

Top 30 (Excludes CMS Shoppable Services)

		(b)									
		(a)	(c)	(d)	Insurance Charge				(e & f)	(g)	(h)
Billing Code	Item/Service Description	Gross Charge	Medicare	Medicaid	Anthem	Sagamore	United HC	Humana	Self-Pay	De-identified minimum negotiated charge	De-identified maximum negotiated charge
01917	Glaucoma with insertion of an I-stent*	\$ 5,500	#N/A	\$ 2,227	\$ 1,400	\$ 2,100	\$ 2,500	\$ 1,638	\$ 4,063	\$ 1,400	\$ 2,500
11603	Malignant Lesion Excision 2.1-3.0 cm	\$ 1,600	\$ 177	\$ 329	\$ 630	\$ 725	\$ 788	\$ 761	\$ 257	\$ 630	\$ 788
12032	Laceration repair of wounds 2.6 - 7.5 cm	\$ 1,600	\$ 179	\$ 268	\$ 630	\$ 350	\$ 650	\$ 800	\$ 251	\$ 350	\$ 800
14040	Repair of small skin wound	\$ 1,750	\$ 886	\$ 443	\$ 650	\$ 775	\$ 813	\$ 825	\$ 1,246	\$ 650	\$ 825
14060	Repair of small skin wound	\$ 1,750	\$ 886	\$ 489	\$ 650	\$ 1,275	\$ 813	\$ 1,287	\$ 1,246	\$ 650	\$ 1,287
20936	Bone graft for fusion surgery	\$ 4,200	#N/A	#N/A	\$ 500	\$ 2,100	\$ 1,750	\$ 800	\$ 2,940	\$ 500	\$ 2,100
22551	Anterior Cervical Spine Discectomy and Fusion	\$ 25,000	\$ 8,746	\$ 3,347	\$ 17,000	\$ 19,500	\$ 21,250	\$ 19,890	\$ 19,125	\$ 17,000	\$ 21,250
22552	Add-on to 22551 (each additional interspace)	\$ 6,500	#N/A	#N/A	\$ 500	\$ 2,100	\$ 2,500	\$ 737	\$ 4,550	\$ 500	\$ 2,500
22845	Hardware for spine (Code 22551)	\$ 4,500	#N/A	#N/A	\$ 500	\$ 2,100	\$ 1,750	\$ 800	\$ 3,150	\$ 500	\$ 2,100
22853	Hardware for spine (Code 22551)	\$ 4,644	#N/A	#N/A	\$ 500	\$ 2,100	\$ 650	\$ 800	\$ 3,251	\$ 500	\$ 2,100
26055	Triquetr Finger Release	\$ 1,750	\$ 741	\$ 443	\$ 650	\$ 775	\$ 813	\$ 825	\$ 1,040	\$ 650	\$ 825
27447	Total knee replacement	\$ 35,000	\$ 8,961	\$ 6,693	\$ 20,000	\$ 23,500	\$ 25,000	\$ 23,400	\$ 22,500	\$ 20,000	\$ 25,000
29824	Shoulder Arthroscopy with distal claviclectomy	\$ 6,025	\$ 1,360	\$ 800	\$ 2,410	\$ 2,900	\$ 3,012	\$ 2,820	\$ 2,711	\$ 2,410	\$ 3,012
29827	Arthroscopic Rotator Cuff Repair	\$ 8,500	\$ 2,997	\$ 489	\$ 3,750	\$ 4,300	\$ 4,688	\$ 4,388	\$ 4,219	\$ 3,750	\$ 4,688
30140	Nasal surgery to reduce size of turbinates	\$ 3,800	\$ 1,108	\$ 443	\$ 650	\$ 775	\$ 1,375	\$ 825	\$ 1,556	\$ 650	\$ 1,375
62321	Epidural Injection	\$ 1,600	\$ 328	\$ 489	\$ 630	\$ 725	\$ 788	\$ 800	\$ 461	\$ 630	\$ 800
63030	Laminotomy*	\$ 10,000	\$ 2,997	\$ 1,107	\$ 5,000	\$ 5,750	\$ 6,250	\$ 5,850	\$ 5,625	\$ 5,000	\$ 6,250
64484	Transforaminal Epidural Steroid Injection	\$ 1,600	#N/A	\$ 319	\$ 500	\$ 1,600	\$ 650	\$ 737	\$ 1,120	\$ 500	\$ 1,600
64490	Facet joint injection - cervical/thoracic	\$ 1,600	\$ 426	\$ 319	\$ 630	\$ 725	\$ 788	\$ 761	\$ 598	\$ 630	\$ 788
64493	Facet Joint Epidural Steroid Injection	\$ 1,600	\$ 426	\$ 319	\$ 630	\$ 725	\$ 788	\$ 761	\$ 598	\$ 630	\$ 788
64494	Add-on to 64493 (facet joint injection lumbar/sacral)	\$ 1,600	#N/A	\$ 319	\$ 500	\$ 1,600	\$ 650	\$ 761	\$ 1,120	\$ 500	\$ 1,600
64635	Spine injection	\$ 3,800	\$ 825	\$ 800	\$ 650	\$ 2,300	\$ 1,375	\$ 761	\$ 1,157	\$ 650	\$ 2,300
64636	Spine injection	\$ 1,600	#N/A	\$ 489	\$ 500	\$ 1,600	\$ 650	\$ 761	\$ 1,120	\$ 500	\$ 1,600
64718	Cubital Tunnel Release	\$ 3,800	\$ 825	\$ 443	\$ 650	\$ 775	\$ 1,375	\$ 825	\$ 1,157	\$ 650	\$ 1,375
64721	Carpal Tunnel Release	\$ 3,800	\$ 825	\$ 443	\$ 650	\$ 775	\$ 1,375	\$ 825	\$ 1,157	\$ 650	\$ 1,375
66982	Cataract Surgery and placement of lens	\$ 3,800	\$ 1,062	\$ 1,107	\$ 650	\$ 1,250	\$ 1,750	\$ 1,300	\$ 1,500	\$ 650	\$ 1,750
67904	Surgical Repair of Eyelids	\$ 3,585	\$ 872	\$ 583	\$ 650	\$ 1,625	\$ 1,375	\$ 1,638	\$ 1,227	\$ 650	\$ 1,638
69436	Ear tubes	\$ 3,000	\$ 526	\$ 489	\$ 650	\$ 1,275	\$ 813	\$ 1,287	\$ 739	\$ 650	\$ 1,287
G0105	Colonoscopy for patients at higher risk	\$ 1,700	\$ 410	#N/A	\$ 630	\$ 775	\$ 788	\$ 825	\$ 577	\$ 630	\$ 825
G0121	Colonoscopy	\$ 1,700	\$ 410	#N/A	\$ 630	\$ 775	\$ 788	\$ 825	\$ 577	\$ 630	\$ 825

CMS Shoppable Services

		(b)									
		(a)	(c)	(d)	Insurance Charge				(e & f)	(g)	(h)
Billing Code	Item/Service Description	Gross Charge	Medicare	Medicaid	Anthem	Sagamore	United HC	Humana	Self-Pay	De-identified minimum negotiated charge	De-identified maximum negotiated charge
19120	Excise breast cyst or mass	\$ 3,200	\$ 1,204	\$ 489	\$ 1,100	\$ 1,275	\$ 1,375	\$ 1,287	\$ 1,691	\$ 1,100	\$ 1,375
29826	Shoulder scope to shave the bone	\$ 3,000	N/A	\$ 489	\$ 1,200	\$ 1,275	\$ 1,500	\$ 1,404	\$ 1,350	\$ 1,200	\$ 1,500
29881	Knee Arthroscopy repair for torn meniscus	\$ 5,500	\$ 1,360	\$ 583	\$ 1,800	\$ 2,250	\$ 2,250	\$ 2,106	\$ 2,025	\$ 1,800	\$ 2,250
42820	Tonsillectomy and Adenoidectomy in children under age 12	\$ 3,800	\$ 2,442	\$ 800	\$ 1,400	\$ 1,275	\$ 2,600	\$ 1,287	\$ 3,431	\$ 1,275	\$ 2,600
43235	Diagnostic EDG	\$ 1,750	\$ 419	\$ 583	\$ 630	\$ 725	\$ 813	\$ 737	\$ 588	\$ 630	\$ 813
43239	EGD (Esophago-gastro-duodenoscopy) with biopsy	\$ 1,750	\$ 419	\$ 583	\$ 630	\$ 725	\$ 813	\$ 825	\$ 588	\$ 630	\$ 825
45378	Colonoscopy - Diagnostic	\$ 1,750	\$ 410	\$ 583	\$ 630	\$ 775	\$ 813	\$ 825	\$ 577	\$ 630	\$ 825
45380	Colonoscopy - Diagnostic with biopsy	\$ 1,750	\$ 536	\$ 800	\$ 650	\$ 775	\$ 813	\$ 825	\$ 753	\$ 650	\$ 825
45385	Colonoscopy - Diagnostic with polyp removal	\$ 1,750	\$ 536	\$ 800	\$ 650	\$ 775	\$ 813	\$ 825	\$ 753	\$ 650	\$ 825
47562	Laparoscopic Cholecystectomy	\$ 4,500	\$ 2,360	\$ 1,080	\$ 2,000	\$ 2,100	\$ 2,700	\$ 2,106	\$ 3,315	\$ 2,000	\$ 2,700
49505	Repair of Inguinal hernia in patients over age 5*	\$ 4,000	\$ 1,439	\$ 583	\$ 1,100	\$ 1,625	\$ 1,750	\$ 1,638	\$ 2,021	\$ 1,100	\$ 1,750
62322	Epidural or spinal injection without use of Xray	\$ 1,600	\$ 328	\$ 489	\$ 630	\$ 725	\$ 788	\$ 800	\$ 461	\$ 630	\$ 800
62323	Epidural or spinal injection with use of Xray	\$ 1,600	\$ 328	\$ 489	\$ 630	\$ 725	\$ 788	\$ 800	\$ 461	\$ 630	\$ 800
64483	Transforaminal epidural injections	\$ 1,600	\$ 426	\$ 319	\$ 630	\$ 725	\$ 788	\$ 737	\$ 598	\$ 630	\$ 788
66984	Cataract surgery and placement of lens*	\$ 3,800	\$ 1,062	\$ 1,107	\$ 650	\$ 1,250	\$ 1,750	\$ 1,300	\$ 1,500	\$ 650	\$ 1,750

Key:

- a Unity Surgical Center Rate w/o discounts
- b Any non government sponsored health benefit plan or insurance provided by a health carrier in which the provider is in the network
- c Medicare, including fee for service and MA
- d Medicaid
- e Self-pay w/o charitable assistance from facility
- f Self-pay w/charitable assistance from facility
- g De-identified minimum negotiated charge means the lowest charge that an ASC has negotiated with all third party payers for an item or service.
- h De-identified maximum negotiated charge means the highest charge that an ASC has negotiated with all third party payers for an item or service.