

Shoppable Services File
 Washington Regional Medical Center
 Post Date: 2/18/2022
 Effective Date: 7/15/2021

Notes for the Shoppable Services File

Washington Regional Medical Center (WRMC) has provided the attached file to assist the consumer in identifying in advance the standard charges associated with 300 services at their facility. The information listed for each service reflects the following:

- Standard Charge
 Actual pricing can vary depending on ancillary services provided, number of days spent as an inpatient, drugs given, time spent in the OR, etc. Ancillary codes are either listed as CPT codes or Revenue codes depending on how the services are billed on the claim forms. Pricing as of 7/15/21, subject to change throughout the year. Additional services may be billed separately if performed by outside providers
- Discounted Cash Price
 The charge that applied to an individual who pays cash or cash equivalent.
- Payer-Specific Negotiated Charge
 The charge that the hospital has negotiated with a third-party payer for the service. Reimbursement info as of 7/15/21, contracts renew and change at various points throughout the year
- 37 of the 70 required CMS shoppable services are not performed at WRMC so they are listed as "Services not Performed"

This information is provided as a guide to determine anticipated charges. The information is not a contractual agreement between the hospital and the consumer. Individual costs will be based on specific services provided. We advise that the consumer consult with their health insurer to confirm individual payment responsibilities and remaining deductible balances.

Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum Negotiated Rate	Maximum Negotiated Rate	Insurance Name		Percent of Charges	BCBS-RHC Services Fee Schedule	UHC Medicare Advantage Percent of Charges	UHC All Other Plans Percent of charges	AmeriHealth Caritas NC Percent of Medicaid	AmeriHealth Caritas NC RHC Services Percent of Medicare
							Cash Price	Rate Plan						
1	Psychotherapy, 30 minutes	90832	Evaluation and Management Services	not offered	\$ -	\$ -	50%	100%	35%	40%	100%	100%		
2	Psychotherapy, 45 minutes	90834	Evaluation and Management Services	not offered	\$ -	\$ -								
3	Psychotherapy, 60 minutes	90837	Evaluation and Management Services	not offered	\$ -	\$ -								
4	Family psychotherapy, not including patient, 50 minutes	90846	Evaluation and Management Services	not offered	\$ 77.40	\$ 77.40							\$ 77.40	
5	Family psychotherapy, including patient, 50 min	90847	Evaluation and Management Services	not offered	\$ 96.11	\$ 96.11							\$ 96.11	
6	Group psychotherapy	90853	Evaluation and Management Services	not offered	\$ 27.39	\$ 27.39							\$ 27.39	
7	New patient office or other outpatient visit, typically 30 min Physician Service	99203	Evaluation and Management Services Not provided by Hospital	\$ 357.00 Billed by Provider	\$ 124.95	\$ 178.50	\$ 178.50			\$ 124.95	\$ 142.80			
8	New patient office of other outpatient visit, typically 45 min Physician Service	99204	Evaluation and Management Services Not provided by Hospital	\$ 295.00 Billed by Provider	\$ 93.10	\$ 133.00	\$ 133.00			\$ 93.10	\$ 106.40			
9	New patient office of other outpatient visit, typically 60 min Physician Service	99205	Evaluation and Management Services Not provided by Hospital	\$ 357.00 Billed by Provider	\$ 124.95	\$ 178.50	\$ 178.50			\$ 124.95	\$ 142.80			
10	Patient office consultation, typically 40 min	99243	Evaluation and Management Services	not offered	\$ 108.15	\$ 108.15							\$ 108.15	
11	Patient office consultation, typically 60 min	99244	Evaluation and Management Services	not offered	\$ 160.64	\$ 160.64							\$ 160.64	
12	Initial new patient preventive medicine evaluation, for those ages 18 to 39 New Patient Labwork Panels Physician Service	99385 various	Evaluation and Management Services Laboratory and Pathology Services Not provided by Hospital	\$ 226.00 \$1,075 to \$1,500 Billed by Provider	\$ 79.10	\$ 113.00	\$ 113.00			\$ 79.10	\$ 90.40		\$ 101.67	
13	Initial new patient preventive medicine evaluation, for those ages 40 to 64 New Patient Labwork Panels Physician Service	99386 various	Evaluation and Management Services Laboratory and Pathology Services Not provided by Hospital	\$ 226.00 \$1,075 to \$1,500 Billed by Provider	\$ 79.10	\$ 113.00	\$ 113.00			\$ 79.10	\$ 90.40		\$ 90.87	
14	Basic metabolic panel Venipuncture	80048 36415	Laboratory and Pathology Services	\$ 335.00 \$ 24.00	\$ 10.49 \$ 2.86	\$ 167.50 \$ 12.00	\$ 167.50 \$ 12.00	\$ 30.73		\$ 117.25 \$ 8.40	\$ 134.00 \$ 9.60	\$ 10.49 \$ 2.86	\$ 10.70 \$ 2.92	
15	Blood test, comprehensive group of blood chemicals Venipuncture	80053 36415	Laboratory and Pathology Services	\$ 466.00 \$ 24.00	\$ 11.06 \$ 2.86	\$ 233.00 \$ 12.00	\$ 233.00 \$ 12.00			\$ 163.10 \$ 8.40	\$ 186.40 \$ 9.60	\$ 11.06 \$ 2.86	\$ 11.28 \$ 2.92	
16	Obstetric blood test panel Venipuncture	80055 36415	Laboratory and Pathology Services	not offered \$ 24.00	\$ 29.51 \$ 2.86	\$ 30.73 \$ 12.00	\$ 12.00			\$ 8.40 \$ 9.60	\$ 9.60	\$ 29.51 \$ 2.86	\$ 30.10 \$ 2.92	
17	Blood test, lipids Venipuncture	80061 36415	Laboratory and Pathology Services	\$ 275.00 \$ 24.00	\$ 17.54 \$ 2.86	\$ 137.50 \$ 12.00	\$ 137.50 \$ 12.00			\$ 96.25 \$ 8.40	\$ 110.00 \$ 9.60	\$ 17.54 \$ 2.86	\$ 17.89 \$ 2.92	
18	Kidney function panel test Venipuncture	80069 36415	Laboratory and Pathology Services	\$ 203.00 \$ 24.00	\$ 10.49 \$ 2.86	\$ 101.50 \$ 12.00	\$ 101.50 \$ 12.00			\$ 71.05 \$ 8.40	\$ 81.20 \$ 9.60	\$ 10.49 \$ 2.86	\$ 10.70 \$ 2.92	
19	Liver function blood test panel Venipuncture	80076 36415	Laboratory and Pathology Services	\$ 320.00 \$ 24.00	\$ 10.49 \$ 2.86	\$ 160.00 \$ 12.00	\$ 160.00 \$ 12.00			\$ 112.00 \$ 8.40	\$ 128.00 \$ 9.60	\$ 10.49 \$ 2.86	\$ 10.70 \$ 2.92	
20	Manual urinalysis test with examination using microscope	81001	Laboratory and Pathology Services	\$ 57.00	\$ 4.15	\$ 28.50	\$ 28.50			\$ 19.95	\$ 22.80	\$ 4.15	\$ 4.23	
21	Automated urinalysis test	81003	Laboratory and Pathology Services	\$ 57.00	\$ 2.94	\$ 28.50	\$ 28.50			\$ 19.95	\$ 22.80	\$ 2.94	\$ 3.00	
22	Prostate specific antigen	84153	Laboratory and Pathology Services	\$ 168.00	\$ 24.07	\$ 84.00	\$ 84.00			\$ 58.80	\$ 67.20	\$ 24.07	\$ 24.56	
23	Blood test, thyroid stimulating hormone Venipuncture	84443 36415	Laboratory and Pathology Services	\$ 186.00 \$ 24.00	\$ 21.33 \$ 2.86	\$ 93.00 \$ 12.00	\$ 93.00 \$ 12.00			\$ 65.10 \$ 8.40	\$ 74.40 \$ 9.60	\$ 21.33 \$ 2.86	\$ 21.76 \$ 2.92	
24	Complete blood cell count, with differential white blood cells, automated Venipuncture	85025 36415	Laboratory and Pathology Services	\$ 132.00 \$ 24.00	\$ 10.16 \$ 2.86	\$ 66.00 \$ 12.00	\$ 66.00			\$ 46.20 \$ 8.40	\$ 52.80 \$ 9.60	\$ 10.16 \$ 2.86	\$ 10.37 \$ 2.92	
25	Complete blood count, automated Venipuncture	85027 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 8.47 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00			\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 8.47 \$ 2.86	\$ 8.64 \$ 2.92	
26	Blood test, clotting time Venipuncture	85610 36415	Laboratory and Pathology Services	\$ 90.00 \$ 24.00	\$ 5.15 \$ 2.86	\$ 45.00 \$ 12.00	\$ 45.00			\$ 31.50 \$ 8.40	\$ 36.00 \$ 9.60	\$ 5.15 \$ 2.86	\$ 5.25 \$ 2.92	
27	Coagulation assessment blood test Venipuncture	85730 36415	Laboratory and Pathology Services	\$ 146.00 \$ 24.00	\$ 7.85 \$ 2.86	\$ 70.50 \$ 12.00	\$ 70.50			\$ 49.35 \$ 8.40	\$ 56.40 \$ 9.60	\$ 7.85 \$ 2.86	\$ 8.01 \$ 2.92	
28	CT scan, head or brain, without contrast	70450	Radiology Services	\$ 2,188.00	\$ 140.15	\$ 1,094.00	\$ 1,094.00	\$ 204.61		\$ 765.80	\$ 875.20	\$ 140.15	\$ 144.49	
29	MRI scan of brain before and after contrast CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70553 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 4,425.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 584.49 \$ 37.45	\$ 2,212.50 \$ 42.80	\$ 2,212.50 \$ 53.50	\$ 1,078.08		\$ 1,548.75 \$ 37.45	\$ 1,770.00 \$ 42.80	\$ 584.49	\$ 602.57	
30	X-Ray, lower back, minimum four views Physician Service	72110	Radiology Services Not provided by Hospital	\$ 410.00 Billed by Provider	\$ 30.61	\$ 205.00	\$ 205.00	\$ 39.61		\$ 143.50	\$ 164.00	\$ 30.61	\$ 31.23	
31	MRI scan of lower spinal canal Physician Service	72148	Radiology Services Not provided by Hospital	\$ 3,508.00 Billed by Provider	\$ 363.33	\$ 1,754.00	\$ 1,754.00	\$ 538.21		\$ 1,227.80	\$ 1,403.20	\$ 363.33	\$ 374.57	
32	CT scan, pelvis, with contrast CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	72193 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,739.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 212.88 \$ 37.45	\$ 1,369.50 \$ 42.80	\$ 1,369.50 \$ 53.50	\$ 296.48		\$ 958.65 \$ 37.45	\$ 1,095.60 \$ 42.80	\$ 212.88	\$ 219.46	
33	MRI scan of leg joint Physician Service	73721	Radiology Services Not provided by Hospital	\$ 3,508.00 Billed by Provider	\$ 381.50	\$ 1,754.00	\$ 1,754.00	\$ 479.57		\$ 1,227.80	\$ 1,403.20	\$ 381.50	\$ 393.30	
34	CT scan of abdomen and pelvis with contrast CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	74177 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 6,669.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 211.33 \$ 37.45	\$ 3,334.50 \$ 42.80	\$ 3,334.50 \$ 53.50	\$ 289.52		\$ 2,334.15 \$ 37.45	\$ 2,667.60 \$ 42.80	\$ 211.33	\$ 211.33	
35	Ultrasound of abdomen Physician Service	76700	Radiology Services Not provided by Hospital	\$ 887.00 Billed by Provider	\$ 77.03	\$ 443.50	\$ 443.50	\$ 85.62		\$ 310.45	\$ 354.80	\$ 77.03	\$ 78.60	
36	Abdominal ultrasound of pregnant uterus, greater or equal to 14 weeks 0 days, single or Physician Service	76805	Radiology Services Not provided by Hospital	\$ 898.00 Billed by Provider	\$ 77.03	\$ 449.00	\$ 449.00	\$ 90.90		\$ 314.30	\$ 359.20	\$ 77.83	\$ 77.03	
37	Ultrasound pelvis through vagina Physician Service	76830	Radiology Services Not provided by Hospital	\$ 750.00 Billed by Provider	\$ 66.16	\$ 375.00	\$ 375.00	\$ 66.16		\$ 262.50	\$ 300.00	\$ 68.81	\$ 70.21	

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							Rate Plan	Percent of Charges	Fee Schedule	Percent of Charges	Percent of charges	Percent of Medicaid	Percent of Medicare
							50%	100%	35%	40%	100%	100%	
38	Mammography of one breast Physician Service	77065	Radiology Services Not provided by Hospital	\$ 446.00 Billed by Provider	\$ 69.66	\$ 223.00		\$ 223.00	\$ 106.16	\$ 156.10	\$ 178.40	\$ 69.66	\$ 100%
39	Mammography of both breasts Physician Service	77066	Radiology Services Not provided by Hospital	\$ 510.00 Billed by Provider	\$ 88.36	\$ 255.00		\$ 255.00	\$ 135.84	\$ 178.50	\$ 204.00	\$ 88.36	
40	Mammography, screening, bilateral Physician Service	77067	Radiology Services Not provided by Hospital	\$ 479.00 Billed by Provider	\$ 76.61	\$ 239.50		\$ 239.50	\$ 112.18	\$ 167.65	\$ 191.60	\$ 76.61	
41	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization v	216	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
42	Spinal fusion except cervical without major comorbid conditions or complications	460	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
43	Major joint replacement or reattachment of lower extremity without major comorbid c	470	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	Cervical spinal fusion without comorbid conditions or major comorbid conditions or c	473	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
45	Uterine and adnexa procedures for non-malignancy without comorbid conditions or m	743	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
46	Removal of 1 or more breast growth, open procedure	19120	Medicine and Surgery Services	not offered	\$ 307.80	\$ 307.80		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 307.80
47	Shaving of shoulder bone using an endoscope	29826	Medicine and Surgery Services	not offered	\$ 530.45	\$ 530.45		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 530.45
48	Removal of one knee cartilage using an endoscope	29881	Medicine and Surgery Services	not offered	\$ 504.29	\$ 504.29		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 504.29
49	Removal of tonsils and adenoid glands patient younger than age 12	42820	Medicine and Surgery Services	not offered	\$ 234.11	\$ 234.11		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 234.11
50	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an end	43235	Medicine and Surgery Services	not offered	\$ 121.56	\$ 121.56		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121.56
51	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	Medicine and Surgery Services	not offered	\$ 143.96	\$ 143.96		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 143.96
52	Diagnostic examination of large bowel using an endoscope	43378	Medicine and Surgery Services	not offered	\$ 180.94	\$ 180.94		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 180.94
53	Biopsy of large bowel using an endoscope	45380	Medicine and Surgery Services	not offered	\$ 218.01	\$ 218.01		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 218.01
54	Removal of polyps or growths of large bowel using an endoscope	45385	Medicine and Surgery Services	not offered	\$ 258.85	\$ 258.85		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 258.85
55	Ultrasound examination of lower large bowel using an endoscope	45391	Medicine and Surgery Services	not offered	\$ 250.46	\$ 250.46		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.46
56	Removal of gallbladder using an endoscope	47562	Medicine and Surgery Services	not offered	\$ 572.17	\$ 572.17		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 572.17
57	Repair of groin hernia patient age 5 or older	49505	Medicine and Surgery Services	not offered	\$ 398.38	\$ 398.38		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 398.38
58	Biopsy of prostate gland	55700	Medicine and Surgery Services	not offered	\$ 123.70	\$ 123.70		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123.70
59	Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Medicine and Surgery Services	not offered	\$ 1,578.12	\$ 1,578.12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,578.12
60	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	59400	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
61	Routine obstetric care for cesarean delivery, including pre-and post-delivery care	59510	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
62	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-an	59610	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
63	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322 or 62323	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
64	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using i	64483	Medicine and Surgery Services	not offered	\$ 88.41	\$ 88.41		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88.41
65	Removal of recurring cataract in lens capsule using laser	66821	Medicine and Surgery Services	not offered	\$ 218.18	\$ 218.18		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 218.18
66	Removal of cataract with insertion of lens	66984	Medicine and Surgery Services	not offered	\$ 558.04	\$ 558.04		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 558.04
67	Electrocardiogram, routine, with interpretation and report (RHC only) Physician Service	93000	Medicine and Surgery Services Not provided by Hospital	\$ 106.00 Billed by Provider	\$ 17.16	\$ 53.00		\$ 53.00	\$ 19.32	\$ 37.10	\$ 42.40	\$ 17.16	\$ 17.69
68	Insertion of catheter into left heart for diagnosis	93452	Medicine and Surgery Services	not offered	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
69	Sleep study	95810	Medicine and Surgery Services	not offered	\$ 483.45	\$ 672.24		\$ 672.24	\$ -	\$ -	\$ -	\$ -	\$ 483.45
70	Physical therapy, therapeutic exercise, each 15 minute (30 min minimum) Physician Service	97110	Medicine and Surgery Services Not provided by Hospital	\$ 162.00 Billed by Provider	\$ 24.54	\$ 81.00		\$ 81.00	\$ -	\$ 56.70	\$ 64.80	\$ -	\$ 24.54
71	CT HEAD W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70460 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,355.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 180.23 \$ 37.45	\$ 1,177.50 \$ 42.80		\$ 1,177.50 \$ 53.50	\$ 244.78 \$ 37.45	\$ 824.25 \$ 42.80	\$ 942.00 \$ 42.80	\$ 180.23	\$ 185.81
72	CT HEAD W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70470 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,801.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 222.19 \$ 37.45	\$ 1,400.50 \$ 42.80		\$ 1,400.50 \$ 53.50	\$ 306.35 \$ 37.45	\$ 980.35 \$ 42.80	\$ 1,120.40 \$ 42.80	\$ 222.19	\$ 229.06
73	CT ORBIT/EAR/FOSSA WO/C Physician Service	70480	Radiology Services Not provided by Hospital	\$ 2,188.00 Billed by Provider	\$ 204.61	\$ 1,094.00		\$ 1,094.00	\$ 204.61	\$ 765.80	\$ 875.20	\$ 214.47	\$ 221.11
74	CT FACIAL BONES WO/C Physician Service	70486	Radiology Services Not provided by Hospital	\$ 2,831.00 Billed by Provider	\$ 178.93	\$ 1,415.50		\$ 1,415.50	\$ 204.61	\$ 990.85	\$ 1,132.40	\$ 178.93	\$ 184.46
75	CT SINUSES WO/C Physician Service	70486	Radiology Services Not provided by Hospital	\$ 2,558.00 Billed by Provider	\$ 178.93	\$ 1,279.00		\$ 1,279.00	\$ 204.61	\$ 895.30	\$ 1,023.20	\$ 178.93	\$ 184.46
76	CT FACIAL W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70487 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,042.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 219.30 \$ 37.45	\$ 1,521.00 \$ 42.80		\$ 1,521.00 \$ 53.50	\$ 244.78 \$ 37.45	\$ 1,064.70 \$ 42.80	\$ 1,216.80 \$ 42.80	\$ 219.30	\$ 226.09
77	CT FACIAL W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70488 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,801.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 274.18 \$ 37.45	\$ 1,400.50 \$ 42.80		\$ 1,400.50 \$ 53.50	\$ 306.35 \$ 37.45	\$ 980.35 \$ 42.80	\$ 1,120.40 \$ 42.80	\$ 274.18	\$ 282.66
78	CT SINUSES COMPLETE W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70488 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,788.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 274.18 \$ 37.45	\$ 1,394.00 \$ 42.80		\$ 1,394.00 \$ 53.50	\$ 306.35 \$ 37.45	\$ 975.80 \$ 42.80	\$ 1,115.20 \$ 42.80	\$ 274.18	\$ 282.66
79	CT SOFT TISSUE NECK WO/C Physician Service	70490	Radiology Services Not provided by Hospital	\$ 2,298.00 Billed by Provider	\$ 170.70	\$ 1,149.00		\$ 1,149.00	\$ 204.61	\$ 804.30	\$ 919.20	\$ 170.70	\$ 175.98
80	CT SOFT TISSUE NECK W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70491 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,473.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 211.67 \$ 37.45	\$ 1,236.50 \$ 42.80		\$ 1,236.50 \$ 53.50	\$ 244.78 \$ 37.45	\$ 865.55 \$ 42.80	\$ 989.20 \$ 42.80	\$ 211.67	\$ 218.21
81	CT SOFT TISSUE NECK W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	70492 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,801.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 266.53 \$ 37.45	\$ 1,400.50 \$ 42.80		\$ 1,400.50 \$ 53.50	\$ 306.35 \$ 37.45	\$ 980.35 \$ 42.80	\$ 1,120.40 \$ 42.80	\$ 266.53	\$ 274.77
82	CT THORAX WO/C Physician Service	71250	Radiology Services Not provided by Hospital	\$ 2,558.00 Billed by Provider	\$ 181.02	\$ 1,279.00		\$ 1,279.00	\$ 255.90	\$ 895.30	\$ 1,023.20	\$ 181.02	\$ 186.62
83	CT THORAX W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	71260 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,739.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 223.64 \$ 37.45	\$ 1,369.50 \$ 42.80		\$ 1,369.50 \$ 53.50	\$ 306.35 \$ 37.45	\$ 958.65 \$ 42.80	\$ 1,095.60 \$ 42.80	\$ 223.64	\$ 230.56
84	CT THORAX W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	71270 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,600.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 282.44 \$ 37.45	\$ 1,800.00 \$ 42.80		\$ 1,800.00 \$ 53.50	\$ 383.08 \$ 37.45	\$ 1,260.00 \$ 42.80	\$ 1,440.00 \$ 42.80	\$ 282.44	\$ 291.18
85	CTA CHEST W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	71275 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,609.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 338.91 \$ 37.45	\$ 1,804.50 \$ 42.80		\$ 1,804.50 \$ 53.50	\$ 528.78 \$ 37.45	\$ 1,263.15 \$ 42.80	\$ 1,443.60 \$ 42.80	\$ 338.91	\$ 349.39
86	CT SPINE CERVICAL WO/C Physician Service	72125	Radiology Services Not provided by Hospital	\$ 2,623.00 Billed by Provider	\$ 181.61	\$ 1,311.50		\$ 1,311.50	\$ 255.90	\$ 918.05	\$ 1,049.20	\$ 181.61	\$ 187.23
87	CT SPINE THORACIC WO/C Physician Service	72128	Radiology Services Not provided by Hospital	\$ 3,042.00 Billed by Provider	\$ 181.02	\$ 1,521.00		\$ 1,521.00	\$ 255.90	\$ 1,064.70	\$ 1,216.80	\$ 181.02	\$ 186.62
88	CT SPINE LUMBAR WO/C Physician Service	72131	Radiology Services Not provided by Hospital	\$ 3,042.00 Billed by Provider	\$ 180.73	\$ 1,521.00		\$ 1,521.00	\$ 255.90	\$ 1,064.70	\$ 1,216.80	\$ 180.73	\$ 186.31

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						Rate Plan	Maximum Negotiated Rate						
						Percent of Charges	Fee Schedule	Percent of Charges	Percent of charges	Percent of Medicaid	Percent of Medicare		
89	CT SPINE LUMBAR W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	72132 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,324.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 223.64 \$ 37.45	\$ 1,462.00 \$ 42.80	\$ 1,462.00 \$ 53.50	\$ 306.35	\$ 1,023.40 \$ 37.45	\$ 1,169.60 \$ 42.80	\$ 223.64	\$ 230.56	
90	CTA PELVIS W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	72191 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,191.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 328.34 \$ 37.45	\$ 1,595.50 \$ 42.80	\$ 1,595.50 \$ 53.50	\$ 514.18	\$ 1,116.85 \$ 37.45	\$ 1,276.40 \$ 42.80	\$ 328.34	\$ 338.49	
91	CT PELVIS W/C Physician Service	72192	Radiology Services Not provided by Hospital	\$ 2,558.00 Billed by Provider	\$ 172.50	\$ 1,279.00	\$ 1,279.00	\$ 255.90	\$ 895.30	\$ 1,023.20	\$ 172.50	\$ 177.84	
92	CT PELVIS W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	72194 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,600.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 282.43 \$ 37.45	\$ 1,800.00 \$ 42.80	\$ 1,800.00 \$ 53.50	\$ 367.24	\$ 1,260.00 \$ 37.45	\$ 1,440.00 \$ 42.80	\$ 282.43	\$ 291.17	
93	CT UPPER EXT-RT WO/C Physician Service	73200	Radiology Services Not provided by Hospital	\$ 2,298.00 Billed by Provider	\$ 172.18	\$ 1,149.00	\$ 1,149.00	\$ 214.20	\$ 804.30	\$ 919.20	\$ 172.18	\$ 177.50	
94	CT UPPER EXT-LT WO/C Physician Service	73200	Radiology Services Not provided by Hospital	\$ 2,298.00 Billed by Provider	\$ 172.18	\$ 1,149.00	\$ 1,149.00	\$ 214.20	\$ 804.30	\$ 919.20	\$ 172.18	\$ 177.50	
95	CT LOWER EXT WO LT Physician Service	73700	Radiology Services Not provided by Hospital	\$ 2,298.00 Billed by Provider	\$ 172.46	\$ 1,149.00	\$ 1,149.00	\$ 214.20	\$ 804.30	\$ 919.20	\$ 172.46	\$ 177.80	
96	CT LOWER EXT WO/C RT Physician Service	73700	Radiology Services Not provided by Hospital	\$ 2,298.00 Billed by Provider	\$ 172.46	\$ 1,149.00	\$ 1,149.00	\$ 214.20	\$ 804.30	\$ 919.20	\$ 172.46	\$ 177.80	
97	CT LOWER EXT W/C LT CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	73701 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,371.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 214.21 \$ 37.45	\$ 1,185.50 \$ 42.80	\$ 1,185.50 \$ 53.50	\$ 255.90	\$ 829.85 \$ 37.45	\$ 948.40 \$ 42.80	\$ 214.21	\$ 220.84	
98	CT LOWER EXT W/C RT CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	73701 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,371.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 214.21 \$ 37.45	\$ 1,185.50 \$ 42.80	\$ 1,185.50 \$ 53.50	\$ 255.90	\$ 829.85 \$ 37.45	\$ 948.40 \$ 42.80	\$ 214.21	\$ 220.84	
99	CT LOWER EXT W/WO C LT CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	73702 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,431.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 283.97 \$ 37.45	\$ 1,215.50 \$ 42.80	\$ 1,215.50 \$ 53.50	\$ 321.50	\$ 850.85 \$ 37.45	\$ 972.40 \$ 42.80	\$ 283.97	\$ 292.75	
100	CT LOWER EXT W/WO C RT CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	73702 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 2,431.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 283.97 \$ 37.45	\$ 1,215.50 \$ 42.80	\$ 1,215.50 \$ 53.50	\$ 321.50	\$ 850.85 \$ 37.45	\$ 972.40 \$ 42.80	\$ 283.97	\$ 292.75	
101	CT ABD ONLY W/O Physician Service	74150	Radiology Services Not provided by Hospital	\$ 3,728.00 Billed by Provider	\$ 170.54	\$ 1,864.00	\$ 1,864.00	\$ 244.78	\$ 1,304.80	\$ 1,491.20	\$ 170.54	\$ 175.81	
102	CT ABD ONLY W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	74160 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,929.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 239.60 \$ 37.45	\$ 1,964.50 \$ 42.80	\$ 1,964.50 \$ 53.50	\$ 296.48	\$ 1,375.15 \$ 37.45	\$ 1,571.60 \$ 42.80	\$ 239.60	\$ 247.01	
103	CT ABD W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	74170 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 4,893.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 325.32 \$ 37.45	\$ 2,446.50 \$ 42.80	\$ 2,446.50 \$ 53.50	\$ 367.24	\$ 1,712.55 \$ 37.45	\$ 1,957.20 \$ 42.80	\$ 325.32	\$ 335.38	
104	CTA ABD W/C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	74175 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 3,797.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 348.01 \$ 37.45	\$ 1,898.50 \$ 42.80	\$ 1,898.50 \$ 53.50	\$ 514.18	\$ 1,328.95 \$ 37.45	\$ 1,518.80 \$ 42.80	\$ 348.01	\$ 358.77	
105	CT ABD PELVIS W/O C Physician Service	74176	Radiology Services Not provided by Hospital	\$ 5,285.00 Billed by Provider	\$ 110.76	\$ 3,142.50	\$ 3,142.50	\$ 151.74	\$ 2,199.75	\$ 2,514.00	\$ 110.76	\$ 110.76	
106	CT ABD PELVIS W/WO C CREATININE if patient is over 55 and/or has any of the specified risk factors Contrast Physician Service	74178 82565 various	Radiology Services Laboratory and Pathology Services Pharmaceuticals Not provided by Hospital	\$ 8,493.00 \$ 107.00 \$90 to \$120 Billed by Provider	\$ 279.32 \$ 37.45	\$ 4,246.50 \$ 42.80	\$ 4,246.50 \$ 53.50	\$ 382.68	\$ 2,972.55 \$ 37.45	\$ 3,397.20 \$ 42.80	\$ 279.32	\$ 279.32	
107	CT LMT STUDY/LOC FUN STDY Physician Service	76380	Radiology Services Not provided by Hospital	\$ 1,128.00 Billed by Provider	\$ 124.66	\$ 564.00	\$ 564.00	\$ 151.37	\$ 394.80	\$ 451.20	\$ 124.66	\$ 128.51	
108	CT SPINE CERVICAL LMT Physician Service	76380	Radiology Services Not provided by Hospital	\$ 244.00 Billed by Provider	\$ 85.40	\$ 151.37	\$ 122.00	\$ 151.37	\$ 85.40	\$ 97.60	\$ 124.66	\$ 128.51	
109	CT SINUSES (LMT) Physician Service	76380	Radiology Services Not provided by Hospital	\$ 244.00 Billed by Provider	\$ 85.40	\$ 151.37	\$ 122.00	\$ 151.37	\$ 85.40	\$ 97.60	\$ 124.66	\$ 128.51	
110	MAM SCREEN DIGITAL 3D BILATERAL Physician Service	77063	Radiology Services Not provided by Hospital	\$ 614.00 Billed by Provider	\$ 21.49	\$ 307.00	\$ 307.00	\$ 28.69	\$ 214.90	\$ 245.60	\$ 21.49	\$ 21.49	
111	MAM DIAG DIGITAL W/TOMO Physician Service	G0279	Radiology Services Not provided by Hospital	\$ 135.00 Billed by Provider	\$ 20.47	\$ 67.50	\$ 67.50	\$ 28.69	\$ 47.25	\$ 54.00	\$ 21.49	\$ 20.47	
112	ORBITS FOR FB LOCATION Physician Service	70030	Radiology Services Not provided by Hospital	\$ 257.00 Billed by Provider	\$ 15.39	\$ 128.50	\$ 128.50	\$ 17.65	\$ 89.95	\$ 102.80	\$ 15.39	\$ 15.87	
113	SINUSES (LMT) -3 VIEW Physician Service	70210	Radiology Services Not provided by Hospital	\$ 257.00 Billed by Provider	\$ 16.66	\$ 128.50	\$ 128.50	\$ 26.97	\$ 89.95	\$ 102.80	\$ 16.66	\$ 17.18	
114	SPINE CERVICAL 1 VIEW Physician Service	72020	Radiology Services Not provided by Hospital	\$ 219.00 Billed by Provider	\$ 12.58	\$ 109.50	\$ 109.50	\$ 17.65	\$ 76.65	\$ 87.60	\$ 12.58	\$ 12.83	
115	SPINE THORACIC 1 VIEW Physician Service	72020	Radiology Services Not provided by Hospital	\$ 219.00 Billed by Provider	\$ 12.58	\$ 109.50	\$ 109.50	\$ 17.65	\$ 76.65	\$ 87.60	\$ 12.58	\$ 12.83	
116	SPINE LUMBAR 1 VIEW Physician Service	72020	Radiology Services Not provided by Hospital	\$ 219.00 Billed by Provider	\$ 12.58	\$ 109.50	\$ 109.50	\$ 17.65	\$ 76.65	\$ 87.60	\$ 12.58	\$ 12.83	
117	SPINE CERV 2-3 VIEWS Physician Service	72040	Radiology Services Not provided by Hospital	\$ 333.00 Billed by Provider	\$ 20.40	\$ 166.50	\$ 166.50	\$ 26.13	\$ 116.55	\$ 133.20	\$ 20.40	\$ 20.82	
118	SPINE THORACIC 3 VIEWS Physician Service	72072	Radiology Services Not provided by Hospital	\$ 333.00 Billed by Provider	\$ 21.80	\$ 166.50	\$ 166.50	\$ 32.25	\$ 116.55	\$ 133.20	\$ 21.80	\$ 22.24	
119	SPINE THORACIC MIN 4 VIEWS Physician Service	72074	Radiology Services Not provided by Hospital	\$ 333.00 Billed by Provider	\$ 27.04	\$ 166.50	\$ 166.50	\$ 39.61	\$ 116.55	\$ 133.20	\$ 27.04	\$ 27.59	
120	PELVIS-AP Physician Service	72170	Radiology Services Not provided by Hospital	\$ 244.00 Billed by Provider	\$ 13.77	\$ 122.00	\$ 122.00	\$ 22.24	\$ 85.40	\$ 97.60	\$ 13.77	\$ 14.05	
121	CLAVICLE LT Physician Service	73000	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 15.24	\$ 118.50	\$ 118.50	\$ 22.24	\$ 82.95	\$ 94.80	\$ 15.24	\$ 15.55	
122	CLAVICLE RT Physician Service	73000	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 15.24	\$ 118.50	\$ 118.50	\$ 22.24	\$ 82.95	\$ 94.80	\$ 15.24	\$ 15.55	
123	SHOULDER, 1 VIEW LT Physician Service	73020	Radiology Services Not provided by Hospital	\$ 231.00 Billed by Provider	\$ 12.58	\$ 115.50	\$ 115.50	\$ 20.16	\$ 80.85	\$ 92.40	\$ 12.58	\$ 12.83	
124	SHOULDER, 1 VIEW RT Physician Service	73020	Radiology Services Not provided by Hospital	\$ 231.00 Billed by Provider	\$ 12.58	\$ 115.50	\$ 115.50	\$ 20.16	\$ 80.85	\$ 92.40	\$ 12.58	\$ 12.83	

-- 37 of the 70 required CMS shoppable services are not performed at WRMC so they are listed as "Services not Performed"

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Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum Negotiated Rate	Rate Plan										
						Insurance Name	Cash Price	BCBS-RHC Services	UHC Medicare Advantage	UHC All Other Plans	AmeriHealth Caritas NC	AmeriHealth Caritas NC RHC Services				
						Percent of Charges	Fee Schedule	Percent of Charges	Percent of charges	Percent of Medicaid	Percent of Medicare					
125	ELBOW, 2 VIEWS LT Physician Service	73070	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 15.24	\$ 118.50	\$ 118.50	\$ 22.24	\$ 82.95	\$ 40.80	\$ 100.00	\$ 15.24	\$ 15.55			
126	ELBOW, 2 VIEWS RT Physician Service	73070	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 15.24	\$ 118.50	\$ 118.50	\$ 22.24	\$ 82.95	\$ 40.80	\$ 100.00	\$ 15.24	\$ 15.55			
127	WRIST, 2 VIEWS LT Physician Service	73100	Radiology Services Not provided by Hospital	\$ 266.00 Billed by Provider	\$ 15.84	\$ 133.00	\$ 133.00	\$ 20.99	\$ 93.10	\$ 106.40	\$ 100.00	\$ 15.84	\$ 16.17			
128	WRIST, 2 VIEWS RT Physician Service	73100	Radiology Services Not provided by Hospital	\$ 266.00 Billed by Provider	\$ 15.84	\$ 133.00	\$ 133.00	\$ 20.99	\$ 93.10	\$ 106.40	\$ 100.00	\$ 15.84	\$ 16.17			
129	HAND, 2 VIEWS LT Physician Service	73120	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 14.94	\$ 118.50	\$ 118.50	\$ 20.99	\$ 82.95	\$ 94.80	\$ 100.00	\$ 14.94	\$ 15.25			
130	HAND, 2 VIEWS RT Physician Service	73120	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 14.94	\$ 118.50	\$ 118.50	\$ 20.99	\$ 82.95	\$ 94.80	\$ 100.00	\$ 14.94	\$ 15.25			
131	FINGER LT 5TH DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
132	FINGER LT 4TH DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
133	FINGER LT 3RD DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
134	FINGER LT 2ND DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
135	THUMB LT, MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
136	FINGER RT 3RD DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
137	FINGER RT 4TH DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
138	FINGER RT 5TH DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
139	THUMB RT, MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
140	FINGER RT 2ND DIGIT MIN 2 VIEW Physician Service	73140	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 17.33	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 17.33	\$ 17.68			
141	ANKLE, 2 VIEWS LT Physician Service	73600	Radiology Services Not provided by Hospital	\$ 242.00 Billed by Provider	\$ 14.94	\$ 121.00	\$ 121.00	\$ 20.99	\$ 84.70	\$ 96.80	\$ 100.00	\$ 14.94	\$ 15.25			
142	ANKLE, 2 VIEWS RT Physician Service	73600	Radiology Services Not provided by Hospital	\$ 242.00 Billed by Provider	\$ 14.94	\$ 121.00	\$ 121.00	\$ 20.99	\$ 84.70	\$ 96.80	\$ 100.00	\$ 14.94	\$ 15.25			
143	FOOT, 2 VIEWS LT Physician Service	73620	Radiology Services Not provided by Hospital	\$ 242.00 Billed by Provider	\$ 14.35	\$ 121.00	\$ 121.00	\$ 20.99	\$ 84.70	\$ 96.80	\$ 100.00	\$ 14.35	\$ 14.65			
144	FOOT, 2 VIEWS RT Physician Service	73620	Radiology Services Not provided by Hospital	\$ 242.00 Billed by Provider	\$ 14.35	\$ 121.00	\$ 121.00	\$ 20.99	\$ 84.70	\$ 96.80	\$ 100.00	\$ 14.35	\$ 14.65			
145	HEEL (CALCANEUS), MIN 2V LT Physician Service	73650	Radiology Services Not provided by Hospital	\$ 244.00 Billed by Provider	\$ 14.66	\$ 122.00	\$ 122.00	\$ 20.16	\$ 85.40	\$ 97.60	\$ 100.00	\$ 14.66	\$ 14.95			
146	HEEL (CALCANEUS), MIN 2V RT Physician Service	73650	Radiology Services Not provided by Hospital	\$ 244.00 Billed by Provider	\$ 14.66	\$ 122.00	\$ 122.00	\$ 20.16	\$ 85.40	\$ 97.60	\$ 100.00	\$ 14.66	\$ 14.95			
147	GREAT TOE LT Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
148	TOE LT 2ND Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
149	TOE LT 3RD Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
150	TOE LT 4TH Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
151	TOE LT 5TH Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
152	GREAT TOE RT Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
153	TOE RT 2ND Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
154	TOE RT 3RD Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
155	TOE RT 4TH Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
156	TOE RT 5TH Physician Service	73660	Radiology Services Not provided by Hospital	\$ 237.00 Billed by Provider	\$ 16.43	\$ 118.50	\$ 118.50	\$ 17.65	\$ 82.95	\$ 94.80	\$ 100.00	\$ 16.43	\$ 16.77			
157	GB SERIES Physician Service	74290	Radiology Services Not provided by Hospital	\$ 355.00 Billed by Provider	\$ 32.25	\$ 177.50	\$ 177.50	\$ 32.25	\$ 124.25	\$ 142.00	\$ 100.00	\$ 38.31	\$ 39.50			
158	CHOLANGIOGRAM-OR ADD Physician Service	74301	Radiology Services Not provided by Hospital	\$ 333.00 Billed by Provider	\$ 116.55	\$ 166.50	\$ 166.50	\$ 116.55	\$ 133.20	\$ 133.20	\$ 100.00	\$ 116.55	\$ 116.55			
159	FB (CHILD) NOSE TO RECTUM Physician Service	76010	Radiology Services Not provided by Hospital	\$ 273.00 Billed by Provider	\$ 14.78	\$ 136.50	\$ 136.50	\$ 22.24	\$ 95.55	\$ 109.20	\$ 100.00	\$ 14.78	\$ 15.25			
160	BONE AGC Physician Service	77072	Radiology Services Not provided by Hospital	\$ 242.00 Billed by Provider	\$ 11.31	\$ 121.00	\$ 121.00	\$ 14.83	\$ 84.70	\$ 96.80	\$ 100.00	\$ 11.31	\$ 11.31			
161	DEXA BONE DENSITY APPENDICULAR Physician Service	77081	Radiology Services Not provided by Hospital	\$ 183.00 Billed by Provider	\$ 15.40	\$ 91.50	\$ 91.50	\$ 31.62	\$ 64.05	\$ 73.20	\$ 100.00	\$ 15.40	\$ 15.88			
162	EKG Tracing Only (in Hospital) EKG Interpretation PF	93005 93010	Radiology Services	\$ 377.00 \$ 75.00	\$ 9.51 \$ 7.65	\$ 188.50 \$ 37.50	\$ 188.50 \$ 37.50	\$ 19.32	\$ 131.95 \$ 26.25	\$ 150.80 \$ 30.00	\$ 100.00	\$ 9.51 \$ 7.65	\$ 9.81 \$ 7.90			
163	ALPHA-FETOPROTEIN TUMOR MARKER Venipuncture	82105 36415	Laboratory and Pathology Services	\$ 158.00 \$ 24.00	\$ 21.95 \$ 2.86	\$ 79.00 \$ 12.00	\$ 79.00 \$ 12.00	\$ 55.30 \$ 8.40	\$ 63.20 \$ 9.60	\$ 21.95 \$ 2.86	\$ 100.00	\$ 21.95 \$ 2.86	\$ 22.40 \$ 2.92			
164	METHYLMALONIC ACID, SERUM Venipuncture	82131 36415	Laboratory and Pathology Services	\$ 267.00 \$ 24.00	\$ 22.07 \$ 2.86	\$ 133.50 \$ 12.00	\$ 133.50 \$ 12.00	\$ 93.45 \$ 8.40	\$ 106.80 \$ 9.60	\$ 22.07 \$ 2.86	\$ 100.00	\$ 22.07 \$ 2.86	\$ 22.52 \$ 2.92			
165	AMINOLEVULINIC Venipuncture	82135 36415	Laboratory and Pathology Services	\$ 276.00 \$ 24.00	\$ 21.54 \$ 2.86	\$ 138.00 \$ 12.00	\$ 138.00 \$ 12.00	\$ 96.60 \$ 8.40	\$ 110.40 \$ 9.60	\$ 21.54 \$ 2.86	\$ 100.00	\$ 21.54 \$ 2.86	\$ 21.98 \$ 2.92			
166	AMMONIA Venipuncture	82140 36415	Laboratory and Pathology Services	\$ 137.00 \$ 24.00	\$ 19.07 \$ 2.86	\$ 68.50 \$ 12.00	\$ 68.50 \$ 12.00	\$ 47.95 \$ 8.40	\$ 54.80 \$ 9.60	\$ 19.07 \$ 2.86	\$ 100.00	\$ 19.07 \$ 2.86	\$ 19.46 \$ 2.92			
167	AMYLASE, SERUM Venipuncture	82150 36415	Laboratory and Pathology Services	\$ 137.00 \$ 24.00	\$ 8.48 \$ 2.86	\$ 68.50 \$ 12.00	\$ 68.50 \$ 12.00	\$ 47.95 \$ 8.40	\$ 54.80 \$ 9.60	\$ 8.48 \$ 2.86	\$ 100.00	\$ 8.48 \$ 2.86	\$ 8.65 \$ 2.92			
168	ANDROSTENEDIONE Venipuncture	82157 36415	Laboratory and Pathology Services	\$ 215.00 \$ 24.00	\$ 38.30 \$ 2.86	\$ 107.50 \$ 12.00	\$ 107.50 \$ 12.00	\$ 75.25 \$ 8.40	\$ 86.00 \$ 9.60	\$ 38.30 \$ 2.86	\$ 100.00	\$ 38.30 \$ 2.86	\$ 39.08 \$ 2.92			
169	ANGIOTENSIN I CONVERT ENZYME Venipuncture	82164 36415	Laboratory and Pathology Services	\$ 131.00 \$ 24.00	\$ 19.09 \$ 2.86	\$ 65.50 \$ 12.00	\$ 65.50 \$ 12.00	\$ 45.85 \$ 8.40	\$ 52.40 \$ 9.60	\$ 19.09 \$ 2.86	\$ 100.00	\$ 19.09 \$ 2.86	\$ 19.40 \$ 2.92			
170	APOLIPOPROTEIN Venipuncture	82172 36415	Laboratory and Pathology Services	\$ 104.00 \$ 24.00	\$ 20.28 \$ 2.86	\$ 52.00 \$ 12.00	\$ 52.00 \$ 12.00	\$ 36.40 \$ 8.40	\$ 41.60 \$ 9.60	\$ 20.28 \$ 2.86	\$ 100.00	\$ 20.28 \$ 2.86	\$ 20.69 \$ 2.92			
171	ARSENIC (URINE) Venipuncture	82175 36415	Laboratory and Pathology Services	\$ 142.00 \$ 24.00	\$ 24.82 \$ 2.86	\$ 71.00 \$ 12.00	\$ 71.00 \$ 12.00	\$ 49.70 \$ 8.40	\$ 56.80 \$ 9.60	\$ 24.82 \$ 2.86	\$ 100.00	\$ 24.82 \$ 2.86	\$ 25.33 \$ 2.92			

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Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum		Maximum	Cash Price	BCBS- RHC Services	UHC Medicare Advantage	UHC All Other Plans	AmeriHealth Caritas NC	AmeriHealth Caritas NC RHC Services
					Negotiated Rate	Negotiated Rate							
					Rate Plan	Rate Plan							
172	VITAMIN C Venipuncture	82180 36415	Laboratory and Pathology Services	\$ 100.00	\$ 12.94	\$ 50.00	\$ 50.00	\$ 50.00	100%	\$ 35.00	\$ 40.00	\$ 12.94	\$ 13.20
173	BETA 2 MICROGLOBULIN SERUM Venipuncture	82232 36415	Laboratory and Pathology Services	\$ 142.00	\$ 21.18	\$ 71.00	\$ 71.00	\$ 71.00		\$ 49.70	\$ 56.80	\$ 21.18	\$ 21.61
174	BILI TOTAL Venipuncture	82247 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.57	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.57	\$ 6.71
175	BILI DIRECT Venipuncture	82248 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.57	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.57	\$ 6.71
176	OCULT 3 Venipuncture	82270 36415	Laboratory and Pathology Services	\$ 199.00	\$ 4.25	\$ 99.50	\$ 99.50	\$ 99.50		\$ 69.65	\$ 79.60	\$ 4.25	\$ 4.34
177	CADMIUM URINE Venipuncture	82300 36415	Laboratory and Pathology Services	\$ 181.00	\$ 30.27	\$ 90.50	\$ 90.50	\$ 90.50		\$ 63.35	\$ 72.40	\$ 30.27	\$ 30.89
178	CADMIUM (BLOOD) Venipuncture	82300 36415	Laboratory and Pathology Services	\$ 181.00	\$ 30.27	\$ 90.50	\$ 90.50	\$ 90.50		\$ 63.35	\$ 72.40	\$ 30.27	\$ 30.89
179	VITAMIN D; 25 HYDROXY W/FRACTION(S) Venipuncture	82306 36415	Laboratory and Pathology Services	\$ 310.00	\$ 38.73	\$ 155.00	\$ 155.00	\$ 155.00		\$ 108.50	\$ 124.00	\$ 38.73	\$ 39.52
180	CALCITONIN Venipuncture	82308 36415	Laboratory and Pathology Services	\$ 222.00	\$ 35.03	\$ 111.00	\$ 111.00	\$ 111.00		\$ 77.70	\$ 88.80	\$ 35.03	\$ 35.74
181	CALCIUM Venipuncture	82310 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.74	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.74	\$ 6.98
182	CALCIUM IONIZED ASSAY OF Venipuncture	82330 36415	Laboratory and Pathology Services	\$ 111.00	\$ 17.87	\$ 55.50	\$ 55.50	\$ 55.50		\$ 38.85	\$ 44.40	\$ 17.87	\$ 18.24
183	CALCIUM URINE Venipuncture	82340 36415	Laboratory and Pathology Services	\$ 86.00	\$ 6.81	\$ 43.00	\$ 43.00	\$ 43.00		\$ 30.10	\$ 34.40	\$ 6.81	\$ 6.95
184	CALCULUS ANALYSIS SPECTROSCOPY Venipuncture	82365 36415	Laboratory and Pathology Services	\$ 103.00	\$ 16.86	\$ 51.50	\$ 51.50	\$ 51.50		\$ 36.05	\$ 41.20	\$ 16.86	\$ 17.21
185	CARBON DIOXIDE Venipuncture	82374 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.41	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.41	\$ 6.53
186	CARBOXYHEMOGLOBIN QUANT Venipuncture	82375 36415	Laboratory and Pathology Services	\$ 105.00	\$ 14.48	\$ 52.50	\$ 52.50	\$ 52.50		\$ 36.75	\$ 42.00	\$ 14.48	\$ 14.77
187	CARCINOEMBRYONIC ANTIGEN CEA Venipuncture	82378 36415	Laboratory and Pathology Services	\$ 184.00	\$ 24.82	\$ 92.00	\$ 92.00	\$ 92.00		\$ 64.40	\$ 73.60	\$ 24.82	\$ 25.33
188	CATECHOLAMINES, URINE, 24hr Urine Volume Measurement	82382 81050	Laboratory and Pathology Services	\$ 202.00	\$ 22.49	\$ 101.00	\$ 101.00	\$ 101.00		\$ 70.70	\$ 80.80	\$ 22.49	\$ 22.95
189	CERULOPLASMIN Venipuncture	82390 36415	Laboratory and Pathology Services	\$ 113.00	\$ 14.06	\$ 56.50	\$ 56.50	\$ 56.50		\$ 39.55	\$ 45.20	\$ 14.06	\$ 14.34
190	CHEMILUMINESCENT ASSAY Venipuncture	82397 36415	Laboratory and Pathology Services	\$ 135.00	\$ 18.14	\$ 67.50	\$ 67.50	\$ 67.50		\$ 47.25	\$ 54.00	\$ 18.14	\$ 18.51
191	CHLORIDE SERUM Venipuncture	82435 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.01	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.01	\$ 6.13
192	CHLORIDE URINE Venipuncture	82436 36415	Laboratory and Pathology Services	\$ 41.00	\$ 6.57	\$ 20.50	\$ 20.50	\$ 20.50		\$ 14.35	\$ 16.40	\$ 6.57	\$ 6.71
193	CHOLESTEROL Venipuncture	82465 36415	Laboratory and Pathology Services	\$ 107.00	\$ 5.69	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 5.69	\$ 5.81
194	CHOLINESTERASE SERUM OR PLASMA Venipuncture	82480 36415	Laboratory and Pathology Services	\$ 101.00	\$ 7.52	\$ 50.50	\$ 50.50	\$ 50.50		\$ 35.35	\$ 40.40	\$ 7.52	\$ 7.68
195	CHROMIUM Venipuncture	82495 36415	Laboratory and Pathology Services	\$ 152.00	\$ 26.53	\$ 76.00	\$ 76.00	\$ 76.00		\$ 53.20	\$ 60.80	\$ 26.53	\$ 27.08
196	CITRIC 24HR URINE Urine Volume Measurement	82507 81050	Laboratory and Pathology Services	\$ 234.00	\$ 36.37	\$ 117.00	\$ 117.00	\$ 117.00		\$ 81.90	\$ 93.60	\$ 36.37	\$ 37.12
197	COPPER Venipuncture	82525 36415	Laboratory and Pathology Services	\$ 108.00	\$ 16.23	\$ 54.00	\$ 54.00	\$ 54.00		\$ 37.80	\$ 43.20	\$ 16.23	\$ 16.57
198	COPPER ASSAY Venipuncture	82525 36415	Laboratory and Pathology Services	\$ 55.00	\$ 16.23	\$ 27.50	\$ 27.50	\$ 27.50		\$ 19.25	\$ 22.00	\$ 16.23	\$ 16.57
199	CORTISOL URINARY FREE Venipuncture	82530 36415	Laboratory and Pathology Services	\$ 195.00	\$ 21.87	\$ 97.50	\$ 97.50	\$ 97.50		\$ 68.25	\$ 78.00	\$ 21.87	\$ 22.31
200	CORTISOL SERUM Venipuncture	82533 36415	Laboratory and Pathology Services	\$ 212.00	\$ 21.34	\$ 106.00	\$ 106.00	\$ 106.00		\$ 74.20	\$ 84.80	\$ 21.34	\$ 21.97
201	THIOURINE METHYLTRANSFERASE Venipuncture	82542 36415	Laboratory and Pathology Services	\$ 458.00	\$ 23.38	\$ 229.00	\$ 229.00	\$ 229.00		\$ 160.30	\$ 183.20	\$ 23.38	\$ 24.11
202	KEPPRA LEVEL Venipuncture	82542 36415	Laboratory and Pathology Services	\$ 185.00	\$ 23.38	\$ 92.50	\$ 92.50	\$ 92.50		\$ 64.75	\$ 74.00	\$ 23.38	\$ 24.11
203	MYCOPHENOLIC ACID AND METABOLITE Venipuncture	82542 36415	Laboratory and Pathology Services	\$ 176.00	\$ 23.38	\$ 88.00	\$ 88.00	\$ 88.00		\$ 61.60	\$ 70.40	\$ 23.38	\$ 24.11
204	COLUMN CHROMATOGRAPHY QUANT Venipuncture	82542 36415	Laboratory and Pathology Services	\$ 172.00	\$ 23.38	\$ 86.00	\$ 86.00	\$ 86.00		\$ 60.20	\$ 68.80	\$ 23.38	\$ 24.11
205	CK/CPK TOTAL Venipuncture	82550 36415	Laboratory and Pathology Services	\$ 107.00	\$ 8.52	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 8.52	\$ 8.69
206	CKMB Venipuncture	82553 36415	Laboratory and Pathology Services	\$ 182.00	\$ 15.11	\$ 91.00	\$ 91.00	\$ 91.00		\$ 63.70	\$ 72.80	\$ 15.11	\$ 15.41
207	CREATININE Venipuncture	82565 36415	Laboratory and Pathology Services	\$ 107.00	\$ 6.71	\$ 53.50	\$ 53.50	\$ 53.50		\$ 37.45	\$ 42.80	\$ 6.71	\$ 6.85
208	CREATININE URINE RANDOM Venipuncture	82570 36415	Laboratory and Pathology Services	\$ 61.00	\$ 6.77	\$ 30.50	\$ 30.50	\$ 30.50		\$ 21.35	\$ 24.40	\$ 6.77	\$ 6.91
209	CREATININE URINE 24 HOUR Urine Volume Measurement	82570 81050	Laboratory and Pathology Services	\$ 58.00	\$ 6.77	\$ 29.00	\$ 29.00	\$ 29.00		\$ 20.30	\$ 23.20	\$ 6.77	\$ 6.91
210	CREATININE CLEARANCE Venipuncture	82575 36415	Laboratory and Pathology Services	\$ 95.00	\$ 12.36	\$ 47.50	\$ 47.50	\$ 47.50		\$ 33.25	\$ 38.00	\$ 12.36	\$ 12.61
211	VITAMIN B12 Venipuncture	82607 36415	Laboratory and Pathology Services	\$ 184.00	\$ 19.72	\$ 92.00	\$ 92.00	\$ 92.00		\$ 64.40	\$ 73.60	\$ 19.72	\$ 20.12
212	B-12 BINDING CAPACITY UNSAT Venipuncture	82608 36415	Laboratory and Pathology Services	\$ 355.00	\$ 18.74	\$ 177.50	\$ 177.50	\$ 177.50		\$ 124.25	\$ 142.00	\$ 18.74	\$ 19.12
213	DHEA Venipuncture	82626 36415	Laboratory and Pathology Services	\$ 229.00	\$ 33.06	\$ 114.50	\$ 114.50	\$ 114.50		\$ 80.15	\$ 91.60	\$ 33.06	\$ 33.74
214	DHEA S Venipuncture	82627 36415	Laboratory and Pathology Services	\$ 24.00	\$ 2.86	\$ 12.00	\$ 12.00	\$ 12.00		\$ 8.40	\$ 9.60	\$ 2.86	\$ 2.92
215	SERUM FREE LIGHT CHAINS Venipuncture	82664 36415	Laboratory and Pathology Services	\$ 356.00	\$ 44.95	\$ 178.00	\$ 178.00	\$ 178.00		\$ 124.60	\$ 142.40	\$ 44.95	\$ 45.86
216	ESTRADIOL Venipuncture	82670 36415	Laboratory and Pathology Services	\$ 192.00	\$ 31.15	\$ 96.00	\$ 96.00	\$ 96.00		\$ 67.20	\$ 76.80	\$ 31.15	\$ 31.79
217	ESTROGEN TOTAL Venipuncture	82672 36415	Laboratory and Pathology Services	\$ 154.00	\$ 28.37	\$ 77.00	\$ 77.00	\$ 77.00		\$ 53.90	\$ 61.60	\$ 28.37	\$ 28.95
218	ESTRONE Venipuncture	82679 36415	Laboratory and Pathology Services	\$ 105.00	\$ 32.67	\$ 52.50	\$ 52.50	\$ 52.50		\$ 36.75	\$ 42.00	\$ 32.67	\$ 33.39
219	FECAL FAT, QUAL Venipuncture	82705 36415	Laboratory and Pathology Services	\$ 109.00	\$ 6.66	\$ 54.50	\$ 54.50	\$ 54.50		\$ 38.15	\$ 43.60	\$ 6.66	\$ 6.79
220	FERRITIN Venipuncture	82728 36415	Laboratory and Pathology Services	\$ 179.00	\$ 17.82	\$ 89.50	\$ 89.50	\$ 89.50		\$ 62.65	\$ 71.60	\$ 17.82	\$ 18.19
221	FOLATE (FOLIC ACID) Venipuncture	82746 36415	Laboratory and Pathology Services	\$ 165.00	\$ 19.24	\$ 82.50	\$ 82.50	\$ 82.50		\$ 57.75	\$ 66.00	\$ 19.24	\$ 19.62

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Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum Negotiated Rate	Maximum Negotiated Rate	Insurance Name	Cash Price	BCBS-RHC Services	UHC Medicare Advantage	UHC All Other Plans	AmeriHealth Caritas NC	AmeriHealth Caritas NC RHC Services
							Rate Plan	Percent of Charges	Fee Schedule	Percent of Charges	Percent of charges	Percent of Medicaid	Percent of Medicare
222	Venipuncture	36415	Laboratory and Pathology Services	\$ 24.00	\$ 2.86	\$ 12.00	50%	100%	35%	40%	100%	100%	
	RBC FOLATE	82747		\$ 168.00	\$ 19.72	\$ 84.00	\$ 84.00	\$ 8.40	\$ 9.60	\$ 2.86	\$ 2.92		
	Venipuncture	36415		\$ 24.00	\$ 2.86	\$ 12.00	\$ 12.00	\$ 8.40	\$ 9.60	\$ 2.86	\$ 2.92		

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Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum		Maximum		Cash Price	BCBS- RHC Services	UHC Medicare Advantage	UHC All Other Plans	AmeriHealth Caritas NC	AmeriHealth Caritas NC RHC Services
					Negotiated Rate	Rate Plan	Negotiated Rate	Rate Plan						
					50%	100%	35%	40%						
223	IMMUNOGLOBULIN IGA, TOTAL Venipuncture	82784 36415	Laboratory and Pathology Services	\$ 358.00 \$ 24.00	\$ 12.16 \$ 2.86	\$ 179.00 \$ 12.00	\$ 179.00 \$ 12.00	\$ 179.00 \$ 12.00	100%	\$ 125.30 \$ 8.40	\$ 143.20 \$ 9.60	\$ 12.16 \$ 2.86	\$ 12.41 \$ 2.92	
224	IMMUNOGLOBULIN IGG, TOTAL Venipuncture	82784 36415	Laboratory and Pathology Services	\$ 95.00 \$ 24.00	\$ 12.16 \$ 2.86	\$ 47.50 \$ 12.00	\$ 47.50 \$ 12.00	\$ 47.50 \$ 12.00		\$ 33.25 \$ 8.40	\$ 38.00 \$ 9.60	\$ 12.16 \$ 2.86	\$ 12.41 \$ 2.92	
225	IGM IMMUNOGLOBULIN Venipuncture	82784 36415	Laboratory and Pathology Services	\$ 95.00 \$ 24.00	\$ 12.16 \$ 2.86	\$ 47.50 \$ 12.00	\$ 47.50 \$ 12.00	\$ 47.50 \$ 12.00		\$ 33.25 \$ 8.40	\$ 38.00 \$ 9.60	\$ 12.16 \$ 2.86	\$ 12.41 \$ 2.92	
226	IMMUNOGLOBULIN IGE, TOTAL Venipuncture	82785 36415	Laboratory and Pathology Services	\$ 68.00 \$ 24.00	\$ 21.55 \$ 2.86	\$ 34.00 \$ 12.00	\$ 34.00 \$ 12.00	\$ 34.00 \$ 12.00		\$ 23.80 \$ 8.40	\$ 27.20 \$ 9.60	\$ 21.55 \$ 2.86	\$ 21.99 \$ 2.92	
227	VENOUS PH Venipuncture	82800 36415	Laboratory and Pathology Services	\$ 88.00 \$ 24.00	\$ 8.40 \$ 2.86	\$ 44.00 \$ 12.00	\$ 44.00 \$ 12.00	\$ 44.00 \$ 12.00		\$ 30.80 \$ 8.40	\$ 35.20 \$ 9.60	\$ 8.40 \$ 2.86	\$ 8.57 \$ 2.92	
228	ABG Venipuncture	82803 36415	Laboratory and Pathology Services	\$ 242.00 \$ 24.00	\$ 25.33 \$ 2.86	\$ 121.00 \$ 12.00	\$ 121.00 \$ 12.00	\$ 121.00 \$ 12.00		\$ 84.70 \$ 8.40	\$ 96.80 \$ 9.60	\$ 25.33 \$ 2.86	\$ 25.84 \$ 2.92	
229	VENOUS BLOOD GAS Venipuncture	82805 36415	Laboratory and Pathology Services	\$ 187.00 \$ 24.00	\$ 37.13 \$ 2.86	\$ 93.50 \$ 12.00	\$ 93.50 \$ 12.00	\$ 93.50 \$ 12.00		\$ 65.45 \$ 8.40	\$ 74.80 \$ 9.60	\$ 37.13 \$ 2.86	\$ 37.88 \$ 2.92	
230	GASTRIN, SERUM Venipuncture	82941 36415	Laboratory and Pathology Services	\$ 142.00 \$ 24.00	\$ 23.07 \$ 2.86	\$ 71.00 \$ 12.00	\$ 71.00 \$ 12.00	\$ 71.00 \$ 12.00		\$ 49.70 \$ 8.40	\$ 56.80 \$ 9.60	\$ 23.07 \$ 2.86	\$ 23.54 \$ 2.92	
231	GLUCOSE, CSF Venipuncture	82945 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 5.13 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00		\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 5.13 \$ 2.86	\$ 5.24 \$ 2.92	
232	GLUCOSE BODY FLUID Venipuncture	82945 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 5.13 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00		\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 5.13 \$ 2.86	\$ 5.24 \$ 2.92	
233	GLUCOSE, BLOOD Venipuncture	82947 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 5.13 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00		\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 5.13 \$ 2.86	\$ 5.24 \$ 2.92	
234	GLUCOSE POST INCLUD Venipuncture	82950 36415	Laboratory and Pathology Services	\$ 136.00 \$ 24.00	\$ 6.22 \$ 2.86	\$ 68.00 \$ 12.00	\$ 68.00 \$ 12.00	\$ 68.00 \$ 12.00		\$ 47.60 \$ 8.40	\$ 54.40 \$ 9.60	\$ 6.22 \$ 2.86	\$ 6.34 \$ 2.92	
235	GTT (FIRST 3 SPECIMENS) Venipuncture	82951 36415	Laboratory and Pathology Services	\$ 185.00 \$ 24.00	\$ 16.84 \$ 2.86	\$ 92.50 \$ 12.00	\$ 92.50 \$ 12.00	\$ 92.50 \$ 12.00		\$ 64.75 \$ 8.40	\$ 74.00 \$ 9.60	\$ 16.84 \$ 2.86	\$ 17.19 \$ 2.92	
236	GTT- EA, ADD. SPECI. Venipuncture	82952 36415	Laboratory and Pathology Services	\$ 44.00 \$ 24.00	\$ 5.13 \$ 2.86	\$ 22.00 \$ 12.00	\$ 22.00 \$ 12.00	\$ 22.00 \$ 12.00		\$ 15.40 \$ 8.40	\$ 17.60 \$ 9.60	\$ 5.13 \$ 2.86	\$ 5.24 \$ 2.92	
237	GGP, QUANTITATIVE Venipuncture	82955 36415	Laboratory and Pathology Services	\$ 58.00 \$ 24.00	\$ 6.09 \$ 2.86	\$ 29.00 \$ 12.00	\$ 29.00 \$ 12.00	\$ 29.00 \$ 12.00		\$ 20.30 \$ 8.40	\$ 23.20 \$ 9.60	\$ 6.09 \$ 2.86	\$ 6.22 \$ 2.92	
238	GAMMA GT Venipuncture	82977 36415	Laboratory and Pathology Services	\$ 204.00 \$ 24.00	\$ 9.42 \$ 2.86	\$ 102.00 \$ 12.00	\$ 102.00 \$ 12.00	\$ 102.00 \$ 12.00		\$ 71.40 \$ 8.40	\$ 81.60 \$ 9.60	\$ 9.42 \$ 2.86	\$ 9.61 \$ 2.92	
239	GLUTAMYLTRANSFERASE GAMMA GGT Venipuncture	82977 36415	Laboratory and Pathology Services	\$ 84.00 \$ 24.00	\$ 9.42 \$ 2.86	\$ 42.00 \$ 12.00	\$ 42.00 \$ 12.00	\$ 42.00 \$ 12.00		\$ 29.40 \$ 8.40	\$ 33.60 \$ 9.60	\$ 9.42 \$ 2.86	\$ 9.61 \$ 2.92	
240	FSH Venipuncture	83001 36415	Laboratory and Pathology Services	\$ 194.00 \$ 24.00	\$ 24.32 \$ 2.86	\$ 97.00 \$ 12.00	\$ 97.00 \$ 12.00	\$ 97.00 \$ 12.00		\$ 67.90 \$ 8.40	\$ 77.60 \$ 9.60	\$ 24.32 \$ 2.86	\$ 24.81 \$ 2.92	
241	LH Venipuncture	83002 36415	Laboratory and Pathology Services	\$ 231.00 \$ 24.00	\$ 24.23 \$ 2.86	\$ 115.50 \$ 12.00	\$ 115.50 \$ 12.00	\$ 115.50 \$ 12.00		\$ 80.85 \$ 8.40	\$ 92.40 \$ 9.60	\$ 24.23 \$ 2.86	\$ 24.73 \$ 2.92	
242	GROWTH HORMONE Venipuncture	83003 36415	Laboratory and Pathology Services	\$ 448.00 \$ 24.00	\$ 21.81 \$ 2.86	\$ 224.00 \$ 12.00	\$ 224.00 \$ 12.00	\$ 224.00 \$ 12.00		\$ 156.80 \$ 8.40	\$ 179.20 \$ 9.60	\$ 21.81 \$ 2.86	\$ 22.25 \$ 2.92	
243	HAPTOGLOBIN Venipuncture	83010 36415	Laboratory and Pathology Services	\$ 112.00 \$ 24.00	\$ 16.46 \$ 2.86	\$ 56.00 \$ 12.00	\$ 56.00 \$ 12.00	\$ 56.00 \$ 12.00		\$ 39.20 \$ 8.40	\$ 44.80 \$ 9.60	\$ 16.46 \$ 2.86	\$ 16.80 \$ 2.92	
244	HEMOGLOBIN ELECTROPHORESIS Venipuncture	83020 36415	Laboratory and Pathology Services	\$ 130.00 \$ 24.00	\$ 15.93 \$ 2.86	\$ 65.00 \$ 12.00	\$ 65.00 \$ 12.00	\$ 65.00 \$ 12.00		\$ 45.50 \$ 8.40	\$ 52.00 \$ 9.60	\$ 15.93 \$ 2.86	\$ 16.78 \$ 2.92	
245	HEMOGLOBIN A1C GLYCATED Venipuncture	83036 36415	Laboratory and Pathology Services	\$ 167.00 \$ 24.00	\$ 12.69 \$ 2.86	\$ 83.50 \$ 12.00	\$ 83.50 \$ 12.00	\$ 83.50 \$ 12.00		\$ 58.45 \$ 8.40	\$ 66.80 \$ 9.60	\$ 12.69 \$ 2.86	\$ 12.96 \$ 2.92	
246	HEMOSIDERIN QUALITATIVE Venipuncture	83070 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 0.72 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00		\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 0.72 \$ 2.86	\$ 0.74 \$ 2.92	
247	HOMOCYSTEINE Venipuncture	83090 36415	Laboratory and Pathology Services	\$ 200.00 \$ 24.00	\$ 22.07 \$ 2.86	\$ 100.00 \$ 12.00	\$ 100.00 \$ 12.00	\$ 100.00 \$ 12.00		\$ 70.00 \$ 8.40	\$ 80.00 \$ 9.60	\$ 22.07 \$ 2.86	\$ 22.52 \$ 2.92	
248	HYDROXY 24 HR URINE Urine Volume Measurement	83491 81050	Laboratory and Pathology Services	\$ 130.00 \$ 62.00	\$ 22.91 \$ 3.92	\$ 65.00 \$ 31.00	\$ 65.00 \$ 31.00	\$ 65.00 \$ 31.00		\$ 45.50 \$ 21.70	\$ 52.00 \$ 24.80	\$ 22.91 \$ 3.92	\$ 23.38 \$ 4.00	
249	S HIAA QN URINE	83497	Laboratory and Pathology Services	\$ 101.00	\$ 16.86	\$ 50.50	\$ 50.50	\$ 50.50		\$ 35.35	\$ 40.40	\$ 16.86	\$ 17.21	
250	HYDROXYPROGESTERONE 17 D Venipuncture	83498 36415	Laboratory and Pathology Services	\$ 178.00 \$ 24.00	\$ 35.53 \$ 2.86	\$ 89.00 \$ 12.00	\$ 89.00 \$ 12.00	\$ 89.00 \$ 12.00		\$ 62.30 \$ 8.40	\$ 71.20 \$ 9.60	\$ 35.53 \$ 2.86	\$ 36.26 \$ 2.92	
251	ANALYTE IMMUNOASSAY Venipuncture	83516 36415	Laboratory and Pathology Services	\$ 358.00 \$ 24.00	\$ 14.99 \$ 2.86	\$ 179.00 \$ 12.00	\$ 179.00 \$ 12.00	\$ 179.00 \$ 12.00		\$ 125.30 \$ 8.40	\$ 143.20 \$ 9.60	\$ 14.99 \$ 2.86	\$ 15.30 \$ 2.92	
252	ANTISMOOTH MUSCLE ANTIBODIES Venipuncture	83516 36415	Laboratory and Pathology Services	\$ 132.00 \$ 24.00	\$ 14.99 \$ 2.86	\$ 66.00 \$ 12.00	\$ 66.00 \$ 12.00	\$ 66.00 \$ 12.00		\$ 46.20 \$ 8.40	\$ 52.80 \$ 9.60	\$ 14.99 \$ 2.86	\$ 15.30 \$ 2.92	
253	INSULIN ANTIBODY Venipuncture	83516 36415	Laboratory and Pathology Services	\$ 130.00 \$ 24.00	\$ 14.99 \$ 2.86	\$ 65.00 \$ 12.00	\$ 65.00 \$ 12.00	\$ 65.00 \$ 12.00		\$ 45.50 \$ 8.40	\$ 52.00 \$ 9.60	\$ 14.99 \$ 2.86	\$ 15.30 \$ 2.92	
254	ANTIMITOCHONDRIAL A Venipuncture	83516 36415	Laboratory and Pathology Services	\$ 126.00 \$ 24.00	\$ 14.99 \$ 2.86	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00		\$ 44.10 \$ 8.40	\$ 50.40 \$ 9.60	\$ 14.99 \$ 2.86	\$ 15.30 \$ 2.92	
255	ANTIPARIETAL CELL ANTIBODY Venipuncture	83516 36415	Laboratory and Pathology Services	\$ 126.00 \$ 24.00	\$ 14.99 \$ 2.86	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00		\$ 44.10 \$ 8.40	\$ 50.40 \$ 9.60	\$ 14.99 \$ 2.86	\$ 15.30 \$ 2.92	
256	ACETYLCHOLINE RECEPTOR ANTIBODY Venipuncture	83519 36415	Laboratory and Pathology Services	\$ 287.00 \$ 24.00	\$ 17.68 \$ 2.86	\$ 143.50 \$ 12.00	\$ 143.50 \$ 12.00	\$ 143.50 \$ 12.00		\$ 100.45 \$ 8.40	\$ 114.80 \$ 9.60	\$ 17.68 \$ 2.86	\$ 18.04 \$ 2.92	
257	INSULIN LIKE GFB PROTEIN III Venipuncture	83520 36415	Laboratory and Pathology Services	\$ 400.00 \$ 24.00	\$ 16.94 \$ 2.86	\$ 200.00 \$ 12.00	\$ 200.00 \$ 12.00	\$ 200.00 \$ 12.00		\$ 140.00 \$ 8.40	\$ 160.00 \$ 9.60	\$ 16.94 \$ 2.86	\$ 17.28 \$ 2.92	
258	IMMUNOASSAY QNT NOS Venipuncture	83520 36415	Laboratory and Pathology Services	\$ 210.00 \$ 24.00	\$ 16.94 \$ 2.86	\$ 105.00 \$ 12.00	\$ 105.00 \$ 12.00	\$ 105.00 \$ 12.00		\$ 73.50 \$ 8.40	\$ 84.00 \$ 9.60	\$ 16.94 \$ 2.86	\$ 17.28 \$ 2.92	
259	THYROIDOPIN RECEPTOR ANTIBODIES Venipuncture	83520 36415	Laboratory and Pathology Services	\$ 189.00 \$ 24.00	\$ 16.94 \$ 2.86	\$ 94.50 \$ 12.00	\$ 94.50 \$ 12.00	\$ 94.50 \$ 12.00		\$ 66.15 \$ 8.40	\$ 75.60 \$ 9.60	\$ 16.94 \$ 2.86	\$ 17.28 \$ 2.92	
260	ANTIMULLERIAN HORM IMMUNOASSAY Venipuncture	83520 36415	Laboratory and Pathology Services	\$ 189.00 \$ 24.00	\$ 16.94 \$ 2.86	\$ 94.50 \$ 12.00	\$ 94.50 \$ 12.00	\$ 94.50 \$ 12.00		\$ 66.15 \$ 8.40	\$ 75.60 \$ 9.60	\$ 16.94 \$ 2.86	\$ 17.28 \$ 2.92	

-- 37 of the 70 required CMS shoppable services are not performed at WRMC so they are listed as "Services not Performed"

This information is provided as a guide to determine anticipated charges. The information is not a contractual agreement between the hospital and the consumer. Individual costs will be based on specific services provided. We advise that the consumer consult with their health insurer to confirm individual payment responsibilities and remaining deductible balances.

Identifier	Shoppable Service	CPT/HCPCS Code	Service Category	Service Charge	Minimum Negotiated Rate	Maximum Negotiated Rate	Insurance Name	Cash Price	BCBS-RHC Services	UHC Medicare Advantage	UHC All Other Plans	AmeriHealth Caritas NC	AmeriHealth Caritas NC RHC Services
							Rate Plan	Percent of Charges	Fee Schedule	Percent of Charges	Percent of charges	Percent of Medicaid	Percent of Medicare
							50%	100%	35%	40%	100%	100%	
312	URINE PROTEIN 24 HOUR Urine Volume Measurement	84155 81050	Laboratory and Pathology Services	\$ 95.00 \$ 62.00	\$ 4.80 \$ 3.92	\$ 47.50 \$ 31.00	\$ 47.50 \$ 31.00	\$ 47.50 \$ 31.00	\$ 33.25 \$ 21.70	\$ 38.00 \$ 24.80	\$ 38.00 \$ 24.80	\$ 4.80 \$ 3.92	\$ 4.00 \$ 2.92
313	PROTEIN CSF/BODY FLUID Venipuncture	84157 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 4.80 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 42.80 \$ 9.60	\$ 4.80 \$ 2.86	\$ 2.92 \$ 2.92
314	PROTEIN SERUM ELECTROPHORESIS Venipuncture	84165 36415	Laboratory and Pathology Services	\$ 147.00 \$ 24.00	\$ 14.28 \$ 2.86	\$ 73.50 \$ 12.00	\$ 73.50 \$ 12.00	\$ 73.50 \$ 12.00	\$ 51.45 \$ 8.40	\$ 58.80 \$ 9.60	\$ 58.80 \$ 9.60	\$ 15.65 \$ 2.86	\$ 14.28 \$ 2.92
315	PROTEIN CSF/URINE ELECTROPHORE	84166	Laboratory and Pathology Services	\$ 126.00	\$ 15.65	\$ 63.00	\$ 63.00	\$ 63.00	\$ 44.10	\$ 50.40	\$ 50.40	\$ 15.65	
316	PROTEIN WESTERN BLOT Venipuncture	84181 36415	Laboratory and Pathology Services	\$ 167.00 \$ 24.00	\$ 15.65 \$ 2.86	\$ 83.50 \$ 12.00	\$ 83.50 \$ 12.00	\$ 83.50 \$ 12.00	\$ 58.45 \$ 8.40	\$ 66.80 \$ 9.60	\$ 66.80 \$ 9.60	\$ 15.65 \$ 2.86	\$ 15.70 \$ 2.92
317	PRO-INSULIN Venipuncture	84206 36415	Laboratory and Pathology Services	\$ 237.00 \$ 24.00	\$ 23.31 \$ 2.86	\$ 118.50 \$ 12.00	\$ 118.50 \$ 12.00	\$ 118.50 \$ 12.00	\$ 82.95 \$ 8.40	\$ 94.80 \$ 9.60	\$ 94.80 \$ 9.60	\$ 23.31 \$ 2.86	\$ 23.78 \$ 2.92
318	VITAMIN B6 Venipuncture	84207 36415	Laboratory and Pathology Services	\$ 211.00 \$ 24.00	\$ 36.76 \$ 2.86	\$ 105.50 \$ 12.00	\$ 105.50 \$ 12.00	\$ 105.50 \$ 12.00	\$ 73.85 \$ 8.40	\$ 84.40 \$ 9.60	\$ 84.40 \$ 9.60	\$ 36.76 \$ 2.86	\$ 37.51 \$ 2.92
319	TRANSFERRIN Venipuncture	84466 36415	Laboratory and Pathology Services	\$ 158.00 \$ 24.00	\$ 16.71 \$ 2.86	\$ 79.00 \$ 12.00	\$ 79.00 \$ 12.00	\$ 79.00 \$ 12.00	\$ 55.30 \$ 8.40	\$ 63.20 \$ 9.60	\$ 63.20 \$ 9.60	\$ 16.71 \$ 2.86	\$ 17.04 \$ 2.92
320	TRIGLYCERIDES Venipuncture	84478 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 7.53 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 42.80 \$ 9.60	\$ 7.53 \$ 2.86	\$ 7.69 \$ 2.92
321	THYROID (T3/T4) RATIO/UPTAKE Venipuncture	84479 36415	Laboratory and Pathology Services	\$ 124.38 \$ 24.00	\$ 7.80 \$ 2.86	\$ 62.19 \$ 12.00	\$ 62.19 \$ 12.00	\$ 62.19 \$ 12.00	\$ 43.53 \$ 8.40	\$ 49.75 \$ 9.60	\$ 49.75 \$ 9.60	\$ 7.80 \$ 2.86	\$ 7.96 \$ 2.92
322	TRIIODOTHYRONINE (T3)TOTAL T13 Venipuncture	84480 36415	Laboratory and Pathology Services	\$ 125.00 \$ 24.00	\$ 18.55 \$ 2.86	\$ 62.50 \$ 12.00	\$ 62.50 \$ 12.00	\$ 62.50 \$ 12.00	\$ 43.75 \$ 8.40	\$ 50.00 \$ 9.60	\$ 50.00 \$ 9.60	\$ 18.55 \$ 2.86	\$ 18.93 \$ 2.92
323	FT 3(FREE T3) Venipuncture	84481 36415	Laboratory and Pathology Services	\$ 219.00 \$ 24.00	\$ 22.17 \$ 2.86	\$ 109.50 \$ 12.00	\$ 109.50 \$ 12.00	\$ 109.50 \$ 12.00	\$ 76.65 \$ 8.40	\$ 87.60 \$ 9.60	\$ 87.60 \$ 9.60	\$ 22.17 \$ 2.86	\$ 22.62 \$ 2.92
324	TRIIODOTHYRONINE T3 REVERSE Venipuncture	84482 36415	Laboratory and Pathology Services	\$ 125.00 \$ 24.00	\$ 20.62 \$ 2.86	\$ 62.50 \$ 12.00	\$ 62.50 \$ 12.00	\$ 62.50 \$ 12.00	\$ 43.75 \$ 8.40	\$ 50.00 \$ 9.60	\$ 50.00 \$ 9.60	\$ 20.62 \$ 2.86	\$ 21.04 \$ 2.92
325	TROPONIN Venipuncture	84484 36415	Laboratory and Pathology Services	\$ 224.00 \$ 24.00	\$ 12.87 \$ 2.86	\$ 112.00 \$ 12.00	\$ 112.00 \$ 12.00	\$ 112.00 \$ 12.00	\$ 78.40 \$ 8.40	\$ 89.60 \$ 9.60	\$ 89.60 \$ 9.60	\$ 12.87 \$ 2.86	\$ 13.14 \$ 2.92
326	TYROSINE Venipuncture	84510 36415	Laboratory and Pathology Services	\$ 120.00 \$ 24.00	\$ 13.61 \$ 2.86	\$ 60.00 \$ 12.00	\$ 60.00 \$ 12.00	\$ 60.00 \$ 12.00	\$ 42.00 \$ 8.40	\$ 48.00 \$ 9.60	\$ 48.00 \$ 9.60	\$ 13.61 \$ 2.86	\$ 13.88 \$ 2.92
327	BUN Venipuncture	84520 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 5.16 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 42.80 \$ 9.60	\$ 5.16 \$ 2.86	\$ 5.26 \$ 2.92
328	UREA NITROGEN, URINE	84540	Laboratory and Pathology Services	\$ 107.00	\$ 6.22	\$ 53.50	\$ 53.50	\$ 53.50	\$ 37.45	\$ 42.80	\$ 42.80	\$ 6.22	\$ 6.34
329	URIC ACID BLOOD Venipuncture	84550 36415	Laboratory and Pathology Services	\$ 107.00 \$ 24.00	\$ 5.91 \$ 2.86	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 53.50 \$ 12.00	\$ 37.45 \$ 8.40	\$ 42.80 \$ 9.60	\$ 42.80 \$ 9.60	\$ 5.91 \$ 2.86	\$ 6.03 \$ 2.92
330	URIC ACID BODY FLUID Venipuncture	84560 36415	Laboratory and Pathology Services	\$ 45.00 \$ 24.00	\$ 6.22 \$ 2.86	\$ 22.50 \$ 12.00	\$ 22.50 \$ 12.00	\$ 22.50 \$ 12.00	\$ 15.75 \$ 8.40	\$ 18.00 \$ 9.60	\$ 18.00 \$ 9.60	\$ 6.22 \$ 2.86	\$ 6.34 \$ 2.92
331	VANILLYLMANDLIC(VMA)QUINT Venipuncture	84585 36415	Laboratory and Pathology Services	\$ 126.00 \$ 24.00	\$ 20.29 \$ 2.86	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00	\$ 63.00 \$ 12.00	\$ 44.10 \$ 8.40	\$ 50.40 \$ 9.60	\$ 50.40 \$ 9.60	\$ 20.29 \$ 2.86	\$ 20.70 \$ 2.92
332	VASOPRESSIN (ADH) Venipuncture	84588 36415	Laboratory and Pathology Services	\$ 287.00 \$ 24.00	\$ 44.42 \$ 2.86	\$ 143.50 \$ 12.00	\$ 143.50 \$ 12.00	\$ 143.50 \$ 12.00	\$ 100.45 \$ 8.40	\$ 114.80 \$ 9.60	\$ 114.80 \$ 9.60	\$ 44.42 \$ 2.86	\$ 45.32 \$ 2.92
333	VITAMIN A Venipuncture	84590 36415	Laboratory and Pathology Services	\$ 122.00 \$ 24.00	\$ 15.17 \$ 2.86	\$ 61.00 \$ 12.00	\$ 61.00 \$ 12.00	\$ 61.00 \$ 12.00	\$ 42.70 \$ 8.40	\$ 48.80 \$ 9.60	\$ 48.80 \$ 9.60	\$ 15.17 \$ 2.86	\$ 15.48 \$ 2.92
334	ZINC SERUM Venipuncture	84630 36415	Laboratory and Pathology Services	\$ 100.00 \$ 24.00	\$ 14.90 \$ 2.86	\$ 50.00 \$ 12.00	\$ 50.00 \$ 12.00	\$ 50.00 \$ 12.00	\$ 35.00 \$ 8.40	\$ 40.00 \$ 9.60	\$ 40.00 \$ 9.60	\$ 14.90 \$ 2.86	\$ 15.20 \$ 2.92
335	C-PEPTIDE Venipuncture	84681 36415	Laboratory and Pathology Services	\$ 263.00 \$ 24.00	\$ 20.79 \$ 2.86	\$ 131.50 \$ 12.00	\$ 131.50 \$ 12.00	\$ 131.50 \$ 12.00	\$ 92.05 \$ 8.40	\$ 105.20 \$ 9.60	\$ 105.20 \$ 9.60	\$ 20.79 \$ 2.86	\$ 21.21 \$ 2.92
336	BETA-HCG QUANT SERUM Venipuncture	84702 36415	Laboratory and Pathology Services	\$ 132.00 \$ 24.00	\$ 11.45 \$ 2.86	\$ 66.00 \$ 12.00	\$ 66.00 \$ 12.00	\$ 66.00 \$ 12.00	\$ 46.20 \$ 8.40	\$ 52.80 \$ 9.60	\$ 52.80 \$ 9.60	\$ 11.45 \$ 2.86	\$ 11.68 \$ 2.92
337	PREGNANCY SERUM QUAL Venipuncture	84703 36415	Laboratory and Pathology Services	\$ 119.00 \$ 24.00	\$ 9.83 \$ 2.86	\$ 59.50 \$ 12.00	\$ 59.50 \$ 12.00	\$ 59.50 \$ 12.00	\$ 41.65 \$ 8.40	\$ 47.60 \$ 9.60	\$ 47.60 \$ 9.60	\$ 9.83 \$ 2.86	\$ 10.03 \$ 2.92