:** **$ 56.70** |

| | | | | | **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** |
| | | | | | **UMR - negotiated charge amount (95%) ->** **$ 53.87** |
| | | | | | **All other insurances - non-negotiated charge amount (100%) ->** **$ 56.70** |

**CMS-Specified Shoppable Service**

**Laboratory**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85651</td>
<td>RBC SED RATE, NON AUTOMATED</td>
<td>85651</td>
<td>305</td>
<td></td>
<td>$ 45.15</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $ 45.15

- 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
- UMR - negotiated charge amount (95%) --------------- $ 42.89
- All other insurances - non-negotiated charge amount (100%) $ 45.15

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85652</td>
<td>RB SED RATE, AUTOMATED</td>
<td>85652</td>
<td>305</td>
<td></td>
<td>$ 67.20</td>
</tr>
</tbody>
</table>

**Laboratory**

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

---

**Total of Standard Charges:**

- 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
- UMR - 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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>85730 THROMBOPLASTIN TIME, PARTIAL</td>
<td>Laboratory</td>
<td>85730</td>
<td>305</td>
<td></td>
<td>$81.90</td>
</tr>
</tbody>
</table>

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

**UMR - negotiated charge amount (95%) →** $77.81

**All other insurances - non-negotiated charge amount (100%) →** $81.90

**Total of Standard Charges:** $81.90

---

**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
### Shoppable Service Report - Table II

**Hospital:** Battle Mountain General Hospital

**Date Printed:** 01/01/2022

**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>86430</strong> RHEUMATOID FACTOR TEST QUAL</td>
<td>Laboratory</td>
<td>86430</td>
<td>302</td>
<td></td>
<td>$59.85</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $59.85

- **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
- **UMR - negotiated charge amount (95%):** $56.86
- **All other insurances - non-negotiated charge amount (100%):** $59.85

**Laboratory **

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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>86431 RHEUMATOID FACTOR, QUANT</td>
<td>86431 RHEUMATOID FACTOR, QUANT</td>
<td>86431</td>
<td>302</td>
<td></td>
<td>$82.95</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $82.95

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

UMR - negotiated charge amount (95%) $78.80

All other insurances - non-negotiated charge amount (100%) $82.95

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

**Laboratory**
## Shoppable Services Report - Table II

Battle Mountain General Hospital

_Shoppable Service_ | _Primary Service and Ancillary Services_ | _CPT Code_ | _HCPCS Code_ | _Revenue Code_ | _Standard Charge_
--- | --- | --- | --- | --- | ---
86580 | TUBERCULOSIS TEST | 86580 | 302 | 302 | $35.70

**Total of Standard Charges:** $35.70

- 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
- UMR - negotiated charge amount (95%) --- $33.92
- All other insurances - non-negotiated charge amount (100%) --- $35.70

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

---

**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

**Battle Mountain General Hospital**

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>86592 BLOOD SEROLOGY, QUALITATIVE</strong></td>
<td>86592 BLOOD SEROLOGY, QUALITATIVE</td>
<td>86592</td>
<td>302</td>
<td></td>
<td>$47.25</td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

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

| 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
**UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>86617</td>
<td>LYME DISEASE ANTIBODY</td>
<td>86617</td>
<td>302</td>
<td></td>
<td>$ 139.65</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 139.65

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
UMR - negotiated charge amount (95%) $ 132.67
All other insurances - non-negotiated charge amount (100%) $ 139.65

Laboratory

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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
### Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>86900  BLOOD TYPING, ABO</td>
<td></td>
<td>86900</td>
<td>300</td>
<td></td>
<td>$ 51.45</td>
</tr>
</tbody>
</table>

CPT Code: 86900

**BLOOD TYPING, ABO**

**Revenue Code:** 300

**Standard Charge:** $ 51.45

Total of Standard Charges: $ 51.45

**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

**UMR - negotiated charge amount (95%) ———>** $ 48.88

**All other insurances - non-negotiated charge amount (100%) ———>** $ 51.45

**Laboratory**

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

---

**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 Service Report - Table II

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>86901 BLOOD - TYPE RH (D)</td>
<td></td>
<td>86901</td>
<td>300</td>
<td></td>
<td>$ 51.45</td>
</tr>
</tbody>
</table>

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

**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
UMR - negotiated charge amount (95%) → $ 48.88
All other insurances - non-negotiated charge amount (100%) → $ 51.45

**Total of Standard Charges:** $ 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

(last updated 01/01/2022)
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>86905</strong> BLOOD TYPING, RBC ANTIGENS</td>
<td>86905 BLOOD TYPING, RBC ANTIGENS</td>
<td>86905</td>
<td>300</td>
<td>300</td>
<td>$43.05</td>
</tr>
</tbody>
</table>

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

**Laboratory**

- **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
- **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPATIBILITY TEST, ANTIGLOB</td>
<td>86922</td>
<td>86922</td>
<td>300</td>
<td>$227.85</td>
</tr>
</tbody>
</table>

**Laboratory**

- 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
- UMR - negotiated charge amount (95%) $216.46
- All other insurances - non-negotiated charge amount (100%) $227.85

**Additional Information**

- Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
- 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87040</td>
<td>BLOOD CULTURE FOR BACTERIA</td>
<td>87040</td>
<td>306</td>
<td></td>
<td>$ 123.90</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**Total of Standard Charges:**

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price (80% of charges)</td>
<td>$ 99.12</td>
</tr>
<tr>
<td>Minimum negotiated charge amount (93%)</td>
<td>$ 115.23</td>
</tr>
<tr>
<td>Maximum negotiated charge amount (95%)</td>
<td>$ 117.71</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount (93%)</td>
<td>$ 115.23</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td>$ 117.71</td>
</tr>
<tr>
<td>Cigna - negotiated charge amount (95%)</td>
<td>$ 117.71</td>
</tr>
<tr>
<td>UMR - negotiated charge amount (95%)</td>
<td>$ 117.71</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td>$ 123.90</td>
</tr>
</tbody>
</table>

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

(Shoppable Services Report - Table II)

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>87046</td>
<td>STOOL CULTURE, BACTERIA, EACH</td>
<td>87046</td>
<td>306</td>
<td>$ 37.80</td>
<td></td>
</tr>
</tbody>
</table>

**Use CTRL-F to SEARCH**

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

87046  STOOL CULTURE, BACTERIA, EACH

87046  STOOL CULTURE, BACTERIA, EACH

<table>
<thead>
<tr>
<th>Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.</th>
</tr>
</thead>
</table>

**Laboratory**

| 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 |
| UMR - negotiated charge amount (95%) | $ 35.91 |
| All other insurances - non-negotiated charge amount (100%) | $ 37.80 |

**Total of Standard Charges:**

$ 37.80

**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

**Battle Mountain General Hospital**

**Shoppable Service Report - Table II**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87070</td>
<td>CULTURE, BACTERIA, OTHER</td>
<td>87070</td>
<td>306</td>
<td></td>
<td>$ 98.70</td>
</tr>
<tr>
<td>87070</td>
<td>CULTURE, BACTERIA, OTHER</td>
<td>87070</td>
<td>306</td>
<td></td>
<td>$ 98.70</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 197.40

- 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
- UMR - negotiated charge amount (95%) --> $ 187.53
- All other insurances - non-negotiated charge amount (100%) --> $ 197.40

---

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87086 CULTURE URINE</td>
<td>87086 CULTURE URINE</td>
<td>87086</td>
<td>306</td>
<td>$ 75.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 75.60

- **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
- **UMR - negotiated charge amount (95%)**: $ 71.82
- **All other insurances - non-negotiated charge amount (100%)**: $ 75.60

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

**Laboratory**

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit.
**Shoppable Services Report - Table II**

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed: 01/01/2022**

**Last Update: 01/01/2022**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>URINE BACTERIA CULTURE</td>
<td>87088</td>
<td>306</td>
<td></td>
<td>$90.30</td>
</tr>
<tr>
<td>87088</td>
<td>URINE BACTERIA CULTURE</td>
<td>87088</td>
<td>306</td>
<td></td>
<td>$90.30</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $90.30

- 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
- UMR - negotiated charge amount (95%) -> $85.79
- All other insurances - non-negotiated charge amount (100%) -> $90.30

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

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

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
### Shoppable Services Report - Table II

#### CMS-1717-F2

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

**Use CTRL-F to SEARCH**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>87110</strong> CHLAMYDIA CULTURE - ANY SOURCE</td>
<td></td>
<td>87110</td>
<td>306</td>
<td></td>
<td>$ 172.20</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 172.20

- **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
- **UMR - negotiated charge amount (95%):** $ 163.59
- **All other insurances - non-negotiated charge amount (100%):** $ 172.20

---

**Laboratory**

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

---

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

**Table: Shoppable Service Prices**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>87147</strong> E.COLI STOOL</td>
<td></td>
<td>87147</td>
<td>306</td>
<td></td>
<td>$111.30</td>
</tr>
</tbody>
</table>

**Laboratory**

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

**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.

**Use CTRL-F to SEARCH**
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>87210  SMEAR, WET MOUNT, SALINE/INK</td>
<td></td>
<td>87210</td>
<td>306</td>
<td></td>
<td>$ 64.05</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 64.05

- **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
- **UMR - negotiated charge amount (95%)**: $ 60.85
- **All other insurances - non-negotiated charge amount (100%)**: $ 64.05

---

**Laboratory**

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87324</td>
<td>CLOSTRIDIUM DIFF TOXIN</td>
<td>87324</td>
<td>302</td>
<td></td>
<td>$130.20</td>
</tr>
</tbody>
</table>

**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
- **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87338 HELICOBACTER PYLORI, STOOL</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>87338</td>
<td>306</td>
<td>$147.00</td>
</tr>
</tbody>
</table>

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
UMR - 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)  

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>87339</th>
<th>H PYLORI AC, EIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>87339</td>
<td>H PYLORI AC, EIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87339</td>
<td>306</td>
<td></td>
<td>$127.05</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $127.05

- **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
- **UMR - negotiated charge amount (95%):** $120.70
- **All other insurances - non-negotiated charge amount (100%):** $127.05

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFLUENZA A&amp;B RAPID</td>
<td>INFLUENZA A&amp;B RAPID</td>
<td>87804</td>
<td>306</td>
<td></td>
<td>$103.95</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) --> $98.75
All other insurances - non-negotiated charge amount (100%) --> $103.95

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>87807 RESPIRATORY SYNCYTIAL VIRUS (RSV)</td>
<td></td>
<td>87807</td>
<td>300</td>
<td></td>
<td>$ 182.70</td>
</tr>
</tbody>
</table>

**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
UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>STREP A ASSAY W/OPTIC</td>
<td>87880</td>
<td>306</td>
<td></td>
<td>$ 76.65</td>
</tr>
</tbody>
</table>

**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.

---

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laboratory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>89055</strong> LEUKOCYTE (WBC) ASSESSMENT, FECAL</td>
<td></td>
<td>89055</td>
<td>300</td>
<td></td>
<td>$ 54.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 54.60

- 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
- UMR - negotiated charge amount (95%) $ 51.87
- All other insurances - non-negotiated charge amount (100%) $ 54.60

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG COMPLETE-TRACE INTERP/RPT</td>
<td>93000 EKG COMPLETE-TRACE INTERP/RPT</td>
<td>93000</td>
<td>730</td>
<td></td>
<td>$241.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $241.50

- **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
- **UMR - negotiated charge amount (95%)**: $229.43
- **All other insurances - non-negotiated charge amount (100%)**: $241.50

**Respiratory Therapy**

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

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

---

### 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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>93970</td>
<td>LOWER EXTREMITY VENOUS BILATER</td>
<td>93970</td>
<td>402</td>
<td></td>
<td>$1,135.05</td>
</tr>
</tbody>
</table>

**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**

**UMR - negotiated charge amount (95%) → $1,078.30**

**All other insurances - non-negotiated charge amount (100%) → $1,135.05**
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>93971</td>
<td>LOWER EXTREMITY VENOUS UNILATE</td>
<td>93971</td>
<td>402</td>
<td></td>
<td>$ 689.85</td>
</tr>
<tr>
<td></td>
<td>RADIOLGANIST - not provided by facility (will be billed separately by the radiology group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) -----------> $ 655.36
All other insurances - non-negotiated charge amount (100%) -----------> $ 689.85

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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>94010 PFT/SPIROMETRY</td>
<td>94010 PFT/SPIROMETRY</td>
<td>94010</td>
<td>460</td>
<td></td>
<td>$157.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $157.50

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
UMR - negotiated charge amount (95%) $149.63
All other insurances - non-negotiated charge amount (100%) $157.50

Respiratory Therapy

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

**NOTE:** For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>94060 PFT PRE/POST SPIRMTY</td>
<td>94060 PFT PRE/POST SPIRMTY</td>
<td>94060</td>
<td>460</td>
<td></td>
<td>$273.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $273.00

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Negotiated Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-pay/Cash Price</td>
<td>$218.40</td>
</tr>
<tr>
<td>Minimum negotiated charge amount</td>
<td>$253.89</td>
</tr>
<tr>
<td>Maximum negotiated charge amount</td>
<td>$259.35</td>
</tr>
<tr>
<td>Aetna - negotiated charge amount</td>
<td>$253.89</td>
</tr>
<tr>
<td>Anthem Blue Cross - negotiated charge amount</td>
<td>$259.35</td>
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<td>Cigna - negotiated charge amount</td>
<td>$259.35</td>
</tr>
<tr>
<td>UMR - negotiated charge amount</td>
<td>$259.35</td>
</tr>
<tr>
<td>All other insurances - non-negotiated charge amount</td>
<td>$273.00</td>
</tr>
</tbody>
</table>

Respiratory Therapy

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

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.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>94640</td>
<td>J7620</td>
<td>636</td>
<td>$16.50</td>
</tr>
<tr>
<td>250046</td>
<td>J7614</td>
<td>636</td>
<td>$8.00</td>
</tr>
<tr>
<td>260130</td>
<td>94640</td>
<td>412</td>
<td>$200.55</td>
</tr>
</tbody>
</table>

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.

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>95921 VALSALVA MANEUVER</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>95921</td>
<td></td>
<td></td>
<td>$278.25</td>
</tr>
</tbody>
</table>

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

Emergency Room

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

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.

Total of Standard Charges: $278.25

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
UMR - negotiated charge amount (95%) $264.34
All other insurances - non-negotiated charge amount (100%) $278.25
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>95992</strong> EPLEY MANEUVER</td>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td>95992</td>
<td>450</td>
<td>$97.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $97.00

**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

UMR - 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
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96360</td>
<td></td>
<td></td>
<td>$410.55</td>
</tr>
<tr>
<td>96361</td>
<td></td>
<td></td>
<td>$120.75</td>
</tr>
</tbody>
</table>

**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.

**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

**Battle Mountain General Hospital**

Shoppable Services Report - Table II

(CMS-1717-F2)

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96365</td>
<td>INTRAVENOUS INFUSION WITH MEDS</td>
<td>96365</td>
<td>920</td>
<td></td>
<td>$451.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $451.50

- 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
- UMR - negotiated charge amount (95%) $428.93
- All other insurances - non-negotiated charge amount (100%) $451.50

---

**Infusion Therapy**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96366</td>
<td>INTRAVENOUS INFUSION W/MEDS EA ADD</td>
<td>96366</td>
<td>260</td>
<td></td>
<td>$143.85</td>
</tr>
</tbody>
</table>

A MEDICATION CHARGE will be added

Total of Standard Charges: $143.85

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
UMR - negotiated charge amount (95%) --> $136.66
All other insurances - non-negotiated charge amount (100%) --> $143.85

Infusion Therapy

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96367 INTRAVENOUS INFUSION W/MEDS EA ADD</td>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>96367</td>
<td>260</td>
<td></td>
<td>$228.90</td>
</tr>
</tbody>
</table>

**Infusion Therapy**

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

**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 Service Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV INFUSION FOR THERAPY-CONCURRENT INFUS</td>
<td>A MEDICATION CHARGE will be added</td>
<td>96368</td>
<td>260</td>
<td></td>
<td>$174.30</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $174.30

- 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
- UMR - negotiated charge amount (95%) $165.59
- All other insurances - non-negotiated charge amount (100%) $174.30

**Infusion Therapy**

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

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusion Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**96372 IM/SUBQ INJECTION THERAPEUTIC**

A MEDICATION CHARGE will be added

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96372</td>
<td>450</td>
<td></td>
<td>$ 52.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) $ 49.88
- All other insurances - non-negotiated charge amount (100%) $ 52.50

Infusion Therapy

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

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

**Battle Mountain General Hospital**

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

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>96374</strong> DIAGNOSTIC IV INJECTION PUSH</td>
<td></td>
<td>96374</td>
<td>260</td>
<td></td>
<td>$173.25</td>
</tr>
</tbody>
</table>

**A MEDICATION CHARGE will be added**

- **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
- **UMR - negotiated charge amount (95%)**: $164.59
- **All other insurances - non-negotiated charge amount (100%)**: $173.25

---

**Infusion Therapy**

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

---

**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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>96375</strong></td>
<td>INTRAVEN. PUSH EA ADD'L SEQ. (DIFF DRUG)</td>
<td>96375</td>
<td>260</td>
<td></td>
<td>$161.70</td>
</tr>
</tbody>
</table>

**A MEDICATION CHARGE will be added**

**Total of Standard Charges:** $161.70

| | | | | | |
| 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 |
| UMR - negotiated charge amount (95%) | | | | | $153.62 |
| All other insurances - non-negotiated charge amount (100%) | | | | | $161.70 |

---

**Infusion Therapy**

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

---

**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

### Battle Mountain General Hospital

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

### Shoppable Service

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96376</td>
<td>IV PUSH EA ADD'L SUBSEQUENT. (SAME DRUG)</td>
<td>96376</td>
<td>260</td>
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<td>$139.65</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $139.65

**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
- UMR - negotiated charge amount (95%) → $132.67
- All other insurances - non-negotiated charge amount (100%) → $139.65

---

**Infusion Therapy**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>96523</td>
<td>IRRIGATION OF IMPLANTED VENOUS</td>
<td>96523</td>
<td>450</td>
<td></td>
<td>$ 134.40</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 134.40

- 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
- UMR - negotiated charge amount (95%) $ 127.68
- All other insurances - non-negotiated charge amount (100%) $ 134.40

**Infusion Therapy**

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

**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

### Battle Mountain General Hospital

Date Printed: 01/01/2022  
Last Update: 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>97001 EVALUATION</strong></td>
<td></td>
<td>97001</td>
<td>424</td>
<td></td>
<td>$186.00</td>
</tr>
</tbody>
</table>

### Notes:
- Physical Therapy:
  - Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

### 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

- 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
- UMR - negotiated charge amount (95%) -> $176.70
- All other insurances - non-negotiated charge amount (100%) -> $186.00
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE-EVALUATION</td>
<td></td>
<td>97002</td>
<td>424</td>
<td></td>
<td>$63.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) -> $60.42
- All other insurances - non-negotiated charge amount (100%) -> $63.60

**Physical Therapy**

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYS THERP HOT/COLD PACK</td>
<td>97010 PHYS THERP HOT/COLD PACK</td>
<td>97010</td>
<td>420</td>
<td></td>
<td>$38.40</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $38.40

- **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
- **UMR - negotiated charge amount (95%)**: $36.48
- **All other insurances - non-negotiated charge amount (100%)**: $38.40

**Physical Therapy**

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

**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
## Physical Therapy

### CPT Code 97032  E-STIM/PHYS THER (EA 15 MIN)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-STIM/PHYS THER (EA 15 MIN)</td>
<td>97032</td>
<td>420</td>
<td>$ 61.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 61.00

- 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
- UMR - negotiated charge amount (95%) $ 57.95
- All other insurances - non-negotiated charge amount (100%) $ 61.00

---

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

---

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

<table>
<thead>
<tr>
<th>CMS-Specified Shoppable Service</th>
<th>Physical Therapy</th>
</tr>
</thead>
</table>

### 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

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>PHYS THERP THERAPU EXERCIS</td>
<td>97110</td>
<td>420</td>
<td></td>
<td>$75.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $75.60

- 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
- UMR - negotiated charge amount (95%) ---------------× $71.82
- All other insurances - non-negotiated charge amount (100%) ---------------× $75.60

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>97161</strong> PT EVALUATION - LOW COMPLEXITY</td>
<td></td>
<td>97161</td>
<td>424</td>
<td></td>
<td>$204.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**  
$204.00

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

**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
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

(EMS-171-F2)

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97162</td>
<td>PT EVALUATION - MODERATE COMPLEXITY</td>
<td>97162</td>
<td>424</td>
<td></td>
<td>$ 240.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 240.00

- 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
- UMR - negotiated charge amount (95%) $ 228.00
- All other insurances - non-negotiated charge amount (100%) $ 240.00

**Physical Therapy**

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

**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
## Physical Therapy

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

### 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)

**Battle Mountain General Hospital**

### Use CTRL-F to SEARCH

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>97164  PT RE EVALUATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 97164 | PT RE EVALUATION | 97164 | 424 | $ 120.00 |

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) --> $ 114.00
- All other insurances - non-negotiated charge amount (100%) --> $ 120.00

---

**Physical Therapy**

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

---

**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
## Nutritional Services

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIETARY CONSULT-INITIAL EA 15</td>
<td>97802</td>
<td>97802</td>
<td>942</td>
<td>$ 42.00</td>
<td></td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 42.00

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
UMR - 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.
## Shoppable Services Report - Table II

### Battle Mountain General Hospital

*Date Printed:* 01/01/2022  
*Last Update:* 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>97803</td>
<td>DIETARY CONSULT RE-ASSESS EA</td>
<td>97803</td>
<td>942</td>
<td></td>
<td>$33.60</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $33.60

- **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
- **UMR - negotiated charge amount (95%)**: $31.92
- **All other insurances - non-negotiated charge amount (100%)**: $33.60

### Nutritional Services

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99001 SPECIMEN HANDLING</td>
<td>99001 SPECIMEN HANDLING</td>
<td>99001</td>
<td>300</td>
<td>$31.50</td>
<td>300</td>
<td>$25.20</td>
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<td>$29.93</td>
<td>$29.30</td>
<td>$29.93</td>
<td>$29.93</td>
<td>$29.93</td>
<td>$31.50</td>
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</tbody>
</table>

Copays, deductibles and coinsurance 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
# Shoppable Services Report - Table II

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td>PHLEBOTOMY THERAPEUTIC</td>
<td>99195</td>
<td>940</td>
<td></td>
<td>$ 60.90</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 60.90

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
UMR - negotiated charge amount (95%) → $ 57.86
All other insurances - non-negotiated charge amount (100%) → $ 60.90

Laboratory

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

---

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBSERVATION DISCHARGE</strong></td>
<td><strong>99217</strong> <strong>OBSERVATION DISCHARGE</strong></td>
<td>99217</td>
<td>982</td>
<td>$ 278.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 278.25

- 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
- UMR - negotiated charge amount (95%) $ 264.34
- All other insurances - non-negotiated charge amount (100%) $ 278.25

**Observation**

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

---

**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
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$657.30</td>
</tr>
</tbody>
</table>

**Additional charges will be added for the PER HOUR observation room rate**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$657.30</td>
</tr>
</tbody>
</table>

**Self-pay/Cash Price (80% of charges)**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$525.84</td>
</tr>
</tbody>
</table>

**Minimum negotiated charge amount (93%)**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$611.29</td>
</tr>
</tbody>
</table>

**Maximum negotiated charge amount (95%)**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$624.44</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$611.29</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$624.44</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$624.44</td>
</tr>
</tbody>
</table>

**UMR - negotiated charge amount (95%)**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$624.44</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99218</td>
<td></td>
<td></td>
<td>$657.30</td>
</tr>
</tbody>
</table>

---

Observation:

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

---

**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

**Battle Mountain General Hospital**

### CMS-1717-F2

**Shoppable Service**

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>99219</strong> INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM</td>
<td><strong>99219</strong> INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM</td>
<td>99219</td>
<td>982</td>
<td><strong>$ 458.85</strong></td>
<td></td>
</tr>
</tbody>
</table>

Additional charges will be added for the PER HOUR observation room rate

- 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
- UMR - negotiated charge amount (95%) → $435.91
- All other insurances - non-negotiated charge amount (100%) → **$ 458.85**

*Observation*

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

**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

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

*(CMS-1717-F2)*

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99220</td>
<td>INITIAL OBS CARE, COMP HIST, COMP EXAM, HIGH COMP MDM</td>
<td><strong>99220</strong></td>
<td><strong>982</strong></td>
<td><strong>ProFee</strong></td>
<td>$525.00</td>
</tr>
</tbody>
</table>

**Additional charges will be added for the PER HOUR observation room rate**

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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99220</td>
<td>982</td>
<td><strong>ProFee</strong></td>
<td>$525.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

$525.00

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

---

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99221</td>
<td>INITIAL IP CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM</td>
<td>99221</td>
<td>984</td>
<td></td>
<td>$1,413.15</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) $1,342.49
All other insurances - non-negotiated charge amount (100%) $1,413.15

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

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

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99222</td>
<td>INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10002</td>
<td>ACUTE ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$1,200.00</td>
</tr>
<tr>
<td>99222 ** ProFee **</td>
<td>INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM</td>
<td></td>
<td></td>
<td></td>
<td>$348.60</td>
</tr>
</tbody>
</table>

**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.

---

**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

## Use CTRL-F to SEARCH

**Shoppable Service** | **Primary Service and Ancillary Services** | **CPT Code** | **HCPCS Code** | **Revenue Code** | **Standard Charge**
--- | --- | --- | --- | --- | ---
99223 | INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM | 10002 | ACUTE ROOM | 121 | $1,200.00
99223 | **ProFee** | 99223 | INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM | 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
- UMR - 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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBSEQUENT OBS CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPLEX MDM</strong></td>
<td></td>
<td>99224</td>
<td>982</td>
<td>$ 119.70</td>
</tr>
</tbody>
</table>

**Additional charges will be added for the PER HOUR observation room rate**

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
UMR - negotiated charge amount (95%) $ 113.72
All other insurances - non-negotiated charge amount (100%) $ 119.70

**Observation**

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

**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**

## Battle Mountain General Hospital

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99225 <strong>ProFee</strong></td>
<td>SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM</td>
<td>99225</td>
<td>982</td>
<td></td>
<td>$ 211.05</td>
</tr>
</tbody>
</table>

**Additional charges will be added for the PER HOUR observation room rate**

| 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 |
| UMR - negotiated charge amount (95%) | $ 200.50 |
| All other insurances - non-negotiated charge amount (100%) | $ 211.05 |

**Observation**

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

---

**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)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99226</td>
<td>SUBSEQUENT OBS CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM</td>
<td>99226</td>
<td>982</td>
<td></td>
<td>$ 331.80</td>
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</tbody>
</table>

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

Additional charges will be added for the PER HOUR observation room rate

**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
- **UMR - 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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99231</td>
<td>SUBSEQUENT IP CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPL MDM</td>
<td>99231</td>
<td>987</td>
<td>$ 1,405.80</td>
</tr>
</tbody>
</table>

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

**Professional Fees**

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

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99232</td>
<td>SUBSEQUENT IP CARE, PF HIST, PF EXAM, MOD COMPLEX MDM</td>
<td>10002</td>
<td>** ProFee **</td>
<td>99232</td>
<td>$1,200.00</td>
</tr>
<tr>
<td></td>
<td>SUBSEQUENT IP CARE, PF HIST, PF EXAM, MOD COMPLEX MDM</td>
<td>99232</td>
<td></td>
<td>984</td>
<td>$231.00</td>
</tr>
</tbody>
</table>

Total of Standard Charges: $1,431.00

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
UMR - negotiated charge amount (95%) $1,359.45
All other insurances - non-negotiated charge amount (100%) $1,431.00

Professional Fees:

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

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>99233</strong> SUBSEQUENT IP CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10002</td>
<td>ACUTE ROOM</td>
<td></td>
<td></td>
<td></td>
<td>$1,200.00</td>
</tr>
<tr>
<td>99233 <strong>ProFee</strong></td>
<td>SUBSEQUENT IP CARE, DETAIL, HIST, DETAIL EXAM, HIGH COMPLEX MDM</td>
<td></td>
<td></td>
<td></td>
<td>$357.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,557.00

---

**Self-pay/Cash Price (80% of charges) **

Self-pay/Cash Price (80% of charges) $1,245.60

**Minimum negotiated charge amount (93%)**

Minimum negotiated charge amount (93%) $1,448.01

**Maximum negotiated charge amount (95%)**

Maximum negotiated charge amount (95%) $1,479.15

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

Aetna - negotiated charge amount (93%) $1,448.01

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

Anthem Blue Cross - negotiated charge amount (95%) $1,479.15

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

Cigna - negotiated charge amount (95%) $1,479.15

**UMR - negotiated charge amount (95%)**

UMR - negotiated charge amount (95%) $1,479.15

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

All other insurances - non-negotiated charge amount (100%) $1,557.00

---

**Use CTRL-F to SEARCH**

**Professional Fees**

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

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Standard Charge</th>
<th>Revenue Code</th>
<th>Self-pay/Cash Price (80% of charges)</th>
<th>Minimum negotiated charge amount (93%)</th>
<th>Maximum negotiated charge amount (95%)</th>
<th>Aetna - negotiated charge amount (93%)</th>
<th>Anthem Blue Cross - negotiated charge amount (95%)</th>
<th>Cigna - negotiated charge amount (95%)</th>
<th>UMR - negotiated charge amount (95%)</th>
<th>All other insurances - non-negotiated charge amount (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99238</td>
<td>IP DISCHARGE, 30 MIN OR LESS</td>
<td>99238</td>
<td>987</td>
<td>$ 351.75</td>
<td>987</td>
<td>$ 351.75</td>
<td>$ 327.13</td>
<td>$ 334.16</td>
<td>$ 327.13</td>
<td>$ 334.16</td>
<td>$ 334.16</td>
<td>$ 334.16</td>
<td>$ 351.75</td>
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</tbody>
</table>
### Shoppable Services Report - Table II

**Battle Mountain General Hospital**

**Shoppable Services Report - Table II**

(CMS-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>ER, PF HIST, PF EXAM, STRAIGHT MDM</td>
<td>99281</td>
<td>981</td>
<td></td>
<td>$178.50</td>
</tr>
</tbody>
</table>

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

*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  

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>ER, PF HIST, PF EXAM, STRAIGHT MDM</td>
<td>99281</td>
<td>981</td>
<td></td>
<td>$178.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - 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*
<table>
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<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99282 ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM</td>
<td>In addition, an ER facility fee &lt;OR&gt; professional fee will be added to the ER visit based on the level of care provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99282 ** ProFee ** ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM</td>
<td></td>
<td>99282</td>
<td>981</td>
<td></td>
<td>$ 237.30</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total of Standard Charges:</td>
<td></td>
<td></td>
<td></td>
<td>$ 237.30</td>
</tr>
<tr>
<td></td>
<td>Self-pay/Cash Price (80% of charges) ----------------------------</td>
<td></td>
<td></td>
<td></td>
<td>$ 189.84</td>
</tr>
<tr>
<td></td>
<td>Minimum negotiated charge amount (93%) --------------------------</td>
<td></td>
<td></td>
<td></td>
<td>$ 220.69</td>
</tr>
<tr>
<td></td>
<td>Maximum negotiated charge amount (95%) --------------------------</td>
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<td></td>
<td>$ 225.44</td>
</tr>
<tr>
<td></td>
<td>Aetna - negotiated charge amount (93%) --------------------------</td>
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<td>$ 220.69</td>
</tr>
<tr>
<td></td>
<td>Anthem Blue Cross - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 225.44</td>
</tr>
<tr>
<td></td>
<td>Cigna - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 225.44</td>
</tr>
<tr>
<td></td>
<td>UMR - negotiated charge amount (95%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 225.44</td>
</tr>
<tr>
<td></td>
<td>All other insurances - non-negotiated charge amount (100%)</td>
<td></td>
<td></td>
<td></td>
<td>$ 237.30</td>
</tr>
</tbody>
</table>

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

** Emergency Room **

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
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<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>&lt;OR&gt;</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99283</td>
<td>ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM</td>
<td>99283</td>
<td>981</td>
<td></td>
<td></td>
<td>$424.20</td>
</tr>
</tbody>
</table>

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

**99283**  
ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM

**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**

**UMR - negotiated charge amount (95%) → $402.99**

**All other insurances - non-negotiated charge amount (100%) → $424.20**

---

### Emergency Room

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

---

**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

**Battle Mountain General Hospital**

**CMS-1717-F2**

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<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99284</td>
<td>ER, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM</td>
<td>99284</td>
<td>981</td>
<td></td>
<td>$644.70</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $644.70

---

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

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**

- **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
- **UMR - negotiated charge amount (95%):** $612.47
- **All other insurances - non-negotiated charge amount (100%):** $644.70

---

**Emergency Room**

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

---

**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

**Battle Mountain General Hospital**

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99285</td>
<td></td>
<td></td>
<td>$943.95</td>
</tr>
</tbody>
</table>

**Shoppable Service:** 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**  
  **ER, COMP HIST, COMP EXAM, HIGH COMPLEX MDM**
  **99285**  
  **981**  
  **$943.95**

**Total of Standard Charges:**  
**$943.95**

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

**Emergency Room**

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**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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<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td>99304</td>
<td>550</td>
<td></td>
<td>$ 1,420.00</td>
</tr>
<tr>
<td>10011</td>
<td>SWG/SNF</td>
<td></td>
<td></td>
<td></td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td>99304</td>
<td><strong>ProFee</strong></td>
<td></td>
<td></td>
<td></td>
<td>$ 420.00</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:**

- 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
- UMR - negotiated charge amount (95%) $1,349.00
- All other insurances - non-negotiated charge amount (100%) $1,420.00

Swing Bed

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.
### Shoppable Service Report - Table II

#### (CMS-1717-F2)

**Battle Mountain General Hospital**

**Date Printed:** 01/01/2022  
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<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99305</td>
<td>INITIAL NURSING FACILITY, COMP HIST, COMP EXAM, MOD COMPLEX MDM</td>
<td>100</td>
<td>550</td>
<td></td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td></td>
<td><strong>ProFee</strong></td>
<td>99305</td>
<td></td>
<td></td>
<td>$ 562.80</td>
</tr>
</tbody>
</table>

**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.

---

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM</strong></td>
<td>OUTPATIENT</td>
<td>99306</td>
<td>243</td>
<td>249</td>
<td><strong>$ 1,598.50</strong></td>
</tr>
<tr>
<td>10011</td>
<td>SWG/SNF</td>
<td>100</td>
<td>550</td>
<td>$ 1,000.00</td>
<td>$ 598.50</td>
</tr>
<tr>
<td>99306</td>
<td><strong>ProFee</strong></td>
<td>99306</td>
<td>550</td>
<td>$ 598.50</td>
<td><strong>$ 1,598.50</strong></td>
</tr>
</tbody>
</table>

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**
UMR - negotiated charge amount (95%) ------------------> **$ 1,518.58**
All other insurances - non-negotiated charge amount (100%) ------------------> **$ 1,598.50**

Swing Bed

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

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)*

### CPT Code <OR> HCPCS Code | Revenue Code | Standard Charge
---|---|---
10011 | SWG/SNF | $1,000.00  
99307 ** ProFee ** | SUBSEQUENT NURSING FACILITY, PF HIST, PF EXAM, STRAIGHT MDM | $210.00  
99307 | 100 | $1,000.00  
99307 | 550 | $210.00  

**Total of Standard Charges:** $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**

(Standards-1717-F2)

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99308</td>
<td>SUBSEQUENT NURSING FACILITY, EXPAND/PF HIST, EXPAND/PF EXAM, LOW COMPLEX MDM</td>
<td>100</td>
<td>99308</td>
<td>550</td>
<td><strong>$ 1,320.25</strong></td>
</tr>
</tbody>
</table>

**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.

**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.
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>&lt;OR&gt;</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99309</td>
<td>SUBSEQUENT NURSING FACILITY, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,425.25</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $1,425.25

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

---

**Swing Bed**

Swing Bed

---

**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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99310</td>
<td>SUBSEQUENT NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM</td>
<td>99310</td>
<td>984</td>
<td></td>
<td>$ 595.35</td>
</tr>
</tbody>
</table>

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
UMR - negotiated charge amount (95%) --------------> $ 565.58
All other insurances - non-negotiated charge amount (100%) -----> $ 595.35

Swing Bed

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

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
<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
<th>CPT Code</th>
<th>HCPCS Code</th>
<th>Revenue Code</th>
<th>Standard Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>99315</td>
<td>NURSING FACILITY DC, 30 MINUTES OR LESS</td>
<td>99315</td>
<td>550</td>
<td></td>
<td>$ 304.50</td>
</tr>
</tbody>
</table>

**Total of Standard Charges:** $ 304.50

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

**Swing Bed**

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

**Battle Mountain General Hospital**

**CMS-1717-F2**

**Date Printed:** 01/01/2022  
**Last Update:** 01/01/2022

<table>
<thead>
<tr>
<th>Shoppable Service</th>
<th>Primary Service and Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Battle Mountain General Hospital does not offer the services listed below which are members of the 70 CMS-specified shoppable services:</strong></td>
<td></td>
</tr>
<tr>
<td>99243 Patient office consultation, typically 40 min</td>
<td></td>
</tr>
<tr>
<td>99244 Patient office consultation, typically 60 min</td>
<td></td>
</tr>
<tr>
<td>77065 Mammography of one breast</td>
<td></td>
</tr>
<tr>
<td>77066 Mammography of both breasts</td>
<td></td>
</tr>
<tr>
<td>77067 Mammography, screening, bilateral</td>
<td></td>
</tr>
<tr>
<td>216 Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities</td>
<td></td>
</tr>
<tr>
<td>460 Spinal fusion except cervical without major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>470 Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>473 Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).</td>
<td></td>
</tr>
<tr>
<td>743 Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)</td>
<td></td>
</tr>
<tr>
<td>19120 Removal of 1 or more breast growth, open procedure</td>
<td></td>
</tr>
<tr>
<td>29826 Shaving of shoulder bone using an endoscope</td>
<td></td>
</tr>
<tr>
<td>42820 Removal of tonsils and adenoid glands patient younger than age 12</td>
<td></td>
</tr>
<tr>
<td>43235 Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>43239 Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>45378 Diagnostic examination of large bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>45380 Biopsy of large bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>45385 Removal of polyps or growths of large bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>45391 Ultrasound examination of lower large bowel using an endoscope</td>
<td></td>
</tr>
<tr>
<td>47562 Removal of gallbladder using an endoscope</td>
<td></td>
</tr>
<tr>
<td>49505 Repair of groin hernia patient age 5 years or older</td>
<td></td>
</tr>
<tr>
<td>55700 Biopsy of prostate gland</td>
<td></td>
</tr>
<tr>
<td>55866 Surgical removal of prostate and surrounding lymph nodes using an endoscope</td>
<td></td>
</tr>
<tr>
<td>59400 Routine obstetric care for vaginal delivery, including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>59510 Routine obstetric care for cesarean delivery, including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>59610 Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care</td>
<td></td>
</tr>
<tr>
<td>62322 Injection of substance into spinal canal of lower back or sacrum using imaging guidance (includes HCPCS 62323)</td>
<td></td>
</tr>
<tr>
<td>64483 Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance</td>
<td></td>
</tr>
<tr>
<td>66821 Removal of recurrent cataract in lens capsule using laser</td>
<td></td>
</tr>
<tr>
<td>66984 Removal of cataract with insertion of lens</td>
<td></td>
</tr>
<tr>
<td>93452 Insertion of catheter into left heart for diagnosis</td>
<td></td>
</tr>
<tr>
<td>95810 Sleep study</td>
<td></td>
</tr>
</tbody>
</table>

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