

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022			Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	CARDIOLOGY PACEMAKER REMOTE MONITORING	REMOTE DATA ACQUISITION FROM PACEMAKER SYSTEMS, RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW, TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS	93296	N/A	\$56.00	N/A	\$38.03	\$160.53		\$38.03	\$160.53	\$36.25	\$50.40	\$147.94	\$96.22	\$147.94	\$38.03	\$50.96	\$51.52	\$53.20	N/A	\$38.03	\$38.03
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN, HEAD OR BRAIN, WITHOUT CONTRAST	70450	N/A	\$1,340.10	N/A	\$111.19	\$1,281.65	\$1,011.83	\$111.19	\$469.34	\$111.19	\$1,214.19	\$432.53	\$281.31	\$432.53	\$111.19	\$1,227.68	\$1,341.17	\$1,281.65	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN OF HEAD	70496	N/A	\$3,036.60	N/A	\$182.43	\$2,884.77	\$2,277.45	\$182.43	\$770.06	\$182.43	\$2,732.94	\$709.65	\$461.55	\$709.65	\$182.43	\$2,763.31	\$2,793.67	\$2,884.77	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN OF NECK	70498	N/A	\$2,937.10	N/A	\$182.43	\$2,790.25	\$2,202.83	\$182.43	\$770.06	\$182.43	\$2,643.39	\$709.65	\$461.55	\$709.65	\$182.43	\$2,672.76	\$2,702.13	\$2,790.25	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT CHEST WITHOUT CONTRAST	71250	N/A	\$1,688.80	N/A	\$111.19	\$1,604.36	\$1,266.60	\$111.19	\$469.34	\$111.19	\$1,519.92	\$432.53	\$281.31	\$432.53	\$111.19	\$1,536.81	\$1,553.70	\$1,604.36	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT CHEST WITH CONTRAST	71260	N/A	\$2,022.40	N/A	\$182.43	\$1,921.28	\$1,516.80	\$182.43	\$770.06	\$182.43	\$1,820.16	\$709.65	\$461.55	\$709.65	\$182.43	\$1,840.38	\$1,860.61	\$1,921.28	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT ANGIO CHEST WITH AND WITHOUT CONTRAST	71275	N/A	\$2,740.10	N/A	\$182.43	\$2,603.10	\$2,055.08	\$182.43	\$770.06	\$182.43	\$2,466.09	\$709.65	\$461.55	\$709.65	\$182.43	\$2,493.49	\$2,520.89	\$2,603.10	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT CERVICAL SPINE WITHOUT CONTRAST	72125	N/A	\$1,688.80	N/A	\$111.19	\$1,604.36	\$1,266.60	\$111.19	\$469.34	\$111.19	\$1,519.92	\$432.53	\$281.31	\$432.53	\$111.19	\$1,536.81	\$1,553.70	\$1,604.36	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT CERVICAL SPINE WITH CONTRAST	72126	N/A	\$2,022.40	N/A	\$376.09	\$1,921.28	\$1,516.80	\$376.09	\$1,587.51	\$376.09	\$1,820.16	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$1,840.38	\$1,860.61	\$1,921.28	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT CERVICAL SPINE WITH AND WITHOUT CONTRAST	72127	N/A	\$2,115.00	N/A	\$182.43	\$2,009.25	\$1,586.25	\$182.43	\$770.06	\$182.43	\$1,903.50	\$709.65	\$461.55	\$709.65	\$182.43	\$1,924.65	\$1,945.80	\$2,009.25	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT THORACIC SPINE WITHOUT CONTRAST	72128	N/A	\$1,688.80	N/A	\$111.19	\$1,604.36	\$1,266.60	\$111.19	\$469.34	\$111.19	\$1,519.92	\$432.53	\$281.31	\$432.53	\$111.19	\$1,536.81	\$1,553.70	\$1,604.36	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT THORACIC SPINE WITH CONTRAST	72129	N/A	\$2,198.30	N/A	\$182.43	\$2,088.39	\$1,648.73	\$182.43	\$770.06	\$182.43	\$1,978.47	\$709.65	\$461.55	\$709.65	\$182.43	\$2,000.45	\$2,022.44	\$2,088.39	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT THORACIC SPINE WITH AND WITHOUT CONTRAST	72130	N/A	\$2,115.00	N/A	\$182.43	\$2,009.25	\$1,586.25	\$182.43	\$770.06	\$182.43	\$1,903.50	\$709.65	\$461.55	\$709.65	\$182.43	\$1,924.65	\$1,945.80	\$2,009.25	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT LUMBAR SPINE WITHOUT CONTRAST	72131	N/A	\$1,688.80	N/A	\$111.19	\$1,604.36	\$1,266.60	\$111.19	\$469.34	\$111.19	\$1,519.92	\$432.53	\$281.31	\$432.53	\$111.19	\$1,536.81	\$1,553.70	\$1,604.36	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT LUMBAR SPINE WITH CONTRAST	72132	N/A	\$2,022.40	N/A	\$376.09	\$1,921.28	\$1,516.80	\$376.09	\$1,587.51	\$376.09	\$1,820.16	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$1,840.38	\$1,860.61	\$1,921.28	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT LUMBAR SPINE WITH AND WITHOUT CONTRAST	72133	N/A	\$2,023.60	N/A	\$182.43	\$1,922.42	\$1,517.70	\$182.43	\$770.06	\$182.43	\$1,821.24	\$709.65	\$461.55	\$709.65	\$182.43	\$1,841.48	\$1,861.71	\$1,922.42	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT ANGIO PELVIS WITH AND WITHOUT CONTRAST	72191	N/A	\$2,818.00	N/A	\$182.43	\$2,677.10	\$2,113.50	\$182.43	\$770.06	\$182.43	\$2,536.20	\$709.65	\$461.55	\$709.65	\$182.43	\$2,564.38	\$2,592.56	\$2,677.10	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT PELVIS WITHOUT CONTRAST	72192	N/A	\$1,688.00	N/A	\$111.19	\$1,603.60	\$1,266.00	\$111.19	\$469.34	\$111.19	\$1,519.20	\$432.53	\$281.31	\$432.53	\$111.19	\$1,536.08	\$1,552.96	\$1,603.60	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN, PELVIS, WITH CONTRAST	72193	N/A	\$1,954.30	N/A	\$182.43	\$1,856.59	\$1,465.73	\$182.43	\$770.06	\$182.43	\$1,758.87	\$709.65	\$461.55	\$709.65	\$182.43	\$1,778.41	\$1,797.96	\$1,856.59	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN ABDOMEN AND PELVIS WITHOUT CONTRAST	74176	N/A	\$2,547.80	N/A	\$235.00	\$2,420.41	\$1,910.85	\$235.00	\$991.96	\$235.00	\$2,293.02	\$914.15	\$594.55	\$914.15	\$235.00	\$2,318.50	\$2,343.98	\$2,420.41	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	74177	N/A	\$3,136.60	N/A	\$376.09	\$2,979.77	\$2,352.45	\$376.09	\$1,587.51	\$376.09	\$2,822.94	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$2,854.31	\$2,885.67	\$2,979.77	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	CT ANGIOGRAPHY AORTA & BILATERAL ILOFEMOR RUN OFF C/S CONTRAST	75635	N/A	\$3,142.20	N/A	\$182.43	\$2,985.09	\$2,356.65	\$182.43	\$770.06	\$182.43	\$2,827.98	\$709.65	\$461.55	\$709.65	\$182.43	\$2,859.40	\$2,890.82	\$2,985.09	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- CAT SCAN (CT)	LOW DOSE CT FOR LUNG CANCER SCREENING	71271	N/A	\$1,263.00	N/A	\$111.19	\$1,199.85	\$947.25	\$111.19	\$469.34	\$79.81	\$1,136.70	\$432.53	\$281.31	\$432.53	\$111.19	\$1,149.33	\$1,161.96	\$1,199.85	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MAMMOGRAPHY	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (BILLED IN ADDITION TO PRIMARY PROCEDURE WHEN USING COMPUTER-AIDED DETECTION (CAD))	77063	N/A	\$75.00	N/A	NOT LISTED	\$71.25	\$56.25	\$24.18	\$102.07	\$24.18	\$67.50	\$94.06	\$61.18	\$94.06	\$24.18	\$68.25	\$69.00	\$71.25	N/A	\$24.18	\$24.18
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MAMMOGRAPHY	DIAGNOSTIC MAMMOGRAPHY, UNILATERAL (ONE BREAST)	77065	N/A	\$396.80	N/A	\$64.34	\$319.96	\$252.60	\$90.38	\$381.50	\$90.38	\$303.12	\$351.58	\$228.66	\$351.58	\$90.38	\$306.49	\$309.86	\$319.96	N/A	\$90.38	\$90.38
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MAMMOGRAPHY	DIAGNOSTIC MAMMOGRAPHY, BILATERAL (BOTH BREASTS)	77066	N/A	\$450.60	N/A	\$82.05	\$428.07	\$337.95	\$115.25	\$486.48	\$115.25	\$405.54	\$448.32	\$291.58	\$448.32	\$115.25	\$410.05	\$414.55	\$428.07	N/A	\$115.25	\$115.25
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MAMMOGRAPHY	SCREENING MAMMOGRAPHY, BILATERAL (BOTH BREASTS)	77067	N/A	\$342.50	N/A	\$68.03	\$325.38	\$256.88	\$98.56	\$416.03	\$98.56	\$308.25	\$383.40	\$249.36	\$383.40	\$98.56	\$311.68	\$315.10	\$325.38	N/A	\$98.56	\$98.56
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI SCAN OF BRAIN, BEFORE AND AFTER CONTRAST	70553	N/A	\$3,893.60	N/A	\$376.09	\$3,698.92	\$2,920.20	\$376.09	\$1,587.51	\$376.09	\$3,504.24	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$3,543.18	\$3,582.11	\$3,698.92	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CHEST WITHOUT CONTRAST	71550	N/A	\$1,822.70	N/A	\$235.00	\$1,731.57	\$1,367.03	\$235.00	\$991.96	\$235.00	\$1,640.43	\$914.15	\$594.55	\$914.15	\$235.00	\$1,658.66	\$1,676.88	\$1,731.57	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CHEST WITH CONTRAST	71551	N/A	\$2,420.00	N/A	\$730.67	\$3,084.23	\$1,815.00	\$730.67	\$3,084.23	\$730.67	\$2,178.00	\$2,842.31	\$1,848.60	\$2,842.31	\$730.67	\$2,202.20	\$2,226.40	\$2,299.00	N/A	\$730.67	\$730.67
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CHEST WITH AND WITHOUT CONTRAST	71552	N/A	\$3,289.10	N/A	\$376.09	\$3,124.65	\$2,466.83	\$376.09	\$1,587.51	\$376.09	\$2,960.19	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$2,993.08	\$3,025.97	\$3,124.65	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CERVICAL SPINE WITHOUT CONTRAST	72141	N/A	\$2,195.00	N/A	\$235.00	\$2,085.25	\$1,646.75	\$235.00	\$991.96	\$235.00	\$1,975.50	\$914.15	\$594.55	\$914.15	\$235.00	\$1,997.45	\$2,019.40	\$2,085.25	N/A	\$235.00	\$235.00

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ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CERVICAL SPINE WITH CONTRAST	72142	N/A	\$2,460.00	N/A	\$376.09	\$2,337.00	\$1,845.00	\$376.09	\$1,587.51	\$376.09	\$2,214.00	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$2,238.60	\$2,263.20	\$2,337.00	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI THORACIC SPINE WITHOUT CONTRAST	72146	N/A	\$2,214.50	N/A	\$235.00	\$2,103.78	\$1,660.88	\$235.00	\$991.96	\$235.00	\$1,993.05	\$914.15	\$594.55	\$914.15	\$235.00	\$2,015.20	\$2,037.34	\$2,103.78	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI THORACIC SPINE WITH CONTRAST	72147	N/A	\$2,460.00	N/A	\$376.09	\$2,337.00	\$1,845.00	\$376.09	\$1,587.51	\$376.09	\$2,214.00	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$2,238.60	\$2,263.20	\$2,337.00	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI SCAN OF LOWER SPINAL CANAL WITHOUT CONTRAST	72148	N/A	\$2,259.90	N/A	\$235.00	\$2,146.91	\$1,694.93	\$235.00	\$991.96	\$235.00	\$2,013.91	\$914.15	\$594.55	\$914.15	\$235.00	\$2,056.51	\$2,079.11	\$2,146.91	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI LUMBAR SPINE WITH CONTRAST	72149	N/A	\$2,460.00	N/A	\$376.09	\$2,337.00	\$1,845.00	\$376.09	\$1,587.51	\$376.09	\$2,214.00	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$2,238.60	\$2,263.20	\$2,337.00	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST	72156	N/A	\$4,329.40	N/A	\$376.09	\$4,112.93	\$3,247.05	\$376.09	\$1,587.51	\$376.09	\$3,896.46	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$3,939.75	\$3,983.05	\$4,112.93	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI THORACIC SPINE WITH AND WITHOUT CONTRAST	72157	N/A	\$3,479.70	N/A	\$376.09	\$3,305.72	\$2,609.78	\$376.09	\$1,587.51	\$376.09	\$3,131.73	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$3,166.53	\$3,201.32	\$3,305.72	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI LUMBAR SPINE WITH AND WITHOUT CONTRAST	72158	N/A	\$3,750.80	N/A	\$376.09	\$3,563.26	\$2,813.10	\$376.09	\$1,587.51	\$376.09	\$3,375.72	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$3,413.23	\$3,450.74	\$3,563.26	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI PELVIS WITH AND WITHOUT CONTRAST	72197	N/A	\$4,098.20	N/A	\$376.09	\$3,893.29	\$3,073.65	\$376.09	\$1,587.51	\$376.09	\$3,688.38	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$3,729.36	\$3,770.34	\$3,893.29	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- MRI	MRI SCAN OF LEG JOINT WITHOUT CONTRAST	73721	N/A	\$1,914.90	N/A	\$235.00	\$1,819.16	\$1,436.18	\$235.00	\$991.96	\$235.00	\$1,723.41	\$914.15	\$594.55	\$914.15	\$235.00	\$1,742.56	\$1,761.71	\$1,819.16	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US THYROID/HEAD/NECK	76536	N/A	\$415.80	N/A	\$111.19	\$395.01	\$311.85	\$111.19	\$469.34	\$111.19	\$374.22	\$432.53	\$281.31	\$432.53	\$111.19	\$378.38	\$382.54	\$395.01	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US BREAST UNILATERAL COMPLETE	76641	N/A	\$325.00	N/A	\$111.19	\$308.75	\$243.75	\$111.19	\$469.34	\$111.19	\$292.50	\$432.53	\$281.31	\$432.53	\$111.19	\$295.75	\$299.00	\$308.75	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US BREAST UNILATERAL LIMITED	76642	N/A	\$162.50	N/A	\$82.61	\$154.38	\$121.88	\$82.61	\$348.71	\$82.61	\$146.25	\$321.35	\$209.00	\$321.35	\$82.61	\$147.88	\$149.50	\$154.38	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US ABDOMEN COMPLETE	76700	N/A	\$626.10	N/A	\$111.19	\$594.80	\$469.58	\$111.19	\$469.34	\$111.19	\$563.49	\$432.53	\$281.31	\$432.53	\$111.19	\$569.75	\$576.01	\$594.80	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US ABDOMEN LIMITED	76705	N/A	\$439.00	N/A	\$111.19	\$417.05	\$329.25	\$111.19	\$469.34	\$111.19	\$395.10	\$432.53	\$281.31	\$432.53	\$111.19	\$399.49	\$403.88	\$417.05	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US SCREENING FOR ABDOMINAL AORTIC ANEURYSM (AAA)	76706	N/A	\$255.40	N/A	\$111.19	\$242.63	\$191.55	\$111.19	\$469.34	\$111.19	\$229.86	\$432.53	\$281.31	\$432.53	\$111.19	\$232.41	\$234.97	\$242.63	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US RENAL BILATERAL	76770	N/A	\$578.00	N/A	\$111.19	\$549.10	\$433.50	\$111.19	\$469.34	\$111.19	\$520.20	\$432.53	\$281.31	\$432.53	\$111.19	\$525.98	\$531.76	\$549.10	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US AORTA/RETROPERITONEAL	76775	N/A	\$448.80	N/A	\$111.19	\$426.36	\$336.60	\$111.19	\$469.34	\$111.19	\$403.92	\$432.53	\$281.31	\$432.53	\$111.19	\$408.41	\$412.90	\$426.36	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US KIDNEY TRANSPLANT DUPLEX	76776	N/A	\$578.00	N/A	\$111.19	\$549.10	\$433.50	\$111.19	\$469.34	\$111.19	\$520.20	\$432.53	\$281.31	\$432.53	\$111.19	\$525.98	\$531.76	\$549.10	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	OB US-PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL & MATERNAL EVALUATION, LESS THAN 14 WEEKS 0 DAYS, TRANSABDOMINAL APPROACH, SINGLE OR FIRST GESTATION	76801	N/A	\$620.70	N/A	\$111.19	\$589.67	\$465.53	\$111.19	\$469.34	\$111.19	\$558.63	\$432.53	\$281.31	\$432.53	\$111.19	\$564.84	\$571.04	\$589.67	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	OB US-ABDOMINAL, PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS), SINGLE OR FIRST FETUS	76805	N/A	\$512.10	N/A	\$111.19	\$486.50	\$384.08	\$111.19	\$469.34	\$111.19	\$460.89	\$432.53	\$281.31	\$432.53	\$111.19	\$466.01	\$471.13	\$486.50	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	OB US-DETAILED SINGLE FETUS	76811	N/A	\$1,159.10	N/A	\$235.00	\$1,101.15	\$869.33	\$235.00	\$991.96	\$235.00	\$1,043.19	\$914.15	\$594.55	\$914.15	\$235.00	\$1,054.78	\$1,066.37	\$1,101.15	N/A	\$235.00	\$235.00
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	OB ULTRASOUND, LIMITED	76815	N/A	\$339.20	N/A	\$111.19	\$322.24	\$254.40	\$111.19	\$469.34	\$111.19	\$305.28	\$432.53	\$281.31	\$432.53	\$111.19	\$308.67	\$312.06	\$322.24	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	TRANSVAGINAL ULTRASOUND	76830	N/A	\$448.90	N/A	\$111.19	\$426.46	\$336.68	\$111.19	\$469.34	\$111.19	\$404.01	\$432.53	\$281.31	\$432.53	\$111.19	\$408.50	\$412.99	\$426.46	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US PELVIC COMPLETE	76856	N/A	\$450.60	N/A	\$111.19	\$428.07	\$337.95	\$111.19	\$469.34	\$111.19	\$405.54	\$432.53	\$281.31	\$432.53	\$111.19	\$410.05	\$414.55	\$428.07	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- ULTRASOUND	US BREAST BIATERAL, COMPLETE TECHNICAL FEE	7664150	N/A	\$487.50	N/A	\$111.19	\$469.34	\$365.63	\$111.19	\$469.34	\$125.51	\$438.75	\$432.53	\$281.31	\$432.53	\$111.19	\$443.63	\$448.50	\$463.13	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	X-RAY EXAM CHEST 1 VIEW	71045	N/A	\$179.30	N/A	\$82.61	\$170.34	\$134.48	\$82.61	\$348.71	\$82.61	\$161.37	\$321.35	\$209.00	\$321.35	\$82.61	\$163.16	\$164.96	\$170.34	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	X-RAY EXAM CHEST 2 VIEWS	71046	N/A	\$231.70	N/A	\$82.61	\$220.12	\$173.78	\$82.61	\$348.71	\$82.61	\$208.53	\$321.35	\$209.00	\$321.35	\$82.61	\$210.85	\$213.16	\$220.12	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY SPINE 1 VIEW	72020	N/A	\$194.80	N/A	\$82.61	\$348.71	\$146.10	\$82.61	\$348.71	\$82.61	\$175.32	\$321.35	\$209.00	\$321.35	\$82.61	\$177.27	\$179.22	\$185.06	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY CERVICAL SPINE 2 OR 3 VIEWS	72040	N/A	\$277.10	N/A	\$82.61	\$348.71	\$207.83	\$82.61	\$348.71	\$82.61	\$249.39	\$321.35	\$209.00	\$321.35	\$82.61	\$252.16	\$254.93	\$263.25	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY CERVICAL SPINE 4 OR 5 VIEWS	72050	N/A	\$354.40	N/A	\$111.19	\$469.34	\$265.80	\$111.19	\$469.34	\$111.19	\$318.96	\$432.53	\$281.31	\$432.53	\$111.19	\$322.50	\$326.05	\$336.68	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY CERVICAL SPINE 6/MORE VIEWS	72052	N/A	\$438.40	N/A	\$111.19	\$469.34	\$338.80	\$111.19	\$469.34	\$111.19	\$394.56	\$432.53	\$281.31	\$432.53	\$111.19	\$398.94	\$403.33	\$416.48	N/A	\$111.19	\$111.19

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022		Negotiated Charge by Payor																					
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTIMUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY THORACIC SPINE, 2 VIEWS	72070	N/A	\$241.70	N/A	\$111.19	\$469.34	\$181.28	\$111.19	\$469.34	\$111.19	\$217.53	\$432.53	\$281.31	\$432.53	\$111.19	\$219.95	\$222.36	\$229.62	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY THORACIC SPINE, MINIMUM 4 VIEWS	72074	N/A	\$332.80	N/A	\$111.19	\$469.34	\$249.60	\$111.19	\$469.34	\$111.19	\$299.52	\$432.53	\$281.31	\$432.53	\$111.19	\$302.85	\$306.18	\$316.16	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY LOWER BACK, 2 OR 3 VIEWS	72100	N/A	\$268.90	N/A	\$111.19	\$469.34	\$201.68	\$111.19	\$469.34	\$111.19	\$242.01	\$432.53	\$281.31	\$432.53	\$111.19	\$244.70	\$247.39	\$255.46	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY LOWER BACK, MINIMUM OF 4 VIEWS	72110	N/A	\$422.80	N/A	\$111.19	\$469.34	\$117.10	\$111.19	\$469.34	\$111.19	\$380.52	\$432.53	\$281.31	\$432.53	\$111.19	\$384.75	\$388.98	\$401.66	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY PELVIS, 1OR 2 VIEWS	72170	N/A	\$212.90	N/A	\$111.19	\$202.26	\$159.68	\$111.19	\$469.34	\$111.19	\$191.61	\$432.53	\$281.31	\$432.53	\$111.19	\$193.74	\$195.87	\$202.26	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY PELVIS COMPLETE, MINIMUM 3 VIEWS	72190	N/A	\$279.60	N/A	\$111.19	\$265.62	\$209.70	\$111.19	\$469.34	\$111.19	\$251.64	\$432.53	\$281.31	\$432.53	\$111.19	\$254.44	\$257.23	\$265.62	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY SHOULDER MINIMUM 2 VIEWS	73030	N/A	\$229.30	N/A	\$82.61	\$217.84	\$171.98	\$82.61	\$348.71	\$82.61	\$206.37	\$321.35	\$209.00	\$321.35	\$82.61	\$208.66	\$210.96	\$217.84	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY SHOULDER ARTHROGRAPHY	73040	N/A	\$817.30	N/A	\$376.09	\$776.44	\$612.98	\$376.09	\$1,587.51	\$376.09	\$735.57	\$1,462.99	\$951.51	\$1,462.99	\$376.09	\$743.74	\$751.92	\$776.44	N/A	\$376.09	\$376.09
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY AC JOINTS BILATERAL C/ OR S/ WEIGHTS	73050	N/A	\$240.10	N/A	\$82.61	\$228.50	\$180.08	\$82.61	\$348.71	\$82.61	\$216.09	\$321.35	\$209.00	\$321.35	\$82.61	\$218.49	\$220.89	\$228.10	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY HUMERUS, MINIMUM 2 VIEWS	73060	N/A	\$212.00	N/A	\$82.61	\$201.40	\$159.00	\$82.61	\$348.71	\$82.61	\$190.80	\$321.35	\$209.00	\$321.35	\$82.61	\$192.92	\$195.04	\$201.40	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY ELBOW 2 VIEWS	73070	N/A	\$201.10	N/A	\$82.61	\$191.05	\$150.83	\$82.61	\$348.71	\$82.61	\$180.99	\$321.35	\$209.00	\$321.35	\$82.61	\$183.00	\$185.01	\$191.05	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY ELBOW MINIMUM 3 VIEWS	73080	N/A	\$230.00	N/A	\$82.61	\$218.50	\$172.50	\$82.61	\$348.71	\$82.61	\$207.00	\$321.35	\$209.00	\$321.35	\$82.61	\$209.30	\$211.60	\$218.50	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY FOREARM 2 VIEWS	73090	N/A	\$206.00	N/A	\$82.61	\$195.70	\$154.50	\$82.61	\$348.71	\$82.61	\$185.40	\$321.35	\$209.00	\$321.35	\$82.61	\$187.46	\$189.52	\$195.70	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY WRIST 2 VIEWS	73100	N/A	\$202.50	N/A	\$82.61	\$192.38	\$151.88	\$82.61	\$348.71	\$82.61	\$182.25	\$321.35	\$209.00	\$321.35	\$82.61	\$184.28	\$186.30	\$192.38	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY WRIST COMPLETE MINIMUM 3 VIEWS	73110	N/A	\$235.40	N/A	\$82.61	\$223.63	\$176.55	\$82.61	\$348.71	\$82.61	\$211.86	\$321.35	\$209.00	\$321.35	\$82.61	\$214.21	\$216.57	\$223.63	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XAY HAND 2 VIEWS	73120	N/A	\$192.20	N/A	\$111.19	\$182.59	\$144.15	\$111.19	\$469.34	\$111.19	\$172.98	\$432.53	\$281.31	\$432.53	\$111.19	\$174.90	\$176.82	\$182.59	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY HAND MINIMUM 3 VIEWS	73130	N/A	\$233.60	N/A	\$82.61	\$221.92	\$175.20	\$82.61	\$348.71	\$82.61	\$210.24	\$321.35	\$209.00	\$321.35	\$82.61	\$212.58	\$214.91	\$221.92	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY FINGER(S) MINIMUM 2 VIEWS	73140	N/A	\$200.60	N/A	\$82.61	\$190.57	\$150.45	\$82.61	\$348.71	\$82.61	\$180.54	\$321.35	\$209.00	\$321.35	\$82.61	\$182.55	\$184.55	\$190.57	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY HIP WITH PELVIS 2-3 VIEWS	73502	N/A	\$400.00	N/A	\$82.61	\$380.00	\$300.00	\$82.61	\$348.71	\$82.61	\$360.00	\$321.35	\$209.00	\$321.35	\$82.61	\$364.00	\$368.00	\$380.00	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY KNEE 3 VIEWS	73562	N/A	\$255.60	N/A	\$82.61	\$242.82	\$191.70	\$82.61	\$348.71	\$82.61	\$230.04	\$321.35	\$209.00	\$321.35	\$82.61	\$232.60	\$235.15	\$242.82	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY KNEE MINIMUM 4 VIEWS	73564	N/A	\$303.30	N/A	\$111.19	\$288.14	\$227.48	\$111.19	\$469.34	\$111.19	\$272.97	\$432.53	\$281.31	\$432.53	\$111.19	\$276.00	\$279.04	\$288.14	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY ANKLE MINIMUM 3 VIEWS	73610	N/A	\$238.40	N/A	\$82.61	\$226.48	\$178.80	\$82.61	\$348.71	\$82.61	\$214.56	\$321.35	\$209.00	\$321.35	\$82.61	\$216.94	\$219.33	\$226.48	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY FOOT 2 VIEWS	73620	N/A	\$198.80	N/A	\$82.61	\$188.86	\$149.10	\$82.61	\$348.71	\$82.61	\$178.92	\$321.35	\$209.00	\$321.35	\$82.61	\$180.91	\$182.90	\$188.86	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY FOOT MINIMUM 3 VIEWS	73630	N/A	\$235.90	N/A	\$82.61	\$224.11	\$176.93	\$82.61	\$348.71	\$82.61	\$212.31	\$321.35	\$209.00	\$321.35	\$82.61	\$214.67	\$217.03	\$224.11	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	X-RAY ABDOMEN 1 VIEW	74018	N/A	\$210.50	N/A	\$82.61	\$199.98	\$157.88	\$82.61	\$348.71	\$82.61	\$189.45	\$321.35	\$209.00	\$321.35	\$82.61	\$191.56	\$193.66	\$199.98	N/A	\$82.61	\$82.61
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	XRAY FLOURO ESOPHAGUS	74220	N/A	\$431.20	N/A	\$182.43	\$409.64	\$323.40	\$182.43	\$770.06	\$182.43	\$388.08	\$709.65	\$461.55	\$709.65	\$182.43	\$392.39	\$396.70	\$409.64	N/A	\$182.43	\$182.43
ANCILLARY SERVICE	DIAGNOSTIC IMAGING- XRAY	BONE DENSITY XRAY OF FOREARM OR WRIST	77072	N/A	\$162.70	N/A	\$111.19	\$154.57	\$122.03	\$111.19	\$469.34	\$111.19	\$146.43	\$432.53	\$281.31	\$432.53	\$111.19	\$148.06	\$149.68	\$154.57	N/A	\$111.19	\$111.19
ANCILLARY SERVICE	DIAGNOSTIC NUCLEAR MEDICINE	BONE SCAN IMAGING, WHOLE BODY	78306	N/A	\$1,498.40	N/A	\$384.99	\$1,423.48	\$1,123.80	\$384.99	\$1,625.08	\$384.99	\$1,348.56	\$1,497.61	\$974.02	\$1,497.61	\$384.99	\$1,363.54	\$1,378.53	\$1,423.48	N/A	\$384.99	\$384.99
ANCILLARY SERVICE	DIAGNOSTIC NUCLEAR MEDICINE	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT)	78452	N/A	\$3,413.70	N/A	\$1,334.62	\$3,243.02	\$2,560.28	\$1,334.62	\$5,633.56	\$1,334.62	\$3,072.33	\$5,191.67	\$3,376.59	\$5,191.67	\$1,334.62	\$3,106.47	\$3,140.60	\$3,243.02	N/A	\$1,334.62	\$1,334.62
ANCILLARY SERVICE	DIAGNOSTIC NUCLEAR MEDICINE	RENAL SCAN, KIDNEY WITH FLOW & FUNCTION	78709	N/A	\$1,602.80	N/A	\$499.78	\$1,522.66	\$1,202.10	\$499.78	\$2,109.62	\$499.78	\$1,442.52	\$1,944.14	\$1,264.44	\$1,944.14	\$499.78	\$1,458.55	\$1,474.58	\$1,522.66	N/A	\$499.78	\$499.78
ANCILLARY SERVICE	DIAGNOSTIC TEST-2 D ECHO	ELECTROCARDIOGRAM WITH DOPPLER & COLORFLOW WITHOUT INTERPRETATION & REPORT (2D ECHO) (TECHNICAL FEE)	93306	N/A	\$1,868.30	N/A	\$493.48	\$2,083.03	\$1,661.47	\$493.48	\$2,083.03	\$481.58	\$1,681.47	\$1,919.64	\$1,248.50	\$1,919.64	\$493.48	\$1,700.15	\$1,718.84	\$1,774.89	N/A	\$493.48	\$493.48
ANCILLARY SERVICE	DIAGNOSTIC TEST-2 D ECHO	ELECTROCARDIOGRAM WITH DOPPLER & COLORFLOW, INTERPRETATION & REPORT (PROFESSIONAL FEE)	9330626	N/A	\$176.10	N/A	\$53.86	\$167.30	\$132.08	\$69.06	\$143.94	\$76.45	\$158.49	\$145.60	\$170.56	\$170.56	\$75.07	\$160.25	\$135.20	\$75.07	N/A	\$76.45	\$51.86

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPPABLE SERVICES 2022			Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	DIAGNOSTIC TEST-2 D ECHO	DECHO COMP W/CONTRAST C8929	C8929	N/A	\$2,037.00	N/A	\$730.67	\$3,084.23	\$1,527.75	\$730.67	\$3,084.23	\$762.40	\$1,833.30	\$2,842.31	\$1,848.60	\$2,842.31	\$730.67	\$1,853.67	\$1,874.04	\$1,935.15	N/A	\$730.67	\$730.67
ANCILLARY SERVICE	DIAGNOSTIC TEST-ECD HOLTER MONITOR	EGG HOLTER MONITOR, RECORDING (INCLUDES CONNECTION, RECORDING & DISCONNECTION) UP TO 48 HOURS (TECHNICAL FEE)	93225	N/A	\$629.00	N/A	\$109.03	\$597.55		\$109.03	\$460.23	\$109.03	\$566.10	\$424.13	\$424.13	\$424.13	\$109.03	\$572.39	\$578.68	\$597.55	N/A	\$109.03	\$109.03
ANCILLARY SERVICE	DIAGNOSTIC TEST-ECD HOLTER MONITOR	EGG HOLTER MONITOR, REVIEW AND INTERPRETATION BY QUALIFIED PROVIDER, UP TO 48 HOURS (PROFESSIONAL FEE)	93227	N/A	\$69.00	N/A	\$13.51	\$65.55		\$18.42	\$51.90	\$27.57	\$62.10	\$52.50	\$61.50	\$61.50	\$27.07	\$62.79	\$48.75	\$27.07	N/A	\$27.57	\$13.51
ANCILLARY SERVICE	DIAGNOSTIC TEST-ECG	EGG (ELECTROCARDIOGRAM), ROUTINE, WITH INTERPRETATION AND REPORT (SEE 93005 & 93010)	93000	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
ANCILLARY SERVICE	DIAGNOSTIC TEST-ECG	EGG TRACING ONLY, WITHOUT INTERPRETATION & REPORT	93005	N/A	\$218.60	N/A	\$56.85	\$239.97		\$56.85	\$239.97	\$55.01	\$196.74	\$221.15	\$213.99	\$213.99	\$56.85	\$198.93	\$201.11	\$207.67	N/A	\$56.85	\$56.85
ANCILLARY SERVICE	DIAGNOSTIC TEST-ECG	EGG, ROUTINE, INTERPRETATION & REPORT ONLY	93010	N/A	\$58.30	N/A	\$5.94	\$55.39		\$8.10	\$16.61	\$8.76	\$52.47	\$16.80	\$19.68	\$19.68	\$8.66	\$53.05	\$15.60	\$8.66	N/A	\$8.76	\$5.94
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG AWAKE ONLY (TECHNICAL FEE)	95816	N/A	\$969.80	N/A	\$270.29	\$1,140.92	\$727.35	\$270.29	\$1,140.92	\$283.43	\$872.82	\$1,051.43	\$683.83	\$1,051.43	\$270.29	\$882.52	\$892.22	\$921.31	N/A	\$270.29	\$270.29
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG ASLEEP & AWAKE (TECHNICAL FEE)	95819	N/A	\$1,076.80	N/A	\$270.29	\$1,140.92	\$807.60	\$270.29	\$1,140.92	\$283.43	\$969.12	\$1,051.43	\$683.83	\$1,051.43	\$270.29	\$979.89	\$990.66	\$1,022.96	N/A	\$270.29	\$270.29
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG SLEEP ONLY (TECHNICAL FEE)	95822	N/A	\$1,104.20	N/A	\$270.29	\$1,140.92	\$828.15	\$270.29	\$1,140.92	\$283.43	\$993.78	\$1,051.43	\$683.83	\$1,051.43	\$270.29	\$1,004.82	\$1,015.86	\$1,048.99	N/A	\$270.29	\$270.29
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG CEREBRAL EVALUATION (TECHNICAL FEE)	95824	N/A	\$2,098.10	N/A	\$498.53	\$2,104.34	\$1,573.58	\$498.53	\$2,104.34	\$543.80	\$1,888.29	\$1,939.28	\$1,261.28	\$1,939.28	\$498.53	\$1,909.27	\$1,930.25	\$1,993.20	N/A	\$498.53	\$498.53
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG AWAKE (PROFESSIONAL FEE)	9581626	N/A	\$157.50	N/A	\$40.73	\$149.63	\$118.13	\$56.13	\$113.49	\$60.28	\$141.75	\$114.80	\$134.48	\$134.48	\$59.19	\$143.33	\$106.60	\$59.19	N/A	\$60.28	\$40.73
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG ASLEEP & AWAKE (PROFESSIONAL FEE)	9581926	N/A	\$157.50	N/A	\$40.98	\$149.63	\$118.13	\$56.46	\$114.18	\$60.66	\$141.75	\$115.50	\$135.30	\$135.30	\$59.55	\$143.33	\$107.25	\$59.55	N/A	\$60.66	\$40.98
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG SLEEP ONLY (PROFESSIONAL FEE)	9582226	N/A	\$143.20	N/A	\$40.98	\$136.04	\$107.40	\$56.46	\$114.18	\$60.66	\$128.88	\$115.50	\$135.30	\$135.30	\$59.55	\$130.31	\$107.25	\$59.55	N/A	\$60.66	\$40.98
ANCILLARY SERVICE	DIAGNOSTIC TEST-EEG (ELECTROENCEPHALOGRAPH)	EEG CEREBRAL EVALUATION (PROFESSIONAL FEE)	9582426	N/A	\$157.50	N/A	\$27.85	\$149.63	\$118.13	\$38.46	\$77.50	\$41.22	\$141.75	\$78.40	\$91.84	\$91.84	\$40.42	\$143.33	\$72.80	\$40.42	N/A	\$41.22	\$27.85
ANCILLARY SERVICE	DIAGNOSTIC TEST-STRESS TEST	STRESS TEST, SUPERVISION ONLY, WITHOUT INTERPRETATION AND REPORT (PROFESSIONAL FEE)	93016	N/A	\$57.96	N/A	\$15.66	\$55.06		\$21.36	\$43.60	\$23.09	\$52.16	\$44.10	\$51.66	\$51.66	\$22.74	\$52.74	\$40.95	\$22.74	N/A	\$23.09	\$15.66
ANCILLARY SERVICE	DIAGNOSTIC TEST-STRESS TEST	STRESS TEST, TRACING ONLY, WITHOUT INTERPRETATION AND REPORT (TECHNICAL FEE)	93017	N/A	\$525.60	N/A	\$270.29	\$1,140.92		\$270.29	\$1,140.92	\$253.10	\$473.04	\$1,051.43	\$984.56	\$984.56	\$270.29	\$478.30	\$483.55	\$499.32	N/A	\$270.29	\$270.29
ANCILLARY SERVICE	DIAGNOSTIC TEST-STRESS TEST	STRESS TEST, INTERPRETATION AND REPORT ONLY (PROFESSIONAL FEE)	93018	N/A	\$37.72	N/A	\$10.48	\$35.83		\$14.29	\$29.06	\$15.44	\$33.95	\$29.40	\$34.44	\$34.44	\$15.16	\$34.33	\$27.30	\$15.16	N/A	\$15.44	\$10.48
ANCILLARY SERVICE	EMERGENCY ROOM EVALUATION & MANAGEMENT FACILITY FEE ONLY	ED FACILITY FEE *** LEVEL I: BASIC	99281	N/A	\$276.69	N/A	\$74.08	\$312.70	\$207.52	\$74.08	\$312.70	\$77.96	\$241.77	\$288.17	\$187.42	\$288.17	\$74.08	\$251.79	\$254.55	\$262.86	N/A	\$74.08	\$74.08
ANCILLARY SERVICE	EMERGENCY ROOM EVALUATION & MANAGEMENT FACILITY FEE ONLY	ED FACILITY FEE *** LEVEL II: SIMPLE	99282	N/A	\$460.03	N/A	\$134.15	\$566.26	\$345.02	\$134.15	\$566.26	\$143.29	\$401.97	\$521.84	\$339.40	\$521.84	\$134.15	\$418.63	\$423.23	\$437.03	N/A	\$134.15	\$134.15
ANCILLARY SERVICE	EMERGENCY ROOM EVALUATION & MANAGEMENT FACILITY FEE ONLY	ED FACILITY FEE *** LEVEL III: ROUTINE	99283	N/A	\$678.23	N/A	\$236.35	\$997.66	\$508.67	\$236.35	\$997.66	\$250.10	\$592.63	\$919.40	\$597.97	\$919.40	\$236.35	\$617.19	\$623.97	\$644.32	N/A	\$236.35	\$236.35
ANCILLARY SERVICE	EMERGENCY ROOM EVALUATION & MANAGEMENT FACILITY FEE ONLY	ED FACILITY FEE *** LEVEL IV: INTERMEDIATE	99284	N/A	\$1,312.59	N/A	\$371.52	\$1,568.22	\$984.44	\$371.52	\$1,568.22	\$393.94	\$1,146.92	\$1,445.21	\$939.95	\$1,445.21	\$371.52	\$1,194.46	\$1,207.58	\$1,246.96	N/A	\$371.52	\$371.52
ANCILLARY SERVICE	EMERGENCY ROOM EVALUATION & MANAGEMENT FACILITY FEE ONLY	ED FACILITY FEE *** LEVEL V: COMPLEX	99285	N/A	\$2,439.61	N/A	\$533.27	\$2,250.99	\$1,829.71	\$533.27	\$2,250.99	\$564.96	\$2,131.70	\$2,074.42	\$1,349.17	\$2,074.42	\$533.27	\$2,220.05	\$2,244.44	\$2,317.63	N/A	\$533.27	\$533.27
ANCILLARY SERVICE	LAB	ROUTINE VENIPUNCTURE (BLOOD DRAW)	36415	N/A	\$25.60	N/A	\$3.00	\$24.32	\$19.20	\$3.00	\$12.66	\$3.00	\$23.04	\$11.67	\$7.59	\$11.67	\$3.00	\$23.30	\$23.55	\$24.32	N/A	\$3.00	\$3.00
ANCILLARY SERVICE	LAB	BASIC METABOLIC PANEL BLOOD TEST	80048	N/A	\$59.00	N/A	\$8.46	\$56.05	\$44.25	\$8.46	\$35.71	\$8.46	\$53.10	\$32.91	\$21.40	\$32.91	\$8.46	\$53.69	\$54.28	\$56.05	N/A	\$8.46	\$8.46
ANCILLARY SERVICE	LAB	COMPREHENSIVE METABOLIC PANEL BLOOD TEST	80053	N/A	\$79.70	N/A	\$10.56	\$75.72	\$59.78	\$10.56	\$44.57	\$10.56	\$71.73	\$41.08	\$26.72	\$41.08	\$10.56	\$72.53	\$73.32	\$75.72	N/A	\$10.56	\$10.56
ANCILLARY SERVICE	LAB	OBSTETRIC BLOOD TEST PANEL	80055	N/A	\$47.81	N/A	\$47.81	\$45.42	\$35.86	\$47.81	\$201.81	\$47.81	\$43.03	\$185.98	\$120.96	\$185.98	\$47.81	\$43.51	\$43.99	\$45.42	N/A	\$47.81	\$47.81
ANCILLARY SERVICE	LAB	LIPID PANEL BLOOD TEST (CHOLESTEROL & TRIGLYCERIDES)	80061	N/A	\$83.30	N/A	\$13.39	\$79.14	\$62.48	\$13.39	\$56.52	\$13.39	\$74.97	\$52.09	\$33.88	\$52.09	\$13.39	\$75.80	\$76.64	\$79.14	N/A	\$13.39	\$13.39
ANCILLARY SERVICE	LAB	RENAL PANEL BLOOD TEST (KIDNEY FUNCTION)	80069	N/A	\$135.20	N/A	\$8.68	\$128.44	\$101.40	\$8.68	\$36.64	\$8.68	\$121.68	\$33.77	\$21.96	\$33.77	\$8.68	\$123.03	\$124.38	\$128.44	N/A	\$8.68	\$8.68
ANCILLARY SERVICE	LAB	HEPATIC FUNCTION PANEL (LIVER FUNCTION)	80076	N/A	\$146.10	N/A	\$8.17	\$138.80	\$109.58	\$8.17	\$34.49	\$8.17	\$131.49	\$31.78	\$20.67	\$31.78	\$8.17	\$132.95	\$134.41	\$138.80	N/A	\$8.17	\$8.17
ANCILLARY SERVICE	LAB	BLOOD ALCOHOL TEST	80307	N/A	\$80.00	N/A	\$62.14	\$76.00	\$60.00	\$62.14	\$262.30	\$62.14	\$72.00	\$241.72	\$157.21	\$241.72	\$62.14	\$72.80	\$73.60	\$76.00	N/A	\$62.14	\$62.14
ANCILLARY SERVICE	LAB	DRUG PRSMV CHEMISTRY TEST (DRUG SCREEN)	80307	N/A	\$206.40	N/A	\$62.14	\$196.08	\$154.80	\$62.14	\$262.30	\$62.14	\$185.76	\$241.72	\$157.21	\$241.72	\$62.14	\$187.82	\$189.89	\$196.08	N/A	\$62.14	\$62.14
ANCILLARY SERVICE	LAB	URINALYSIS COMPLETE (MANUAL WITH EXAMINATION USING MICROSCOPE)	81001	N/A	\$44.70	N/A	\$3.17	\$42.47	\$33.53	\$3.17	\$13.38	\$3.17	\$40.23	\$12.33	\$8.02	\$12.33	\$3.17	\$40.68	\$41.12	\$42.47	N/A	\$3.17	\$3.17

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022			Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	LAB	URINE SCREEN, AUTOMATED	81002	N/A	\$36.10	N/A	\$3.48	\$34.30	\$27.08	\$3.48	\$14.69	\$3.48	\$32.49	\$13.54	\$8.80	\$13.54	\$3.48	\$32.85	\$33.21	\$34.30	N/A	\$3.48	\$3.48
ANCILLARY SERVICE	LAB	URINE DIPSTICK	81003	N/A	\$38.00	N/A	\$2.25	\$36.10	\$28.50	\$2.25	\$9.50	\$2.25	\$34.20	\$8.75	\$5.69	\$8.75	\$2.25	\$34.58	\$34.96	\$36.10	N/A	\$2.25	\$2.25
ANCILLARY SERVICE	LAB	URINE PREGNANCY TEST	81025	N/A	\$83.50	N/A	\$8.61	\$79.33	\$62.63	\$8.61	\$36.34	\$8.61	\$75.15	\$33.49	\$21.78	\$33.49	\$8.61	\$75.99	\$76.82	\$79.33	N/A	\$8.61	\$8.61
ANCILLARY SERVICE	LAB	BILIRUBIN, TOTAL	82247	N/A	\$61.70	N/A	\$5.02	\$58.62	\$46.28	\$5.02	\$21.19	\$5.02	\$55.53	\$19.53	\$12.70	\$19.53	\$5.02	\$56.15	\$56.76	\$58.62	N/A	\$5.02	\$5.02
ANCILLARY SERVICE	LAB	VITAMIN D	82306	N/A	\$88.20	N/A	\$29.60	\$83.79	\$66.15	\$29.60	\$124.94	\$29.60	\$79.38	\$115.14	\$74.89	\$115.14	\$29.60	\$80.26	\$81.14	\$83.79	N/A	\$29.60	\$29.60
ANCILLARY SERVICE	LAB	CORTISOL, SERUM	82533	N/A	\$136.50	N/A	\$16.30	\$129.68	\$102.38	\$16.30	\$68.80	\$16.30	\$122.85	\$63.41	\$41.24	\$63.41	\$16.30	\$124.22	\$125.58	\$129.68	N/A	\$16.30	\$16.30
ANCILLARY SERVICE	LAB	CREATININE, SERUM	82565	N/A	\$58.70	N/A	\$5.12	\$55.77	\$44.03	\$5.12	\$21.61	\$5.12	\$52.83	\$19.92	\$12.95	\$19.92	\$5.12	\$53.42	\$54.00	\$55.77	N/A	\$5.12	\$5.12
ANCILLARY SERVICE	LAB	URINE CREATININE RANDOM	82570	N/A	\$80.00	N/A	\$5.18	\$76.00	\$60.00	\$5.18	\$21.87	\$5.18	\$72.00	\$20.15	\$13.11	\$20.15	\$5.18	\$72.80	\$73.60	\$76.00	N/A	\$5.18	\$5.18
ANCILLARY SERVICE	LAB	FERRITIN (IRON)	82728	N/A	\$118.10	N/A	\$13.63	\$112.20	\$88.58	\$13.63	\$57.53	\$13.63	\$106.29	\$53.02	\$34.48	\$53.02	\$13.63	\$107.47	\$108.65	\$112.20	N/A	\$13.63	\$13.63
ANCILLARY SERVICE	LAB	HEMOGLOBIN A1C	83036	N/A	\$84.70	N/A	\$9.71	\$80.47	\$63.53	\$9.71	\$40.99	\$9.71	\$76.23	\$37.77	\$24.57	\$37.77	\$9.71	\$77.08	\$77.92	\$80.47	N/A	\$9.71	\$9.71
ANCILLARY SERVICE	LAB	LACTATE	83605	N/A	\$121.20	N/A	\$11.57	\$115.14	\$90.90	\$11.57	\$48.84	\$11.57	\$109.08	\$45.01	\$29.27	\$45.01	\$11.57	\$110.29	\$111.50	\$115.14	N/A	\$11.57	\$11.57
ANCILLARY SERVICE	LAB	LACTATE DEHYDROGENASE (LDH) TEST	83615	N/A	\$84.70	N/A	\$6.04	\$80.47	\$63.53	\$6.04	\$25.50	\$6.04	\$76.23	\$23.50	\$15.28	\$23.50	\$6.04	\$77.08	\$77.92	\$80.47	N/A	\$6.04	\$6.04
ANCILLARY SERVICE	LAB	LIPASE	83690	N/A	\$106.20	N/A	\$6.89	\$100.89	\$79.65	\$6.89	\$29.08	\$6.89	\$95.58	\$26.80	\$17.43	\$26.80	\$6.89	\$96.64	\$97.70	\$100.89	N/A	\$6.89	\$6.89
ANCILLARY SERVICE	LAB	MAGNESIUM	83735	N/A	\$76.60	N/A	\$6.70	\$72.77	\$57.45	\$6.70	\$28.28	\$6.70	\$68.94	\$26.06	\$16.95	\$26.06	\$6.70	\$69.71	\$70.47	\$72.77	N/A	\$6.70	\$6.70
ANCILLARY SERVICE	LAB	B-TYPE NATRIURETIC PEPTIDE	83880	N/A	\$229.50	N/A	\$39.26	\$218.03	\$172.13	\$39.26	\$165.72	\$39.26	\$206.55	\$152.72	\$99.33	\$152.72	\$39.26	\$208.85	\$211.14	\$218.03	N/A	\$39.26	\$39.26
ANCILLARY SERVICE	LAB	PHOSPHORUS	84100	N/A	\$58.70	N/A	\$4.74	\$55.77	\$44.03	\$4.74	\$20.01	\$4.74	\$52.83	\$18.44	\$11.99	\$18.44	\$4.74	\$53.42	\$54.00	\$55.77	N/A	\$4.74	\$4.74
ANCILLARY SERVICE	LAB	PROCALCITONIN (PCT)	84145	N/A	\$112.50	N/A	\$27.22	\$106.88	\$84.38	\$27.22	\$114.90	\$27.22	\$101.25	\$105.89	\$68.87	\$105.89	\$27.22	\$102.38	\$103.50	\$106.88	N/A	\$27.22	\$27.22
ANCILLARY SERVICE	LAB	PSA DIAGNOSTIC LAB (PROSTATE SPECIFIC ANTIGEN)	84153	N/A	\$136.80	N/A	\$18.39	\$129.96	\$102.60	\$18.39	\$77.63	\$18.39	\$123.12	\$71.54	\$46.53	\$71.54	\$18.39	\$124.49	\$125.86	\$129.96	N/A	\$18.39	\$18.39
ANCILLARY SERVICE	LAB	PSA DIAGNOSTIC LAB (PROSTATE SPECIFIC ANTIGEN)	84154	N/A	\$45.00	N/A	\$18.39	\$77.63	\$33.75	\$18.39	\$77.63	\$18.39	\$40.50	\$71.54	\$46.53	\$71.54	\$18.39	\$40.95	\$41.40	\$42.75	N/A	\$18.39	\$18.39
ANCILLARY SERVICE	LAB	VITAMIN B3 (NIACIN) BLOOD TEST	84425	N/A	\$139.10	N/A	\$21.23	\$132.15	\$104.33	\$21.23	\$89.61	\$21.23	\$125.19	\$82.58	\$53.71	\$82.58	\$21.23	\$126.58	\$127.97	\$132.15	N/A	\$21.23	\$21.23
ANCILLARY SERVICE	LAB	FREE T 4 TEST	84439	N/A	\$68.50	N/A	\$9.02	\$65.08	\$51.38	\$9.02	\$38.07	\$9.02	\$61.65	\$35.09	\$22.82	\$35.09	\$9.02	\$62.34	\$63.02	\$65.08	N/A	\$9.02	\$9.02
ANCILLARY SERVICE	LAB	TSH BLOOD TEST (THYROID STIMULATING HORMONE)	84443	N/A	\$92.10	N/A	\$16.80	\$87.50	\$69.08	\$16.80	\$70.91	\$16.80	\$82.89	\$65.35	\$42.50	\$65.35	\$16.80	\$83.81	\$84.73	\$87.50	N/A	\$16.80	\$16.80
ANCILLARY SERVICE	LAB	TROPONIN	84484	N/A	\$165.50	N/A	\$12.47	\$157.23	\$124.13	\$12.47	\$52.64	\$12.47	\$148.95	\$48.51	\$31.55	\$48.51	\$12.47	\$150.61	\$152.26	\$157.23	N/A	\$12.47	\$12.47
ANCILLARY SERVICE	LAB	BUN	84520	N/A	\$58.70	N/A	\$3.95	\$55.77	\$44.03	\$3.95	\$16.67	\$3.95	\$52.83	\$15.37	\$9.99	\$15.37	\$3.95	\$53.42	\$54.00	\$55.77	N/A	\$3.95	\$3.95
ANCILLARY SERVICE	LAB	URIC ACID	84550	N/A	\$80.60	N/A	\$4.52	\$76.57	\$60.45	\$4.52	\$19.08	\$4.52	\$72.54	\$17.58	\$11.44	\$17.58	\$4.52	\$73.35	\$74.15	\$76.57	N/A	\$4.52	\$4.52
ANCILLARY SERVICE	LAB	VITAMIN A BLOOD TEST	84590	N/A	\$77.60	N/A	\$11.61	\$73.72	\$58.20	\$11.61	\$49.01	\$11.61	\$69.84	\$45.16	\$29.37	\$45.16	\$11.61	\$70.62	\$71.39	\$73.72	N/A	\$11.61	\$11.61
ANCILLARY SERVICE	LAB	HCG, QUANT INTACT BLOOD TEST (HUMAN CHORIONIC GONADOTROPIN)	84702	N/A	\$153.40	N/A	\$15.05	\$145.73	\$115.05	\$15.05	\$63.53	\$15.05	\$138.06	\$58.54	\$38.08	\$58.54	\$15.05	\$139.59	\$141.13	\$145.73	N/A	\$15.05	\$15.05
ANCILLARY SERVICE	LAB	HEMOGLOBIN BLOOD TEST	85018	N/A	\$46.00	N/A	\$2.37	\$43.70	\$34.50	\$2.37	\$10.00	\$2.37	\$41.40	\$9.22	\$6.00	\$9.22	\$2.37	\$41.86	\$42.32	\$43.70	N/A	\$2.37	\$2.37
ANCILLARY SERVICE	LAB	COMPLETE BLOOD CELL COUNT (CBC) WITH DIFFERENTIAL WHITE BLOOD CELLS, AUTOMATED	85025	N/A	\$57.60	N/A	\$7.77	\$54.72	\$43.20	\$7.77	\$32.80	\$7.77	\$51.84	\$30.23	\$19.66	\$30.23	\$7.77	\$52.42	\$52.99	\$54.72	N/A	\$7.77	\$7.77
ANCILLARY SERVICE	LAB	HEMOGRAM (COMPLETE BLOOD COUNT, AUTOMATED)	85027	N/A	\$49.10	N/A	\$6.47	\$46.65	\$36.83	\$6.47	\$27.31	\$6.47	\$44.19	\$25.37	\$16.37	\$25.37	\$6.47	\$44.68	\$45.17	\$46.65	N/A	\$6.47	\$6.47
ANCILLARY SERVICE	LAB	D-DIMER BLOOD TEST	85380	N/A	\$229.30	N/A	\$10.18	\$217.84	\$171.98	\$10.18	\$42.97	\$10.18	\$206.37	\$39.60	\$25.76	\$39.60	\$10.18	\$208.66	\$210.96	\$217.84	N/A	\$10.18	\$10.18
ANCILLARY SERVICE	LAB	PROTIME BLOOD TEST (CLOTTING TIME)	85610	N/A	\$52.70	N/A	\$4.29	\$50.07	\$39.53	\$4.29	\$18.11	\$4.29	\$47.43	\$16.69	\$10.85	\$16.69	\$4.29	\$47.96	\$48.48	\$50.07	N/A	\$4.29	\$4.29

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022			Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
ANCILLARY SERVICE	LAB	ERYTHROCYTE SEDIMENTATION RATE (ESR) BLOOD TEST	85651	N/A	\$64.00	N/A	\$4.27	\$60.80	\$48.00	\$4.27	\$18.02	\$4.27	\$57.60	\$16.61	\$10.80	\$16.61	\$4.27	\$58.24	\$58.88	\$60.80	N/A	\$4.27	\$4.27
ANCILLARY SERVICE	LAB	PTT (COAGULATION ASSESSMENT BLOOD TEST)	85730	N/A	\$90.40	N/A	\$6.01	\$85.88	\$67.80	\$6.01	\$25.37	\$6.01	\$81.36	\$23.38	\$15.21	\$23.38	\$6.01	\$82.26	\$83.17	\$85.88	N/A	\$6.01	\$6.01
ANCILLARY SERVICE	LAB	C REACTIVE PROTEIN HIGH SENSITIVITY TEST	86141	N/A	\$98.60	N/A	\$12.95	\$93.67	\$73.95	\$12.95	\$54.66	\$12.95	\$88.74	\$50.38	\$32.76	\$50.38	\$12.95	\$89.73	\$90.71	\$93.67	N/A	\$12.95	\$12.95
ANCILLARY SERVICE	LAB	MONO TEST (HETEROPHILE ANTIBODY SCREEN)	86308	N/A	\$96.40	N/A	\$5.18	\$91.58	\$72.30	\$5.18	\$21.87	\$5.18	\$177.03	\$20.15	\$13.11	\$20.15	\$5.18	\$87.72	\$88.69	\$91.58	N/A	\$5.18	\$5.18
ANCILLARY SERVICE	LAB	RHEUMATOID ARTHRITIS (RA) SCREEN BLOOD TEST	86430	N/A	\$106.90	N/A	\$6.14	\$101.56	\$80.18	\$6.14	\$25.92	\$6.14	\$96.21	\$23.88	\$15.53	\$23.88	\$6.14	\$97.28	\$98.35	\$101.56	N/A	\$6.14	\$6.14
ANCILLARY SERVICE	LAB	T SPOT TB (TUBERCULOSIS) TEST	86481	N/A	\$60.00	N/A	\$100.00	\$57.00	\$45.00	\$100.00	\$422.11	\$100.00	\$54.00	\$389.00	\$253.00	\$389.00	\$100.00	\$54.60	\$55.20	\$57.00	N/A	\$100.00	\$100.00
ANCILLARY SERVICE	LAB	HERPES VIRUS 1/2 - TYPE 1 TEST	86695	N/A	\$20.54	N/A	\$13.19	\$19.51	\$15.41	\$13.19	\$55.68	\$13.19	\$18.49	\$51.31	\$33.37	\$51.31	\$13.19	\$18.69	\$18.90	\$19.51	N/A	\$13.19	\$13.19
ANCILLARY SERVICE	LAB	TORCH IGM HERPES TYPE 2 TEST	86696	N/A	\$23.00	N/A	\$19.35	\$21.85	\$17.25	\$19.35	\$81.68	\$19.35	\$20.70	\$75.27	\$48.96	\$75.27	\$19.35	\$20.93	\$21.16	\$21.85	N/A	\$19.35	\$19.35
ANCILLARY SERVICE	LAB	RAPID HIV-1 AND -2 ANTIBODY SCREENING TEST	86703	N/A	\$103.50	N/A	\$13.71	\$98.33	\$77.63	\$13.71	\$57.87	\$13.71	\$93.15	\$53.33	\$34.69	\$53.33	\$13.71	\$94.19	\$95.22	\$98.33	N/A	\$13.71	\$13.71
ANCILLARY SERVICE	LAB	HEPATITIS B IMMUNITY SCREEN	86706	N/A	\$65.00	N/A	\$10.74	\$61.75	\$48.75	\$10.74	\$45.33	\$10.74	\$58.50	\$41.78	\$27.17	\$41.78	\$10.74	\$59.15	\$59.80	\$61.75	N/A	\$10.74	\$10.74
ANCILLARY SERVICE	LAB	HEPATITIS A IMMUNITY SCREEN	86708	N/A	\$113.70	N/A	\$12.39	\$108.02	\$85.28	\$12.39	\$52.30	\$12.39	\$102.33	\$48.20	\$31.35	\$48.20	\$12.39	\$103.47	\$104.60	\$108.02	N/A	\$12.39	\$12.39
ANCILLARY SERVICE	LAB	MUMPS AB, IGG OR IGM ANTIBODY BLOOD TEST	86735	N/A	\$25.00	N/A	\$13.05	\$23.75	\$18.75	\$13.05	\$55.09	\$13.05	\$22.50	\$50.76	\$33.02	\$50.76	\$13.05	\$22.75	\$23.00	\$23.75	N/A	\$13.05	\$13.05
ANCILLARY SERVICE	LAB	RUBELLA ANTIBODY SCREEN	86762	N/A	\$34.00	N/A	\$14.39	\$32.30	\$25.50	\$14.39	\$60.74	\$14.39	\$30.60	\$55.98	\$36.41	\$55.98	\$14.39	\$30.94	\$31.28	\$32.30	N/A	\$14.39	\$14.39
ANCILLARY SERVICE	LAB	VARICELLA ZOSTER VIRUS IGG ANITBODY TEST	86787	N/A	\$20.00	N/A	\$12.88	\$19.00	\$15.00	\$12.88	\$54.37	\$12.88	\$18.00	\$50.10	\$32.59	\$50.10	\$12.88	\$18.20	\$18.40	\$19.00	N/A	\$12.88	\$12.88
ANCILLARY SERVICE	LAB	WEST NILE VIRUS IGM CLASS ANTIBODY TEST	86788	N/A	\$61.40	N/A	\$16.85	\$58.33	\$46.05	\$16.85	\$71.13	\$16.85	\$55.26	\$65.55	\$42.63	\$65.55	\$16.85	\$55.87	\$56.49	\$58.33	N/A	\$16.85	\$16.85
ANCILLARY SERVICE	LAB	WEST NILE VIRUS IGG CLASS ANITBODY TEST	86789	N/A	\$61.40	N/A	\$14.39	\$58.33	\$46.05	\$14.39	\$60.74	\$14.39	\$55.26	\$55.98	\$36.41	\$55.98	\$14.39	\$55.87	\$56.49	\$58.33	N/A	\$14.39	\$14.39
ANCILLARY SERVICE	LAB	HEPATITIS C ANTIBODY TEST	86803	N/A	\$133.00	N/A	\$14.27	\$126.35	\$99.75	\$14.27	\$60.24	\$14.27	\$119.70	\$55.51	\$36.10	\$55.51	\$14.27	\$121.03	\$122.36	\$126.35	N/A	\$14.27	\$14.27
ANCILLARY SERVICE	LAB	ANTIBODY SCREEN BLOOD TEST	86850	N/A	\$125.00	N/A	\$50.75	\$118.75	\$93.75	\$50.75	\$214.22	\$50.75	\$112.50	\$197.42	\$128.40	\$197.42	\$50.75	\$113.75	\$115.00	\$118.75	N/A	\$50.75	\$50.75
ANCILLARY SERVICE	LAB	ABO BLOOD TYPNG TEST	86900	N/A	\$45.00	N/A	\$115.16	\$42.75	\$33.75	\$115.16	\$486.10	\$115.16	\$40.50	\$447.97	\$291.35	\$447.97	\$115.16	\$40.95	\$41.40	\$42.75	N/A	\$115.16	\$115.16
ANCILLARY SERVICE	LAB	RH FACTOR BLOOD TEST	86901	N/A	\$40.00	N/A	\$34.57	\$38.00	\$30.00	\$34.57	\$145.92	\$34.57	\$36.00	\$134.48	\$87.46	\$134.48	\$34.57	\$36.40	\$36.80	\$38.00	N/A	\$34.57	\$34.57
ANCILLARY SERVICE	LAB	CULTURE, BLOOD	87040	N/A	\$183.70	N/A	\$10.32	\$174.52	\$137.78	\$10.32	\$43.56	\$10.32	\$165.33	\$40.14	\$26.11	\$40.14	\$10.32	\$167.17	\$169.00	\$174.52	N/A	\$10.32	\$10.32
ANCILLARY SERVICE	LAB	CULTURE, STREP ONLY	87081	N/A	\$91.30	N/A	\$6.63	\$86.74	\$68.48	\$6.63	\$27.99	\$6.63	\$82.17	\$25.79	\$16.77	\$25.79	\$6.63	\$83.08	\$84.00	\$86.74	N/A	\$6.63	\$6.63
ANCILLARY SERVICE	LAB	CULTURE, URINE	87086	N/A	\$106.90	N/A	\$8.07	\$101.56	\$80.18	\$8.07	\$34.06	\$8.07	\$96.21	\$31.39	\$20.42	\$31.39	\$8.07	\$97.28	\$98.35	\$101.56	N/A	\$8.07	\$8.07
ANCILLARY SERVICE	LAB	ORGANISM ID, URINE	87088	N/A	\$65.90	N/A	\$8.09	\$62.61	\$49.43	\$8.09	\$34.15	\$8.09	\$59.31	\$31.47	\$20.47	\$31.47	\$8.09	\$59.97	\$60.63	\$62.61	N/A	\$8.09	\$8.09
ANCILLARY SERVICE	LAB	C DIFFICILE TOXIN TEST (CLOSTRIDIUM DIFFICILE OR C.DIFF)	87324	N/A	\$60.00	N/A	\$11.98	\$57.00	\$45.00	\$11.98	\$50.57	\$11.98	\$54.00	\$46.60	\$30.31	\$46.60	\$11.98	\$54.60	\$55.20	\$57.00	N/A	\$11.98	\$11.98
ANCILLARY SERVICE	LAB	INFLUENZA VIRUS A AND B RNA, QUALITATIVE REAL TIME PCR	87502	N/A	\$226.20	N/A	\$95.80	\$214.89	\$169.65	\$95.80	\$404.38	\$95.80	\$203.58	\$372.66	\$242.37	\$372.66	\$95.80	\$205.84	\$208.10	\$214.89	N/A	\$95.80	\$95.80
ANCILLARY SERVICE	LAB	RESPIRATORY VIRUS PANEL PCR	87631	N/A	\$343.15	N/A	\$142.63	\$325.99	\$257.36	\$142.63	\$602.06	\$142.63	\$308.84	\$554.83	\$360.85	\$554.83	\$142.63	\$312.27	\$315.70	\$325.99	N/A	\$142.63	\$142.63
ANCILLARY SERVICE	LAB	STREP A RAPID ANTIGEN TEST	87880	N/A	\$83.30	N/A	\$16.53	\$79.14	\$62.48	\$16.53	\$69.77	\$16.53	\$74.97	\$64.30	\$41.82	\$64.30	\$16.53	\$75.80	\$76.64	\$79.14	N/A	\$16.53	\$16.53
ANCILLARY SERVICE	LAB TEST-COVID 19	SARS-COV-2 ANTIBODY TEST (CORONAVIRUS DISEASE, COVID-19)	86769	N/A	\$69.00	N/A	\$0.00	\$65.55	\$51.75	\$0.00	\$0.00	\$0.00	\$62.10	\$0.00	\$0.00	\$0.00	\$0.00	\$62.79	\$63.48	\$65.55	N/A	\$0.00	\$0.00
ANCILLARY SERVICE	LAB TEST-COVID 19	COVID-19 U0002	U0002	N/A	\$165.00	N/A	\$0.00	\$156.75	\$123.75	\$0.00	\$0.00	\$0.00	\$148.50	\$0.00	\$0.00	\$0.00	\$0.00	\$150.15	\$151.80	\$156.75	N/A	\$0.00	\$0.00
ANCILLARY SERVICE	LAB TEST-COVID 19	COVID-19 U0003	U0003	N/A	\$165.00	N/A	\$75.00	\$75.00	\$123.75	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	N/A	\$75.00	\$75.00
ANCILLARY SERVICE	OUTPAT PAIN MGT:SPINAL INJECTION	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	62332	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022				Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAD	
ANCILLARY SERVICE	OUTPAT PAIN MGT-SPINAL INJECTION	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMATIN GUIDANCE	62323	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
ANCILLARY SERVICE	PET SCANS	PET SCAN WITH CT IMAGING	78815	N/A	\$6,717.80	N/A	\$1,511.56	\$6,380.45	\$5,038.35	\$1,511.56	\$6,380.45	\$1,511.56	\$6,046.02	\$5,879.97	\$3,824.25	\$5,879.97	\$1,511.56	\$6,113.20	\$6,180.38	\$6,381.91	N/A	\$1,511.56	\$1,511.56	
ANCILLARY SERVICE	PET SCANS	PET SCAN WITH CT IMAGING, WHOLE BODY	78816	N/A	\$6,426.40	N/A	\$1,511.56	\$6,380.45	\$4,819.80	\$1,511.56	\$6,380.45	\$1,511.56	\$5,783.76	\$5,879.97	\$3,824.25	\$5,879.97	\$1,511.56	\$5,848.02	\$5,912.29	\$6,105.08	N/A	\$1,511.56	\$1,511.56	
ANCILLARY SERVICE	RADIATION ONCOLOGY	BASIC RADIATION DOSIMETRY CALCULATION	77300	N/A	\$470.80	N/A	\$129.59	\$447.26	\$153.10	\$129.59	\$547.01	\$129.59	\$423.72	\$504.11	\$327.86	\$504.11	\$129.59	\$428.43	\$433.14	\$447.26	N/A	\$129.59	\$129.59	
ANCILLARY SERVICE	RADIATION ONCOLOGY	SIMPLE IMRT (INTENSITY MODULATED RADIOLOGY THERAPY) DELIVERY, INCLUDE GUIDANCE & TRACKING WHEN PERFORMED	77385	N/A	\$2,525.00	N/A	\$554.12	\$2,398.75	\$1,893.75	\$554.12	\$2,339.00	\$554.12	\$2,272.50	\$2,155.53	\$1,401.92	\$2,155.53	\$554.12	\$2,297.75	\$2,323.00	\$2,398.75	N/A	\$554.12	\$554.12	
ANCILLARY SERVICE	RADIATION ONCOLOGY	COMPLEX IMRT (INTENSITY MODULATED RADIOTHERAPY) DELIVERY, INCLUDES GUIDANCE & TRACKING WHEN PERFORMED	77386	N/A	\$3,282.50	N/A	\$554.12	\$3,118.38	\$2,461.88	\$554.12	\$2,339.00	\$554.12	\$2,954.25	\$2,155.53	\$1,401.92	\$2,155.53	\$554.12	\$2,987.08	\$3,019.90	\$3,118.38	N/A	\$554.12	\$554.12	
ANCILLARY SERVICE	SLEEP STUDY	POLYSOMNOGRAPHY	95810	N/A	\$2,895.60	N/A	\$939.61	\$3,966.19	\$2,171.70	\$939.61	\$3,966.19	\$1,017.86	\$2,606.04	\$3,655.08	\$2,377.21	\$3,655.08	\$939.61	\$2,635.00	\$2,663.95	\$2,750.82	N/A	\$939.61	\$939.61	
ANCILLARY SERVICE	SLEEP STUDY	POLYSOMNOGRAPHY WITH CPAP	95811	N/A	\$3,375.70	N/A	\$939.61	\$3,966.19	\$2,531.78	\$939.61	\$3,966.19	\$1,017.86	\$3,038.13	\$3,655.08	\$2,377.21	\$3,655.08	\$939.61	\$3,071.89	\$3,105.64	\$3,206.92	N/A	\$939.61	\$939.61	
ANCILLARY SERVICE	SPINAL INJECTION	INJECTION OF ANESTHETIC AND/OR STEROID DRUG INTO LOWER OR SACRAL SPINE NERVE USING IMAGING GUIDANCE	64483	N/A	\$1,954.00	N/A	\$1,008.88	\$4,258.58	\$1,465.50	\$1,008.88	\$4,258.58	\$1,008.88	\$1,738.60	\$3,924.54	\$2,552.47	\$3,924.54	\$1,008.88	\$1,778.14	\$1,797.68	\$1,856.30	N/A	\$1,008.88	\$1,008.88	
ANCILLARY SERVICE	WOUND CARE CLINIC HYPERBARIC OXYGEN THERAPY	HYPERBARIC OXYGEN THERAPY, PROVIDER FEE	9918326	N/A	\$334.30	N/A	\$77.15	\$317.59	\$250.73	\$104.25	\$218.67	\$186.88	\$300.87	\$221.20	\$259.12	\$259.12	\$114.04	\$304.21	\$205.40	\$114.04	N/A	\$109.51	\$77.15	
ANCILLARY SERVICE	WOUND CARE CLINIC HYPERBARIC OXYGEN THERAPY	HYPERBARIC OXYGEN THERAPY, EACH 30 MINUTE DIVE	G0277	N/A	\$248.90	N/A	\$121.80	\$514.13	\$186.68	\$121.80	\$514.13	\$128.85	\$224.01	\$473.80	\$308.15	\$473.80	\$121.80	\$226.50	\$228.99	\$236.46	N/A	\$121.80	\$121.80	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	CARDIOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$119.70	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	MEDICAL ONCOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$124.20	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	OUTPATIENT INFUSION CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$119.70	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	PROTOME CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$69.03	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	RADIATION ONCOLOGY CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$119.70	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-FACILITY FEE	WOUND CARE CLINIC OUTPATIENT VISIT FACILITY CHARGE	G0463	N/A	\$138.00	N/A	\$121.35	\$512.23	\$103.50	\$121.35	\$512.23	\$129.82	\$174.42	\$472.05	\$307.02	\$472.05	\$121.35	\$125.58	\$126.96	\$131.10	N/A	\$121.35	\$121.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 2, TYPICALLY 15 MINUTES	9920226	N/A	\$136.60	N/A	\$38.37	\$129.77	\$102.45	\$47.68	\$98.96	\$51.91	\$122.94	\$100.10	\$117.26	\$117.26	\$51.61	\$124.31	\$92.95	\$51.61	N/A	\$51.91	\$38.37	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 3, TYPICALLY 30 MINUTES	9920326	N/A	\$200.00	N/A	\$57.49	\$190.00	\$150.00	\$80.77	\$148.09	\$77.71	\$180.00	\$149.80	\$175.48	\$175.48	\$77.23	\$182.00	\$139.10	\$77.23	N/A	\$77.71	\$57.49	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 3, TYPICALLY 45 MINUTES	9920426	N/A	\$350.00	N/A	\$98.35	\$332.50	\$262.50	\$131.69	\$253.27	\$132.93	\$315.00	\$256.20	\$300.12	\$300.12	\$132.09	\$318.50	\$237.90	\$132.09	N/A	\$132.93	\$98.35	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC NEW PATIENT VISIT LEVEL 5, TYPICALLY 60 MINUTES	9920526	N/A	\$288.90	N/A	\$128.50	\$274.46	\$216.68	\$178.80	\$330.78	\$173.72	\$260.01	\$334.60	\$391.96	\$391.96	\$172.51	\$262.90	\$310.70	\$172.51	N/A	\$173.72	\$128.50	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 1	9921126	N/A	\$25.00	N/A	\$7.04	\$23.75	\$18.75	\$8.78	\$17.99	\$9.15	\$22.50	\$18.20	\$21.32	\$21.32	\$9.38	\$22.75	\$16.90	\$9.38	N/A	\$9.15	\$7.04	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 2	9921226	N/A	\$54.00	N/A	\$19.56	\$51.30	\$40.50	\$34.94	\$50.52	\$26.43	\$48.60	\$51.10	\$59.86	\$59.86	\$26.35	\$49.14	\$47.45	\$26.35	N/A	\$26.43	\$19.56	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 3	9921326	N/A	\$135.00	N/A	\$39.03	\$128.25	\$101.25	\$65.40	\$100.34	\$52.76	\$121.50	\$101.50	\$118.90	\$118.90	\$52.33	\$122.85	\$94.25	\$52.33	N/A	\$52.76	\$39.03	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 4	9921426	N/A	\$261.00	N/A	\$60.14	\$247.95	\$195.75	\$96.70	\$154.32	\$81.31	\$234.90	\$156.10	\$182.86	\$182.86	\$80.48	\$237.51	\$144.95	\$80.48	N/A	\$81.31	\$60.14	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PROVIDER FEE OUTPT CLINIC-ESTABLISHED PATIENT LEVEL 5	9921526	N/A	\$300.00	N/A	\$84.99	\$285.00	\$225.00	\$142.26	\$217.98	\$114.95	\$270.00	\$220.50	\$258.30	\$258.30	\$113.68	\$273.00	\$204.75	\$113.68	N/A	\$114.95	\$84.99	
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PATIENT OFFICE VISIT CONSULTATION, TYPICALLY 40 MINUTES	99343	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	PATIENT OFFICE VISIT CONSULTATION, TYPICALLY 60 MINUTES	99244	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	99385	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
CLINIC CHARGES	PROVIDER BASE CLINIC CHARGES-PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	99386	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-	GROUP PSYCHOTHERAPY	90853	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 30 MINUTES (INPATIENT ONLY PRO FEES)	90832	N/A	\$133.00	N/A	\$67.52	\$126.35		\$67.52	\$122.48	\$64.45	\$119.70	\$123.90	\$145.14	\$145.14	\$63.88	\$121.03	\$115.05	\$63.88	N/A	\$64.45	\$69.19	

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022				Negotiated Charge by Payor																			
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacom (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTIMUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAD
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 30 MINUTES (INPATIENT ONLY PRO FEES)	90833	N/A	\$122.00	N/A	\$62.19	\$115.90		\$62.19	\$127.33	\$67.13	\$109.80	\$128.80	\$150.88	\$150.88	\$66.40	\$111.02	\$119.60	\$66.40	N/A	\$67.13	\$69.19
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 45 MINUTES (INPATIENT ONLY PRO FEES)	90834	N/A	\$189.00	N/A	\$89.09	\$179.55		\$89.09	\$163.31	\$85.94	\$170.10	\$165.20	\$193.52	\$193.52	\$85.17	\$171.99	\$153.40	\$85.17	N/A	\$85.94	\$102.03
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 30 MINUTES (INPATIENT ONLY PRO FEES)	90836	N/A	\$199.50	N/A	\$78.65	\$189.53		\$78.65	\$161.24	\$84.95	\$179.55	\$163.10	\$191.06	\$191.06	\$84.09	\$181.55	\$151.45	\$84.09	N/A	\$84.95	\$102.03
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY 60 MINUTES (INPATIENT ONLY PRO FEES)	90837	N/A	\$327.40	N/A	\$131.80	\$311.03		\$131.80	\$244.28	\$128.67	\$294.66	\$247.10	\$289.46	\$289.46	\$127.40	\$297.93	\$229.45	\$127.40	N/A	\$128.67	\$150.19
PROFESSIONAL FEE	MENTAL HEALTH PROFESSIONAL FEE-PERFORMED INPATIENT ONLY	PSYCHOTHERAPY WITH E&M, 60 MINUTES (INPATIENT ONLY PRO FEES)	90838	N/A	\$317.00	N/A	\$104.30	\$301.15		\$104.30	\$211.75	\$111.77	\$285.30	\$214.20	\$250.92	\$250.92	\$110.43	\$288.47	\$198.90	\$110.43	N/A	\$111.77	\$150.19
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	59400	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	59510	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
PROFESSIONAL FEE	OB PROFESSIONAL SERVICES	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR C-SECTION DELIVERY, INCLUDING PRE- AND POST-DELIVERY CARE	59610	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT, 50 MINUTES	90846	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	FAMILY PSYCHOTHERAPY, INCLUDING PATIENT, 50 MINUTES	90847	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	OFFICE CONSULTATION VISIT, TYPICALLY 40 MINUTES	99243	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	OFFICE CONSULTATION VISIT, TYPICALLY 60 MINUTES	99244	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTATIVE MEDICINE EVALUATION (18-39 YEARS)	99385	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	OFFICE VISIT PROFESSIONAL FEE	INITIAL NEW PATIENT PREVENTATIVE MEDICINE EVALUATION (40-64 YEARS)	99386	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	PHYSICAL THERAPY	THERAPEUTIC EXERCISE 15 MINUTES	97110	N/A	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS-PROFESSIONAL FEE	9345226	N/A	\$673.60	N/A	\$165.59	\$638.02	\$503.70	\$224.16	\$592.35	\$293.26	\$604.44	\$599.20	\$561.70	\$561.70	\$247.21	\$611.16	\$445.25	\$247.21	N/A	\$293.26	\$165.59
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY (PROFESSIONAL FEE)	9345426	N/A	\$886.90	N/A	\$167.36	\$842.56	\$665.18	\$226.64	\$474.02	\$235.07	\$798.21	\$479.50	\$568.26	\$568.26	\$250.10	\$807.08	\$450.45	\$250.10	N/A	\$235.07	\$167.36
PROFESSIONAL FEE	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY AND LEFT HEART CATHETER (PROFESSIONAL FEE)	9345826	N/A	\$787.70	N/A	\$206.58	\$748.32	\$590.78	\$279.06	\$479.56	\$237.57	\$708.93	\$485.10	\$701.92	\$701.92	\$308.93	\$716.81	\$556.40	\$308.93	N/A	\$237.57	\$206.58
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE	19120	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	TOTAL HIP ARTHROPLASTY WITH OR WITHOUT AUTOGRAFT OT ALLOGRAFT	27130	\$54,846.06	* SEE NOTE BELOW	N/A	\$12,593.29	\$53,157.54	\$41,134.55	\$12,593.29	\$53,157.54	\$12,593.29	\$49,361.45	\$48,987.90	\$31,861.02	\$48,987.90	\$12,593.29	\$49,909.91	\$50,458.38	\$52,103.76	N/A	\$12,593.29	\$12,593.29
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	TOTAL KNEE REPLACEMENT	27447	\$49,636.13	* SEE NOTE BELOW	N/A	\$12,593.29	\$53,157.54	\$37,227.10	\$12,593.29	\$53,157.54	\$12,593.29	\$44,672.52	\$48,987.90	\$31,861.02	\$48,987.90	\$12,593.29	\$45,188.88	\$45,665.24	\$47,154.32	N/A	\$12,593.29	\$12,593.29
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, SHOULDER, SURGICAL, DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH LIGAMENT RELEASE	29826	* ADD ON PROCEDURE CODE: SEE 29827 FOR FACILITY CHARGES	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	29827	\$36,274.81	* SEE NOTE BELOW	N/A	\$6,397.05	\$34,461.07	\$27,206.11	\$6,397.05	\$27,002.59	\$6,397.05	\$32,647.33	\$24,884.52	\$16,184.54	\$24,884.52	\$6,397.05	\$33,010.08	\$33,372.83	\$34,461.07	N/A	\$6,397.05	\$6,397.05
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ARTHROSCOPY, KNEE, SURGICAL SYNOVECTOMY, LIMITED	29875	\$13,483.22	* SEE NOTE BELOW	N/A	\$2,892.28	\$12,809.06	\$10,112.42	\$2,892.28	\$12,208.60	\$2,892.28	\$12,134.90	\$11,250.97	\$7,317.47	\$11,250.97	\$2,892.28	\$12,269.73	\$12,404.56	\$12,809.06	N/A	\$2,892.28	\$2,892.28
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF 1 KNEE CARTILAGE USING AN ENDOSCOPE	29881	\$20,277.00	* SEE NOTE BELOW	N/A	\$2,892.28	\$19,263.15	\$15,207.75	\$2,892.28	\$12,208.60	\$2,892.28	\$18,249.30	\$11,250.97	\$7,317.47	\$11,250.97	\$2,892.28	\$18,452.07	\$18,654.84	\$19,263.15	N/A	\$2,892.28	\$2,892.28
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WITH CELL WASHING, WHEN PERFORMED	31622	\$17,257.10	* SEE NOTE BELOW	N/A	\$1,528.00	\$6,449.84	\$12,942.83	\$1,528.00	\$6,449.84	\$1,528.00	\$15,531.39	\$5,943.92	\$3,865.84	\$5,943.92	\$1,528.00	\$15,703.96	\$15,876.53	\$16,394.25	N/A	\$1,528.00	\$1,528.00
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH BRUSHING OR PROTECTED BRUSHING	31623	\$11,904.31	* SEE NOTE BELOW	N/A	\$1,528.00	\$11,309.09	\$8,928.23	\$1,528.00	\$6,449.84	\$1,528.00	\$10,713.88	\$5,943.92	\$3,865.84	\$5,943.92	\$1,528.00	\$10,832.92	\$10,951.97	\$11,309.09	N/A	\$1,528.00	\$1,528.00
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WITH BIOPSY	31625	\$11,505.49	* SEE NOTE BELOW	N/A	\$1,528.00	\$10,930.22	\$8,629.12	\$1,528.00	\$6,449.84	\$1,528.00	\$10,354.94	\$5,943.92	\$3,865.84	\$5,943.92	\$1,528.00	\$10,470.00	\$10,585.05	\$10,930.22	N/A	\$1,528.00	\$1,528.00
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF TONSILS AND ADENOID GLANDS, PATIENT YOUNGER THAN 12	42820	\$13,546.00	* SEE NOTE BELOW	N/A	\$5,194.27	\$21,925.53	\$10,159.50	\$5,194.27	\$21,925.53	\$5,194.27	\$12,191.40	\$20,205.71	\$13,141.50	\$20,205.71	\$5,194.27	\$12,326.86	\$12,462.32	\$12,868.70	N/A	\$5,194.27	\$5,194.27
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	DIAGNOSTIC EXAM OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	43235	\$12,275.00	* SEE NOTE BELOW	N/A	\$826.39	\$11,661.25	\$9,206.25	\$826.39	\$3,488.27	\$826.39	\$11,047.50	\$3,214.66	\$2,090.77	\$3,214.66	\$826.39	\$11,170.25	\$11,293.00	\$11,661.25	N/A	\$826.39	\$826.39
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF THE ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	43239	\$6,485.00	* SEE NOTE BELOW	N/A	\$826.39	\$6,160.75	\$4,863.75	\$826.39	\$3,488.27	\$826.39	\$5,836.50	\$3,214.66	\$2,090.77	\$3,214.66	\$826.39	\$5,901.35	\$5,966.20	\$6,160.75	N/A	\$826.39	\$826.39
SERVICE PACKAGE- HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPIC PARAESOPHAGEAL HIATAL HERNIA REPAIR	43281	\$34,426.00	* SEE NOTE BELOW	N/A	\$9,096.46	\$38,397.07	\$25,819.50	\$9,096.46	\$38,397.07	\$9,096.46	\$30,983.40	\$35,385.23	\$23,014.04	\$35,385.23	\$9,096.46	\$31,327.66	\$31,671.92	\$32,704.70	N/A	\$9,096.46	\$9,096.46

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022			Negotiated Charge by Payor																					
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacom (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTIMUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAD	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPAROSCOPE PROCEDURE, STOMACH, REMOVAL AND REPLACEMENT OF GASTRIC BAND & SUBCUTANEOUS PORT COMPONENTS	43659	\$33,693.76	** SEE NOTE BELOW	\$10,075 **	\$5,167.69	\$32,009.07	\$25,270.32	\$5,167.69	\$21,813.34	\$5,167.69	\$30,324.38	\$20,102.31	\$13,074.26	\$20,102.31	\$5,167.69	\$30,661.32	\$30,998.26	\$32,009.07	N/A	\$5,167.69	\$5,167.69	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPARASCOPIC SLEEVE GASTRECTOMY	43775	\$33,776.06	** SEE NOTE BELOW	\$6,775 **	SELF PAY PROCEDURE: CONTACT YOUR HEALTH PLAN TO DETERMINE IF THIS IS A COVERED BENEFIT	SELF PAY PROCEDURE: CONTACT YOUR HEALTH PLAN TO DETERMINE IF THIS IS A COVERED BENEFIT	NO ADDITIONAL DISCOUNT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,736.21	\$0.00	\$0.00	N/A	\$0.00	\$0.00
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	LAPARASCOPIC APPENDECTOMY	44970	\$30,131.08	* SEE NOTE BELOW	N/A	\$5,167.69	\$28,624.53	\$22,598.31	\$5,167.69	\$21,813.34	\$5,167.69	\$27,117.97	\$20,102.31	\$13,074.26	\$20,102.31	\$5,167.69	\$27,419.28	\$27,720.59	\$28,624.53	N/A	\$5,167.69	\$5,167.69	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AND ENDOSCOPE	45378	\$3,889.00	* SEE NOTE BELOW	N/A	\$810.48	\$3,694.55	\$2,916.75	\$810.48	\$3,421.12	\$810.48	\$3,500.10	\$3,152.77	\$2,050.51	\$3,152.77	\$810.48	\$3,538.99	\$3,577.88	\$3,694.55	N/A	\$810.48	\$810.48	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE	45380	\$4,346.00	* SEE NOTE BELOW	N/A	\$1,059.06	\$4,470.40	\$3,259.50	\$1,059.06	\$4,470.40	\$1,059.06	\$3,911.40	\$4,119.74	\$2,679.42	\$4,119.74	\$1,059.06	\$3,954.86	\$3,998.32	\$4,128.70	N/A	\$1,059.06	\$1,059.06	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE	45385	\$4,551.00	* SEE NOTE BELOW	N/A	\$1,059.06	\$4,323.45	\$3,413.25	\$1,059.06	\$4,470.40	\$1,059.06	\$4,095.90	\$4,119.74	\$2,679.42	\$4,119.74	\$1,059.06	\$4,141.41	\$4,186.92	\$4,323.45	N/A	\$1,059.06	\$1,059.06	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	45391	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REMOVA OF GALLBLADDER USING AN ENDOSCOPE	47562	\$23,443.00	* SEE NOTE BELOW	N/A	\$5,167.69	\$22,270.85	\$17,582.25	\$5,167.69	\$21,813.34	\$5,167.69	\$21,098.70	\$20,102.31	\$13,074.26	\$20,102.31	\$5,167.69	\$21,333.13	\$21,567.56	\$22,270.85	N/A	\$5,167.69	\$5,167.69	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	REPAIR OF GROIN HERNIA PATIENT AGE 5 YEARS OR OLDER	49505	\$17,393.00	* SEE NOTE BELOW	N/A	\$3,249.35	\$16,523.35	\$13,044.75	\$3,249.35	\$3,715.83	\$3,249.35	\$15,653.70	\$12,639.97	\$8,220.86	\$12,639.97	\$3,249.35	\$15,827.63	\$16,001.56	\$16,523.35	N/A	\$3,249.35	\$3,249.35	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	BIOPSY OF PROSTATE GLAND	55700	\$26,072.00	* SEE NOTE BELOW	N/A	\$1,828.65	\$24,768.40	\$19,554.00	\$1,828.65	\$7,718.91	\$1,828.65	\$23,464.80	\$7,113.45	\$4,626.48	\$7,113.45	\$1,828.65	\$23,725.52	\$23,986.24	\$24,768.40	N/A	\$1,828.65	\$1,828.65	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AND ENDOSCOPE	55866	\$50,973.00	* SEE NOTE BELOW	N/A	\$9,096.46	\$48,424.35	\$38,229.75	\$9,096.46	\$38,397.07	\$9,096.46	\$45,875.70	\$35,385.23	\$23,014.04	\$35,385.23	\$9,096.46	\$46,385.43	\$46,895.16	\$48,424.35	N/A	\$9,096.46	\$9,096.46	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS-FACILITY CHARGE	93452	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	NOT OFFERED	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY (FACILITY FEE)	93454	\$22,826.82	* SEE NOTE BELOW	N/A	\$2,961.52	\$21,000.67	\$16,822.25	\$2,961.52	\$12,500.87	\$2,849.95	\$20,544.13	\$11,520.31	\$7,492.65	\$11,520.31	\$2,961.52	\$20,772.40	\$21,000.67	\$21,000.67	N/A	\$2,961.52	\$2,961.52	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CARDIOLOGY	CORONARY ANGIOGRAPHY AND LEFT HEART CATHETER (FACILITY FEE)	93458	\$27,551.88	* SEE NOTE BELOW	N/A	\$2,961.52	\$26,174.28	\$20,822.25	\$2,961.52	\$12,500.87	\$2,849.95	\$24,796.69	\$11,520.31	\$7,492.65	\$11,520.31	\$2,961.52	\$25,072.21	\$25,347.73	\$26,174.28	N/A	\$2,961.52	\$2,961.52	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CATARACT	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	66821	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	
SERVICE PACKAGE: HOSPITAL OUTPATIENT SERVICES (DOES NOT INCLUDE PROFESSIONAL FEES)	SURGICAL OUTPATIENT PROCEDURE-CATARACT	REMOVAL OF CATRACT WITH INSERTION OF LENS	66984	\$5,831.00	* SEE NOTE BELOW	N/A	\$2,120.86	\$8,952.36	\$4,373.25	\$2,120.86	\$8,952.36	\$2,120.86	\$5,247.90	\$8,250.15	\$5,365.78	\$8,250.15	\$2,120.86	\$5,306.21	\$5,364.52	\$5,831.00	N/A	\$2,120.86	\$2,120.86	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MAJOR COMPLICATIONS OR COMORBIDITIES	216	\$279,434.19	* SEE NOTE BELOW	N/A	\$71,079.50	\$265,462.48	\$209,575.64	\$100,281.46	\$181,711.33	\$100,281.46	\$251,490.77	\$180,707.40	\$120,471.60	\$175,985.52	\$102,287.09	\$254,285.11	\$257,079.45	\$265,462.48	N/A	\$100,281.46	\$71,079.50	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	242	\$93,524.16	* SEE NOTE BELOW	N/A	\$26,391.88	\$88,847.95	\$70,143.12	\$37,234.59	\$67,469.56	\$37,234.59	\$84,171.74	\$67,096.80	\$44,731.20	\$65,343.56	\$37,979.28	\$85,106.99	\$86,042.23	\$88,847.95	N/A	\$37,234.59	\$26,391.88	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	243	\$54,143.84	* SEE NOTE BELOW	N/A	\$17,831.30	\$51,436.65	\$40,607.88	\$25,157.03	\$45,584.85	\$25,157.03	\$48,729.46	\$45,333.00	\$30,222.00	\$44,148.45	\$25,660.16	\$49,270.89	\$49,812.33	\$51,436.65	N/A	\$25,157.03	\$17,831.30	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	244	\$56,329.06	* SEE NOTE BELOW	N/A	\$14,608.42	\$55,512.60	\$42,246.79	\$20,610.08	\$37,345.73	\$20,610.08	\$50,696.15	\$37,139.40	\$24,759.60	\$36,168.95	\$21,022.28	\$51,259.44	\$51,822.73	\$53,512.60	N/A	\$20,610.08	\$14,608.42	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUTING STENT WITH MCC OR 4+ARTERIES OR STENTS	246	\$71,966.14	* SEE NOTE BELOW	N/A	\$22,120.45	\$68,367.83	\$53,974.61	\$31,208.31	\$56,549.83	\$31,208.31	\$64,769.53	\$56,237.40	\$37,491.60	\$54,767.92	\$31,832.45	\$65,489.19	\$66,208.85	\$68,367.83	N/A	\$31,208.31	\$22,120.45	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUTING STENT WITHOUT MCC	247	\$60,561.03	* SEE NOTE BELOW	N/A	\$13,970.51	\$57,532.98	\$45,410.77	\$19,710.09	\$35,714.92	\$19,710.09	\$54,504.93	\$35,517.60	\$23,678.40	\$34,589.53	\$20,104.28	\$55,110.54	\$55,716.15	\$57,532.98	N/A	\$19,710.09	\$13,970.51	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SPINAL FUSION EXCEPT CERVICAL WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	460	\$76,342.80	* SEE NOTE BELOW	N/A	\$27,829.85	\$72,525.66	\$57,257.10	\$39,263.33	\$71,145.67	\$39,263.33	\$68,708.52	\$70,752.60	\$47,168.40	\$68,903.83	\$40,048.60	\$69,471.95	\$70,235.38	\$72,525.66	N/A	\$39,263.33	\$27,829.85	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	466	\$79,326.43	* SEE NOTE BELOW	N/A	\$37,848.23	\$75,360.11	\$59,494.82	\$53,397.61	\$96,757.17	\$53,397.61	\$71,393.79	\$96,222.60	\$64,148.40	\$93,708.30	\$54,465.56	\$72,187.05	\$72,980.32	\$75,360.11	N/A	\$53,397.61	\$37,848.23	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	467	\$76,509.83	* SEE NOTE BELOW	N/A	\$25,329.16	\$72,684.34	\$57,382.37	\$35,735.27	\$64,752.75	\$35,735.27	\$68,858.85	\$64,395.00	\$42,930.00	\$62,712.36	\$36,449.96	\$69,623.95	\$70,389.04	\$72,684.34	N/A	\$35,735.27	\$25,329.16	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	REVISION OF HIP/KNEE REPLACEMENT WITHOUT CC/MCC	468	\$56,778.47	* SEE NOTE BELOW	N/A	\$20,364.38	\$53,939.55	\$42,583.85	\$28,730.78	\$50,723.44	\$28,730.78	\$51,100.62	\$50,443.20	\$33,628.80	\$49,125.12	\$28,552.72	\$51,668.41	\$52,236.19	\$53,939.55	N/A	\$28,730.78	\$20,364.38	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	MAJOR HIP/KNEE JOINT REPLACEMENT WITH MCC/ TOTAL ANKLE REPLACEMENT	469	\$69,102.44	* SEE NOTE BELOW	N/A	\$21,848.58	\$65,647.32	\$51,816.83	\$30,824.74	\$55,854.79	\$30,824.74	\$62,192.20	\$55,546.20	\$37,030.80	\$54,094.78	\$31,441.21	\$62,883.22	\$63,574.24	\$65,647.32	N/A	\$30,824.74	\$21,848.58	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	470	\$55,740.21	* SEE NOTE BELOW	N/A	\$13,454.36	\$52,953.20	\$41,805.16	\$18,981.89	\$34,395.43	\$18,981.89	\$50,166.19	\$34,205.40	\$22,803.60	\$33,311.61	\$19,361.53	\$50,723.59	\$51,280.99	\$52,953.20	N/A	\$18,981.89	\$13,454.36	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CERVICAL SPINAL FUSION WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	473	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	Not Offered	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP/FEMUR PROC EXCP MAJOR JOINT W MCC	480	\$76,155.38	* SEE NOTE BELOW	N/A	\$21,423.05	\$72,347.61	\$57,116.54	\$30,224.39	\$54,766.98	\$30,224.39	\$68,539.84	\$54,464.40	\$36,309.60	\$53,041.25	\$30,828.87	\$69,301.40	\$70,062.95	\$72,347.61	N/A	\$30,224.39	\$21,423.05	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP/FEMUR PROC EXCP MAJOR JOINT W CC	481	\$39,689.20	* SEE NOTE BELOW	N/A	\$15,231.86	\$37,704.74	\$29,766.90	\$21,489.64	\$37,939.41	\$21,489.64	\$35,720.28	\$37,729.80	\$25,153.20	\$36,743.92	\$21,356.47	\$36,117.17	\$36,514.06	\$37,704.74	N/A	\$21,489.64	\$15,231.86	
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	HIP & FEMUR PROCEDURE EXCEPT MAJOR JOINT WITHOUT CC/MCC	482	\$50,565.56	* SEE NOTE BELOW	N/A	\$11,652.47	\$48,037.28	\$37,914.17	\$16,439.72	\$29,788.98	\$16,439.72	\$45,509.00	\$29,624.40	\$19,749.60	\$38,850.31	\$16,768.51	\$46,014.66	\$46,520.32	\$48,037.28	N/A	\$16,439.72	\$11,652.47	

930593249_BAY AREA HOSPITAL DISTRICT_SHOPPABLE SERVICES 2022			Negotiated Charge by Payor																				
TYPE OF SERVICE CHARGE	CATEGORY	DESCRIPTION	2021-2022 CPT/HCPCS/DRG Primary Code	SERVICE CHARGES MEDIAN GROSS TOTAL CHARGES	ANCILLARY, CLINIC & PROFESSIONAL GROSS CHARGES	BAH PACKAGE PRICE, IF APPLICABLE	De-identified Minimum Negotiated Charge	De-identified Maximum Negotiated Charge @95% billed charges	Uninsured Self Pay based on 25% uninsured discount	Medicare	Blue Cross of Oregon/Regence	Blue Cross/Blue Shield Medicare Advantage	PacificSource	Providence Health Plan	MODA: Beacon (exchange plan)	MODA Commercial Plans	MODA Medicare Advantage	Cigna	AETNA	UNITED HEALTHCARE COMMERCIAL PLANS	OPTIMUM MENTAL HEALTH INPT ONLY	TRILLIUM MEDICARE	TRILLIUM MEDICAID
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	FOOT PROC WITHOUT CC/MCC	505	\$33,391.42	* SEE NOTE BELOW	N/A	\$12,898.49	\$31,721.85	\$25,043.56	\$18,197.65	\$32,127.50	\$18,197.65	\$30,052.28	\$31,950.00	\$21,300.00	\$31,115.15	\$18,084.89	\$30,386.19	\$30,720.11	\$31,721.85	N/A	\$18,197.65	\$12,898.49
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	619	\$72,866.16	* SEE NOTE BELOW	N/A	\$22,248.63	\$69,222.86	\$54,649.62	\$31,389.15	\$55,416.77	\$31,389.15	\$65,579.55	\$55,110.60	\$36,740.40	\$53,670.56	\$31,194.64	\$66,308.21	\$67,036.87	\$69,222.86	N/A	\$31,389.15	\$22,248.63
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITH COMORBID CONDITIONS	620	\$57,731.12	* SEE NOTE BELOW	N/A	\$12,809.11	\$54,844.56	\$43,298.34	\$18,071.55	\$31,904.87	\$18,071.55	\$51,958.01	\$31,728.60	\$21,152.40	\$30,899.53	\$17,959.56	\$52,535.32	\$53,112.63	\$54,844.56	N/A	\$18,071.55	\$12,809.11
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	SURGICAL PROCEDURES FOR OBESITY WITHOUT CC/MCC	621	\$44,814.34	** SEE NOTE BELOW	\$19,575 **	\$11,307.68	\$42,573.62	\$33,610.76	\$15,953.27	\$28,907.51	\$15,953.27	\$40,332.91	\$28,747.80	\$18,165.20	\$27,996.62	\$16,272.32	\$40,781.05	\$41,229.19	\$42,573.62	N/A	\$15,953.27	\$11,307.68
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O COMORBID CONDITIONS/MAJOR COMORBID CONDITIONS (CC) OR COMPLICATIONS (MCC)	743	\$33,940.57	* SEE NOTE BELOW	N/A	\$8,231.80	\$32,243.55	\$25,455.43	\$11,613.71	\$20,503.68	\$11,613.71	\$30,546.52	\$20,390.40	\$13,593.60	\$19,857.60	\$11,541.72	\$30,885.92	\$31,225.33	\$32,243.55	N/A	\$11,613.71	\$8,231.80
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITH SURGICAL PROC EXCEPT STERILIZATION &/OR DILATION & CURTIAGE (D&C)	768	\$13,030.11	* SEE NOTE BELOW	N/A	\$8,499.19	\$12,378.60	\$9,772.58	\$11,990.96	\$21,169.76	\$11,990.96	\$11,727.10	\$21,052.80	\$14,035.20	\$20,502.69	\$11,916.67	\$11,857.40	\$11,987.70	\$12,378.60	N/A	\$11,990.96	\$8,499.19
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION W STERILIZATION W MCC	783	\$34,576.85	* SEE NOTE BELOW	N/A	\$13,274.53	\$32,848.01	\$25,932.64	\$18,728.17	\$33,935.69	\$18,728.17	\$31,110.17	\$33,748.20	\$22,498.80	\$32,866.36	\$19,102.73	\$31,464.93	\$31,810.70	\$32,848.01	N/A	\$18,728.17	\$13,274.53
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION W STERILIZATION W CC	784	\$25,870.11	* SEE NOTE BELOW	N/A	\$7,759.11	\$24,576.60	\$19,402.58	\$10,946.82	\$19,835.79	\$10,946.82	\$23,283.10	\$19,726.20	\$13,150.80	\$19,210.75	\$11,165.76	\$23,541.80	\$23,800.50	\$24,576.60	N/A	\$10,946.82	\$7,759.11
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITHOUT COMPLICATIONS OR MORBID COMORBID CONDITIONS	785	\$35,003.89	* SEE NOTE BELOW	N/A	\$6,491.06	\$33,253.70	\$26,252.92	\$9,157.81	\$16,594.08	\$9,157.81	\$31,503.50	\$16,502.40	\$11,001.60	\$16,071.19	\$9,340.97	\$31,853.54	\$32,203.58	\$33,253.70	N/A	\$9,157.81	\$6,491.06
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH MAJOR COMORBID CONDITIONS	786	\$33,451.24	* SEE NOTE BELOW	N/A	\$11,288.55	\$31,778.68	\$25,088.43	\$15,926.29	\$28,858.64	\$15,926.29	\$30,106.12	\$28,699.20	\$19,132.80	\$27,949.29	\$16,244.81	\$30,440.63	\$30,775.14	\$31,778.68	N/A	\$15,926.29	\$11,288.55
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	787	\$32,977.63	* SEE NOTE BELOW	N/A	\$7,536.09	\$31,328.75	\$24,733.22	\$10,632.18	\$19,265.64	\$10,632.18	\$29,679.87	\$19,159.20	\$12,772.80	\$18,658.57	\$10,844.82	\$30,009.64	\$30,339.42	\$31,328.75	N/A	\$10,632.18	\$7,536.09
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITH STERILIZATION WITH COMORBID CONDITIONS (CC)	788	\$30,967.13	* SEE NOTE BELOW	N/A	\$6,448.53	\$29,418.77	\$23,225.35	\$9,097.82	\$16,061.94	\$9,097.82	\$27,870.42	\$15,973.20	\$10,648.80	\$15,555.82	\$9,041.42	\$28,180.09	\$28,489.76	\$29,418.77	N/A	\$9,097.82	\$6,448.53
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	NORMAL NEWBORN	795	\$7,980.72	* SEE NOTE BELOW	N/A	\$1,385.77	\$7,581.68	\$5,985.54	\$1,955.10	\$3,451.67	\$1,955.10	\$7,182.65	\$3,432.60	\$2,288.40	\$3,342.91	\$1,942.98	\$7,262.46	\$7,342.26	\$7,581.68	N/A	\$1,955.10	\$1,385.77
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	CESAREAN SECTION WITHOUT STERILIZATION WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	796	\$46,106.58	* SEE NOTE BELOW	N/A	\$7,781.26	\$43,801.25	\$34,579.94	\$10,978.07	\$19,381.48	\$10,978.07	\$41,495.92	\$19,274.40	\$12,849.60	\$18,770.76	\$10,910.03	\$41,956.99	\$42,418.05	\$43,801.25	N/A	\$10,978.07	\$7,781.26
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITH STERILIZATION/D&C WITHOUT COMORBID CONDITIONS (CC) OR MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	798	\$22,324.76	* SEE NOTE BELOW	N/A	\$6,013.25	\$21,208.52	\$16,743.57	\$8,483.70	\$14,977.75	\$8,483.70	\$20,092.28	\$14,895.00	\$9,930.00	\$14,505.79	\$8,431.12	\$20,315.53	\$20,538.78	\$21,208.52	N/A	\$8,483.70	\$6,013.25
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS	805	\$7,864.10	* SEE NOTE BELOW	N/A	\$7,291.82	\$7,470.90	\$5,898.08	\$10,287.56	\$18,641.19	\$10,287.56	\$7,077.69	\$18,538.20	\$12,358.80	\$18,053.80	\$10,493.31	\$7,156.33	\$7,234.97	\$7,470.90	N/A	\$10,287.56	\$7,291.82
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C WITH COMORBID CONDITIONS (CC)	806	\$13,252.77	* SEE NOTE BELOW	N/A	\$5,338.16	\$12,590.13	\$9,939.58	\$7,531.27	\$13,296.26	\$7,531.27	\$11,927.49	\$13,222.80	\$8,815.20	\$12,877.29	\$7,484.60	\$12,060.02	\$12,192.55	\$12,590.13	N/A	\$7,531.27	\$5,338.16
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	VAGINAL DELIVERY WITHOUT STERILIZATION/D&C DILATION AND CURTIAGE WITHOUT COMORBID CONDITIONS (CC) AND WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	807	\$11,020.95	* SEE NOTE BELOW	N/A	\$4,667.45	\$10,469.90	\$8,265.71	\$6,585.00	\$11,625.63	\$6,585.00	\$9,918.86	\$11,561.40	\$7,707.60	\$11,259.30	\$6,544.18	\$10,029.06	\$10,139.27	\$10,469.90	N/A	\$6,585.00	\$4,667.45
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	PSYCHOSES	885	\$23,804.01	* SEE NOTE BELOW	N/A	\$8,775.11	\$22,613.81	\$17,853.01	\$12,380.24	\$2,224 PER DAY	\$12,380.24	\$21,423.61	\$1,410 PER DAY	\$14,872.80	\$21,726.26	\$12,627.83	\$21,661.65	\$21,899.69	\$22,613.81	\$1,412 PER DAY	\$12,380.24	\$8,775.11
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	ALCOHOL, DRUG ABUSE/DEPENDENCY WITHOUT REHAB THERAPY WITH MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	896	\$19,331.91	* SEE NOTE BELOW	N/A	\$12,604.75	\$18,365.31	\$14,498.93	\$17,783.23	\$2,112 PER DAY	\$17,783.23	\$17,398.72	\$1,410 PER DAY	\$21,363.60	\$31,208.05	\$18,138.89	\$17,592.04	\$17,785.36	\$18,365.31	\$1,412 PER DAY	\$17,783.23	\$12,604.75
SERVICE PACKAGE: INPATIENT DRG (DOES NOT INCLUDE PROFESSIONAL FEES)	HOSPITAL INPATIENT SERVICES DRG	ALCOHOL, DRUG ABUSE/DEPENDENCY WITHOUT REHAB THERAPY WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	897	\$27,335.46	* SEE NOTE BELOW	N/A	\$5,855.27	\$25,968.69	\$20,501.60	\$8,260.82	\$2,112 PER DAY	\$8,260.82	\$24,601.91	\$1,410 PER DAY	\$9,924.00	\$14,497.03	\$8,426.03	\$24,875.27	\$25,148.62	\$25,968.69	\$1,412 PER DAY	\$8,260.82	\$5,855.27
* SERVICE CHARGE AVERAGES FOR OUTPATIENT PROCEDURES AND INPATIENT DRG'S ARE BASED ON HISTORICAL ENCOUNTERS. ACTUAL CHARGES ARE ITEMIZED BASED ON THE SPECIFIC CARE ORDERED BY THE PHYSICIAN. ACTUAL CHARGES ARE ITEMIZED AND DO NOT INCLUDE PROFESSIONAL FEES. ANCILLARY TESTS, DRUGS, OR TIME, RECOVERY TIME, AND INPATIENT LENGTH OF STAY MAY VARY SO ACTUAL CHARGES MAY BE MORE OR LESS THAN HISTORICAL AVERAGES. PROVIDERS THAT MAY SUBMIT SEPARATE CLAIMS INCLUDE ANESTHESIA PROVIDERS, RADIOLOGISTS, PATHOLOGIST, ATTENDING PHYSICIANS, CONSULTING PHYSICIANS, PERFORMING PHYSICIANS AND EMERGENCY DEPARTMENT PHYSICIANS.																							
** BARIATRIC UNINSURED/NON COVERED CASH PACKAGE PRICES BASED ON AN UNCOMPLICATED PROCEDURE AND STANDARD LENGTH OF STAY AND INCLUDES POST BARIATRIC SWALLOW STUDY, ANESTHESIA FEE AND HOSPITAL FEE. THE SURGEON FEE AND ASSISTANT SURGEON FEE ARE BILLED SEPARATELY BY THE PHYSICIAN. DEPENDING UPON YOUR MEDICAL CONDITION, THERE MAY BE OTHER FEES REQUIRED FOR LABS, X-RAYS, COST OF PROFESSIONAL READINGS, PSYCHIATRIC EVALUATION WITH SOCIAL WORKER AND DIETITIAN CONSULTATION THAT WOULD BE BILLED SEPARATELY.																							
*** EMERGENCY DEPARTMENT FACILITIES FEES DO NOT INCLUDE LAB, IMAGING, DRUGS, PROCEDURES OR ANY OTHER HOSPITAL SERVICES ORDERED BY THE PHYSICIAN. EMERGENCY DEPARTMENT PROFESSIONAL FEES ARE BILLED SEPARATELY BY AN INDEPENDENT PHYSICIAN GROUP AND ARE NOT INCLUDED IN THE BASE HOSPITAL CHARGE.																							