

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	\$70	\$9	\$23	\$64	\$70
Blood Test: Comp Metabolic Panel***	80053	86	136	12	35	84	136
Blood Test: Lipid Panel***	80061	80	129	8	36	103	129
Blood Test: Renal Function Panel***	80069	51	64	9	19	27	64
Blood Test: Hepatic Function Panel***	80076	64	81	8	30	65	81
Urology Test: Urinalysis Automated with Micro***	81001	28	30	3	4	8	30
Blood Test: Alpha Fetoprotein Serum	82105	65	70	7	26	48	70
Blood Test: Bilirubin Total	82247	33	41	5	6	32	41
Blood Test: Glucose Quant Blood	82947	27	36	2	7	25	36
Blood Test: Glycosylated A1C	83036	64	81	9	32	42	81
Blood Test: Progesterone	84144	131	186	19	60	103	186
Blood Test: Prostate-Specific Antigen (PSA)***	84153	98	131	7	28	111	131
Blood Test: Thyroid-Stimulating Hormone (TSH)***	84443	109	163	18	46	116	163
Blood Test: Human Chorionic Gonadotropin (HCG) Quant	84702	125	148	6	34	84	148
Blood Test: Hemoglobin	85018	35	50	2	12	39	50
Blood Test: Complete Blood Count (CBC) automated diff***	85025	56	78	8	19	66	78
Blood Test: Complete Blood Count (CBC) automated***	85027	32	40	4	26	32	40
Blood Test: Blood Clotting Time***	85610	40	48	4	6	43	48
Blood Test: Partial Thromboplastin Time***	85730	50	78	7	19	31	78
Immunology Test: Tuberculosis Test	86480	185	223	64	79	187	223
Immunology Test: Syphilis Test Qual	86592	40	53	3	24	52	53
Bacteria & Microbiology: HIV-1 Quant	87536	216	295	50	93	238	295
Bacteria & Microbiology: SARS COV (High Throughput)	U0003	168	200	70	139	200	200

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<u>Radiology</u>							
X-Ray: Orbits (Eye) for Foreign Body	70030	217	218	30	87	163	218
CT Scan/Head: Head w/o Contrast***	70450	1,387	1,448	89	180	922	1,448
CT Scan: Neck w/Contrast	70491	1,640	1,798	136	298	789	1,798
X-Ray/Chest: Chest Posteroanterior/Lateral	71046	368	404	32	95	372	404
CT Scan/Body: Chest w/o Contrast	71250	1,592	1,652	94	164	582	1,652
CT Scan/Body: Chest with Contrast	71260	1,963	2,176	136	267	901	2,176
X-Ray: Lumbar Spine 4+ Views***	72110	629	754	68	141	322	754
CT Scan/Body: CT L Spine w/o Contrast	72131	1,315	1,466	87	194	1,146	1,466
CT Scan: Pelvis with Contrast***	72193	1,959	2,104	156	269	500	2,104
X-Ray: Shoulder Left (Right) 2+ Views	73030	288	323	25	101	291	323
X-Ray: Hand Left (Right) Thumb	73140	142	146	28	95	134	146
X-Ray: Hip Left (Right) Unilateral; 1 View; Pelvis	73501	241	274	26	92	164	274
X-Ray: Knee Left (Right) 3 Views	73562	251	276	44	98	273	276
CT Scan/Body: Ext Lower Left (Right) w/o Contrast****	73700	879	902	44	142	411	902
X-Ray: Abdomen Anteroposterior	74018	225	239	30	84	235	239
CT Scan: Abdomen & Pelvis w/o Contrast	74176	3,293	3,429	162	344	2,564	3,429
CT Scan: Abdomen & Pelvis with Contrast***	74177	3,635	4,073	178	455	2,883	4,073
CT Scan: Abdomen & Pelvis w/ & w/o Contrast	74178	3,748	3,970	194	535	3,266	3,970
X-Ray: Esoph/Barium Swallow	74220	439	448	71	175	430	448
X-Ray: Upper GI Single Contrast	74240	580	639	120	240	613	639
Ultrasound: Thyroid	76536	644	661	111	181	436	661
Ultrasound: Breast Unilateral Limited	76642	367	368	66	162	259	368
Ultrasound: Abdomen Complete***	76700	1,229	1,351	102	228	1,233	1,351
Ultrasound: Abdomen Limited	76705	634	651	76	177	423	651
Ultrasound: Retroperitoneal Complete	76770	725	768	111	204	725	768
Ultrasound: Renal	76775	911	963	47	176	613	963

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<u>Radiology (continued)</u>							
Ultrasound: Pregnant Uterus < 14Wks	76801	426	437	89	170	372	437
Ultrasound: Pregnant Complete >= 14 Wks***	76805	788	798	109	168	414	798
Ultrasound: Detailed Single Fetus	76811	898	979	121	223	509	979
Ultrasound: Preg Lim 1/More Fetuses	76815	615	641	65	164	324	641
Ultrasound: Pregnant Uterus Follow Up	76816	246	249	99	156	238	249
Ultrasound: Biophysical Profile with NST	76818	1,486	1,667	133	188	523	1,667
Ultrasound: Transvaginal***	76830	621	711	109	204	597	711
Ultrasound: Limited Pelvis*****	76857	203	208	30	151	205	208
Ultrasound: Testicular	76870	706	735	81	190	658	735
Ultrasound: Ext Non-Vasc Limited Rt*****	76882	248	253	100	158	227	253
Mammography: Diagnostic Mammo Digital Unilateral***	77065	419	718	101	235	623	718
Mammography: Diagnostic Mammo Digital Bilateral***	77066	631	1,076	132	257	703	1,076
Mammography: Screening Mammo Digital Bilateral***	77067	623	762	131	190	472	762
X-Ray: Bone Density; Axial	77080	452	456	36	140	243	456
CT Scan/Body: Low Dose Ct Lung Scan	G0297	300	303	47	105	286	303

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Medicine & Minor Outpatient Procedures							
Dialysis: Fistulagram with Peripheral Segment Angioplasty	36902	10,675	13,839	5,252	5,938	10,792	13,839
Procedure: Abdominal Fluid Sampling Diagnostic/Therapeutic	49083	1,080	1,252	233	815	1,233	1,252
Procedure: Transforaminal Epidural Injection***	64483	1,525	1,704	5	965	1,403	1,704
EKG/ECG: Electrocardiogram	93005	170	228	18	58	194	228
Stress Test: Exercise Tolerance Test	93017	860	940	65	285	801	940
Holter Monitor: External Electrocardiogram	93225	498	689	113	183	498	689
Cardiology: Transthoracic Echo Complete with Doppler	93306	2,299	2,381	235	538	1,865	2,381
Peripheral Vascular Lab: Duplex Carotid	93880	966	1,022	161	256	733	1,022
Peripheral Vascular Lab: Duplex Venous Leg Bilat	93970	972	1,029	231	281	796	1,029
Peripheral Vascular Lab: Duplex Venous Leg Left (Right)	93971	616	645	90	187	494	645
Sleep Study: Unattended Sleep Study	95806	560	560	104	340	517	560
Sleep Study: Attended Sleep Study***	95810	2,930	2,931	233	1,122	2,707	2,931
Sleep Study: Attended Cont. Pos. Airway Pressure (CPAP)	95811	2,930	2,930	233	1,125	2,139	2,930
Electroencephalogram: EEG Awake & Drowsy	95816	984	997	283	387	880	997
Intravenous (IV) Therapy: Infusion Therapy First-Hour	96365	471	637	209	314	419	637
Education/Training: Individual Reassess 15-Minutes*****	97803	163	166	40	77	157	166
Holter Monitor: External ECG Recording	0296T	198	200	50	74	192	200
Drug/Detail Code: Immune Globulin 20Gm	J1561	11,038	12,389	2,537	3,429	7,248	12,389
Drug/Detail Code: Gammagard 20G Vial	J1569	14,770	15,927	1,408	3,304	6,892	15,927
Drug/Detail Code: Remicade 100Mg Vial	J1745	16,027	17,343	233	3,965	8,547	17,343

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 (\$337 and \$1,625).

*****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 5/1/2019 and 10/31/2020 that have been paid and adjusted in-full.