

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

### Available Rooms and Rates

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

## Room and Board

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

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

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

**10060 INCISION/DRAINAGE OF ABSCESS SIMPLE OR SINGLE**

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

**Emergency Room**

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

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

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

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

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

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

10120	** ProFee **	INCISION & REMOVAL OF F/B SUB/TISSUE SIMPLE	10120	981	\$ 277.20
10121	** ProFee **	INCISION & REMOVAL OF F/B SUB/TISSUE COMPLICATED	10121	981	\$ 574.35

**Total of Standard Charges: \$ 851.55**

**Professional Fees**

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

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

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

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

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CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**11200 REMOVAL OF SKIN TAGS UP TO 15**

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

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

**Professional Fees**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 147.00
Minimum negotiated charge amount (93%) ----->	\$ 170.89
Maximum negotiated charge amount (95%) ----->	\$ 174.56
Aetna - negotiated charge amount (93%) ----->	\$ 170.89
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 174.56
Cigna - negotiated charge amount (95%) ----->	\$ 174.56
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**

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**Use CTRL-F to SEARCH**

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

**11400 EXCISION BENIGN LESION .5CM OR LESS TRNK**

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

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

**Total of Standard Charges: \$ 813.75**

**Professional Fees**

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

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

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

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**Use CTRL-F to SEARCH**

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

**11730 NAIL AVULSION PART/COM/SIM**

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

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

**Total of Standard Charges: \$ 422.10**

**Professional Fees**

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

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

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

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**11740 EVACUATION SUBUNGUAL HEMATOMA**

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

11740	** ProFee **	EVACUATION SUBUNGUAL HEMATOMA	11740	981	\$ 171.15
<b>Total of Standard Charges:</b>					<b>\$ 171.15</b>

**Professional Fees**

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

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

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

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Shoppable Services Report - Table II  
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CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**11750 NAIL EXCISION/PERM REMOVAL**

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

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

**Professional Fees**

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

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

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

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

**12001 WOUND REPAIR SIMPLE 2.5 OR LESS**

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

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

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

**Emergency Room**

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

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

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

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

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

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

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

**Emergency Room**

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

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

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

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

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

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

**Total of Standard Charges: \$ 2,806.65**

**Emergency Room**

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

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

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

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

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

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

**Total of Standard Charges: \$ 1,534.05**

**Emergency Room**

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

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

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

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

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

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

12051	** ProFee **	REPAIR INTERM FACE/EARS/EYELIDS/NOSE/LIPS 2.5CM OR LESS	12051	981	\$ 496.65
455007		EMER ROOM - LEVEL 3	99283	450	\$ 564.90
<b>Total of Standard Charges:</b>					<b>\$ 1,061.55</b>

**Emergency Room**

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

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

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

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

**13100 REPAIR, COMPLEX, TRUNK 1.1CM -2.5CM**

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

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

**Total of Standard Charges: \$ 2,342.55**

**Emergency Room**

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

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

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

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

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

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

**Emergency Room**

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

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

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

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

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

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

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**23500 CLSD TX CLAVICAL FX W/O MANIP**

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

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

**Total of Standard Charges: \$ 1,760.85**

**Emergency Room**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
**<OR>**  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**

**Primary Service and Ancillary Services**

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

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

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

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

**Total of Standard Charges: \$ 995.40**

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**29065 APPLICATION CAST; SHOULDER TO HAND (LONG ARM)**

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

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

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

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
**<OR>**  
**HCPCS Code**

Shoppable Service

Primary Service and Ancillary Services

Revenue Code

Standard Charge

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

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

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

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

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

**Emergency Room**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**30300 RMVL FB, INTRANASAL; OFFICE TYPE PROC**

30300	** ProFee **	RMVL FB, INTRANASAL; OFFICE TYPE PROC	30300	981	\$ 577.50
455006		EMER ROOM - LEVEL 2	99282	450	\$ 378.00
<b>Total of Standard Charges:</b>					<b>\$ 955.50</b>

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**30901 CONTRL NASAL HEMOORHAGE, ANTERIOR, SIMPLE**

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

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

**Total of Standard Charges: \$ 1,577.10**

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**31500 INTUBATION, ENDOTRACHEAL, EMERGENCY**

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

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

**Professional Fees**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**388008 CBC/WORK PHYS**

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

**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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**388009 CHEM PANEL 14/WORK PHYSICAL**

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

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 388014 CHHOLESEROL/WORK PHYSICAL

388014	CHHOLESEROL/WORK PHYSICAL	301	\$ 22.58
<b>Total of Standard Charges:</b>			<b>\$ 22.58</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 388015 UA MICRO PHYSICAL

388015	UA MICRO PHYSICAL	81003	307	\$ 18.90
			<b>Total of Standard Charges:</b>	<b>\$ 18.90</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 388016 TRIGLYCERIDES/WORK PHYS

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

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**388017 LIPID PANEL PRE-EMPLOYMENT**

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

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**418011 SPIROMETRY W/ BRONCHODILATION**

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

**Respiratory Therapy**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**455006 EMER ROOM - LEVEL 2**

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

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

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**455007 EMER ROOM - LEVEL 3**

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

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

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

### 455008 EMER ROOM - LEVEL 4

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

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

## 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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**455009 EMER ROOM - LEVEL 5**

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

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

**Emergency Room**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**455013 CRITICAL CARE - 1ST HOUR**

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

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

**Emergency Room**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

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

**455014 CRITICAL CARE EA AD 30 MINUTE**

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

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

**Emergency Room**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 384.72
Minimum negotiated charge amount (93%) ----->	\$ 447.24
Maximum negotiated charge amount (95%) ----->	\$ 456.86
Aetna - negotiated charge amount (93%) ----->	\$ 447.24
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 456.86
Cigna - negotiated charge amount (95%) ----->	\$ 456.86
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 488001 CHEST XRAY 1V WRK PHYS

488001 CHEST XRAY 1V WRK PHYS

324

\$ 99.75

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

**Total of Standard Charges: \$ 99.75**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 79.80
Minimum negotiated charge amount (93%) ----->	\$ 92.77
Maximum negotiated charge amount (95%) ----->	\$ 94.76
Aetna - negotiated charge amount (93%) ----->	\$ 92.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 94.76
Cigna - negotiated charge amount (95%) ----->	\$ 94.76
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*

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

### 488002 CHEST XRAY 2V WRK PHYS

488002 CHEST XRAY 2V WRK PHYS

324

\$ 126.00

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

**Total of Standard Charges: \$ 126.00**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 100.80
Minimum negotiated charge amount (93%) ----->	\$ 117.18
Maximum negotiated charge amount (95%) ----->	\$ 119.70
Aetna - negotiated charge amount (93%) ----->	\$ 117.18
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 119.70
Cigna - negotiated charge amount (95%) ----->	\$ 119.70
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**488003 L SPINE 2 V WORK PHYS**

488003 L SPINE 2 V WORK PHYS

324

\$ 73.50

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

**Total of Standard Charges:**

**\$ 73.50**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**58301 REMOVAL INTRAUTERINE DEVICE (IUD)**

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

**Professional Fees**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**588002 EKG WRK PHYS**

588002	EKG WRK PHYS	730	\$ 78.75
<b>Total of Standard Charges:</b>			<b>\$ 78.75</b>

**Respiratory Therapy**

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

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

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

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

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

**A FACILITY FEE will be added**

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

## Professional Fees

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**69209 REMOVAL IMPACTED CERUMEN, IRRIGA/LAVAGE, UNILAT**

**A FACILITY FEE will be added**

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

**Professional Fees**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 37.80
Minimum negotiated charge amount (93%) ----->	\$ 43.94
Maximum negotiated charge amount (95%) ----->	\$ 44.89
Aetna - negotiated charge amount (93%) ----->	\$ 43.94
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 44.89
Cigna - negotiated charge amount (95%) ----->	\$ 44.89
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

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

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

**CMS-Specified Shoppable Service**

**CT Scan**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 1,313.76
Minimum negotiated charge amount (93%) ----->	\$ 1,527.25
Maximum negotiated charge amount (95%) ----->	\$ 1,560.09
Aetna - negotiated charge amount (93%) ----->	\$ 1,527.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,560.09
Cigna - negotiated charge amount (95%) ----->	\$ 1,560.09
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**70460 CT HEAD OR BRAIN W/CONTRAST**

70460 CT HEAD OR BRAIN W/CONTRAST

70460 351 \$ 2,244.90

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

**Total of Standard Charges: \$ 2,244.90**

**CT Scan**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**70470 CT HEAD W & W/O CONTRAST**

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

**Total of Standard Charges: \$ 2,699.55**

**CT Scan**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 2,159.64
Minimum negotiated charge amount (93%) ----->	\$ 2,510.58
Maximum negotiated charge amount (95%) ----->	\$ 2,564.57
Aetna - negotiated charge amount (93%) ----->	\$ 2,510.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,564.57
Cigna - negotiated charge amount (95%) ----->	\$ 2,564.57
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**70486 CT MAXILLOFACIAL AREA W/O CONT**

70486 CT MAXILLOFACIAL AREA W/O CONT

70486 351 \$ 2,002.35

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

**Total of Standard Charges: \$ 2,002.35**

**CT Scan**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**70487 CT MAXILLOFACIAL AREA W/CONTRAST**

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

**CT Scan**

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

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

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

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

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**70490 CT SOFT TISSUE NECK W/O CONTRAST**

70490	CT SOFT TISSUE NECK W/O CONTRAST	70490	351	\$ 2,718.45
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 2,718.45</b>

**CT Scan**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
**<OR>**  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

Shoppable Service

Primary Service and Ancillary Services

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

**70496 CTA HEAD W/WO CONTRAST**

70496 CTA HEAD W/WO CONTRAST

70496

351

\$ 3,361.05

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

**Total of Standard Charges:**

**\$ 3,361.05**

**CT Scan**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 2,688.84
Minimum negotiated charge amount (93%) ----->	\$ 3,125.78
Maximum negotiated charge amount (95%) ----->	\$ 3,193.00
Aetna - negotiated charge amount (93%) ----->	\$ 3,125.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 3,193.00
Cigna - negotiated charge amount (95%) ----->	\$ 3,193.00
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**70498 CTA NECK W/WO CONTRAST**

70498	CTA NECK W/WO CONTRAST	70498	351	\$ 3,425.10
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 3,425.10</b>

**CT Scan**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

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

### 70553 MRI BRAIN INCLD STEM W &W/O CONTRAST

70553	MRI BRAIN INCLD STEM W &W/O CONTRAST	70553	611	\$ 3,521.70
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			<b>Total of Standard Charges:</b>	<b>\$ 3,521.70</b>

**CMS-Specified Shoppable Service**

**MRI**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 71045 CHEST SINGLE VIEW

71045 CHEST SINGLE VIEW

71045

324

\$ 236.25

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

**Total of Standard Charges:**

**\$ 236.25**

**X-Ray**

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

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

\$ 189.00

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

\$ 219.71

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

\$ 224.44

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

\$ 219.71

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

\$ 224.44

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

\$ 224.44

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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 71046 CHEST TWO VIEWS

71046 CHEST TWO VIEWS

71046

324

\$ 306.60

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

**Total of Standard Charges:**

**\$ 306.60**

**X-Ray**

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

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

\$ 245.28

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

\$ 285.14

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

\$ 291.27

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

\$ 285.14

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

\$ 291.27

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

\$ 291.27

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

\$ 291.27

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

\$ 306.60

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 71100 RIBS, UNILATERAL 2 VIEWS

71100 RIBS, UNILATERAL 2 VIEWS

71100

320

\$ 331.80

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

**Total of Standard Charges:**

**\$ 331.80**

**X-Ray**

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

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

\$ 265.44

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

\$ 308.57

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

\$ 315.21

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

\$ 308.57

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

\$ 315.21

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

\$ 315.21

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)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**72040 SPINE, CERVICAL 2 OR 3 VIEWS**

72040 SPINE, CERVICAL 2 OR 3 VIEWS

72040

320

\$ 364.35

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

**Total of Standard Charges:**

**\$ 364.35**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 291.48
Minimum negotiated charge amount (93%) ----->	\$ 338.85
Maximum negotiated charge amount (95%) ----->	\$ 346.13
Aetna - negotiated charge amount (93%) ----->	\$ 338.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 346.13
Cigna - negotiated charge amount (95%) ----->	\$ 346.13
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**

**Primary Service and Ancillary Services**

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

**72052 SPINE, CERVICAL 6 OR MORE VIEW**

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

**Total of Standard Charges: \$ 601.65**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 481.32
Minimum negotiated charge amount (93%) ----->	\$ 559.53
Maximum negotiated charge amount (95%) ----->	\$ 571.57
Aetna - negotiated charge amount (93%) ----->	\$ 559.53
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 571.57
Cigna - negotiated charge amount (95%) ----->	\$ 571.57
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**72070 SPINE, THORACIC 2 VIEWS AP,LAT**

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

**Total of Standard Charges: \$ 339.15**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 271.32
Minimum negotiated charge amount (93%) ----->	\$ 315.41
Maximum negotiated charge amount (95%) ----->	\$ 322.19
Aetna - negotiated charge amount (93%) ----->	\$ 315.41
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 322.19
Cigna - negotiated charge amount (95%) ----->	\$ 322.19
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**72074 SPINE, THORACIC MIN 4 VIEWS**

72074 SPINE, THORACIC MIN 4 VIEWS

72074 320 \$ 451.50

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

**Total of Standard Charges: \$ 451.50**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 361.20
Minimum negotiated charge amount (93%) ----->	\$ 419.90
Maximum negotiated charge amount (95%) ----->	\$ 428.93
Aetna - negotiated charge amount (93%) ----->	\$ 419.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 428.93
Cigna - negotiated charge amount (95%) ----->	\$ 428.93
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**72100 SPINE, LUMBOSACRAL 2 OR 3 VIEW**

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

**Total of Standard Charges: \$ 498.75**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
**<OR>**  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

Shoppable Service

Primary Service and Ancillary Services

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

### 72110 SPINE LUMBOSACRAL MIN 4 VIEWS

72110 SPINE LUMBOSACRAL MIN 4 VIEWS

72110

320

\$ 498.75

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

**Total of Standard Charges:**

**\$ 498.75**

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

**CMS-Specified Shoppable Service**

**X-Ray**

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

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

72141 612 \$ 2,508.45

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

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

**MRI**

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

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

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

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

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

**Use CTRL-F to SEARCH**

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

**72147 MRI SPINAL CANAL/CONTENTS:THORACIC W/CONTRAST**

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

**MRI**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

## 72148 MRI LUMBAR SPINE W/O CONTRAST

72148	MRI LUMBAR SPINE W/O CONTRAST	72148	612	\$ 2,476.95
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 2,476.95</b>

**CMS-Specified Shoppable Service**

**MRI**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**72149 MRI LUMBAR SPINE W/CONTRAST**

72149	MRI LUMBAR SPINE W/CONTRAST	72149	612	\$ 2,637.60
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 2,637.60</b>

**MRI**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

### 72193 CT PELVIS W/CONTRAST

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

**Total of Standard Charges: \$ 3,135.30**

**CMS-Specified Shoppable Service**

**CT Scan**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 2,508.24
Minimum negotiated charge amount (93%) ----->	\$ 2,915.83
Maximum negotiated charge amount (95%) ----->	\$ 2,978.54
Aetna - negotiated charge amount (93%) ----->	\$ 2,915.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,978.54
Cigna - negotiated charge amount (95%) ----->	\$ 2,978.54
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73030 SHOULDER,COMPLETE 2VW MIN**

73030 SHOULDER,COMPLETE 2VW MIN

73030

320

\$ 315.00

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

**Total of Standard Charges:**

**\$ 315.00**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 252.00
Minimum negotiated charge amount (93%) ----->	\$ 292.95
Maximum negotiated charge amount (95%) ----->	\$ 299.25
Aetna - negotiated charge amount (93%) ----->	\$ 292.95
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 299.25
Cigna - negotiated charge amount (95%) ----->	\$ 299.25
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73060 HUMERUS, MIN 2 VIEWS**

73060 HUMERUS, MIN 2 VIEWS

73060

320

\$ 294.00

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

**Total of Standard Charges:**

**\$ 294.00**

**X-Ray**

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

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

\$ 235.20

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

\$ 273.42

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

\$ 279.30

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

\$ 273.42

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

\$ 279.30

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

\$ 279.30

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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73070 ELBOW, LIMITED/ 2 VIEWS**

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

**Total of Standard Charges: \$ 286.65**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73080 ELBOW, COMPLETE MIN 3 VIEWS**

73080	ELBOW, COMPLETE MIN 3 VIEWS	73080	320	\$ 340.20
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges: \$ 340.20**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

**73090 FOREARM 2 VIEWS**

73090	FOREARM 2 VIEWS	73090	320	\$ 283.50
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 283.50</b>

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

### 73110 WRIST - COMPLETE MIN 3 VIEWS

73110 WRIST - COMPLETE MIN 3 VIEWS

73110

320

\$ 383.25

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

Total of Standard Charges:

\$ 383.25

**X-Ray**

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

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

\$ 306.60

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

\$ 356.42

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

\$ 364.09

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

\$ 356.42

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

\$ 364.09

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

\$ 364.09

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

\$ 364.09

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

\$ 383.25

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73120 HAND, LIMITED/ 2 VIEWS**

73120 HAND, LIMITED/ 2 VIEWS

73120 320 \$ 279.30

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

**Total of Standard Charges: \$ 279.30**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**73140 FINGERS MIN 2 VIEWS**

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

**Total of Standard Charges: \$ 302.40**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 241.92
Minimum negotiated charge amount (93%) ----->	\$ 281.23
Maximum negotiated charge amount (95%) ----->	\$ 287.28
Aetna - negotiated charge amount (93%) ----->	\$ 281.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 287.28
Cigna - negotiated charge amount (95%) ----->	\$ 287.28
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

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

**73221 MRI ANY JOINT/UPPER EXTREM W/O**

73221	MRI ANY JOINT/UPPER EXTREM W/O	73221	614	\$ 2,354.10
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
			<b>Total of Standard Charges:</b>	<b>\$ 2,354.10</b>

**MRI**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73502 HIP UNILATER W/PELVIS 2-3V**

73502 HIP UNILATER W/PELVIS 2-3V

73502

320

\$ 400.05

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

**Total of Standard Charges:**

**\$ 400.05**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 320.04
Minimum negotiated charge amount (93%) ----->	\$ 372.05
Maximum negotiated charge amount (95%) ----->	\$ 380.05
Aetna - negotiated charge amount (93%) ----->	\$ 372.05
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 380.05
Cigna - negotiated charge amount (95%) ----->	\$ 380.05
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

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

**73521 HIP BILATERAL PELVIS 2 VWS**

73521                      HIP BILATERAL PELVIS 2 VWS

73521                      320                      \$ 421.05

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

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

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73610 ANKLE COMPLETE MIN 3 VIEW**

73610 ANKLE COMPLETE MIN 3 VIEW

73610

320

\$ 340.20

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

**Total of Standard Charges:**

**\$ 340.20**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73630 FOOT, COMPLETE MIN 3 VIEWS**

73630 FOOT, COMPLETE MIN 3 VIEWS

73630

320

\$ 318.15

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

**Total of Standard Charges:**

**\$ 318.15**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**73721 MRI JNT OF LWR EXTRE W/O CONTR**

73721 MRI JNT OF LWR EXTRE W/O CONTR

73721

614

\$ 2,612.40

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

**Total of Standard Charges:**

**\$ 2,612.40**

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

CMS-Specified Shoppable Service

**MRI**

Self-pay/Cash Price (80% of charges) ----->	\$ 2,089.92
Minimum negotiated charge amount (93%) ----->	\$ 2,429.53
Maximum negotiated charge amount (95%) ----->	\$ 2,481.78
Aetna - negotiated charge amount (93%) ----->	\$ 2,429.53
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,481.78
Cigna - negotiated charge amount (95%) ----->	\$ 2,481.78
UMR - negotiated charge amount (95%) ----->	\$ 2,481.78
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,612.40

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**74019 ABDOMEN 2 VIEWS**

74019	ABDOMEN 2 VIEWS	74019	320	\$ 392.70
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 392.70</b>

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**74021 ABDOMEN 3V MINIMUM**

74021 ABDOMEN 3V MINIMUM

74021 320 \$ 409.50

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

**Total of Standard Charges: \$ 409.50**

**X-Ray**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**

**Primary Service and Ancillary Services**

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

**74022 ABDOMEN SERIES 2V W/1V CXR**

74022	ABDOMEN SERIES 2V W/1V CXR	74022	320	\$ 494.55
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RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)

**Total of Standard Charges: \$ 494.55**

**X-Ray**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 395.64
Minimum negotiated charge amount (93%) ----->	\$ 459.93
Maximum negotiated charge amount (95%) ----->	\$ 469.82
Aetna - negotiated charge amount (93%) ----->	\$ 459.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 469.82
Cigna - negotiated charge amount (95%) ----->	\$ 469.82
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**74176 CT ABDOMEN & PELVIS W/O CONTRAST**

74176	CT ABDOMEN & PELVIS W/O CONTRAST	74176	352	\$ 2,869.65
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 2,869.65</b>

**CT Scan**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 2,295.72
Minimum negotiated charge amount (93%) ----->	\$ 2,668.77
Maximum negotiated charge amount (95%) ----->	\$ 2,726.17
Aetna - negotiated charge amount (93%) ----->	\$ 2,668.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,726.17
Cigna - negotiated charge amount (95%) ----->	\$ 2,726.17
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*

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

**74177 CT ABDOMEN & PELVIS W/CONTRAST**

74177	CT ABDOMEN & PELVIS W/CONTRAST	74177	352	\$ 3,255.00
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 3,255.00</b>

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

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

CMS-Specified Shoppable Service

**CT Scan**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

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

74178

352

\$ 3,885.00

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

**Total of Standard Charges:**

**\$ 3,885.00**

**CT Scan**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

**Shoppable Service    Primary Service and Ancillary Services**

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

**76604 ULTRASOUND SOFT TISSUE CHEST**

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

**Total of Standard Charges:                    \$ 828.45**

**Ultrasound**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 662.76
Minimum negotiated charge amount (93%) ----->	\$ 770.46
Maximum negotiated charge amount (95%) ----->	\$ 787.03
Aetna - negotiated charge amount (93%) ----->	\$ 770.46
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 787.03
Cigna - negotiated charge amount (95%) ----->	\$ 787.03
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*

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 76700 ULTRASOUND ABDOMINAL REAL TIME

76700 ULTRASOUND ABDOMINAL REAL TIME

76700

402

\$ 968.10

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

**Total of Standard Charges:**

**\$ 968.10**

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

CMS-Specified Shoppable Service

**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

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

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

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

**Use CTRL-F to SEARCH**

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

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

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

**Ultrasound**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 666.12
Minimum negotiated charge amount (93%) ----->	\$ 774.36
Maximum negotiated charge amount (95%) ----->	\$ 791.02
Aetna - negotiated charge amount (93%) ----->	\$ 774.36
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 791.02
Cigna - negotiated charge amount (95%) ----->	\$ 791.02
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**

**Primary Service and Ancillary Services**

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

**76770 ULTRASOUND RENAL, AORTA, NODES, COMPLETE**

76770 ULTRASOUND RENAL, AORTA, NODES, COMPLETE

76770 402 \$ 841.05

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

**Total of Standard Charges: \$ 841.05**

**Ultrasound**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

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

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

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

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

**CMS-Specified Shoppable Service**

**Ultrasound**

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

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

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

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

**Ultrasound**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**76818 ULTRASOUND FETAL BIOPHYSICAL PROFILE W/ NON-STRESS TEST**

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

**Ultrasound**

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

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

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

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

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

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

## 76830 ULTRASOUND TRANSVAGINAL

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

**Total of Standard Charges: \$ 763.35**

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

CMS-Specified Shoppable Service

**Ultrasound**

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

### 76856 ULTRASOUND PELVIC(NON OB) COMPLETE

76856	ULTRASOUND PELVIC(NON OB) COMPLETE	76856	402	\$ 869.40
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 869.40</b>

**Ultrasound**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80048 CHEM 8/BASIC METABOLIC PANEL**

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

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80050 GENERAL HEALTH PANEL**

80050	GENERAL HEALTH PANEL			
		80050	301	\$ 294.00
			<b>Total of Standard Charges:</b>	<b>\$ 294.00</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 235.20
Minimum negotiated charge amount (93%) ----->	\$ 273.42
Maximum negotiated charge amount (95%) ----->	\$ 279.30
Aetna - negotiated charge amount (93%) ----->	\$ 273.42
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 279.30
Cigna - negotiated charge amount (95%) ----->	\$ 279.30
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 80051 ELECTROLYTE PANEL BLOOD

80051 ELECTROLYTE PANEL BLOOD

80051 301 \$ 82.95

**Total of Standard Charges: \$ 82.95**

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

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

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

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**80061 LIMITED LIPID PROFILE**

80061	LIMITED LIPID PROFILE	80061	301	\$ 139.65
8006190	LIMITED LIPID PROFILE	80061	301	\$ 139.65

**Total of Standard Charges: \$ 279.30**

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80069 RENAL PANEL**

80069	RENAL PANEL			
		80069	301	\$ 141.75
			<b>Total of Standard Charges:</b>	<b>\$ 141.75</b>

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80076 HEPATIC FUNCTION PANEL**

80076	HEPATIC FUNCTION PANEL	80076	301	\$ 100.80
			<b>Total of Standard Charges:</b>	<b>\$ 100.80</b>

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80164 ASSAY DIPROPYLACETIC ACID**

80164	ASSAY DIPROPYLACETIC ACID	80164	301	\$ 197.40
			<b>Total of Standard Charges:</b>	<b>\$ 197.40</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 80185 DILANTIN

80185	DILANTIN		80185	301	\$ 184.80
<b>Total of Standard Charges:</b>					<b>\$ 184.80</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80202 VANCOMYCIN**

80202	VANCOMYCIN		80202	301	\$ 194.25
<b>Total of Standard Charges:</b>					<b>\$ 194.25</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80305 OTC DRUG SCREEN**

80305	OTC DRUG SCREEN			
		80305	301	\$ 78.75
			<b>Total of Standard Charges:</b>	<b>\$ 78.75</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80306 MEDTOX SCAN DRUG SCREEN OF ABU**

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

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 80320 ETOH

80320	ETOH	80320	301	\$ 156.45
<b>Total of Standard Charges:</b>				<b>\$ 156.45</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**80329 SALICYLATE/ACETAMINOPHEN**

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

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 70.56
Minimum negotiated charge amount (93%) ----->	\$ 82.03
Maximum negotiated charge amount (95%) ----->	\$ 83.79
Aetna - negotiated charge amount (93%) ----->	\$ 82.03
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 83.79
Cigna - negotiated charge amount (95%) ----->	\$ 83.79
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*

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**81001 URINALYSIS AUTO W/SCOPE**

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

Copays, deductibles 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*

# Battle Mountain General Hospital

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

Use CTRL-F to SEARCH

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

### 81002 URINE KETONE,URINALYSIS W/O MI

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

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 81003 URANALYSIS, AUTO, W/O SCOPE

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

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

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

CMS-Specified Shoppable Service

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**81015 MICROSCOPIC ONLY**

81015	MICROSCOPIC ONLY			
		81015	307	\$ 40.95
			<b>Total of Standard Charges:</b>	<b>\$ 40.95</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service    Primary Service and Ancillary Services

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

**81025 PREGNANCY TEST \* URINE \***

81025	PREGNANCY TEST * URINE *			
		81025	307	\$ 36.75
			<b>Total of Standard Charges:</b>	<b>\$ 36.75</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 82075 BREATH ALCOHOL LEVEL

82075	BREATH ALCOHOL LEVEL	82075	300	\$ 184.00
			<b>Total of Standard Charges:</b>	<b>\$ 184.00</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

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

**82150 ASSAY OF AMYLASE**

82150	ASSAY OF AMYLASE	82150	301	\$ 77.70
			<b>Total of Standard Charges:</b>	<b>\$ 77.70</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 82247 BILIRUBIN, TOTAL

82247 BILIRUBIN, TOTAL

82247 301 \$ 57.75

**Total of Standard Charges: \$ 57.75**

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 46.20
Minimum negotiated charge amount (93%) ----->	\$ 53.71
Maximum negotiated charge amount (95%) ----->	\$ 54.86
Aetna - negotiated charge amount (93%) ----->	\$ 53.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 54.86
Cigna - negotiated charge amount (95%) ----->	\$ 54.86
UMR - negotiated charge amount (95%) ----->	\$ 54.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 57.75

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82248 BILIRUBIN, DIRECT**

82248	BILIRUBIN, DIRECT	82248	301	\$ 57.75
			<b>Total of Standard Charges:</b>	<b>\$ 57.75</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 46.20
Minimum negotiated charge amount (93%) ----->	\$ 53.71
Maximum negotiated charge amount (95%) ----->	\$ 54.86
Aetna - negotiated charge amount (93%) ----->	\$ 53.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 54.86
Cigna - negotiated charge amount (95%) ----->	\$ 54.86
UMR - negotiated charge amount (95%) ----->	\$ 54.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 57.75

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

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

# Battle Mountain General Hospital

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

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82270 OCCULT BLOOD, COLORECTAL NEOPL**

82270	OCCULT BLOOD, COLORECTAL NEOPL			
		82270	301	\$ 39.90
			<b>Total of Standard Charges:</b>	<b>\$ 39.90</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 31.92
Minimum negotiated charge amount (93%) ----->	\$ 37.11
Maximum negotiated charge amount (95%) ----->	\$ 37.91
Aetna - negotiated charge amount (93%) ----->	\$ 37.11
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 37.91
Cigna - negotiated charge amount (95%) ----->	\$ 37.91
UMR - negotiated charge amount (95%) ----->	\$ 37.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 39.90

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

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

# Battle Mountain General Hospital

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

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HCPCS Code

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82271 TEST FOR BLOOD, OTHER SOURCE**

82271	TEST FOR BLOOD, OTHER SOURCE			
		82271	301	\$ 36.75
			<b>Total of Standard Charges:</b>	<b>\$ 36.75</b>

**Laboratory**

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

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

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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

**82272 BLOOD OCCULT, NOT COLORECTAL NEOP**

82272	BLOOD OCCULT, NOT COLORECTAL NEOP	82272	301	\$ 45.15
			<b>Total of Standard Charges:</b>	<b>\$ 45.15</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
UMR - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 82310 CALCIUM; TOTAL

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

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

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

## 82550 ASSAY OF CREATINE KINASE

82550	ASSAY OF CREATINE KINASE		82550	301	\$ 84.00
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	<b>Total of Standard Charges:</b>	<b>\$ 84.00</b>
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	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
--	---	----------

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

**Laboratory**

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82553 CREATINE, MB FRACTION ONLY**

82553	CREATINE, MB FRACTION ONLY	82553	301	\$ 142.80
			<b>Total of Standard Charges:</b>	<b>\$ 142.80</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 114.24
Minimum negotiated charge amount (93%) ----->	\$ 132.80
Maximum negotiated charge amount (95%) ----->	\$ 135.66
Aetna - negotiated charge amount (93%) ----->	\$ 132.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 135.66
Cigna - negotiated charge amount (95%) ----->	\$ 135.66
UMR - negotiated charge amount (95%) ----->	\$ 135.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 142.80

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service    Primary Service and Ancillary Services

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

## 82565 ASSAY OF CREATININE BLOOD

82565	ASSAY OF CREATININE BLOOD	82565	301	\$ 75.60
			<b>Total of Standard Charges:</b>	<b>\$ 75.60</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
UMR - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82575 CREATININE CLEARANCE TEST**

82575	CREATININE CLEARANCE TEST	82575	301	\$ 124.95
			<b>Total of Standard Charges:</b>	<b>\$ 124.95</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 99.96
Minimum negotiated charge amount (93%) ----->	\$ 116.20
Maximum negotiated charge amount (95%) ----->	\$ 118.70
Aetna - negotiated charge amount (93%) ----->	\$ 116.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 118.70
Cigna - negotiated charge amount (95%) ----->	\$ 118.70
UMR - negotiated charge amount (95%) ----->	\$ 118.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 124.95

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82800 GASES, BLOOD & PH ONLY**

82800	GASES, BLOOD & PH ONLY			
		82800	301	\$ 181.65
			<b>Total of Standard Charges:</b>	<b>\$ 181.65</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 145.32
Minimum negotiated charge amount (93%) ----->	\$ 168.93
Maximum negotiated charge amount (95%) ----->	\$ 172.57
Aetna - negotiated charge amount (93%) ----->	\$ 168.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 172.57
Cigna - negotiated charge amount (95%) ----->	\$ 172.57
UMR - negotiated charge amount (95%) ----->	\$ 172.57
All other insurances - non-negotiated charge amount (100%) ----->	\$ 181.65

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

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

# Battle Mountain General Hospital

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

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

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

**82803 ABG**

82803	ABG			
		82803	300	\$ 275.10
			<b>Total of Standard Charges:</b>	<b>\$ 275.10</b>

**Laboratory**

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

Self-pay/Cash Price (80% of charges) ----->	\$ 220.08
Minimum negotiated charge amount (93%) ----->	\$ 255.84
Maximum negotiated charge amount (95%) ----->	\$ 261.35
Aetna - negotiated charge amount (93%) ----->	\$ 255.84
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 261.35
Cigna - negotiated charge amount (95%) ----->	\$ 261.35
UMR - negotiated charge amount (95%) ----->	\$ 261.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 275.10

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**82947 ASSAY, GLUCOSE, BLOOD QUANT**

82947	ASSAY, GLUCOSE, BLOOD QUANT	82947	301	\$ 57.75
			<b>Total of Standard Charges:</b>	<b>\$ 57.75</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 46.20
Minimum negotiated charge amount (93%) ----->	\$ 53.71
Maximum negotiated charge amount (95%) ----->	\$ 54.86
Aetna - negotiated charge amount (93%) ----->	\$ 53.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 54.86
Cigna - negotiated charge amount (95%) ----->	\$ 54.86
UMR - negotiated charge amount (95%) ----->	\$ 54.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 57.75

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 82950 GLUCOSE TEST

82950	GLUCOSE TEST	82950	301	\$ 74.55
			<b>Total of Standard Charges:</b>	<b>\$ 74.55</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 59.64
Minimum negotiated charge amount (93%) ----->	\$ 69.33
Maximum negotiated charge amount (95%) ----->	\$ 70.82
Aetna - negotiated charge amount (93%) ----->	\$ 69.33
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 70.82
Cigna - negotiated charge amount (95%) ----->	\$ 70.82
UMR - negotiated charge amount (95%) ----->	\$ 70.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 74.55

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**82951 GLUCOSE TOLERANCE-3HR (GTT)**

82951	GLUCOSE TOLERANCE-3HR (GTT)	82951	301	\$ 130.20
82952	GTT -BEYOND THREE SPECIMENS	82952	301	\$ 57.75

**Total of Standard Charges: \$ 187.95**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 150.36
Minimum negotiated charge amount (93%) ----->	\$ 174.79
Maximum negotiated charge amount (95%) ----->	\$ 178.55
Aetna - negotiated charge amount (93%) ----->	\$ 174.79
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 178.55
Cigna - negotiated charge amount (95%) ----->	\$ 178.55
UMR - negotiated charge amount (95%) ----->	\$ 178.55
All other insurances - non-negotiated charge amount (100%) ----->	\$ 187.95

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 83036 GLYCOSYLATED HEMOGLOBIN TEST

83036	GLYCOSYLATED HEMOGLOBIN TEST	83036	301	\$ 90.30
			<b>Total of Standard Charges:</b>	<b>\$ 90.30</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 72.24
Minimum negotiated charge amount (93%) ----->	\$ 83.98
Maximum negotiated charge amount (95%) ----->	\$ 85.79
Aetna - negotiated charge amount (93%) ----->	\$ 83.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 85.79
Cigna - negotiated charge amount (95%) ----->	\$ 85.79
UMR - negotiated charge amount (95%) ----->	\$ 85.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 90.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**83525 Insulin Response to Glucose**

6691	INSULIN RESPONSE TO GLUCOSE X6 SPECIMENS	83525	301	\$ 875.70
6693	INSULIN RESPONSE TO GLUCOSE X5 SPECIMENS	83525	301	\$ 729.75
6694	INSULIN RESPONSE TO GLUCOSE X4 SPECIMENS	83525	301	\$ 583.80
6695	INSULIN RESPONSE TO GLUCOSE X3 SPECIMENS	83525	301	\$ 494.55
6697	INSULIN RESPONSE TO GLUCOSE X2 SPECIMENS	83525	301	\$ 291.90

**Total of Standard Charges: \$ 2,975.70**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 2,380.56
Minimum negotiated charge amount (93%) ----->	\$ 2,767.40
Maximum negotiated charge amount (95%) ----->	\$ 2,826.92
Aetna - negotiated charge amount (93%) ----->	\$ 2,767.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 2,826.92
Cigna - negotiated charge amount (95%) ----->	\$ 2,826.92
UMR - negotiated charge amount (95%) ----->	\$ 2,826.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 2,975.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 83605 LACTIC ACID

83605	LACTIC ACID		83605	300	\$ 100.80
<b>Total of Standard Charges:</b>					<b>\$ 100.80</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 80.64
Minimum negotiated charge amount (93%) ----->	\$ 93.74
Maximum negotiated charge amount (95%) ----->	\$ 95.76
Aetna - negotiated charge amount (93%) ----->	\$ 93.74
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 95.76
Cigna - negotiated charge amount (95%) ----->	\$ 95.76
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 83690 LIPASE

83690	LIPASE		83690	301	\$ 84.00
<b>Total of Standard Charges:</b>					<b>\$ 84.00</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 67.20
Minimum negotiated charge amount (93%) ----->	\$ 78.12
Maximum negotiated charge amount (95%) ----->	\$ 79.80
Aetna - negotiated charge amount (93%) ----->	\$ 78.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 79.80
Cigna - negotiated charge amount (95%) ----->	\$ 79.80
UMR - negotiated charge amount (95%) ----->	\$ 79.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 84.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**83735 ASSAY OF MAGNESIUM**

83735	ASSAY OF MAGNESIUM		83735	301	\$ 87.15
<b>Total of Standard Charges:</b>					<b>\$ 87.15</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 69.72
Minimum negotiated charge amount (93%) ----->		\$ 81.05
Maximum negotiated charge amount (95%) ----->		\$ 82.79
Aetna - negotiated charge amount (93%) ----->		\$ 81.05
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 82.79
Cigna - negotiated charge amount (95%) ----->		\$ 82.79
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 83874 ASSAY OF MYOGLOBIN

83874 ASSAY OF MYOGLOBIN

83874 301 \$ 139.65

**Total of Standard Charges: \$ 139.65**

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

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 83880 NATRIURETIC PEPTIDE

83880	NATRIURETIC PEPTIDE	83880	301	\$ 280.35
			<b>Total of Standard Charges:</b>	<b>\$ 280.35</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 224.28
Minimum negotiated charge amount (93%) ----->	\$ 260.73
Maximum negotiated charge amount (95%) ----->	\$ 266.33
Aetna - negotiated charge amount (93%) ----->	\$ 260.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 266.33
Cigna - negotiated charge amount (95%) ----->	\$ 266.33
UMR - negotiated charge amount (95%) ----->	\$ 266.33
All other insurances - non-negotiated charge amount (100%) ----->	\$ 280.35

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84132 ASSAY OF SERUM POTASSIUM

84132	ASSAY OF SERUM POTASSIUM	84132	301	\$ 51.45
			<b>Total of Standard Charges:</b>	<b>\$ 51.45</b>

**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

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84153 ASSAY OF PSA, TOTAL

84153	ASSAY OF PSA, TOTAL	84153	301	\$ 153.30
			<b>Total of Standard Charges:</b>	<b>\$ 153.30</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 122.64
Minimum negotiated charge amount (93%) ----->	\$ 142.57
Maximum negotiated charge amount (95%) ----->	\$ 145.64
Aetna - negotiated charge amount (93%) ----->	\$ 142.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 145.64
Cigna - negotiated charge amount (95%) ----->	\$ 145.64
UMR - negotiated charge amount (95%) ----->	\$ 145.64
All other insurances - non-negotiated charge amount (100%) ----->	\$ 153.30

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84155 ASSAY OF PROTEIN TOTAL

84155	ASSAY OF PROTEIN TOTAL		84155	301	\$ 53.55
				<b>Total of Standard Charges:</b>	<b>\$ 53.55</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.84
Minimum negotiated charge amount (93%) ----->	\$ 49.80
Maximum negotiated charge amount (95%) ----->	\$ 50.87
Aetna - negotiated charge amount (93%) ----->	\$ 49.80
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 50.87
Cigna - negotiated charge amount (95%) ----->	\$ 50.87
UMR - negotiated charge amount (95%) ----->	\$ 50.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 53.55

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84165 PROTEIN E-PHOREISIS, SERUM**

84165	PROTEIN E-PHOREISIS, SERUM	84165	301	\$ 109.20
			<b>Total of Standard Charges:</b>	<b>\$ 109.20</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 87.36
Minimum negotiated charge amount (93%) ----->	\$ 101.56
Maximum negotiated charge amount (95%) ----->	\$ 103.74
Aetna - negotiated charge amount (93%) ----->	\$ 101.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 103.74
Cigna - negotiated charge amount (95%) ----->	\$ 103.74
UMR - negotiated charge amount (95%) ----->	\$ 103.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 109.20

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84295 ASSAY OF SERUM SODIUM**

84295	ASSAY OF SERUM SODIUM		84295	301	\$ 45.15
					<b>Total of Standard Charges:</b>
					<b>\$ 45.15</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
UMR - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84436 ASSAY OF TOTAL THYROXIN**

84436	ASSAY OF TOTAL THYROXIN		84436	301	\$ 77.70
<b>Total of Standard Charges:</b>					<b>\$ 77.70</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 62.16
Minimum negotiated charge amount (93%) ----->	\$ 72.26
Maximum negotiated charge amount (95%) ----->	\$ 73.82
Aetna - negotiated charge amount (93%) ----->	\$ 72.26
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 73.82
Cigna - negotiated charge amount (95%) ----->	\$ 73.82
UMR - negotiated charge amount (95%) ----->	\$ 73.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 77.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84439 ASSAY OF FREE THYROXINE (FREE**

84439	ASSAY OF FREE THYROXINE (FREE			
		84439	300	\$ 112.35
			<b>Total of Standard Charges:</b>	<b>\$ 112.35</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 89.88
Minimum negotiated charge amount (93%) ----->	\$ 104.49
Maximum negotiated charge amount (95%) ----->	\$ 106.73
Aetna - negotiated charge amount (93%) ----->	\$ 104.49
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 106.73
Cigna - negotiated charge amount (95%) ----->	\$ 106.73
UMR - negotiated charge amount (95%) ----->	\$ 106.73
All other insurances - non-negotiated charge amount (100%) ----->	\$ 112.35

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84443 ASSAY THYROID STIM HORMONE**

84443	ASSAY THYROID STIM HORMONE			
		84443	300	\$ 160.65
			<b>Total of Standard Charges:</b>	<b>\$ 160.65</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 128.52
Minimum negotiated charge amount (93%) ----->	\$ 149.40
Maximum negotiated charge amount (95%) ----->	\$ 152.62
Aetna - negotiated charge amount (93%) ----->	\$ 149.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 152.62
Cigna - negotiated charge amount (95%) ----->	\$ 152.62
UMR - negotiated charge amount (95%) ----->	\$ 152.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 160.65

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84450 TRANSFERASE (AST) (SGOT)**

84450	TRANSFERASE (AST) (SGOT)	84450	301	\$ 52.50
			<b>Total of Standard Charges:</b>	<b>\$ 52.50</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.00
Minimum negotiated charge amount (93%) ----->	\$ 48.83
Maximum negotiated charge amount (95%) ----->	\$ 49.88
Aetna - negotiated charge amount (93%) ----->	\$ 48.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 49.88
Cigna - negotiated charge amount (95%) ----->	\$ 49.88
UMR - negotiated charge amount (95%) ----->	\$ 49.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 52.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84460 ALANINE AMINO (ALT) (SGPT)**

84460	ALANINE AMINO (ALT) (SGPT)	84460	301	\$ 59.85
			<b>Total of Standard Charges:</b>	<b>\$ 59.85</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84479 ASSAY OF THYROID (T3 OR T4)**

84479	ASSAY OF THYROID (T3 OR T4)			
		84479	301	\$ 92.40
			<b>Total of Standard Charges:</b>	<b>\$ 92.40</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 73.92
Minimum negotiated charge amount (93%) ----->	\$ 85.93
Maximum negotiated charge amount (95%) ----->	\$ 87.78
Aetna - negotiated charge amount (93%) ----->	\$ 85.93
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 87.78
Cigna - negotiated charge amount (95%) ----->	\$ 87.78
UMR - negotiated charge amount (95%) ----->	\$ 87.78
All other insurances - non-negotiated charge amount (100%) ----->	\$ 92.40

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84480 TRIIODOTHYRONINE T3;TOTAL(TT-3**

84480	TRIIODOTHYRONINE T3;TOTAL(TT-3	84480	301	\$ 123.90
			<b>Total of Standard Charges:</b>	<b>\$ 123.90</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84484 ASSAY OF TROPONIN, QUANT

84484	ASSAY OF TROPONIN, QUANT	84484	301	\$ 140.70
			<b>Total of Standard Charges:</b>	<b>\$ 140.70</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 112.56
Minimum negotiated charge amount (93%) ----->	\$ 130.85
Maximum negotiated charge amount (95%) ----->	\$ 133.67
Aetna - negotiated charge amount (93%) ----->	\$ 130.85
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 133.67
Cigna - negotiated charge amount (95%) ----->	\$ 133.67
UMR - negotiated charge amount (95%) ----->	\$ 133.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 140.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84520 ASSAY OF UREA NITROGEN (BUN)

84520	ASSAY OF UREA NITROGEN (BUN)	84520	301	\$ 59.85
			<b>Total of Standard Charges:</b>	<b>\$ 59.85</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 84550 ASSAY OF BLOOD/URIC ACID

84550	ASSAY OF BLOOD/URIC ACID	84550	301	\$ 59.85
			<b>Total of Standard Charges:</b>	<b>\$ 59.85</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service    Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**84703 CHORIONIC GONADOTROPIN ASSAY -**

84703	CHORIONIC GONADOTROPIN ASSAY -	84703	301	\$ 110.25
			<b>Total of Standard Charges:</b>	<b>\$ 110.25</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 88.20
Minimum negotiated charge amount (93%) ----->	\$ 102.53
Maximum negotiated charge amount (95%) ----->	\$ 104.74
Aetna - negotiated charge amount (93%) ----->	\$ 102.53
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 104.74
Cigna - negotiated charge amount (95%) ----->	\$ 104.74
UMR - negotiated charge amount (95%) ----->	\$ 104.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 110.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85002 BLEEDING TIME TEST**

85002	BLEEDING TIME TEST			
		85002	305	\$ 102.90
			<b>Total of Standard Charges:</b>	<b>\$ 102.90</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 82.32
Minimum negotiated charge amount (93%) ----->	\$ 95.70
Maximum negotiated charge amount (95%) ----->	\$ 97.76
Aetna - negotiated charge amount (93%) ----->	\$ 95.70
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 97.76
Cigna - negotiated charge amount (95%) ----->	\$ 97.76
UMR - negotiated charge amount (95%) ----->	\$ 97.76
All other insurances - non-negotiated charge amount (100%) ----->	\$ 102.90

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85014 HEMATOCRIT (HCT)**

85014	HEMATOCRIT (HCT)	85014	305	\$ 33.60
<b>Total of Standard Charges:</b>				<b>\$ 33.60</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.88
Minimum negotiated charge amount (93%) ----->	\$ 31.25
Maximum negotiated charge amount (95%) ----->	\$ 31.92
Aetna - negotiated charge amount (93%) ----->	\$ 31.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 31.92
Cigna - negotiated charge amount (95%) ----->	\$ 31.92
UMR - negotiated charge amount (95%) ----->	\$ 31.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 33.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 85018 HEMOGLOBIN (HGB)

85018	HEMOGLOBIN (HGB)	85018	305	\$ 31.50
			<b>Total of Standard Charges:</b>	<b>\$ 31.50</b>

### Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 25.20
Minimum negotiated charge amount (93%) ----->	\$ 29.30
Maximum negotiated charge amount (95%) ----->	\$ 29.93
Aetna - negotiated charge amount (93%) ----->	\$ 29.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.93
Cigna - negotiated charge amount (95%) ----->	\$ 29.93
UMR - negotiated charge amount (95%) ----->	\$ 29.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 31.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85025 COMPLETE CBC W/AUTO DIFF WBC**

85025	COMPLETE CBC W/AUTO DIFF WBC	85025	305	\$ 108.15
			<b>Total of Standard Charges:</b>	<b>\$ 108.15</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 86.52
Minimum negotiated charge amount (93%) ----->	\$ 100.58
Maximum negotiated charge amount (95%) ----->	\$ 102.74
Aetna - negotiated charge amount (93%) ----->	\$ 100.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 102.74
Cigna - negotiated charge amount (95%) ----->	\$ 102.74
UMR - negotiated charge amount (95%) ----->	\$ 102.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 108.15

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85027 COMPLETE CBC, AUTOMATED**

85027	COMPLETE CBC, AUTOMATED	85027	305	\$ 89.25
			<b>Total of Standard Charges:</b>	<b>\$ 89.25</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 71.40
Minimum negotiated charge amount (93%) ----->	\$ 83.00
Maximum negotiated charge amount (95%) ----->	\$ 84.79
Aetna - negotiated charge amount (93%) ----->	\$ 83.00
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 84.79
Cigna - negotiated charge amount (95%) ----->	\$ 84.79
UMR - negotiated charge amount (95%) ----->	\$ 84.79
All other insurances - non-negotiated charge amount (100%) ----->	\$ 89.25

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 85048 AUTOMATED LEUKOCYTE COUNT WBC

85048	AUTOMATED LEUKOCYTE COUNT WBC	85048	305	\$ 32.55
			<b>Total of Standard Charges:</b>	<b>\$ 32.55</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.04
Minimum negotiated charge amount (93%) ----->	\$ 30.27
Maximum negotiated charge amount (95%) ----->	\$ 30.92
Aetna - negotiated charge amount (93%) ----->	\$ 30.27
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 30.92
Cigna - negotiated charge amount (95%) ----->	\$ 30.92
UMR - negotiated charge amount (95%) ----->	\$ 30.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 32.55

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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Revenue Code

Standard Charge

Shoppable Service   Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85378 FIBRIN DEGRADATION PRODUCTS**

85378	FIBRIN DEGRADATION PRODUCTS	85378	305	\$ 68.25
			<b>Total of Standard Charges:</b>	<b>\$ 68.25</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 54.60
Minimum negotiated charge amount (93%) ----->	\$ 63.47
Maximum negotiated charge amount (95%) ----->	\$ 64.84
Aetna - negotiated charge amount (93%) ----->	\$ 63.47
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 64.84
Cigna - negotiated charge amount (95%) ----->	\$ 64.84
UMR - negotiated charge amount (95%) ----->	\$ 64.84
All other insurances - non-negotiated charge amount (100%) ----->	\$ 68.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85610 PROTHROMBIN TIME**

85610	PROTHROMBIN TIME	85610	300	\$ 56.70
<b>Total of Standard Charges:</b>				<b>\$ 56.70</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 45.36
Minimum negotiated charge amount (93%) ----->	\$ 52.73
Maximum negotiated charge amount (95%) ----->	\$ 53.87
Aetna - negotiated charge amount (93%) ----->	\$ 52.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 53.87
Cigna - negotiated charge amount (95%) ----->	\$ 53.87
UMR - negotiated charge amount (95%) ----->	\$ 53.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 56.70

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85651 RBC SED RATE, NON AUTOMATED**

85651	RBC SED RATE, NON AUTOMATED	85651	305	\$ 45.15
			<b>Total of Standard Charges:</b>	<b>\$ 45.15</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 36.12
Minimum negotiated charge amount (93%) ----->	\$ 41.99
Maximum negotiated charge amount (95%) ----->	\$ 42.89
Aetna - negotiated charge amount (93%) ----->	\$ 41.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 42.89
Cigna - negotiated charge amount (95%) ----->	\$ 42.89
UMR - negotiated charge amount (95%) ----->	\$ 42.89
All other insurances - non-negotiated charge amount (100%) ----->	\$ 45.15

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**85652 RB SED RATE, AUTOMATED**

85652	RB SED RATE, AUTOMATED	85652	305	\$ 67.20
			<b>Total of Standard Charges:</b>	<b>\$ 67.20</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 53.76
Minimum negotiated charge amount (93%) ----->	\$ 62.50
Maximum negotiated charge amount (95%) ----->	\$ 63.84
Aetna - negotiated charge amount (93%) ----->	\$ 62.50
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 63.84
Cigna - negotiated charge amount (95%) ----->	\$ 63.84
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 85730 THROMBOPLASTIN TIME, PARTIAL

85730	THROMBOPLASTIN TIME, PARTIAL	85730	305	\$ 81.90
			<b>Total of Standard Charges:</b>	<b>\$ 81.90</b>

Copays, deductibles 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

CMS-Specified Shoppable Service

**Laboratory**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86430 RHEUMATOID FACTOR TEST QUAL**

86430	RHEUMATOID FACTOR TEST QUAL	86430	302	\$ 59.85
			<b>Total of Standard Charges:</b>	<b>\$ 59.85</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 47.88
Minimum negotiated charge amount (93%) ----->	\$ 55.66
Maximum negotiated charge amount (95%) ----->	\$ 56.86
Aetna - negotiated charge amount (93%) ----->	\$ 55.66
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 56.86
Cigna - negotiated charge amount (95%) ----->	\$ 56.86
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86431 RHEUMATOID FACTOR, QUANT**

86431	RHEUMATOID FACTOR, QUANT	86431	302	\$ 82.95
			<b>Total of Standard Charges:</b>	<b>\$ 82.95</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 66.36
Minimum negotiated charge amount (93%) ----->	\$ 77.14
Maximum negotiated charge amount (95%) ----->	\$ 78.80
Aetna - negotiated charge amount (93%) ----->	\$ 77.14
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 78.80
Cigna - negotiated charge amount (95%) ----->	\$ 78.80
UMR - negotiated charge amount (95%) ----->	\$ 78.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 82.95

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86580 TUBERCULOSIS TEST**

86580	TUBERCULOSIS TEST			
		86580	302	\$ 35.70
			<b>Total of Standard Charges:</b>	<b>\$ 35.70</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 28.56
Minimum negotiated charge amount (93%) ----->	\$ 33.20
Maximum negotiated charge amount (95%) ----->	\$ 33.92
Aetna - negotiated charge amount (93%) ----->	\$ 33.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 33.92
Cigna - negotiated charge amount (95%) ----->	\$ 33.92
UMR - negotiated charge amount (95%) ----->	\$ 33.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 35.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 86592 BLOOD SEROLOGY, QUALITATIVE

86592	BLOOD SEROLOGY, QUALITATIVE	86592	302	\$ 47.25
			<b>Total of Standard Charges:</b>	<b>\$ 47.25</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86617 LYME DISEASE ANTIBODY**

86617	LYME DISEASE ANTIBODY			
		86617	302	\$ 139.65
			<b>Total of Standard Charges:</b>	<b>\$ 139.65</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 111.72
Minimum negotiated charge amount (93%) ----->	\$ 129.87
Maximum negotiated charge amount (95%) ----->	\$ 132.67
Aetna - negotiated charge amount (93%) ----->	\$ 129.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 132.67
Cigna - negotiated charge amount (95%) ----->	\$ 132.67
UMR - negotiated charge amount (95%) ----->	\$ 132.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 139.65

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86900 BLOOD TYPING, ABO**

86900	BLOOD TYPING, ABO			
		86900	300	\$ 51.45
			<b>Total of Standard Charges:</b>	<b>\$ 51.45</b>

**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

**Battle Mountain General Hospital -- SELF PAY 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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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86901 BLOOD - TYPE RH (D)**

86901	BLOOD - TYPE RH (D)	86901	300	\$ 51.45
			<b>Total of Standard Charges:</b>	<b>\$ 51.45</b>

**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

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86905 BLOOD TYPING, RBC ANTIGENS**

86905	BLOOD TYPING, RBC ANTIGENS	86905	300	\$ 43.05
			<b>Total of Standard Charges:</b>	<b>\$ 43.05</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 34.44
Minimum negotiated charge amount (93%) ----->	\$ 40.04
Maximum negotiated charge amount (95%) ----->	\$ 40.90
Aetna - negotiated charge amount (93%) ----->	\$ 40.04
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 40.90
Cigna - negotiated charge amount (95%) ----->	\$ 40.90
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*

Shoppable Services Report - Table II  
 (CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**86922 COMPATIBILITY TEST, ANTIGLOB**

86922	COMPATIBILITY TEST, ANTIGLOB	86922	300	\$ 227.85
			<b>Total of Standard Charges:</b>	<b>\$ 227.85</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 182.28
Minimum negotiated charge amount (93%) ----->	\$ 211.90
Maximum negotiated charge amount (95%) ----->	\$ 216.46
Aetna - negotiated charge amount (93%) ----->	\$ 211.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 216.46
Cigna - negotiated charge amount (95%) ----->	\$ 216.46
UMR - negotiated charge amount (95%) ----->	\$ 216.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 227.85

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87040 BLOOD CULTURE FOR BACTERIA**

87040	BLOOD CULTURE FOR BACTERIA	87040	306	\$ 123.90
			<b>Total of Standard Charges:</b>	<b>\$ 123.90</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87046 STOOL CULTURE, BACTERIA, EACH**

87046	STOOL CULTURE, BACTERIA, EACH	87046	306	\$ 37.80
			<b>Total of Standard Charges:</b>	<b>\$ 37.80</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 30.24
Minimum negotiated charge amount (93%) ----->	\$ 35.15
Maximum negotiated charge amount (95%) ----->	\$ 35.91
Aetna - negotiated charge amount (93%) ----->	\$ 35.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 35.91
Cigna - negotiated charge amount (95%) ----->	\$ 35.91
UMR - negotiated charge amount (95%) ----->	\$ 35.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 37.80

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87070 CULTURE, BACTERIA, OTHER**

4558	GENITAL CULTURE (QUEST)	87070	306	\$ 98.70
87070	CULTURE, BACTERIA, OTHER	87070	306	\$ 98.70

**Total of Standard Charges: \$ 197.40**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 157.92
Minimum negotiated charge amount (93%) ----->	\$ 183.58
Maximum negotiated charge amount (95%) ----->	\$ 187.53
Aetna - negotiated charge amount (93%) ----->	\$ 183.58
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 187.53
Cigna - negotiated charge amount (95%) ----->	\$ 187.53
UMR - negotiated charge amount (95%) ----->	\$ 187.53
All other insurances - non-negotiated charge amount (100%) ----->	\$ 197.40

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87086 CULTURE URINE**

87086	CULTURE URINE			
		87086	306	\$ 75.60
			<b>Total of Standard Charges:</b>	<b>\$ 75.60</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
UMR - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 87088 URINE BACTERIA CULTURE

87088	URINE BACTERIA CULTURE	87088	306	\$ 90.30
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**Total of Standard Charges: \$ 90.30**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->		\$ 72.24
Minimum negotiated charge amount (93%) ----->		\$ 83.98
Maximum negotiated charge amount (95%) ----->		\$ 85.79
Aetna - negotiated charge amount (93%) ----->		\$ 83.98
Anthem Blue Cross - negotiated charge amount (95%) ----->		\$ 85.79
Cigna - negotiated charge amount (95%) ----->		\$ 85.79
UMR - negotiated charge amount (95%) ----->		\$ 85.79
All other insurances - non-negotiated charge amount (100%) ----->		\$ 90.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87110 CHLAMYDIA CULTURE - ANY SOURCE**

87110	CHLAMYDIA CULTURE - ANY SOURCE	87110	306	\$ 172.20
			<b>Total of Standard Charges:</b>	<b>\$ 172.20</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 137.76
Minimum negotiated charge amount (93%) ----->	\$ 160.15
Maximum negotiated charge amount (95%) ----->	\$ 163.59
Aetna - negotiated charge amount (93%) ----->	\$ 160.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 163.59
Cigna - negotiated charge amount (95%) ----->	\$ 163.59
UMR - negotiated charge amount (95%) ----->	\$ 163.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 172.20

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 87147 E.COLI STOOL

87147 E.COLI STOOL

87147 306 \$ 111.30

**Total of Standard Charges: \$ 111.30**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 89.04
Minimum negotiated charge amount (93%) ----->	\$ 103.51
Maximum negotiated charge amount (95%) ----->	\$ 105.74
Aetna - negotiated charge amount (93%) ----->	\$ 103.51
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 105.74
Cigna - negotiated charge amount (95%) ----->	\$ 105.74
UMR - negotiated charge amount (95%) ----->	\$ 105.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 111.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87210 SMEAR, WET MOUNT, SALINE/INK**

87210	SMEAR, WET MOUNT, SALINE/INK	87210	306	\$ 64.05
			<b>Total of Standard Charges:</b>	<b>\$ 64.05</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 51.24
Minimum negotiated charge amount (93%) ----->	\$ 59.57
Maximum negotiated charge amount (95%) ----->	\$ 60.85
Aetna - negotiated charge amount (93%) ----->	\$ 59.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 60.85
Cigna - negotiated charge amount (95%) ----->	\$ 60.85
UMR - negotiated charge amount (95%) ----->	\$ 60.85
All other insurances - non-negotiated charge amount (100%) ----->	\$ 64.05

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service    Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87324 CLOSTRIDIUM DIFF TOXIN**

87324	CLOSTRIDIUM DIFF TOXIN	87324	302	\$ 130.20
<b>Total of Standard Charges:</b>				<b>\$ 130.20</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 87338 HELICOBACTER PYLORI, STOOL

87338	HELICOBACTER PYLORI, STOOL	87338	306	\$ 147.00
			<b>Total of Standard Charges:</b>	<b>\$ 147.00</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 117.60
Minimum negotiated charge amount (93%) ----->	\$ 136.71
Maximum negotiated charge amount (95%) ----->	\$ 139.65
Aetna - negotiated charge amount (93%) ----->	\$ 136.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 139.65
Cigna - negotiated charge amount (95%) ----->	\$ 139.65
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)

**Use CTRL-F to SEARCH**

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 87339 H PYLORI AC, EIA

87339	H PYLORI AC, EIA	87339	306	\$ 127.05
			<b>Total of Standard Charges:</b>	<b>\$ 127.05</b>

### Laboratory

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 101.64
Minimum negotiated charge amount (93%) ----->	\$ 118.16
Maximum negotiated charge amount (95%) ----->	\$ 120.70
Aetna - negotiated charge amount (93%) ----->	\$ 118.16
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 120.70
Cigna - negotiated charge amount (95%) ----->	\$ 120.70
UMR - negotiated charge amount (95%) ----->	\$ 120.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 127.05

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87804 INFLUENZA A&B RAPID**

87804	INFLUENZA A&B RAPID	87804	306	\$ 103.95
			<b>Total of Standard Charges:</b>	<b>\$ 103.95</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 83.16
Minimum negotiated charge amount (93%) ----->	\$ 96.67
Maximum negotiated charge amount (95%) ----->	\$ 98.75
Aetna - negotiated charge amount (93%) ----->	\$ 96.67
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 98.75
Cigna - negotiated charge amount (95%) ----->	\$ 98.75
UMR - negotiated charge amount (95%) ----->	\$ 98.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 103.95

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87807 RESPIRATORY SYNCYTIAL VIRUS (RSV)**

87807	RESPIRATORY SYNCYTIAL VIRUS (RSV)	87807	300	\$ 182.70
			<b>Total of Standard Charges:</b>	<b>\$ 182.70</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**87880 STREP A ASSAY W/OPTIC**

87880	STREP A ASSAY W/OPTIC	87880	306	\$ 76.65
			<b>Total of Standard Charges:</b>	<b>\$ 76.65</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 61.32
Minimum negotiated charge amount (93%) ----->	\$ 71.28
Maximum negotiated charge amount (95%) ----->	\$ 72.82
Aetna - negotiated charge amount (93%) ----->	\$ 71.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 72.82
Cigna - negotiated charge amount (95%) ----->	\$ 72.82
UMR - negotiated charge amount (95%) ----->	\$ 72.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 76.65

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

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Standard Charge

Shoppable Service    Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**89055 LEUKOCYTE (WBC) ASSESSMENT, FECAL**

89055	LEUKOCYTE (WBC) ASSESSMENT, FECAL	89055	300	\$ 54.60
<b>Total of Standard Charges:</b>				<b>\$ 54.60</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 43.68
Minimum negotiated charge amount (93%) ----->	\$ 50.78
Maximum negotiated charge amount (95%) ----->	\$ 51.87
Aetna - negotiated charge amount (93%) ----->	\$ 50.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 51.87
Cigna - negotiated charge amount (95%) ----->	\$ 51.87
UMR - negotiated charge amount (95%) ----->	\$ 51.87
All other insurances - non-negotiated charge amount (100%) ----->	\$ 54.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 93000 EKG COMPLETE-TRACE INTERP/RPT

93000	EKG COMPLETE-TRACE INTERP/RPT	93000	730	\$ 241.50
			<b>Total of Standard Charges:</b>	<b>\$ 241.50</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 193.20
Minimum negotiated charge amount (93%) ----->	\$ 224.60
Maximum negotiated charge amount (95%) ----->	\$ 229.43
Aetna - negotiated charge amount (93%) ----->	\$ 224.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 229.43
Cigna - negotiated charge amount (95%) ----->	\$ 229.43
UMR - negotiated charge amount (95%) ----->	\$ 229.43
All other insurances - non-negotiated charge amount (100%) ----->	\$ 241.50

CMS-Specified Shoppable Service

**Respiratory Therapy**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**93225 HOLTER MONITOR S.U.**

93225	HOLTER MONITOR S.U.	93225	731	\$ 315.00
			<b>Total of Standard Charges:</b>	<b>\$ 315.00</b>

**Respiratory Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 252.00
Minimum negotiated charge amount (93%) ----->	\$ 292.95
Maximum negotiated charge amount (95%) ----->	\$ 299.25
Aetna - negotiated charge amount (93%) ----->	\$ 292.95
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 299.25
Cigna - negotiated charge amount (95%) ----->	\$ 299.25
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**93970 LOWER EXTREMITY VENOUS BILATER**

93970	LOWER EXTREMITY VENOUS BILATER	93970	402	\$ 1,135.05
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 1,135.05</b>

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 908.04
Minimum negotiated charge amount (93%) ----->	\$ 1,055.60
Maximum negotiated charge amount (95%) ----->	\$ 1,078.30
Aetna - negotiated charge amount (93%) ----->	\$ 1,055.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,078.30
Cigna - negotiated charge amount (95%) ----->	\$ 1,078.30
UMR - negotiated charge amount (95%) ----->	\$ 1,078.30
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,135.05

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

**Shoppable Service**    **Primary Service and Ancillary Services**    **CPT Code**  
 <OR>    **HCPCS Code**    **Revenue Code**    **Standard Charge**

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**93971 LOWER EXTREMITY VENOUS UNILATE**

93971	LOWER EXTREMITY VENOUS UNILATE	93971	402	\$ 689.85
RADIOLOGIST - not provided by facility (will be billed separately by the radiology group)				
<b>Total of Standard Charges:</b>				<b>\$ 689.85</b>

**Ultrasound**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 551.88
Minimum negotiated charge amount (93%) ----->	\$ 641.56
Maximum negotiated charge amount (95%) ----->	\$ 655.36
Aetna - negotiated charge amount (93%) ----->	\$ 641.56
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 655.36
Cigna - negotiated charge amount (95%) ----->	\$ 655.36
UMR - negotiated charge amount (95%) ----->	\$ 655.36
All other insurances - non-negotiated charge amount (100%) ----->	\$ 689.85

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

**CPT Code**  
 <OR>  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

**Shoppable Service    Primary Service and Ancillary Services**

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

### 94010 PFT/SPIROMETRY

94010	PFT/SPIROMETRY			
		94010	460	\$ 157.50
			<b>Total of Standard Charges:</b>	<b>\$ 157.50</b>

**Respiratory Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 126.00
Minimum negotiated charge amount (93%) ----->	\$ 146.48
Maximum negotiated charge amount (95%) ----->	\$ 149.63
Aetna - negotiated charge amount (93%) ----->	\$ 146.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 149.63
Cigna - negotiated charge amount (95%) ----->	\$ 149.63
UMR - negotiated charge amount (95%) ----->	\$ 149.63
All other insurances - non-negotiated charge amount (100%) ----->	\$ 157.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**94060 PFT PRE/POST SPIRMTY**

94060	PFT PRE/POST SPIRMTY	94060	460	\$ 273.00
			<b>Total of Standard Charges:</b>	<b>\$ 273.00</b>

**Respiratory Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 218.40
Minimum negotiated charge amount (93%) ----->	\$ 253.89
Maximum negotiated charge amount (95%) ----->	\$ 259.35
Aetna - negotiated charge amount (93%) ----->	\$ 253.89
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 259.35
Cigna - negotiated charge amount (95%) ----->	\$ 259.35
UMR - negotiated charge amount (95%) ----->	\$ 259.35
All other insurances - non-negotiated charge amount (100%) ----->	\$ 273.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**94640 AEROSOL INHALATION**

250046	Ipratropium/ Albuterol 0.5/3ml vial, 1 each	J7620	636	\$ 16.50
260130	Levalbuterol (Xopenex) 1.25mg/3ml	J7614	636	\$ 8.00
94640	AEROSOL INHALATION	94640	412	\$ 200.55
<b>Total of Standard Charges:</b>				<b>\$ 225.05</b>

**Respiratory Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 180.04
Minimum negotiated charge amount (93%) ----->	\$ 209.30
Maximum negotiated charge amount (95%) ----->	\$ 213.80
Aetna - negotiated charge amount (93%) ----->	\$ 209.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 213.80
Cigna - negotiated charge amount (95%) ----->	\$ 213.80
UMR - negotiated charge amount (95%) ----->	\$ 213.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 225.05

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**95921 VALSALVA MANEUVER**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

95921	VALSALVA MANEUVER	922	\$ 278.25
<b>Total of Standard Charges:</b>			<b>\$ 278.25</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 222.60
Minimum negotiated charge amount (93%) ----->	\$ 258.77
Maximum negotiated charge amount (95%) ----->	\$ 264.34
Aetna - negotiated charge amount (93%) ----->	\$ 258.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.34
Cigna - negotiated charge amount (95%) ----->	\$ 264.34
UMR - negotiated charge amount (95%) ----->	\$ 264.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**95992 EPLEY MANEUVER**

**A FACILITY FEE will be added**

95992	EPLEY MANEUVER	450	\$ 97.00
<b>Total of Standard Charges:</b>			<b>\$ 97.00</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 77.60
Minimum negotiated charge amount (93%) ----->	\$ 90.21
Maximum negotiated charge amount (95%) ----->	\$ 92.15
Aetna - negotiated charge amount (93%) ----->	\$ 90.21
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 92.15
Cigna - negotiated charge amount (95%) ----->	\$ 92.15
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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**CPT Code**  
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**Revenue Code**

**Standard Charge**

**Shoppable Service**    **Primary Service and Ancillary Services**

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96360 INFUSION THERAPY-1ST HOUR**

**A MEDICATION CHARGE will be added**

96360	INFUSION THERAPY-1ST HOUR	96360	260	\$ 410.55
96361	INFUSION THERAPY EACH ADD HOUR	96361	260	\$ 120.75
			<b>Total of Standard Charges:</b>	<b>\$ 531.30</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 425.04
Minimum negotiated charge amount (93%) ----->	\$ 494.11
Maximum negotiated charge amount (95%) ----->	\$ 504.74
Aetna - negotiated charge amount (93%) ----->	\$ 494.11
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 504.74
Cigna - negotiated charge amount (95%) ----->	\$ 504.74
UMR - negotiated charge amount (95%) ----->	\$ 504.74
All other insurances - non-negotiated charge amount (100%) ----->	\$ 531.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

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# Battle Mountain General Hospital

Shoppable Services Report - Table II  
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 96365 INTRAVENOUS INFUSION WITH MEDS

**A MEDICATION CHARGE will be added**

96365	INTRAVENOUS INFUSION WITH MEDS	96365	920	\$ 451.50
			<b>Total of Standard Charges:</b>	<b>\$ 451.50</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 361.20
Minimum negotiated charge amount (93%) ----->	\$ 419.90
Maximum negotiated charge amount (95%) ----->	\$ 428.93
Aetna - negotiated charge amount (93%) ----->	\$ 419.90
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 428.93
Cigna - negotiated charge amount (95%) ----->	\$ 428.93
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96366 INTRAVENOUS INFUSION W/MEDS EA ADD**

**A MEDICATION CHARGE will be added**

96366	INTRAVENOUS INFUSION W/MEDS EA ADD	96366	260	\$ 143.85
			<b>Total of Standard Charges:</b>	<b>\$ 143.85</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 115.08
Minimum negotiated charge amount (93%) ----->	\$ 133.78
Maximum negotiated charge amount (95%) ----->	\$ 136.66
Aetna - negotiated charge amount (93%) ----->	\$ 133.78
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 136.66
Cigna - negotiated charge amount (95%) ----->	\$ 136.66
UMR - negotiated charge amount (95%) ----->	\$ 136.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 143.85

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96367 INTRAVENOUS INFUSION W/MEDS EA ADD**

**A MEDICATION CHARGE will be added**

96367	INTRAVENOUS INFUSION W/MEDS EA ADD	96367	260	\$ 228.90
<b>Total of Standard Charges:</b>				<b>\$ 228.90</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 183.12
Minimum negotiated charge amount (93%) ----->	\$ 212.88
Maximum negotiated charge amount (95%) ----->	\$ 217.46
Aetna - negotiated charge amount (93%) ----->	\$ 212.88
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 217.46
Cigna - negotiated charge amount (95%) ----->	\$ 217.46
UMR - negotiated charge amount (95%) ----->	\$ 217.46
All other insurances - non-negotiated charge amount (100%) ----->	\$ 228.90

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96368 IV INFUSION FOR THERAPY-CONCURRENT INFUS**

**A MEDICATION CHARGE will be added**

96368	IV INFUSION FOR THERAPY-CONCURRENT INFUS	96368	260	\$ 174.30
			<b>Total of Standard Charges:</b>	<b>\$ 174.30</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 139.44
Minimum negotiated charge amount (93%) ----->	\$ 162.10
Maximum negotiated charge amount (95%) ----->	\$ 165.59
Aetna - negotiated charge amount (93%) ----->	\$ 162.10
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 165.59
Cigna - negotiated charge amount (95%) ----->	\$ 165.59
UMR - negotiated charge amount (95%) ----->	\$ 165.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 174.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 96372 IM/SUBQ INJECTION THERAPEUTIC

**A MEDICATION CHARGE will be added**

96372	IM/SUBQ INJECTION THERAPEUTIC	96372	450	\$ 52.50
			<b>Total of Standard Charges:</b>	<b>\$ 52.50</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 42.00
Minimum negotiated charge amount (93%) ----->	\$ 48.83
Maximum negotiated charge amount (95%) ----->	\$ 49.88
Aetna - negotiated charge amount (93%) ----->	\$ 48.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 49.88
Cigna - negotiated charge amount (95%) ----->	\$ 49.88
UMR - negotiated charge amount (95%) ----->	\$ 49.88
All other insurances - non-negotiated charge amount (100%) ----->	\$ 52.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 96374 DIAGNOSTIC IV INJECTION PUSH

**A MEDICATION CHARGE will be added**

96374	DIAGNOSTIC IV INJECTION PUSH	96374	260	\$ 173.25
			<b>Total of Standard Charges:</b>	<b>\$ 173.25</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 138.60
Minimum negotiated charge amount (93%) ----->	\$ 161.12
Maximum negotiated charge amount (95%) ----->	\$ 164.59
Aetna - negotiated charge amount (93%) ----->	\$ 161.12
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 164.59
Cigna - negotiated charge amount (95%) ----->	\$ 164.59
UMR - negotiated charge amount (95%) ----->	\$ 164.59
All other insurances - non-negotiated charge amount (100%) ----->	\$ 173.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96375 INTRAVEN. PUSH EA ADD'L SEQ. (DIFF DRUG)**

**A MEDICATION CHARGE will be added**

96375	INTRAVEN. PUSH EA ADD'L SEQ. (DIFF DRUG)	96375	260	\$ 161.70
			<b>Total of Standard Charges:</b>	<b>\$ 161.70</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 129.36
Minimum negotiated charge amount (93%) ----->	\$ 150.38
Maximum negotiated charge amount (95%) ----->	\$ 153.62
Aetna - negotiated charge amount (93%) ----->	\$ 150.38
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 153.62
Cigna - negotiated charge amount (95%) ----->	\$ 153.62
UMR - negotiated charge amount (95%) ----->	\$ 153.62
All other insurances - non-negotiated charge amount (100%) ----->	\$ 161.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96376 IV PUSH EA ADD'L SUBSEQUENT. (SAME DRUG)**

**A MEDICATION CHARGE will be added**

96376	IV PUSH EA ADD'L SUBSEQUENT. (SAME DRUG)	96376	260	\$ 139.65
<b>Total of Standard Charges:</b>				<b>\$ 139.65</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 111.72
Minimum negotiated charge amount (93%) ----->	\$ 129.87
Maximum negotiated charge amount (95%) ----->	\$ 132.67
Aetna - negotiated charge amount (93%) ----->	\$ 129.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 132.67
Cigna - negotiated charge amount (95%) ----->	\$ 132.67
UMR - negotiated charge amount (95%) ----->	\$ 132.67
All other insurances - non-negotiated charge amount (100%) ----->	\$ 139.65

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**96523 IRRIGATION OF IMPLANTED VENOUS**

96523	IRRIGATION OF IMPLANTED VENOUS	96523	450	\$ 134.40
			<b>Total of Standard Charges:</b>	<b>\$ 134.40</b>

**Infusion Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 107.52
Minimum negotiated charge amount (93%) ----->	\$ 124.99
Maximum negotiated charge amount (95%) ----->	\$ 127.68
Aetna - negotiated charge amount (93%) ----->	\$ 124.99
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 127.68
Cigna - negotiated charge amount (95%) ----->	\$ 127.68
UMR - negotiated charge amount (95%) ----->	\$ 127.68
All other insurances - non-negotiated charge amount (100%) ----->	\$ 134.40

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97001 EVALUATION**

97001	EVALUATION	97001	424	\$ 186.00
			<b>Total of Standard Charges:</b>	<b>\$ 186.00</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 148.80
Minimum negotiated charge amount (93%) ----->	\$ 172.98
Maximum negotiated charge amount (95%) ----->	\$ 176.70
Aetna - negotiated charge amount (93%) ----->	\$ 172.98
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 176.70
Cigna - negotiated charge amount (95%) ----->	\$ 176.70
UMR - negotiated charge amount (95%) ----->	\$ 176.70
All other insurances - non-negotiated charge amount (100%) ----->	\$ 186.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

## 97002 RE-EVALUATION

97002	RE-EVALUATION	97002	424	\$ 63.60
			<b>Total of Standard Charges:</b>	<b>\$ 63.60</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 50.88
Minimum negotiated charge amount (93%) ----->	\$ 59.15
Maximum negotiated charge amount (95%) ----->	\$ 60.42
Aetna - negotiated charge amount (93%) ----->	\$ 59.15
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 60.42
Cigna - negotiated charge amount (95%) ----->	\$ 60.42
UMR - negotiated charge amount (95%) ----->	\$ 60.42
All other insurances - non-negotiated charge amount (100%) ----->	\$ 63.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97010 PHYS THERP HOT/COLD PACK**

97010	PHYS THERP HOT/COLD PACK			
		97010	420	\$ 38.40
			<b>Total of Standard Charges:</b>	<b>\$ 38.40</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 30.72
Minimum negotiated charge amount (93%) ----->	\$ 35.71
Maximum negotiated charge amount (95%) ----->	\$ 36.48
Aetna - negotiated charge amount (93%) ----->	\$ 35.71
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 36.48
Cigna - negotiated charge amount (95%) ----->	\$ 36.48
UMR - negotiated charge amount (95%) ----->	\$ 36.48
All other insurances - non-negotiated charge amount (100%) ----->	\$ 38.40

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97032 E-STIM/PHYS THER (EA 15 MIN)**

97032	E-STIM/PHYS THER (EA 15 MIN)	97032	420	\$ 61.00
			<b>Total of Standard Charges:</b>	<b>\$ 61.00</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 48.80
Minimum negotiated charge amount (93%) ----->	\$ 56.73
Maximum negotiated charge amount (95%) ----->	\$ 57.95
Aetna - negotiated charge amount (93%) ----->	\$ 56.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 57.95
Cigna - negotiated charge amount (95%) ----->	\$ 57.95
UMR - negotiated charge amount (95%) ----->	\$ 57.95
All other insurances - non-negotiated charge amount (100%) ----->	\$ 61.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97110 PHYS THERP THERAPU EXERCIS**

97110	PHYS THERP THERAPU EXERCIS	97110	420	\$ 75.60
			<b>Total of Standard Charges:</b>	<b>\$ 75.60</b>

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 60.48
Minimum negotiated charge amount (93%) ----->	\$ 70.31
Maximum negotiated charge amount (95%) ----->	\$ 71.82
Aetna - negotiated charge amount (93%) ----->	\$ 70.31
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 71.82
Cigna - negotiated charge amount (95%) ----->	\$ 71.82
UMR - negotiated charge amount (95%) ----->	\$ 71.82
All other insurances - non-negotiated charge amount (100%) ----->	\$ 75.60

CMS-Specified Shoppable Service

**Physical Therapy**

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

### INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY

#### 97161 PT EVALUATION - LOW COMPLEXITY

97161	PT EVALUATION - LOW COMPLEXITY	97161	424	\$ 204.00
			<b>Total of Standard Charges:</b>	<b>\$ 204.00</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 163.20
Minimum negotiated charge amount (93%) ----->	\$ 189.72
Maximum negotiated charge amount (95%) ----->	\$ 193.80
Aetna - negotiated charge amount (93%) ----->	\$ 189.72
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 193.80
Cigna - negotiated charge amount (95%) ----->	\$ 193.80
UMR - negotiated charge amount (95%) ----->	\$ 193.80
All other insurances - non-negotiated charge amount (100%) ----->	\$ 204.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

**CPT Code**  
**<OR>**  
**HCPCS Code**

**Revenue Code**

**Standard Charge**

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

### 97162 PT EVALUATION - MODERATE COMPLEXITY

97162 PT EVALUATION - MODERATE COMPLEXITY

97162 424 \$ 240.00

**Total of Standard Charges: \$ 240.00**

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 192.00
Minimum negotiated charge amount (93%) ----->	\$ 223.20
Maximum negotiated charge amount (95%) ----->	\$ 228.00
Aetna - negotiated charge amount (93%) ----->	\$ 223.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 228.00
Cigna - negotiated charge amount (95%) ----->	\$ 228.00
UMR - negotiated charge amount (95%) ----->	\$ 228.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 240.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97163 PT EVALUATION - HIGH COMPLEXITY**

97163	PT EVALUATION - HIGH COMPLEXITY			
		97163	424	\$ 276.00
			<b>Total of Standard Charges:</b>	<b>\$ 276.00</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 220.80
Minimum negotiated charge amount (93%) ----->	\$ 256.68
Maximum negotiated charge amount (95%) ----->	\$ 262.20
Aetna - negotiated charge amount (93%) ----->	\$ 256.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 262.20
Cigna - negotiated charge amount (95%) ----->	\$ 262.20
UMR - negotiated charge amount (95%) ----->	\$ 262.20
All other insurances - non-negotiated charge amount (100%) ----->	\$ 276.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**97164 PT RE EVALUATION**

97164	PT RE EVALUATION		97164	424	\$ 120.00
					<b>Total of Standard Charges:</b>
					<b>\$ 120.00</b>

**Physical Therapy**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 96.00
Minimum negotiated charge amount (93%) ----->	\$ 111.60
Maximum negotiated charge amount (95%) ----->	\$ 114.00
Aetna - negotiated charge amount (93%) ----->	\$ 111.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 114.00
Cigna - negotiated charge amount (95%) ----->	\$ 114.00
UMR - negotiated charge amount (95%) ----->	\$ 114.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 120.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**97802 DIETARY CONSULT-INITIAL EA 15**

97802	DIETARY CONSULT-INITIAL EA 15	97802	942	\$ 42.00
			<b>Total of Standard Charges:</b>	<b>\$ 42.00</b>

**Nutritional Services**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 33.60
Minimum negotiated charge amount (93%) ----->	\$ 39.06
Maximum negotiated charge amount (95%) ----->	\$ 39.90
Aetna - negotiated charge amount (93%) ----->	\$ 39.06
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 39.90
Cigna - negotiated charge amount (95%) ----->	\$ 39.90
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*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**97803 DIETARY CONSULT RE-ASSESS EA**

97803	DIETARY CONSULT RE-ASSESS EA	97803	942	\$ 33.60
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**Total of Standard Charges: \$ 33.60**

**Nutritional Services**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 26.88
Minimum negotiated charge amount (93%) ----->	\$ 31.25
Maximum negotiated charge amount (95%) ----->	\$ 31.92
Aetna - negotiated charge amount (93%) ----->	\$ 31.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 31.92
Cigna - negotiated charge amount (95%) ----->	\$ 31.92
UMR - negotiated charge amount (95%) ----->	\$ 31.92
All other insurances - non-negotiated charge amount (100%) ----->	\$ 33.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99001 SPECIMEN HANDLING**

99001	SPECIMEN HANDLING	99001	300	\$ 31.50
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**Total of Standard Charges: \$ 31.50**

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 25.20
Minimum negotiated charge amount (93%) ----->	\$ 29.30
Maximum negotiated charge amount (95%) ----->	\$ 29.93
Aetna - negotiated charge amount (93%) ----->	\$ 29.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 29.93
Cigna - negotiated charge amount (95%) ----->	\$ 29.93
UMR - negotiated charge amount (95%) ----->	\$ 29.93
All other insurances - non-negotiated charge amount (100%) ----->	\$ 31.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99195 PHLEBOTOMY THERAPEUTIC**

99195	PHLEBOTOMY THERAPEUTIC	99195	940	\$ 60.90
			<b>Total of Standard Charges:</b>	<b>\$ 60.90</b>

**Laboratory**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 48.72
Minimum negotiated charge amount (93%) ----->	\$ 56.64
Maximum negotiated charge amount (95%) ----->	\$ 57.86
Aetna - negotiated charge amount (93%) ----->	\$ 56.64
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 57.86
Cigna - negotiated charge amount (95%) ----->	\$ 57.86
UMR - negotiated charge amount (95%) ----->	\$ 57.86
All other insurances - non-negotiated charge amount (100%) ----->	\$ 60.90

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

**CPT Code**  
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**Standard Charge**

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99217 OBSERVATION DISCHARGE**

99217    \*\* ProFee \*\*    OBSERVATION DISCHARGE

99217                      982                      \$ 278.25

**Total of Standard Charges:                      \$ 278.25**

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 222.60
Minimum negotiated charge amount (93%) ----->	\$ 258.77
Maximum negotiated charge amount (95%) ----->	\$ 264.34
Aetna - negotiated charge amount (93%) ----->	\$ 258.77
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 264.34
Cigna - negotiated charge amount (95%) ----->	\$ 264.34
UMR - negotiated charge amount (95%) ----->	\$ 264.34
All other insurances - non-negotiated charge amount (100%) ----->	\$ 278.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99218 INITIAL OBS CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99218	** ProFee **	INITIAL OBS CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM	99218	982	\$ 657.30
				<b>Total of Standard Charges:</b>	<b>\$ 657.30</b>

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 525.84
Minimum negotiated charge amount (93%) ----->	\$ 611.29
Maximum negotiated charge amount (95%) ----->	\$ 624.44
Aetna - negotiated charge amount (93%) ----->	\$ 611.29
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 624.44
Cigna - negotiated charge amount (95%) ----->	\$ 624.44
UMR - negotiated charge amount (95%) ----->	\$ 624.44
All other insurances - non-negotiated charge amount (100%) ----->	\$ 657.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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HCPCS Code

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99219 INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99219	** ProFee **	INITIAL OBS CARE, COMP HIST, COMP EXAM, MOD MDM	99219	982	\$ 458.85
				<b>Total of Standard Charges:</b>	<b>\$ 458.85</b>

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 367.08
Minimum negotiated charge amount (93%) ----->	\$ 426.73
Maximum negotiated charge amount (95%) ----->	\$ 435.91
Aetna - negotiated charge amount (93%) ----->	\$ 426.73
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 435.91
Cigna - negotiated charge amount (95%) ----->	\$ 435.91
UMR - negotiated charge amount (95%) ----->	\$ 435.91
All other insurances - non-negotiated charge amount (100%) ----->	\$ 458.85

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99220 INITIAL OBS CARE, COMP HIST, COMP EXAM, HIGH COMP MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99220	** ProFee **	INITIAL OBS CARE, COMP HIST, COMP EXAM, HIGH COMP MDM	99220	982	\$ 525.00
				<b>Total of Standard Charges:</b>	<b>\$ 525.00</b>

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 420.00
Minimum negotiated charge amount (93%) ----->	\$ 488.25
Maximum negotiated charge amount (95%) ----->	\$ 498.75
Aetna - negotiated charge amount (93%) ----->	\$ 488.25
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 498.75
Cigna - negotiated charge amount (95%) ----->	\$ 498.75
UMR - negotiated charge amount (95%) ----->	\$ 498.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 525.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99221 INITIAL IP CARE,DETAIL/COMP HIST,DETAIL/COMP EXAM,SF/LOW MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99221	** ProFee ** INITIAL IP CARE, DETAIL/COMP HIST, DETAIL/COMP EXAM, SF/LOW MDM	99221	984	\$ 213.15
			<b>Total of Standard Charges:</b>	<b>\$ 1,413.15</b>

### Professional Fees

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,130.52
Minimum negotiated charge amount (93%) ----->	\$ 1,314.23
Maximum negotiated charge amount (95%) ----->	\$ 1,342.49
Aetna - negotiated charge amount (93%) ----->	\$ 1,314.23
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,342.49
Cigna - negotiated charge amount (95%) ----->	\$ 1,342.49
UMR - negotiated charge amount (95%) ----->	\$ 1,342.49
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,413.15

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99222 INITIAL IP CARE,COMP HIST,COMP EXAM,MOD COMPLEX MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99222	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, MOD COMPLEX MDM	99222	987	\$ 348.60
<b>Total of Standard Charges:</b>				<b>\$ 1,548.60</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,238.88
Minimum negotiated charge amount (93%) ----->	\$ 1,440.20
Maximum negotiated charge amount (95%) ----->	\$ 1,471.17
Aetna - negotiated charge amount (93%) ----->	\$ 1,440.20
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,471.17
Cigna - negotiated charge amount (95%) ----->	\$ 1,471.17
UMR - negotiated charge amount (95%) ----->	\$ 1,471.17
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,548.60

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99223 INITIAL IP CARE,COMP HIST,COMP EXAM,HIGH COMPLEX MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99223	** ProFee ** INITIAL IP CARE, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99223	984	\$ 485.10
			<b>Total of Standard Charges:</b>	<b>\$ 1,685.10</b>

**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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99224 SUBSEQUENT OBS CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPLEX MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99224	** ProFee **	SUBSEQUENT OBS CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPLEX MDM	99224	982	\$ 119.70
				<b>Total of Standard Charges:</b>	<b>\$ 119.70</b>

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 95.76
Minimum negotiated charge amount (93%) ----->	\$ 111.32
Maximum negotiated charge amount (95%) ----->	\$ 113.72
Aetna - negotiated charge amount (93%) ----->	\$ 111.32
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 113.72
Cigna - negotiated charge amount (95%) ----->	\$ 113.72
UMR - negotiated charge amount (95%) ----->	\$ 113.72
All other insurances - non-negotiated charge amount (100%) ----->	\$ 119.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
-------------------	--	--------------------------------	--------------	-----------------

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99225 SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99225	** ProFee **	SUBSEQUENT OBS CARE, EXPANDED PF HIST, EXPANDED PF EXAM, MOD COMPLEX MDM	99225	982	\$ 211.05
				<b>Total of Standard Charges:</b>	<b>\$ 211.05</b>

**Observation**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 168.84
Minimum negotiated charge amount (93%) ----->	\$ 196.28
Maximum negotiated charge amount (95%) ----->	\$ 200.50
Aetna - negotiated charge amount (93%) ----->	\$ 196.28
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 200.50
Cigna - negotiated charge amount (95%) ----->	\$ 200.50
UMR - negotiated charge amount (95%) ----->	\$ 200.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 211.05

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99226 SUBSEQUENT OBS CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM**

**Additional charges will be added for the PER HOUR observation room rate**

99226	** ProFee **	SUBSEQUENT OBS CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM	99226	982	\$ 331.80
				<b>Total of Standard Charges:</b>	<b>\$ 331.80</b>

**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*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99231 SUBSEQUENT IP CARE PF HIST,PF EXAM,STRAIGHT/LOW COMPL MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99231	** ProFee ** SUBSEQUENT IP CARE PF HIST, PF EXAM, STRAIGHT/LOW COMPL MDM	99231	987	\$ 205.80
<b>Total of Standard Charges:</b>				<b>\$ 1,405.80</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,124.64
Minimum negotiated charge amount (93%) ----->	\$ 1,307.39
Maximum negotiated charge amount (95%) ----->	\$ 1,335.51
Aetna - negotiated charge amount (93%) ----->	\$ 1,307.39
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,335.51
Cigna - negotiated charge amount (95%) ----->	\$ 1,335.51
UMR - negotiated charge amount (95%) ----->	\$ 1,335.51
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,405.80

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99232 SUBSEQUENT IP CARE,PF HIST,PF EXAM,MOD COMPLEX MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99232	** ProFee ** SUBSEQUENT IP CARE, PF HIST, PF EXAM, MOD COMPLEX MDM	99232	984	\$ 231.00
<b>Total of Standard Charges:</b>				<b>\$ 1,431.00</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,144.80
Minimum negotiated charge amount (93%) ----->	\$ 1,330.83
Maximum negotiated charge amount (95%) ----->	\$ 1,359.45
Aetna - negotiated charge amount (93%) ----->	\$ 1,330.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,359.45
Cigna - negotiated charge amount (95%) ----->	\$ 1,359.45
UMR - negotiated charge amount (95%) ----->	\$ 1,359.45
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,431.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99233 SUBSEQUENT IP CARE,DETAIL HIST,DETAIL EXAM,HIGH COMPLEX MDM**

10002	ACUTE ROOM		121	\$ 1,200.00
99233	** ProFee ** SUBSEQUENT IP CARE, DETAIL HIST, DETAIL EXAM, HIGH COMPLEX MDM	99233	984	\$ 357.00
<b>Total of Standard Charges:</b>				<b>\$ 1,557.00</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,245.60
Minimum negotiated charge amount (93%) ----->	\$ 1,448.01
Maximum negotiated charge amount (95%) ----->	\$ 1,479.15
Aetna - negotiated charge amount (93%) ----->	\$ 1,448.01
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,479.15
Cigna - negotiated charge amount (95%) ----->	\$ 1,479.15
UMR - negotiated charge amount (95%) ----->	\$ 1,479.15
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,557.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99238 IP DISCHARGE, 30 MIN OR LESS**

99238	** ProFee **	IP DISCHARGE, 30 MIN OR LESS	99238	987	\$ 351.75
				<b>Total of Standard Charges:</b>	<b>\$ 351.75</b>

**Professional Fees**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 281.40
Minimum negotiated charge amount (93%) ----->	\$ 327.13
Maximum negotiated charge amount (95%) ----->	\$ 334.16
Aetna - negotiated charge amount (93%) ----->	\$ 327.13
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 334.16
Cigna - negotiated charge amount (95%) ----->	\$ 334.16
UMR - negotiated charge amount (95%) ----->	\$ 334.16
All other insurances - non-negotiated charge amount (100%) ----->	\$ 351.75

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

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Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99281 ER, PF HIST, PF EXAM, STRAIGHT MDM**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

99281	** ProFee **	ER, PF HIST, PF EXAM, STRAIGHT MDM	99281	981	\$ 178.50
				<b>Total of Standard Charges:</b>	<b>\$ 178.50</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 142.80
Minimum negotiated charge amount (93%) ----->	\$ 166.01
Maximum negotiated charge amount (95%) ----->	\$ 169.58
Aetna - negotiated charge amount (93%) ----->	\$ 166.01
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 169.58
Cigna - negotiated charge amount (95%) ----->	\$ 169.58
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*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

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Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99282 ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

99282	** ProFee **	ER, EXPAND PF HIST, EXPAND PF EXAM, LOW COMPLEX MDM	99282	981	\$ 237.30
				<b>Total of Standard Charges:</b>	<b>\$ 237.30</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 189.84
Minimum negotiated charge amount (93%) ----->	\$ 220.69
Maximum negotiated charge amount (95%) ----->	\$ 225.44
Aetna - negotiated charge amount (93%) ----->	\$ 220.69
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 225.44
Cigna - negotiated charge amount (95%) ----->	\$ 225.44
UMR - negotiated charge amount (95%) ----->	\$ 225.44
All other insurances - non-negotiated charge amount (100%) ----->	\$ 237.30

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99283 ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

99283	** ProFee **	ER, EXPAN PF HIST, EXPAND PF EXAM, MOD COMPLEX MDM	99283	981	\$ 424.20
				<b>Total of Standard Charges:</b>	<b>\$ 424.20</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 339.36
Minimum negotiated charge amount (93%) ----->	\$ 394.51
Maximum negotiated charge amount (95%) ----->	\$ 402.99
Aetna - negotiated charge amount (93%) ----->	\$ 394.51
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 402.99
Cigna - negotiated charge amount (95%) ----->	\$ 402.99
UMR - negotiated charge amount (95%) ----->	\$ 402.99
All other insurances - non-negotiated charge amount (100%) ----->	\$ 424.20

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
 <OR>  
 HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99284 ER, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

99284	** ProFee **	ER, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM	99284	981	\$ 644.70
				<b>Total of Standard Charges:</b>	<b>\$ 644.70</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 515.76
Minimum negotiated charge amount (93%) ----->	\$ 599.57
Maximum negotiated charge amount (95%) ----->	\$ 612.47
Aetna - negotiated charge amount (93%) ----->	\$ 599.57
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 612.47
Cigna - negotiated charge amount (95%) ----->	\$ 612.47
UMR - negotiated charge amount (95%) ----->	\$ 612.47
All other insurances - non-negotiated charge amount (100%) ----->	\$ 644.70

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**INPATIENT, OUTPATIENT, EMERGENCY ROOM, SWING BED or SKILLED NURSING FACILITY**

**99285 ER, COMP HIST, COMP EXAM, HIGH COMPLEX MDM**

**In addition, an ER facility fee <OR> professional fee will be added to the ER visit based on the level of care provided**

99285	** ProFee **	ER, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99285	981	\$ 943.95
				<b>Total of Standard Charges:</b>	<b>\$ 943.95</b>

**Emergency Room**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 755.16
Minimum negotiated charge amount (93%) ----->	\$ 877.87
Maximum negotiated charge amount (95%) ----->	\$ 896.75
Aetna - negotiated charge amount (93%) ----->	\$ 877.87
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 896.75
Cigna - negotiated charge amount (95%) ----->	\$ 896.75
UMR - negotiated charge amount (95%) ----->	\$ 896.75
All other insurances - non-negotiated charge amount (100%) ----->	\$ 943.95

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99304 INITIAL NURSING FACILITY,DETAIL/COMP HIST,DETAIL/COMP EXAM,STRAIG/LOW COMPLEX MDM**

10011	SWG/SNF		100	\$ 1,000.00
99304	** ProFee ** INITIAL NURSING FACILITY, DETAIL/COMP HIST, DETAIL/COMP EXAM, STRAIG/LOW COMPLEX MDM	99304	550	\$ 420.00

**Total of Standard Charges: \$ 1,420.00**

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,136.00
Minimum negotiated charge amount (93%) ----->	\$ 1,320.60
Maximum negotiated charge amount (95%) ----->	\$ 1,349.00
Aetna - negotiated charge amount (93%) ----->	\$ 1,320.60
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,349.00
Cigna - negotiated charge amount (95%) ----->	\$ 1,349.00
UMR - negotiated charge amount (95%) ----->	\$ 1,349.00
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,420.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99305 INITIAL NURSING FACILITY,COMP HIST,COMP EXAM,MOD COMPLEX MDM**

10011	SWG/SNF		100	\$ 1,000.00
99305	** ProFee ** INITIAL NURSING FACILITY, COMP HIST, COMP EXAM, MOD COMPLEX MDM	99305	550	\$ 562.80

**Total of Standard Charges: \$ 1,562.80**

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,250.24
Minimum negotiated charge amount (93%) ----->	\$ 1,453.40
Maximum negotiated charge amount (95%) ----->	\$ 1,484.66
Aetna - negotiated charge amount (93%) ----->	\$ 1,453.40
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,484.66
Cigna - negotiated charge amount (95%) ----->	\$ 1,484.66
UMR - negotiated charge amount (95%) ----->	\$ 1,484.66
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,562.80

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99306 INITIAL NURSING FACILITY,COMP HIST,COMP EXAM,HIGH COMPLEX MDM**

10011	SWG/SNF		100	\$ 1,000.00
99306	** ProFee ** INITIALNURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99306	550	\$ 598.50
			<b>Total of Standard Charges:</b>	<b>\$ 1,598.50</b>

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,278.80
Minimum negotiated charge amount (93%) ----->	\$ 1,486.61
Maximum negotiated charge amount (95%) ----->	\$ 1,518.58
Aetna - negotiated charge amount (93%) ----->	\$ 1,486.61
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,518.58
Cigna - negotiated charge amount (95%) ----->	\$ 1,518.58
UMR - negotiated charge amount (95%) ----->	\$ 1,518.58
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,598.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

Shoppable Services Report - Table II  
 (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99307 SUBSEQUENT NURSING FACILITY,PF HIST,PF EXAM,STRAIGHT MDM**

10011	SWG/SNF		100	\$ 1,000.00
99307	** ProFee ** SUBSEQUENT NURSING FACILITY, PF HIST, PF EXAM, STRAIGHT MDM	99307	550	\$ 210.00
<b>Total of Standard Charges:</b>				<b>\$ 1,210.00</b>

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 968.00
Minimum negotiated charge amount (93%) ----->	\$ 1,125.30
Maximum negotiated charge amount (95%) ----->	\$ 1,149.50
Aetna - negotiated charge amount (93%) ----->	\$ 1,125.30
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,149.50
Cigna - negotiated charge amount (95%) ----->	\$ 1,149.50
UMR - negotiated charge amount (95%) ----->	\$ 1,149.50
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,210.00

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99308 SUBSEQUENT NURSING FACILITY,EXPAND/PF HIST,EXPAND/PF EXAM,LOW COMPLEX MDM**

10011	SWG/SNF		100	\$ 1,000.00
99308	** ProFee ** SUBSEQUENT NURSING FACILITY, EXAPAND/PF HIST, EXPAND/PF EXAM, LOW COMPLEX MDM	99308	550	\$ 320.25
			<b>Total of Standard Charges:</b>	<b>\$ 1,320.25</b>

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,056.20
Minimum negotiated charge amount (93%) ----->	\$ 1,227.83
Maximum negotiated charge amount (95%) ----->	\$ 1,254.24
Aetna - negotiated charge amount (93%) ----->	\$ 1,227.83
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,254.24
Cigna - negotiated charge amount (95%) ----->	\$ 1,254.24
UMR - negotiated charge amount (95%) ----->	\$ 1,254.24
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,320.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

**Use CTRL-F to SEARCH**

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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**OUTPATIENT**

**99309 SUBSEQUENT NURSING FACILITY,DETAIL HIST,DETAIL EXAM,MOD COMPLEX MDM**

10011	SWG/SNF		100	\$ 1,000.00
99309	** ProFee ** SUBSEQUENT NURSING FACILITY, DETAIL HIST, DETAIL EXAM, MOD COMPLEX MDM	99309	550	\$ 425.25
			<b>Total of Standard Charges:</b>	<b>\$ 1,425.25</b>

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 1,140.20
Minimum negotiated charge amount (93%) ----->	\$ 1,325.48
Maximum negotiated charge amount (95%) ----->	\$ 1,353.99
Aetna - negotiated charge amount (93%) ----->	\$ 1,325.48
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 1,353.99
Cigna - negotiated charge amount (95%) ----->	\$ 1,353.99
UMR - negotiated charge amount (95%) ----->	\$ 1,353.99
All other insurances - non-negotiated charge amount (100%) ----->	\$ 1,425.25

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

**NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**

# Battle Mountain General Hospital

## Shoppable Services Report - Table II (CMS-1717-F2)

Use CTRL-F to SEARCH

Shoppable Service	Primary Service and Ancillary Services	CPT Code <OR> HCPCS Code	Revenue Code	Standard Charge
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### OUTPATIENT

#### 99310 SUBSEQUENT NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM

99310	** ProFee **	SUBSEQUENT NURSING FACILITY, COMP HIST, COMP EXAM, HIGH COMPLEX MDM	99310	984	\$ 595.35
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**Total of Standard Charges: \$ 595.35**

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 476.28
Minimum negotiated charge amount (93%) ----->	\$ 553.68
Maximum negotiated charge amount (95%) ----->	\$ 565.58
Aetna - negotiated charge amount (93%) ----->	\$ 553.68
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 565.58
Cigna - negotiated charge amount (95%) ----->	\$ 565.58
UMR - negotiated charge amount (95%) ----->	\$ 565.58
All other insurances - non-negotiated charge amount (100%) ----->	\$ 595.35

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

# Battle Mountain General Hospital

Shoppable Services Report - Table II  
(CMS-1717-F2)

**Use CTRL-F to SEARCH**

CPT Code  
<OR>  
HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**OUTPATIENT**

**99315 NURSING FACILITY DC, 30 MINUTES OR LESS**

99315	** ProFee **	NURSING FACILITY DC, 30 MINUTES OR LESS	99315	550	\$ 304.50
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**Total of Standard Charges: \$ 304.50**

**Swing Bed**

Copays, deductibles and coinsurances are not factored into these charge amounts since each patient's insurance plan is unique.

Self-pay/Cash Price (80% of charges) ----->	\$ 243.60
Minimum negotiated charge amount (93%) ----->	\$ 283.19
Maximum negotiated charge amount (95%) ----->	\$ 289.28
Aetna - negotiated charge amount (93%) ----->	\$ 283.19
Anthem Blue Cross - negotiated charge amount (95%) ----->	\$ 289.28
Cigna - negotiated charge amount (95%) ----->	\$ 289.28
UMR - negotiated charge amount (95%) ----->	\$ 289.28
All other insurances - non-negotiated charge amount (100%) ----->	\$ 304.50

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE**

*NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit*

## Shoppable Services Report - Table II

(CMS-1717-F2)

Use CTRL-F to SEARCH

CPT Code

&lt;OR&gt;

HCPCS Code

Revenue Code

Standard Charge

Shoppable Service

Primary Service and Ancillary Services

**Battle Mountain General Hospital does not offer the services listed below which are members of the 70 CMS-specified shoppable services:**

99243 Patient office consultation, typically 40 min  
 99244 Patient office consultation, typically 60 min  
 77065 Mammography of one breast  
 77066 Mammography of both breasts  
 77067 Mammography, screening, bilateral  
 216 Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities  
 460 Spinal fusion except cervical without major comorbid conditions or complications (MCC)  
 470 Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)  
 473 Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).  
 743 Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)  
 19120 Removal of 1 or more breast growth, open procedure  
 29826 Shaving of shoulder bone using an endoscope  
 29881 Removal of one knee cartilage using an endoscope  
 42820 Removal of tonsils and adenoid glands patient younger than age 12  
 43235 Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope  
 43239 Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope  
 45378 Diagnostic examination of large bowel using an endoscope  
 45380 Biopsy of large bowel using an endoscope  
 45385 Removal of polyps or growths of large bowel using an endoscope  
 45391 Ultrasound examination of lower large bowel using an endoscope  
 47562 Removal of gallbladder using an endoscope  
 49505 Repair of groin hernia patient age 5 years or older  
 55700 Biopsy of prostate gland  
 55866 Surgical removal of prostate and surrounding lymph nodes using an endoscope  
 59400 Routine obstetric care for vaginal delivery, including pre-and post-delivery care  
 59510 Routine obstetric care for cesarean delivery, including pre-and post-delivery care  
 59610 Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care  
 62322 Injection of substance into spinal canal of lower back or sacrum using imaging guidance (includes HCPCS 62323)  
 64483 Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance  
 66821 Removal of recurring cataract in lens capsule using laser  
 66984 Removal of cataract with insertion of lens  
 93452 Insertion of catheter into left heart for diagnosis  
 95810 Sleep study

**Battle Mountain General Hospital -- SELF PAY PATIENT DISCOUNT OF 20% IS AVAILABLE****NOTE: For all shoppable services additional charges are possible based on the circumstances of each hospital/clinic visit**