Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							Contracted but Rates are set by Government:					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
SURGICAL SVC 70 CMS																			
SERVICE NOT OFFERED	19120	Removal of 1 or more breast growth, open procedure	SERVICE NOT OFFERED																
SERVICE NOT PERFORMED	29826	SHOULDER ARTHROSCOPY	SERVICE NOT PERFORMED																
OP PROCEDURE	29881	**ARTHROSCOPY KNEE W/MENISECTOMY**																	
	29880	OPERATING ROOM	2374																
	29882	RECOVERY ROOM'	475																
		HOSPITAL ANCILLARY	493																
		ANESTHESIA	719																
		PRO FEE CRNA	1771																
		SURGEON FEE	1111																
		TOTAL	6943	5,554	6,429	6,783	6,783	6,429	6,754	6,742	6,582	6,769	6,783	4,249	1,986	1,548	5,367	4,277	5,450
SERVICE NOT OFFERED	42820	TONSILECTOMY AND ADENOIDECTOMY	SERVICE NOT OFFERED																
OP PROC FAC FEE	43235	UPPER GASTROINTESTINAL ENDOSCOPY																	
		OPERATING ROOM	2095																
		RECOVERY ROOM'	394																
		HOSPITAL ANCILLARY	21																
		ANESTHESIA	719																
		PRO FEE CRNA	612																
		SURGEON FEE SEPARATELY BILLED																	
		TOTAL	3841	3,073	3,557	3,753	3,753	3,557	3,737	3,730	3,641	3,745	3,753	2,351	1,099	857	2,969	2,366	3,015
OP PROC FAC FEE	43239	**ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH BIOPSY**																	
		OPERATING ROOM	2095																
		RECOVERY ROOM'	394																
		HOSPITAL ANCILLARY	73																
		ANESTHESIA	719																
		PRO FEE CRNA	527																
		SURGEON FEE SEPARATELY BILLED																	
		PATHOLOGY AND PRO FEE PATH	673																
		TOTAL	4481	3,585	4,149	4,378	4,378	4,149	4,359	4,351	4,248	4,369	4,378	2,742	1,282	999	3,464	2,760	3,518
OP PROC FAC FEE	45378	**COLONOSCOPY SCREENING**																	
	G0121	OPERATING ROOM	1919																
		RECOVERY ROOM	394																
		HOSPITAL ANCILLARY	54																
		ANESHESIA	675																
		PRO FEE CRNA	474																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	3516	2,813	3,256	3,435	3,435	3,256	3,420	3,414	3,333	3,428	3,435	2,152	1,006	784	2,718	2,166	2,760
OP PROC FAC FEE	45380	**COLONOSCOPY WITH BIOPSY**																	
		OPERATING ROOM	2095																
		RECOVERY ROOM	394																
		HOSPITAL ANCILLARY	293																
		ANESTHESIA	675																
		PRO FEE CRNA	493																
		PATHOLOGY FAC AND PRO FEE	398																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	4348	3,478	4,026	4,248	4,248	4,026	4,230	4,222	4,122	4,239	4,248	2,661	1,244	970	3,361	2,678	3,413
OP PROC FAC FEE	45385	**COLONOSCOPY WITH POLYP REMOVAL**																	
		OPERATING ROOM	2095																
		RECOVERY ROOM	394																
		HOSPITAL ANCILLARY	293																
		ANESTHESIA	675																
		PRO FEE CRNA	493																
		PATHOLOGY FAC AND PRO FEE	398																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	4348	3,478	4,026	4,248	4,248	4,026	4,230	4,222	4,122	4,239	4,248	2,661	1,244	970	3,361	2,678	3,413
SERVICE NOT OFFERED	45391	ULTRASOUND OF LARGE BOWEL	SERVICE NOT OFFERED																
OP PROC FAC FEE	47562	**LAPAROSCOPIC CHOLECYSTECTOMY**																	
		OPERATING ROOM	3830																
		RECOVERY ROOM	542																

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
		HOSPITAL ANCILLARY	2929																
		ANESTHESIA	777																
		PRO FEE CRNA	949																
		PATHOLOGY FAC AND PRO FEE	179																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	9206	7,365	8,525	8,994	8,994	8,525	8,956	8,939	8,727	8,976	8,994	5,634	2,633	2,053	7,116	5,671	7,227
OP PROC FAC FEE	49505	**REPAIR OF INGUINAL HERNIA AGE 5 AND UP**																	
		OPERATING ROOM	3640																
		RECOVERY ROOM	553																
		HOSPITAL ANCILLARY	3139																
		ANESTHESIA	675																
		PRO FEE CRNA	609																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	8616	6,893	7,978	8,418	8,418	7,978	8,382	8,366	8,168	8,401	8,418	5,273	2,464	1,921	6,660	5,307	6,764
SERVICE NOT OFFERED	55700	BIOPSY OF PROSTATE GLAND	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	55866	SURGICAL REMOVAL OF PROSTATE GLAND	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	64483	INJECTION OF ANESTHETIC/STERIOID DRUG INTO SPINE	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	SERVICE NOT OFFERED																
OP PROC FAC FEE	66984	**CATARACT SURGERY**																	
		OPERATING ROOM	3334																
		RECOVERY ROOM	394																
		HOSPITAL ANCILLARY	1523																
		ANESTHESIA	719																
		PRO FEE CRNA	592																
		SURGEON FEE IS CHARGED SEPARATELY																	
		TOTAL	6562	5,250	6,076	6,411	6,411	6,076	6,384	6,372	6,221	6,398	6,411	4,016	1,877	1,463	5,072	4,042	5,151
SERVICE NOT OFFERED	93452	LEFT HEART CATHETERIZATION	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	95810	SLEEP STUDY	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	62322-62323	Injection of Substance Into Spinal Canal of Lower Back	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	DRG 216	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROC	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	DRG 460	SPINAL FUSION EXCEPT CERVICAL	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	DRG 473	CERVICAL SPINAL FUSION	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	DRG 743	UTERINE AND ADNEXA PROCEDURES	SERVICE NOT OFFERED																
Inpatient Services	DRG 470, HCPCS 27130	**Total Hip Replacement**																	
		ROOM BOARD 1067 PER DAY X2	2134																
		OPERATING ROOM	4424																
		RECOVERY ROOM	475																
		ANESTHESIA	1337																
		CRNA PRO FEE	1749																
		IMPLANT SUPPLIES	10991																
		HOSPITAL ANCILLARY	6192																
		SURGEON PRO FEE	2943																
		TOTAL	30245	24,196	29,368	29,549	29,549	29,368	29,422	29,368	29,549	29,489	29,549	18,510	8,650	6,745	35,205	18,631	85,714
Inpatient Services	DRG 470, HCPCS 27447	**Total Knee Replacement**																	
INPATIENT SERVICES	DRG 470	MAJOR JOINT REPLACEMENT OR REATTCHMENT OF LOWER EXTREMITY																	
		ROOM BOARD 1067 PER DAY X2	2134																
		OPERATING ROOM	5679																
		RECOVERY ROOM	475																
		ANESTHESIA	1941																
		CRNA PRO FEE	2694																
		IMPLANT SUPPLIES	9494																
		HOSPITAL ANCILLARY	10534																
		SURGEON PRO FEE	3208																
		TOTAL	36159	28,927	35,110	35,327	35,327	35,110	35,175	35,110	35,327	35,255	35,327	22,129	10,341	8,063	42,089	22,274	102,475
LABORATORY CMS 70																			
5301263	80048	BASIC METABOLIC PANEL	104	83	96	102	102	96	101	101	99	101	102	64	30	23	80	64	82
5301503	80053	COMPREHENSIVE METABOLIC PANEL	182	146	169	178	178	169	177	177	173	177	178	111	52	41	141	112	143

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:								**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial		Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)		HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
SVC NOT OFFERED	80055	OB PANEL	SVC NOT OFFERED																	
5302493	80061	LIPID PANEL	143	114	132	140	140	132	139	139	136	139	140		88	41	32	111	88	112
5302568	80069	RENAL PROFILE	161	129	149	157	157	149	157	156	153	157	157		99	46	36	124	99	126
5301859	80076	HEPATIC FUNCTION	150	120	139	147	147	139	146	146	142	146	147		92	43	33	116	92	118
5302105	84443	TSH3	135	108	125	132	132	125	131	131	128	132	132		83	39	30	104	83	106
5302360	85025	.CBC W/ AUTO DIFF	71	57	66	69	69	66	69	69	67	69	69		43	20	16	55	44	56
5301016	85027	.CBC	63	50	58	62	62	58	61	61	60	61	62		39	18	14	49	39	49
5301115	85610	PROTHROMBIN	51	41	47	50	50	47	50	50	48	50	50		31	15	11	39	31	40
5301123	85730	ACTIVATED PTT	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5301883	81000 or 81001	Urinalysis Using Microscope	32	26	30	31	31	30	31	31	30	31	31		20	9	7	25	20	25
5301893	81002 or 81003	Urinalysis, Automated	5	4	5	5	5	5	5	5	5	5	5		3	1	1	4	3	4
5301941	84153 or 84154	PSA (Prostate Specific Antigens)	111	89	103	108	108	103	108	108	105	108	108		68	32	25	86	68	87
LABORATORY					-	-	-	-	-	-	-	-	-		-	-	-	-	-	-
5300420	86769	SARS COV 2 IgG ANTIBODY	95	76	88	93	93	88	92	92	90	93	93		58	27	21	73	59	75
5300062	87804	INFLUENZA A AG	31	25	29	30	30	29	30	30	29	30	30		19	9	7	24	19	24
5300063	87804	INFLUENZA B AG	31	25	29	30	30	29	30	30	29	30	30		19	9	7	24	19	24
5302261	36415	.BLOOD DRAWING FEE	6	5	6	6	6	6	6	6	6	6	6		4	2	1	5	4	5
5301180	80051	ELECTROLYTES	98	78	91	96	96	91	95	95	93	96	96		60	28	22	76	60	77
5304158	80074	HEPATITIS ACUTE PANEL W/REFLEX	390	312	361	381	381	361	379	379	370	380	381		239	112	87	301	240	306
5301636	80162	DIGOXIN	109	87	101	106	106	101	106	106	103	106	106		67	31	24	84	67	86
5302162	80164	VALPROIC ACID (DEPAKOTE)	132	106	122	129	129	122	128	128	125	129	129		81	38	29	102	81	104
5300128	80171	GABAPENTIN, (NEURONTIN)	105	84	97	103	103	97	102	102	100	102	103		64	30	23	81	65	82
5300088	80175	LAMOTRIGINE	140	112	130	137	137	130	136	136	133	137	137		86	40	31	108	86	110
5302219	80197	TACROLIMUS	115	92	106	112	112	106	112	112	109	112	112		70	33	26	89	71	90
5300060	80202	VANCOMYCIN PEAK	103	82	95	101	101	95	100	100	98	100	101		63	29	23	80	63	81
5300125	80305	URINE DRUG SCREEN	98	78	91	96	96	91	95	95	93	96	96		60	28	22	76	60	77
5300336	81003	PH URINE(SO)	9	7	8	9	9	8	9	9	9	9	9		6	3	2	7	6	7
5309225	81025	PREGNANCY TEST URINE QUAL	41	33	38	40	40	38	40	40	39	40	40		25	12	9	32	25	32
5302535	82040	ALBUMIN SERUM	49	39	45	48	48	45	48	48	46	48	48		30	14	11	38	30	38
5305432	82042	ALBUMIN BODY FLUID URINE	45	36	42	44	44	42	44	44	43	44	44		28	13	10	35	28	35
5304003	82140	AMMONIA	122	98	113	119	119	113	119	118	116	119	119		75	35	27	94	75	96
5301255	82150	AMYLASE SERUM	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5303005	82150	AMYLASE URINE	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5301271	82247	BILIRUBIN TOTAL	51	41	47	50	50	47	50	50	48	50	50		31	15	11	39	31	40
5302311	82248	BILIRUBIN DIRECT	46	37	43	45	45	43	45	45	44	45	45		28	13	10	36	28	36
5300010	82306	CALCIFEDIOL(25-OH VIT D-3)	132	106	122	129	129	122	128	128	125	129	129		81	38	29	102	81	104
5302012	82330	CALCIUM IONIZED	115	92	106	112	112	106	112	112	109	112	112		70	33	26	89	71	90
5303024	82375	CARBOXYHEMOGLOBIN	181	145	168	177	177	168	176	176	172	176	177		111	52	40	140	111	142
5301206	82378	CEA	159	127	147	155	155	147	155	154	151	155	155		97	45	35	123	98	125
5301339	82550	CPK TOTAL	67	54	62	65	65	62	65	65	64	65	65		41	19	15	52	41	53
5303512	82553	CKMB	120	96	111	117	117	111	117	117	114	117	117		73	34	27	93	74	94
5301321	82565	CREATININE SERUM	47	38	44	46	46	44	46	46	45	46	46		29	13	10	36	29	37
5300121	82570	RANDOM URINE CREATININE	49	39	45	48	48	45	48	48	46	48	48		30	14	11	38	30	38
5301297	82607	VITAMIN B12	86	69	80	84	84	80	84	84	82	84	84		53	25	19	66	53	68
5303064	82670	ESTRADIOL	277	222	257	271	271	257	269	269	263	270	271		170	79	62	214	171	217
5302295	82728	FERRITIN	104	83	96	102	102	96	101	101	99	101	102		64	30	23	80	64	82
5301727	82746	FOLATE SERUM	78	62	72	76	76	72	76	76	74	76	76		48	22	17	60	48	61
5301354	82947	GLUCOSE	40	32	37	39	39	37	39	39	38	39	39		24	11	9	31	25	31
5302451	82977	GGTP	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5300007	83003	GROWTH HORMONE	141	113	131	138	138	131	137	137	134	137	138		86	40	31	109	87	111
5301230	83036	HEMOGLOBIN A1C	62	50	57	61	61	57	60	60	59	60	61		38	18	14	48	38	49
5301685	83540	IRON	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5301677	83550	IRON & TIBC	63	50	58	62	62	58	61	61	60	61	62		39	18	14	49	39	49
5301388	83615	LDH	61	49	56	60	60	56	59	59	58	59	60		37	17	14	47	38	48
5301966	83655	LEAD	104	83	96	102	102	96	101	101	99	101	102		64	30	23	80	64	82
5301602	83690	LIPASE	63	50	58	62	62	58	61	61	60	61	62		39	18	14	49	39	49
5305478	83721	LDL DIRECT	77	62	71	75	75	71	75	75	73	75	75		47	22	17	60	47	60
5301669	83735	MAGNESIUM	56	45	52	55	55	52	54	54	53	55	55		34	16	12	43	34	44
5300124	83880	BNP,QUANT	186	149	172	182	182	172	181	181	176	181	182		114	53	41	144	115	146

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
5301396	84075	ALK PHOSP	51	41	47	50	50	47	50	50	48	50	50	31	15	11	39	31	40
5301594	84100	PHOSPHORUS	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5301453	84132	POTASSIUM	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5303118	84134	PREALBUMIN	129	103	119	126	126	119	125	125	122	126	126	79	37	29	100	79	101
5303121	84146	PROLACTIN	171	137	158	167	167	158	166	166	162	167	167	105	49	38	132	105	134
5302115	84155	PROTEIN TOTAL	49	39	45	48	48	45	48	48	46	48	48	30	14	11	38	30	38
5301412	84156	PROTEIN TOTAL, URINE RAND	43	34	40	42	42	40	42	42	41	42	42	26	12	10	33	26	34
5301446	84295	SODIUM SERUM	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5302063	84403	TESTOSTERONE TOTAL	155	124	144	151	151	144	151	151	147	151	151	95	44	35	120	95	122
5300179	84425	VITAMIN B1 (THIAMINE)	287	230	266	280	280	266	279	279	272	280	280	176	82	64	222	177	225
5301370	84439	THYROXINE FREE T4 (SO)	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
5301461	84450	AST/SGOT	49	39	45	48	48	45	48	48	46	48	48	30	14	11	38	30	38
5301479	84460	ALT/SGPT	49	39	45	48	48	45	48	48	46	48	48	30	14	11	38	30	38
5302147	84466	TRANSFERRIN	115	92	106	112	112	106	112	112	109	112	112	70	33	26	89	71	90
5301552	84478	TRIGLYCERIDES	49	39	45	48	48	45	48	48	46	48	48	30	14	11	38	30	38
5302246	84479	T3 UPTAKE	55	44	51	54	54	51	54	53	52	54	54	34	16	12	43	34	43
5302238	84480	T3 TOTAL, RIA	95	76	88	93	93	88	92	92	90	93	93	58	27	21	73	59	75
5302048	84481	T3 FREE	166	133	154	162	162	154	161	161	157	162	162	102	47	37	128	102	130
5301097	84482	T3 REVERSE	106	85	98	104	104	98	103	103	100	103	104	65	30	24	82	65	83
5303146	84484	TROPONIN I (QUANT)	141	113	131	138	138	131	137	137	134	137	138	86	40	31	109	87	111
5301487	84520	BUN	43	34	40	42	42	40	42	42	41	42	42	26	12	10	33	26	34
5301495	84550	URIC ACID BLOOD	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5303016	84702	BHCG QUANTITATIVE	131	105	121	128	128	121	127	127	124	128	128	80	37	29	101	81	103
5300376	84999	TESTOSTERONE, TOTAL, FREE, & BIOAVAIL	125	100	116	122	122	116	122	121	119	122	122	77	36	28	97	77	98
5301073	85002	BLEEDING TIME	45	36	42	44	44	42	44	44	43	44	44	28	13	10	35	28	35
5301042	85007	MANUAL DIFFERENTIAL	32	26	30	31	31	30	31	31	30	31	31	20	9	7	25	20	25
5301032	85014	HEMATOCRIT	33	26	31	32	32	31	32	32	31	32	32	20	9	7	26	20	26
5301024	85018	HEMOGLOBIN	32	26	30	31	31	30	31	31	30	31	31	20	9	7	25	20	25
5301156	85044	RETICULOCYTE COUNT	61	49	56	60	60	56	59	59	58	59	60	37	17	14	47	38	48
5301040	85048	WHITE COUNT(WBC)	39	31	36	38	38	36	38	38	37	38	38	24	11	9	30	24	31
5301131	85049	PLATELET COUNT	51	41	47	50	50	47	50	50	48	50	50	31	15	11	39	31	40
5301164	85651	SEDIMENTATION RT	47	38	44	46	46	44	46	46	45	46	46	29	13	10	36	29	37
5301123	85730	ACTIVATED PTT	61	49	56	60	60	56	59	59	58	59	60	37	17	14	47	38	48
5301452	86141	CRP (CARDIO) HS	111	89	103	108	108	103	108	108	105	108	108	68	32	25	86	68	87
5301792	86677	HELICOBACTER PYLORI AB IgG	211	169	195	206	206	195	205	205	200	206	206	129	60	47	163	130	166
5301008	86706	HEPATITIS B SURF AB QUAL/QUANT	90	72	83	88	88	83	88	87	85	88	88	55	26	20	70	55	71
5303012	86800	ANTI-THYROGLOBULIN AB	181	145	168	177	177	168	176	176	172	176	177	111	52	40	140	111	142
5303076	86803	HEPATITIS C AB	187	150	173	183	183	173	182	182	177	182	183	114	53	42	145	115	147
5302543	86850	BB ANTIBODY SCREEN	75	60	69	73	73	69	73	73	71	73	73	46	21	17	58	46	59
5302014	86900	BB ABO TYPING	41	33	38	40	40	38	40	40	39	40	40	25	12	9	32	25	32
5302154	87070	CULTURE THROAT	77	62	71	75	75	71	75	75	73	75	75	47	22	17	60	47	60
5301917	87088	CULTURE URINE	61	49	56	60	60	56	59	59	58	59	60	37	17	14	47	38	48
5300021	87077	CULTURE ID DEFINITIVE	53	42	49	52	52	49	52	51	50	52	52	32	15	12	41	33	42
5300153	87420	RSV Influenza A/B (PCR)	142	114	131	139	139	131	138	138	135	138	139	87	41	32	110	87	111
5300236	87480	CANDIDA DNA PROBE	66	53	61	64	64	61	64	64	63	64	64	40	19	15	51	41	52
5300040	87624	HPV W / GENOTYPE	315	252	292	308	308	292	306	306	299	307	308	193	90	70	243	194	247
5300426	8763S	SARS-COV-2 PCR (COVID-19)	148	118	137	145	145	137	144	144	140	144	145	91	42	33	114	91	116
5305471	87880	STREP SCREEN	31	25	29	30	30	29	30	30	29	30	30	19	9	7	24	19	24
5301560	80185	DILANTIN TOTAL	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
5305149	80186	DILANTIN FREE	116	93	107	113	113	107	113	113	110	113	113	71	33	26	90	71	91
5303148	80202	VANCOMYCIN	103	82	95	101	101	95	100	100	98	100	101	63	29	23	80	63	81
5301248	82009	ACETONE SERUM	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5302536	82043	MICROALBUMIN URINE	38	30	35	37	37	35	37	37	36	37	37	23	11	8	29	23	30
5300194	82139	AMINO ACIDS, URINE (QUANT)	214	171	198	209	209	198	208	208	203	209	209	131	61	48	165	132	168
5303222	82164	ACE	198	158	183	193	193	183	193	192	188	193	193	121	57	44	153	122	155
5300688	82180	VITAMIN C	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
5301909	82270	OCCULT BLOOD SCREEN	32	26	30	31	31	30	31	31	30	31	31	20	9	7	25	20	25
5301289	82310	CALCIUM	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36
5309226	82435	CHLORIDE	46	37	43	45	45	43	45	45	44	45	45	28	13	10	36	28	36

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
5301313	82465	CHOLESTEROL	49	39	45	48	48	45	48	48	46	48	48	30	14	11	38	30	38
5305543	82542	EPINEPHRINE	173	138	160	169	169	160	168	168	164	169	169	106	49	39	134	107	136
5301701	82552	CPK ISOENZYMES	114	91	106	111	111	106	111	111	108	111	111	70	33	25	88	70	89
5303050	82570	CREATININE URINE 24HR	67	54	62	65	65	62	65	65	64	65	65	41	19	15	52	41	53
5301347	82575	CREATININE CLEARANCE	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
5305557	82652	VIT D,1,25-DIHYDROXY	386	309	357	377	377	357	376	375	366	376	377	236	110	86	298	238	303
5301693	82747	FOLATE RBC	228	182	211	223	223	211	222	221	216	222	223	140	65	51	176	140	179
5300297	82803	ABG ANALYSIS	175	140	162	171	171	162	170	170	166	171	171	107	50	39	135	108	137
5303067	83001	FSH	160	128	148	156	156	148	156	155	152	156	156	98	46	36	124	99	126
5300052	83516	GLIADIN ANTIBODY IGA	107	86	99	105	105	99	104	104	101	104	105	65	31	24	83	66	84
5300053	83516	ELASTASE STOOL	171	137	158	167	167	158	166	166	162	167	167	105	49	38	132	105	134
5300090	83519	IA-2 ANTIBODY	382	306	354	373	373	354	372	371	362	372	373	234	109	85	295	235	300
5300095	83520	LIPOPROTEIN A	141	113	131	138	138	131	137	137	134	137	138	86	40	31	109	87	111
5300369	83520	THYROTROPIN RECEPTOR AB, SERUM	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
5305114	83520	IMMUNOASSAY RIA	111	89	103	108	108	103	108	108	105	108	108	68	32	25	86	68	87
5300008	83525	INSULIN SERUM	72	58	67	70	70	67	70	70	68	70	70	44	21	16	56	44	57
5300636	83605	LACTIC ACID	52	42	48	51	51	48	51	50	49	51	51	32	15	12	40	32	41
5300289	83655	LEAD URINE	30	24	28	29	29	28	29	29	28	29	29	18	9	7	23	18	24
5302279	83700	LIPOPROTEIN	121	97	112	118	118	112	118	117	115	118	118	74	35	27	94	75	95
5302258	83701	VAP CHOLESTEROL	124	99	115	121	121	115	121	120	118	121	121	76	35	28	96	76	97
5302303	83718	HDL	70	56	65	68	68	65	68	68	66	68	68	43	20	16	54	43	55
5300233	83735	MAGNESIUM, RBC	56	45	52	55	55	52	54	54	53	55	55	34	16	12	43	34	44
5301130	83789	CORTISONE 24 HOUR URINE	590	472	546	576	576	546	574	573	559	575	576	361	169	132	456	363	463
5300403	83885	NICKEL SERUM	71	57	66	69	69	66	69	69	67	69	69	43	20	16	55	44	56
5302015	84080	ALKALINE PHOSPHATASE ISOENZYMES	68	54	63	66	66	63	66	66	64	66	66	42	19	15	53	42	53
5304000	84105	PHOSPHORUS URINE	53	42	49	52	52	49	52	51	50	52	52	32	15	12	41	33	42
5300293	84132	POTASSIUM, RBC	116	93	107	113	113	107	113	113	110	113	113	71	33	26	90	71	91
5303117	84133	POTASSIUM RANDOM URINE	67	54	62	65	65	62	65	65	64	65	65	41	19	15	52	41	53
5300413	84252	VITAMIN B2 RIBOFLAVIN	107	86	99	105	105	99	104	104	101	104	105	65	31	24	83	66	84
5309240	84300	SODIUM 24 HR URINE	67	54	62	65	65	62	65	65	64	65	65	41	19	15	52	41	53
5302253	84436	T4 TOTAL (THYROXINE)	57	46	53	56	56	53	55	55	54	56	56	35	16	13	44	35	45
5302055	84439	T4 FREE	103	82	95	101	101	95	100	100	98	100	101	63	29	23	80	63	81
5305641	84445	THYROID STIM IMMUNOGLOBULIN	483	386	447	472	472	447	470	469	458	471	472	296	138	108	373	298	379
5300177	84446	VITAMIN E (TOCOPHEROL)	157	126	145	153	153	145	153	152	149	153	153	96	45	35	121	97	123
5300065	84560	URIC ACID FLUID	36	29	33	35	35	33	35	35	34	35	35	22	10	8	28	22	28
5305143	84590	VITAMIN A (RETINOL)	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
5300385	84591	VITAMIN B3 NIACIN (MISC)	146	117	135	143	143	135	142	142	138	142	143	89	42	33	113	90	115
5302215	84630	ZINC	156	125	144	152	152	144	152	151	148	152	152	95	45	35	121	96	122
5300006	84681	C-PEPTIDE	175	140	162	171	171	162	170	170	166	171	171	107	50	39	135	108	137
5301057	85041	RED COUNT	39	31	36	38	38	36	38	38	37	38	38	24	11	9	30	24	31
5301081	85345	CLOTTING TIME	45	36	42	44	44	42	44	44	43	44	44	28	13	10	35	28	35
5305416	85378	D-DIMER QUAL	97	78	90	95	95	90	94	94	92	95	95	59	28	22	75	60	76
5303564	85597	PLATELET NEUTRALIZATION	92	74	85	90	90	85	89	89	87	90	90	56	26	21	71	57	72
5303020	86300	CA 15-3	198	158	183	193	193	183	193	192	188	193	193	121	57	44	153	122	155
5303021	86300	CA-27.29	261	209	242	255	255	242	254	253	247	254	255	160	75	58	202	161	205
5304233	86301	CA 19-9	254	203	235	248	248	235	247	247	241	248	248	155	73	57	196	156	199
5301543	86304	CA 125	175	140	162	171	171	162	170	170	166	171	171	107	50	39	135	108	137
5302007	86316	CHROMOGRANIN A	213	170	197	208	208	197	207	207	202	208	208	130	61	47	165	131	167
5301132	87517	HEPATITIS B VIRAL DNA QUANT PCR	458	366	424	447	447	424	446	445	434	447	447	280	131	102	354	282	360
5300131	88300	SURG PATH LEVEL I GROSS	52	42	48	51	51	48	51	50	49	51	51	32	15	12	40	32	41
5300132	88302	SURG PATH LEVEL II G & M	129	103	119	126	126	119	125	125	122	126	126	79	37	29	100	79	101
5300133	88304	SURG PATH LEVEL III G & M	155	124	144	151	151	144	151	151	147	151	151	95	44	35	120	95	122
5300135	88305	SURG PATH LEVEL IV G & M	206	165	191	201	201	191	200	200	195	201	201	126	59	46	159	127	162
5300136	88307	SURG PATH LEVEL V G & M	310	248	287	303	303	287	302	301	294	302	303	190	89	69	240	191	243
5300137	88309	SURG PATH LEVEL VI G & M	516	413	478	504	504	478	502	501	489	503	504	316	148	115	399	318	405
DIAG IMAGIING CMS 70	***EPARATE FOR ALL DIAGNOSTIC IMAGING SERVICES***																		
5702288	70450	CT HEAD W/O CONT	1495	1,196	1,384	1,461	1,461	1,384	1,454	1,452	1,417	1,458	1,461	915	428	333	1,156	921	1,174
SVC NOT OFFERED	70550	MRI BRAIN	SERVICE NOT OFFERED																
6101405	72110	XR LS SP COMP MIN 4VWS	351	281	325	343	343	325	341	341	333	342	343	215	100	78	271	216	276

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
SVC NOT OFFERED	72148	MRI LUMBAR SPINE	SERVICE NOT OFFERED																
5702205	72193	CT PEL WIV/ORAL CON Q9967 (21.00)	2114	1,691	1,958	2,065	2,065	1,958	2,056	2,053	2,004	2,061	2,065	1,294	605	471	1,634	1,302	1,659
SVC NOT OFFERED	73721	MRI LOWER EXT	SERVICE NOT OFFERED																
5702308	74177	CT A/P IVCON ONLY Q9967 (21.00)	3243	2,594	3,003	3,168	3,168	3,003	3,155	3,149	3,074	3,162	3,168	1,985	927	723	2,507	1,998	2,546
7700086	76700	US ABD COMPLETE	889	711	823	869	869	823	865	863	843	867	869	544	254	198	687	548	698
SVC NOT OFFERED	76805	US PREG UT TA 2ND TRI	SERVICE NOT OFFERED																
7700268	76830	US PELVIS TV	690	552	639	674	674	639	671	670	654	673	674	422	197	154	533	425	542
6501055	77065	MM MAMMO UNI DIAGNOSTIC 3D + 77061	329	263	305	321	321	305	320	319	312	321	321	201	94	73	254	203	258
6501050	77066	MM MAMMO BIL DIAGNOSTIC 3D + 77062	421	337	390	411	411	390	410	409	399	410	411	258	120	94	325	259	330
6501045	77067	MM MAMMO BIL SCREEN 3D + 77063	358	286	332	350	350	332	348	348	339	349	350	219	102	80	277	221	281
DIAGNOSTIC IMAGING	***EPARATE FOR ALL DIAGNOSTIC IMAGING SERVICES***																		
6501060	77067 52	MM MAMMO UNI SCREEN 3D + 77063	295	236	273	288	288	273	287	286	280	288	288	181	84	66	228	182	232
6101489	73010	XR SCAPULA LT OR RT	173	138	160	169	169	160	168	168	164	169	169	106	49	39	134	107	136
6101491	73010	XR SCAPULA BILAT	345	276	319	337	337	319	336	335	327	336	337	211	99	77	267	213	271
6101497	73020	XR SHOULDER 1VW LT OR RT	132	106	122	129	129	122	128	128	125	129	129	81	38	29	102	81	104
6101086	73020	XR SHOULDER 1VW BILAT	269	215	249	263	263	249	262	261	255	262	263	165	77	60	208	166	211
6101504	73030	XR SHOULDER 2-4 VW LT OR RT	215	172	199	210	210	199	209	209	204	210	210	132	61	48	166	132	169
6101505	73030	XR SHOULDER 2-4 VW BILAT	425	340	394	415	415	394	413	413	403	414	415	260	122	95	329	262	334
6101512	73060	XR HUMERUS 2VWS LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101510	73060	XR HUMERUS 2VWS BILAT	406	325	376	397	397	376	395	394	385	396	397	248	116	91	314	250	319
6101520	73070	XR ELB AP&LAT LT OR RT	171	137	158	167	167	158	166	166	162	167	167	105	49	38	132	105	134
6101050	73070	XR ELB AP&LAT BILAT	344	275	319	336	336	319	335	334	326	335	336	211	98	77	266	212	270
6101538	73080	XR ELB COMPL LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101539	73080	XR ELB COMPL BILAT	406	325	376	397	397	376	395	394	385	396	397	248	116	91	314	250	319
6101548	73090	XR FOREARM 2VWS LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101546	73090	XR FOREARM 2VWS BILAT	406	325	376	397	397	376	395	394	385	396	397	248	116	91	314	250	319
6101560	73100	XR WRIST AP&LAT LT OR RT	171	137	158	167	167	158	166	166	162	167	167	105	49	38	132	105	134
6101562	73100	XR WRIST AP&LAT BILAT	342	274	317	334	334	317	333	332	324	333	334	209	98	76	264	211	268
6101579	73110	XR WRIST COMP LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101580	73110	XR WRIST COMP BILAT	407	326	377	398	398	377	396	395	386	397	398	249	116	91	315	251	319
6101587	73130	XR HAND 3VWS LT OR RT	198	158	183	193	193	183	193	192	188	193	193	121	57	44	153	122	155
6101588	73130	XR HAND 3VWS BILAT	345	276	319	337	337	319	336	335	327	336	337	211	99	77	267	213	271
5702270	73200	CT UPPEXT WO CON BILAT	1350	1,080	1,250	1,319	1,319	1,250	1,313	1,311	1,280	1,316	1,319	826	386	301	1,044	832	1,060
5702114	73201	CT UPP EXT W CON BILAT + Q9967 21.00	2114	1,691	1,958	2,065	2,065	1,958	2,056	2,053	2,004	2,061	2,065	1,294	605	471	1,634	1,302	1,659
6101992	73501	XR HIP 1 VW LT OR RT	153	122	142	149	149	142	149	149	145	149	149	94	44	34	118	94	120
6101660	73502	XR HIP COMP 2VWS LT OR RT	233	186	216	228	228	216	227	226	221	227	228	143	67	52	180	144	183
6101696	73552	XR FEMUR 2VWS LT OR RT	220	176	204	215	215	204	214	214	209	215	215	135	63	49	170	136	173
6101045	73552	XR FEMUR 2VWS BILAT	438	350	406	428	428	406	426	425	415	427	428	268	125	98	339	270	344
6101701	73560	XR KNEE 1-2 VWS LT OR RT	118	94	109	115	115	109	115	115	112	115	115	72	34	26	91	73	93
6101088	73560	XR KNEE 2 VWS BILAT	236	189	219	231	231	219	230	229	224	230	231	144	67	53	182	145	185
6103526	73562	XR KNEE 3 VWS LT OR RT	176	141	163	172	172	163	171	171	167	172	172	108	50	39	136	108	138
6101095	73562	XR KNEE 3 VWS BILAT	265	212	245	259	259	245	258	257	251	258	259	162	76	59	205	163	208
6101710	73564	XR KNEE 4-5 VW LT OR RT	211	169	195	206	206	195	205	205	200	206	206	129	60	47	163	130	166
6101711	73564	XR KNEE COMP BILAT	316	253	293	309	309	293	307	307	300	308	309	193	90	70	244	195	248
6101093	73565	XR KNEES BILATERAL STANDING	140	112	130	137	137	130	136	136	133	137	137	86	40	31	108	86	110
6101726	73590	XR TIB/FIB 2VWS LT OR RT	232	186	215	227	227	215	226	225	220	226	227	142	66	52	179	143	182
6101729	73590	XR TIB/FIB 2VWS BILAT	462	370	428	451	451	428	449	449	438	450	451	283	132	103	357	285	363
6101744	73600	XR ANKLE 2 VWS LT OR RT	171	137	158	167	167	158	166	166	162	167	167	105	49	38	132	105	134
6101742	73600	XR ANKLE 2 VWS BILAT	342	274	317	334	334	317	333	332	324	333	334	209	98	76	264	211	268
6101751	73610	XR ANKLE 3 VWS LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101745	73610	XR ANKLE 3 VWS BILAT	407	326	377	398	398	377	396	395	386	397	398	249	116	91	315	251	319
6101777	73630	XR FOOT COMP LT OR RT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
6101778	73630	XR FOOT COMP BILAT	407	326	377	398	398	377	396	395	386	397	398	249	116	91	315	251	319
5702113	73700	CT LOW EXT WO CON BILAT	1474	1,179	1,365	1,440	1,440	1,365	1,434	1,431	1,397	1,437	1,440	902	422	329	1,139	908	1,157
5702165	73701	CT LOW EXT W CON BIL + Q9967 22.00	1717	1,374	1,590	1,678	1,678	1,590	1,670	1,667	1,628	1,674	1,678	1,051	491	383	1,327	1,058	1,348
7700016	93926	US DUP LOW EXT ART LIM LT OR RT	356	285	330	348	348	330	346	346	337	347	348	218	102	79	275	219	279
5702296	70480	CT IAC/SELL WO CON	1350	1,080	1,250	1,319	1,319	1,250	1,313	1,311	1,280	1,316	1,319	826	386	301	1,044	832	1,060
5702353	70490	CT S.T.NECK WO CON	1350	1,080	1,250	1,319	1,319	1,250	1,313	1,311	1,280	1,316	1,319	826	386	301	1,044	832	1,060
6101231	71045	XR CHEST 1 VW	173	138	160	169	169	160	168	168	164	169	169	106	49	39	134	107	136

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
6101249	71046	XR CHEST 2 VWS	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
5702411	71250	CT CHEST WO CON	1518	1,214	1,406	1,483	1,483	1,406	1,477	1,474	1,439	1,480	1,483	929	434	339	1,173	935	1,192
5702254	71260	CT CHEST W CON + Q9967 22.00	2136	1,709	1,978	2,087	2,087	1,978	2,078	2,074	2,025	2,083	2,087	1,307	611	476	1,651	1,316	1,677
5702253	71275	CT CTA CHEST W/IV + Q9967 22.00	1944	1,555	1,800	1,899	1,899	1,800	1,891	1,888	1,843	1,895	1,899	1,190	556	434	1,503	1,198	1,526
6101348	72040	XR CERV SP 2 OR 3 VWS	159	127	147	155	155	147	155	154	151	155	155	97	45	35	123	98	125
6101355	72050	XR CERV SP 4 or 5 VWS	282	226	261	276	276	261	274	274	267	275	276	173	81	63	218	174	221
6101371	72070	XR T SPINE AP&LAT	293	234	271	286	286	271	285	285	278	286	286	179	84	65	226	180	230
6103325	72072	XR T SPINE 3VWS	346	277	320	338	338	320	337	336	328	337	338	212	99	77	267	213	272
6101397	72100	XR LS SP 2/3 VWS	238	190	220	233	233	220	232	231	226	232	233	146	68	53	184	147	187
5702387	72125	CT CERV SPINE WO CON	1516	1,213	1,404	1,481	1,481	1,404	1,475	1,472	1,437	1,478	1,481	928	434	338	1,172	934	1,190
5702403	72128	CT T SPINE WO CON	1350	1,080	1,250	1,319	1,319	1,250	1,313	1,311	1,280	1,316	1,319	826	386	301	1,044	832	1,060
6101421	72170	XR PELVIS AP	142	114	131	139	139	131	138	138	135	138	139	87	41	32	110	87	111
6101447	72190	XR PELVIS COMP	160	128	148	156	156	148	156	155	152	156	156	98	46	36	124	99	126
5702361	72192	CT PELVIS WO CON	1495	1,196	1,384	1,461	1,461	1,384	1,454	1,452	1,417	1,458	1,461	915	428	333	1,156	921	1,174
6101801	74018	XR ABD 1 VW	131	105	121	128	128	121	127	127	124	128	128	80	37	29	101	81	103
6101678	74019	XR ABD 2V FLAT/UPRIGHT	204	163	189	199	199	189	198	198	193	199	199	125	58	45	158	126	160
5703281	74176	CT A/P WO CON	2430	1,944	2,250	2,374	2,374	2,250	2,364	2,360	2,304	2,369	2,374	1,487	695	542	1,878	1,497	1,908
5703285	74178	CT A/P W W/O CON	4012	3,210	3,715	3,920	3,920	3,715	3,903	3,896	3,803	3,912	3,920	2,455	1,147	895	3,101	2,471	3,149
7700201	76856	US PELVIS TA COMP	816	653	756	797	797	756	794	792	774	796	797	499	233	182	631	503	641
7700193	93880	US CAROTID DOPPLER	943	754	873	921	921	873	917	916	894	919	921	577	270	210	729	581	740
7702155	76641	US BREAST LT OR RT COMPLETE	518	414	480	506	506	480	504	503	491	505	506	317	148	116	400	319	407
7700169	76536	US THYROID	651	521	603	636	636	603	633	632	617	635	636	398	186	145	503	401	511
7700277	76536	US S.T. FACE NECK LT OR RT	599	479	555	585	585	555	583	582	568	584	585	367	171	134	463	369	470
7700029	76705	US GALLBLADDER	664	531	615	649	649	615	646	645	629	647	649	406	190	148	513	409	521
7700045	76705	US PANCREAS	687	550	636	671	671	636	668	667	651	670	671	420	196	153	531	423	539
7700052	76705	US SPLEEN	687	550	636	671	671	636	668	667	651	670	671	420	196	153	531	423	539
7700061	76706	US AORTA SCREENING (MEDICARE ONLY)	618	494	572	604	604	572	601	600	586	603	604	378	177	138	478	381	485
7700037	76775	US KIDNEY	618	494	572	604	604	572	601	600	586	603	604	378	177	138	478	381	485
7700060	76775	US AORTA	618	494	572	604	604	572	601	600	586	603	604	378	177	138	478	381	485
7700290	76775	US RETROPERITON LIM	687	550	636	671	671	636	668	667	651	670	671	420	196	153	531	423	539
7700094	76870	US SCROTAL	715	572	662	699	699	662	696	694	678	697	699	438	204	159	553	440	561
7700227	76872	US PROSTATE	540	432	500	528	528	500	525	524	512	527	528	330	154	120	417	333	424
7701346	93306	US 2D ECHO COMP W CON	1767	1,414	1,636	1,726	1,726	1,636	1,719	1,716	1,675	1,723	1,726	1,081	505	394	1,366	1,088	1,387
7701347	93306	US 2D ECHO COMP	1673	1,338	1,549	1,635	1,635	1,549	1,627	1,624	1,586	1,631	1,635	1,024	478	373	1,293	1,031	1,313
7700018	93350	US STRESS ECHO	1359	1,087	1,258	1,328	1,328	1,258	1,322	1,320	1,288	1,325	1,328	832	389	303	1,051	837	1,067
7700243	93922	US ABI	298	238	276	291	291	276	290	289	283	291	291	182	85	66	230	184	234
6901001	78452	NM MYOCARDIAL PERF SPECT MULTI	2732																
6902010	A9500	SESTAMIBI REST	64																
6902015	A9500	SESTAMIBI UP TO 40 MCI	64																
7301200	93017	STRESS TEST TREADMILL	515																
	2785	LEXISCAN	451																
13301100	93016	STRESS TEST PRO SUPERVISION	42																
13301107	93018	STRESS TEST PRO INTERPRETATION & REPORT	27																
		TOTAL	**3895**	3,116	3,607	3,805	3,805	3,607	3,789	3,782	3,692	3,798	3,805	2,384	1,114	869	3,011	2,399	3,058
6901035	78306	NM BONE SCAN WHOLE BODY + A9503	**1418**	1,134	1,313	1,385	1,385	1,313	1,379	1,377	1,344	1,383	1,385	868	406	316	1,096	873	1,113
6901080	78227	NM HIDA WITH GBEF+J2805+A9537	**1751**	1,401	1,621	1,711	1,711	1,621	1,703	1,700	1,660	1,707	1,711	1,072	501	390	1,354	1,079	1,375
PHYSICIAN SVC CLINIC CMS 70																			
SERVICE NOT OFFERED	59400	ROUTINE OBSTETRIC CARE FOR VAG DELIVERY	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	59510	ROUTINE OBSTETRIC CARE FOR VAG DELIV FOLL C SECTION	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	59610	ROUTINE OB CARE FOR VAC DELIVERY PRE AND POST	SERVICE NOT OFFERED																
10090832	90832	PSYCHOTHERAPY 30 MIN - PHYSICIAN	112	90	64	82	77	73	82	80	81	64	76	51	58	53	91	73	70
11090832	90832	PSYCHOTHERAPY 30 MIN - SOCIAL WORKER	100	80	58	73	68	65	73	72	72	58	68	46	52	48	82	65	63
10090837	90837	PSYCHOTHERAPY 60 MIN - PHYSICIAN	225	180	129	164	154	146	164	161	162	129	153	103	117	107	184	147	141
11090837	90837	PSYCHOTHERAPY 60 MIN - SOCIAL WORKER	200	160	115	146	137	130	146	143	144	115	136	92	104	95	163	131	125
SERVICE NOT OFFERED	90846	Family psychotherapy, not including patient, 50 min	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	90847	Family psychotherapy, including patient, 50 min	SERVICE NOT OFFERED																

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
SERVICE NOT OFFERED	90853	Group Psychotherapy	SERVICE NOT OFFERED																
10093000	93000	EKG WITH INTERPRETATION AND REPORT	116	93	67	85	79	75	85	83	84	67	79	53	60	55	95	76	73
10099203	99203	OFFICE VISIT NEW MOD 99203	145	116	83	106	99	94	106	104	105	83	98	67	75	69	118	95	91
10099204	99204	OFFICE VISIT NEW MOD-HIGH 99204	213	170	122	156	146	138	156	152	154	122	145	98	111	102	174	139	133
10099205	99205	OFFICE VISIT NEW HIGH 99205	268	214	154	196	183	174	196	192	193	154	182	123	139	128	219	175	168
SERVICE NOT OFFERED	99243	PATIENT OFFICE CONSULTATION TYPICALLY 40 MIN	SERVICE NOT OFFERED																
SERVICE NOT OFFERED	99244	PATIENT OFFICE CONSULTATION TYPICALL 60 MIN	SERVICE NOT OFFERED																
10099385	99385	Initial new patient preventive medicine evaluation (18-39 years)	180	144	104	132	123	117	132	129	130	104	122	83	94	86	147	118	113
10099386	99386	Initial New Patient Preventative Evaluation, 40-64 years	203	162	117	148	139	132	148	145	147	117	138	93	106	97	166	133	127
PHYSICIAN SVC CLINICS																			
10099201	99201	OFFICE VISIT NEW LOW 99201	59	47	34	43	40	38	43	42	43	34	40	27	31	28	48	39	37
10099202	99202	OFFICE VISIT NEW LOW 99202	98	78	56	72	67	64	72	70	71	56	67	45	51	47	80	64	61
10099211	99211	OFFICE VISIT NURSE VISIT 99211	35	28	20	26	24	23	26	25	25	20	24	16	18	17	29	23	22
10099212	99212	OFFICE VISIT OR OP EST LOW 99212	60	48	35	44	41	39	44	43	43	35	41	28	31	29	49	39	38
10099213	99213	OFFICE VISIT OR OP EST MOD 99213	97	78	56	71	66	63	71	69	70	56	66	45	50	46	79	63	61
10099214	99214	OFFICE VISIT OR O/P EST MOD-HIGH 99214	140	112	81	102	96	91	102	100	101	81	95	64	73	67	114	92	88
10099215	99215	OFFICE VISIT OR O/P EST HIGH 99215	188	150	108	137	129	122	137	134	136	108	128	86	98	90	153	123	118
SENIOR LIFE SOLN CMS 70																			
3102376	90853	GROUP PSYCHOTHERAPY 1 SESSION	205	164	190	200	200	190	199	199	194	200	200	125	59	46	158	126	161
3102377	90853	GROUP PSYCHOTHERAPY 2 SESSIONS	410	328	380	401	401	380	399	398	389	400	401	251	117	91	317	253	322
3102378	90853	GROUP PSYCHOTHERAPY 3 SESSIONS	615	492	569	601	601	569	598	597	583	600	601	376	176	137	475	379	483
SENIOR LIFE SOLUTIONS																			
3102350	90832	INDIVIDUAL PSYCHOTHERAPY 16-37 MIN	235	188	218	230	230	218	229	228	223	229	230	144	67	52	182	145	184
3102355	90834	INDIVIDUAL PSYCHOTHERAPY 38-52 MIN	270	216	250	264	264	250	263	262	256	263	264	165	77	60	209	166	212
3102360	90837	INDIVIDUAL PSYCHOTHERAPY 53-67 MIN	285	228	264	278	278	264	277	277	270	278	278	174	82	64	220	176	224
PT OT THERAPY CMS 70																			
OP THERAPY	97110	PT THERAPEUTIC EXER UNIT	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
							-	-	-	-	-	-	-	-	-	-	-	-	-
PT OT THERAPY							-	-	-	-	-	-	-	-	-	-	-	-	-
8500146	97161	PT EVAL LOW COMPLEX	191	153	177	187	187	177	186	185	181	186	187	117	55	43	148	118	150
8500147	97162	PT EVAL MOD COMPLEX	223	178	206	218	218	206	217	217	211	217	218	136	64	50	172	137	175
8500148	97163	PE EVAL HIGH COMPLEX	255	204	236	249	249	236	248	248	242	249	249	156	73	57	197	157	200
8100018	97161	OT EVAL LOW COMPLEX	191	153	177	187	187	177	186	185	181	186	187	117	55	43	148	118	150
8100019	97162	OT EVAL MOD COMPLEX	223	178	206	218	218	206	217	217	211	217	218	136	64	50	172	137	175
8100020	97163	OT EVAL HIGH COMPLEX	255	204	236	249	249	236	248	248	242	249	249	156	73	57	197	157	200
8100282	97032	OT MUSCLE STIMULATION 1 UNIT	108	86	100	106	106	100	105	105	102	105	106	66	31	24	83	67	85
8500282	97032	PT ELECT STIMUL SUPERVISED I UNIT	108	86	100	106	106	100	105	105	102	105	106	66	31	24	83	67	85
8100399	97035	OT ULTRASOUND 15 MIN	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
8500399	97035	PT ULTRASOUND/PHONOPHORESIS 15 MIN	101	81	94	99	99	94	98	98	96	98	99	62	29	23	78	62	79
8102050	97110	OT THERAPEUTIC EXER 15 MIN	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
8500092	97110	PT THERAPEUTIC EXER 15 MIN	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
8102010	97112	OT NEUROMUSCULAR RE-ED 15 MIN	124	99	115	121	121	115	121	120	118	121	121	76	35	28	96	76	97
8500235	97112	PT NEUROMUSCULAR RE-ED 15 MIN	124	99	115	121	121	115	121	120	118	121	121	76	35	28	96	76	97
8500159	97116	PT GAIT TRAINING 15 MIN	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
8102000	97124	OT MASSAGE	102	82	94	100	100	94	99	99	97	99	100	62	29	23	79	63	80
8502000	97124	PT THERAPEUTIC MASSAGE 15 MIN	102	82	94	100	100	94	99	99	97	99	100	62	29	23	79	63	80
8102070	97140	OT MANUAL THER TECH 15 MIN	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
8500217	97140	PT MANUAL THERAPY TECH 15 MIN	112	90	104	109	109	104	109	109	106	109	109	69	32	25	87	69	88
8102084	97530	OT THERAPEUTIC ACT 15 MIN	96	77	89	94	94	89	93	93	91	94	94	59	27	21	74	59	75
8501010	97530	PT THERAPEUTIC ACT 15 MIN	96	77	89	94	94	89	93	93	91	94	94	59	27	21	74	59	75
8100033	97535	OT ADL 15 MIN	88	70	81	86	86	81	86	85	83	86	86	54	25	20	68	54	69
MEDICAL NUTRITIONAL THERAPY/DIABETIC EDUCATION																			

Harbor Beach Community Hospital, Inc.

Shoppable Item List, Revised 2/1/2022

							Negotiated Rates:							**Contracted but Rates are set by Government:**					
					Calc	Calc	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Commercial	Govt	Medicaid HMO	Medicaid HMO	Medicare Advantage	Medicare Advantage	Medicare Advantage
	Service ID	Service Description	Gross Charge	Cash Price*	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna Commercial	Blue Care Network Commercial	Blue Cross Blue Shield of Michigan Commercial	Health Alliance Plan - Commercial (includes ASR)	Priority - Commercial	United HealthCare - Commercial	Cofinity (PHSC, MultiPlan)	HealthCare - Veteran Affairs Community Care Program	Meridian - Medicaid HMO	United HealthCare Community Plan - Medicaid HMO	Blue Cross Blue Shield of Michigan - Medicare Advantage	HAP Medicare Advantage	Humana Medicare Advantage
1370009	97803	MEDICAL NUTR THERAPY 1ON1 SUBSEQ. 15MIN	38	30	35	37	37	35	37	37	36	37	37	23	11	8	29	23	30
1370010	97804	MEDICAL NUTR THERAPY GROUP 30 MIN	33	26	31	32	32	31	32	32	31	32	32	20	9	7	26	20	26
1370008	97802	MEDICAL NUTRITIONAL THERAPY 1ON1-15MIN	38	30	35	37	37	35	37	37	36	37	37	23	11	8	29	23	30
1370007	G0109	DIABETIC EDUCATION:GROUP MGMT 30MIN	33	26	31	32	32	31	32	32	31	32	32	20	9	7	26	20	26
1370006	G0108	DIABETIC EDUCATION:ONE ON ONE MGMT 30MIN	61	49	56	60	60	56	59	59	58	59	60	37	17	14	47	38	48
PULMONARY REHAB																			
4500140 4500130 4500021	94729 94726 94060	PFT BRONCHODILATOR(COMPLETE)	808	646	748	789	789	748	786	785	766	788	789	494	231	180	625	498	634
4509025	94618	PR PULMONARY STRESS TEST SIMPLE	173	138	160	169	169	160	168	168	164	169	169	106	49	39	134	107	136
4509030	94621	PR PULMONARY STRESS COMPLEX	314	251	291	307	307	291	305	305	298	306	307	192	90	70	243	193	246
4509065	G0237	PR RESPIRATORY CARE ONE ON ONE (PER 15)	68	54	63	66	66	63	66	66	64	66	66	42	19	15	53	42	53
4509066	G0238	PR RESPIRATORY ED ONE ON ONE (PER 15)	68	54	63	66	66	63	66	66	64	66	66	42	19	15	53	42	53
4509067	G0239	PR GROUP THERAPY	40	32	37	39	39	37	39	39	38	39	39	24	11	9	31	25	31
4509068	G0424	PR PULMONARY REHAB 01-36 SESSIONS/60 MIN	68	54	63	66	66	63	66	66	64	66	66	42	19	15	53	42	53
EMERGENCY ROOM		***FACILITY***																	
500014	99281	MINOR ER	191	153	177	187	187	177	186	185	181	186	187	117	55	43	148	118	150
500015	99282	ER LOW TO MODERATE	267	214	247	261	261	247	260	259	253	260	261	163	76	60	206	164	210
500016	99283	ER MODERATE SEVERITY	399	319	369	390	390	369	388	387	378	389	390	244	114	89	308	246	313
500017	99284	ER HIGH NO IMMEDIATE THREAT	575	460	532	562	562	532	559	558	545	561	562	352	164	128	444	354	451
500018	99285	ER HIGH IMMEDIATE THREAT	927	742	858	906	906	858	902	900	879	904	906	567	265	207	717	571	728
500019	99291	ER CRITICAL CARE	1342	1,074	1,243	1,311	1,311	1,243	1,305	1,303	1,272	1,308	1,311	821	384	299	1,037	827	1,053
500020	99292	ER CRITICAL CARE EACH ADDITIONAL 30 MIN	669	535	619	654	654	619	651	650	634	652	654	409	191	149	517	412	525
EMERGENCY ROOM		***PROFESSIONAL FEES***																	
13301015	99281	EMERGENCY DEPT VISIT MINOR PRO FEE	60	48	35	44	41	39	44	43	43	35	41	28	31	29	49	39	38
13301018	99282	EMERGENCY VISIT LOW TO MOD PRO FEE	75	60	43	55	51	49	55	54	54	43	51	34	39	36	61	49	47
13301021	99283	EMERGENCY VISIT MOD PRO FEE	112	90	64	82	77	73	82	80	81	64	76	51	58	53	91	73	70
13301025	99284	EMERGENCY VISIT HIGH PRO FEE	238	190	137	174	163	155	174	170	172	137	162	109	124	114	194	156	149
13301028	99285	EMERGENCY VISIT HIGH PRO	354	283	204	259	242	230	259	253	256	204	240	162	184	169	289	232	221
13301030	99291	EMERGENCY VISIT CRITICAL CARE PRO FEE	403	322	232	295	276	262	295	288	291	232	274	185	210	192	329	264	252
13301035	99292	CRITICAL CARE EACH ADDITIONAL 30 MIN PRO	202	162	116	148	138	131	148	144	146	116	137	93	105	96	165	132	126

Information shown are estimates. Actual charges and rates may vary.

***Cash Price: Uninsured patients who pay their bill within 28 days of the billing date are eligible for a 20% discount**

Financial assistance is available up to 200% of the federal poverty level using a sliding fee schedule.