

Shoppable
Item Code
1 074

	Description	CPT	Code	Ocrrrs	Avg Unit	Price
	Cranial & peripheral nerve disorders without major complications					
	Neurology					
1	Drugs_Gen	RC250	0250	30.0%	2	65.08
2	Lab - General	RC300	0300	60.0%	1	22.71
3	Lab - Chemistry	RC301	0301	60.0%	3	225.71
4	Lab - Urology	RC307	0307	20.0%	1	75.00
5	PT - Visit Charge	RC421	0421	20.0%	8	118.27
6	ER - General	RC450	0450	30.0%	1	1191.67
	Total Estimated Charge					1698.44
	Cash Price					849.22
	Minimum Estimated Negotiated Allowable					15.62
	Maximum Estimated Negotiated Allowable					808.14
	Estimated Negotiated Allowable					
	Aetna					15.62
	Blue Cross Blue Shield of TX					542.53
	Medicaid Managed Care					808.14
	Medicare Advantage					201.72
	United Healthcare					152.08

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
2	093	Other disorders of nervous system without complications					
1		Lab - General	RC300	0300	40.0%	1	14.00
2		Lab - Chemistry	RC301	0301	40.0%	2	227.50
3		PT - Visit Charge	RC421	0421	40.0%	6	272.13
4		PT - Eval or Re-evaluation	RC424	0424	30.0%	1	186.00
5		OT - Visit Charge	RC431	0431	20.0%	3	300.00
		Total Estimated Charge					999.63
		Cash Price					499.82
		Minimum Estimated Negotiated Allowable					83.17
		Maximum Estimated Negotiated Allowable					224.44
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					224.44
		Medicaid Managed Care					197.11
		Medicare Advantage					83.17
		United Healthcare					209.15

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
3	10060	Abscess incision and drainage (simple procedure or single abscess)					
		Surgical Services					
1		I&D Abscess Smple/Single	10060	0450		1	342.00
2		Pf I&D Abscess Smple/Single	10060	0981		1	160.00
		Laboratory and Pathology					
3		Cbc	85025	0305	16.7%	1	127.00
4		Culture Throat	87070	0306	33.3%	1	150.00
5		Culture: Anaerobic Misc.	87075	0306	16.7%	1	154.00
6		Aerobic Identification	87077	0306	16.7%	1	75.00
7		Sensitivity Test Lab	87186	0306	16.7%	1	140.00
8		Gram Stain Smear	87205	0306	16.7%	1	77.00
		Medical/Surgical Supplies and Devices					
9		Med-Surg Supplies/Gen	RC270	0270	50.0%	2	7.00
10		Non-Sterile Supply	RC271	0271	16.7%	2	2.84
11		Sterile Supply	RC272	0272	50.0%	2	5.00
		Medicine					
12		Im/Subq Injection	96372	0260	33.3%	1	100.00
		Pharmacy					
13		Drugs_Gen	RC250	0250	33.3%	2	25.00
14		Drugs_Generic	RC251	0251	16.7%	1	25.00
		Surgical Services					
15		Venipuncture	36415	0300	16.7%	1	14.00
		Total Estimated Charge					1403.84
		Cash Price					701.92
		Minimum Estimated Negotiated Allowable					12.02
		Maximum Estimated Negotiated Allowable					193.07
		Estimated Negotiated Allowable					
		Aetna					67.25
		Blue Cross Blue Shield of TX					12.02
		Medicaid Managed Care					193.07
		Medicare Advantage					78.34
		United Healthcare					65.78

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
4	103	Headaches without major complications					
		Neurology					
1		Drugs_Gen	RC250	0250	53.8%	3	110.79
2		IV Tx_Gen	RC260	0260	46.2%	2	106.82
3		Med-Surg Supplies/Gen	RC270	0270	15.4%	2	10.98
4		Sterile Supply	RC272	0272	15.4%	1	4.32
5		Lab - General	RC300	0300	69.2%	1	32.36
6		Lab - Chemistry	RC301	0301	61.5%	1	379.70
7		Lab - Hematology	RC305	0305	15.4%	1	85.50
8		Lab - Urology	RC307	0307	23.1%	1	61.67
9		CT Scan - Head	RC351	0351	46.2%	1	1752.67
10		ER - General	RC450	0450	61.5%	1	912.50
11		Pro Fees - Rad - Diagnostic	RC972	0972	23.1%	1	79.00
		Total Estimated Charge					3536.31
		Cash Price					1768.16
		Minimum Estimated Negotiated Allowable					48.78
		Maximum Estimated Negotiated Allowable					1493.40
		Estimated Negotiated Allowable					
		Aetna					48.78
		Blue Cross Blue Shield of TX					1493.40
		Medicaid Managed Care					1340.50
		Medicare Advantage					344.09
		United Healthcare					271.70

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
5	12001	Simple repair of wound of scalp, neck, underarms, genitalia, trunk, arms, and/or legs (2.5 cm or less)					
		Surgical Services					
1		Rpr Smple Sclp Nck Trnk E	12001	0450		1	225.00
2		Pf Rpr Smple Sclp Nck Trnk E	12001	0981		1	181.00
		Medical/Surgical Supplies and Devices					
3		Med-Surg Supplies/Gen	RC270	0270	21.9%	2	7.00
4		Non-Sterile Supply	RC271	0271	12.5%	2	2.84
5		Sterile Supply	RC272	0272	18.8%	3	5.00
		Pharmacy					
6		Drugs_Gen	RC250	0250	28.1%	2	25.00
		X-Ray and Radiological					
7		Ct Head/Brain W/O	70450	0351	15.6%	1	1788.00
		Total Estimated Charge					2233.84
		Cash Price					1116.92
		Minimum Estimated Negotiated Allowable					4.85
		Maximum Estimated Negotiated Allowable					206.87
		Estimated Negotiated Allowable					
		Aetna					107.51
		Blue Cross Blue Shield of TX					4.85
		Medicaid Managed Care					114.05
		Medicare Advantage					179.21
		United Healthcare					206.87

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
6	12002	Simple repair of wound of scalp, neck, underarms, genitalia, trunk, arms, and/or legs (2.6 to 7.5 cm)					
		Surgical Services					
1		Rpr Smple Sclp Nck Trnk E	12002	0450		1	411.00
2		Pf Rpr Smple Sclp Nck Trnk E	12002	0981		1	255.00
		Laboratory and Pathology					
3		Cmp Lab	80053	0301	14.8%	1	275.00
4		Cbc	85025	0305	14.8%	1	127.00
		Medical/Surgical Supplies and Devices					
5		Med-Surg Supplies/Gen	RC270	0270	18.5%	4	7.00
6		Non-Sterile Supply	RC271	0271	22.2%	2	2.84
7		Sterile Supply	RC272	0272	37.0%	4	5.00
		Pharmacy					
8		Drugs_Gen	RC250	0250	29.6%	3	25.00
		Surgical Services					
9		Venipuncture	36415	0300	14.8%	1	14.00
		X-Ray and Radiological					
10		Ct Head/Brain W/O	70450	0351	25.9%	1	1788.00
11		PF Ct Head/Brain W/O	70450	0972	18.5%	1	79.00
12		Ct C-Spine W/O	72125	0352	18.5%	1	2160.00
13		PF Ct C-Spine W/O	72125	0972	14.8%	1	93.00
		Total Estimated Charge					5241.84
		Cash Price					2620.92
		Minimum Estimated Negotiated Allowable					6.10
		Maximum Estimated Negotiated Allowable					614.99
		Estimated Negotiated Allowable					
		Aetna					614.99
		Blue Cross Blue Shield of TX					6.10
		Medicaid Managed Care					296.81
		Medicare Advantage					497.20
		United Healthcare					344.79

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
7	12004	Simple repair of wound of scalp, neck, underarms, genitalia, trunk, arms, and/or legs (7.6 to 12.5 cm)					
		Surgical Services					
1		Rpr Smple Sclp Nck Trnk E	12004	0450		1	483.00
2		Pf Rpr Smple Sclp Nck Trnk E	12004	0981		1	328.00
		Laboratory and Pathology					
3		Gen. Health Panel W/O Tsh	80050	0301	14.3%	1	500.00
4		Ua W/Micro	81001	0307	14.3%	1	75.00
5		Cpk Lab	82550	0301	14.3%	1	100.00
6		Magnesium Serum	83735	0301	14.3%	1	115.00
7		Phosphorus Inorganic	84100	0301	14.3%	1	78.00
8		Troponin Lab	84484	0301	14.3%	1	225.00
		Medical/Surgical Supplies and Devices					
9		Med-Surg Supplies/Gen	RC270	0270	28.6%	6	7.00
10		Non-Sterile Supply	RC271	0271	14.3%	3	2.84
11		Sterile Supply	RC272	0272	14.3%	3	5.00
		Medicine					
12		Iv Inf Initial Hour	96365	0260	14.3%	1	150.00
13		Im/Subq Injection	96372	0260	14.3%	1	100.00
		Observation					
14		Obs Per Hr Each	G0378	0762	14.3%	10	40.15
		Pharmacy					
15		Drugs_Gen	RC250	0250	57.1%	4	25.00
		Pharmacy and Drug Administration					
16		Ivp Singl Or Initl Drug	96374	0260	14.3%	1	125.00
		Pulmonary Therapy					
17		Ekg 12 Lead Tracing Only	93005	0730	14.3%	1	165.00
		Surgical Services					
18		Venipuncture	36415	0300	14.3%	1	14.00
		X-Ray and Radiological					
19		Ct Head/Brain W/O	70450	0351	28.6%	1	1788.00
20		Cta Head W/Wo	70496	0350	14.3%	1	1525.00
21		Cta Neck Carotids	70498	0350	14.3%	1	2450.00
22		Ct Chest W/O	71250	0352	14.3%	1	1550.00
23		Ct C-Spine W/O	72125	0352	14.3%	1	2160.00
24		Xr Humerus 2V LT	73060	0320	14.3%	1	272.00
25		Xr Forearm 2V LT	73090	0320	14.3%	1	274.00
26		Xr Hand Min 3V RT	73130	0320	14.3%	1	300.00
		Total Estimated Charge					12856.99
		Cash Price					6428.50
		Minimum Estimated Negotiated Allowable					7.91
		Maximum Estimated Negotiated Allowable					952.44
		Estimated Negotiated Allowable					
		Aetna					876.68
		Blue Cross Blue Shield of TX					7.91
		Medicaid Managed Care					371.24
		Medicare Advantage					952.44
		United Healthcare					344.69

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
8	12011	Simple repair of wound of face, ears, eyelids, nose, lips and/or mouth (2.5 cm or less)					
		Surgical Services					
1		Rpr Smple Fce Ear Elid No	12011	0450		1	266.00
2		Pf Rpr Smple Fce Ear Elid No	12011	0981		1	201.00
		Laboratory and Pathology					
3		Gen. Health Panel W/O Tsh	80050	0301	14.3%	1	500.00
4		Cmp Lab	80053	0301	14.3%	1	275.00
5		Ua W/Micro	81001	0307	21.4%	1	75.00
6		Magnesium Serum	83735	0301	14.3%	1	115.00
7		Prolactin Lab	84146	0301	14.3%	1	220.00
8		Troponin Lab	84484	0301	21.4%	2	225.00
9		Cbc	85025	0305	14.3%	1	127.00
		Medical/Surgical Supplies and Devices					
10		Med-Surg Supplies/Gen	RC270	0270	21.4%	8	7.00
11		Sterile Supply	RC272	0272	35.7%	3	5.00
		Medicine					
12		Im/Subq Injection	96372	0260	14.3%	1	100.00
		Pharmacy					
13		Drugs_Gen	RC250	0250	35.7%	1	25.00
14		Drugs_Generic	RC251	0251	21.4%	35	25.00
		Pulmonary Therapy					
15		Ekg 12 Lead Tracing Only	93005	0730	28.6%	2	165.00
		Surgical Services					
16		Venipuncture	36415	0300	28.6%	1	14.00
		X-Ray and Radiological					
17		Ct Head/Brain W/O	70450	0351	35.7%	1	1788.00
		Total Estimated Charge					4133.00
		Cash Price					2066.50
		Minimum Estimated Negotiated Allowable					11.48
		Maximum Estimated Negotiated Allowable					457.96
		Estimated Negotiated Allowable					
		Aetna					414.27
		Blue Cross Blue Shield of TX					11.48
		Medicaid Managed Care					293.72
		Medicare Advantage					457.96
		United Healthcare					443.51

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
9	12034	Intermediate repair of wound of scalp, underarms, trunk, arms, and/or legs (7.6 to 12.5 cm)					
		Surgical Services					
1		Rpr Layer Sclp Trnk Extre	12034	0450		1	531.00
2		Pf Rpr Interm Sclp Trnk Ext	12034	0981		1	437.00
		Pharmacy					
3		Drugs_Gen	RC250	0250	50.0%	2	25.00
		Total Estimated Charge					993.00
		Cash Price					496.50
		Minimum Estimated Negotiated Allowable					5.25
		Maximum Estimated Negotiated Allowable					184.09
		Estimated Negotiated Allowable					
		Aetna					10.00
		Blue Cross Blue Shield of TX					5.25
		Medicaid Managed Care					6.88
		Medicare Advantage					184.09
		United Healthcare					10.63

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Dysequilibrium Medicine					
1	Drugs_Gen	RC250	0250	33.3%	3	17.00
2	IV Tx_Gen	RC260	0260	16.7%	1	100.00
3	Lab - General	RC300	0300	100.0%	1	14.00
4	Lab - Chemistry	RC301	0301	100.0%	2	381.50
5	Lab - Immunology	RC302	0302	16.7%	6	147.00
6	Lab - Urology	RC307	0307	33.3%	1	75.00
7	Rad - Dx - C XR	RC324	0324	16.7%	1	225.00
8	CT Scan - Head	RC351	0351	33.3%	1	1788.00
9	ER - General	RC450	0450	50.0%	1	1275.00
10	EKG/ECG - General	RC730	0730	66.7%	1	165.00
11	Pro Fees - Rad - Diagnostic	RC972	0972	33.3%	2	58.33
	Total Estimated Charge					4245.83
	Cash Price					2122.92
	Minimum Estimated Negotiated Allowable					4.53
	Maximum Estimated Negotiated Allowable					1745.94
	Estimated Negotiated Allowable					
	Aetna					4.53
	Blue Cross Blue Shield of TX					1655.80
	Medicaid Managed Care					1745.94
	Medicare Advantage					441.46
	United Healthcare					352.19

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
11	153	Otitis media & URI without major complications					
	1	Drugs_Gen	RC250	0250	48.0%	3	63.89
	2	IV Tx_Gen	RC260	0260	20.0%	1	120.83
	3	Lab - General	RC300	0300	60.0%	1	228.53
	4	Lab - Chemistry	RC301	0301	20.0%	2	392.86
	5	Lab - Immunology	RC302	0302	44.0%	1	130.50
	6	Lab - Bact- Micro	RC306	0306	36.0%	1	77.80
	7	Lab - Urology	RC307	0307	20.0%	1	63.57
	8	Rad - Dx - C XR	RC324	0324	12.0%	1	275.00
	9	ER - General	RC450	0450	80.0%	1	710.00
		Total Estimated Charge					2062.98
		Cash Price					1031.49
		Minimum Estimated Negotiated Allowable					24.54
		Maximum Estimated Negotiated Allowable					1313.40
		Estimated Negotiated Allowable					
		Aetna					24.54
		Blue Cross Blue Shield of TX					911.81
		Medicaid Managed Care					1313.40
		Medicare Advantage					328.43
		United Healthcare					250.97

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
13	159	Dental & oral diseases without complications					
	1	Drugs_Gen	RC250	0250	80.0%	2	59.51
	2	IV Tx_Gen	RC260	0260	60.0%	1	100.00
	3	Lab - General	RC300	0300	20.0%	1	14.00
	4	Lab - Chemistry	RC301	0301	20.0%	2	408.33
	5	ER - General	RC450	0450	100.0%	1	700.58
		Total Estimated Charge					1282.42
		Cash Price					641.21
		Minimum Estimated Negotiated Allowable					38.09
		Maximum Estimated Negotiated Allowable					1110.37
		Estimated Negotiated Allowable					
		Aetna					38.09
		Blue Cross Blue Shield of TX					827.85
		Medicaid Managed Care					1110.37
		Medicare Advantage					320.26
		United Healthcare					227.41

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	Description	CPT	Code	Ocurre	Avg Unit	Price
	Pneumonia without complications					
	Pulmonology					
1	Drugs_Gen	RC250	0250	83.3%	10	89.98
2	IV Tx_Gen	RC260	0260	66.7%	2	117.86
3	Lab - General	RC300	0300	100.0%	2	144.80
4	Lab - Chemistry	RC301	0301	50.0%	2	323.33
5	Lab - Immunology	RC302	0302	50.0%	1	129.00
6	Lab - Hematology	RC305	0305	50.0%	1	156.33
7	Lab - Bact- Micro	RC306	0306	50.0%	1	35.00
8	Lab - Urology	RC307	0307	16.7%	1	75.00
9	Rad - Dx - C XR	RC324	0324	66.7%	1	255.00
10	CT Scan - Body	RC352	0352	16.7%	1	2000.00
11	ER - General	RC450	0450	66.7%	1	775.00
12	EKG/ECG - General	RC730	0730	16.7%	1	165.00
13	Observation Hours	RC762	0762	16.7%	45	1810.00
	Total Estimated Charge					6076.30
	Cash Price					3038.15
	Minimum Estimated Negotiated Allowable					59.96
	Maximum Estimated Negotiated Allowable					1756.84
	Estimated Negotiated Allowable					
	Aetna					59.96
	Blue Cross Blue Shield of TX					1328.80
	Medicaid Managed Care					1756.84
	Medicare Advantage					581.11
	United Healthcare					460.78

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
15	203	Craniotomy for trauma [Major Severity]					
		Neurosurgery					
1		Drugs_Gen	RC250	0250	66.7%	4	43.92
2		IV Tx_Gen	RC260	0260	26.7%	1	100.00
3		Med-Surg Supplies/Gen	RC270	0270	20.0%	1	6.36
4		Lab - General	RC300	0300	80.0%	1	195.38
5		Lab - Chemistry	RC301	0301	40.0%	1	460.71
6		Lab - Immunology	RC302	0302	33.3%	1	176.80
7		Lab - Hematology	RC305	0305	20.0%	1	127.00
8		Lab - Bact- Micro	RC306	0306	20.0%	1	35.00
9		Rad - Dx - C XR	RC324	0324	80.0%	1	270.17
10		ER - General	RC450	0450	100.0%	1	801.56
11		EKG/ECG - General	RC730	0730	26.7%	1	165.00
12		Pro Fees - Rad - Diagnostic	RC972	0972	40.0%	1	19.67
		Total Estimated Charge					2401.57
		Cash Price					1200.79
		Minimum Estimated Negotiated Allowable					23.89
		Maximum Estimated Negotiated Allowable					1868.24
		Estimated Negotiated Allowable					
		Aetna					23.89
		Blue Cross Blue Shield of TX					1354.26
		Medicaid Managed Care					1868.24
		Medicare Advantage					537.02
		United Healthcare					389.75

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	Description	CPT	Code	Ocurr	Avg Unit	Price
	Craniotomy for trauma [Catastrophic Severity]					
1	Drugs_Gen	RC250	0250	22.2%	9	46.68
2	IV Tx_Gen	RC260	0260	22.2%	1	105.00
3	Med-Surg Supplies/Gen	RC270	0270	16.7%	2	13.61
4	Lab - General	RC300	0300	50.0%	1	108.69
5	Lab - Chemistry	RC301	0301	44.4%	2	300.67
6	Lab - Hematology	RC305	0305	11.1%	1	175.00
7	Rad - Dx - General	RC320	0320	11.1%	1	250.00
8	Rad - Dx - C XR	RC324	0324	66.7%	1	309.08
9	ER - General	RC450	0450	27.8%	1	965.00
10	EKG/ECG - General	RC730	0730	16.7%	1	165.00
11	Pro Fees - Rad - Diagnostic	RC972	0972	44.4%	1	22.90
	Total Estimated Charge					2461.63
	Cash Price					1230.82
	Minimum Estimated Negotiated Allowable					9.11
	Maximum Estimated Negotiated Allowable					758.08
	Estimated Negotiated Allowable					
	Aetna					9.11
	Blue Cross Blue Shield of TX					596.98
	Medicaid Managed Care					758.08
	Medicare Advantage					267.64
	United Healthcare					176.01

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
17	282	Acute myocardial infarction, discharged alive without complications					
		Cardiology					
1		Drugs_Gen	RC250	0250	100.0%	4	59.17
2		IV Tx_Gen	RC260	0260	66.7%	2	112.50
3		Med-Surg Supplies/Gen	RC270	0270	16.7%	1	1.21
4		Sterile Supply	RC272	0272	16.7%	1	3.25
5		Lab - General	RC300	0300	100.0%	2	108.40
6		Lab - Chemistry	RC301	0301	100.0%	4	299.75
7		Lab - Hematology	RC305	0305	100.0%	3	115.00
8		Rad - Dx - C XR	RC324	0324	100.0%	1	237.50
9		ER - General	RC450	0450	100.0%	1	1529.17
10		EKG/ECG - General	RC730	0730	100.0%	1	165.00
11		Pro Fees - Rad - Diagnostic	RC972	0972	66.7%	1	21.25
		Total Estimated Charge					2652.20
		Cash Price					1326.10
		Minimum Estimated Negotiated Allowable					47.79
		Maximum Estimated Negotiated Allowable					3049.41
		Estimated Negotiated Allowable					
		Aetna					47.79
		Blue Cross Blue Shield of TX					2331.85
		Medicaid Managed Care					3049.41
		Medicare Advantage					930.93
		United Healthcare					771.26

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
18	29581	Vein wound compression system application to lower leg below knee including ankle and foot					
		Surgical Services					
1		Pt Multi Layer Compression Leg	29581	0420		2	400.00
		Laboratory and Pathology					
2		Sma 7 Panel	80048	0301	40.0%	1	225.00
3		Bnap Lab	83880	0301	20.0%	1	348.00
4		Cbc	85025	0305	20.0%	1	127.00
5		Esr (Sed Rate)	85651	0305	20.0%	1	75.00
6		C-Reactive Protein Lab	86140	0302	20.0%	1	100.00
		Medical/Surgical Supplies and Devices					
7		Med-Surg Supplies/Gen	RC270	0270	100.0%	7	7.00
8		Sterile Supply	RC272	0272	40.0%	8	5.00
		Medicine					
9		Pt -Therapeutic Exercise	97110	0421	20.0%	16	100.00
10		Pt Debride Skin Thick	97597	0421	20.0%	3	300.00
11		Pt Non Sel Wound Care/Debride	97602	0424	20.0%	2	462.00
12		Non Selective Debridement	97602	0760	40.0%	1	462.00
		Physical/Occupational/Speech Therapy					
13		Pt Eval Low Complexity	97161	0424	20.0%	1	225.00
14		Pt Eval Mod Complexity	97162	0424	40.0%	1	225.00
15		Pt -Therapeutic Activities	97530	0421	20.0%	3	105.00
		Surgical Services					
16		Venipuncture	36415	0300	40.0%	1	14.00
		X-Ray and Radiological					
17		Us Dup Lwr Ext Art Unila	93926	0921	20.0%	1	362.00
18		Us Duplex Ext Veins Uni	93971	0921	20.0%	1	700.00
		Total Estimated Charge					4242.00
		Cash Price					2121.00
		Minimum Estimated Negotiated Allowable					4.73
		Maximum Estimated Negotiated Allowable					477.34
		Estimated Negotiated Allowable					
		Aetna					340.73
		Blue Cross Blue Shield of TX					4.73
		Medicaid Managed Care					319.42
		Medicare Advantage					477.34
		United Healthcare					221.47

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
19	305	Hypertension without major complications					
		Cardiology					
1		Drugs_Gen	RC250	0250	15.7%	3	73.50
2		Lab - General	RC300	0300	98.0%	1	48.68
3		Lab - Chemistry	RC301	0301	92.2%	2	274.37
4		Lab - Hematology	RC305	0305	13.7%	1	121.40
5		Lab - Urology	RC307	0307	37.3%	1	75.00
6		ER - General	RC450	0450	19.6%	2	718.15
7		EKG/ECG - General	RC730	0730	23.5%	1	166.31
		Total Estimated Charge					1477.41
		Cash Price					738.71
		Minimum Estimated Negotiated Allowable					9.23
		Maximum Estimated Negotiated Allowable					879.76
		Estimated Negotiated Allowable					
		Aetna					9.23
		Blue Cross Blue Shield of TX					529.98
		Medicaid Managed Care					879.76
		Medicare Advantage					193.67
		United Healthcare					161.18

Item	Shoppable Code
21	312

	Description	CPT	Code	Ocrrrs	Avg Unit	Price
1	Chest pain					
2	Drugs_Gen	RC250	0250	55.0%	3	34.96
3	IV Tx_Gen	RC260	0260	15.0%	1	106.25
4	Med-Surg Supplies/Gen	RC270	0270	15.0%	2	14.83
5	Lab - General	RC300	0300	90.0%	2	111.37
6	Lab - Chemistry	RC301	0301	90.0%	3	287.28
7	Lab - Hematology	RC305	0305	70.0%	2	115.73
8	Lab - Urology	RC307	0307	15.0%	1	107.00
9	Rad - Dx - C XR	RC324	0324	77.5%	1	256.71
10	CT Scan - Body	RC352	0352	12.5%	1	1862.50
11	ER - General	RC450	0450	85.0%	1	1129.71
12	EKG/ECG - General	RC730	0730	85.0%	1	169.84
	Pro Fees - Rad - Diagnostic	RC972	0972	40.0%	1	38.24
	Total Estimated Charge					4234.42
	Cash Price					2117.21
	Minimum Estimated Negotiated Allowable					16.18
	Maximum Estimated Negotiated Allowable					2153.60
	Estimated Negotiated Allowable					
	Aetna					16.18
	Blue Cross Blue Shield of TX					1696.88
	Medicaid Managed Care					2153.60
	Medicare Advantage					730.73
	United Healthcare					581.75

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
23	36000	Needle or catheter insertion into a vein					
		Surgical Services					
1		Heplock No Iv Inj Or Inf	36000	0450		1	134.00
		Laboratory and Pathology					
2		Cmp Lab	80053	0301	100.0%	1	275.00
3		Lipid Profile	80061	0301	16.7%	1	150.00
4		Ua W/Micro	81001	0307	16.7%	1	75.00
5		Hemoglobin A1C	83036	0301	16.7%	1	100.00
6		Lipase Lab	83690	0301	16.7%	1	75.00
7		Magnesium Serum	83735	0301	33.3%	1	115.00
8		Bnp Triage	83880	0300	16.7%	1	250.00
9		Bnap Lab	83880	0301	33.3%	1	348.00
10		Tsh Level	84443	0301	16.7%	1	175.00
11		Troponin Lab	84484	0301	66.7%	2	225.00
12		Cbc	85025	0305	100.0%	1	127.00
13		D-Dimer Lab	85378	0305	66.7%	1	175.00
14		Pt/Inr Lab	85610	0305	66.7%	1	90.00
15		Ptt Lab	85730	0305	66.7%	1	100.00
		Medical/Surgical Supplies and Devices					
16		Med-Surg Supplies/Gen	RC270	0270	50.0%	4	7.00
17		Non-Sterile Supply	RC271	0271	16.7%	3	2.84
18		Sterile Supply	RC272	0272	66.7%	3	5.00
		Medicine					
19		Pf Ekg Interpretation	93010	0981	66.7%	1	33.00
20		Iv Inf Initial Hour	96365	0260	16.7%	1	150.00
		Observation					
21		Obs Per Hr Each	G0378	0762	16.7%	24	40.15
		Pharmacy					
22		Drugs_Gen	RC250	0250	16.7%	1	25.00
23		Drugs_Generic	RC251	0251	66.7%	11	25.00
24		Drugs_Nongeneric	RC252	0252	16.7%	1	4.00
		Pharmacy and Drug Administration					
25		Ea Addl Seq Ivp New Drug	96375	0260	16.7%	5	50.00
		Physician Services					
26		PF Admission Lev 3	99223	0981	16.7%	1	225.00
27		PF Discharge	99238	0981	16.7%	1	110.00
		Pulmonary Therapy					
28		Ekg 12 Lead Tracing Only	93005	0730	66.7%	1	165.00
		Respiratory Therapy					
29		Hhn Tx Per Tx	94640	0412	16.7%	1	315.00
		Surgical Services					
30		Intubate Et Tube Emergenc	31500	0450	16.7%	1	283.00
31		Venipuncture	36415	0300	100.0%	1	14.00
32		Cath Foley Temp Simple	51702	0450	16.7%	1	200.00
		X-Ray and Radiological					
33		Ct Head/Brain W/O	70450	0351	16.7%	2	1788.00
34		PF Ct Head/Brain W/O	70450	0972	16.7%	2	79.00
35		Ct Nck Sft Tissue W	70491	0351	16.7%	1	1550.00
36		Cta Head W/Wo	70496	0350	16.7%	1	1525.00
37		PF Cta Head W/Wo	70496	0972	16.7%	1	163.00
38		Cta Neck Carotids	70498	0350	16.7%	1	2450.00
39		PF Cta Neck Carotids	70498	0972	16.7%	2	143.00
40		Xr Chest 1V	71045	0324	66.7%	1	225.00
41		PF Xr Chest 1V	71045	0972	50.0%	1	17.00
42		Cta Chest W/Wo	71275	0352	16.7%	1	2000.00
43		PF Cta Chest W/Wo	71275	0972	16.7%	1	170.00
44		Ct Abd/Pel W/ Contrast	74177	0352	16.7%	1	2200.00
		Total Estimated Charge					16377.99
		Cash Price					8189.00
		Minimum Estimated Negotiated Allowable					23.62
		Maximum Estimated Negotiated Allowable					1377.38

Hospital: Coleman County Medical Center

Shoppable
Item Code

Description

CPT

Code

Ocurs

Avg
Unit

Price

Estimated Negotiated Allowable

Aetna

989.03

Blue Cross Blue Shield of TX

23.62

Medicaid Managed Care

963.22

Medicare Advantage

1377.38

United Healthcare

745.53

Shoppable		Hospital: Coleman County Medical Center					Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price	
24	36415	Needle insertion into vein for collection of blood sample						
	1	Surgical Services	36415				14.00	
		Total Estimated Charge					14.00	
		Cash Price					7.00	
		Minimum Estimated Negotiated Allowable					5.40	
		Maximum Estimated Negotiated Allowable					10.22	
		Estimated Negotiated Allowable						
		Aetna					10.22	
		Medicaid Managed Care					6.44	
		Medicare Advantage					5.74	
		United Healthcare					5.40	

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
25	36430	Blood or blood products transfusion					
		Surgical Services					
1		Transfusion Blood	36430	0391		1	928.00
		Laboratory and Pathology					
2		Cmp Lab	80053	0301	58.3%	2	275.00
3		Ua W/Micro	81001	0307	16.7%	1	75.00
4		Occult Blood Stool Series	82274	0301	16.7%	1	66.00
5		Ferritin	82728	0301	25.0%	1	172.00
6		Iron Serum	83540	0301	20.8%	1	80.00
7		Iron Binding Capacity	83550	0301	20.8%	1	113.00
8		Lipase Lab	83690	0301	12.5%	1	75.00
9		Bnp Triage	83880	0300	12.5%	1	250.00
10		Troponin Lab	84484	0301	16.7%	2	225.00
11		Manual Differential	85007	0305	12.5%	1	44.00
12		Hematocrit	85014	0305	12.5%	1	41.00
13		Hemoglobin	85018	0305	12.5%	1	44.00
14		Cbc	85025	0305	66.7%	2	127.00
15		Reticulocyte Count	85045	0305	12.5%	1	69.00
16		Pt/Inr Lab	85610	0305	16.7%	1	90.00
17		Ptt Lab	85730	0305	12.5%	1	100.00
18		Antibody Screen	86850	0302	70.8%	1	180.00
19		Antihuman Globulin Test Coombs	86885	0300	25.0%	2	510.00
20		Abo Typing	86900	0300	45.8%	1	225.00
21		Rh Typing Chrg	86901	0301	58.3%	1	120.00
22		Rh (D) Typing	86901	0302	45.8%	1	120.00
23		Compatibility; Antiglobulin	86922	0300	75.0%	3	550.00
24		Rbc Leukocytes Reduced Ea	P9016	0390	50.0%	2	721.00
25		Packed Red Blood cells	P9021	0390	41.7%	2	300.00
		Medical/Surgical Supplies and Devices					
26		Med-Surg Supplies/Gen	RC270	0270	12.5%	6	7.00
27		Sterile Supply	RC272	0272	12.5%	3	5.00
		Medicine					
28		Iv Inf Initial Hour	96365	0260	25.0%	2	150.00
29		Iv Inf Ea Addl Hr	96366	0260	16.7%	2	75.00
30		Addl Seq Inf To 1 Hr	96367	0260	12.5%	1	90.00
31		Add Seq Ivp Sm Drug	96376	0260	20.8%	1	75.00
		Observation					
32		Obs Per Hr Each	G0378	0762	12.5%	46	40.15
		Pharmacy					
33		Drugs_Gen	RC250	0250	50.0%	15	25.00
34		Drugs_Generic	RC251	0251	16.7%	9	25.00
		Pharmacy and Drug Administration					
35		Ivp Singl Or Initl Drug	96374	0260	29.2%	1	125.00
36		Ea Addl Seq Ivp New Drug	96375	0260	16.7%	2	50.00
		Pulmonary Therapy					
37		Ekg 12 Lead Tracing Only	93005	0730	16.7%	1	165.00
		Surgical Services					
38		Venipuncture	36415	0300	75.0%	2	14.00
		X-Ray and Radiological					
39		Xr Chest 1V	71045	0324	29.2%	1	225.00
		Total Estimated Charge					6571.15
		Cash Price					3285.58
		Minimum Estimated Negotiated Allowable					10.40
		Maximum Estimated Negotiated Allowable					1115.21
		Estimated Negotiated Allowable					
		Aetna					297.23
		Blue Cross Blue Shield of TX					10.40
		Medicaid Managed Care					1115.21
		Medicare Advantage					1107.57
		United Healthcare					255.06

Shoppable
Item Code

Description

CPT Code Occurs Avg Unit Price

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
26	392	Stomach Disorder without complications					
		Medicine					
1		Drugs_Gen	RC250	0250	46.3%	5	107.04
2		IV Tx_Gen	RC260	0260	26.8%	3	114.36
3		Lab - General	RC300	0300	75.6%	1	57.66
4		Lab - Chemistry	RC301	0301	70.7%	3	262.66
5		Lab - Urology	RC307	0307	46.3%	1	68.02
6		CT Scan - Body	RC352	0352	36.6%	1	2054.17
7		Ultrasound	RC402	0402	19.5%	1	698.50
8		ER - General	RC450	0450	58.5%	1	999.40
9		Pro Fees - Rad - Diagnostic	RC972	0972	35.4%	1	105.86
		Total Estimated Charge					4467.67
		Cash Price					2233.84
		Minimum Estimated Negotiated Allowable					39.65
		Maximum Estimated Negotiated Allowable					1304.89
		Estimated Negotiated Allowable					
		Aetna					39.65
		Blue Cross Blue Shield of TX					1149.60
		Medicaid Managed Care					1304.89
		Medicare Advantage					639.74
		United Healthcare					508.77

Shoppable
Item Code

27 395

	Description	CPT	Code	Ocrrrs	Avg Unit	Price
	Other digestive system diagnoses without complications					
1	Drugs_Gen	RC250	0250	50.0%	34	277.89
2	IV Tx_Gen	RC260	0260	12.5%	3	112.50
3	Med-Surg Supplies/Gen	RC270	0270	50.0%	22	614.02
4	Sterile Supply	RC272	0272	50.0%	6	1267.39
5	Lab - General	RC300	0300	37.5%	1	14.00
6	Lab - Chemistry	RC301	0301	37.5%	2	244.20
7	Lab - Urology	RC307	0307	12.5%	1	75.00
8	Lab Path - General	RC310	0310	12.5%	1	85.00
9	Rad - Dx - General	RC320	0320	12.5%	1	300.00
10	CT Scan - Body	RC352	0352	25.0%	1	2200.00
11	OR - General	RC360	0360	37.5%	1	5066.67
12	Anesthesia - General	RC370	0370	37.5%	2	1001.33
13	ER - General	RC450	0450	25.0%	2	744.67
14	Recovery Room - General	RC710	0710	37.5%	2	441.33
	Total Estimated Charge					12444.00
	Cash Price					6222.00
	Minimum Estimated Negotiated Allowable					671.61
	Maximum Estimated Negotiated Allowable					7212.59
	Estimated Negotiated Allowable					
	Aetna					671.61
	Blue Cross Blue Shield of TX					2770.61
	Medicaid Managed Care					7212.59
	Medicare Advantage					932.69
	United Healthcare					1257.39

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
28	43235	Esophagus, stomach, and/or upper small bowel examination with endoscope for diagnosis					
	1	Surgical Services	43235				1352.00
		Total Estimated Charge					1352.00
		Cash Price					676.00
		Minimum Estimated Negotiated Allowable					482.66
		Maximum Estimated Negotiated Allowable					482.66
		Estimated Negotiated Allowable Medicare Advantage					482.66

Shoppable
Item Code
29 443

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Disorders of liver except malig,cirr,alc hepa without complications					
1	Lab - General	RC300	0300	63.6%	1	21.63
2	Lab - Chemistry	RC301	0301	63.6%	2	247.36
3	Lab - Hematology	RC305	0305	18.2%	1	90.00
4	Ultrasound	RC402	0402	36.4%	1	728.60
5	Pro Fees - Rad - Diagnostic	RC972	0972	18.2%	2	37.25
	Total Estimated Charge					1124.84
	Cash Price					562.42
	Minimum Estimated Negotiated Allowable					136.44
	Maximum Estimated Negotiated Allowable					381.03
	Estimated Negotiated Allowable					
	Blue Cross Blue Shield of TX					260.77
	Medicaid Managed Care					381.03
	Medicare Advantage					136.44
	United Healthcare					272.20

Shoppable
Item Code
30 446

	Description	CPT	Code	Ocrrrs	Avg Unit	Price
	Disorders of the biliary tract without complications					
1	Drugs_Gen	RC250	0250	72.7%	5	98.73
2	Drugs_Generic	RC251	0251	18.2%	43	53.90
3	IV Tx_Gen	RC260	0260	72.7%	3	129.69
4	Sterile Supply	RC272	0272	18.2%	17	780.19
5	Lab - General	RC300	0300	90.9%	1	16.00
6	Lab - Chemistry	RC301	0301	90.9%	2	275.91
7	Lab - Urology	RC307	0307	63.6%	1	61.75
8	Rad - Dx - General	RC320	0320	27.3%	1	305.00
9	CT Scan - Body	RC352	0352	36.4%	1	2200.00
10	OR - General	RC360	0360	18.2%	1	6000.00
11	Anesthesia - General	RC370	0370	18.2%	1	376.00
12	Ultrasound	RC402	0402	18.2%	1	700.00
13	ER - General	RC450	0450	72.7%	1	1087.50
14	Recovery Room - General	RC710	0710	18.2%	1	220.00
15	Pro Fees - Rad - Diagnostic	RC972	0972	54.5%	1	99.17
	Total Estimated Charge					12403.84
	Cash Price					6201.92
	Minimum Estimated Negotiated Allowable					165.20
	Maximum Estimated Negotiated Allowable					4473.61
	Estimated Negotiated Allowable					
	Aetna					165.20
	Blue Cross Blue Shield of TX					2317.05
	Medicaid Managed Care					4473.61
	Medicare Advantage					871.31
	United Healthcare					850.87

Shoppable
Item Code
31 450

Description	CPT	Code	Ocurs	Avg Unit	Price
Anesthesia provided during procedure on collar bone and shoulder blade					
1 Anesthesia	450				1150.00
Total Estimated Charge					1150.00
Cash Price					575.00
Minimum Estimated Negotiated Allowable					0.00
Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
32	45378	Colon (large bowel) examination with endoscope for diagnosis (high risk)					
	1	Surgical Services	45378				1133.00
		Total Estimated Charge					1133.00
		Cash Price					566.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
33	45380	Colon (large bowel) examination and biopsy with endoscope					
		Surgical Services					
1		Colonoscopy W/Bx L/Multi	45380	0360		1	1200.00
2		PF Colonoscopy w/ bx L/multi	45380	0981		1	250.00
		Anesthesia					
3		Anesthesia - General	RC370	0370	80.0%	2	563.00
		Laboratory and Pathology					
4		General Pathology	88300	0310	90.0%	1	85.00
5		Tissue pathology	88305	0310	50.0%	1	220.00
		Medical/Surgical Supplies and Devices					
6		Med-Surg Supplies/Gen	RC270	0270	90.0%	5	7.00
7		Sterile Supply	RC272	0272	60.0%	3	5.00
		Other					
8		Pf Anes Scrn Colonoscopy Anes	00812	0964	60.0%	6	80.00
		Pharmacy					
9		Drugs_Gen	RC250	0250	90.0%	43	25.00
		Recovery Room					
10		Recovery Room - General	RC710	0710	90.0%	2	276.00
		Total Estimated Charge					2711.00
		Cash Price					1355.50
		Minimum Estimated Negotiated Allowable					22.40
		Maximum Estimated Negotiated Allowable					1484.42
		Estimated Negotiated Allowable					
		Aetna					22.40
		Blue Cross Blue Shield of TX					713.71
		Medicaid Managed Care					1484.42
		Medicare Advantage					784.85
		United Healthcare					553.25

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
34	51702	Indwelling bladder catheter insertion (simple)					
		Surgical Services					
1		Cath Foley Temp Simple	51702	0450		1	200.00
2		Pf Catheterization Urethral	51702	0981		1	92.00
		IV Therapy					
3		IV Tx_Gen	RC260	0260	12.5%	1	100.00
		Laboratory and Pathology					
4		Gen. Health Panel W/O Tsh	80050	0301	25.0%	1	500.00
5		Cmp Lab	80053	0301	62.5%	1	275.00
6		Ua W/Micro	81001	0307	62.5%	1	75.00
7		Icotest Urine	81002	0300	12.5%	1	42.00
8		Creatinine 24Hr Urine Lab	82570	0301	12.5%	1	75.00
9		Hemoglobin A1C	83036	0301	12.5%	1	100.00
10		Magnesium Serum	83735	0301	12.5%	1	115.00
11		Troponin Lab	84484	0301	12.5%	1	225.00
12		Cbc	85025	0305	62.5%	1	127.00
13		D-Dimer Lab	85378	0305	25.0%	1	175.00
14		Pt/Inr Lab	85610	0305	12.5%	1	90.00
15		Ptt Lab	85730	0305	12.5%	1	100.00
16		Aerobic Identification	87077	0306	12.5%	1	75.00
17		Culture Ua	87086	0306	12.5%	1	100.00
18		Sensitivity Test Lab	87186	0306	12.5%	1	140.00
19		Rsv Covid And Flu	87637	0300	12.5%	1	525.00
		Medical/Surgical Supplies and Devices					
20		Med-Surg Supplies/Gen	RC270	0270	25.0%	7	7.00
21		Non-Sterile Supply	RC271	0271	12.5%	3	2.84
22		Sterile Supply	RC272	0272	75.0%	3	5.00
		Medicine					
23		Pf Ekg Interpretation	93010	0981	25.0%	1	33.00
24		Hydration administration into vein by infusion (each additional hour)	96361	0260	12.5%	1	40.00
25		Iv Inf Initial Hour	96365	0260	25.0%	1	150.00
26		Drug administration into vein by infusion for therapy, prevention, or diagnosis (up to 1 hour)	96365	0450	12.5%	1	212.00
27		Iv Inf Ea Addl Hr	96366	0260	12.5%	1	75.00
28		Drug administration into vein by infusion for therapy, prevention, or diagnosis (each additional hour)	96366	0450	12.5%	4	65.00
29		Im/Subq Injection	96372	0260	12.5%	2	100.00
30		Add Seq Ivp Sm Drug	96376	0260	12.5%	1	75.00
		Pharmacy					
31		Drugs_Gen	RC250	0250	12.5%	28	25.00
32		Drugs_Generic	RC251	0251	50.0%	16	25.00
		Pharmacy and Drug Administration					
33		Ivp Singl Or Initl Drug	96374	0260	25.0%	1	125.00
34		Ea Addl Seq Ivp New Drug	96375	0260	25.0%	4	50.00
		Pulmonary Therapy					
35		Ekg 12 Lead Tracing Only	93005	0730	25.0%	1	165.00
		Respiratory Therapy					
36		Hhn Tx Per Tx	94640	0412	12.5%	1	315.00
		Surgical Services					
37		Intubate Et Tube Emergenc	31500	0450	12.5%	1	283.00
38		Heplock No Iv Inj Or Inf	36000	0450	12.5%	3	134.00
39		Venipuncture	36415	0300	87.5%	1	14.00
		X-Ray and Radiological					
40		Ct Nck Sft Tissue W	70491	0351	12.5%	1	1550.00
41		Xr Chest 1V	71045	0324	25.0%	2	225.00
42		PF Xr Chest 1V	71045	0972	12.5%	1	17.00
43		Cta Chest W/Wo	71275	0352	12.5%	1	2000.00
44		PF Cta Chest W/Wo	71275	0972	12.5%	1	170.00
45		Xr Pelvis 1V	72170	0320	12.5%	1	300.00
46		PF Xr Pelvis 1V	72170	0972	12.5%	1	17.00
47		Xr Hip 2-3V LT	73502	0320	12.5%	1	275.00

Shoppable		Hospital: Coleman County Medical Center						
Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price	
35	547	Connective tissue disorders without complications						
		Orthopedics						
1		Lab - General	RC300	0300	100.0%	1	16.33	
2		Lab - Chemistry	RC301	0301	83.3%	1	324.14	
3		Lab - Immunology	RC302	0302	66.7%	1	139.50	
4		Lab - Hematology	RC305	0305	50.0%	1	88.00	
		Total Estimated Charge						567.97
		Cash Price						283.99
		Minimum Estimated Negotiated Allowable						118.92
		Maximum Estimated Negotiated Allowable						868.08
		Estimated Negotiated Allowable						
		Blue Cross Blue Shield of TX						423.39
		Medicaid Managed Care						868.08
		Medicare Advantage						118.92
		United Healthcare						128.15

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
36	552	Head trauma w coma >1 hr or hemorrhage [Moderate Severity]					
		Neurosurgery					
1		Drugs_Gen	RC250	0250	24.4%	3	71.11
2		IV Tx_Gen	RC260	0260	19.5%	2	100.00
3		Lab - General	RC300	0300	22.0%	1	37.30
4		Lab - Chemistry	RC301	0301	24.4%	3	236.60
5		Lab - Urology	RC307	0307	19.5%	1	70.00
6		Rad - Dx - General	RC320	0320	17.1%	2	300.45
7		CT Scan - Body	RC352	0352	22.0%	1	1940.45
8		PT - Visit Charge	RC421	0421	48.8%	12	220.85
9		PT - Eval or Re-evaluation	RC424	0424	36.6%	1	195.81
10		ER - General	RC450	0450	29.3%	1	1002.08
11		Pro Fees - Rad - Diagnostic	RC972	0972	17.1%	2	53.73
		Total Estimated Charge					4228.38
		Cash Price					2114.19
		Minimum Estimated Negotiated Allowable					13.88
		Maximum Estimated Negotiated Allowable					674.94
		Estimated Negotiated Allowable					
		Aetna					13.88
		Blue Cross Blue Shield of TX					674.94
		Medicaid Managed Care					551.80
		Medicare Advantage					354.84
		United Healthcare					347.07

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
37	554	Head trauma w coma >1 hr or hemorrhage [Catastrophic Severity]					
1		Lab - General	RC300	0300	40.0%	1	14.00
2		Lab - Chemistry	RC301	0301	40.0%	2	217.00
3		Lab - Hematology	RC305	0305	15.0%	1	85.00
4		PT - Visit Charge	RC421	0421	55.0%	10	219.76
5		PT - Eval or Re-evaluation	RC424	0424	20.0%	1	185.25
		Total Estimated Charge					721.01
		Cash Price					360.51
		Minimum Estimated Negotiated Allowable					82.63
		Maximum Estimated Negotiated Allowable					214.81
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					194.76
		Medicaid Managed Care					214.81
		Medicare Advantage					82.63
		United Healthcare					164.42

Shoppable
Item Code
38 556

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Signs & symptoms of musculoskeletal system & connective tissue without major complications					
	Orthopedics					
1	Drugs_Gen	RC250	0250	12.8%	2	26.10
2	Lab - General	RC300	0300	17.9%	1	14.14
3	Lab - Chemistry	RC301	0301	12.8%	2	315.56
4	Lab - Hematology	RC305	0305	16.7%	1	109.69
5	Rad - Dx - General	RC320	0320	55.1%	1	290.49
6	PT - Visit Charge	RC421	0421	29.5%	18	180.18
7	PT - Eval or Re-evaluation	RC424	0424	20.5%	1	189.90
8	ER - General	RC450	0450	20.5%	1	813.33
9	Pro Fees - Rad - Diagnostic	RC972	0972	34.6%	1	17.74
	Total Estimated Charge					1957.13
	Cash Price					978.57
	Minimum Estimated Negotiated Allowable					2.67
	Maximum Estimated Negotiated Allowable					445.25
	Estimated Negotiated Allowable					
	Aetna					2.67
	Blue Cross Blue Shield of TX					445.25
	Medicaid Managed Care					344.07
	Medicare Advantage					111.24
	United Healthcare					187.71

Shoppable	
Item	Code
39	558

Description				Avg	
CPT	Code	Ocrrs	Unit	Price	
Tendonitis, myositis & bursitis without major complications					
1	Rad - Dx - General	RC320	0320	12.5%	274.00
2	PT - Visit Charge	RC421	0421	68.8%	200.95
3	PT - Eval or Re-evaluation	RC424	0424	37.5%	166.50
4	OT - Visit Charge	RC431	0431	12.5%	200.00
5	OT - Eval or Re-evaluation	RC434	0434	18.8%	177.00
6	Pro Fees - Rad - Diagnostic	RC972	0972	18.8%	32.00
Total Estimated Charge					1050.45
Cash Price					525.23
Minimum Estimated Negotiated Allowable					67.08
Maximum Estimated Negotiated Allowable					232.94
Estimated Negotiated Allowable					
Blue Cross Blue Shield of TX					190.13
Medicare Advantage					67.08
United Healthcare					232.94

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
40	5601	Vaginal delivery [Minor Severity]					
		Labor and Delivery					
1		R&B - Semiprivate - General	RC120	0120	100.0%	2	1677.50
2		Drugs_Gen	RC250	0250	100.0%	28	780.41
3		Med-Surg Supplies/Gen	RC270	0270	83.3%	14	107.43
4		Non-Sterile Supply	RC271	0271	50.0%	2	7.32
5		Sterile Supply	RC272	0272	66.7%	4	206.94
6		Lab - General	RC300	0300	66.7%	2	45.50
7		Lab - Chemistry	RC301	0301	83.3%	3	539.80
8		Lab - Immunology	RC302	0302	83.3%	3	500.80
9		Lab - Hematology	RC305	0305	100.0%	2	232.83
10		Lab - Bact- Micro	RC306	0306	66.7%	1	192.50
11		Lab - Urology	RC307	0307	50.0%	1	75.00
12		Anesthesia - General	RC370	0370	50.0%	1	1126.67
13		Ultrasound	RC402	0402	33.3%	1	311.00
14		ER - General	RC450	0450	16.7%	1	250.00
15		Recovery Room - General	RC710	0710	50.0%	1	220.00
16		Labor Rm/Delivery - Delivery	RC722	0722	100.0%	1	2900.00
17		Pro Fees - Anesthetist (CRNA)	RC964	0964	16.7%	15	1200.00
		Total Estimated Charge					10373.70
		Cash Price					5186.85
		Minimum Estimated Negotiated Allowable					757.15
		Maximum Estimated Negotiated Allowable					10375.12
		Estimated Negotiated Allowable					
		Aetna					757.15
		Blue Cross Blue Shield of TX					2543.31
		Medicaid Managed Care					10375.12
		Medicare Advantage					1636.71
		United Healthcare					1613.08

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
41	561	Brain contusion/laceration & complicated skull Fx, coma < 1 hr or no coma [Minor Severity]					
		Neurosurgery					
1		PT - General	RC420	0420	18.2%	1	44.00
2		PT - Visit Charge	RC421	0421	81.8%	22	176.42
3		PT - Eval or Re-evaluation	RC424	0424	45.5%	1	166.50
		Total Estimated Charge					386.92
		Cash Price					193.46
		Minimum Estimated Negotiated Allowable					64.79
		Maximum Estimated Negotiated Allowable					187.06
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					132.58
		Medicare Advantage					64.79
		United Healthcare					187.06

Shoppable
Item Code
42 563

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Brain contusion/laceration & complicated skull Fx, coma < 1 hr or no coma [Major Severity]					
1	Drugs_Gen	RC250	0250	22.0%	4	42.59
2	IV Tx_Gen	RC260	0260	14.6%	1	100.00
3	Med-Surg Supplies/Gen	RC270	0270	12.2%	1	37.65
4	Rad - Dx - General	RC320	0320	53.7%	1	294.72
5	PT - Visit Charge	RC421	0421	41.5%	12	233.05
6	PT - Eval or Re-evaluation	RC424	0424	17.1%	1	175.50
7	ER - General	RC450	0450	43.9%	1	975.58
8	Pro Fees - Rad - Diagnostic	RC972	0972	41.5%	2	19.48
	Total Estimated Charge					1878.57
	Cash Price					939.29
	Minimum Estimated Negotiated Allowable					9.15
	Maximum Estimated Negotiated Allowable					671.79
	Estimated Negotiated Allowable					
	Aetna					9.15
	Blue Cross Blue Shield of TX					671.79
	Medicaid Managed Care					566.50
	Medicare Advantage					200.29
	United Healthcare					264.28

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
43	566	Other musculoskeletal system & connective tissue diagnoses without complications					
		Orthopedics					
1		Lab - General	RC300	0300	16.7%	1	14.00
2		Lab - Chemistry	RC301	0301	16.7%	1	500.00
3		Rad - Dx - General	RC320	0320	33.3%	1	245.50
4		CT Scan - Body	RC352	0352	16.7%	1	1550.00
5		PT - Visit Charge	RC421	0421	33.3%	7	136.89
6		PT - Eval or Re-evaluation	RC424	0424	16.7%	1	225.00
7		Pro Fees - Rad - Diagnostic	RC972	0972	16.7%	1	16.00
		Total Estimated Charge					2687.39
		Cash Price					1343.70
		Minimum Estimated Negotiated Allowable					149.47
		Maximum Estimated Negotiated Allowable					295.22
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					295.22
		Medicaid Managed Care					176.50
		Medicare Advantage					149.47
		United Healthcare					151.46

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
44	599	Malignant breast disorders without complications					
		Oncology					
1		Lab - General	RC300	0300	100.0%	1	30.64
2		Lab - Chemistry	RC301	0301	100.0%	1	473.87
		Total Estimated Charge					504.51
		Cash Price					252.26
		Minimum Estimated Negotiated Allowable					95.26
		Maximum Estimated Negotiated Allowable					1028.71
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					504.51
		Medicaid Managed Care					1028.71
		Medicare Advantage					181.62
		United Healthcare					95.26

Shoppable
Item Code
45 603

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Infection of the skin					
	Medicine					
1	Drugs_Gen	RC250	0250	90.9%	8	109.02
2	IV Tx_Gen	RC260	0260	45.5%	6	118.39
3	Med-Surg Supplies/Gen	RC270	0270	36.4%	2	10.10
4	Lab - General	RC300	0300	81.8%	2	50.63
5	Lab - Chemistry	RC301	0301	63.6%	2	350.14
6	Lab - Hematology	RC305	0305	54.5%	1	126.43
7	Lab - Bact- Micro	RC306	0306	27.3%	4	176.70
8	Lab - Urology	RC307	0307	18.2%	1	75.00
9	Rad - Dx - General	RC320	0320	18.2%	2	275.67
10	Rad - Dx - C XR	RC324	0324	18.2%	1	225.00
11	ER - General	RC450	0450	90.9%	1	928.82
12	EKG/ECG - General	RC730	0730	18.2%	1	165.00
13	Observation Hours	RC762	0762	18.2%	50	2010.00
14	Pro Fees - Rad - Diagnostic	RC972	0972	45.5%	1	45.00
	Total Estimated Charge					4665.90
	Cash Price					2332.95
	Minimum Estimated Negotiated Allowable					80.60
	Maximum Estimated Negotiated Allowable					2083.24
	Estimated Negotiated Allowable					
	Aetna					80.60
	Blue Cross Blue Shield of TX					1522.26
	Medicaid Managed Care					2083.24
	Medicare Advantage					529.51
	United Healthcare					487.21

Shoppable Item	Code
46	605

Shoppable
Item Code
47 607

	Description	CPT	Code	Ocurr	Avg Unit	Price
	Minor skin disorders without major complications					
1	Drugs_Gen	RC250	0250	43.8%	6	40.17
2	IV Tx_Gen	RC260	0260	18.8%	1	133.33
3	Lab - General	RC300	0300	37.5%	2	84.10
4	Lab - Chemistry	RC301	0301	37.5%	2	195.73
5	CT Scan - Head	RC351	0351	12.5%	1	1550.00
6	ER - General	RC450	0450	62.5%	1	685.64
7	Pro Fees - Rad - Diagnostic	RC972	0972	12.5%	1	129.00
	Total Estimated Charge					2817.97
	Cash Price					1408.99
	Minimum Estimated Negotiated Allowable					14.07
	Maximum Estimated Negotiated Allowable					767.90
	Estimated Negotiated Allowable					
	Aetna					14.07
	Blue Cross Blue Shield of TX					697.80
	Medicaid Managed Care					767.90
	Medicare Advantage					206.85
	United Healthcare					154.46

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
48	62323	Spinal canal injection of substance into lower back or sacrum with imaging guidance					
	1	Surgical Services	62323				2075.00
		Total Estimated Charge					2075.00
		Cash Price					1037.50
		Minimum Estimated Negotiated Allowable					863.20
		Maximum Estimated Negotiated Allowable					863.20
		Estimated Negotiated Allowable					
		Medicare Advantage					863.20

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
49	639	Diabetes without complications					
		1 Lab - General	RC300	0300	100.0%	1	41.38
		2 Lab - Chemistry	RC301	0301	96.8%	2	220.22
		3 Lab - Urology	RC307	0307	19.4%	1	75.00
		Total Estimated Charge					336.60
		Cash Price					168.30
		Minimum Estimated Negotiated Allowable					56.04
		Maximum Estimated Negotiated Allowable					535.93
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					269.10
		Medicaid Managed Care					535.93
		Medicare Advantage					96.88
		United Healthcare					56.04

Shoppable	
Item	Code
50	6401

	Description	CPT	Code	Ocrrs	Avg Unit	Price
	Neonate birthwt >2499g, normal newborn or neonate w other problem [Minor Severity]					
	Labor and Delivery					
1	R&B - Semiprivate - General	RC120	0120	18.2%	1	915.00
2	Newborn-Level I	RC171	0171	81.8%	2	777.78
3	Drugs_Gen	RC250	0250	100.0%	3	229.66
4	Lab - General	RC300	0300	18.2%	2	119.50
5	Lab - Chemistry	RC301	0301	81.8%	1	112.00
6	Lab - Immunology	RC302	0302	54.5%	1	140.00
7	Lab - Bact- Micro	RC306	0306	18.2%	1	340.00
	Total Estimated Charge					2633.94
	Cash Price					1316.97
	Minimum Estimated Negotiated Allowable					183.73
	Maximum Estimated Negotiated Allowable					1996.84
	Estimated Negotiated Allowable					
	Aetna					183.73
	Blue Cross Blue Shield of TX					348.01
	Medicaid Managed Care					1996.84
	Medicare Advantage					214.90
	United Healthcare					263.68

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
51	641	Nutritional or Metabolic Disorders without major complications					
		Medicine					
1		Drugs_Gen	RC250	0250	33.3%	4	111.54
2		IV Tx_Gen	RC260	0260	22.2%	2	104.17
3		Lab - General	RC300	0300	94.4%	1	65.57
4		Lab - Chemistry	RC301	0301	94.4%	2	231.12
5		Lab - Hematology	RC305	0305	11.1%	2	105.67
6		Lab - Bact- Micro	RC306	0306	11.1%	3	111.00
7		Lab - Urology	RC307	0307	33.3%	1	93.67
8		ER - General	RC450	0450	33.3%	1	1066.67
		Total Estimated Charge					1889.41
		Cash Price					944.71
		Minimum Estimated Negotiated Allowable					29.71
		Maximum Estimated Negotiated Allowable					1135.24
		Estimated Negotiated Allowable					
		Aetna					29.71
		Blue Cross Blue Shield of TX					714.91
		Medicaid Managed Care					1135.24
		Medicare Advantage					270.61
		United Healthcare					201.37

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
52	642	Inborn errors of metabolism					
	1	Lab - General	RC300	0300	100.0%	1	43.58
	2	Lab - Chemistry	RC301	0301	100.0%	4	193.85
	3	Lab - Urology	RC307	0307	10.5%	1	75.00
		Total Estimated Charge					312.43
		Cash Price					156.22
		Minimum Estimated Negotiated Allowable					51.34
		Maximum Estimated Negotiated Allowable					485.56
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					245.31
		Medicaid Managed Care					485.56
		Medicare Advantage					88.32
		United Healthcare					51.34

Shoppable		Hospital: Coleman County Medical Center					Avg	
Item	Code	Description	CPT	Code	Ocrrrs	Unit	Price	
53	645	Endocrine disorders without complications						
	1	Lab - General	RC300	0300	92.9%	1	21.72	
	2	Lab - Chemistry	RC301	0301	92.9%	3	201.78	
Total Estimated Charge							223.50	
Cash Price							111.75	
Minimum Estimated Negotiated Allowable							40.30	
Maximum Estimated Negotiated Allowable							419.50	
Estimated Negotiated Allowable								
Blue Cross Blue Shield of TX							207.63	
Medicaid Managed Care							419.50	
Medicare Advantage							74.74	
United Healthcare							40.30	

Shoppable Item	Code
54	690

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
56	696	Kidney & urinary tract signs & symptoms without major complications					
1		Lab - General	RC300	0300	38.9%	1	52.00
2		Lab - Chemistry	RC301	0301	44.4%	2	234.33
3		Lab - Bact- Micro	RC306	0306	44.4%	2	110.38
4		Lab - Urology	RC307	0307	55.6%	1	75.30
5		CT Scan - Body	RC352	0352	16.7%	1	2383.33
		Total Estimated Charge					2855.34
		Cash Price					1427.67
		Minimum Estimated Negotiated Allowable					121.03
		Maximum Estimated Negotiated Allowable					397.30
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					334.56
		Medicaid Managed Care					397.30
		Medicare Advantage					220.73
		United Healthcare					121.03

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
57	70450	Head or brain CT scan without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	70450				1788.00
		Total Estimated Charge					1788.00
		Cash Price					894.00
		Minimum Estimated Negotiated Allowable					135.89
		Maximum Estimated Negotiated Allowable					643.68
		Estimated Negotiated Allowable					
		Aetna					643.68
		Medicaid Managed Care					135.89
		Medicare Advantage					643.68
		United Healthcare					600.77

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
58	70460	Head or brain CT scan with contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	70460				1576.00
		Total Estimated Charge					1576.00
		Cash Price					788.00
		Minimum Estimated Negotiated Allowable					567.36
		Maximum Estimated Negotiated Allowable					567.36
		Estimated Negotiated Allowable					
		Medicaid Managed Care					567.36

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
59	70486	Facial CT scan without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	70486				1500.00
		Total Estimated Charge					1500.00
		Cash Price					750.00
		Minimum Estimated Negotiated Allowable					30.00
		Maximum Estimated Negotiated Allowable					525.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					30.00
		Medicare Advantage					525.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
60	70490	Neck CT scan of the soft tissue of the neck without contrast to examine injury, foreign bodies, or tumors					
1		CT Scan	70490				1911.00
		Total Estimated Charge					1911.00
		Cash Price					955.50
		Minimum Estimated Negotiated Allowable					701.34
		Maximum Estimated Negotiated Allowable					701.34
		Estimated Negotiated Allowable					
		Medicare Advantage					701.34

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
61	70491	Neck CT scan of the soft tissue of the neck with contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	70491				1550.00
		Total Estimated Charge					1550.00
		Cash Price					775.00
		Minimum Estimated Negotiated Allowable					651.00
		Maximum Estimated Negotiated Allowable					651.00
		Estimated Negotiated Allowable					
		Medicare Advantage					651.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
62	70496	CTA scan of head blood vessels with contrast to examine blood clots or aneurysms					
	1	CT Scan	70496				1525.00
		Total Estimated Charge					1525.00
		Cash Price					762.50
		Minimum Estimated Negotiated Allowable					533.75
		Maximum Estimated Negotiated Allowable					637.45
		Estimated Negotiated Allowable					
		Aetna					637.45
		Medicare Advantage					533.75

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
63	70498	CTA scan of neck blood vessels with contrast to examine blood clots or aneurysms					
	1	CT Scan	70498				2450.00
		Total Estimated Charge					2450.00
		Cash Price					1225.00
		Minimum Estimated Negotiated Allowable					318.50
		Maximum Estimated Negotiated Allowable					710.50
		Estimated Negotiated Allowable					
		Aetna					318.50
		Medicare Advantage					710.50

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
64	71045	Chest x-ray (single view)					
		1 X-ray	71045				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					56.25
		Maximum Estimated Negotiated Allowable					180.00
		Estimated Negotiated Allowable					
		Aetna					180.00
		Medicaid Managed Care					92.25
		Medicare Advantage					81.00
		United Healthcare					56.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
65	71046	Chest x-ray (2 views)					
		1 X-ray	71046				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					105.00
		Maximum Estimated Negotiated Allowable					255.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					108.00
		Medicare Advantage					105.00
		United Healthcare					255.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
66	71100	Rib cage x-ray of ribs on one side of body (2 views)					
		1 X-ray	71100				279.00
		Total Estimated Charge					279.00
		Cash Price					139.50
		Minimum Estimated Negotiated Allowable					97.65
		Maximum Estimated Negotiated Allowable					97.65
		Estimated Negotiated Allowable					
		Medicare Advantage					97.65

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
67	71101	Rib cage x-ray of ribs on one side of body including chest (minimum of 3 views)					
	1	X-ray	71101				472.00
		Total Estimated Charge					472.00
		Cash Price					236.00
		Minimum Estimated Negotiated Allowable					168.98
		Maximum Estimated Negotiated Allowable					193.52
		Estimated Negotiated Allowable					
		Medicaid Managed Care					168.98
		Medicare Advantage					193.52

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
68	71250	Chest CT scan without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	71250				1550.00
		Total Estimated Charge					1550.00
		Cash Price					775.00
		Minimum Estimated Negotiated Allowable					651.00
		Maximum Estimated Negotiated Allowable					651.00
		Estimated Negotiated Allowable					
		Medicare Advantage					651.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
69	71260	Chest CT scan with contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	71260				1850.00
		Total Estimated Charge					1850.00
		Cash Price					925.00
		Minimum Estimated Negotiated Allowable					769.60
		Maximum Estimated Negotiated Allowable					769.60
		Estimated Negotiated Allowable					
		Medicare Advantage					769.60

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
70	71275	CTA scan of chest blood vessels with contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	71275				2000.00
		Total Estimated Charge					2000.00
		Cash Price					1000.00
		Minimum Estimated Negotiated Allowable					300.00
		Maximum Estimated Negotiated Allowable					720.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					580.00
		Medicare Advantage					720.00
		United Healthcare					300.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
71	72040	Spinal x-ray of upper spine (2 or 3 views)					
		1 X-ray	72040				272.00
		Total Estimated Charge					272.00
		Cash Price					136.00
		Minimum Estimated Negotiated Allowable					113.15
		Maximum Estimated Negotiated Allowable					113.15
		Estimated Negotiated Allowable					
		Medicare Advantage					113.15

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
72	72070	Spinal x-ray of middle spine (2 views)					
		1 X-ray	72070				268.00
		Total Estimated Charge					268.00
		Cash Price					134.00
		Minimum Estimated Negotiated Allowable					96.48
		Maximum Estimated Negotiated Allowable					101.84
		Estimated Negotiated Allowable					
		Medicaid Managed Care					101.84
		Medicare Advantage					96.48

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit Price
73	72072	Spinal x-ray of middle spine (3 views)				
		1 X-ray	72072			472.00
		Total Estimated Charge				472.00
		Cash Price				236.00
		Minimum Estimated Negotiated Allowable				198.24
		Maximum Estimated Negotiated Allowable				198.24
		Estimated Negotiated Allowable				
		Medicare Advantage				198.24

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
74	72100	1 Spinal x-ray of lower and sacral spine (2 or 3 views) X-ray	72100				350.00
		Total Estimated Charge					350.00
		Cash Price					175.00
		Minimum Estimated Negotiated Allowable					126.00
		Maximum Estimated Negotiated Allowable					279.30
		Estimated Negotiated Allowable					
		Aetna					126.00
		Medicaid Managed Care					168.00
		Medicare Advantage					147.00
		United Healthcare					279.30

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
75	72125	Spinal CT scan of upper spine without contrast to examine injury, foreign bodies, or tumors					
1		CT Scan	72125				2160.00
		Total Estimated Charge					2160.00
		Cash Price					1080.00
		Minimum Estimated Negotiated Allowable					136.08
		Maximum Estimated Negotiated Allowable					885.60
		Estimated Negotiated Allowable					
		Aetna					777.60
		Medicaid Managed Care					136.08
		Medicare Advantage					885.60

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
76	72128	Spinal CT scan of middle spine without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	72128				1500.00
		Total Estimated Charge					1500.00
		Cash Price					750.00
		Minimum Estimated Negotiated Allowable					615.00
		Maximum Estimated Negotiated Allowable					1500.00
		Estimated Negotiated Allowable					
		Aetna					1500.00
		Medicare Advantage					615.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
77	72131	Spinal CT scan of lower spine without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	72131				1600.00
		Total Estimated Charge					1600.00
		Cash Price					800.00
		Minimum Estimated Negotiated Allowable					32.00
		Maximum Estimated Negotiated Allowable					1600.00
		Estimated Negotiated Allowable					
		Aetna					1600.00
		Medicaid Managed Care					32.00
		Medicare Advantage					656.00
		United Healthcare					216.00

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurre	Unit
78	72170	Pelvis x-ray (1 or 2 views)				
		1 X-ray	72170			300.00
		Total Estimated Charge				300.00
		Cash Price				150.00
		Minimum Estimated Negotiated Allowable				108.00
		Maximum Estimated Negotiated Allowable				124.80
		Estimated Negotiated Allowable				
		Aetna				108.00
		Medicare Advantage				124.80

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
79	72192	Pelvis CT scan without contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	72192				1575.00
		Total Estimated Charge					1575.00
		Cash Price					787.50
		Minimum Estimated Negotiated Allowable					655.20
		Maximum Estimated Negotiated Allowable					655.20
		Estimated Negotiated Allowable					
		Medicare Advantage					655.20

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
80	72193	Pelvis CT scan with contrast to examine injury, foreign bodies, or tumors					
	1	CT Scan	72193				1581.00
		Total Estimated Charge					1581.00
		Cash Price					790.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
81	72220	X-ray of sacrum and tailbone (minimum of 2 views)					
	1	X-ray	72220				284.00
		Total Estimated Charge					284.00
		Cash Price					142.00
		Minimum Estimated Negotiated Allowable					119.28
		Maximum Estimated Negotiated Allowable					119.28
		Estimated Negotiated Allowable					
		Medicare Advantage					119.28

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
82	73030	Shoulder x-ray, complete study (minimum of 2 views)					
	1	X-ray	73030				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					108.00
		Maximum Estimated Negotiated Allowable					240.00
		Estimated Negotiated Allowable					
		Aetna					108.00
		Medicaid Managed Care					111.00
		Medicare Advantage					126.00
		United Healthcare					240.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
83	73060	Arm x-ray of upper arm (minimum of 2 views)					
		1 X-ray	73060				272.00
		Total Estimated Charge					272.00
		Cash Price					136.00
		Minimum Estimated Negotiated Allowable					97.92
		Maximum Estimated Negotiated Allowable					113.15
		Estimated Negotiated Allowable					
		Aetna					97.92
		Medicaid Managed Care					97.92
		Medicare Advantage					113.15

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
84	73070	Elbow x-ray (2 views)					
		1 X-ray	73070				227.00
		Total Estimated Charge					227.00
		Cash Price					113.50
		Minimum Estimated Negotiated Allowable					93.07
		Maximum Estimated Negotiated Allowable					111.23
		Estimated Negotiated Allowable					
		Medicaid Managed Care					111.23
		Medicare Advantage					93.07

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
85	73080	Elbow x-ray, complete study (minimum of 3 views)					
	1	X-ray	73080				255.00
		Total Estimated Charge					255.00
		Cash Price					127.50
		Minimum Estimated Negotiated Allowable					106.08
		Maximum Estimated Negotiated Allowable					139.74
		Estimated Negotiated Allowable					
		Medicaid Managed Care					139.74
		Medicare Advantage					106.08

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
86	73090	Arm x-ray of forearm (2 views)					
		1 X-ray	73090				274.00
		Total Estimated Charge					274.00
		Cash Price					137.00
		Minimum Estimated Negotiated Allowable					106.86
		Maximum Estimated Negotiated Allowable					274.00
		Estimated Negotiated Allowable					
		Aetna					219.20
		Medicaid Managed Care					112.34
		Medicare Advantage					106.86
		United Healthcare					274.00

Shoppable Item	Code	Description	CPT	Code	Ocrrrs	Avg Unit	Price
87	73100	Wrist x-ray (2 views)					
		1 X-ray	73100				180.00
		Total Estimated Charge					180.00
		Cash Price					90.00
		Minimum Estimated Negotiated Allowable					74.88
		Maximum Estimated Negotiated Allowable					90.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					90.00
		Medicare Advantage					74.88

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
88	73110	Wrist x-ray, complete study (minimum of 3 views)					
		1 X-ray	73110				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					123.00
		Maximum Estimated Negotiated Allowable					240.00
		Estimated Negotiated Allowable					
		Aetna					240.00
		Medicaid Managed Care					139.50
		Medicare Advantage					123.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
89	73120	Hand x-ray (2 views)					
		1 X-ray	73120				180.00
		Total Estimated Charge					180.00
		Cash Price					90.00
		Minimum Estimated Negotiated Allowable					73.80
		Maximum Estimated Negotiated Allowable					93.42
		Estimated Negotiated Allowable					
		Medicare Advantage					73.80
		United Healthcare					93.42

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
90	73130	Hand x-ray (minimum of 2 views)					
		1 X-ray	73130				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					105.00
		Maximum Estimated Negotiated Allowable					240.00
		Estimated Negotiated Allowable					
		Aetna					240.00
		Medicaid Managed Care					118.80
		Medicare Advantage					105.00
		United Healthcare					240.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
91	73140	Finger(s) x-ray (minimum of 2 views)					
		1 X-ray	73140				227.00
		Total Estimated Charge					227.00
		Cash Price					113.50
		Minimum Estimated Negotiated Allowable					94.43
		Maximum Estimated Negotiated Allowable					181.60
		Estimated Negotiated Allowable					
		Medicaid Managed Care					111.23
		Medicare Advantage					94.43
		United Healthcare					181.60

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
92	73200	Arm CT scan without contrast for injury, foreign bodies, or tumors					
	1	CT Scan	73200				1560.00
		Total Estimated Charge					1560.00
		Cash Price					780.00
		Minimum Estimated Negotiated Allowable					655.20
		Maximum Estimated Negotiated Allowable					655.20
		Estimated Negotiated Allowable Medicare Advantage					655.20

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
93	73501	Hip x-ray of hip with pelvis (single view)					
		1 X-ray	73501				211.00
		Total Estimated Charge					211.00
		Cash Price					105.50
		Minimum Estimated Negotiated Allowable					73.85
		Maximum Estimated Negotiated Allowable					73.85
		Estimated Negotiated Allowable					
		Medicare Advantage					73.85

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
94	73502	Hip x-ray of hip with pelvis (2 to 3 views)					
		1 X-ray	73502				275.00
		Total Estimated Charge					275.00
		Cash Price					137.50
		Minimum Estimated Negotiated Allowable					110.00
		Maximum Estimated Negotiated Allowable					112.48
		Estimated Negotiated Allowable					
		Medicaid Managed Care					112.48
		Medicare Advantage					110.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
95	73552	Thighbone x-ray (minimum of 2 views)					
		1 X-ray	73552				275.00
		Total Estimated Charge					275.00
		Cash Price					137.50
		Minimum Estimated Negotiated Allowable					99.00
		Maximum Estimated Negotiated Allowable					112.75
		Estimated Negotiated Allowable					
		Medicaid Managed Care					99.00
		Medicare Advantage					112.75

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
96	73560	Knee x-ray (1 or 2 views)					
		1 X-ray	73560				221.00
		Total Estimated Charge					221.00
		Cash Price					110.50
		Minimum Estimated Negotiated Allowable					91.94
		Maximum Estimated Negotiated Allowable					112.27
		Estimated Negotiated Allowable					
		Medicaid Managed Care					112.27
		Medicare Advantage					91.94

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
97	73562	Knee x-ray (3 views)					
		1 X-ray	73562				325.00
		Total Estimated Charge					325.00
		Cash Price					162.50
		Minimum Estimated Negotiated Allowable					112.45
		Maximum Estimated Negotiated Allowable					135.20
		Estimated Negotiated Allowable					
		Medicaid Managed Care					117.00
		Medicare Advantage					135.20
		United Healthcare					112.45

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
98	73590	Lower leg x-ray (2 views)					
		1 X-ray	73590				286.00
		Total Estimated Charge					286.00
		Cash Price					143.00
		Minimum Estimated Negotiated Allowable					102.96
		Maximum Estimated Negotiated Allowable					139.57
		Estimated Negotiated Allowable					
		Aetna					102.96
		Medicaid Managed Care					139.57
		Medicare Advantage					118.98

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
99	73600	Ankle x-ray (2 views)					
		1 X-ray	73600				249.00
		Total Estimated Charge					249.00
		Cash Price					124.50
		Minimum Estimated Negotiated Allowable					102.09
		Maximum Estimated Negotiated Allowable					199.20
		Estimated Negotiated Allowable					
		Medicaid Managed Care					139.44
		Medicare Advantage					102.09
		United Healthcare					199.20

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
100	73610	Ankle x-ray (minimum of 3 views)					
		1 X-ray	73610				325.00
		Total Estimated Charge					325.00
		Cash Price					162.50
		Minimum Estimated Negotiated Allowable					71.50
		Maximum Estimated Negotiated Allowable					117.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					117.00
		Medicare Advantage					113.75
		United Healthcare					71.50

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
101	73620	Foot x-ray (2 views)					
		1 X-ray	73620				220.00
		Total Estimated Charge					220.00
		Cash Price					110.00
		Minimum Estimated Negotiated Allowable					90.20
		Maximum Estimated Negotiated Allowable					176.00
		Estimated Negotiated Allowable					
		Medicare Advantage					90.20
		United Healthcare					176.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
102	73630	Foot x-ray, complete study (minimum of 3 views)					
		1 X-ray	73630				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					118.80
		Maximum Estimated Negotiated Allowable					126.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					118.80
		Medicare Advantage					126.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
103	73700	Leg CT scan without contrast for injury, foreign bodies, or tumors					
	1	CT Scan	73700				1550.00
		Total Estimated Charge					1550.00
		Cash Price					775.00
		Minimum Estimated Negotiated Allowable					635.50
		Maximum Estimated Negotiated Allowable					635.50
		Estimated Negotiated Allowable Medicare Advantage					635.50

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
104	74018	Abdominal x-ray (single view)					
		1 X-ray	74018				241.00
		Total Estimated Charge					241.00
		Cash Price					120.50
		Minimum Estimated Negotiated Allowable					98.81
		Maximum Estimated Negotiated Allowable					190.39
		Estimated Negotiated Allowable					
		Medicaid Managed Care					139.54
		Medicare Advantage					98.81
		United Healthcare					190.39

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
105	74022	Abdominal x-ray, complete study including 2 or more views of abdomen and single view of chest					
	1	X-ray	74022				443.00
		Total Estimated Charge					443.00
		Cash Price					221.50
		Minimum Estimated Negotiated Allowable					136.00
		Maximum Estimated Negotiated Allowable					181.63
		Estimated Negotiated Allowable					
		Medicaid Managed Care					136.00
		Medicare Advantage					181.63

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
106	74174	Abdominal and pelvic vessels CTA scan with contrast Imaging		74174			3300.00
		Total Estimated Charge					3300.00
		Cash Price					1650.00
		Minimum Estimated Negotiated Allowable					1353.00
		Maximum Estimated Negotiated Allowable					1353.00
		Estimated Negotiated Allowable					
		Medicare Advantage					1353.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
107	74176	Abdominal and pelvic CT scan without contrast for injury, foreign bodies, or tumors					
	1	CT Scan	74176				1575.00
		Total Estimated Charge					1575.00
		Cash Price					787.50
		Minimum Estimated Negotiated Allowable					330.75
		Maximum Estimated Negotiated Allowable					773.33
		Estimated Negotiated Allowable					
		Medicaid Managed Care					773.33
		Medicare Advantage					677.25
		United Healthcare					330.75

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
108	74177	Abdominal and pelvic CT scan with contrast for injury, foreign bodies, or tumors					
	1	CT Scan	74177				2200.00
		Total Estimated Charge					2200.00
		Cash Price					1100.00
		Minimum Estimated Negotiated Allowable					396.00
		Maximum Estimated Negotiated Allowable					1214.40
		Estimated Negotiated Allowable					
		Medicaid Managed Care					1214.40
		Medicare Advantage					792.00
		United Healthcare					396.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
109	74178	Abdominal and pelvic CT scan without contrast, followed by contrast for injury, foreign bodies, or tumors					
	1	CT Scan	74178				2750.00
		Total Estimated Charge					2750.00
		Cash Price					1375.00
		Minimum Estimated Negotiated Allowable					599.50
		Maximum Estimated Negotiated Allowable					1100.00
		Estimated Negotiated Allowable					
		Medicare Advantage					1100.00
		United Healthcare					599.50

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
110	761	Menstrual & other female reproductive system disorders without complications					
		Gynecology					
1		Drugs_Gen	RC250	0250	11.5%	12	333.32
2		Lab - General	RC300	0300	69.2%	1	33.14
3		Lab - Chemistry	RC301	0301	73.1%	4	211.63
4		Lab - Urology	RC307	0307	23.1%	1	52.14
5		Ultrasound	RC402	0402	26.9%	1	486.43
6		ER - General	RC450	0450	11.5%	1	1275.00
7		Pro Fees - Rad - Diagnostic	RC972	0972	23.1%	1	76.86
		Total Estimated Charge					2468.52
		Cash Price					1234.26
		Minimum Estimated Negotiated Allowable					30.66
		Maximum Estimated Negotiated Allowable					592.62
		Estimated Negotiated Allowable					
		Aetna					30.66
		Blue Cross Blue Shield of TX					392.17
		Medicaid Managed Care					592.62
		Medicare Advantage					170.41
		United Healthcare					226.95

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
111	76536	Head and neck ultrasound					
		1 Ultrasound	76536				700.00
		Total Estimated Charge					700.00
		Cash Price					350.00
		Minimum Estimated Negotiated Allowable					291.20
		Maximum Estimated Negotiated Allowable					347.20
		Estimated Negotiated Allowable					
		Medicaid Managed Care					347.20
		Medicare Advantage					291.20

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
112	76700	Abdominal ultrasound (complete)					
		1 Ultrasound	76700				750.00
		Total Estimated Charge					750.00
		Cash Price					375.00
		Minimum Estimated Negotiated Allowable					225.00
		Maximum Estimated Negotiated Allowable					300.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					225.00
		Medicare Advantage					300.00

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurr	Unit Price
113	76705	Abdominal ultrasound (limited)				
		1 Ultrasound	76705			650.00
		Total Estimated Charge				650.00
		Cash Price				325.00
		Minimum Estimated Negotiated Allowable				227.50
		Maximum Estimated Negotiated Allowable				520.00
		Estimated Negotiated Allowable				
		Aetna				520.00
		Medicaid Managed Care				227.50
		Medicare Advantage				270.40

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
114	76770	Ultrasound of area behind abdominal cavity (complete)					
		1 Ultrasound	76770				793.00
		Total Estimated Charge					793.00
		Cash Price					396.50
		Minimum Estimated Negotiated Allowable					166.53
		Maximum Estimated Negotiated Allowable					329.89
		Estimated Negotiated Allowable					
		Medicaid Managed Care					166.53
		Medicare Advantage					329.89

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
115	76805	Abdominal ultrasound of pregnant uterus after first trimester, greater than or equal to 14 weeks 0 days (single or first fetus)					
		1 Ultrasound		76805			345.00
		Total Estimated Charge					345.00
		Cash Price					172.50
		Minimum Estimated Negotiated Allowable					134.55
		Maximum Estimated Negotiated Allowable					134.55
		Estimated Negotiated Allowable					
		Medicaid Managed Care					134.55

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
116	76816	Abdominal ultrasound of pregnant uterus for re-evaluation of fetus (per fetus)					
		1 Ultrasound	76816				200.00
		Total Estimated Charge					200.00
		Cash Price					100.00
		Minimum Estimated Negotiated Allowable					136.00
		Maximum Estimated Negotiated Allowable					136.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					136.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
117	76819	Fetal heart ultrasound and monitoring without non-stress testing					
	1	Ultrasound	76819				311.00
		Total Estimated Charge					311.00
		Cash Price					155.50
		Minimum Estimated Negotiated Allowable					135.91
		Maximum Estimated Negotiated Allowable					135.91
		Estimated Negotiated Allowable					
		Medicaid Managed Care					135.91

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
118	76830	1 Imaging of pelvis by ultrasound through vagina Ultrasound	76830				710.00
		Total Estimated Charge					710.00
		Cash Price					355.00
		Minimum Estimated Negotiated Allowable					168.98
		Maximum Estimated Negotiated Allowable					248.50
		Estimated Negotiated Allowable					
		Medicaid Managed Care					168.98
		Medicare Advantage					248.50

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
119	76856	Pelvis ultrasound, not pregnancy related (complete)					
		1 Ultrasound	76856				683.00
		Total Estimated Charge					683.00
		Cash Price					341.50
		Minimum Estimated Negotiated Allowable					175.53
		Maximum Estimated Negotiated Allowable					280.03
		Estimated Negotiated Allowable					
		Medicaid Managed Care					175.53
		Medicare Advantage					280.03

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
120	80048	Lab analysis to measure the amount of total calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, potassium, sodium, and urea nitrogen (BUN) in blood specimen					
1		Laboratory and Pathology	80048				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					40.50
		Maximum Estimated Negotiated Allowable					81.00
		Estimated Negotiated Allowable					
		Aetna					81.00
		Medicaid Managed Care					81.00
		Medicare Advantage					78.75
		United Healthcare					40.50

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
121	80050	1 Lab analysis also known as general health panel Laboratory and Pathology	80050				500.00
		Total Estimated Charge					500.00
		Cash Price					250.00
		Minimum Estimated Negotiated Allowable					22.00
		Maximum Estimated Negotiated Allowable					500.00
		Estimated Negotiated Allowable					
		Aetna					400.00
		Medicaid Managed Care					230.00
		Medicare Advantage					500.00
		United Healthcare					22.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
122	80053	Lab analysis via blood test to measure a comprehensive group of blood chemicals					
	1	Laboratory and Pathology	80053				275.00
		Total Estimated Charge					275.00
		Cash Price					137.50
		Minimum Estimated Negotiated Allowable					44.00
		Maximum Estimated Negotiated Allowable					108.90
		Estimated Negotiated Allowable					
		Aetna					99.00
		Medicaid Managed Care					108.90
		Medicare Advantage					96.25
		United Healthcare					44.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
123	80061	Lab analysis to measure the amount of lipids (cholesterol and triglycerides) in blood specimen					
	1	Laboratory and Pathology	80061				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					40.20
		Maximum Estimated Negotiated Allowable					150.00
		Estimated Negotiated Allowable					
		Aetna					118.50
		Medicaid Managed Care					150.00
		Medicare Advantage					43.50
		United Healthcare					40.20

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
124	80069	Lab analysis to evaluate kidney function via a blood test panel					
	1	Laboratory and Pathology	80069				179.00
		Total Estimated Charge					179.00
		Cash Price					89.50
		Minimum Estimated Negotiated Allowable					9.85
		Maximum Estimated Negotiated Allowable					62.65
		Estimated Negotiated Allowable					
		Medicaid Managed Care					9.85
		Medicare Advantage					62.65

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
125	80074	Lab analysis to measure the amount of hepatitis A antibody, hepatitis B core antibody, hepatitis B surface antigen, and hepatitis C antibody in blood specimen to evaluate acute hepatitis					
	1	Laboratory and Pathology		80074			444.00
		Total Estimated Charge					444.00
		Cash Price					222.00
		Minimum Estimated Negotiated Allowable					18.20
		Maximum Estimated Negotiated Allowable					279.72
		Estimated Negotiated Allowable					
		Medicaid Managed Care					173.16
		Medicare Advantage					279.72
		United Healthcare					18.20

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
126	80076	Lab analysis to measure the amount of albumin, total and direct bilirubin, alkaline phosphatase, total protein, alanine amino transferase, and asparate amino transferase in blood specimen to evaluate					
	1	Laboratory and Pathology	80076				93.00
		Total Estimated Charge					93.00
		Cash Price					46.50
		Minimum Estimated Negotiated Allowable					7.07
		Maximum Estimated Negotiated Allowable					7.07
		Estimated Negotiated Allowable					
		Medicaid Managed Care					7.07

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
127	80143	Lab analysis to measure the amount of acetaminophen in blood specimen					
	1	Laboratory and Pathology	80143				176.00
		Total Estimated Charge					176.00
		Cash Price					88.00
		Minimum Estimated Negotiated Allowable					63.89
		Maximum Estimated Negotiated Allowable					63.89
		Estimated Negotiated Allowable Medicare Advantage					63.89

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
128	80157	Lab analysis to measure the amount of carbamazepine (free) in blood specimen					
		1 Laboratory and Pathology	80157				58.00
		Total Estimated Charge					58.00
		Cash Price					29.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
129	80162	Lab analysis to measure the amount of total digoxin in blood specimen					
		1 Laboratory and Pathology	80162				182.00
		Total Estimated Charge					182.00
		Cash Price					91.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
130	80164	Lab analysis to measure the amount of total valproic acid in blood specimen					
		1 Laboratory and Pathology	80164				184.00
		Total Estimated Charge					184.00
		Cash Price					92.00
		Minimum Estimated Negotiated Allowable					15.46
		Maximum Estimated Negotiated Allowable					184.00
		Estimated Negotiated Allowable					
		Aetna					66.24
		Medicaid Managed Care					15.46
		Medicare Advantage					75.44
		United Healthcare					184.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
131	80177	Lab analysis to measure the amount of levetiracetam in blood specimen					
	1	Laboratory and Pathology		80177			139.00
		Total Estimated Charge					139.00
		Cash Price					69.50
		Minimum Estimated Negotiated Allowable					29.33
		Maximum Estimated Negotiated Allowable					48.65
		Estimated Negotiated Allowable					
		Medicaid Managed Care					29.33
		Medicare Advantage					48.65

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
132	80185	Lab analysis to measure the amount of total phenytoin in blood specimen					
	1	Laboratory and Pathology	80185				187.00
		Total Estimated Charge					187.00
		Cash Price					93.50
		Minimum Estimated Negotiated Allowable					15.15
		Maximum Estimated Negotiated Allowable					65.45
		Estimated Negotiated Allowable					
		Medicaid Managed Care					15.15
		Medicare Advantage					65.45

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
133	80197	Lab analysis to measure the amount of tacrolimus in blood specimen					
		1 Laboratory and Pathology		80197			248.00
		Total Estimated Charge					248.00
		Cash Price					124.00
		Minimum Estimated Negotiated Allowable					14.88
		Maximum Estimated Negotiated Allowable					86.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					14.88
		Medicare Advantage					86.80
		United Healthcare					22.07

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
134	80202	Lab analysis to measure the amount of vancomycin (antibiotic) in serum specimen					
	1	Laboratory and Pathology	80202				217.00
		Total Estimated Charge					217.00
		Cash Price					108.50
		Minimum Estimated Negotiated Allowable					49.91
		Maximum Estimated Negotiated Allowable					84.63
		Estimated Negotiated Allowable					
		Medicaid Managed Care					49.91
		Medicare Advantage					84.63

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
135	80306	Drug screening read by direct visual reading with instrument assistance					
	1	Laboratory and Pathology	80306				112.00
		Total Estimated Charge					112.00
		Cash Price					56.00
		Minimum Estimated Negotiated Allowable					24.64
		Maximum Estimated Negotiated Allowable					40.32
		Estimated Negotiated Allowable					
		Medicaid Managed Care					40.32
		Medicare Advantage					39.20
		United Healthcare					24.64

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurre	Unit Price
136	80307	Drug screening read by chemistry analyzers				
		1 Laboratory and Pathology	80307			500.00
		Total Estimated Charge				500.00
		Cash Price				250.00
		Minimum Estimated Negotiated Allowable				180.00
		Maximum Estimated Negotiated Allowable				180.00
		Estimated Negotiated Allowable				
		Medicaid Managed Care				180.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
137	81001	Lab analysis of urine specimen by dipstick with microscope (automated)					
	1	Laboratory and Pathology	81001				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					26.25
		Maximum Estimated Negotiated Allowable					59.25
		Estimated Negotiated Allowable					
		Aetna					59.25
		Medicaid Managed Care					27.00
		Medicare Advantage					26.25
		United Healthcare					44.10

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
138	81002	Lab analysis of urine specimen by dipstick without microscope (non-automated)					
	1	Laboratory and Pathology	81002				42.00
		Total Estimated Charge					42.00
		Cash Price					21.00
		Minimum Estimated Negotiated Allowable					1.26
		Maximum Estimated Negotiated Allowable					15.25
		Estimated Negotiated Allowable					
		Medicaid Managed Care					1.26
		Medicare Advantage					15.25
		United Healthcare					5.46

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
139	81025	Lab analysis of urine specimen by dipstick to detect the hormone found in women in early pregnancy					
	1	Laboratory and Pathology	81025				40.00
		Total Estimated Charge					40.00
		Cash Price					20.00
		Minimum Estimated Negotiated Allowable					6.40
		Maximum Estimated Negotiated Allowable					14.40
		Estimated Negotiated Allowable					
		Medicaid Managed Care					14.40
		United Healthcare					6.40

Shoppable	
Item	Code
140	812

	Description	CPT	Code	Occurr	Avg Unit	Price
	Anemia or other red blood cell disorders without complications					
	Medicine					
1	Drugs_Gen	RC250	0250	22.2%	9	425.97
2	IV Tx_Gen	RC260	0260	11.1%	6	108.33
3	Lab - General	RC300	0300	88.9%	1	193.30
4	Lab - Chemistry	RC301	0301	66.7%	3	189.88
5	Lab - Immunology	RC302	0302	22.2%	1	150.00
6	Lab - Hematology	RC305	0305	55.6%	1	108.71
7	Lab - Urology	RC307	0307	22.2%	1	75.00
8	Rad - Dx - C XR	RC324	0324	11.1%	1	225.00
9	Blood/Components - General Classification	RC390	0390	11.1%	2	1442.00
10	Blood Administration (e.g., Transfusion)	RC391	0391	11.1%	1	928.00
11	ER - General	RC450	0450	11.1%	1	1525.00
12	EKG/ECG - General	RC730	0730	11.1%	1	165.00
13	Pro Fees - Rad - Diagnostic	RC972	0972	11.1%	1	17.00
	Total Estimated Charge					5553.19
	Cash Price					2776.60
	Minimum Estimated Negotiated Allowable					75.66
	Maximum Estimated Negotiated Allowable					1030.82
	Estimated Negotiated Allowable					
	Aetna					75.66
	Blue Cross Blue Shield of TX					760.36
	Medicaid Managed Care					1030.82
	Medicare Advantage					253.29
	United Healthcare					293.21

Shoppable	
Item	Code
141	816

	Description	CPT	Code	Occurr	Avg Unit	Price
	Reticuloendothelial & immunity disorders without complications					
1	Drugs_Gen	RC250	0250	11.1%	23	597.53
2	IV Tx_Gen	RC260	0260	11.1%	4	141.67
3	Med-Surg Supplies/Gen	RC270	0270	11.1%	2	7.52
4	Lab - General	RC300	0300	88.9%	1	42.60
5	Lab - Chemistry	RC301	0301	44.4%	4	240.06
6	Lab - Hematology	RC305	0305	55.6%	1	127.00
7	Lab - Bact- Micro	RC306	0306	11.1%	1	400.00
8	Lab - Urology	RC307	0307	11.1%	1	75.00
9	Rad - Dx - C XR	RC324	0324	11.1%	1	225.00
10	CT Scan - Head	RC351	0351	11.1%	1	1550.00
11	Ultrasound	RC402	0402	11.1%	1	750.00
12	ER - General	RC450	0450	11.1%	1	1525.00
13	Observation Hours	RC762	0762	11.1%	33	1330.00
14	Othr Therapeutic Srvc - General	RC940	0940	11.1%	1	249.00
	Total Estimated Charge					7260.38
	Cash Price					3630.19
	Minimum Estimated Negotiated Allowable					53.36
	Maximum Estimated Negotiated Allowable					826.12
	Estimated Negotiated Allowable					
	Aetna					53.36
	Blue Cross Blue Shield of TX					698.65
	Medicaid Managed Care					826.12
	Medicare Advantage					219.73
	United Healthcare					286.04

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
142	82009	Lab analysis to identify ketone bodies in blood, serum, or plasma specimen					
	1	Laboratory and Pathology	82009				78.00
		Total Estimated Charge					78.00
		Cash Price					39.00
		Minimum Estimated Negotiated Allowable					26.52
		Maximum Estimated Negotiated Allowable					32.14
		Estimated Negotiated Allowable					
		Medicaid Managed Care					26.52
		Medicare Advantage					32.14

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
143	82043	Lab analysis to measure the microalbumin (protein) level in urine specimen					
		1 Laboratory and Pathology		82043			97.00
		Total Estimated Charge					97.00
		Cash Price					48.50
		Minimum Estimated Negotiated Allowable					6.60
		Maximum Estimated Negotiated Allowable					39.77
		Estimated Negotiated Allowable					
		Aetna					34.92
		Medicaid Managed Care					6.60
		Medicare Advantage					39.77

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
144	82077	Lab analysis to measure the amount of alcohol in any specimen other than breath or urine					
	1	Laboratory and Pathology	82077				156.00
		Total Estimated Charge					156.00
		Cash Price					78.00
		Minimum Estimated Negotiated Allowable					53.04
		Maximum Estimated Negotiated Allowable					56.16
		Estimated Negotiated Allowable					
		Medicaid Managed Care					56.16
		Medicare Advantage					53.04

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
145	82105	Lab analysis to measure the the alpha-fetoprotein (AFP) level in serum specimen					
	1	Laboratory and Pathology	82105				200.00
		Total Estimated Charge					200.00
		Cash Price					100.00
		Minimum Estimated Negotiated Allowable					82.40
		Maximum Estimated Negotiated Allowable					82.40
		Estimated Negotiated Allowable					
		Medicare Advantage					82.40

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
146	82140	1 Lab analysis to measure the ammonia level Laboratory and Pathology	82140				182.00
		Total Estimated Charge					182.00
		Cash Price					91.00
		Minimum Estimated Negotiated Allowable					32.21
		Maximum Estimated Negotiated Allowable					66.07
		Estimated Negotiated Allowable					
		Medicaid Managed Care					32.21
		Medicare Advantage					66.07

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
147	82150	Lab analysis to measure the amylase (enzyme) level in serum specimen					
	1	Laboratory and Pathology	82150				69.00
		Total Estimated Charge					69.00
		Cash Price					34.50
		Minimum Estimated Negotiated Allowable					12.42
		Maximum Estimated Negotiated Allowable					54.51
		Estimated Negotiated Allowable					
		Aetna					54.51
		Medicaid Managed Care					24.84
		Medicare Advantage					27.60
		United Healthcare					12.42

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
148	82247	1 Lab analysis to measure the total bilirubin level Laboratory and Pathology	82247				48.00
		Total Estimated Charge					48.00
		Cash Price					24.00
		Minimum Estimated Negotiated Allowable					4.37
		Maximum Estimated Negotiated Allowable					16.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.37
		Medicare Advantage					16.80

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
149	82248	1 Lab analysis to measure the direct bilirubin level Laboratory and Pathology	82248				77.00
		Total Estimated Charge					77.00
		Cash Price					38.50
		Minimum Estimated Negotiated Allowable					4.31
		Maximum Estimated Negotiated Allowable					26.95
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.31
		Medicare Advantage					26.95
		United Healthcare					22.02

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
150	82274	Lab analysis to measure the amount of blood in stool specimen by fecal hemoglobin determination and immunoassay					
	1	Laboratory and Pathology	82274				68.00
		Total Estimated Charge					68.00
		Cash Price					34.00
		Minimum Estimated Negotiated Allowable					18.70
		Maximum Estimated Negotiated Allowable					23.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					18.70
		Medicare Advantage					23.80

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
151	82306	Lab analysis to measure the vitamin D-3 level in serum or plasma specimen					
	1	Laboratory and Pathology	82306				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					24.75
		Maximum Estimated Negotiated Allowable					225.00
		Estimated Negotiated Allowable					
		Aetna					180.00
		Medicaid Managed Care					225.00
		Medicare Advantage					92.25
		United Healthcare					24.75

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
152	82533	Lab analysis to measure the amount of total cortisol (hormone)					
	1	Laboratory and Pathology	82533				200.00
		Total Estimated Charge					200.00
		Cash Price					100.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
153	82550	Lab analysis to measure the total creatine kinase (cardiac enzyme) level in blood specimen					
	1	Laboratory and Pathology	82550				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					25.00
		Maximum Estimated Negotiated Allowable					48.00
		Estimated Negotiated Allowable					
		Aetna					48.00
		Medicaid Managed Care					36.00
		Medicare Advantage					41.20
		United Healthcare					25.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
154	82565	Lab analysis to measure the creatinine level in blood specimen to test for kidney function or muscle injury					
	1	Laboratory and Pathology	82565				76.00
		Total Estimated Charge					76.00
		Cash Price					38.00
		Minimum Estimated Negotiated Allowable					5.47
		Maximum Estimated Negotiated Allowable					31.16
		Estimated Negotiated Allowable					
		Medicaid Managed Care					5.47
		Medicare Advantage					31.16

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
155	82570	Lab analysis to measure the creatinine level to test for kidney function or muscle injury (other than blood specimen)					
	1	Laboratory and Pathology	82570				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					5.55
		Maximum Estimated Negotiated Allowable					30.75
		Estimated Negotiated Allowable					
		Aetna					27.00
		Medicaid Managed Care					5.55
		Medicare Advantage					30.75
		United Healthcare					11.25

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
156	82607	Lab analysis to measure the cyanocobalamin (vitamin b-12) level					
		1 Laboratory and Pathology	82607				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					32.55
		Maximum Estimated Negotiated Allowable					120.00
		Estimated Negotiated Allowable					
		Aetna					120.00
		Medicaid Managed Care					57.00
		Medicare Advantage					61.50
		United Healthcare					32.55

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
157	82670	Lab analysis to measure the amount of total estradiol (hormone)					
	1	Laboratory and Pathology	82670				267.00
		Total Estimated Charge					267.00
		Cash Price					133.50
		Minimum Estimated Negotiated Allowable					18.69
		Maximum Estimated Negotiated Allowable					213.60
		Estimated Negotiated Allowable					
		Aetna					213.60
		Medicaid Managed Care					18.69
		Medicare Advantage					110.00
		United Healthcare					28.57

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
158	82728	Lab analysis to measure the ferritin (blood protein) level					
		1 Laboratory and Pathology	82728				172.00
		Total Estimated Charge					172.00
		Cash Price					86.00
		Minimum Estimated Negotiated Allowable					15.65
		Maximum Estimated Negotiated Allowable					70.86
		Estimated Negotiated Allowable					
		Medicaid Managed Care					15.65
		Medicare Advantage					70.86
		United Healthcare					37.32

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurr	Unit	Price
159	82746	Lab analysis to measure the folic acid level in serum specimen					
		1 Laboratory and Pathology	82746				152.00
		Total Estimated Charge					152.00
		Cash Price					76.00
		Minimum Estimated Negotiated Allowable					22.04
		Maximum Estimated Negotiated Allowable					62.32
		Estimated Negotiated Allowable					
		Medicare Advantage					62.32
		United Healthcare					22.04

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
160	82747	Lab analysis to measure the folic acid level in blood specimen					
	1	Laboratory and Pathology	82747				196.00
		Total Estimated Charge					196.00
		Cash Price					98.00
		Minimum Estimated Negotiated Allowable					74.48
		Maximum Estimated Negotiated Allowable					156.80
		Estimated Negotiated Allowable					
		Aetna					156.80
		Medicaid Managed Care					74.48
		Medicare Advantage					80.36

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
161	82784	Lab analysis to measure the amount of gammaglobulin (immune system protein)					
	1	Laboratory and Pathology	82784				99.00
		Total Estimated Charge					99.00
		Cash Price					49.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
162	82803	1 Lab analysis to measure the amount of blood gases Laboratory and Pathology	82803				275.00
		Total Estimated Charge					275.00
		Cash Price					137.50
		Minimum Estimated Negotiated Allowable					29.70
		Maximum Estimated Negotiated Allowable					112.75
		Estimated Negotiated Allowable					
		Medicaid Managed Care					29.70
		Medicare Advantage					112.75

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
163	82950	Lab analysis to measure the blood glucose (sugar) level in blood after receiving dose of glucose					
	1	Laboratory and Pathology	82950				72.00
		Total Estimated Charge					72.00
		Cash Price					36.00
		Minimum Estimated Negotiated Allowable					4.10
		Maximum Estimated Negotiated Allowable					4.10
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.10

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
164	82951	Lab analysis to measure blood glucose (sugar) tolerance (3 specimens)					
	1	Laboratory and Pathology	82951				93.00
		Total Estimated Charge					93.00
		Cash Price					46.50
		Minimum Estimated Negotiated Allowable					13.86
		Maximum Estimated Negotiated Allowable					13.86
		Estimated Negotiated Allowable					
		Medicaid Managed Care					13.86

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
165	82977	Lab analysis to measure the glutamyltransferase (liver enzyme) level					
	1	Laboratory and Pathology	82977				155.00
		Total Estimated Charge					155.00
		Cash Price					77.50
		Minimum Estimated Negotiated Allowable					7.91
		Maximum Estimated Negotiated Allowable					63.86
		Estimated Negotiated Allowable					
		Medicaid Managed Care					7.91
		Medicare Advantage					63.86

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
166	83001	Lab analysis to measure the gonadotropin, follicle stimulating (reproductive hormone) level					
	1	Laboratory and Pathology	83001				209.00
		Total Estimated Charge					209.00
		Cash Price					104.50
		Minimum Estimated Negotiated Allowable					22.36
		Maximum Estimated Negotiated Allowable					209.00
		Estimated Negotiated Allowable					
		Aetna					167.20
		Medicaid Managed Care					209.00
		Medicare Advantage					86.11
		United Healthcare					22.36

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
167	83036	Lab analysis to measure the hemoglobin A1C level in blood specimen					
	1	Laboratory and Pathology	83036				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					41.00
		Maximum Estimated Negotiated Allowable					100.00
		Estimated Negotiated Allowable					
		Aetna					80.00
		Medicaid Managed Care					100.00
		Medicare Advantage					41.00
		United Healthcare					100.00

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
168	833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC					
		Labor and Delivery					
1		Lab - General	RC300	0300	80.0%	2	61.43
2		Lab - Chemistry	RC301	0301	70.0%	1	281.22
3		Lab - Immunology	RC302	0302	30.0%	2	160.14
4		Lab - Hematology	RC305	0305	40.0%	2	70.67
5		Lab - Bact- Micro	RC306	0306	20.0%	2	224.25
6		Ultrasound	RC402	0402	40.0%	1	489.75
7		ER - General	RC450	0450	20.0%	1	475.00
8		Pro Fees - Rad - Diagnostic	RC972	0972	20.0%	1	36.00
		Total Estimated Charge					1798.46
		Cash Price					899.23
		Minimum Estimated Negotiated Allowable					200.02
		Maximum Estimated Negotiated Allowable					823.91
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					516.84
		Medicaid Managed Care					823.91
		Medicare Advantage					200.02
		United Healthcare					298.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
169	83540	Lab analysis to measure the iron level					
		1 Laboratory and Pathology	83540				80.00
		Total Estimated Charge					80.00
		Cash Price					40.00
		Minimum Estimated Negotiated Allowable					7.36
		Maximum Estimated Negotiated Allowable					64.00
		Estimated Negotiated Allowable					
		Aetna					64.00
		Medicaid Managed Care					7.36
		Medicare Advantage					32.96
		United Healthcare					17.36

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
170	83550	1 Lab analysis to measure the iron binding capacity Laboratory and Pathology	83550				113.00
		Total Estimated Charge					113.00
		Cash Price					56.50
		Minimum Estimated Negotiated Allowable					9.94
		Maximum Estimated Negotiated Allowable					90.40
		Estimated Negotiated Allowable					
		Aetna					90.40
		Medicaid Managed Care					9.94
		Medicare Advantage					46.56
		United Healthcare					24.52

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
171	83605	Lab analysis to measure the lactic acid level in blood, plasma, or cerebrospinal fluid specimen					
	1	Laboratory and Pathology	83605				80.00
		Total Estimated Charge					80.00
		Cash Price					40.00
		Minimum Estimated Negotiated Allowable					12.80
		Maximum Estimated Negotiated Allowable					32.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					30.40
		Medicare Advantage					32.80
		United Healthcare					12.80

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
172	83615	Lab analysis to measure the lactate dehydrogenase (enzyme) level					
		1 Laboratory and Pathology	83615				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					13.30
		Maximum Estimated Negotiated Allowable					41.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					13.30
		Medicare Advantage					41.00
		United Healthcare					21.70

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
173	83690	Lab analysis to measure the lipase (fat enzyme) level					
		1 Laboratory and Pathology		83690			75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					13.50
		Maximum Estimated Negotiated Allowable					59.25
		Estimated Negotiated Allowable					
		Aetna					59.25
		Medicaid Managed Care					27.00
		Medicare Advantage					30.00
		United Healthcare					13.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
174	83735	Lab analysis to measure the magnesium level in body fluids and cells					
	1	Laboratory and Pathology	83735				115.00
		Total Estimated Charge					115.00
		Cash Price					57.50
		Minimum Estimated Negotiated Allowable					17.25
		Maximum Estimated Negotiated Allowable					47.15
		Estimated Negotiated Allowable					
		Aetna					41.40
		Medicaid Managed Care					41.40
		Medicare Advantage					47.15
		United Healthcare					17.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
175	83880	Lab analysis to measure the natriuretic peptide (heart and blood vessel protein) level in plasma specimen					
	1	Laboratory and Pathology	83880				250.00
		Total Estimated Charge					250.00
		Cash Price					125.00
		Minimum Estimated Negotiated Allowable					60.00
		Maximum Estimated Negotiated Allowable					97.50
		Estimated Negotiated Allowable					
		Aetna					97.50
		Medicaid Managed Care					90.00
		Medicare Advantage					87.50
		United Healthcare					60.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
176	83970	Lab analysis to measure the parathormone (parathyroid hormone) level					
	1	Laboratory and Pathology	83970				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					47.10
		Maximum Estimated Negotiated Allowable					240.00
		Estimated Negotiated Allowable					
		Aetna					240.00
		Medicaid Managed Care					47.10
		Medicare Advantage					105.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
177	84100	1 Lab analysis to measure the phosphate level Laboratory and Pathology	84100				78.00
		Total Estimated Charge					78.00
		Cash Price					39.00
		Minimum Estimated Negotiated Allowable					11.70
		Maximum Estimated Negotiated Allowable					37.44
		Estimated Negotiated Allowable					
		Aetna					37.44
		Medicaid Managed Care					30.97
		Medicare Advantage					27.53
		United Healthcare					11.70

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
178	84132	Lab analysis to measure the blood potassium level in blood specimen					
		1 Laboratory and Pathology	84132				56.00
		Total Estimated Charge					56.00
		Cash Price					28.00
		Minimum Estimated Negotiated Allowable					10.53
		Maximum Estimated Negotiated Allowable					22.96
		Estimated Negotiated Allowable					
		Medicaid Managed Care					10.53
		Medicare Advantage					22.96

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
179	84134	Lab analysis to measure the prealbumin (protein) level in urine specimen					
		1 Laboratory and Pathology		84134			118.00
		Total Estimated Charge					118.00
		Cash Price					59.00
		Minimum Estimated Negotiated Allowable					41.30
		Maximum Estimated Negotiated Allowable					41.30
		Estimated Negotiated Allowable					
		Medicare Advantage					41.30

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
180	84144	Lab analysis to measure the progesterone (reproductive hormone) level in serum specimen					
	1	Laboratory and Pathology	84144				283.00
		Total Estimated Charge					283.00
		Cash Price					141.50
		Minimum Estimated Negotiated Allowable					18.11
		Maximum Estimated Negotiated Allowable					116.03
		Estimated Negotiated Allowable					
		Medicaid Managed Care					18.11
		Medicare Advantage					116.03
		United Healthcare					30.28

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
181	84146	Lab analysis to measure the prolactin (milk producing hormone) level in serum specimen					
		1 Laboratory and Pathology		84146			220.00
		Total Estimated Charge					220.00
		Cash Price					110.00
		Minimum Estimated Negotiated Allowable					220.00
		Maximum Estimated Negotiated Allowable					220.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					220.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
182	84153	Lab analysis to measure the amount of total PSA (prostate specific antigen) in serum specimen					
	1	Laboratory and Pathology	84153				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					22.05
		Maximum Estimated Negotiated Allowable					150.00
		Estimated Negotiated Allowable					
		Aetna					109.50
		Medicaid Managed Care					150.00
		Medicare Advantage					54.00
		United Healthcare					22.05

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
183	84154	Lab analysis to measure the amount of free PSA (prostate specific antigen) in serum specimen					
	1	Laboratory and Pathology	84154				163.00
		Total Estimated Charge					163.00
		Cash Price					81.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
184	84155	Lab analysis to measure the total protein level in blood specimen					
		1 Laboratory and Pathology	84155				39.00
		Total Estimated Charge					39.00
		Cash Price					19.50
		Minimum Estimated Negotiated Allowable					5.85
		Maximum Estimated Negotiated Allowable					13.65
		Estimated Negotiated Allowable					
		Medicaid Managed Care					8.11
		Medicare Advantage					13.65
		United Healthcare					5.85

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
185	84300	Lab analysis to measure the sodium level in urine specimen					
		1 Laboratory and Pathology	84300				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					27.00
		Maximum Estimated Negotiated Allowable					27.00
		Estimated Negotiated Allowable					
		Medicare Advantage					27.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
186	84402	Lab analysis to measure free testosterone (hormone) level in serum specimen					
		1 Laboratory and Pathology	84402				278.00
		Total Estimated Charge					278.00
		Cash Price					139.00
		Minimum Estimated Negotiated Allowable					21.96
		Maximum Estimated Negotiated Allowable					21.96
		Estimated Negotiated Allowable United Healthcare					21.96

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
187	84403	Lab analysis to measure total testosterone (hormone) level in serum specimen					
	1	Laboratory and Pathology	84403				205.00
		Total Estimated Charge					205.00
		Cash Price					102.50
		Minimum Estimated Negotiated Allowable					22.55
		Maximum Estimated Negotiated Allowable					205.00
		Estimated Negotiated Allowable					
		Aetna					164.00
		Medicaid Managed Care					205.00
		Medicare Advantage					84.05
		United Healthcare					22.55

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
188	84436	Lab analysis to identify total thyroxine (thyroid chemical) function in serum specimen for screening Laboratory and Pathology					
		1	84436				107.00
		Total Estimated Charge					107.00
		Cash Price					53.50
		Minimum Estimated Negotiated Allowable					5.99
		Maximum Estimated Negotiated Allowable					85.60
		Estimated Negotiated Allowable					
		Aetna					85.60
		Medicaid Managed Care					5.99
		Medicare Advantage					44.08

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
189	84439	Lab analysis to measure free thyroxine (thyroid chemical) in serum specimen					
	1	Laboratory and Pathology	84439				125.00
		Total Estimated Charge					125.00
		Cash Price					62.50
		Minimum Estimated Negotiated Allowable					10.25
		Maximum Estimated Negotiated Allowable					51.25
		Estimated Negotiated Allowable					
		Aetna					45.00
		Medicaid Managed Care					10.25
		Medicare Advantage					51.25
		United Healthcare					17.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
190	84443	Lab analysis to identify the thyroid stimulating hormone (tsh) in blood specimen					
	1	Laboratory and Pathology		84443			175.00
		Total Estimated Charge					175.00
		Cash Price					87.50
		Minimum Estimated Negotiated Allowable					14.00
		Maximum Estimated Negotiated Allowable					63.00
		Estimated Negotiated Allowable					
		Aetna					63.00
		Medicaid Managed Care					14.00
		Medicare Advantage					63.00
		United Healthcare					40.25

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
191	84479	Lab analysis to evaluate thyroid hormone in serum specimen					
		1 Laboratory and Pathology	84479				69.00
		Total Estimated Charge					69.00
		Cash Price					34.50
		Minimum Estimated Negotiated Allowable					4.83
		Maximum Estimated Negotiated Allowable					55.20
		Estimated Negotiated Allowable					
		Aetna					55.20
		Medicaid Managed Care					4.83

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
192	84480	Lab analysis to measure the amount of total thyroid hormone, T3 in serum specimen					
		1 Laboratory and Pathology	84480				163.00
		Total Estimated Charge					163.00
		Cash Price					81.50
		Minimum Estimated Negotiated Allowable					13.04
		Maximum Estimated Negotiated Allowable					55.42
		Estimated Negotiated Allowable					
		Medicaid Managed Care					13.04
		Medicare Advantage					55.42

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
193	84481	Lab analysis to measure the amount of free thyroid hormone, T3 in serum specimen					
	1	Laboratory and Pathology	84481				245.00
		Total Estimated Charge					245.00
		Cash Price					122.50
		Minimum Estimated Negotiated Allowable					19.36
		Maximum Estimated Negotiated Allowable					196.00
		Estimated Negotiated Allowable					
		Aetna					196.00
		Medicaid Managed Care					19.36
		Medicare Advantage					100.94
		United Healthcare					34.30

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
194	84484	Lab analysis to measure the amount of troponin (protein) in serum specimen					
	1	Laboratory and Pathology	84484				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					74.25
		Maximum Estimated Negotiated Allowable					108.00
		Estimated Negotiated Allowable					
		Aetna					108.00
		Medicaid Managed Care					83.25
		Medicare Advantage					90.00
		United Healthcare					74.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
195	84520	Lab analysis to measure urea nitrogen level in serum or plasma specimen to assess kidney function (quantitative)					
	1	Laboratory and Pathology	84520				70.00
		Total Estimated Charge					70.00
		Cash Price					35.00
		Minimum Estimated Negotiated Allowable					4.27
		Maximum Estimated Negotiated Allowable					28.70
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.27
		Medicare Advantage					28.70

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
196	84550	Lab analysis to measure the uric acid level in blood specimen					
		1 Laboratory and Pathology	84550				87.00
		Total Estimated Charge					87.00
		Cash Price					43.50
		Minimum Estimated Negotiated Allowable					4.87
		Maximum Estimated Negotiated Allowable					35.67
		Estimated Negotiated Allowable					
		Aetna					31.32
		Medicaid Managed Care					4.87
		Medicare Advantage					35.67
		United Healthcare					12.18

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
197	84702	Lab analysis to measure the gonadotropin, chorionic (reproductive hormone) level in serum specimen					
		1 Laboratory and Pathology	84702				288.00
		Total Estimated Charge					288.00
		Cash Price					144.00
		Minimum Estimated Negotiated Allowable					12.96
		Maximum Estimated Negotiated Allowable					21.89
		Estimated Negotiated Allowable					
		Medicaid Managed Care					12.96
		United Healthcare					21.89

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
198	84703	Lab analysis to identify gonadotropin (reproductive hormone) in serum or urine specimen					
		1 Laboratory and Pathology	84703				169.00
		Total Estimated Charge					169.00
		Cash Price					84.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
199	85007	Lab analysis to identify white blood cells (manual) with microscope					
		1 Laboratory and Pathology	85007				44.00
		Total Estimated Charge					44.00
		Cash Price					22.00
		Minimum Estimated Negotiated Allowable					3.30
		Maximum Estimated Negotiated Allowable					18.04
		Estimated Negotiated Allowable					
		Medicaid Managed Care					3.30
		Medicare Advantage					18.04
		United Healthcare					15.71

Shoppable Item	Code
200	85014

				Avg	
	Description	CPT	Code	Ocurs	Unit Price
1	Lab analysis to measure red blood cell concentration	85014			41.00
	Laboratory and Pathology				
	Total Estimated Charge				41.00
	Cash Price				20.50
	Minimum Estimated Negotiated Allowable				14.35
	Maximum Estimated Negotiated Allowable				41.00
	Estimated Negotiated Allowable				
	Medicaid Managed Care				41.00
	Medicare Advantage				14.35

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
201	85018	1 Lab analysis to measure blood count (hemoglobin) Laboratory and Pathology	85018				44.00
		Total Estimated Charge					44.00
		Cash Price					22.00
		Minimum Estimated Negotiated Allowable					5.24
		Maximum Estimated Negotiated Allowable					15.40
		Estimated Negotiated Allowable					
		Medicaid Managed Care					5.24
		Medicare Advantage					15.40

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
202	85025	Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test and automated differential white blood cell count					
	1	Laboratory and Pathology	85025				127.00
		Total Estimated Charge					127.00
		Cash Price					63.50
		Minimum Estimated Negotiated Allowable					44.45
		Maximum Estimated Negotiated Allowable					45.72
		Estimated Negotiated Allowable					
		Aetna					45.72
		Medicaid Managed Care					45.72
		Medicare Advantage					44.45
		United Healthcare					45.34

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
203	85027	Lab analysis to measure complete blood cell count (red cells, white blood cell, and platelets), automated test					
	1	Laboratory and Pathology	85027				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
204	85045	Lab analysis to measure red blood count (automated test)					
	1	Laboratory and Pathology	85045				69.00
		Total Estimated Charge					69.00
		Cash Price					34.50
		Minimum Estimated Negotiated Allowable					14.97
		Maximum Estimated Negotiated Allowable					25.05
		Estimated Negotiated Allowable					
		Medicare Advantage					25.05
		United Healthcare					14.97

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
205	85378	Lab analysis to identify coagulation function (qualitative or semiquantitative)					
	1	Laboratory and Pathology	85378				175.00
		Total Estimated Charge					175.00
		Cash Price					87.50
		Minimum Estimated Negotiated Allowable					42.00
		Maximum Estimated Negotiated Allowable					69.30
		Estimated Negotiated Allowable					
		Aetna					63.00
		Medicaid Managed Care					69.30
		Medicare Advantage					61.25
		United Healthcare					42.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
206	85610	Lab analysis to evaluate the clotting time in plasma specimen and monitor drug effectiveness					
	1	Laboratory and Pathology	85610				90.00
		Total Estimated Charge					90.00
		Cash Price					45.00
		Minimum Estimated Negotiated Allowable					21.60
		Maximum Estimated Negotiated Allowable					32.40
		Estimated Negotiated Allowable					
		Aetna					32.40
		Medicaid Managed Care					32.40
		Medicare Advantage					31.50
		United Healthcare					21.60

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
207	85651	Lab analysis to measure red blood cell sedimentation rate to detect inflammation (non-automated)					
	1	Laboratory and Pathology	85651				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					1.50
		Maximum Estimated Negotiated Allowable					30.75
		Estimated Negotiated Allowable					
		Aetna					27.00
		Medicaid Managed Care					1.50
		Medicare Advantage					30.75
		United Healthcare					15.75

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
208	85730	Lab analysis to measure coagulation in plasma or whole blood specimen					
	1	Laboratory and Pathology	85730				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					24.00
		Maximum Estimated Negotiated Allowable					36.00
		Estimated Negotiated Allowable					
		Aetna					36.00
		Medicaid Managed Care					36.00
		Medicare Advantage					35.00
		United Healthcare					24.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
209	86038	Lab analysis to screen for autoimmune disorders					
		1 Laboratory and Pathology	86038				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					14.00
		Maximum Estimated Negotiated Allowable					41.00
		Estimated Negotiated Allowable					
		Medicare Advantage					41.00
		United Healthcare					14.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
210	86039	Lab analysis to screen for autoimmune disorders by titer					
		1 Laboratory and Pathology	86039				46.00
		Total Estimated Charge					46.00
		Cash Price					23.00
		Minimum Estimated Negotiated Allowable					18.95
		Maximum Estimated Negotiated Allowable					18.95
		Estimated Negotiated Allowable					
		Medicare Advantage					18.95

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
211	86140	Lab analysis to measure the amount of C-reactive protein in serum to identify infection or inflammation					
	1	Laboratory and Pathology	86140				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					16.00
		Maximum Estimated Negotiated Allowable					41.00
		Estimated Negotiated Allowable					
		Aetna					36.00
		Medicare Advantage					41.00
		United Healthcare					16.00

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocrrrs	Unit	Price
212	86308	Lab analysis to screen for mononucleosis (mono)					
		1 Laboratory and Pathology	86308				53.00
		Total Estimated Charge					53.00
		Cash Price					26.50
		Minimum Estimated Negotiated Allowable					4.51
		Maximum Estimated Negotiated Allowable					21.73
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.51
		Medicare Advantage					21.73
		United Healthcare					7.95

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
213	86376	Lab analysis to measure the amount of microsomal antibodies (autoantibody)					
	1	Laboratory and Pathology	86376				121.00
		Total Estimated Charge					121.00
		Cash Price					60.50
		Minimum Estimated Negotiated Allowable					49.85
		Maximum Estimated Negotiated Allowable					96.80
		Estimated Negotiated Allowable					
		Aetna					96.80
		Medicare Advantage					49.85

Shoppable
Item Code
214 864

	Description	CPT	Code	Ocrrrs	Avg Unit	Price
	Fever					
	Medicine					
1	Drugs_Gen	RC250	0250	20.0%	29	311.16
2	IV Tx_Gen	RC260	0260	20.0%	9	175.00
3	Med-Surg Supplies/Gen	RC270	0270	20.0%	3	8.42
4	Lab - General	RC300	0300	60.0%	2	224.14
5	Lab - Chemistry	RC301	0301	50.0%	2	356.27
6	Lab - Immunology	RC302	0302	40.0%	1	129.00
7	Lab - Hematology	RC305	0305	20.0%	2	72.50
8	Lab - Bact- Micro	RC306	0306	40.0%	3	220.40
9	Lab - Urology	RC307	0307	20.0%	2	61.67
10	Rad - Dx - C XR	RC324	0324	30.0%	1	300.00
11	CT Scan - Body	RC352	0352	20.0%	2	2250.00
12	ER - General	RC450	0450	70.0%	1	935.71
	Total Estimated Charge					5044.27
	Cash Price					2522.14
	Minimum Estimated Negotiated Allowable					50.38
	Maximum Estimated Negotiated Allowable					1742.91
	Estimated Negotiated Allowable					
	Aetna					50.38
	Blue Cross Blue Shield of TX					1330.91
	Medicaid Managed Care					1742.91
	Medicare Advantage					620.57
	United Healthcare					426.96

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
215	86403	Lab analysis to screen antibodies					
		1 Laboratory and Pathology	86403				129.00
		Total Estimated Charge					129.00
		Cash Price					64.50
		Minimum Estimated Negotiated Allowable					46.44
		Maximum Estimated Negotiated Allowable					52.89
		Estimated Negotiated Allowable					
		Medicaid Managed Care					46.44
		Medicare Advantage					52.89
		United Healthcare					51.08

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
216	86430	Lab analysis of rheumatoid factor					
		1 Laboratory and Pathology	86430				87.00
		Total Estimated Charge					87.00
		Cash Price					43.50
		Minimum Estimated Negotiated Allowable					12.18
		Maximum Estimated Negotiated Allowable					35.67
		Estimated Negotiated Allowable					
		Medicare Advantage					35.67
		United Healthcare					12.18

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
217	86480	Lab analysis to identify tuberculosis (TB) by gamma interferon release assay					
	1	Laboratory and Pathology	86480				258.00
		Total Estimated Charge					258.00
		Cash Price					129.00
		Minimum Estimated Negotiated Allowable					21.93
		Maximum Estimated Negotiated Allowable					93.65
		Estimated Negotiated Allowable					
		Medicare Advantage					93.65
		United Healthcare					21.93

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
218	86592	Lab analysis to screen for syphilis					
		1 Laboratory and Pathology	86592				60.00
		Total Estimated Charge					60.00
		Cash Price					30.00
		Minimum Estimated Negotiated Allowable					4.62
		Maximum Estimated Negotiated Allowable					4.62
		Estimated Negotiated Allowable					
		Medicaid Managed Care					4.62

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
219	86593	Lab analysis to identify syphilis for monitoring or re-infection of the disease					
		1 Laboratory and Pathology	86593				44.00
		Total Estimated Charge					44.00
		Cash Price					22.00
		Minimum Estimated Negotiated Allowable					17.42
		Maximum Estimated Negotiated Allowable					17.42
		Estimated Negotiated Allowable					
		Medicaid Managed Care					17.42

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
220	86703	Lab analysis to identify antibodies to HIV-1 and HIV-2 virus					
	1	Laboratory and Pathology	86703				180.00
		Total Estimated Charge					180.00
		Cash Price					90.00
		Minimum Estimated Negotiated Allowable					11.88
		Maximum Estimated Negotiated Allowable					73.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					11.88
		Medicare Advantage					73.80

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
221	86756	Lab analysis to identify antibodies to respiratory syncytial virus (RSV)					
	1	Laboratory and Pathology	86756				368.00
		Total Estimated Charge					368.00
		Cash Price					184.00
		Minimum Estimated Negotiated Allowable					150.88
		Maximum Estimated Negotiated Allowable					150.88
		Estimated Negotiated Allowable					
		Medicare Advantage					150.88

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
222	86762	Lab analysis to identify antibodies to Rubella (German measles virus)					
	1	Laboratory and Pathology	86762				101.00
		Total Estimated Charge					101.00
		Cash Price					50.50
		Minimum Estimated Negotiated Allowable					15.45
		Maximum Estimated Negotiated Allowable					15.45
		Estimated Negotiated Allowable					
		Medicaid Managed Care					15.45

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
223	86780	Lab analysis to identify antibodies to Treponema pallidum					
		1 Laboratory and Pathology	86780				161.00
		Total Estimated Charge					161.00
		Cash Price					80.50
		Minimum Estimated Negotiated Allowable					11.43
		Maximum Estimated Negotiated Allowable					66.01
		Estimated Negotiated Allowable					
		Medicaid Managed Care					11.43
		Medicare Advantage					66.01

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
224	86803	1 Lab analysis to identify Hepatitis C antibodies Laboratory and Pathology	86803				262.00
		Total Estimated Charge					262.00
		Cash Price					131.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
225	86850	Lab blood analysis to screen for antibodies to red blood cell antigens (each serum technique)					
	1	Laboratory and Pathology	86850				180.00
		Total Estimated Charge					180.00
		Cash Price					90.00
		Minimum Estimated Negotiated Allowable					21.96
		Maximum Estimated Negotiated Allowable					82.80
		Estimated Negotiated Allowable					
		Medicaid Managed Care					82.80
		Medicare Advantage					63.00
		United Healthcare					21.96

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
226	86885	Lab blood analysis to identify the coating of red blood cells by antibody (Coombs test) (indirect, each reagent)					
	1	Laboratory and Pathology		86885			510.00
		Total Estimated Charge					510.00
		Cash Price					255.00
		Minimum Estimated Negotiated Allowable					183.60
		Maximum Estimated Negotiated Allowable					183.60
		Estimated Negotiated Allowable					
		Medicare Advantage					183.60

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
227	86900	Lab blood analysis to identify antigens on red blood cell surface and determine the patient's blood group type (ABO)					
	1	Laboratory and Pathology	86900				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					1.80
		Maximum Estimated Negotiated Allowable					81.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					1.80
		Medicare Advantage					81.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
228	86901	Lab blood analysis to identify antigens on red blood cell surface and determine the patient's Rh (D) type (Rh positive or Rh negative)					
	1	Laboratory and Pathology	86901				120.00
		Total Estimated Charge					120.00
		Cash Price					60.00
		Minimum Estimated Negotiated Allowable					2.64
		Maximum Estimated Negotiated Allowable					42.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					2.64
		Medicare Advantage					42.00
		United Healthcare					18.00

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
229	86922	Lab blood analysis to confirm blood unit compatibility by antiglobulin technique					
		1 Laboratory and Pathology	86922				550.00
		Total Estimated Charge					550.00
		Cash Price					275.00
		Minimum Estimated Negotiated Allowable					198.00
		Maximum Estimated Negotiated Allowable					253.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					253.00
		Medicare Advantage					198.00

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
230	87040						
		1 Lab analysis of blood culture to identify bacteria					
		Laboratory and Pathology	87040				200.00
		Total Estimated Charge					200.00
		Cash Price					100.00
		Minimum Estimated Negotiated Allowable					74.00
		Maximum Estimated Negotiated Allowable					160.00
		Estimated Negotiated Allowable					
		Aetna					160.00
		Medicaid Managed Care					74.00
		Medicare Advantage					80.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
231	87070	Lab analysis of any culture (except urine, blood, or stool) to identify bacteria					
	1	Laboratory and Pathology		87070			150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					59.40
		Maximum Estimated Negotiated Allowable					61.50
		Estimated Negotiated Allowable					
		Medicaid Managed Care					59.40
		Medicare Advantage					61.50

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
232	87075	Lab analysis of any culture (except blood) to identify anaerobic bacteria					
	1	Laboratory and Pathology	87075				154.00
		Total Estimated Charge					154.00
		Cash Price					77.00
		Minimum Estimated Negotiated Allowable					7.70
		Maximum Estimated Negotiated Allowable					63.14
		Estimated Negotiated Allowable					
		Medicaid Managed Care					7.70
		Medicare Advantage					63.14

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
233	87077	Lab analysis of any culture (except blood) to identify aerobic isolates (each isolate)					
	1	Laboratory and Pathology	87077				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					27.00
		Maximum Estimated Negotiated Allowable					33.60
		Estimated Negotiated Allowable					
		Aetna					27.00
		Medicaid Managed Care					27.75
		Medicare Advantage					27.23
		United Healthcare					33.60

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
234	87081	1 Lab analysis to screen for pathogenic organisms Laboratory and Pathology	87081				35.00
		Total Estimated Charge					35.00
		Cash Price					17.50
		Minimum Estimated Negotiated Allowable					5.74
		Maximum Estimated Negotiated Allowable					14.35
		Estimated Negotiated Allowable					
		Medicaid Managed Care					5.74
		Medicare Advantage					14.35
		United Healthcare					13.86

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
235	87086	Lab analysis of urine culture to measure the amount of bacteria					
	1	Laboratory and Pathology	87086				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					36.00
		Maximum Estimated Negotiated Allowable					44.80
		Estimated Negotiated Allowable					
		Aetna					39.00
		Medicaid Managed Care					36.00
		Medicare Advantage					41.00
		United Healthcare					44.80

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
236	87186	Lab analysis to evaluate an antimicrobial drug (antibiotic, antifungal, antiviral) by microdilution or agar dilution (each multi-antimicrobial, per plate)					
	1	Laboratory and Pathology	87186				140.00
		Total Estimated Charge					140.00
		Cash Price					70.00
		Minimum Estimated Negotiated Allowable					51.80
		Maximum Estimated Negotiated Allowable					62.72
		Estimated Negotiated Allowable					
		Aetna					54.60
		Medicaid Managed Care					51.80
		Medicare Advantage					57.40
		United Healthcare					62.72

Shoppable		Hospital: Coleman County Medical Center				Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
237	87205	Lab analysis of special gram or Giemsa stain to idenitfy microorganisms					
	1	Laboratory and Pathology	87205				77.00
		Total Estimated Charge					77.00
		Cash Price					38.50
		Minimum Estimated Negotiated Allowable					26.95
		Maximum Estimated Negotiated Allowable					28.49
		Estimated Negotiated Allowable					
		Aetna					27.72
		Medicaid Managed Care					28.49
		Medicare Advantage					26.95

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
238	87324	Lab analysis by immunoassay (ELISA) to identify clostridium difficile toxins (stool pathogen)					
	1	Laboratory and Pathology	87324				78.00
		Total Estimated Charge					78.00
		Cash Price					39.00
		Minimum Estimated Negotiated Allowable					27.30
		Maximum Estimated Negotiated Allowable					27.30
		Estimated Negotiated Allowable Medicare Advantage					27.30

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
239	87340	Lab analysis by immunoassay (ELISA) to identify Hepatitis B surface antigen					
		1 Laboratory and Pathology	87340				190.00
		Total Estimated Charge					190.00
		Cash Price					95.00
		Minimum Estimated Negotiated Allowable					8.93
		Maximum Estimated Negotiated Allowable					8.93
		Estimated Negotiated Allowable					
		Medicaid Managed Care					8.93

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
240	87426	Lab analysis by immunoassay (ELISA) to identify the severe acute respiratory syndrome coronavirus 2 (Covid-19) antigen					
	1	Laboratory and Pathology	87426				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					54.00
		Maximum Estimated Negotiated Allowable					61.50
		Estimated Negotiated Allowable					
		Medicaid Managed Care					54.00
		Medicare Advantage					61.50
		United Healthcare					59.40

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
241	87490	Lab analysis by nucleic acid (DNA or RNA) to identify chlamydia by direct probe technique					
		1 Laboratory and Pathology	87490				170.00
		Total Estimated Charge					170.00
		Cash Price					85.00
		Minimum Estimated Negotiated Allowable					24.48
		Maximum Estimated Negotiated Allowable					24.48
		Estimated Negotiated Allowable					
		Medicaid Managed Care					24.48

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
242	87491	Lab analysis by nucleic acid (DNA or RNA) to identify chlamydia trachomatis by amplified probe technique					
		1 Laboratory and Pathology		87491			383.00
		Total Estimated Charge					383.00
		Cash Price					191.50
		Minimum Estimated Negotiated Allowable					383.00
		Maximum Estimated Negotiated Allowable					383.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					383.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
243	87505	Lab analysis by nucleic acid (DNA or RNA) to identify multiple types of digestive tract pathogens (3-5 targets)					
	1	Laboratory and Pathology	87505				489.00
		Total Estimated Charge					489.00
		Cash Price					244.50
		Minimum Estimated Negotiated Allowable					19.56
		Maximum Estimated Negotiated Allowable					386.31
		Estimated Negotiated Allowable					
		Aetna					386.31
		Medicaid Managed Care					185.82
		Medicare Advantage					200.49
		United Healthcare					19.56

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
244	87591	Lab analysis by nucleic acid (DNA or RNA) to identify Neisseria gonorrhoeae (gonorrhoeae bacteria) by amplified probe technique					
	1	Laboratory and Pathology	87591				383.00
		Total Estimated Charge					383.00
		Cash Price					191.50
		Minimum Estimated Negotiated Allowable					30.26
		Maximum Estimated Negotiated Allowable					30.26
		Estimated Negotiated Allowable					
		Medicaid Managed Care					30.26

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
245	87635	Lab analysis by nucleic acid (DNA or RNA) to identify antigen of severe acute respiratory syndrome coronavirus 2 (Covid-19)					
	1	Laboratory and Pathology	87635				400.00
		Total Estimated Charge					400.00
		Cash Price					200.00
		Minimum Estimated Negotiated Allowable					120.00
		Maximum Estimated Negotiated Allowable					138.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					120.00
		Medicare Advantage					138.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
246	87636	Lab analysis by nucleic acid (DNA or RNA) to identify SARS-CoV-2 and Influenza A & B by amplified probe technique					
	1	Laboratory and Pathology	87636				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					21.00
		Maximum Estimated Negotiated Allowable					141.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					141.00
		Medicare Advantage					123.00
		United Healthcare					21.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
247	87637	Lab analysis by nucleic acid (DNA or RNA) to identify SARS-CoV-2 and Influenza A & B by multiplex amplified probe technique					
	1	Laboratory and Pathology	87637				525.00
		Total Estimated Charge					525.00
		Cash Price					262.50
		Minimum Estimated Negotiated Allowable					207.90
		Maximum Estimated Negotiated Allowable					420.00
		Estimated Negotiated Allowable					
		Aetna					420.00
		Medicaid Managed Care					207.90
		Medicare Advantage					215.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
248	87661	Lab analysis by nucleic acid (DNA or RNA) to identify Trichomonas vaginalis (genital parasite) by amplified probe technique					
	1	Laboratory and Pathology	87661				350.00
		Total Estimated Charge					350.00
		Cash Price					175.00
		Minimum Estimated Negotiated Allowable					350.00
		Maximum Estimated Negotiated Allowable					350.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					350.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
249	87880	Lab analysis by immunoassay to identify Strep (streptococcus)					
	1	Laboratory and Pathology	87880				60.00
		Total Estimated Charge					60.00
		Cash Price					30.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
250	880	Acute adjustment reaction & psychosocial dysfunction [MSDRG 880]					
		Psychiatry					
1		Drugs_Gen	RC250	0250	58.3%	2	35.00
2		Lab - General	RC300	0300	58.3%	1	14.00
3		Lab - Chemistry	RC301	0301	66.7%	2	299.75
4		Lab - Urology	RC307	0307	50.0%	1	74.00
5		ER - General	RC450	0450	100.0%	1	831.33
6		EKG/ECG - General	RC730	0730	58.3%	1	165.00
		Total Estimated Charge					1419.08
		Cash Price					709.54
		Minimum Estimated Negotiated Allowable					16.33
		Maximum Estimated Negotiated Allowable					1595.14
		Estimated Negotiated Allowable					
		Aetna					16.33
		Blue Cross Blue Shield of TX					1181.19
		Medicaid Managed Care					1595.14
		Medicare Advantage					430.30
		United Healthcare					339.70

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
251	88300	Pathology lab analysis of tissue (limited examination)					
		1 Laboratory and Pathology	88300				85.00
		Total Estimated Charge					85.00
		Cash Price					42.50
		Minimum Estimated Negotiated Allowable					14.45
		Maximum Estimated Negotiated Allowable					34.85
		Estimated Negotiated Allowable					
		Medicaid Managed Care					14.45
		Medicare Advantage					34.85
		United Healthcare					23.80

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
252	88305	Pathology lab analysis of tissue with microscope (intermediate complexity)					
		1 Laboratory and Pathology	88305				220.00
		Total Estimated Charge					220.00
		Cash Price					110.00
		Minimum Estimated Negotiated Allowable					78.54
		Maximum Estimated Negotiated Allowable					78.54
		Estimated Negotiated Allowable					
		Medicare Advantage					78.54

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
253	90832	Psychotherapy treatment by physician face-to-face with patient (30 minutes)					
	1	Psychotherapy	90832				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					93.60
		Maximum Estimated Negotiated Allowable					93.60
		Estimated Negotiated Allowable					
		Medicare Advantage					93.60

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
254	90834	Psychotherapy treatment by physician face-to-face with patient (45 minutes)					
	1	Psychotherapy	90834				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					123.00
		Maximum Estimated Negotiated Allowable					123.00
		Estimated Negotiated Allowable					
		Medicare Advantage					123.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
255	90837	Psychotherapy treatment by physician face-to-face with patient (60 minutes)					
	1	Psychotherapy	90837				400.00
		Total Estimated Charge					400.00
		Cash Price					200.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
256	90853	Psychotherapy treatment for multiple patients in one group session					
	1	Psychotherapy	90853				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					93.60
		Maximum Estimated Negotiated Allowable					93.60
		Estimated Negotiated Allowable					
		Medicare Advantage					93.60

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
257	914	Traumatic injury without major complications					
		Medicine					
1		Drugs_Gen	RC250	0250	11.8%	2	62.08
2		Rad - Dx - General	RC320	0320	70.6%	1	260.59
3		PT - Visit Charge	RC421	0421	11.8%	11	233.89
4		ER - General	RC450	0450	17.6%	1	596.37
5		Pro Fees - Rad - Diagnostic	RC972	0972	35.3%	2	16.00
		Total Estimated Charge					1168.93
		Cash Price					584.47
		Minimum Estimated Negotiated Allowable					5.86
		Maximum Estimated Negotiated Allowable					308.33
		Estimated Negotiated Allowable					
		Aetna					5.86
		Blue Cross Blue Shield of TX					308.33
		Medicaid Managed Care					140.48
		Medicare Advantage					47.90
		United Healthcare					100.78

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
258	92507	Speech, language, voice, communication, and/or hearing processing disorder treatment					
		1 Physical/Occupational/Speech Therapy	92507				155.00
		Total Estimated Charge					155.00
		Cash Price					77.50
		Minimum Estimated Negotiated Allowable					55.80
		Maximum Estimated Negotiated Allowable					55.80
		Estimated Negotiated Allowable					
		Medicare Advantage					55.80

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurr	Unit	Price
259	92950	Heart and lungs restart (attempt)					
		1 Other Outpatient Procedures	92950				754.00
		Total Estimated Charge					754.00
		Cash Price					377.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
260	93005	Routine EKG (electrocardiogram) tracing using at least 12 wires					
	1	EKG/ECG/ECHO	93005				214.00
		Total Estimated Charge					214.00
		Cash Price					107.00
		Minimum Estimated Negotiated Allowable					74.90
		Maximum Estimated Negotiated Allowable					181.90
		Estimated Negotiated Allowable					
		Aetna					171.20
		Medicaid Managed Care					115.56
		Medicare Advantage					74.90
		United Healthcare					181.90

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
261	93010	Routine EKG (electrocardiogram) interpretation and report					
	1	EKG/ECG/ECHO	93010				33.00
		Total Estimated Charge					33.00
		Cash Price					16.50
		Minimum Estimated Negotiated Allowable					5.94
		Maximum Estimated Negotiated Allowable					8.42
		Estimated Negotiated Allowable					
		Medicaid Managed Care					5.94
		Medicare Advantage					8.42

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
262	93229	External mobile device for vital signs heart rhythm tracing and computer analysis of patient-triggered events greater than 24-hour EKG up to 30 days					
	1	EKG/ECG/ECHO	93229				1500.00
		Total Estimated Charge					1500.00
		Cash Price					750.00
		Minimum Estimated Negotiated Allowable					550.50
		Maximum Estimated Negotiated Allowable					550.50
		Estimated Negotiated Allowable					
		Medicare Advantage					550.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
263	93242	EKG (electrocardiogram) recording for greater than 48 hours up to 7 days to monitor heart rhythm					
	1	EKG/ECG/ECHO	93242				129.00
		Total Estimated Charge					129.00
		Cash Price					64.50
		Minimum Estimated Negotiated Allowable					53.66
		Maximum Estimated Negotiated Allowable					67.08
		Estimated Negotiated Allowable					
		Medicaid Managed Care					67.08
		Medicare Advantage					53.66

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
264	93243	EKG (electrocardiogram) analysis and report of recordings of greater than 48 hours up to 7 days					
	1	EKG/ECG/ECHO	93243				587.00
		Total Estimated Charge					587.00
		Cash Price					293.50
		Minimum Estimated Negotiated Allowable					215.43
		Maximum Estimated Negotiated Allowable					305.24
		Estimated Negotiated Allowable					
		Medicaid Managed Care					305.24
		Medicare Advantage					215.43

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
265	93306	Heart ultrasound including color-depicted blood flow rate, direction, and valve function					
	1	Ultrasound	93306				1910.00
		Total Estimated Charge					1910.00
		Cash Price					955.00
		Minimum Estimated Negotiated Allowable					744.90
		Maximum Estimated Negotiated Allowable					1623.50
		Estimated Negotiated Allowable					
		Aetna					744.90
		Medicaid Managed Care					1050.50
		Medicare Advantage					794.56
		United Healthcare					1623.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
266	93798	Physician services for outpatient heart rehab with continuous EKG monitoring (per session)					
	1	EKG/ECG/ECHO	93798				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					55.05
		Maximum Estimated Negotiated Allowable					127.50
		Estimated Negotiated Allowable					
		Medicare Advantage					55.05
		United Healthcare					127.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
267	93880	Blood flow (outside of the brain) ultrasound on both sides of head and neck					
	1	Ultrasound	93880				1025.00
		Total Estimated Charge					1025.00
		Cash Price					512.50
		Minimum Estimated Negotiated Allowable					426.40
		Maximum Estimated Negotiated Allowable					426.40
		Estimated Negotiated Allowable					
		Medicare Advantage					426.40

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
268	93925	Leg ultrasound of arteries and arterial grafts of both legs (complete study)					
	1	Ultrasound	93925				1074.00
		Total Estimated Charge					1074.00
		Cash Price					537.00
		Minimum Estimated Negotiated Allowable					440.34
		Maximum Estimated Negotiated Allowable					440.34
		Estimated Negotiated Allowable					
		Medicare Advantage					440.34

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
269	93970	Arms or legs veins ultrasound with assessment of compression and functional maneuvers (complete, both arms or legs)					
1		Ultrasound	93970				1148.00
		Total Estimated Charge					1148.00
		Cash Price					574.00
		Minimum Estimated Negotiated Allowable					477.57
		Maximum Estimated Negotiated Allowable					477.57
		Estimated Negotiated Allowable					
		Medicare Advantage					477.57

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
270	93971	Arms or legs veins ultrasound with assessment of compression and functional maneuvers (limited, one arm or leg)					
	1	Ultrasound	93971				700.00
		Total Estimated Charge					700.00
		Cash Price					350.00
		Minimum Estimated Negotiated Allowable					252.00
		Maximum Estimated Negotiated Allowable					291.20
		Estimated Negotiated Allowable					
		Aetna					252.00
		Medicare Advantage					291.20

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
271	94060	Amount and speed of breathed air measurement and graphic recording before and after medication administration					
1		Respiratory/Pulmonary Therapy	94060				283.00
		Total Estimated Charge					283.00
		Cash Price					141.50
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
272	94640	Airway inhalation treatment to relieve airway obstruction or for sputum collection (inhaled pressure or nonpressure treatment)					
	1	Respiratory/Pulmonary Therapy	94640				315.00
		Total Estimated Charge					315.00
		Cash Price					157.50
		Minimum Estimated Negotiated Allowable					112.46
		Maximum Estimated Negotiated Allowable					267.75
		Estimated Negotiated Allowable					
		Medicaid Managed Care					116.55
		Medicare Advantage					112.46
		United Healthcare					267.75

	Description	CPT	Code	Ocrrs	Avg Unit	Price
	General symptoms of illness such as fever, pain, shortness of breath					
1	Drugs_Gen	RC250	0250	10.5%	2	30.50
2	Lab - General	RC300	0300	89.5%	1	25.23
3	Lab - Chemistry	RC301	0301	86.8%	2	230.98
4	Lab - Urology	RC307	0307	15.8%	1	93.67
5	Pro Fees - Rad - Diagnostic	RC972	0972	10.5%	1	28.25
	Total Estimated Charge					408.63
	Cash Price					204.32
	Minimum Estimated Negotiated Allowable					2.56
	Maximum Estimated Negotiated Allowable					482.63
	Estimated Negotiated Allowable					
	Aetna					2.56
	Blue Cross Blue Shield of TX					239.95
	Medicaid Managed Care					482.63
	Medicare Advantage					86.92
	United Healthcare					52.88

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
274	950						
		Aftercare without complications					
1		Lab - General	RC300	0300	70.0%	1	16.14
2		Lab - Chemistry	RC301	0301	50.0%	2	274.44
3		PT - Eval or Re-evaluation	RC424	0424	20.0%	1	225.00
		Total Estimated Charge					515.58
		Cash Price					257.79
		Minimum Estimated Negotiated Allowable					66.62
		Maximum Estimated Negotiated Allowable					301.68
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					178.09
		Medicaid Managed Care					301.68
		Medicare Advantage					69.67
		United Healthcare					66.62

Shoppable Item	Code	Description	CPT	Code	Ocurr	Avg Unit	Price
275	951	Other factors influencing health status					
		1 Lab - General	RC300	0300	84.2%	1	32.61
		2 Lab - Chemistry	RC301	0301	79.6%	3	249.61
		3 Lab - Immunology	RC302	0302	13.6%	2	149.68
		4 Lab - Hematology	RC305	0305	11.8%	2	78.59
		5 Lab - Bact- Micro	RC306	0306	11.3%	2	186.15
		6 Lab - Urology	RC307	0307	19.5%	1	74.23
		Total Estimated Charge					770.87
		Cash Price					385.44
		Minimum Estimated Negotiated Allowable					71.60
		Maximum Estimated Negotiated Allowable					572.76
		Estimated Negotiated Allowable					
		Blue Cross Blue Shield of TX					291.28
		Medicaid Managed Care					572.76
		Medicare Advantage					97.54
		United Healthcare					71.60

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
276	96360	Hydration administration into vein by infusion (31 minutes to 1 hour)					
		1 Other Outpatient Procedures	96360				113.00
		Total Estimated Charge					113.00
		Cash Price					56.50
		Minimum Estimated Negotiated Allowable					40.34
		Maximum Estimated Negotiated Allowable					40.34
		Estimated Negotiated Allowable					
		Medicare Advantage					40.34

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
277	96361	Hydration administration into vein by infusion (each additional hour)					
	1	Other Outpatient Procedures	96361				40.00
		Total Estimated Charge					40.00
		Cash Price					20.00
		Minimum Estimated Negotiated Allowable					14.28
		Maximum Estimated Negotiated Allowable					17.60
		Estimated Negotiated Allowable					
		Medicaid Managed Care					17.60
		Medicare Advantage					14.28

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
278	96365	Drug administration into vein by infusion for therapy, prevention, or diagnosis (up to 1 hour)					
		1 Other Outpatient Procedures	96365				150.00
		Total Estimated Charge					150.00
		Cash Price					75.00
		Minimum Estimated Negotiated Allowable					54.00
		Maximum Estimated Negotiated Allowable					127.50
		Estimated Negotiated Allowable					
		Aetna					54.00
		Medicaid Managed Care					82.50
		Medicare Advantage					60.00
		United Healthcare					127.50

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
279	96366	Drug administration into vein by infusion for therapy, prevention, or diagnosis (each additional hour)					
	1	Other Outpatient Procedures	96366				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					15.75
		Maximum Estimated Negotiated Allowable					30.75
		Estimated Negotiated Allowable					
		Aetna					27.00
		Medicaid Managed Care					27.00
		Medicare Advantage					30.75
		United Healthcare					15.75

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
280	96367	Drug administration into vein by infusion of additional sequential infusion of new drug for therapy, prevention, or diagnosis (up to 1 hour)					
	1	Other Outpatient Procedures	96367				90.00
		Total Estimated Charge					90.00
		Cash Price					45.00
		Minimum Estimated Negotiated Allowable					36.90
		Maximum Estimated Negotiated Allowable					39.60
		Estimated Negotiated Allowable					
		Medicaid Managed Care					39.60
		Medicare Advantage					36.90

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
281	96372	Drug administration beneath the skin or into muscle by injection for therapy, diagnosis, or prevention					
	1	Other Outpatient Procedures	96372				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					39.00
		Maximum Estimated Negotiated Allowable					85.00
		Estimated Negotiated Allowable					
		Aetna					80.00
		Medicaid Managed Care					51.00
		Medicare Advantage					39.00
		United Healthcare					85.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
282	96376	Drug administration into vein by push technique for therapy, diagnosis, or prevention (each additional push of same drug)					
	1	Other Outpatient Procedures	96376				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					17.25
		Maximum Estimated Negotiated Allowable					30.75
		Estimated Negotiated Allowable					
		Medicaid Managed Care					17.25
		Medicare Advantage					30.75

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
283	97012						
		1 Mechanical traction application to 1 or more areas Other Outpatient Procedures	97012				65.00
		Total Estimated Charge					65.00
		Cash Price					32.50
		Minimum Estimated Negotiated Allowable					27.04
		Maximum Estimated Negotiated Allowable					27.04
		Estimated Negotiated Allowable					
		Medicare Advantage					27.04

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
284	97032	Electrical stimulation application to 1 or more areas (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97032				44.00
		Total Estimated Charge					44.00
		Cash Price					22.00
		Minimum Estimated Negotiated Allowable					18.30
		Maximum Estimated Negotiated Allowable					18.30
		Estimated Negotiated Allowable					
		Medicare Advantage					18.30

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
285	97035	Ultrasound application to 1 or more areas (each 15 minutes)					
	1	Ultrasound	97035				42.00
		Total Estimated Charge					42.00
		Cash Price					21.00
		Minimum Estimated Negotiated Allowable					17.56
		Maximum Estimated Negotiated Allowable					17.56
		Estimated Negotiated Allowable					
		Medicare Advantage					17.56

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
286	97110	Physical therapy exercise to develop strength, endurance, range of motion, and flexibility (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97110				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					36.00
		Maximum Estimated Negotiated Allowable					85.00
		Estimated Negotiated Allowable					
		Aetna					36.00
		Medicaid Managed Care					55.00
		Medicare Advantage					36.70
		United Healthcare					85.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
287	97112	Physical therapy procedure to re-educate brain-to-nerve-to-muscle function (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97112				125.00
		Total Estimated Charge					125.00
		Cash Price					62.50
		Minimum Estimated Negotiated Allowable					45.00
		Maximum Estimated Negotiated Allowable					106.25
		Estimated Negotiated Allowable					
		Aetna					45.00
		Medicaid Managed Care					65.00
		Medicare Advantage					45.88
		United Healthcare					106.25

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
288	97116	Physcial therapy exercise of walking training to 1 or more areas (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97116				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					36.70
		Maximum Estimated Negotiated Allowable					85.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					52.00
		Medicare Advantage					36.70
		United Healthcare					85.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
289	97129	Cognitive function (attention, memory, reasoning, executive function, problem solving) initial 15 minutes					
	1	Other Outpatient Procedures	97129				75.00
		Total Estimated Charge					75.00
		Cash Price					37.50
		Minimum Estimated Negotiated Allowable					27.00
		Maximum Estimated Negotiated Allowable					27.00
		Estimated Negotiated Allowable					
		Medicare Advantage					27.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
290	97140	Physical therapy techniques to 1 or more regions (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97140				100.00
		Total Estimated Charge					100.00
		Cash Price					50.00
		Minimum Estimated Negotiated Allowable					36.70
		Maximum Estimated Negotiated Allowable					85.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					52.00
		Medicare Advantage					36.70
		United Healthcare					85.00

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
291	97161	Physical therapy evaluation (typically 20 minutes)					
		1 Physical/Occupational/Speech Therapy	97161				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					81.00
		Maximum Estimated Negotiated Allowable					191.25
		Estimated Negotiated Allowable					
		Aetna					81.00
		Medicaid Managed Care					123.75
		Medicare Advantage					82.58
		United Healthcare					191.25

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
292	97162	Physical therapy evaluation (typically 30 minutes)					
		1 Physical/Occupational/Speech Therapy	97162				225.00
		Total Estimated Charge					225.00
		Cash Price					112.50
		Minimum Estimated Negotiated Allowable					82.58
		Maximum Estimated Negotiated Allowable					225.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					117.00
		Medicare Advantage					82.58
		United Healthcare					225.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
293	97163	Physical therapy evaluation (typically 45 minutes)					
		1 Physical/Occupational/Speech Therapy	97163				284.00
		Total Estimated Charge					284.00
		Cash Price					142.00
		Minimum Estimated Negotiated Allowable					118.14
		Maximum Estimated Negotiated Allowable					118.14
		Estimated Negotiated Allowable					
		Medicare Advantage					118.14

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
294	97164	Physical therapy re-evaluation (typically 20 minutes)					
		1 Physical/Occupational/Speech Therapy	97164				108.00
		Total Estimated Charge					108.00
		Cash Price					54.00
		Minimum Estimated Negotiated Allowable					38.88
		Maximum Estimated Negotiated Allowable					44.93
		Estimated Negotiated Allowable					
		Aetna					38.88
		Medicare Advantage					44.93

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
295	97165	Occupational therapy evaluation (typically 30 minutes)					
	1	Physical/Occupational/Speech Therapy	97165				175.00
		Total Estimated Charge					175.00
		Cash Price					87.50
		Minimum Estimated Negotiated Allowable					64.23
		Maximum Estimated Negotiated Allowable					64.23
		Estimated Negotiated Allowable					
		Medicare Advantage					64.23

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
296	97166	Occupational therapy evaluation (typically 45 minutes)					
	1	Physical/Occupational/Speech Therapy	97166				181.00
		Total Estimated Charge					181.00
		Cash Price					90.50
		Minimum Estimated Negotiated Allowable					74.21
		Maximum Estimated Negotiated Allowable					74.21
		Estimated Negotiated Allowable					
		Medicare Advantage					74.21

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
297	97530	Function improvement activities with one-on-one contact between patient and provider (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97530				105.00
		Total Estimated Charge					105.00
		Cash Price					52.50
		Minimum Estimated Negotiated Allowable					37.80
		Maximum Estimated Negotiated Allowable					89.25
		Estimated Negotiated Allowable					
		Aetna					37.80
		Medicaid Managed Care					60.48
		Medicare Advantage					38.54
		United Healthcare					89.25

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
298	97535	Training activities for home and self-care management (each 15 minutes)					
	1	Physical/Occupational/Speech Therapy	97535				90.00
		Total Estimated Charge					90.00
		Cash Price					45.00
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
299	97597	Tissue removal from wounds per session (first 20 sq cm or less)					
	1	Other Outpatient Procedures	97597				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					105.00
		Maximum Estimated Negotiated Allowable					105.00
		Estimated Negotiated Allowable					
		Medicare Advantage					105.00

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurre	Unit Price
300	97602	Dead tissue removal from wounds per session				
		1 Other Outpatient Procedures	97602			462.00
		Total Estimated Charge				462.00
		Cash Price				231.00
		Minimum Estimated Negotiated Allowable				169.55
		Maximum Estimated Negotiated Allowable				240.24
		Estimated Negotiated Allowable				
		Medicaid Managed Care				240.24
		Medicare Advantage				169.55

Hospital: Coleman County Medical Center

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
301	99001	Specimen handling and/or conveyance for transfer from the patient in other than office to a laboratory					
		1 Other Outpatient Procedures	99001				25.00
		Total Estimated Charge					25.00
		Cash Price					12.50
		Minimum Estimated Negotiated Allowable					15.75
		Maximum Estimated Negotiated Allowable					25.00
		Estimated Negotiated Allowable					
		Medicaid Managed Care					15.75
		United Healthcare					25.00

Shoppable		Description	CPT	Code	Ocurrs	Avg	Price
Item	Code					Unit	
302	99499	Unlisted service requiring evaluation and management					
		1 Clinic	99499				4350.31
		Total Estimated Charge					4350.31
		Cash Price					2175.16
		Minimum Estimated Negotiated Allowable					0.00
		Maximum Estimated Negotiated Allowable					0.00

Shoppable						Avg	
Item	Code	Description	CPT	Code	Ocurs	Unit	Price
303	G0103	Psa screening					
		1 Laboratory and Pathology	G0103				200.00
		Total Estimated Charge					200.00
		Cash Price					100.00
		Minimum Estimated Negotiated Allowable					25.40
		Maximum Estimated Negotiated Allowable					158.00
		Estimated Negotiated Allowable					
		Aetna					158.00
		Medicare Advantage					82.00
		United Healthcare					25.40

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
304	G0105	Colorectal scrn; hi risk ind					
		Surgical Services					
1		Colonoscopy Cancer Scree	G0105	0360		1	1133.00
		Anesthesia					
2		Anesthesia - General	RC370	0370	100.0%	1	563.00
		Laboratory and Pathology					
3		General Pathology	88300	0310	18.2%	1	85.00
		Medical/Surgical Supplies and Devices					
4		Med-Surg Supplies/Gen	RC270	0270	100.0%	3	7.00
5		Sterile Supply	RC272	0272	72.7%	2	5.00
		Other					
6		Pf Anes Scrn Colonoscopy Anes	00812	0964	72.7%	7	80.00
		Pharmacy					
7		Drugs_Gen	RC250	0250	100.0%	41	25.00
		Recovery Room					
8		Recovery Room - General	RC710	0710	100.0%	2	276.00
		Total Estimated Charge					2174.00
		Cash Price					1087.00
		Minimum Estimated Negotiated Allowable					25.10
		Maximum Estimated Negotiated Allowable					1767.64
		Estimated Negotiated Allowable					
		Aetna					25.10
		Blue Cross Blue Shield of TX					855.87
		Medicaid Managed Care					1767.64
		Medicare Advantage					793.29
		United Healthcare					382.43

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
305	G0177	Opps/php; train & educ serv					
		1 Other Outpatient Procedures	G0177				400.00
		Total Estimated Charge					400.00
		Cash Price					200.00
		Minimum Estimated Negotiated Allowable					166.40
		Maximum Estimated Negotiated Allowable					166.40
		Estimated Negotiated Allowable					
		Medicare Advantage					166.40

Shoppable Item	Code	Description	CPT	Code	Ocrrs	Avg Unit	Price
306	G0378	Hospital observation per hr					
		1 Observation		G0378			50.00
		Total Estimated Charge					50.00
		Cash Price					25.00
		Minimum Estimated Negotiated Allowable					13.50
		Maximum Estimated Negotiated Allowable					24.00
		Estimated Negotiated Allowable					
		Aetna					24.00
		Medicaid Managed Care					19.00
		Medicare Advantage					20.50
		United Healthcare					13.50

Shoppable					Avg	
Item	Code	Description	CPT	Code	Ocurr	Unit Price
307	G0410	Grp psych partial hosp 45-50				
		1 Other Outpatient Procedures	G0410			500.00
Total Estimated Charge						500.00
Cash Price						250.00
Minimum Estimated Negotiated Allowable						208.00
Maximum Estimated Negotiated Allowable						208.00
Estimated Negotiated Allowable						
Medicare Advantage						208.00

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
308	P9016	Rbc leukocytes reduced					
		1 Laboratory and Pathology	P9016				721.00
		Total Estimated Charge					721.00
		Cash Price					360.50
		Minimum Estimated Negotiated Allowable					259.56
		Maximum Estimated Negotiated Allowable					331.66
		Estimated Negotiated Allowable					
		Medicaid Managed Care					331.66
		Medicare Advantage					259.56

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
309	P9021	Red blood cells unit					
		1 Laboratory and Pathology	P9021				300.00
		Total Estimated Charge					300.00
		Cash Price					150.00
		Minimum Estimated Negotiated Allowable					123.00
		Maximum Estimated Negotiated Allowable					123.00
		Estimated Negotiated Allowable					
		Medicare Advantage					123.00

Shoppable Item	Code	Description	CPT	Code	Ocurre	Avg Unit	Price
310	P9604						
		1 One-way allow prorated trip					
		Laboratory and Pathology	P9604				109.00
		Total Estimated Charge					109.00
		Cash Price					54.50
		Minimum Estimated Negotiated Allowable					38.15
		Maximum Estimated Negotiated Allowable					39.24
		Estimated Negotiated Allowable					
		Aetna					39.24
		Medicare Advantage					38.15

Shoppable Item	Code	Description	CPT	Code	Ocurs	Avg Unit	Price
311	U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc					
		1 Laboratory and Pathology		U0002			258.00
		Total Estimated Charge					258.00
		Cash Price					129.00
		Minimum Estimated Negotiated Allowable					90.30
		Maximum Estimated Negotiated Allowable					90.30
		Estimated Negotiated Allowable					
		Medicare Advantage					90.30

Last Update 2026-01-27

Locations Coleman County Medical Center

Address 310 South Pecos, Coleman, TX 76834

Type 2 NPI 1407121189|1053686733

License 100168

Attestor Josh Tucker

Affirmation Note

To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date in the file. This hospital has included all payer-specific negotiated charges in dollars that can be expressed as a dollar amount. For payer-specific negotiated charges that cannot be expressed as a dollar amount in the machine-readable file or not knowable in advance, the hospital attests that the payer-specific negotiated charge is based on a contractual algorithm, percentage or formula that precludes the provision of a dollar amount and has provided all necessary information available to the hospital for the public to be able to derive the dollar amount, including, but not limited to, the specific fee schedule or components referenced in such percentage, algorithm or formula.