

**Welch Community Hospital**  
**Shoppable Services and Payer Report**  
**January 1, 2021**

			Payer 1	Payer 2	Payer 3	Payer 4	Payer 5	Payer 6	Payer 7	Payer 8	Payer 9	Payer 10	Payer 11
	Payer Contracts		Percentage Agreement	Trad Inpatient Per Diem	PPO/POS Inpatient Per Diem	Trad OP-OPPS Method	PPO/POS OP-OPPS Method	PPO/ACA OP_OPSS Method	Managed Medicare	Managed Medicare	Managed Medicaid	Managed Medicaid	Managed Medicaid
Common Billing and Accounting Codes	Description of the Item or Service	Standard Charge											
99000101	ROOM AND BOARD	455.00	432.25	1742.00	1797.00	418.60	395.85	373.10	145.60	145.60	125.35	109.20	100.10
11642	Operating Room MINOR SURGERY	1,556.00	1,478.20	N/A	N/A	1431.52	1353.72	1275.92	497.92	497.92	428.68	373.44	342.32
70450	CT HEAD OR BRAIN W/O CONTRAST	1,178.29	1,119.38	N/A	N/A	1084.03	1025.11	966.20	377.05	377.05	324.62	282.79	259.22
72110	XRAY, Lower Back,MIN OF 4 VIEWS	375.22	356.46	N/A	N/A	345.20	326.44	307.68	120.07	120.07	103.37	90.05	82.55
72193	CT PELVIS W/ CONTRAST	1,706.50	1,621.18	N/A	N/A	1569.98	1484.66	1399.33	546.08	546.08	470.14	409.56	375.43
74177	CT ABDOMENT/PELVIS W/CONTRAST	2,693.85	2,559.16	N/A	N/A	2478.34	2343.65	2208.96	862.03	862.03	742.16	646.52	592.65
76700	ULTRASOUND, ABDOMEN	655.02	622.27	N/A	N/A	602.62	569.87	537.12	209.61	209.61	180.46	157.20	144.10
76805	Ultrasound of PREGNANT UTERUS	589.00	559.55	N/A	N/A	541.88	512.43	482.98	188.48	188.48	162.27	141.36	129.58
76830	Ultrasound, TRANSVAGINAL	648.76	616.32	N/A	N/A	596.86	564.42	531.98	207.60	207.60	178.73	155.70	142.73
77065	DIAGNOSTIC MAMMOGRAM, CAD, UNILATERAL	268.00	254.60	N/A	N/A	246.56	233.16	219.76	85.76	85.76	73.83	64.32	58.96
77066	DIAGOSTIC MAMMOGRAPHY BILATERAL, CAD	347.00	329.65	N/A	N/A	319.24	301.89	284.54	111.04	111.04	95.60	83.28	76.34
77067	SCREENING MAMMOGRAPHY BILATERAL	248.00	235.60	N/A	N/A	228.16	215.76	203.36	79.36	79.36	68.32	59.52	54.56
80048	BASIC METABOLIC PANEL	114.08	108.38	N/A	N/A	104.95	99.25	93.55	36.51	36.51	31.43	27.38	25.10
80053	COMPREHENSIVE METABOLIC PANEL	165.81	157.52	N/A	N/A	152.55	144.25	135.96	53.06	53.06	45.68	39.79	36.48
80055	OBSTETRIC PANEL	333.00	316.35	N/A	N/A	306.36	289.71	273.06	106.56	106.56	91.74	79.92	73.26







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97110	Physical therapy, therapeutic exercise	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99281	EMERGENCY DEPARTMENT VISIT	165.50	157.23	N/A	N/A	152.26	143.99	135.71	52.96	52.96	45.60	39.72	36.41
99282	EMERGENCY DEPARTMENT VISIT	286.75	272.41	N/A	N/A	263.81	249.47	235.14	91.76	91.76	79.00	68.82	63.09
99283	EMERGENCY DEPARTMENT VISIT	460.96	437.91	N/A	N/A	424.08	401.04	377.99	147.51	147.51	126.99	110.63	101.41
99284	EMERGENCY DEPARTMENT VISIT	767.74	729.35	N/A	N/A	706.32	667.93	629.55	245.68	245.68	211.51	184.26	168.90
99285	EMERGENCY DEPARTMENT VISIT	1,130.36	1,073.84	N/A	N/A	1039.93	983.41	926.90	361.72	361.72	311.41	271.29	248.68
99291	CRITICAL CARE 30-74 MINUTES	1,767.74	1,679.35	N/A	N/A	1626.32	1537.93	1449.55	565.68	565.68	487.01	424.26	388.90
99292	CRITICAL CARE EACH ADD'L 30 MI	536.00	509.20	N/A	N/A	493.12	466.32	439.52	171.52	171.52	147.67	128.64	117.92
99202	Office Visit NEW PATIENT 20 Minutes	125.55	119.27	N/A	N/A	115.51	109.23	102.95	40.18	40.18	34.59	30.13	27.62
99211	Office Visit ESTABLISHED PATIENT 5 Minutes	22.80	21.66	N/A	N/A	20.98	19.84	18.70	7.30	7.30	6.28	5.47	5.02
99212	Office Visit ESTABLISHED PATIENT 10 Minutes	63.35	60.18	N/A	N/A	58.28	55.11	51.95	20.27	20.27	17.45	15.20	13.94
99213	Office Visit ESTABLISHED PATIENT 15 Minutes	126.45	120.13	N/A	N/A	116.33	110.01	103.69	40.46	40.46	34.84	30.35	27.82
99214	Office Visit ESTABLISHED PATIENT 25 Minutes	194.70	184.97	N/A	N/A	179.12	169.39	159.65	62.30	62.30	53.64	46.73	42.83
99215	Office Visit ESTABLISHED PATIENT 40 Minutes	274.80	261.06	N/A	N/A	252.82	239.08	225.34	87.94	87.94	75.71	65.95	60.46
10005	FINE NEEDLE ASP BIOP W/ULTRSND	307.18	291.82	N/A	N/A	282.61	267.25	251.89	98.30	98.30	84.63	73.72	67.58
10006	FINE NEED BIOP W/ULTSND EA ADD	147.53	140.15	N/A	N/A	135.73	128.35	120.97	47.21	47.21	40.64	35.41	32.46
10009	FINE NEED ASP BIOP W/CT GUIDE	1,066.83	1,013.49	N/A	N/A	981.48	928.14	874.80	341.39	341.39	293.91	256.04	234.70
10010	FINE NEED ASP BIOP W/CT EA ADD	646.70	614.37	N/A	N/A	594.96	562.63	530.29	206.94	206.94	178.17	155.21	142.27
51798	Ultrasound POST VOIDING RESIDUAL URINE	153.00	145.35	N/A	N/A	140.76	133.11	125.46	48.96	48.96	42.15	36.72	33.66

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58340	Procedure to image uterus and fallopian tubes	143.15	135.99	N/A	N/A	131.70	124.54	117.38	45.81	45.81	39.44	34.36	31.49
70030	XRAY, EYE, FOR FOREIGN BODY	277.75	263.86	N/A	N/A	255.53	241.64	227.76	88.88	88.88	76.52	66.66	61.11
70100	Xray MANDIBLE PARTIAL LESS THAN 4 V	160.00	152.00	N/A	N/A	147.20	139.20	131.20	51.20	51.20	44.08	38.40	35.20
70110	Xray MANDIBLE, COMPLETE MIN 4 VIEWS	197.00	187.15	N/A	N/A	181.24	171.39	161.54	63.04	63.04	54.27	47.28	43.34
70120	Xray MASTOIDS LESS THAN 3 VIEWS PER	176.00	167.20	N/A	N/A	161.92	153.12	144.32	56.32	56.32	48.49	42.24	38.72
70140	Xray FACIAL BONES LESS THAN 3 VIEWS	160.00	152.00	N/A	N/A	147.20	139.20	131.20	51.20	51.20	44.08	38.40	35.20
70150	Xray COMPLETE FACIAL BONES MIN 3 VI	216.00	205.20	N/A	N/A	198.72	187.92	177.12	69.12	69.12	59.51	51.84	47.52
70160	Xray NASAL BONES COMPLETE MIN 3 VIE	174.00	165.30	N/A	N/A	160.08	151.38	142.68	55.68	55.68	47.94	41.76	38.28
70190	Xray OPTIC FORAMINA	183.00	173.85	N/A	N/A	168.36	159.21	150.06	58.56	58.56	50.42	43.92	40.26
70200	Xray OPTIC ORBITS COMPLETE MIN 4 VI	219.00	208.05	N/A	N/A	201.48	190.53	179.58	70.08	70.08	60.33	52.56	48.18
70210	XRAY SIN/PARANAS LESS THAN 3 V	215.00	204.25	N/A	N/A	197.80	187.05	176.30	68.80	68.80	59.23	51.60	47.30
70220	XRAY SINUSES COMP MIN 3 VIEWS	315.87	300.08	N/A	N/A	290.60	274.81	259.01	101.08	101.08	87.02	75.81	69.49
70240	Xray SELLA TURCICA	146.00	138.70	N/A	N/A	134.32	127.02	119.72	46.72	46.72	40.22	35.04	32.12
70250	XRAY, SKULL Less than 4 views	242.50	230.38	N/A	N/A	223.10	210.98	198.85	77.60	77.60	66.81	58.20	53.35
70260	Xray SKULL Complete	258.00	245.10	N/A	N/A	237.36	224.46	211.56	82.56	82.56	71.08	61.92	56.76
70328	Xray of the Jaw Bone, One Side	154.00	146.30	N/A	N/A	141.68	133.98	126.28	49.28	49.28	42.43	36.96	33.88
70330	Xray of the Jaw Bone, Both Sides	256.00	243.20	N/A	N/A	235.52	222.72	209.92	81.92	81.92	70.53	61.44	56.32
70360	XRAY NECK, SOFT TISSUE	221.75	210.66	N/A	N/A	204.01	192.92	181.84	70.96	70.96	61.09	53.22	48.79
70370	PHARYNX OR LARYNX INCLUDES FLOUROSCOPY	477.00	453.15	N/A	N/A	438.84	414.99	391.14	152.64	152.64	131.41	114.48	104.94

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70460	CT HEAD OR BRAIN WITH CONTRAST	2,136.25	2,029.44	N/A	N/A	1965.35	1858.54	1751.73	683.60	683.60	588.54	512.70	469.98
70470	CT HEAD OR BRAIN W/WO CONTRAST	1,988.28	1,888.87	N/A	N/A	1829.22	1729.80	1630.39	636.25	636.25	547.77	477.19	437.42
70480	CT ORBIT SELLA/POST FOSS W/O CONTRAST	1,103.38	1,048.21	N/A	N/A	1015.11	959.94	904.77	353.08	353.08	303.98	264.81	242.74
70481	CT ORBIT SELLA/POST FOSS W CONTRAST	2,365.00	2,246.75	N/A	N/A	2175.80	2057.55	1939.30	756.80	756.80	651.56	567.60	520.30
70482	CT ORB SELLA POST FOSS W/WO CONTRACT	1,191.00	1,131.45	N/A	N/A	1095.72	1036.17	976.62	381.12	381.12	328.12	285.84	262.02
70486	CT MAXILLOFACIAL AREA W/O CONTRAST	1,136.29	1,079.48	N/A	N/A	1045.39	988.57	931.76	363.61	363.61	313.05	272.71	249.98
70487	CT MAXILLOFACIAL AREA W/CONTRAST	1,981.86	1,882.77	N/A	N/A	1823.31	1724.22	1625.13	634.20	634.20	546.00	475.65	436.01
70488	CT MAXILLOFACIAL W/WO CONTRAST	1,632.00	1,550.40	N/A	N/A	1501.44	1419.84	1338.24	522.24	522.24	449.62	391.68	359.04
70490	CT SOFT TISSUE NECK W/O CONTRAST	1,306.00	1,240.70	N/A	N/A	1201.52	1136.22	1070.92	417.92	417.92	359.80	313.44	287.32
70491	CT SOFT TISSUE NECK W/CONTRAST	1,764.57	1,676.34	N/A	N/A	1623.40	1535.18	1446.95	564.66	564.66	486.14	423.50	388.21
70492	CT SOFT TISSUE NECK W/WO CONTRAST	2,042.00	1,939.90	N/A	N/A	1878.64	1776.54	1674.44	653.44	653.44	562.57	490.08	449.24
71045	X-RAY EXAM CHEST, SINGLE VIEW	121.00	114.95	N/A	N/A	111.32	105.27	99.22	38.72	38.72	33.34	29.04	26.62
71046	X-RAY EXAM CHEST 2 VIEWS	174.00	165.30	N/A	N/A	160.08	151.38	142.68	55.68	55.68	47.94	41.76	38.28
71047	X-RAY EXAM CHEST 3 VIEWS	210.00	199.50	N/A	N/A	193.20	182.70	172.20	67.20	67.20	57.86	50.40	46.20
71100	RIBS UNILATERAL 2 VIEWS	181.00	171.95	N/A	N/A	166.52	157.47	148.42	57.92	57.92	49.87	43.44	39.82
71101	XRAY RIBS BIL INC PA CHEST 3 V	305.85	290.56	N/A	N/A	281.38	266.09	250.80	97.87	97.87	84.26	73.40	67.29
71110	XRAY RIBS BILATERAL 3 VIEWS	393.33	373.66	N/A	N/A	361.86	342.20	322.53	125.87	125.87	108.36	94.40	86.53
71111	XRAY RIBS BILATERAL INCLUDING PA CHEST MIN 4	374.11	355.40	N/A	N/A	344.18	325.48	306.77	119.72	119.72	103.07	89.79	82.30
71120	Xray STERNUM MIN 2 VIEWS	180.00	171.00	N/A	N/A	165.60	156.60	147.60	57.60	57.60	49.59	43.20	39.60

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71130	Xray STERNOCLAVICULAR JOINTS MIN 3	166.00	157.70	N/A	N/A	152.72	144.42	136.12	53.12	53.12	45.73	39.84	36.52
71250	CT THORAX W/O CONTRAST	1,378.00	1,309.10	N/A	N/A	1267.76	1198.86	1129.96	440.96	440.96	379.64	330.72	303.16
71260	CT THORAX WITH CONTRAST	1,704.00	1,618.80	N/A	N/A	1567.68	1482.48	1397.28	545.28	545.28	469.45	408.96	374.88
71270	CT THORAX W/WO CONTRAST	2,155.43	2,047.66	N/A	N/A	1983.00	1875.22	1767.45	689.74	689.74	593.82	517.30	474.19
72040	XRAY CERVICAL SPINE 2 OR 3 VIEWS	287.94	273.54	N/A	N/A	264.90	250.51	236.11	92.14	92.14	79.33	69.11	63.35
72050	XRAY CERVICAL SPINE 4 OR 5 VIEWS	370.98	352.43	N/A	N/A	341.30	322.75	304.20	118.71	118.71	102.20	89.04	81.62
72052	XRAY CERVICAL SPINE 6 OR > VIEWS	389.79	370.30	N/A	N/A	358.61	339.12	319.63	124.73	124.73	107.39	93.55	85.75
72070	XRAY SPINE THORACIC 2 VIEWS	331.96	315.36	N/A	N/A	305.40	288.81	272.21	106.23	106.23	91.45	79.67	73.03
72072	XRAY THORACIC SPINE 3 VIEWS	300.36	285.34	N/A	N/A	276.33	261.31	246.30	96.12	96.12	82.75	72.09	66.08
72074	Xray THORACIC Spine 4 views	238.00	226.10	N/A	N/A	218.96	207.06	195.16	76.16	76.16	65.57	57.12	52.36
72020	CT SPINE ERECT	251.11	238.55	N/A	N/A	231.02	218.47	205.91	80.36	80.36	69.18	60.27	55.24
72081	XRAY TOTAL SPINE INCLUDING SKULL 1 VIEW	236.00	224.20	N/A	N/A	217.12	205.32	193.52	75.52	75.52	65.02	56.64	51.92
72082	XRAY TOTAL SPINE INCLUDING SKULL 2 OR 3VIEWS	271.00	257.45	N/A	N/A	249.32	235.77	222.22	86.72	86.72	74.66	65.04	59.62
72100	XRAY SPINE LUMBOSACRAL 2-3 VIEWS	315.56	299.78	N/A	N/A	290.32	274.54	258.76	100.98	100.98	86.94	75.73	69.42
72125	CT CERVICAL SPINE W/O CONTRAST	1,297.21	1,232.35	N/A	N/A	1193.43	1128.57	1063.71	415.11	415.11	357.38	311.33	285.39
72126	CT CERVICAL SPINE W/ CONTRAST	1,791.33	1,701.76	N/A	N/A	1648.02	1558.46	1468.89	573.23	573.23	493.51	429.92	394.09
72127	CT CERVICAL SPINE W/WO CONTRAST	2,123.00	2,016.85	N/A	N/A	1953.16	1847.01	1740.86	679.36	679.36	584.89	509.52	467.06
72128	CT THORACIC SPINE W/O CONTRAST	1,378.00	1,309.10	N/A	N/A	1267.76	1198.86	1129.96	440.96	440.96	379.64	330.72	303.16
72129	CT THORACIC SPINE W/ CONTRAST	2,404.00	2,283.80	N/A	N/A	2211.68	2091.48	1971.28	769.28	769.28	662.30	576.96	528.88



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72130	CT THORACIC SPINE W/O CONTRAST	2,137.00	2,030.15	N/A	N/A	1966.04	1859.19	1752.34	683.84	683.84	588.74	512.88	470.14
72131	CT LUMBAR SPINE W/O CONTRAST	1,375.00	1,306.25	N/A	N/A	1265.00	1196.25	1127.50	440.00	440.00	378.81	330.00	302.50
72132	CT LUMBAR SPINE W/ CONTRAST	1,860.88	1,767.84	N/A	N/A	1712.01	1618.97	1525.92	595.48	595.48	512.67	446.61	409.39
72133	CT LUMBAR SPINE W/WO CONTRAST	2,121.00	2,014.95	N/A	N/A	1951.32	1845.27	1739.22	678.72	678.72	584.34	509.04	466.62
72170	XRAY PELVIS 1 OR 2 VIEWS	251.35	238.78	N/A	N/A	231.24	218.67	206.11	80.43	80.43	69.25	60.32	55.30
72192	CT PELVIS W/O CONTRAST	1,269.28	1,205.82	N/A	N/A	1167.74	1104.27	1040.81	406.17	406.17	349.69	304.63	279.24
72194	CT PELVIS W/WO CONTRAST	2,040.00	1,938.00	N/A	N/A	1876.80	1774.80	1672.80	652.80	652.80	562.02	489.60	448.80
72200	XRAY SACROILIAC JOINTS LESS THAN 3	173.00	164.35	N/A	N/A	159.16	150.51	141.86	55.36	55.36	47.66	41.52	38.06
72220	XRAY SAC/COCCYX MIN 2 VIEWS	268.06	254.66	N/A	N/A	246.62	233.21	219.81	85.78	85.78	73.85	64.33	58.97
73000	XRAY RIGHT CLAVICLE COMPLETE	232.33	220.71	N/A	N/A	213.74	202.13	190.51	74.35	74.35	64.01	55.76	51.11
73000	XRAY LEFT CLAVICLE COMPLETE	232.33	220.71	N/A	N/A	213.74	202.13	190.51	74.35	74.35	64.01	55.76	51.11
73010	XRAY RIGHT SCAPULA COMPLETE	228.33	216.91	N/A	N/A	210.06	198.65	187.23	73.07	73.07	62.90	54.80	50.23
73010	XRAY, LEFT SCAPULA, COMPLETE	228.33	216.91	N/A	N/A	210.06	198.65	187.23	73.07	73.07	62.90	54.80	50.23
73020	RIGHT SHOULDER ONE VIEW	312.33	296.71	N/A	N/A	287.34	271.73	256.11	99.95	99.95	86.05	74.96	68.71
73020	LEFT SHOULDER ONE VIEW	312.33	296.71	N/A	N/A	287.34	271.73	256.11	99.95	99.95	86.05	74.96	68.71
73030	XRAY RIGHT SHOULDER COMPLETE MIN 2 VIEWS	244.85	232.61	N/A	N/A	225.26	213.02	200.78	78.35	78.35	67.46	58.76	53.87
73030	XRAY LEFT SHOULDER COMPLETE MIN 2 VIEWS	244.85	232.61	N/A	N/A	225.26	213.02	200.78	78.35	78.35	67.46	58.76	53.87
73050	ACROMIOCLAVICULAR JOINTS BILATERAL	214.00	203.30	N/A	N/A	196.88	186.18	175.48	68.48	68.48	58.96	51.36	47.08
73060	XRAY RIGHT HUMERUS MIN 2 VIEWS	234.66	222.93	N/A	N/A	215.89	204.15	192.42	75.09	75.09	64.65	56.32	51.63

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73060	XRAY LEFT HUMERUS MIN 2 VIEWS	234.66	222.93	N/A	N/A	215.89	204.15	192.42	75.09	75.09	64.65	56.32	51.63
73070	XRAY, RIGHT ELBOW 2 VIEWS	222.00	210.90	N/A	N/A	204.24	193.14	182.04	71.04	71.04	61.16	53.28	48.84
73070	XRAY LEFT ELBOW ANTERIOR AND LATERSL 2 VIEWS	222.00	210.90	N/A	N/A	204.24	193.14	182.04	71.04	71.04	61.16	53.28	48.84
73080	XRAY RIGHT ELBOW COMPLETE MIN 3 VIEWS	233.64	221.96	N/A	N/A	214.95	203.27	191.58	74.76	74.76	64.37	56.07	51.40
73080	XRAY LEFT ELBOW COMPLETE MIN 3 VIEWS	233.64	221.96	N/A	N/A	214.95	203.27	191.58	74.76	74.76	64.37	56.07	51.40
73090	XRAY RIGHT FOREARM 2 VIEWS	235.21	223.45	N/A	N/A	216.39	204.63	192.87	75.27	75.27	64.80	56.45	51.75
73090	XRAY LEFT FOREARM, 2 VIEWS	235.21	223.45	N/A	N/A	216.39	204.63	192.87	75.27	75.27	64.80	56.45	51.75
73092	XRAY RIGHT UPPER EXTREMITY INFANT MIN 2 VIEWS	165.00	156.75	N/A	N/A	151.80	143.55	135.30	52.80	52.80	45.46	39.60	36.30
73092	XRAY LEFT UPPER EXTREMITY INFANT MIN 2 VIEWS	165.00	156.75	N/A	N/A	151.80	143.55	135.30	52.80	52.80	45.46	39.60	36.30
73100	XRAY RIGHT WRIST, 2 VIEWS	236.88	225.04	N/A	N/A	217.93	206.09	194.24	75.80	75.80	65.26	56.85	52.11
73100	XRAY LEFT WRIST, 2 VIEWS	236.88	225.04	N/A	N/A	217.93	206.09	194.24	75.80	75.80	65.26	56.85	52.11
73110	XRAY RIGHT WRIST COMPLETE MIN 3 VIEWS	227.77	216.38	N/A	N/A	209.55	198.16	186.77	72.89	72.89	62.75	54.66	50.11
73110	XRAY LEFT WRIST COMPLETE MIN 3 VIEWS	227.77	216.38	N/A	N/A	209.55	198.16	186.77	72.89	72.89	62.75	54.66	50.11
73120	XRAY RIGHT HAND 2 VIEWS	256.08	243.28	N/A	N/A	235.59	222.79	209.99	81.95	81.95	70.55	61.46	56.34
73120	XRAY LEFT HAND 2 VIEWS	256.08	243.28	N/A	N/A	235.59	222.79	209.99	81.95	81.95	70.55	61.46	56.34
73130	XRAY RIGHT HAND MIN 3 VIEWS	230.87	219.33	N/A	N/A	212.40	200.86	189.31	73.88	73.88	63.60	55.41	50.79
73130	XRAY LEFT HAND MIN 3 VIEWS	230.87	219.33	N/A	N/A	212.40	200.86	189.31	73.88	73.88	63.60	55.41	50.79
73140	XRAY RIGHT FINGER(S) 2 VIEWS	225.62	214.34	N/A	N/A	207.57	196.29	185.01	72.20	72.20	62.16	54.15	49.64
73140	XRAY LEFT FINGER(S) 2 VIEWS	225.62	214.34	N/A	N/A	207.57	196.29	185.01	72.20	72.20	62.16	54.15	49.64

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73200	CT UPPER EXTREMITY W/O CONTRAST	1,317.00	1,251.15	N/A	N/A	1211.64	1145.79	1079.94	421.44	421.44	362.83	316.08	289.74
73201	CT UPPER EXTREMITY W/ CONTRAST	2,050.00	1,947.50	N/A	N/A	1886.00	1783.50	1681.00	656.00	656.00	564.78	492.00	451.00
73202	CT, UPPER EXTREMITY W/WO CONTRAST	2,171.00	2,062.45	N/A	N/A	1997.32	1888.77	1780.22	694.72	694.72	598.11	521.04	477.62
73501	XRAY, RIGHT HIP W/PELVIS ONE SIDE 1 VIEW	204.80	194.56	N/A	N/A	188.42	178.18	167.94	65.54	65.54	56.42	49.15	45.06
73501	XRAY, LEFT HIP W/PELVIS ONE SIDE 1 VIEW	204.80	194.56	N/A	N/A	188.42	178.18	167.94	65.54	65.54	56.42	49.15	45.06
73502	XRAY, RIGHT HIP ONE SIDE 2-3 VIEWS	240.11	228.10	N/A	N/A	220.90	208.90	196.89	76.84	76.84	66.15	57.63	52.82
73502	XRAY LEFT HIP ONE SIDE 2-3 VIEWS	240.11	228.10	N/A	N/A	220.90	208.90	196.89	76.84	76.84	66.15	57.63	52.82
73521	XRAY HIPS W/PELVIS BOTH SIDES 2 VIEWS	368.84	350.40	N/A	N/A	339.33	320.89	302.45	118.03	118.03	101.62	88.52	81.14
73522	X-RAY EXAM HIPS BOTH SIDES 3-4 VIEWS	364.31	346.09	N/A	N/A	335.17	316.95	298.73	116.58	116.58	100.37	87.43	80.15
73523	X-RAY EXAM HIPS BOTH SIDES 5 OR MORE VIEWS	373.11	354.45	N/A	N/A	343.26	324.61	305.95	119.40	119.40	102.79	89.55	82.08
73551	XRAY RIGHT FEMUR ANTERIOR & LATERAL 2 VIEWS	169.00	160.55	N/A	N/A	155.48	147.03	138.58	54.08	54.08	46.56	40.56	37.18
73551	X-RAY EXAM OF FEMUR 1 VIEW	169.00	160.55	N/A	N/A	155.48	147.03	138.58	54.08	54.08	46.56	40.56	37.18
73552	X-RAY, FEMUR, MINIMUM 2 VIEWS	241.12	229.06	N/A	N/A	221.83	209.77	197.72	77.16	77.16	66.43	57.87	53.05
73560	XRAY RIGHT KNEE 1 OR 2 VIEWS	239.65	227.67	N/A	N/A	220.48	208.50	196.51	76.69	76.69	66.02	57.52	52.72
73560	XRAY LEFT KNEE 1 OR 2 VIEWS	239.65	227.67	N/A	N/A	220.48	208.50	196.51	76.69	76.69	66.02	57.52	52.72
73562	XRAY, RIGHT KNEE 3 VIEWS	269.07	255.62	N/A	N/A	247.54	234.09	220.64	86.10	86.10	74.13	64.58	59.20
73562	XRAY, LEFT KNEE, 3 VIEWS	269.07	255.62	N/A	N/A	247.54	234.09	220.64	86.10	86.10	74.13	64.58	59.20
73564	XRAY RIGHT KNEE COMPLETE 4 OR > VIEWS	320.91	304.86	N/A	N/A	295.24	279.19	263.15	102.69	102.69	88.41	77.02	70.60
73565	XRAY KNEES, BOTH, STANDING	277.43	263.56	N/A	N/A	255.24	241.36	227.49	88.78	88.78	76.43	66.58	61.03

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73564	XRAY LEFT KNEE COMPLETE 4 OR > VIEWS	320.91	304.86	N/A	N/A	295.24	279.19	263.15	102.69	102.69	88.41	77.02	70.60
73590	XRAY RIGHT TIBIA/FIBULA, 2 VIEWS	230.82	219.28	N/A	N/A	212.35	200.81	189.27	73.86	73.86	63.59	55.40	50.78
73590	XRAY LEFT TIBIA & FIBULA 2 VIEWS	230.82	219.28	N/A	N/A	212.35	200.81	189.27	73.86	73.86	63.59	55.40	50.78
73592	XRAY RIGHT LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	169.00	160.55	N/A	N/A	155.48	147.03	138.58	54.08	54.08	46.56	40.56	37.18
73592	XRAY LEFT LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	169.00	160.55	N/A	N/A	155.48	147.03	138.58	54.08	54.08	46.56	40.56	37.18
73600	XRAY, ANKLE, 2 VIEWS, RIGHT	270.92	257.37	N/A	N/A	249.25	235.70	222.15	86.69	86.69	74.64	65.02	59.60
73600	XRAY, ANKLE, 2 VIEWS, LEFT	270.92	257.37	N/A	N/A	249.25	235.70	222.15	86.69	86.69	74.64	65.02	59.60
73610	XRAY RIGHT ANKLE MINIMUM 3 VIEWS	235.31	223.54	N/A	N/A	216.49	204.72	192.95	75.30	75.30	64.83	56.47	51.77
73610	XRAY LEFT ANKLE MINIMUM 3 VIEWS	235.31	223.54	N/A	N/A	216.49	204.72	192.95	75.30	75.30	64.83	56.47	51.77
73620	XRAY RIGHT FOOT ANTERIOR & LATERAL 2 VIEWS	233.52	221.84	N/A	N/A	214.84	203.16	191.49	74.73	74.73	64.33	56.04	51.37
73620	XRAY LEFT FOOT, 2 VIEWS	233.52	221.84	N/A	N/A	214.84	203.16	191.49	74.73	74.73	64.33	56.04	51.37
73630	XRAY RIGHT FOOT COMPLETE MINIMUM 3 VIEWS	233.67	221.99	N/A	N/A	214.98	203.29	191.61	74.77	74.77	64.38	56.08	51.41
73630	XRAY LEFT FOOT COMPLETE, MINIMUM 3 VIEWS	233.67	221.99	N/A	N/A	214.98	203.29	191.61	74.77	74.77	64.38	56.08	51.41
73650	XRAY RIGHT CALCANEUS (HEEL) MINIMUM 2 VIEWS	256.50	243.68	N/A	N/A	235.98	223.16	210.33	82.08	82.08	70.67	61.56	56.43
73650	XRAY LEFT CALCANEUS (HEEL) MINIMUM 2 VIEWS	256.50	243.68	N/A	N/A	235.98	223.16	210.33	82.08	82.08	70.67	61.56	56.43
73660	XRAY RIGHT TOE(S) MINIMUM 2 VIEWS	197.13	187.27	N/A	N/A	181.36	171.50	161.65	63.08	63.08	54.31	47.31	43.37
73660	XRAY LEFT TOE(S) MINIMUM 2 VIEWS	197.13	187.27	N/A	N/A	181.36	171.50	161.65	63.08	63.08	54.31	47.31	43.37
73700	CT LOWER EXTREMITY W/O CONTRAST	1,320.00	1,254.00	N/A	N/A	1214.40	1148.40	1082.40	422.40	422.40	363.66	316.80	290.40
73701	CT LOWER EXTREMITY W/ CONTRAST	1,640.00	1,558.00	N/A	N/A	1508.80	1426.80	1344.80	524.80	524.80	451.82	393.60	360.80

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73702	CT LOWER EXTREM W & W/O CONTRAST	2,154.00	2,046.30	N/A	N/A	1981.68	1873.98	1766.28	689.28	689.28	593.43	516.96	473.88
74018	X-RAY EXAM ABDOMEN 1 VIEW	123.00	116.85	N/A	N/A	113.16	107.01	100.86	39.36	39.36	33.89	29.52	27.06
74019	X-RAY EXAM ABDOMEN 2 VIEWS	194.00	184.30	N/A	N/A	178.48	168.78	159.08	62.08	62.08	53.45	46.56	42.68
74022	COMPLETE ACUTE ABDOMEN SERIES SINGLE VIEW CHEST	368.89	350.45	N/A	N/A	339.38	320.93	302.49	118.04	118.04	101.63	88.53	81.16
74150	CT ABDOMEN W/O CONTRAST	1,372.06	1,303.46	N/A	N/A	1262.30	1193.69	1125.09	439.06	439.06	378.00	329.29	301.85
74160	CT ABDOMEN W/ CONTRAST	1,808.00	1,717.60	N/A	N/A	1663.36	1572.96	1482.56	578.56	578.56	498.10	433.92	397.76
74170	CT ABDOMEN W/WO CONTRAST	2,122.50	2,016.38	N/A	N/A	1952.70	1846.58	1740.45	679.20	679.20	584.75	509.40	466.95
74176	CT ABD & PELVIS, W/O CONTRAST	2,135.42	2,028.65	N/A	N/A	1964.59	1857.82	1751.04	683.33	683.33	588.31	512.50	469.79
74178	CT ABDOMEN AND PELVIS W&W/O CONTRAST	3,224.89	3,063.65	N/A	N/A	2966.90	2805.65	2644.41	1031.96	1031.96	888.46	773.97	709.48
74210	XRAY PHARYNX AND/OR ESOPHAGUS CONTRAST STUDY	141.08	134.03	N/A	N/A	129.79	122.74	115.69	45.15	45.15	38.87	33.86	31.04
74220	XRAY ESOPHAGUS	144.18	136.97	N/A	N/A	132.65	125.44	118.23	46.14	46.14	39.72	34.60	31.72
74221	XRAY ESOPHAGUS AND CHEST/DOUBLE CONTRAST STUDY	160.40	152.38	N/A	N/A	147.57	139.55	131.53	51.33	51.33	44.19	38.50	35.29
74230	ESOPHAGUS SWALLLOW FUNCTION WITH CONTRAST	223.80	212.61	N/A	N/A	205.90	194.71	183.52	71.62	71.62	61.66	53.71	49.24
74240	UPPER GI INCLUDING ABDOMEN W CONTRAST STUDY	173.55	164.87	N/A	N/A	159.67	150.99	142.31	55.54	55.54	47.81	41.65	38.18
74246	UPPER GI AND ABDOMEN DOUBLE CONTRAST AND GLUCAGON	753.00	715.35	N/A	N/A	692.76	655.11	617.46	240.96	240.96	207.45	180.72	165.66
74248	XRAY SMALL INTESTESTINE FOLLOW THRU STUDY	102.85	97.71	N/A	N/A	94.62	89.48	84.34	32.91	32.91	28.34	24.68	22.63
74250	XRAY SMALL INTESTINE ABDOMEN MULTIPLE SERIAL IMAGES W CONTRAST	174.33	165.61	N/A	N/A	160.38	151.67	142.95	55.79	55.79	48.03	41.84	38.35
74251	XRAY SMALL INTESTINE ABDOMEN DOUBLE CONTRAST AND GLUCAGON	390.83	371.29	N/A	N/A	359.56	340.02	320.48	125.07	125.07	107.67	93.80	85.98
74270	XRAY COLON AND SCOUT ABDOMEN WITH SGL CONTRAST STUDY	222.28	211.17	N/A	N/A	204.50	193.38	182.27	71.13	71.13	61.24	53.35	48.90

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74280	XRAY COLON AND ABDOMEN WITH DOUBLE CONTRAST AND GLUCAGON	915.67	869.89	N/A	N/A	842.42	796.63	750.85	293.01	293.01	252.27	219.76	201.45
74283	THERAPEUTIC ENEMA WITH CONTRAST OR AIR FOR OBSTRUCTION	283.78	269.59	N/A	N/A	261.08	246.89	232.70	90.81	90.81	78.18	68.11	62.43
74290	CHOLECYSTOGRAPHY (GALL BLADDER) ORAL CONTRAST	416.00	395.20	N/A	N/A	382.72	361.92	341.12	133.12	133.12	114.61	99.84	91.52
74400	UROGRAPHY (BLADDER URETERS AND KIDNEYS) IV W/WO KUB W/WO TOMOGRAPHY	1,426.00	1,354.70	N/A	N/A	1311.92	1240.62	1169.32	456.32	456.32	392.86	342.24	313.72
74420	UROGRAPHY (BLADDER URETERS AND KIDNEYS) RETROGRADE W/WO KUB	1,019.39	968.42	N/A	N/A	937.84	886.87	835.90	326.20	326.20	280.84	244.65	224.27
74430	CYSTOGRAPHY (BLADDER) MIN 3 VIEWS	935.50	888.73	N/A	N/A	860.66	813.89	767.11	299.36	299.36	257.73	224.52	205.81
75820	VENOGRAPHY EXTREMITY ONE SIDE	1,875.67	1,781.89	N/A	N/A	1725.62	1631.83	1538.05	600.21	600.21	516.75	450.16	412.65
75822	VENOGRAPHY EXTREMITY BOTH SIDES	2,563.00	2,434.85	N/A	N/A	2357.96	2229.81	2101.66	820.16	820.16	706.11	615.12	563.86
77078	Bone Density Study	227.00	215.65	N/A	N/A	208.84	197.49	186.14	72.64	72.64	62.54	54.48	49.94
76536	Ultrasound of Soft Tissue of Head and Neck	604.00	573.80	N/A	N/A	555.68	525.48	495.28	193.28	193.28	166.40	144.96	132.88
76641	Ultrasound BREAST ONE SIDE INCLUDING AXILLA COMPLETE	560.00	532.00	N/A	N/A	515.20	487.20	459.20	179.20	179.20	154.28	134.40	123.20
76642	Ultrasound BREAST ONE SIDE INCLUDING AXILLA LIMITED	430.00	408.50	N/A	N/A	395.60	374.10	352.60	137.60	137.60	118.47	103.20	94.60
76705	Ultrasound ABDOMEN, LIMITED	571.52	542.94	N/A	N/A	525.80	497.22	468.65	182.89	182.89	157.45	137.16	125.73
76706	Ultrasound, ABDOMEN AORTA SCREEN FOR ABDOMINAL AORTIC ANEURYSM	571.52	542.94	N/A	N/A	525.80	497.22	468.65	182.89	182.89	157.45	137.16	125.73
76770	ULTRASOUND RETROPERITONEAL COMPLETE	586.09	556.79	N/A	N/A	539.20	509.90	480.59	187.55	187.55	161.47	140.66	128.94
76775	ULTRASOUND RETROPERITONEAL LIMITED	558.90	530.96	N/A	N/A	514.19	486.24	458.30	178.85	178.85	153.98	134.14	122.96
76815	US PREGNANT UTERUS	440.00	418.00	N/A	N/A	404.80	382.80	360.80	140.80	140.80	121.22	105.60	96.80
76817	US, PREGNANT UTERUS, TRANSVAGINAL	603.00	572.85	N/A	N/A	554.76	524.61	494.46	192.96	192.96	166.13	144.72	132.66

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76819	FETAL BIOPHYSICAL PROFILE W/O NONSTRESS	466.00	442.70	N/A	N/A	428.72	405.42	382.12	149.12	149.12	128.38	111.84	102.52
76856	ULTRASOUND, PELVIC (NON-OBSTRIC) COMPLETE	582.79	553.65	N/A	N/A	536.17	507.03	477.89	186.49	186.49	160.56	139.87	128.21
76870	ULTRASOUND SCROTUM AND CONTENTS	562.13	534.02	N/A	N/A	517.16	489.05	460.95	179.88	179.88	154.87	134.91	123.67
76881	ULTRASOUND, COMPLETE JOINT	963.33	915.16	N/A	N/A	886.26	838.10	789.93	308.27	308.27	265.40	231.20	211.93
76882	ULTRASOUND, LIMITED JOINT/SOFT MUSCLE	436.96	415.11	N/A	N/A	402.00	380.16	358.31	139.83	139.83	120.38	104.87	96.13
76999	UNLISTED SONOGRAM	345.00	327.75	N/A	N/A	317.40	300.15	282.90	110.40	110.40	95.05	82.80	75.90
77078	CT BONE MINERAL DENSITY STUDY OF HIP/SPINE/PELVIS	171.23	162.67	N/A	N/A	157.53	148.97	140.41	54.79	54.79	47.17	41.10	37.67
70480	CT SCAN EAR W/O CONTRAST	1,103.38	1,048.21	N/A	N/A	1015.11	959.94	904.77	353.08	353.08	303.98	264.81	242.74
93970	DUPLEX SCAN, EXTREM VEINS BOTH SIDES	939.00	892.05	N/A	N/A	863.88	816.93	769.98	300.48	300.48	258.69	225.36	206.58
93971	DUPLEX SCAN, EXTREM VEINS ONE SIDE	652.55	619.92	N/A	N/A	600.35	567.72	535.09	208.82	208.82	179.78	156.61	143.56
84480	THYROID PANEL TSH	132.31	125.69	N/A	N/A	121.73	115.11	108.49	42.34	42.34	36.45	31.75	29.11
86735	MUMPS LAB TEST	45.68	43.40	N/A	N/A	42.03	39.74	37.46	14.62	14.62	12.58	10.96	10.05
86762	RUBELLA (GERMAN MEASLES) Lab Test	50.37	47.85	N/A	N/A	46.34	43.82	41.30	16.12	16.12	13.88	12.09	11.08
86765	RUBEOLA (MEASLES) Lab Test	45.08	42.83	N/A	N/A	41.47	39.22	36.97	14.43	14.43	12.42	10.82	9.92
86701	HIV1	115.00	109.25	N/A	N/A	105.80	100.05	94.30	36.80	36.80	31.68	27.60	25.30
86703	HIV1 AND HIV2 SINGLE RESULT	115.00	109.25	N/A	N/A	105.80	100.05	94.30	36.80	36.80	31.68	27.60	25.30
87491	CHLAMYDIA/GC	178.14	169.23	N/A	N/A	163.89	154.98	146.07	57.00	57.00	49.08	42.75	39.19
86141	C-REACTIVE PROTEIN HI SENSITIVITY	119.18	113.22	N/A	N/A	109.65	103.69	97.73	38.14	38.14	32.83	28.60	26.22
86140	C-REATIVE PROTIEIN	66.29	62.98	N/A	N/A	60.99	57.67	54.36	21.21	21.21	18.26	15.91	14.58

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P9041	INFUSION, ALBUMIN(HUMAN) 5%, 5	478.00	454.10	N/A	N/A	439.76	415.86	391.96	152.96	152.96	131.69	114.72	105.16
36415	VENIPUNCTURE, VENOUS BLOOD	23.71	22.52	N/A	N/A	21.81	20.63	19.44	7.59	7.59	6.53	5.69	5.22
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENT	833.44	791.77	N/A	N/A	766.76	725.09	683.42	266.70	266.70	229.61	200.03	183.36
87624	HPV	164.94	156.69	N/A	N/A	151.74	143.50	135.25	52.78	52.78	45.44	39.59	36.29
G0480	DRUG TEST, 1-7 CLASSES	286.08	271.78	N/A	N/A	263.19	248.89	234.59	91.55	91.55	78.82	68.66	62.94
G2023	SPECIMEN COLLECTION COVID-19	82.11	78.00	N/A	N/A	75.54	71.44	67.33	26.28	26.28	22.62	19.71	18.06
G2024	SPECIMEN COLLECTION SNF/LAB COVID19	89.11	84.65	N/A	N/A	81.98	77.53	73.07	28.52	28.52	24.55	21.39	19.60
86361	Helper T-Lymph CD4	93.73	89.04	N/A	N/A	86.23	81.55	76.86	29.99	29.99	25.82	22.50	20.62
87536	HIV Quantitative, Reverse Transcription Lab	464.13	440.92	N/A	N/A	427.00	403.79	380.59	148.52	148.52	127.87	111.39	102.11
87522	HEPATITIS C	414.27	393.56	N/A	N/A	381.13	360.41	339.70	132.57	132.57	114.13	99.42	91.14
82784	IMMUNOGLOBULIN G	92.70	88.07	N/A	N/A	85.28	80.65	76.01	29.66	29.66	25.54	22.25	20.39
82542	ANAFRANIL	239.00	227.05	N/A	N/A	219.88	207.93	195.98	76.48	76.48	65.84	57.36	52.58
80177	LEVETIRACETAM	150.00	142.50	N/A	N/A	138.00	130.50	123.00	48.00	48.00	41.33	36.00	33.00
82784	IMMUNOGLOBULIN M	92.70	88.07	N/A	N/A	85.28	80.65	76.01	29.66	29.66	25.54	22.25	20.39
U0001	COV RT-PCR DIAGNOSTIC PANEL	125.96	119.66	N/A	N/A	115.88	109.59	103.29	40.31	40.31	34.70	30.23	27.71
96372	THERAPEUTIC OR PROPYLACTIC DIAGNOSTIC INJECTION	95.62	90.84	N/A	N/A	87.97	83.19	78.41	30.60	30.60	26.34	22.95	21.04
93005	ELECTROCARDIOGRAM TRACING ONLY	159.92	151.92	N/A	N/A	147.13	139.13	131.13	51.17	51.17	44.06	38.38	35.18
84484	TROPONIN QUANTITATIVE	139.65	132.67	N/A	N/A	128.48	121.50	114.51	44.69	44.69	38.47	33.52	30.72
83735	MAGNESIUM	74.64	70.91	N/A	N/A	68.67	64.94	61.20	23.88	23.88	20.56	17.91	16.42



**Welch Community Hospital**  
**Shoppable Services and Payer Report**  
**January 1, 2021**

87804	INFLUENZA, IMMUNO, DIR OBSERV	98.70	93.77	N/A	N/A	90.80	85.87	80.93	31.58	31.58	27.19	23.69	21.71
87635	SARS-COV-2 COVID19 AMP PROBE	179.59	170.61	N/A	N/A	165.22	156.24	147.26	57.47	57.47	49.48	43.10	39.51
83690	LIPASE	76.71	72.87	N/A	N/A	70.57	66.74	62.90	24.55	24.55	21.13	18.41	16.88
87430	STREPTOCOCCUS, GROUP A	115.71	109.92	N/A	N/A	106.45	100.67	94.88	37.03	37.03	31.88	27.77	25.46