

			*Medicare			**Managed Care		
Department Responsible for Providing the Service	Service Description	CPT Code	Medicare Allowed Amount	Payment by Medicare	Estimated Payment by Medicare Patient	Estimated Total Payment	Estimated Payment by Insurance Company	Estimated Payment by Insured Patient
Laboratory	Blood Drawing Fee	36415	\$ 3.00	\$ 2.40	\$ 0.60	\$ 11.32	\$ 9.05	\$ 2.26
Laboratory	CBC	85025	\$ 10.94	\$ 8.75	\$ 2.19	\$ 93.59	\$ 74.87	\$ 18.72
Laboratory	Chemistry Panel, Comprehensive	80053	\$ 14.87	\$ 11.90	\$ 2.97	\$ 160.31	\$ 128.25	\$ 32.06
Laboratory	Protime	85610	\$ 5.53	\$ 4.42	\$ 1.11	\$ 35.77	\$ 28.62	\$ 7.15
Laboratory	Chemistry Panel, Basic	80048	\$ 11.91	\$ 9.53	\$ 2.38	\$ 72.42	\$ 57.93	\$ 14.48
Laboratory	Lipid Panel	80061	\$ 18.85	\$ 15.08	\$ 3.77	\$ 106.87	\$ 85.50	\$ 21.37
Laboratory	Urinalysis	81001	\$ 4.45	\$ 3.56	\$ 0.89	\$ 41.03	\$ 32.82	\$ 8.21
Laboratory	TSH (Thyroid Test)	84443	\$ 23.64	\$ 18.91	\$ 4.73	\$ 118.19	\$ 94.55	\$ 23.64
Radiology	Routine Chest X-ray (2 views), Posterior and Lateral View.	71020	\$ 45.04	\$ 36.03	\$ 9.01	\$ 208.49	\$ 166.79	\$ 41.70
Physical Therapy	Physical Therapy - Therapeutic Exercise (45 minute duration)	97110	\$ 94.74	\$ 75.79	\$ 18.95	\$ 235.13	\$ 188.11	\$ 47.03
Laboratory	CRP, Sensitive	86140	\$ 7.28	\$ 5.82	\$ 1.46	\$ 53.58	\$ 42.87	\$ 10.72
Laboratory	Glycohemoglobin	83036	\$ 13.66	\$ 10.93	\$ 2.73	\$ 84.17	\$ 67.34	\$ 16.83
Laboratory	Urine Culture (Combine with Urine Culture, below)	87088	\$ 11.40	\$ 9.12	\$ 2.28	\$ 19.49	\$ 15.59	\$ 3.90
Laboratory	Urine Culture (Combine with Urine Culture, above)	87086	\$ 11.36	\$ 9.09	\$ 2.27	\$ 62.27	\$ 49.82	\$ 12.45
Laboratory	Free T-4	84439	\$ 12.69	\$ 10.15	\$ 2.54	\$ 107.31	\$ 85.85	\$ 21.46
Physical Therapy	Physical therapy - Therapeutic Exercise (30 minute duration)	97110	\$ 63.16	\$ 50.53	\$ 12.63	\$ 157.39	\$ 125.91	\$ 31.48
Laboratory	PTT	85730	\$ 8.45	\$ 6.76	\$ 1.69	\$ 50.44	\$ 40.35	\$ 10.09
CT Department	Computer Aided Detection Software - applied to all Digital Mammography Exams for Additional Lesion Detection (Combine with Digital Mammography Exam, below)	77052	\$ 11.91	\$ 9.53	\$ 2.38	\$ 37.96	\$ 30.37	\$ 7.59
Mammography	Digital Mammography Exam of Both Breasts for Annual Screening (Combine with Computer Aided Detection Software, above)	G0202	\$ 148.06	\$ 118.45	\$ 29.61	\$ 147.61	\$ 118.08	\$ 29.52
Laboratory	Sed Rate	85651	\$ 5.00	\$ 4.00	\$ 1.00	\$ 20.73	\$ 16.59	\$ 4.15
Laboratory	Vitamin D	82306	\$ 41.66	\$ 33.33	\$ 8.33	\$ 209.29	\$ 167.43	\$ 41.86
Physical Therapy	Physical Therapy - Therapeutic Exercise (15 minute duration)	97110	\$ 31.58	\$ 25.26	\$ 6.32	\$ 97.38	\$ 77.91	\$ 19.48
Radiology	Limited Chest X-ray (1 view) Anterior View Only	71010	\$ 45.04	\$ 36.03	\$ 9.01	\$ 198.63	\$ 158.91	\$ 39.73
Laboratory	Phosphorus	84100	\$ 6.67	\$ 5.34	\$ 1.33	\$ 24.31	\$ 19.45	\$ 4.86
Laboratory	Amylase	82150	\$ 9.12	\$ 7.30	\$ 1.82	\$ 55.33	\$ 44.27	\$ 11.07
Laboratory	Blood Type (Combine with Blood Type, below)	86901	\$ 3.85	\$ 3.08	\$ 0.77	\$ 38.47	\$ 30.78	\$ 7.69
Laboratory	Blood Type (Combine with Blood Type, above)	86900	\$ 3.85	\$ 3.08	\$ 0.77	\$ 34.82	\$ 27.86	\$ 6.96
Laboratory	BNP	83880	\$ 47.77	\$ 38.22	\$ 9.55	\$ 163.23	\$ 130.58	\$ 32.65

Laboratory	Lipase	83690	\$ 9.69	\$ 7.75	\$ 1.94	\$ 231.78	\$ 185.42	\$ 46.36
CT Department	CT Scan of the Head Without the Use of Contrast to Diagnose Headaches, Trauma or Possible Stroke	70450	\$ 193.85	\$ 155.08	\$ 38.77	\$ 710.44	\$ 568.35	\$ 142.09
Laboratory	Renal Panel	80069	\$ 12.22	\$ 9.78	\$ 2.44	\$ 121.62	\$ 97.29	\$ 24.32
Laboratory	STD Panel (Combine with STD Panel, below)	87591	\$ 49.39	\$ 39.51	\$ 9.88	\$ 172.28	\$ 137.82	\$ 34.46
Laboratory	STD Panel (Combine with STD Panel, above)	87491	\$ 49.39	\$ 39.51	\$ 9.88	\$ 172.28	\$ 137.82	\$ 34.46
Laboratory	Strep Test (Rapid)	87880	\$ 16.88	\$ 13.50	\$ 3.38	\$ 65.85	\$ 52.68	\$ 13.17
Laboratory	Uric Acid	84550	\$ 6.36	\$ 5.09	\$ 1.27	\$ 24.31	\$ 19.45	\$ 4.86
Laboratory	Potassium	84132	\$ 6.47	\$ 5.18	\$ 1.29	\$ 24.31	\$ 19.45	\$ 4.86
Physical Therapy	Physical Therapy - Manual Therapy (15 minute duration)	97140	\$ 29.76	\$ 23.81	\$ 5.95	\$ 68.91	\$ 55.13	\$ 13.78
Laboratory	PSA Screen	84153	\$ 25.89	\$ 20.71	\$ 5.18	\$ 128.55	\$ 102.84	\$ 25.71
Laboratory	Creatinine	82565	\$ 7.22	\$ 5.78	\$ 1.44	\$ 40.22	\$ 32.18	\$ 8.04
Laboratory	Liver Panel	80076	\$ 11.49	\$ 9.19	\$ 2.30	\$ 151.18	\$ 120.95	\$ 30.24
Laboratory	Vitamin B-12	82607	\$ 21.21	\$ 16.97	\$ 4.24	\$ 96.00	\$ 76.80	\$ 19.20
Laboratory	D-Dimer	85378	\$ 10.03	\$ 8.02	\$ 2.01	\$ 120.74	\$ 96.59	\$ 24.15
Physical Therapy	Physical Therapy - Initial Evaluation (30 minute Duration)	97001	\$ 76.98	\$ 61.58	\$ 15.40	\$ 142.79	\$ 114.23	\$ 28.56
Physical Therapy	Physical Therapy - Aquatic Therapeutic Exercise (45 minute duration)	97113	\$ 123.75	\$ 99.00	\$ 24.75	\$ 214.26	\$ 171.40	\$ 42.85
Laboratory	SGPT	84460	\$ 7.44	\$ 5.95	\$ 1.49	\$ 39.57	\$ 31.65	\$ 7.91
Laboratory	RPR	86592	\$ 6.01	\$ 4.81	\$ 1.20	\$ 36.57	\$ 29.26	\$ 7.31
Laboratory	Urine Microalbumin	82043	\$ 8.14	\$ 6.51	\$ 1.63	\$ 57.45	\$ 45.96	\$ 11.49
Ultrasound	Ultrasound Exam of the Liver, Pancreas, Inferior Vena Cava, Aorta, Both Kidneys, Gallbladder, Common Bile Duct and Spleen	76700	\$ 96.28	\$ 77.02	\$ 19.26	\$ 1,156.98	\$ 925.58	\$ 231.40
CT Department	CT Scan of the Pelvis With Contrast to Include Large and Small Intestines, Appendix, Uterus (females) and Prostate (Males)	72193	\$ 299.81	\$ 239.85	\$ 59.96	\$ 2,001.81	\$ 1,601.44	\$ 400.36
Occupational Therapy	Occupational Therapy - Manual Therapy (15 minute duration)	97140	\$ 29.76	\$ 23.81	\$ 5.95	\$ 61.17	\$ 48.94	\$ 12.23
Laboratory	HIV Test	86703	\$ 19.30	\$ 15.44	\$ 3.86	\$ 48.47	\$ 38.78	\$ 9.69
Laboratory	Sodium	84295	\$ 6.77	\$ 5.42	\$ 1.35	\$ 24.31	\$ 19.45	\$ 4.86
Laboratory	CK	82550	\$ 9.17	\$ 7.34	\$ 1.83	\$ 24.31	\$ 19.45	\$ 4.86
Radiology	Routine Abdomen (1 view) Anterior View Laying Down, to Include the Kidneys, Ureters and Bladder	74000	\$ 45.04	\$ 36.03	\$ 9.01	\$ 204.84	\$ 163.87	\$ 40.97
Laboratory	ANA	86039	\$ 15.71	\$ 12.57	\$ 3.14	\$ 184.84	\$ 147.87	\$ 36.97
Laboratory	Myoglobin	83874	\$ 18.17	\$ 14.54	\$ 3.63	\$ 35.33	\$ 28.27	\$ 7.07
CT Department	CT Scan of the Abdomen with Contrast to Include Liver, Spleen, Gallbladder, Pancreas, Kidneys, Inferior Vena Cava and Aorta	74160	\$ 299.81	\$ 239.85	\$ 59.96	\$ 2,005.31	\$ 1,604.25	\$ 401.06

Laboratory	Reticulocyte Count	85046	\$ 7.85	\$ 6.28	\$ 1.57	\$ 31.61	\$ 25.29	\$ 6.32
Laboratory	Salicylate	80196	\$ 9.98	\$ 7.98	\$ 2.00	\$ 33.22	\$ 26.57	\$ 6.64
Laboratory	Acetaminophen	82003	\$ 28.48	\$ 22.78	\$ 5.70	\$ 33.22	\$ 26.57	\$ 6.64
Laboratory	Ferritin Blood	82728	\$ 19.17	\$ 15.34	\$ 3.83	\$ 276.52	\$ 221.22	\$ 55.30
Ultrasound	Ultrasound Exam of the Uterus, Both Ovaries, Cervix and Lower Pelvic Regions	76856	\$ 96.28	\$ 77.02	\$ 19.26	\$ 713.87	\$ 571.09	\$ 142.77
Laboratory	Hepatitis B Test	87340	\$ 14.53	\$ 11.62	\$ 2.91	\$ 37.60	\$ 30.08	\$ 7.52
Ultrasound	Ultrasound Exam with a Vaginal probe Inserted, which Provides Magnified Views of the Uterus, Both Ovaries, Cervix and Lower Pelvic Regions	76830	\$ 96.28	\$ 77.02	\$ 19.26	\$ 332.30	\$ 265.84	\$ 66.46
Radiology	Abdomen (3 views) for Acute Pain or Surgery, Includes 1 View Posterior Chest X-ray, 1 view Anterior Abdomen x-ray laying down and 1 view of the Anterior Abdomen with the Patient Standing	74022	\$ 75.86	\$ 60.69	\$ 15.17	\$ 286.38	\$ 229.10	\$ 57.28
Occupational Therapy	Occupational Therapy - Initial Evaluation (30 minute duration)	97003	\$ 84.87	\$ 67.90	\$ 16.97	\$ 122.86	\$ 98.29	\$ 24.57
Nuclear Medicine	DEXA or Bone Densitometry Exam to Determine Bone Density Involving X-rays	77080	\$ 70.52	\$ 56.42	\$ 14.10	\$ 402.89	\$ 322.31	\$ 80.58
CT Department	CT Scan of the Chest with Contrast to Include Both Lungs and Upper Aorta Area	71275	\$ 338.53	\$ 270.82	\$ 67.71	\$ 1,670.82	\$ 1,336.66	\$ 334.16
Occupational Therapy	Occupational Therapy - Manual Therapy (30 minute duration)	97140	\$ 59.52	\$ 47.62	\$ 11.90	\$ 122.49	\$ 98.00	\$ 24.50
Laboratory	Folate	82746	\$ 20.69	\$ 16.55	\$ 4.14	\$ 84.68	\$ 67.74	\$ 16.94

\*Medicare Payment Information includes the "Medicare Allowed Amount," which is the Total Amount Paid to a Provider by Medicare. The "Payment by Medicare" Presumes 80% Payment by Medicare and the "Estimated Payment by Medicare Patient" Presumes 20% Payment by the Medicare Patient.

\*\*Managed Care Payment Information includes the "Estimated Total Payment," which is the Combined Estimated Total Amount Paid to United Hospital System by the Insurance Company and the Insured Patient. The "Estimated Payment by Insurance Company" Presumes 80% Payment by the Insurance Company and the "Estimated Payment by Insured

The above estimated costs for your care will vary depending upon your health insurance plan, deductibles and co-pays of that plan and the payments that you have made, to date, for your current plan year. Understanding the cost of your healthcare is extremely important to us, we invite you to call (262) 656-2176 or (262) 656-2177 between 8:30 am and 4:00 pm, Monday through Friday, to arrange a meeting with one of our financial counselors prior to your next appointment to enable you to best estimate the probable cost of your care.