

Lawrence General Hospital Outpatient Services
Estimated Hospital Charge and Payment*

	Primary CPT/HCPCS Charge Code**	Primary CPT/HCPCS Hospital Charge	Estimated Hospital Charge per Visit	Minimum Hospital Payment per Visit	Average Hospital Payment per Visit	Maximum Hospital Payment per Visit	Estimated Self-Pay Hospital Payment
<u>Laboratory & Pathology</u>							
Blood Test: Basic Metabolic Panel***	80048	\$56	\$74	\$8	\$13	\$33	\$74
Blood Test: Comp Metabolic Panel***	80053	86	141	13	23	123	141
Blood Test: Lipid Panel***	80061	80	135	9	24	58	135
Blood Test: Renal Function Panel***	80069	51	69	8	10	14	69
Blood Test: Hepatic Function Panel***	80076	64	86	4	15	54	86
Urology Test: Urinalysis Automated with Micro***	81001	28	30	3	4	8	30
Blood Test: Alpha Fetoprotein Serum	82105	65	65	15	25	50	65
Blood Test: Bilirubin Total	82247	33	47	5	6	33	47
Blood Test: Glucose Quant Blood	82947	27	41	2	7	11	41
Blood Test: Glycosylated A1C	83036	64	81	9	15	64	81
Blood Test: Progesterone	84144	131	156	19	39	41	156
Blood Test: Prostate-Specific Antigen (PSA)***	84153	98	119	7	20	48	119
Blood Test: Thyroid-Stimulating Hormone (TSH)***	84443	109	176	14	29	115	176
Blood Test: Human Chorionic Gonadotropin (HCG) Quant	84702	125	150	4	22	125	150
Blood Test: Hemoglobin	85018	35	49	2	2	5	49
Blood Test: Complete Blood Count (CBC) automated diff***	85025	56	85	4	14	56	85
Blood Test: Complete Blood Count (CBC) automated***	85027	32	46	5	9	32	46
Blood Test: Blood Clotting Time***	85610	40	54	4	5	19	54
Blood Test: Partial Thromboplastin Time***	85730	50	72	8	10	25	72
Immunology Test: Tuberculosis Test	86480	260	311	48	72	224	311
Immunology Test: Syphilis Test Qual	86592	40	54	4	4	10	54
Bacteria & Microbiology: HIV-1 Quant	87536	437	624	88	104	224	624
Bacteria & Microbiology: SARS COV (High Throughput)	U0003	162	290	91	137	259	290

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<u>Radiology</u>							
X-Ray: Orbits (Eye) for Foreign Body	70030	217	218	27	86	190	218
CT Scan/Head: Head w/o Contrast***	70450	1,387	1,456	96	165	628	1,456
CT Scan: Neck w/Contrast	70491	1,640	1,790	144	252	575	1,790
X-Ray/Chest: Chest Posteroanterior/Lateral	71046	368	409	38	100	393	409
CT Scan/Body: Chest w/o Contrast	71250	1,592	1,647	52	148	693	1,647
CT Scan/Body: Chest with Contrast	71260	1,963	2,229	144	282	2,028	2,229
X-Ray: Lumbar Spine 4+ Views***	72110	629	763	89	154	613	763
CT Scan/Body: CT L Spine w/o Contrast	72131	1,315	1,476	52	174	581	1,476
CT Scan: Pelvis with Contrast***	72193	1,959	2,099	144	238	458	2,099
X-Ray: Shoulder Left (Right) 2+ Views	73030	288	331	62	99	288	331
X-Ray: Hand Left (Right) Thumb	73140	194	197	34	93	142	197
X-Ray: Hip Left (Right) Unilateral; 1 View; Pelvis	73501	241	277	33	102	245	277
X-Ray: Knee Left (Right) 3 Views	73562	251	286	42	100	280	286
CT Scan/Body: Ext Lower Left (Right) w/o Contrast****	73700	1,625	1,672	26	113	956	1,672
X-Ray: Abdomen Anteroposterior	74018	225	238	43	86	224	238
CT Scan: Abdomen & Pelvis w/o Contrast	74176	3,293	3,408	105	324	2,601	3,408
CT Scan: Abdomen & Pelvis with Contrast***	74177	3,635	4,216	144	472	2,392	4,216
CT Scan: Abdomen & Pelvis w/ & w/o Contrast	74178	3,748	3,941	150	469	2,916	3,941
X-Ray: Esoph/Barium Swallow	74220	439	440	54	176	413	440
X-Ray: Upper GI Single Contrast	74240	580	627	128	235	501	627
Ultrasound: Thyroid	76536	644	669	100	157	644	669
Ultrasound: Breast Unilateral Limited	76642	367	369	71	142	333	369
Ultrasound: Abdomen Complete***	76700	1,229	1,329	118	220	850	1,329
Ultrasound: Abdomen Limited	76705	634	657	89	157	548	657
Ultrasound: Retroperitoneal Complete	76770	725	766	113	192	725	766
Ultrasound: Renal	76775	911	953	70	156	820	953

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<u>Radiology (continued)</u>							
Ultrasound: Pregnant Uterus < 14Wks	76801	426	436	118	171	430	436
Ultrasound: Pregnant Complete >= 14 Wks***	76805	788	796	113	164	607	796
Ultrasound: Detailed Single Fetus	76811	898	949	66	226	678	949
Ultrasound: Preg Lim 1/More Fetuses	76815	615	642	98	166	615	642
Ultrasound: Pregnant Uterus Follow Up	76816	246	249	98	161	246	249
Ultrasound: Biophysical Profile with NST	76818	1,486	1,721	132	199	410	1,721
Ultrasound: Transvaginal***	76830	621	731	97	179	430	731
Ultrasound: Limited Pelvis*****	76857	285	287	54	142	278	287
Ultrasound: Testicular	76870	706	736	122	172	706	736
Ultrasound: Ext Non-Vasc Limited Rt*****	76882	285	289	31	136	244	289
Mammography: Diagnostic Mammo Digital Unilateral***	77065	419	746	97	216	484	746
Mammography: Diagnostic Mammo Digital Bilateral***	77066	631	1,062	125	215	922	1,062
Mammography: Screening Mammo Digital Bilateral***	77067	623	781	116	194	655	781
X-Ray: Bone Density; Axial	77080	452	458	63	142	353	458

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Medicine & Minor Outpatient Procedures							
Dialysis: Fistulagram with Peripheral Segment Angioplasty	36902	10,675	13,880	5,616	5,919	7,648	13,880
Procedure: Abdominal Fluid Sampling Diagnostic/Therapeutic	49083	1,080	1,222	487	948	1,006	1,222
Procedure: Transforaminal Epidural Injection***	64483	1,525	1,825	966	1,269	1,502	1,825
EKG/ECG: Electrocardiogram	93005	170	215	19	55	167	215
Stress Test: Exercise Tolerance Test	93017	860	944	120	289	926	944
Holter Monitor: External Electrocardiogram	93225	498	498	87	120	251	498
Cardiology: Transthoracic Echo Complete with Doppler	93306	2,299	2,392	224	514	1,866	2,392
Peripheral Vascular Lab: Duplex Carotid	93880	966	1,032	131	272	534	1,032
Peripheral Vascular Lab: Duplex Venous Leg Bilat	93970	972	1,068	227	290	756	1,068
Peripheral Vascular Lab: Duplex Venous Leg Left (Right)	93971	616	654	126	158	479	654
Sleep Study: Unattended Sleep Study	95806	980	980	81	407	560	980
Sleep Study: Attended Sleep Study***	95810	3,106	3,126	224	1,151	2,958	3,126
Sleep Study: Attended Cont. Pos. Airway Pressure (CPAP)	95811	2,930	2,930	224	1,173	1,920	2,930
Electroencephalogram: EEG Awake & Drowsy	95816	984	999	230	359	637	999
Intravenous (IV) Therapy: Infusion Therapy First-Hour	96365	471	671	238	359	394	671
Education/Training: Individual Reassess 15-Minutes*****	97803	100	100	89	45	89	100
Drug/Detail Code: Immune Globulin 20Gm	J1561	13,970	15,367	3,033	4,040	7,828	15,367
Drug/Detail Code: Gammagard 20G Vial	J1569	15,455	16,565	1,596	3,396	8,003	16,565
Drug/Detail Code: Remicade 100Mg Vial	J1745	14,707	15,913	1,464	3,709	6,585	15,913

Footnotes:

*Charge and Payment reported are for Hospital services only and do not include professional fees associated with a radiologist, pathologist, etc.

**Clinical Procedure Terminology (CPT) is a registered trademark of the American Medical Association, including codes and categories reported above. Healthcare Common Procedure Coding System (HCPCS) is used by Medicare for services not included in the CPT.

***Service is included on the Price Transparency list required to be reported per section 1886(d)(4) of the Social Security Act.

****Estimated charges are a blended average of four charge codes at two different rates.

*****The primary charge code is represented by two charges, including hospital-facility and physician-professional services.

Information reported above is based-on services rendered between 10/1/2020 and 9/30/2021 that have been paid and adjusted in-full.