

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

ⓧ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price	
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	n/a	216			Yes	no															
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	n/a	460			Yes	no															
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC)	n/a	470	Tech	ⓧ	Yes	\$ 49,334	\$ 44,993	\$ 48,347	\$ 48,347	\$ 47,361	\$ 44,993	\$ 46,867	\$ 48,347	\$ 47,361	\$ 48,347	\$ 46,867	\$ 46,867	\$ 48,347	\$ 48,347	\$ 49,334	
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	n/a	473	Tech		Yes	no															
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	n/a	743	Tech		Yes	no															
Cesarean section with sterilization without CC/MCC	n/a	785	Tech	ⓧ	No	\$ 16,510	\$ 15,057	\$ 16,180	\$ 16,180	\$ 15,850	\$ 15,057	\$ 15,685	\$ 16,180	\$ 15,850	\$ 16,180	\$ 15,685	\$ 15,685	\$ 16,180	\$ 16,180	\$ 16,510	
Cesarean section without sterilization with CC	n/a	787	Tech	ⓧ	No	\$ 19,546	\$ 17,826	\$ 19,155	\$ 19,155	\$ 18,764	\$ 17,826	\$ 18,569	\$ 19,155	\$ 18,764	\$ 19,155	\$ 18,569	\$ 18,569	\$ 19,155	\$ 19,155	\$ 19,546	
Cesarean section without sterilization without CC/MCC	n/a	788	Tech	ⓧ	No	\$ 18,686	\$ 17,042	\$ 18,312	\$ 18,312	\$ 17,939	\$ 17,042	\$ 17,752	\$ 18,312	\$ 17,939	\$ 18,312	\$ 17,752	\$ 17,752	\$ 18,312	\$ 18,312	\$ 18,686	
Normal Newborn	n/a	795	Tech	ⓧ	No	\$ 2,821	\$ 2,573	\$ 2,765	\$ 2,765	\$ 2,708	\$ 2,573	\$ 2,680	\$ 2,765	\$ 2,708	\$ 2,765	\$ 2,680	\$ 2,680	\$ 2,765	\$ 2,765	\$ 2,821	
Vaginal delivery without sterilization/D&C without CC/MCC	n/a	807	Tech	ⓧ	No	\$ 8,421	\$ 7,680	\$ 8,253	\$ 8,253	\$ 8,084	\$ 7,680	\$ 8,000	\$ 8,253	\$ 8,084	\$ 8,253	\$ 8,000	\$ 8,000	\$ 8,253	\$ 8,253	\$ 8,421	
Removal of 1 or more breast growth, open procedure	19120	n/a	Tech		Yes	no															
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	20610	n/a	Pro		No	\$ 900	\$ 42	\$ 882	\$ 54	\$ 77	\$ 73	\$ 855	\$ 882	\$ 864	\$ 93	\$ 855	\$ 42	\$ 882	\$ 65	\$ 900	
Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	20610	n/a	Tech	ⓧ	No	\$ 458	\$ 418	\$ 449	\$ 449	\$ 440	\$ 418	\$ 435	\$ 449	\$ 440	\$ 449	\$ 435	\$ 435	\$ 449	\$ 449	\$ 458	
Tendon sheath incision (eg, for trigger finger)	26055	n/a	Tech	ⓧ	No	\$ 4,952	\$ 4,516	\$ 4,853	\$ 4,853	\$ 4,754	\$ 4,516	\$ 4,704	\$ 4,853	\$ 4,754	\$ 4,853	\$ 4,704	\$ 4,704	\$ 4,853	\$ 4,853	\$ 4,952	
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447	n/a	Tech	ⓧ	No	\$ 51,455	\$ 46,927	\$ 50,426	\$ 50,426	\$ 49,397	\$ 46,927	\$ 48,882	\$ 50,426	\$ 49,397	\$ 50,426	\$ 48,882	\$ 48,882	\$ 50,426	\$ 50,426	\$ 51,455	
Shaving of shoulder bone using an endoscope	29826	n/a	Tech		Yes	no															
Arthroscopy, shoulder, surgical; with rotator cuff repair	29827	n/a	Tech	ⓧ	No	\$ 42,364	\$ 38,636	\$ 41,517	\$ 41,517	\$ 40,669	\$ 38,636	\$ 40,246	\$ 41,517	\$ 40,669	\$ 41,517	\$ 40,246	\$ 40,246	\$ 41,517	\$ 41,517	\$ 42,364	

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

ⓧ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Removal of one knee cartilage using an endoscope	29881	n/a	Tech	ⓧ	Yes	\$ 12,127	\$ 11,060	\$ 11,884	\$ 11,884	\$ 11,642	\$ 11,060	\$ 11,521	\$ 11,884	\$ 11,642	\$ 11,884	\$ 11,521	\$ 11,521	\$ 11,884	\$ 11,884	\$ 12,127
Bood transfusion, 1 unit	36430	n/a	Tech		No	\$ 1,551	\$ 1,415	\$ 1,520	\$ 1,520	\$ 1,489	\$ 1,415	\$ 1,473	\$ 1,520	\$ 1,489	\$ 1,520	\$ 1,473	\$ 1,473	\$ 1,520	\$ 1,520	\$ 1,551
Bood transfusion, 2 units	36430	n/a	Tech		No	\$ 2,516	\$ 2,295	\$ 2,466	\$ 2,466	\$ 2,415	\$ 2,295	\$ 2,390	\$ 2,466	\$ 2,415	\$ 2,466	\$ 2,390	\$ 2,390	\$ 2,466	\$ 2,466	\$ 2,516
Removal of tonsils and adenoid glands patient younger than age 12	42820	n/a	Tech	ⓧ	Yes	\$ 10,123	\$ 9,232	\$ 9,921	\$ 9,921	\$ 9,718	\$ 9,232	\$ 9,617	\$ 9,921	\$ 9,718	\$ 9,921	\$ 9,617	\$ 9,617	\$ 9,921	\$ 9,921	\$ 10,123
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	n/a	Tech	ⓧ ρ	Yes	\$ 4,377	\$ 3,992	\$ 4,289	\$ 4,289	\$ 4,202	\$ 3,992	\$ 4,158	\$ 4,289	\$ 4,202	\$ 4,289	\$ 4,158	\$ 4,158	\$ 4,289	\$ 4,289	\$ 4,377
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	n/a	Tech	ⓧ ρ	Yes	\$ 4,477	\$ 4,083	\$ 4,387	\$ 4,387	\$ 4,298	\$ 4,083	\$ 4,253	\$ 4,387	\$ 4,298	\$ 4,387	\$ 4,253	\$ 4,253	\$ 4,387	\$ 4,387	\$ 4,477
Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	43249	n/a	Tech	ⓧ ρ	No	\$ 5,442	\$ 4,963	\$ 5,333	\$ 5,333	\$ 5,224	\$ 4,963	\$ 5,170	\$ 5,333	\$ 5,224	\$ 5,333	\$ 5,170	\$ 5,170	\$ 5,333	\$ 5,333	\$ 5,442
Diagnostic examination of large bowel using an endoscope	45378	n/a	Tech	ⓧ ρ	Yes	\$ 3,490	\$ 3,183	\$ 3,420	\$ 3,420	\$ 3,350	\$ 3,183	\$ 3,316	\$ 3,420	\$ 3,350	\$ 3,420	\$ 3,316	\$ 3,316	\$ 3,420	\$ 3,420	\$ 3,490
Biopsy of large bowel using an endoscope	45380	n/a	Tech	ⓧ ρ	Yes	\$ 4,174	\$ 3,807	\$ 4,091	\$ 4,091	\$ 4,007	\$ 3,807	\$ 3,965	\$ 4,091	\$ 4,007	\$ 4,091	\$ 3,965	\$ 3,965	\$ 4,091	\$ 4,091	\$ 4,174
Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	45384	n/a	Tech	ⓧ ρ	No	\$ 3,805	\$ 3,470	\$ 3,729	\$ 3,729	\$ 3,653	\$ 3,470	\$ 3,615	\$ 3,729	\$ 3,653	\$ 3,729	\$ 3,615	\$ 3,615	\$ 3,729	\$ 3,729	\$ 3,805
Removal of polyps or growths of large bowel using an endoscope	45385	n/a	Tech	ⓧ ρ	Yes	\$ 4,430	\$ 4,040	\$ 4,341	\$ 4,341	\$ 4,253	\$ 4,040	\$ 4,209	\$ 4,341	\$ 4,253	\$ 4,341	\$ 4,209	\$ 4,209	\$ 4,341	\$ 4,341	\$ 4,430
Ultrasound examination of lower large bowel using an endoscope	45391	n/a			Yes	no														
Removal of gallbladder using an endoscope	47562	n/a	Tech	ⓧ ρ	Yes	\$ 17,647	\$ 16,094	\$ 17,294	\$ 17,294	\$ 16,941	\$ 16,094	\$ 16,765	\$ 17,294	\$ 16,941	\$ 17,294	\$ 16,765	\$ 16,765	\$ 17,294	\$ 17,294	\$ 17,647
Repair of groin hernia patient age 5 years or older	49505	n/a	Tech	ⓧ	Yes	\$ 11,272	\$ 10,280	\$ 11,047	\$ 11,047	\$ 10,821	\$ 10,280	\$ 10,708	\$ 11,047	\$ 10,821	\$ 11,047	\$ 10,708	\$ 10,708	\$ 11,047	\$ 11,047	\$ 11,272
Repair umbilical hernia, age 5 years or older; reducible	49585	n/a	Tech	ⓧ	No	\$ 9,589	\$ 8,745	\$ 9,397	\$ 9,397	\$ 9,205	\$ 8,745	\$ 9,110	\$ 9,397	\$ 9,205	\$ 9,397	\$ 9,110	\$ 9,110	\$ 9,397	\$ 9,397	\$ 9,589
Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	49587	n/a	Tech	ⓧ	No	\$ 11,223	\$ 10,235	\$ 10,999	\$ 10,999	\$ 10,774	\$ 10,235	\$ 10,662	\$ 10,999	\$ 10,774	\$ 10,999	\$ 10,662	\$ 10,662	\$ 10,999	\$ 10,999	\$ 11,223
Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	51702	n/a	Tech		No	\$ 607	\$ 554	\$ 595	\$ 595	\$ 583	\$ 554	\$ 577	\$ 595	\$ 583	\$ 595	\$ 577	\$ 577	\$ 595	\$ 595	\$ 607
Change of cystostomy tube; simple	51705	n/a	Tech		No	\$ 395	\$ 360	\$ 387	\$ 387	\$ 379	\$ 360	\$ 375	\$ 387	\$ 379	\$ 387	\$ 375	\$ 375	\$ 387	\$ 387	\$ 395
Complex uroflowmetry (eg, calibrated electronic equipment)	51741	n/a	Tech		No	\$ 521	\$ 475	\$ 511	\$ 511	\$ 500	\$ 475	\$ 495	\$ 511	\$ 500	\$ 511	\$ 495	\$ 495	\$ 511	\$ 511	\$ 521
Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	51798	n/a	Tech		No	\$ 182	\$ 166	\$ 178	\$ 178	\$ 175	\$ 166	\$ 173	\$ 178	\$ 175	\$ 178	\$ 173	\$ 173	\$ 178	\$ 178	\$ 182
Cystourethroscopy (separate procedure)	52000	n/a	Tech	ⓧ	No	\$ 1,531	\$ 1,396	\$ 1,500	\$ 1,500	\$ 1,470	\$ 1,396	\$ 1,454	\$ 1,500	\$ 1,470	\$ 1,500	\$ 1,454	\$ 1,454	\$ 1,500	\$ 1,500	\$ 1,531
Biopsy of prostate gland	55700	n/a	Tech	ⓧ ρ	Yes	\$ 2,202	\$ 2,008	\$ 2,158	\$ 2,158	\$ 2,114	\$ 2,008	\$ 2,092	\$ 2,158	\$ 2,114	\$ 2,158	\$ 2,092	\$ 2,092	\$ 2,158	\$ 2,158	\$ 2,202
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	n/a			Yes	no														

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

χ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	57240	n/a	Tech	χ	No	\$ 9,471	\$ 8,638	\$ 9,282	\$ 9,282	\$ 9,092	\$ 8,638	\$ 8,997	\$ 9,282	\$ 9,092	\$ 9,282	\$ 8,997	\$ 8,997	\$ 9,282	\$ 9,282	\$ 9,471
Vaginal hysterectomy, for uterus 250 g or less;	58260	n/a	Tech	χ	No	\$ 13,104	\$ 11,951	\$ 12,842	\$ 12,842	\$ 12,580	\$ 11,951	\$ 12,449	\$ 12,842	\$ 12,580	\$ 12,842	\$ 12,449	\$ 12,449	\$ 12,842	\$ 12,842	\$ 13,104
Fetal non-stress test	59025	n/a	Tech		No	\$ 388	\$ 354	\$ 380	\$ 380	\$ 372	\$ 354	\$ 369	\$ 380	\$ 372	\$ 380	\$ 369	\$ 369	\$ 380	\$ 380	\$ 388
Routine obstetric care for vaginal delivery, including pre- and post-delivery care	59400	n/a	Pro		Yes	no														
Routine obstetric care for cesarean delivery, including pre- and post-delivery care	59510	n/a	Pro		Yes	no														
Routine obstetric care for vaginal delivery after prior cesarean delivery including pre- and post-delivery care	59610	n/a	Pro		Yes	no														
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	n/a			Yes	no														
Neuroplasty and/or transposition; median nerve at carpal tunnel	64721	n/a	Tech	χ	No	\$ 5,366	\$ 4,894	\$ 5,259	\$ 5,259	\$ 5,151	\$ 4,894	\$ 5,098	\$ 5,259	\$ 5,151	\$ 5,259	\$ 5,098	\$ 5,098	\$ 5,259	\$ 5,259	\$ 5,366
Removal of recurring cataract in lens capsule using laser	66821	n/a			Yes	no														
Removal of cataract with insertion of lens	66984	n/a			Yes	no														
CT scan, head or brain, without contrast	70450	n/a	Tech	ψ	Yes	\$ 2,101	\$ 1,277	\$ 2,059	\$ 2,059	\$ 1,344	\$ 1,277	\$ 1,996	\$ 2,059	\$ 2,017	\$ 2,059	\$ 1,996	\$ 1,996	\$ 2,059	\$ 2,059	\$ 2,101
Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	70470	n/a	Tech	ψ	No	\$ 2,624	\$ 1,618	\$ 2,572	\$ 2,572	\$ 1,703	\$ 1,618	\$ 2,493	\$ 2,572	\$ 2,519	\$ 2,572	\$ 2,493	\$ 2,493	\$ 2,572	\$ 2,572	\$ 2,624
Computed tomography, maxillofacial area; without contrast material	70486	n/a	Tech	ψ	No	\$ 1,933	\$ 1,763	\$ 1,894	\$ 1,894	\$ 1,856	\$ 1,763	\$ 1,836	\$ 1,894	\$ 1,856	\$ 1,894	\$ 1,836	\$ 1,836	\$ 1,894	\$ 1,894	\$ 1,933
Computed tomography, soft tissue neck; with contrast material(s)	70491	n/a	Tech	ψ	No	\$ 2,724	\$ 2,484	\$ 2,670	\$ 2,670	\$ 2,615	\$ 2,484	\$ 2,588	\$ 2,670	\$ 2,615	\$ 2,670	\$ 2,588	\$ 2,588	\$ 2,670	\$ 2,670	\$ 2,724
MRI scan of brain before and after contrast	70553	n/a	Tech	ψ	Yes	\$ 4,352	\$ 3,969	\$ 4,265	\$ 4,265	\$ 4,178	\$ 3,969	\$ 4,134	\$ 4,265	\$ 4,178	\$ 4,265	\$ 4,134	\$ 4,134	\$ 4,265	\$ 4,265	\$ 4,352
Radiologic examination, chest; single view	71045	n/a	Tech	ψ	No	\$ 263	\$ 240	\$ 258	\$ 258	\$ 252	\$ 240	\$ 250	\$ 258	\$ 252	\$ 258	\$ 250	\$ 250	\$ 258	\$ 258	\$ 263
Radiologic examination, chest; 2 views	71046	n/a	Tech	ψ	No	\$ 334	\$ 122	\$ 327	\$ 327	\$ 128	\$ 122	\$ 317	\$ 327	\$ 321	\$ 327	\$ 317	\$ 317	\$ 327	\$ 327	\$ 334
Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	71101	n/a	Tech	ψ	No	\$ 400	\$ 365	\$ 392	\$ 392	\$ 384	\$ 365	\$ 380	\$ 392	\$ 384	\$ 392	\$ 380	\$ 380	\$ 392	\$ 392	\$ 400
Computed tomography, thorax; without contrast material	71250	n/a	Tech	ψ	No	\$ 2,439	\$ 2,224	\$ 2,390	\$ 2,390	\$ 2,341	\$ 2,224	\$ 2,317	\$ 2,390	\$ 2,341	\$ 2,390	\$ 2,317	\$ 2,317	\$ 2,390	\$ 2,390	\$ 2,439
Computed tomography, thorax; with contrast material(s)	71260	n/a	Tech	ψ	No	\$ 2,920	\$ 1,375	\$ 2,862	\$ 2,862	\$ 1,447	\$ 1,375	\$ 2,774	\$ 2,862	\$ 2,803	\$ 2,862	\$ 2,774	\$ 2,774	\$ 2,862	\$ 2,862	\$ 2,920

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	71275	n/a	Tech	ψ	No	\$ 3,135	\$ 2,859	\$ 3,072	\$ 3,072	\$ 3,010	\$ 2,859	\$ 2,978	\$ 3,072	\$ 3,010	\$ 3,072	\$ 2,978	\$ 2,978	\$ 3,072	\$ 3,072	\$ 3,135
Radiologic examination, spine, cervical; 2 or 3 views	72040	n/a	Tech	ψ	No	\$ 341	\$ 311	\$ 334	\$ 334	\$ 327	\$ 311	\$ 324	\$ 334	\$ 327	\$ 334	\$ 324	\$ 324	\$ 334	\$ 334	\$ 341
Radiologic examination, spine; thoracic, 2 views	72070	n/a	Tech	ψ	No	\$ 354	\$ 323	\$ 347	\$ 347	\$ 340	\$ 323	\$ 336	\$ 347	\$ 340	\$ 347	\$ 336	\$ 336	\$ 347	\$ 347	\$ 354
Radiologic examination, spine, lumbosacral; 2 or 3 views	72100	n/a	Tech	ψ	No	\$ 445	\$ 406	\$ 436	\$ 436	\$ 427	\$ 406	\$ 423	\$ 436	\$ 427	\$ 436	\$ 423	\$ 423	\$ 436	\$ 436	\$ 445
X-Ray, lower back, minimum four views	72110	n/a	Tech	ψ	Yes	\$ 510	\$ 465	\$ 500	\$ 500	\$ 490	\$ 465	\$ 485	\$ 500	\$ 490	\$ 500	\$ 485	\$ 485	\$ 500	\$ 500	\$ 510
Radiologic examination, spine, lumbosacral; minimum of 4 views	72110	n/a	Tech	ψ	No	\$ 510	\$ 465	\$ 500	\$ 500	\$ 490	\$ 465	\$ 485	\$ 500	\$ 490	\$ 500	\$ 485	\$ 485	\$ 500	\$ 500	\$ 510
Computed tomography, cervical spine; without contrast material	72125	n/a	Tech	ψ	No	\$ 2,439	\$ 2,224	\$ 2,390	\$ 2,390	\$ 2,341	\$ 2,224	\$ 2,317	\$ 2,390	\$ 2,341	\$ 2,390	\$ 2,317	\$ 2,317	\$ 2,390	\$ 2,390	\$ 2,439
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	72141	n/a	Tech	ψ	No	\$ 3,294	\$ 3,004	\$ 3,228	\$ 3,228	\$ 3,162	\$ 3,004	\$ 3,129	\$ 3,228	\$ 3,162	\$ 3,228	\$ 3,129	\$ 3,129	\$ 3,228	\$ 3,228	\$ 3,294
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	72146	n/a	Tech	ψ	No	\$ 3,294	\$ 3,004	\$ 3,228	\$ 3,228	\$ 3,162	\$ 3,004	\$ 3,129	\$ 3,228	\$ 3,162	\$ 3,228	\$ 3,129	\$ 3,129	\$ 3,228	\$ 3,228	\$ 3,294
MRI scan of lower spinal canal	72148	n/a	Tech	ψ	Yes	\$ 3,294	\$ 1,820	\$ 3,228	\$ 3,228	\$ 1,916	\$ 1,820	\$ 3,129	\$ 3,228	\$ 3,162	\$ 3,228	\$ 3,129	\$ 3,129	\$ 3,228	\$ 3,228	\$ 3,294
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	72158	n/a	Tech	ψ	No	\$ 3,957	\$ 3,609	\$ 3,878	\$ 3,878	\$ 3,799	\$ 3,609	\$ 3,759	\$ 3,878	\$ 3,799	\$ 3,878	\$ 3,759	\$ 3,759	\$ 3,878	\$ 3,878	\$ 3,957
Radiologic examination, pelvis; 1 or 2 views	72170	n/a	Tech	ψ	No	\$ 283	\$ 258	\$ 277	\$ 277	\$ 272	\$ 258	\$ 269	\$ 277	\$ 272	\$ 277	\$ 269	\$ 269	\$ 277	\$ 277	\$ 283
CT scan, pelvis, with contrast	72193	n/a	Tech	ψ	Yes	\$ 2,609	\$ 2,380	\$ 2,557	\$ 2,557	\$ 2,505	\$ 2,380	\$ 2,479	\$ 2,557	\$ 2,505	\$ 2,557	\$ 2,479	\$ 2,479	\$ 2,557	\$ 2,557	\$ 2,609
Radiologic examination; clavicle, complete	73000	n/a	Tech	ψ	No	\$ 279	\$ 254	\$ 273	\$ 273	\$ 268	\$ 254	\$ 265	\$ 273	\$ 268	\$ 273	\$ 265	\$ 265	\$ 273	\$ 273	\$ 279
Radiologic examination, shoulder; 1 view	73020	n/a	Tech	ψ	No	\$ 255	\$ 233	\$ 250	\$ 250	\$ 245	\$ 233	\$ 242	\$ 250	\$ 245	\$ 250	\$ 242	\$ 242	\$ 250	\$ 250	\$ 255
Radiologic examination, shoulder; complete, minimum of 2 views	73030	n/a	Tech	ψ	No	\$ 360	\$ 328	\$ 353	\$ 353	\$ 346	\$ 328	\$ 342	\$ 353	\$ 346	\$ 353	\$ 342	\$ 342	\$ 353	\$ 353	\$ 360
Radiologic examination; humerus, minimum of 2 views	73060	n/a	Tech	ψ	No	\$ 314	\$ 286	\$ 308	\$ 308	\$ 301	\$ 286	\$ 298	\$ 308	\$ 301	\$ 308	\$ 298	\$ 298	\$ 308	\$ 308	\$ 314
Radiologic examination, elbow; complete, minimum of 3 views	73080	n/a	Tech	ψ	No	\$ 328	\$ 299	\$ 321	\$ 321	\$ 315	\$ 299	\$ 312	\$ 321	\$ 315	\$ 321	\$ 312	\$ 312	\$ 321	\$ 321	\$ 328
Radiologic examination; forearm, 2 views	73090	n/a	Tech	ψ	No	\$ 283	\$ 258	\$ 277	\$ 277	\$ 272	\$ 258	\$ 269	\$ 277	\$ 272	\$ 277	\$ 269	\$ 269	\$ 277	\$ 277	\$ 283
Radiologic examination, wrist; 2 views	73100	n/a	Tech	ψ	No	\$ 281	\$ 256	\$ 275	\$ 275	\$ 270	\$ 256	\$ 267	\$ 275	\$ 270	\$ 275	\$ 267	\$ 267	\$ 275	\$ 275	\$ 281
Radiologic examination, wrist; complete, minimum of 3 views	73110	n/a	Tech	ψ	No	\$ 316	\$ 288	\$ 310	\$ 310	\$ 303	\$ 288	\$ 300	\$ 310	\$ 303	\$ 310	\$ 300	\$ 300	\$ 310	\$ 310	\$ 316
Radiologic examination, hand; minimum of 3 views	73130	n/a	Tech	ψ	No	\$ 329	\$ 300	\$ 322	\$ 322	\$ 316	\$ 300	\$ 313	\$ 322	\$ 316	\$ 322	\$ 313	\$ 313	\$ 322	\$ 322	\$ 329

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Radiologic examination, finger(s), minimum of 2 views	73140	n/a	Tech	ψ	No	\$ 329	\$ 300	\$ 322	\$ 322	\$ 316	\$ 300	\$ 313	\$ 322	\$ 316	\$ 322	\$ 313	\$ 313	\$ 322	\$ 322	\$ 329
Computed tomography, upper extremity; without contrast material	73200	n/a	Tech	ψ	No	\$ 2,101	\$ 1,916	\$ 2,059	\$ 2,059	\$ 2,017	\$ 1,916	\$ 1,996	\$ 2,059	\$ 2,017	\$ 2,059	\$ 1,996	\$ 1,996	\$ 2,059	\$ 2,059	\$ 2,101
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	73221	n/a	Tech	ψ	No	\$ 2,350	\$ 2,143	\$ 2,303	\$ 2,303	\$ 2,256	\$ 2,143	\$ 2,233	\$ 2,303	\$ 2,256	\$ 2,303	\$ 2,233	\$ 2,233	\$ 2,303	\$ 2,303	\$ 2,350
Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	73502	n/a	Tech	ψ	No	\$ 619	\$ 565	\$ 607	\$ 607	\$ 594	\$ 565	\$ 588	\$ 607	\$ 594	\$ 607	\$ 588	\$ 588	\$ 607	\$ 607	\$ 619
Radiologic examination, femur; minimum 2 views	73552	n/a	Tech	ψ	No	\$ 335	\$ 306	\$ 328	\$ 328	\$ 322	\$ 306	\$ 318	\$ 328	\$ 322	\$ 328	\$ 318	\$ 318	\$ 328	\$ 328	\$ 335
Radiologic examination, knee; 1 or 2 views	73560	n/a	Tech	ψ	No	\$ 327	\$ 298	\$ 320	\$ 320	\$ 314	\$ 298	\$ 311	\$ 320	\$ 314	\$ 320	\$ 311	\$ 311	\$ 320	\$ 320	\$ 327
Radiologic examination, knee; complete, 4 or more views	73564	n/a	Tech	ψ	No	\$ 354	\$ 323	\$ 347	\$ 347	\$ 340	\$ 323	\$ 336	\$ 347	\$ 340	\$ 347	\$ 336	\$ 336	\$ 347	\$ 347	\$ 354
Radiologic examination; tibia and fibula, 2 views	73590	n/a	Tech	ψ	No	\$ 305	\$ 278	\$ 299	\$ 299	\$ 293	\$ 278	\$ 290	\$ 299	\$ 293	\$ 299	\$ 290	\$ 290	\$ 299	\$ 299	\$ 305
Radiologic examination, ankle; complete, minimum of 3 views	73610	n/a	Tech	ψ	No	\$ 314	\$ 228	\$ 308	\$ 308	\$ 240	\$ 228	\$ 298	\$ 308	\$ 301	\$ 308	\$ 298	\$ 298	\$ 308	\$ 308	\$ 314
Radiologic examination, foot; complete, minimum of 3 views	73630	n/a	Tech	ψ	No	\$ 331	\$ 238	\$ 324	\$ 324	\$ 250	\$ 238	\$ 314	\$ 324	\$ 318	\$ 324	\$ 314	\$ 314	\$ 324	\$ 324	\$ 331
Computed tomography, lower extremity; without contrast material	73700	n/a	Tech	ψ	No	\$ 2,101	\$ 1,916	\$ 2,059	\$ 2,059	\$ 2,017	\$ 1,916	\$ 1,996	\$ 2,059	\$ 2,017	\$ 2,059	\$ 1,996	\$ 1,996	\$ 2,059	\$ 2,059	\$ 2,101
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	73718	n/a	Tech	ψ	No	\$ 2,503	\$ 2,283	\$ 2,453	\$ 2,453	\$ 2,403	\$ 2,283	\$ 2,378	\$ 2,453	\$ 2,403	\$ 2,453	\$ 2,378	\$ 2,378	\$ 2,453	\$ 2,453	\$ 2,503
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721	n/a	Tech	ψ	Yes	\$ 2,503	\$ 1,382	\$ 2,453	\$ 2,453	\$ 1,455	\$ 1,382	\$ 2,378	\$ 2,453	\$ 2,403	\$ 2,453	\$ 2,378	\$ 2,378	\$ 2,453	\$ 2,453	\$ 2,503
Radiologic examination, abdomen; 1 view	74018	n/a	Tech	ψ	No	\$ 282	\$ 257	\$ 276	\$ 276	\$ 271	\$ 257	\$ 268	\$ 276	\$ 271	\$ 276	\$ 268	\$ 268	\$ 276	\$ 276	\$ 282
Radiologic examination, abdomen; 2 views	74019	n/a	Tech	ψ	No	\$ 408	\$ 372	\$ 400	\$ 400	\$ 392	\$ 372	\$ 388	\$ 400	\$ 392	\$ 400	\$ 388	\$ 388	\$ 400	\$ 400	\$ 408
Radiologic examination, abdomen; 3 or more views	74021	n/a	Tech	ψ	No	\$ 388	\$ 354	\$ 380	\$ 380	\$ 372	\$ 354	\$ 369	\$ 380	\$ 372	\$ 380	\$ 369	\$ 369	\$ 380	\$ 380	\$ 388
Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	74170	n/a	Tech	ψ	No	\$ 3,401	\$ 3,102	\$ 3,333	\$ 3,333	\$ 3,265	\$ 3,102	\$ 3,231	\$ 3,333	\$ 3,265	\$ 3,333	\$ 3,231	\$ 3,231	\$ 3,333	\$ 3,333	\$ 3,401
Computed tomography, abdomen and pelvis; without contrast material	74176	n/a	Tech	ψ	No	\$ 3,659	\$ 2,065	\$ 3,586	\$ 3,586	\$ 2,174	\$ 2,065	\$ 3,476	\$ 3,586	\$ 3,513	\$ 3,586	\$ 3,476	\$ 3,476	\$ 3,586	\$ 3,586	\$ 3,659
CT scan of abdomen and pelvis with contrast	74177	n/a	Tech	ψ	Yes	\$ 4,492	\$ 2,535	\$ 4,402	\$ 4,402	\$ 2,668	\$ 2,535	\$ 4,267	\$ 4,402	\$ 4,312	\$ 4,402	\$ 4,267	\$ 4,267	\$ 4,402	\$ 4,402	\$ 4,492
Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	74178	n/a	Tech	ψ	No	\$ 5,267	\$ 2,836	\$ 5,162	\$ 5,162	\$ 2,985	\$ 2,836	\$ 5,004	\$ 5,162	\$ 5,056	\$ 5,162	\$ 5,004	\$ 5,004	\$ 5,162	\$ 5,162	\$ 5,267

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Radiologic examination; esophagus	74220	n/a	Tech	ψ	No	\$ 642	\$ 586	\$ 629	\$ 629	\$ 616	\$ 586	\$ 610	\$ 629	\$ 616	\$ 629	\$ 610	\$ 610	\$ 629	\$ 629	\$ 642
Swallowing function, with cineradiography/videoradiography	74230	n/a	Tech	ψ	No	\$ 565	\$ 515	\$ 554	\$ 554	\$ 542	\$ 515	\$ 537	\$ 554	\$ 542	\$ 554	\$ 537	\$ 537	\$ 554	\$ 554	\$ 565
Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	75571	n/a	Tech	ψ	No	\$ 150	\$ 137	\$ 147	\$ 147	\$ 144	\$ 137	\$ 143	\$ 147	\$ 144	\$ 147	\$ 143	\$ 143	\$ 147	\$ 147	\$ 150
Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	76536	n/a	Tech	ψ	No	\$ 618	\$ 564	\$ 606	\$ 606	\$ 593	\$ 564	\$ 587	\$ 606	\$ 593	\$ 606	\$ 587	\$ 587	\$ 606	\$ 606	\$ 618
Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	76641	n/a	Tech	ψ	No	\$ 600	\$ 547	\$ 588	\$ 588	\$ 576	\$ 547	\$ 570	\$ 588	\$ 576	\$ 588	\$ 570	\$ 570	\$ 588	\$ 588	\$ 600
Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	76642	n/a	Tech	ψ	No	\$ 675	\$ 616	\$ 662	\$ 662	\$ 648	\$ 616	\$ 641	\$ 662	\$ 648	\$ 662	\$ 641	\$ 641	\$ 662	\$ 662	\$ 675
Ultrasound of abdomen	76700	n/a	Tech	ψ	Yes	\$ 877	\$ 646	\$ 859	\$ 859	\$ 680	\$ 646	\$ 833	\$ 859	\$ 842	\$ 859	\$ 833	\$ 833	\$ 859	\$ 859	\$ 877
Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	76705	n/a	Tech	ψ	No	\$ 650	\$ 593	\$ 637	\$ 637	\$ 624	\$ 593	\$ 618	\$ 637	\$ 624	\$ 637	\$ 618	\$ 618	\$ 637	\$ 637	\$ 650
Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	76775	n/a	Tech	ψ	No	\$ 825	\$ 752	\$ 809	\$ 809	\$ 792	\$ 752	\$ 784	\$ 809	\$ 792	\$ 809	\$ 784	\$ 784	\$ 809	\$ 809	\$ 825
Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	76801	n/a	Tech	ψ	No	\$ 634	\$ 578	\$ 621	\$ 621	\$ 609	\$ 578	\$ 602	\$ 621	\$ 609	\$ 621	\$ 602	\$ 602	\$ 621	\$ 621	\$ 634
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	n/a	Tech	ψ	Yes	\$ 640	\$ 584	\$ 627	\$ 627	\$ 614	\$ 584	\$ 608	\$ 627	\$ 614	\$ 627	\$ 608	\$ 608	\$ 627	\$ 627	\$ 640
Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	76805	n/a	Tech	ψ	No	\$ 640	\$ 584	\$ 627	\$ 627	\$ 614	\$ 584	\$ 608	\$ 627	\$ 614	\$ 627	\$ 608	\$ 608	\$ 627	\$ 627	\$ 640
Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	76815	n/a	Tech	ψ	No	\$ 459	\$ 419	\$ 450	\$ 450	\$ 441	\$ 419	\$ 436	\$ 450	\$ 441	\$ 450	\$ 436	\$ 436	\$ 450	\$ 450	\$ 459

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Ultrasound, pregnant uterus, real time with image documentation, transvaginal	76817	n/a	Tech	ψ	No	\$ 601	\$ 548	\$ 589	\$ 589	\$ 577	\$ 548	\$ 571	\$ 589	\$ 577	\$ 589	\$ 571	\$ 571	\$ 589	\$ 589	\$ 601
Ultrasound pelvis through vagina	76830	n/a	Tech	ψ	Yes	\$ 720	\$ 657	\$ 706	\$ 706	\$ 691	\$ 657	\$ 684	\$ 706	\$ 691	\$ 706	\$ 684	\$ 684	\$ 706	\$ 706	\$ 720
Ultrasound, transvaginal	76830	n/a	Tech	ψ	No	\$ 720	\$ 657	\$ 706	\$ 706	\$ 691	\$ 657	\$ 684	\$ 706	\$ 691	\$ 706	\$ 684	\$ 684	\$ 706	\$ 706	\$ 720
Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	76856	n/a	Tech	ψ	No	\$ 837	\$ 763	\$ 820	\$ 820	\$ 804	\$ 763	\$ 795	\$ 820	\$ 804	\$ 820	\$ 795	\$ 795	\$ 820	\$ 820	\$ 837
Ultrasound, scrotum and contents	76870	n/a	Tech	ψ	No	\$ 781	\$ 712	\$ 765	\$ 765	\$ 750	\$ 712	\$ 742	\$ 765	\$ 750	\$ 765	\$ 742	\$ 742	\$ 765	\$ 765	\$ 781
Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	76882	n/a	Tech	ψ	No	\$ 627	\$ 572	\$ 614	\$ 614	\$ 602	\$ 572	\$ 596	\$ 614	\$ 602	\$ 614	\$ 596	\$ 596	\$ 614	\$ 614	\$ 627
Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	76882	n/a	Tech	ψ	No	\$ 627	\$ 572	\$ 614	\$ 614	\$ 602	\$ 572	\$ 596	\$ 614	\$ 602	\$ 614	\$ 596	\$ 596	\$ 614	\$ 614	\$ 627
Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	76942	n/a	Tech	ψ	No	\$ 720	\$ 657	\$ 706	\$ 706	\$ 691	\$ 657	\$ 684	\$ 706	\$ 691	\$ 706	\$ 684	\$ 684	\$ 706	\$ 706	\$ 720
Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	76942	n/a	Tech	ψ	No	\$ 720	\$ 657	\$ 706	\$ 706	\$ 691	\$ 657	\$ 684	\$ 706	\$ 691	\$ 706	\$ 684	\$ 684	\$ 706	\$ 706	\$ 720
Diagnostic digital breast tomosynthesis; unilateral	77061	n/a	Tech	ψ	No	\$ 45	\$ 41	\$ 44	\$ 44	\$ 43	\$ 41	\$ 43	\$ 44	\$ 43	\$ 44	\$ 43	\$ 43	\$ 44	\$ 44	\$ 45
Diagnostic digital breast tomosynthesis; bilateral	77062	n/a	Tech	ψ	No	\$ 45	\$ 41	\$ 44	\$ 44	\$ 43	\$ 41	\$ 43	\$ 44	\$ 43	\$ 44	\$ 43	\$ 43	\$ 44	\$ 44	\$ 45
Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	77063	n/a	Tech	ψ	No	\$ 45	\$ 41	\$ 44	\$ 44	\$ 43	\$ 41	\$ 43	\$ 44	\$ 43	\$ 44	\$ 43	\$ 43	\$ 44	\$ 44	\$ 45
Mammography of one breast	77065	n/a	Tech	ψ	Yes	\$ 350	\$ 319	\$ 343	\$ 343	\$ 336	\$ 319	\$ 333	\$ 343	\$ 336	\$ 343	\$ 333	\$ 333	\$ 343	\$ 343	\$ 350
Mammography of both breasts	77066	n/a	Tech	ψ	Yes	\$ 400	\$ 365	\$ 392	\$ 392	\$ 384	\$ 365	\$ 380	\$ 392	\$ 384	\$ 392	\$ 380	\$ 380	\$ 392	\$ 392	\$ 400
Mammography, screening, bilateral	77067	n/a	Tech	ψ	Yes	\$ 400	\$ 220	\$ 392	\$ 392	\$ 232	\$ 220	\$ 380	\$ 392	\$ 384	\$ 392	\$ 380	\$ 380	\$ 392	\$ 392	\$ 400
Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	77078	n/a	Tech	ψ	No	\$ 450	\$ 410	\$ 441	\$ 441	\$ 432	\$ 410	\$ 428	\$ 441	\$ 432	\$ 441	\$ 428	\$ 428	\$ 441	\$ 441	\$ 450
Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	77080	n/a	Tech	ψ	No	\$ 427	\$ 389	\$ 418	\$ 418	\$ 410	\$ 389	\$ 406	\$ 418	\$ 410	\$ 418	\$ 406	\$ 406	\$ 418	\$ 418	\$ 427
Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	78227	n/a	Tech	ψ	No	\$ 2,910	\$ 2,654	\$ 2,852	\$ 2,852	\$ 2,794	\$ 2,654	\$ 2,765	\$ 2,852	\$ 2,794	\$ 2,852	\$ 2,765	\$ 2,765	\$ 2,852	\$ 2,852	\$ 2,910
Bone and/or joint imaging; whole body	78306	n/a	Tech	ψ	No	\$ 1,850	\$ 1,687	\$ 1,813	\$ 1,813	\$ 1,776	\$ 1,687	\$ 1,758	\$ 1,813	\$ 1,776	\$ 1,813	\$ 1,758	\$ 1,758	\$ 1,813	\$ 1,813	\$ 1,850

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

χ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	78452	n/a	Tech		No	\$ 4,969	\$ 2,197	\$ 4,870	\$ 4,870	\$ 2,313	\$ 2,197	\$ 4,721	\$ 4,870	\$ 4,770	\$ 4,870	\$ 4,721	\$ 4,721	\$ 4,870	\$ 4,870	\$ 4,969
Basic metabolic panel lab test	80048	n/a	Tech		Yes	\$ 122	\$ 103	\$ 120	\$ 120	\$ 108	\$ 103	\$ 116	\$ 120	\$ 117	\$ 120	\$ 116	\$ 116	\$ 120	\$ 120	\$ 122
General health panel lab test	80050	n/a	Tech		No	\$ 347	\$ 316	\$ 340	\$ 340	\$ 333	\$ 316	\$ 330	\$ 340	\$ 333	\$ 340	\$ 330	\$ 330	\$ 340	\$ 340	\$ 347
Blood test, comprehensive group of blood chemicals lab test	80053	n/a	Tech		Yes	\$ 143	\$ 123	\$ 140	\$ 140	\$ 129	\$ 123	\$ 136	\$ 140	\$ 137	\$ 140	\$ 136	\$ 136	\$ 140	\$ 140	\$ 143
Obstetric blood test panel	80055	n/a	Tech		Yes	no														
Blood test, lipids (cholesterol and triglycerides)	80061	n/a	Tech		Yes	\$ 125	\$ 91	\$ 123	\$ 123	\$ 96	\$ 91	\$ 119	\$ 123	\$ 120	\$ 123	\$ 119	\$ 119	\$ 123	\$ 123	\$ 125
Kidney function lab panel test	80069	n/a	Tech		Yes	\$ 131	\$ 119	\$ 128	\$ 128	\$ 126	\$ 119	\$ 124	\$ 128	\$ 126	\$ 128	\$ 124	\$ 124	\$ 128	\$ 128	\$ 131
Renal function lab panel test	80069	n/a	Tech		No	\$ 131	\$ 119	\$ 128	\$ 128	\$ 126	\$ 119	\$ 124	\$ 128	\$ 126	\$ 128	\$ 124	\$ 124	\$ 128	\$ 128	\$ 131
Liver function blood test lab panel	80076	n/a	Tech		Yes	\$ 128	\$ 117	\$ 125	\$ 125	\$ 123	\$ 117	\$ 122	\$ 125	\$ 123	\$ 125	\$ 122	\$ 122	\$ 125	\$ 125	\$ 128
Hepatic function lab panel test	80076	n/a	Tech		No	\$ 128	\$ 117	\$ 125	\$ 125	\$ 123	\$ 117	\$ 122	\$ 125	\$ 123	\$ 125	\$ 122	\$ 122	\$ 125	\$ 125	\$ 128
Carbamazepine lab test; total	80156	n/a	Tech		No	\$ 119	\$ 109	\$ 117	\$ 117	\$ 114	\$ 109	\$ 113	\$ 117	\$ 114	\$ 117	\$ 113	\$ 113	\$ 117	\$ 117	\$ 119
Digoxin; total lab test	80162	n/a	Tech		No	\$ 120	\$ 109	\$ 118	\$ 118	\$ 115	\$ 109	\$ 114	\$ 118	\$ 115	\$ 118	\$ 114	\$ 114	\$ 118	\$ 118	\$ 120
Valproic acid (dipropylacetic acid); total lab test	80164	n/a	Tech		No	\$ 143	\$ 130	\$ 140	\$ 140	\$ 137	\$ 130	\$ 136	\$ 140	\$ 137	\$ 140	\$ 136	\$ 136	\$ 140	\$ 140	\$ 143
Phenytoin; total lab test	80185	n/a	Tech		No	\$ 119	\$ 109	\$ 117	\$ 117	\$ 114	\$ 109	\$ 113	\$ 117	\$ 114	\$ 117	\$ 113	\$ 113	\$ 117	\$ 117	\$ 119
Sirolimus lab test	80195	n/a	Tech		No	\$ 105	\$ 96	\$ 103	\$ 103	\$ 101	\$ 96	\$ 100	\$ 103	\$ 101	\$ 103	\$ 100	\$ 100	\$ 103	\$ 103	\$ 105
Tacrolimus lab test	80197	n/a	Tech		No	\$ 173	\$ 158	\$ 170	\$ 170	\$ 166	\$ 158	\$ 164	\$ 170	\$ 166	\$ 170	\$ 164	\$ 164	\$ 170	\$ 170	\$ 173
Vancomycin lab test	80202	n/a	Tech		No	\$ 160	\$ 146	\$ 157	\$ 157	\$ 154	\$ 146	\$ 152	\$ 157	\$ 154	\$ 157	\$ 152	\$ 152	\$ 157	\$ 157	\$ 160
Manual urinalysis lab test with examination using microscope	81001	n/a	Tech		Yes	\$ 68	\$ 28	\$ 67	\$ 67	\$ 29	\$ 28	\$ 65	\$ 67	\$ 65	\$ 67	\$ 65	\$ 65	\$ 67	\$ 67	\$ 68
Automated urinalysis lab test	81003	n/a	Tech		Yes	\$ 35	\$ 32	\$ 34	\$ 34	\$ 34	\$ 32	\$ 33	\$ 34	\$ 34	\$ 34	\$ 33	\$ 33	\$ 34	\$ 34	\$ 35
Albumin lab test	82040	n/a	Tech		No	\$ 53	\$ 48	\$ 52	\$ 52	\$ 51	\$ 48	\$ 50	\$ 52	\$ 51	\$ 52	\$ 50	\$ 50	\$ 52	\$ 52	\$ 53
Ammonia lab test	82140	n/a	Tech		No	\$ 131	\$ 119	\$ 128	\$ 128	\$ 126	\$ 119	\$ 124	\$ 128	\$ 126	\$ 128	\$ 124	\$ 124	\$ 128	\$ 128	\$ 131
Amylase lab test	82150	n/a	Tech		No	\$ 85	\$ 78	\$ 83	\$ 83	\$ 82	\$ 78	\$ 81	\$ 83	\$ 82	\$ 83	\$ 81	\$ 81	\$ 83	\$ 83	\$ 85
Bilirubin lab test; total	82247	n/a	Tech		No	\$ 58	\$ 53	\$ 57	\$ 57	\$ 56	\$ 53	\$ 55	\$ 57	\$ 56	\$ 57	\$ 55	\$ 55	\$ 57	\$ 57	\$ 58
Vitamin D lab test; 25 hydroxy, includes fraction(s), if performed	82306	n/a	Tech		No	\$ 215	\$ 196	\$ 211	\$ 211	\$ 206	\$ 196	\$ 204	\$ 211	\$ 206	\$ 211	\$ 204	\$ 204	\$ 211	\$ 211	\$ 215
Carcinoembryonic antigen (CEA) lab test	82378	n/a	Tech		No	\$ 143	\$ 130	\$ 140	\$ 140	\$ 137	\$ 130	\$ 136	\$ 140	\$ 137	\$ 140	\$ 136	\$ 136	\$ 140	\$ 140	\$ 143
Cortisol lab test; total	82533	n/a	Tech		No	\$ 134	\$ 122	\$ 131	\$ 131	\$ 129	\$ 122	\$ 127	\$ 131	\$ 129	\$ 131	\$ 127	\$ 127	\$ 131	\$ 131	\$ 134
Creatine kinase (CK), (CPK) lab test; total	82550	n/a	Tech		No	\$ 109	\$ 99	\$ 107	\$ 107	\$ 105	\$ 99	\$ 104	\$ 107	\$ 105	\$ 107	\$ 104	\$ 104	\$ 107	\$ 107	\$ 109
Creatinine lab test; blood	82565	n/a	Tech		No	\$ 58	\$ 53	\$ 57	\$ 57	\$ 56	\$ 53	\$ 55	\$ 57	\$ 56	\$ 57	\$ 55	\$ 55	\$ 57	\$ 57	\$ 58
Creatinine lab test; other source	82570	n/a	Tech		No	\$ 74	\$ 67	\$ 73	\$ 73	\$ 71	\$ 67	\$ 70	\$ 73	\$ 71	\$ 73	\$ 70	\$ 70	\$ 73	\$ 73	\$ 74
Cyanocobalamin (Vitamin B-12) lab test	82607	n/a	Tech		No	\$ 132	\$ 120	\$ 129	\$ 129	\$ 127	\$ 120	\$ 125	\$ 129	\$ 127	\$ 129	\$ 125	\$ 125	\$ 129	\$ 129	\$ 132
Estradiol lab test	82670	n/a	Tech		No	\$ 208	\$ 190	\$ 204	\$ 204	\$ 200	\$ 190	\$ 198	\$ 204	\$ 200	\$ 204	\$ 198	\$ 198	\$ 204	\$ 204	\$ 208
Ferritin lab test	82728	n/a	Tech		No	\$ 114	\$ 104	\$ 112	\$ 112	\$ 109	\$ 104	\$ 108	\$ 112	\$ 109	\$ 112	\$ 108	\$ 108	\$ 112	\$ 112	\$ 114
Folic acid lab test; serum	82746	n/a	Tech		No	\$ 123	\$ 112	\$ 121	\$ 121	\$ 118	\$ 112	\$ 117	\$ 121	\$ 118	\$ 121	\$ 117	\$ 117	\$ 121	\$ 121	\$ 123
Gammaglobulin (immunoglobulin) lab test; IgA, IgD, IgG, IgM, each	82784	n/a	Tech		No	\$ 91	\$ 83	\$ 89	\$ 89	\$ 87	\$ 83	\$ 86	\$ 89	\$ 87	\$ 89	\$ 86	\$ 86	\$ 89	\$ 89	\$ 91



Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Glucose lab test; blood, reagent strip	82948	n/a	Tech		No	\$ 37	\$ 34	\$ 36	\$ 36	\$ 36	\$ 34	\$ 35	\$ 36	\$ 36	\$ 36	\$ 35	\$ 35	\$ 36	\$ 36	\$ 37
Gonadotropin lab test; follicle stimulating hormone (FSH)	83001	n/a	Tech		No	\$ 122	\$ 111	\$ 120	\$ 120	\$ 117	\$ 111	\$ 116	\$ 120	\$ 117	\$ 120	\$ 116	\$ 116	\$ 120	\$ 120	\$ 122
Hemoglobin lab test; glycosylated (A1C)	83036	n/a	Tech		No	\$ 83	\$ 76	\$ 81	\$ 81	\$ 80	\$ 76	\$ 79	\$ 81	\$ 80	\$ 81	\$ 79	\$ 79	\$ 81	\$ 81	\$ 83
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen lab test; qualitative or semiquantitative, multiple step method	83516	n/a	Tech		No	\$ 77	\$ 70	\$ 75	\$ 75	\$ 74	\$ 70	\$ 73	\$ 75	\$ 74	\$ 75	\$ 73	\$ 73	\$ 75	\$ 75	\$ 77
Iron lab test	83540	n/a	Tech		No	\$ 62	\$ 57	\$ 61	\$ 61	\$ 60	\$ 57	\$ 59	\$ 61	\$ 60	\$ 61	\$ 59	\$ 59	\$ 61	\$ 61	\$ 62
Iron binding capacity lab test	83550	n/a	Tech		No	\$ 73	\$ 67	\$ 72	\$ 72	\$ 70	\$ 67	\$ 69	\$ 72	\$ 70	\$ 72	\$ 69	\$ 69	\$ 72	\$ 72	\$ 73
Lactate (lactic acid) lab test	83605	n/a	Tech		No	\$ 135	\$ 123	\$ 132	\$ 132	\$ 130	\$ 123	\$ 128	\$ 132	\$ 130	\$ 132	\$ 128	\$ 128	\$ 132	\$ 132	\$ 135
Lactate dehydrogenase (LD), (LDH) lab test	83615	n/a	Tech		No	\$ 73	\$ 67	\$ 72	\$ 72	\$ 70	\$ 67	\$ 69	\$ 72	\$ 70	\$ 72	\$ 69	\$ 69	\$ 72	\$ 72	\$ 73
Lipase lab test	83690	n/a	Tech		No	\$ 101	\$ 92	\$ 99	\$ 99	\$ 97	\$ 92	\$ 96	\$ 99	\$ 97	\$ 99	\$ 96	\$ 96	\$ 99	\$ 99	\$ 101
Magnesium lab test	83735	n/a	Tech		No	\$ 101	\$ 92	\$ 99	\$ 99	\$ 97	\$ 92	\$ 96	\$ 99	\$ 97	\$ 99	\$ 96	\$ 96	\$ 99	\$ 99	\$ 101
Natriuretic peptide lab test	83880	n/a	Tech		No	\$ 240	\$ 219	\$ 235	\$ 235	\$ 230	\$ 219	\$ 228	\$ 235	\$ 230	\$ 235	\$ 228	\$ 228	\$ 235	\$ 235	\$ 240
Parathormone (parathyroid hormone) lab test	83970	n/a	Tech		No	\$ 344	\$ 314	\$ 337	\$ 337	\$ 330	\$ 314	\$ 327	\$ 337	\$ 330	\$ 337	\$ 327	\$ 327	\$ 337	\$ 337	\$ 344
Phosphorus inorganic (phosphate) lab test	84100	n/a	Tech		No	\$ 107	\$ 98	\$ 105	\$ 105	\$ 103	\$ 98	\$ 102	\$ 105	\$ 103	\$ 105	\$ 102	\$ 102	\$ 105	\$ 105	\$ 107
Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) lab test	84112	n/a	Tech		No	\$ 248	\$ 226	\$ 243	\$ 243	\$ 238	\$ 226	\$ 236	\$ 243	\$ 238	\$ 243	\$ 236	\$ 236	\$ 243	\$ 243	\$ 248
Potassium lab test; serum, plasma or whole blood	84132	n/a	Tech		No	\$ 44	\$ 40	\$ 43	\$ 43	\$ 42	\$ 40	\$ 42	\$ 43	\$ 42	\$ 43	\$ 42	\$ 42	\$ 43	\$ 43	\$ 44
Progesterone lab test	84144	n/a	Tech		No	\$ 138	\$ 126	\$ 135	\$ 135	\$ 132	\$ 126	\$ 131	\$ 135	\$ 132	\$ 135	\$ 131	\$ 131	\$ 135	\$ 135	\$ 138
Procalcitonin (PCT) lab test	84145	n/a	Tech		No	\$ 198	\$ 181	\$ 194	\$ 194	\$ 190	\$ 181	\$ 188	\$ 194	\$ 190	\$ 194	\$ 188	\$ 188	\$ 194	\$ 194	\$ 198
Prolactin lab test	84146	n/a	Tech		No	\$ 141	\$ 129	\$ 138	\$ 138	\$ 135	\$ 129	\$ 134	\$ 138	\$ 135	\$ 138	\$ 134	\$ 134	\$ 138	\$ 138	\$ 141
Prostate specific antigen (PSA) lab test; total	84153	n/a	Tech		Yes	\$ 127	\$ 116	\$ 124	\$ 124	\$ 122	\$ 116	\$ 121	\$ 124	\$ 122	\$ 124	\$ 121	\$ 121	\$ 124	\$ 124	\$ 127
Prostate specific antigen (PSA) lab test; free	84154	n/a	Tech		Yes	\$ 70	\$ 64	\$ 69	\$ 69	\$ 67	\$ 64	\$ 67	\$ 69	\$ 67	\$ 69	\$ 67	\$ 67	\$ 69	\$ 69	\$ 70
Protein lab test, total, except by refractometry; serum, plasma or whole blood	84155	n/a	Tech		No	\$ 47	\$ 43	\$ 46	\$ 46	\$ 45	\$ 43	\$ 45	\$ 46	\$ 45	\$ 46	\$ 45	\$ 45	\$ 46	\$ 46	\$ 47
Protein lab test, total, except by refractometry; urine	84156	n/a	Tech		No	\$ 47	\$ 43	\$ 46	\$ 46	\$ 45	\$ 43	\$ 45	\$ 46	\$ 45	\$ 46	\$ 45	\$ 45	\$ 46	\$ 46	\$ 47
Testosterone lab test; total	84403	n/a	Tech		No	\$ 138	\$ 126	\$ 135	\$ 135	\$ 132	\$ 126	\$ 131	\$ 135	\$ 132	\$ 135	\$ 131	\$ 131	\$ 135	\$ 135	\$ 138
Thyroxine lab test; free	84439	n/a	Tech		No	\$ 94	\$ 86	\$ 92	\$ 92	\$ 90	\$ 86	\$ 89	\$ 92	\$ 90	\$ 92	\$ 89	\$ 89	\$ 92	\$ 92	\$ 94
Blood test, thyroid stimulating hormone (TSH) lab test	84443	n/a	Tech		Yes	\$ 118	\$ 79	\$ 116	\$ 116	\$ 83	\$ 79	\$ 112	\$ 116	\$ 113	\$ 116	\$ 112	\$ 112	\$ 116	\$ 116	\$ 118
Transferase lab test; aspartate amino (AST) (SGOT)	84450	n/a	Tech		No	\$ 48	\$ 44	\$ 47	\$ 47	\$ 46	\$ 44	\$ 46	\$ 47	\$ 46	\$ 47	\$ 46	\$ 46	\$ 47	\$ 47	\$ 48
Triiodothyronine T3 lab test; free	84481	n/a	Tech		No	\$ 62	\$ 57	\$ 61	\$ 61	\$ 60	\$ 57	\$ 59	\$ 61	\$ 60	\$ 61	\$ 59	\$ 59	\$ 61	\$ 61	\$ 62
Troponin lab test, quantitative	84484	n/a	Tech		No	\$ 206	\$ 157	\$ 202	\$ 202	\$ 165	\$ 157	\$ 196	\$ 202	\$ 198	\$ 202	\$ 196	\$ 196	\$ 202	\$ 202	\$ 206
Urea nitrogen lab test; quantitative	84520	n/a	Tech		No	\$ 49	\$ 45	\$ 48	\$ 48	\$ 47	\$ 45	\$ 47	\$ 48	\$ 47	\$ 48	\$ 47	\$ 47	\$ 48	\$ 48	\$ 49
Uric acid lab test; blood	84550	n/a	Tech		No	\$ 49	\$ 45	\$ 48	\$ 48	\$ 47	\$ 45	\$ 47	\$ 48	\$ 47	\$ 48	\$ 47	\$ 47	\$ 48	\$ 48	\$ 49
Gonadotropin, chorionic (hCG) lab test; quantitative	84702	n/a	Tech		No	\$ 130	\$ 119	\$ 127	\$ 127	\$ 125	\$ 119	\$ 124	\$ 127	\$ 125	\$ 127	\$ 124	\$ 124	\$ 127	\$ 127	\$ 130
Gonadotropin, chorionic (hCG) lab test; qualitative	84703	n/a	Tech		No	\$ 116	\$ 106	\$ 114	\$ 114	\$ 111	\$ 106	\$ 110	\$ 114	\$ 111	\$ 114	\$ 110	\$ 110	\$ 114	\$ 114	\$ 116
Blood count; hematocrit (Hct)	85014	n/a	Tech		No	\$ 39	\$ 36	\$ 38	\$ 38	\$ 37	\$ 36	\$ 37	\$ 38	\$ 37	\$ 38	\$ 37	\$ 37	\$ 38	\$ 38	\$ 39

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Blood count; hemoglobin (Hgb)	85018	n/a	Tech		No	\$ 39	\$ 36	\$ 38	\$ 38	\$ 37	\$ 36	\$ 37	\$ 38	\$ 37	\$ 38	\$ 37	\$ 37	\$ 38	\$ 38	\$ 39
Complete blood cell count, with differential white blood cells, automated	85025	n/a	Tech		Yes	\$ 94	\$ 74	\$ 92	\$ 92	\$ 78	\$ 74	\$ 89	\$ 92	\$ 90	\$ 92	\$ 89	\$ 89	\$ 92	\$ 92	\$ 94
Complete blood count, automated	85027	n/a	Tech		Yes	\$ 84	\$ 77	\$ 82	\$ 82	\$ 81	\$ 77	\$ 80	\$ 82	\$ 81	\$ 82	\$ 80	\$ 80	\$ 82	\$ 82	\$ 84
Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	85027	n/a	Tech		No	\$ 84	\$ 77	\$ 82	\$ 82	\$ 81	\$ 77	\$ 80	\$ 82	\$ 81	\$ 82	\$ 80	\$ 80	\$ 82	\$ 82	\$ 84
Fibrin degradation products, D-dimer lab test; quantitative	85379	n/a	Tech		No	\$ 157	\$ 143	\$ 154	\$ 154	\$ 151	\$ 143	\$ 149	\$ 154	\$ 151	\$ 154	\$ 149	\$ 149	\$ 154	\$ 154	\$ 157
Blood test, clotting time	85610	n/a	Tech		Yes	\$ 66	\$ 29	\$ 65	\$ 65	\$ 30	\$ 29	\$ 63	\$ 65	\$ 63	\$ 65	\$ 63	\$ 63	\$ 65	\$ 65	\$ 66
Sedimentation rate, erythrocyte lab test; automated	85652	n/a	Tech		No	\$ 49	\$ 45	\$ 48	\$ 48	\$ 47	\$ 45	\$ 47	\$ 48	\$ 47	\$ 48	\$ 47	\$ 47	\$ 48	\$ 48	\$ 49
Coagulation assessment blood test	85730	n/a	Tech		Yes	\$ 77	\$ 70	\$ 75	\$ 75	\$ 74	\$ 70	\$ 73	\$ 75	\$ 74	\$ 75	\$ 73	\$ 73	\$ 75	\$ 75	\$ 77
C-reactive protein lab test	86140	n/a	Tech		No	\$ 108	\$ 98	\$ 106	\$ 106	\$ 104	\$ 98	\$ 103	\$ 106	\$ 104	\$ 106	\$ 103	\$ 103	\$ 106	\$ 106	\$ 108
Complement lab test; antigen, each component	86160	n/a	Tech		No	\$ 97	\$ 88	\$ 95	\$ 95	\$ 93	\$ 88	\$ 92	\$ 95	\$ 93	\$ 95	\$ 92	\$ 92	\$ 95	\$ 95	\$ 97
Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01) lab test, each antibody	86235	n/a	Tech		No	\$ 137	\$ 125	\$ 134	\$ 134	\$ 132	\$ 125	\$ 130	\$ 134	\$ 132	\$ 134	\$ 130	\$ 130	\$ 134	\$ 134	\$ 137
Immunoassay for tumor antigen lab test, quantitative; CA 125	86304	n/a	Tech		No	\$ 149	\$ 136	\$ 146	\$ 146	\$ 143	\$ 136	\$ 142	\$ 146	\$ 143	\$ 146	\$ 142	\$ 142	\$ 146	\$ 146	\$ 149
Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	86316	n/a	Tech		No	\$ 108	\$ 98	\$ 106	\$ 106	\$ 104	\$ 98	\$ 103	\$ 106	\$ 104	\$ 106	\$ 103	\$ 103	\$ 106	\$ 106	\$ 108
Microsomal antibodies (eg, thyroid or liver-kidney) lab test, each	86376	n/a	Tech		No	\$ 144	\$ 131	\$ 141	\$ 141	\$ 138	\$ 131	\$ 137	\$ 141	\$ 138	\$ 141	\$ 137	\$ 137	\$ 141	\$ 141	\$ 144
Rheumatoid factor lab test; quantitative	86431	n/a	Tech		No	\$ 66	\$ 60	\$ 65	\$ 65	\$ 63	\$ 60	\$ 63	\$ 65	\$ 63	\$ 65	\$ 63	\$ 63	\$ 65	\$ 65	\$ 66
Tuberculosis test, cell mediated immunity antigen response measurement lab test; gamma interferon	86480	n/a	Tech		No	\$ 228	\$ 208	\$ 223	\$ 223	\$ 219	\$ 208	\$ 217	\$ 223	\$ 219	\$ 223	\$ 217	\$ 217	\$ 223	\$ 223	\$ 228
Thyroglobulin antibody lab test	86800	n/a	Tech		No	\$ 108	\$ 98	\$ 106	\$ 106	\$ 104	\$ 98	\$ 103	\$ 106	\$ 104	\$ 106	\$ 103	\$ 103	\$ 106	\$ 106	\$ 108
Hepatitis C antibody lab test;	86803	n/a	Tech		No	\$ 121	\$ 110	\$ 119	\$ 119	\$ 116	\$ 110	\$ 115	\$ 119	\$ 116	\$ 119	\$ 115	\$ 115	\$ 119	\$ 119	\$ 121
Antibody screen lab test, RBC, each serum technique	86850	n/a	Tech		No	\$ 154	\$ 140	\$ 151	\$ 151	\$ 148	\$ 140	\$ 146	\$ 151	\$ 148	\$ 151	\$ 146	\$ 146	\$ 151	\$ 151	\$ 154
Blood typing, serologic; ABO	86900	n/a	Tech		No	\$ 111	\$ 101	\$ 109	\$ 109	\$ 107	\$ 101	\$ 105	\$ 109	\$ 107	\$ 109	\$ 105	\$ 105	\$ 109	\$ 109	\$ 111
Blood typing, serologic; Rh (D)	86901	n/a	Tech		No	\$ 66	\$ 60	\$ 65	\$ 65	\$ 63	\$ 60	\$ 63	\$ 65	\$ 63	\$ 65	\$ 63	\$ 63	\$ 65	\$ 65	\$ 66
Compatibility test each unit; antiglobulin technique	86922	n/a	Tech		No	\$ 217	\$ 198	\$ 213	\$ 213	\$ 208	\$ 198	\$ 206	\$ 213	\$ 208	\$ 213	\$ 206	\$ 206	\$ 213	\$ 213	\$ 217
Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	87040	n/a	Tech		No	\$ 207	\$ 189	\$ 203	\$ 203	\$ 199	\$ 189	\$ 197	\$ 203	\$ 199	\$ 203	\$ 197	\$ 197	\$ 203	\$ 203	\$ 207
Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	87070	n/a	Tech		No	\$ 116	\$ 106	\$ 114	\$ 114	\$ 111	\$ 106	\$ 110	\$ 114	\$ 111	\$ 114	\$ 110	\$ 110	\$ 114	\$ 114	\$ 116

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	87075	n/a	Tech		No	\$ 119	\$ 109	\$ 117	\$ 117	\$ 114	\$ 109	\$ 113	\$ 117	\$ 114	\$ 117	\$ 113	\$ 113	\$ 117	\$ 117	\$ 119
Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	87077	n/a	Tech		No	\$ 82	\$ 75	\$ 80	\$ 80	\$ 79	\$ 75	\$ 78	\$ 80	\$ 79	\$ 80	\$ 78	\$ 78	\$ 80	\$ 80	\$ 82
Culture, bacterial; quantitative colony count, urine	87086	n/a	Tech		No	\$ 85	\$ 78	\$ 83	\$ 83	\$ 82	\$ 78	\$ 81	\$ 83	\$ 82	\$ 83	\$ 81	\$ 81	\$ 83	\$ 83	\$ 85
Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	87186	n/a	Tech		No	\$ 107	\$ 98	\$ 105	\$ 105	\$ 103	\$ 98	\$ 102	\$ 105	\$ 103	\$ 105	\$ 102	\$ 102	\$ 105	\$ 105	\$ 107
Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	87205	n/a	Tech		No	\$ 57	\$ 52	\$ 56	\$ 56	\$ 55	\$ 52	\$ 54	\$ 56	\$ 55	\$ 56	\$ 54	\$ 54	\$ 56	\$ 56	\$ 57
Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	87324	n/a	Tech		No	\$ 42	\$ 38	\$ 41	\$ 41	\$ 40	\$ 38	\$ 40	\$ 41	\$ 40	\$ 41	\$ 40	\$ 40	\$ 41	\$ 41	\$ 42
Infectious agent antigen detection by immunoassay technique lab test; hepatitis B surface antigen (HBsAg)	87340	n/a	Tech		No	\$ 94	\$ 86	\$ 92	\$ 92	\$ 90	\$ 86	\$ 89	\$ 92	\$ 90	\$ 92	\$ 89	\$ 89	\$ 92	\$ 92	\$ 94
Infectious agent antigen detection by immunoassay technique lab test; not otherwise specified, each organism	87449	n/a	Tech		No	\$ 169	\$ 154	\$ 166	\$ 166	\$ 162	\$ 154	\$ 161	\$ 166	\$ 162	\$ 166	\$ 161	\$ 161	\$ 166	\$ 166	\$ 169
Infectious agent detection by nucleic acid (DNA or RNA) lab test; cytomegalovirus, quantification	87497	n/a	Tech		No	\$ 316	\$ 288	\$ 310	\$ 310	\$ 303	\$ 288	\$ 300	\$ 310	\$ 303	\$ 310	\$ 300	\$ 300	\$ 310	\$ 310	\$ 316
Infectious agent detection by nucleic acid (DNA or RNA) lab test; gastrointestinal pathogen	87507	n/a	Tech		No	\$ 626	\$ 571	\$ 613	\$ 613	\$ 601	\$ 571	\$ 595	\$ 613	\$ 601	\$ 613	\$ 595	\$ 595	\$ 613	\$ 613	\$ 626
Infectious agent detection by nucleic acid (DNA or RNA) lab test, not otherwise specified; quantification, each organism	87799	n/a	Tech		No	\$ 333	\$ 304	\$ 326	\$ 326	\$ 320	\$ 304	\$ 316	\$ 326	\$ 320	\$ 326	\$ 316	\$ 316	\$ 326	\$ 326	\$ 333
Infectious agent antigen detection by immunoassay with direct optical observation lab test; Influenza	87804	n/a	Tech		No	\$ 108	\$ 98	\$ 106	\$ 106	\$ 104	\$ 98	\$ 103	\$ 106	\$ 104	\$ 106	\$ 103	\$ 103	\$ 106	\$ 106	\$ 108
Cytopathology lab test	88112	n/a	Tech		No	\$ 118	\$ 108	\$ 116	\$ 116	\$ 113	\$ 108	\$ 112	\$ 116	\$ 113	\$ 116	\$ 112	\$ 112	\$ 116	\$ 116	\$ 118

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Special stain including interpretation and report lab test; Group I for microorganisms (eg, acid fast, methenamine silver)	88312	n/a	Tech		No	\$ 195	\$ 178	\$ 191	\$ 191	\$ 187	\$ 178	\$ 185	\$ 191	\$ 187	\$ 191	\$ 185	\$ 185	\$ 191	\$ 191	\$ 191
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	88341	n/a	Tech		No	\$ 145	\$ 132	\$ 142	\$ 142	\$ 139	\$ 132	\$ 138	\$ 142	\$ 139	\$ 142	\$ 138	\$ 138	\$ 142	\$ 142	\$ 145
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	n/a	Tech		No	\$ 168	\$ 153	\$ 165	\$ 165	\$ 161	\$ 153	\$ 160	\$ 165	\$ 161	\$ 165	\$ 160	\$ 160	\$ 165	\$ 165	\$ 168
Psychotherapy, 30 min	90832	n/a	Tech		Yes	no														
Psychotherapy, 45 min	90834	n/a	Tech		Yes	no														
Psychotherapy, 60 min	90837	n/a	Tech		Yes	no														
Family psychotherapy, not including patient, 50 min	90846	n/a	Tech		Yes	no														
Family psychotherapy, including patient, 50 min	90847	n/a	Tech		Yes	no														
Group psychotherapy	90853	n/a	Tech		Yes	no														
Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	92507	n/a	Tech		No	\$ 275	\$ 251	\$ 270	\$ 270	\$ 264	\$ 251	\$ 261	\$ 270	\$ 264	\$ 270	\$ 261	\$ 261	\$ 270	\$ 270	\$ 275
Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	92523	n/a	Tech		No	\$ 350	\$ 319	\$ 343	\$ 343	\$ 336	\$ 319	\$ 333	\$ 343	\$ 336	\$ 343	\$ 333	\$ 333	\$ 343	\$ 343	\$ 350
Treatment of swallowing dysfunction and/or oral function for feeding	92526	n/a	Tech		No	\$ 265	\$ 242	\$ 260	\$ 260	\$ 254	\$ 242	\$ 252	\$ 260	\$ 254	\$ 260	\$ 252	\$ 252	\$ 260	\$ 260	\$ 265
Evaluation of oral and pharyngeal swallowing function	92610	n/a	Tech		No	\$ 300	\$ 274	\$ 294	\$ 294	\$ 288	\$ 274	\$ 285	\$ 294	\$ 288	\$ 294	\$ 285	\$ 285	\$ 294	\$ 294	\$ 300
Motion fluoroscopic evaluation of swallowing function by cine or video recording	92611	n/a	Tech		No	\$ 450	\$ 410	\$ 441	\$ 441	\$ 432	\$ 410	\$ 428	\$ 441	\$ 432	\$ 441	\$ 428	\$ 428	\$ 441	\$ 441	\$ 450
Electrocardiogram, routine, with interpretation and report	93000	n/a			Yes	no														
Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	93005	n/a	Tech		No	\$ 315	\$ 157	\$ 309	\$ 309	\$ 165	\$ 157	\$ 299	\$ 309	\$ 302	\$ 309	\$ 299	\$ 299	\$ 309	\$ 309	\$ 315
Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	93017	n/a	Tech		No	\$ 1,100	\$ 1,003	\$ 1,078	\$ 1,078	\$ 1,056	\$ 1,003	\$ 1,045	\$ 1,078	\$ 1,056	\$ 1,078	\$ 1,045	\$ 1,045	\$ 1,078	\$ 1,078	\$ 1,100

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

Σ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	93225	n/a	Tech		No	\$ 420	\$ 383	\$ 412	\$ 412	\$ 403	\$ 383	\$ 399	\$ 412	\$ 403	\$ 412	\$ 399	\$ 399	\$ 412	\$ 412	\$ 420
External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	93226	n/a	Tech		No	\$ 500	\$ 456	\$ 490	\$ 490	\$ 480	\$ 456	\$ 475	\$ 490	\$ 480	\$ 490	\$ 475	\$ 475	\$ 490	\$ 490	\$ 500
Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	93306	n/a	Tech		No	\$ 2,200	\$ 2,006	\$ 2,156	\$ 2,156	\$ 2,112	\$ 2,006	\$ 2,090	\$ 2,156	\$ 2,112	\$ 2,156	\$ 2,090	\$ 2,090	\$ 2,156	\$ 2,156	\$ 2,200
Insertion of catheter into left heart for diagnosis	93452	n/a			Yes	no														
Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ecg monitoring (per session)	93798	n/a	Tech		No	\$ 275	\$ 251	\$ 270	\$ 270	\$ 264	\$ 251	\$ 261	\$ 270	\$ 264	\$ 270	\$ 261	\$ 261	\$ 270	\$ 270	\$ 275
Duplex scan of extracranial arteries; complete bilateral study	93880	n/a	Tech		No	\$ 1,400	\$ 1,277	\$ 1,372	\$ 1,372	\$ 1,344	\$ 1,277	\$ 1,330	\$ 1,372	\$ 1,344	\$ 1,372	\$ 1,330	\$ 1,330	\$ 1,372	\$ 1,372	\$ 1,400
Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries,	93922	n/a	Tech		No	\$ 481	\$ 439	\$ 471	\$ 471	\$ 462	\$ 439	\$ 457	\$ 471	\$ 462	\$ 471	\$ 457	\$ 457	\$ 471	\$ 471	\$ 481
Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	93925	n/a	Tech		No	\$ 1,250	\$ 1,140	\$ 1,225	\$ 1,225	\$ 1,200	\$ 1,140	\$ 1,188	\$ 1,225	\$ 1,200	\$ 1,225	\$ 1,188	\$ 1,188	\$ 1,225	\$ 1,225	\$ 1,250
Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	93926	n/a	Tech		No	\$ 885	\$ 807	\$ 867	\$ 867	\$ 850	\$ 807	\$ 841	\$ 867	\$ 850	\$ 867	\$ 841	\$ 841	\$ 867	\$ 867	\$ 885
Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	93970	n/a	Tech		No	\$ 1,350	\$ 1,231	\$ 1,323	\$ 1,323	\$ 1,296	\$ 1,231	\$ 1,283	\$ 1,323	\$ 1,296	\$ 1,323	\$ 1,283	\$ 1,283	\$ 1,323	\$ 1,323	\$ 1,350
Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	93971	n/a	Tech		No	\$ 1,000	\$ 912	\$ 980	\$ 980	\$ 960	\$ 912	\$ 950	\$ 980	\$ 960	\$ 980	\$ 950	\$ 950	\$ 980	\$ 980	\$ 1,000
Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	94010	n/a	Tech		No	\$ 260	\$ 237	\$ 255	\$ 255	\$ 250	\$ 237	\$ 247	\$ 255	\$ 250	\$ 255	\$ 247	\$ 247	\$ 255	\$ 255	\$ 260

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

ⓧ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	94060	n/a	Tech		No	\$ 615	\$ 561	\$ 603	\$ 603	\$ 590	\$ 561	\$ 584	\$ 603	\$ 590	\$ 603	\$ 584	\$ 584	\$ 603	\$ 603	\$ 615
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	94640	n/a	Tech		No	\$ 190	\$ 173	\$ 186	\$ 186	\$ 182	\$ 173	\$ 181	\$ 186	\$ 182	\$ 186	\$ 181	\$ 181	\$ 186	\$ 186	\$ 190
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	94664	n/a	Tech		No	\$ 120	\$ 109	\$ 118	\$ 118	\$ 115	\$ 109	\$ 114	\$ 118	\$ 115	\$ 118	\$ 114	\$ 114	\$ 118	\$ 118	\$ 120
Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	94667	n/a	Tech		No	\$ 180	\$ 164	\$ 176	\$ 176	\$ 173	\$ 164	\$ 171	\$ 176	\$ 173	\$ 176	\$ 171	\$ 171	\$ 176	\$ 176	\$ 180
Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	94668	n/a	Tech		No	\$ 126	\$ 115	\$ 123	\$ 123	\$ 121	\$ 115	\$ 120	\$ 123	\$ 121	\$ 123	\$ 120	\$ 120	\$ 123	\$ 123	\$ 126
Sleep study, at home	95806	n/a	Tech	ⓧ	No	\$ 430	\$ 392	\$ 421	\$ 421	\$ 413	\$ 392	\$ 409	\$ 421	\$ 413	\$ 421	\$ 409	\$ 409	\$ 421	\$ 421	\$ 430
In-house sleep study; sleep staging with 1-3 additional parameters of sleep	95810	n/a	Tech	ⓧ	Yes	\$ 3,750	\$ 3,420	\$ 3,675	\$ 3,675	\$ 3,600	\$ 3,420	\$ 3,563	\$ 3,675	\$ 3,600	\$ 3,675	\$ 3,563	\$ 3,563	\$ 3,675	\$ 3,675	\$ 3,750
In-house sleep study; sleep staging with 4 or more additional parameters of sleep	95811	n/a	Tech	ⓧ	No	\$ 4,000	\$ 3,648	\$ 3,920	\$ 3,920	\$ 3,840	\$ 3,648	\$ 3,800	\$ 3,920	\$ 3,840	\$ 3,920	\$ 3,800	\$ 3,800	\$ 3,920	\$ 3,920	\$ 4,000
Intravenous infusion, for therapy, prophylaxis, or diagnosis (drugs billed in addition)	96367	n/a	Tech		No	\$ 150	\$ 137	\$ 147	\$ 147	\$ 144	\$ 137	\$ 143	\$ 147	\$ 144	\$ 147	\$ 143	\$ 143	\$ 147	\$ 147	\$ 150
Chemotherapy administration, intravenous infusion technique; each additional hour (drugs billed in addition)	96415	n/a	Tech		No	\$ 202	\$ 184	\$ 198	\$ 198	\$ 194	\$ 184	\$ 192	\$ 198	\$ 194	\$ 198	\$ 192	\$ 192	\$ 198	\$ 198	\$ 202
Application of a modality to 1 or more areas; traction, mechanical	97012	n/a	Tech		No	\$ 69	\$ 63	\$ 68	\$ 68	\$ 66	\$ 63	\$ 66	\$ 68	\$ 66	\$ 68	\$ 66	\$ 66	\$ 68	\$ 68	\$ 69
Application of a modality to 1 or more areas; electrical stimulation (unattended)	97014	n/a	Tech		No	\$ 65	\$ 59	\$ 64	\$ 64	\$ 62	\$ 59	\$ 62	\$ 64	\$ 62	\$ 64	\$ 62	\$ 62	\$ 64	\$ 64	\$ 65
Application of a modality to 1 or more areas; vasopneumatic devices	97016	n/a	Tech		No	\$ 64	\$ 58	\$ 63	\$ 63	\$ 61	\$ 58	\$ 61	\$ 63	\$ 61	\$ 63	\$ 61	\$ 61	\$ 63	\$ 63	\$ 64
Application of a modality to 1 or more areas; paraffin bath	97018	n/a	Tech		No	\$ 58	\$ 53	\$ 57	\$ 57	\$ 56	\$ 53	\$ 55	\$ 57	\$ 56	\$ 57	\$ 55	\$ 55	\$ 57	\$ 57	\$ 58
Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	97033	n/a	Tech		No	\$ 100	\$ 91	\$ 98	\$ 98	\$ 96	\$ 91	\$ 95	\$ 98	\$ 96	\$ 98	\$ 95	\$ 95	\$ 98	\$ 98	\$ 100

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

ⓧ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Application of a modality to 1 or more areas; ultrasound, each 15 minutes	97035	n/a	Tech		No	\$ 65	\$ 59	\$ 64	\$ 64	\$ 62	\$ 59	\$ 62	\$ 64	\$ 62	\$ 64	\$ 62	\$ 62	\$ 64	\$ 64	\$ 65
Physical therapy, therapeutic exercise	97110	n/a	Tech		Yes	\$ 90	\$ 67	\$ 88	\$ 88	\$ 70	\$ 67	\$ 86	\$ 88	\$ 86	\$ 88	\$ 86	\$ 86	\$ 88	\$ 88	\$ 90
Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation	97112	n/a	Tech		No	\$ 90	\$ 82	\$ 88	\$ 88	\$ 86	\$ 82	\$ 86	\$ 88	\$ 86	\$ 88	\$ 86	\$ 86	\$ 88	\$ 88	\$ 90
Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	97116	n/a	Tech		No	\$ 81	\$ 74	\$ 79	\$ 79	\$ 78	\$ 74	\$ 77	\$ 79	\$ 78	\$ 79	\$ 77	\$ 77	\$ 79	\$ 79	\$ 81
Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	97140	n/a	Tech		No	\$ 95	\$ 64	\$ 93	\$ 93	\$ 67	\$ 64	\$ 90	\$ 93	\$ 91	\$ 93	\$ 90	\$ 90	\$ 93	\$ 93	\$ 95
Physical therapy evaluation: low complexity	97161	n/a	Tech		No	\$ 160	\$ 146	\$ 157	\$ 157	\$ 154	\$ 146	\$ 152	\$ 157	\$ 154	\$ 157	\$ 152	\$ 152	\$ 157	\$ 157	\$ 160
Physical therapy evaluation: moderate complexity	97162	n/a	Tech		No	\$ 180	\$ 164	\$ 176	\$ 176	\$ 173	\$ 164	\$ 171	\$ 176	\$ 173	\$ 176	\$ 171	\$ 171	\$ 176	\$ 176	\$ 180
Occupational therapy evaluation, low complexity	97165	n/a	Tech		No	\$ 180	\$ 164	\$ 176	\$ 176	\$ 173	\$ 164	\$ 171	\$ 176	\$ 173	\$ 176	\$ 171	\$ 171	\$ 176	\$ 176	\$ 180
Occupational therapy evaluation, moderate complexity	97166	n/a	Tech		No	\$ 200	\$ 182	\$ 196	\$ 196	\$ 192	\$ 182	\$ 190	\$ 196	\$ 192	\$ 196	\$ 190	\$ 190	\$ 196	\$ 196	\$ 200
Occupational therapy evaluation, high complexity	97167	n/a	Tech		No	\$ 220	\$ 201	\$ 216	\$ 216	\$ 211	\$ 201	\$ 209	\$ 216	\$ 211	\$ 216	\$ 209	\$ 209	\$ 216	\$ 216	\$ 220
Re-evaluation of occupational therapy established plan of care	97168	n/a	Tech		No	\$ 114	\$ 104	\$ 112	\$ 112	\$ 109	\$ 104	\$ 108	\$ 112	\$ 109	\$ 112	\$ 108	\$ 108	\$ 112	\$ 112	\$ 114
Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	97530	n/a	Tech		No	\$ 100	\$ 91	\$ 98	\$ 98	\$ 96	\$ 91	\$ 95	\$ 98	\$ 96	\$ 98	\$ 95	\$ 95	\$ 98	\$ 98	\$ 100
Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	97535	n/a	Tech		No	\$ 92	\$ 84	\$ 90	\$ 90	\$ 88	\$ 84	\$ 87	\$ 90	\$ 88	\$ 90	\$ 87	\$ 87	\$ 90	\$ 90	\$ 92
Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	97597	n/a	Tech	ⓧ	No	\$ 279	\$ 254	\$ 273	\$ 273	\$ 268	\$ 254	\$ 265	\$ 273	\$ 268	\$ 273	\$ 265	\$ 265	\$ 273	\$ 273	\$ 279

Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

χ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	97760	n/a	Tech		No	\$ 95	\$ 87	\$ 93	\$ 93	\$ 91	\$ 87	\$ 90	\$ 93	\$ 91	\$ 93	\$ 90	\$ 90	\$ 93	\$ 93	\$ 95
Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97802	n/a	Tech		No	\$ 55	\$ 50	\$ 54	\$ 54	\$ 53	\$ 50	\$ 52	\$ 54	\$ 53	\$ 54	\$ 52	\$ 52	\$ 54	\$ 54	\$ 55
Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97803	n/a	Tech		No	\$ 45	\$ 41	\$ 44	\$ 44	\$ 43	\$ 41	\$ 43	\$ 44	\$ 43	\$ 44	\$ 43	\$ 43	\$ 44	\$ 44	\$ 45
New patient office or other outpatient visit, typically 10 min	99201	n/a	Tech	χ	No	\$ 82	\$ 75	\$ 80	\$ 80	\$ 79	\$ 75	\$ 78	\$ 80	\$ 79	\$ 80	\$ 78	\$ 78	\$ 80	\$ 80	\$ 82
New patient office or other outpatient visit, typically 30 min	99202	n/a	Pro	π	No	\$ 233	\$ 46	\$ 228	\$ 59	\$ 85	\$ 81	\$ 221	\$ 228	\$ 223	\$ 84	\$ 221	\$ 46	\$ 228	\$ 61	\$ 233
New patient office or other outpatient visit, typically 20 min	99202	n/a	Tech	χ	No	\$ 82	\$ 75	\$ 80	\$ 80	\$ 79	\$ 75	\$ 78	\$ 80	\$ 79	\$ 80	\$ 78	\$ 78	\$ 80	\$ 80	\$ 82
New patient office or other outpatient visit, typically 30 min	99203	n/a	Pro	π	Yes	\$ 355	\$ 78	\$ 348	\$ 90	\$ 143	\$ 136	\$ 337	\$ 348	\$ 341	\$ 126	\$ 337	\$ 78	\$ 348	\$ 92	\$ 355
New patient office or other outpatient visit, typically 30 min	99203	n/a	Tech	χ	Yes	\$ 105	\$ 96	\$ 103	\$ 103	\$ 101	\$ 96	\$ 100	\$ 103	\$ 101	\$ 103	\$ 100	\$ 100	\$ 103	\$ 103	\$ 105
New patient office or other outpatient visit, typically 45 min	99204	n/a	Pro	π	Yes	\$ 608	\$ 128	\$ 596	\$ 154	\$ 234	\$ 222	\$ 578	\$ 596	\$ 583	\$ 215	\$ 578	\$ 128	\$ 596	\$ 157	\$ 608
New patient office or other outpatient visit, typically 45 min	99204	n/a	Tech	χ	Yes	\$ 135	\$ 123	\$ 132	\$ 132	\$ 130	\$ 123	\$ 128	\$ 132	\$ 130	\$ 132	\$ 128	\$ 128	\$ 132	\$ 132	\$ 135
New patient office or other outpatient visit, typically 60 min	99205	n/a	Pro	π	Yes	\$ 793	\$ 173	\$ 777	\$ 200	\$ 317	\$ 301	\$ 753	\$ 777	\$ 761	\$ 281	\$ 753	\$ 173	\$ 777	\$ 206	\$ 793
New patient office or other outpatient visit, typically 60 min	99205	n/a	Tech	χ	Yes	\$ 230	\$ 210	\$ 225	\$ 225	\$ 221	\$ 210	\$ 219	\$ 225	\$ 221	\$ 225	\$ 219	\$ 219	\$ 225	\$ 225	\$ 230
Established patient office or other outpatient visit, typically 5 min	99211	n/a	Pro	π	No	\$ 45	\$ 9	\$ 44	\$ 11	\$ 16	\$ 15	\$ 43	\$ 44	\$ 43	\$ 16	\$ 43	\$ 9	\$ 44	\$ 11	\$ 45
Established patient office or other outpatient visit, typically 5 min	99211	n/a	Tech	χ	No	\$ 75	\$ 68	\$ 74	\$ 74	\$ 72	\$ 68	\$ 71	\$ 74	\$ 72	\$ 74	\$ 71	\$ 71	\$ 74	\$ 74	\$ 75
Established patient office or other outpatient visit, typically 10 min	99212	n/a	Pro	π	No	\$ 120	\$ 30	\$ 118	\$ 30	\$ 62	\$ 59	\$ 114	\$ 118	\$ 115	\$ 43	\$ 114	\$ 34	\$ 118	\$ 31	\$ 120
Established patient office or other outpatient visit, typically 10 min	99212	n/a	Tech	χ	No	\$ 80	\$ 73	\$ 78	\$ 78	\$ 77	\$ 73	\$ 76	\$ 78	\$ 77	\$ 78	\$ 76	\$ 76	\$ 78	\$ 78	\$ 80
Established patient office or other outpatient visit, typically 15 min	99213	n/a	Pro	π	No	\$ 243	\$ 61	\$ 238	\$ 61	\$ 116	\$ 110	\$ 231	\$ 238	\$ 233	\$ 86	\$ 231	\$ 64	\$ 238	\$ 63	\$ 243
Established patient office or other outpatient visit, typically 15 min	99213	n/a	Tech	χ	No	\$ 95	\$ 87	\$ 93	\$ 93	\$ 91	\$ 87	\$ 90	\$ 93	\$ 91	\$ 93	\$ 90	\$ 90	\$ 93	\$ 93	\$ 95
Established patient office or other outpatient visit, typically 25 min	99214	n/a	Pro	π	No	\$ 375	\$ 93	\$ 368	\$ 93	\$ 172	\$ 163	\$ 356	\$ 368	\$ 360	\$ 132	\$ 356	\$ 94	\$ 368	\$ 97	\$ 375
Established patient office or other outpatient visit, typically 25 min	99214	n/a	Tech	χ	No	\$ 120	\$ 109	\$ 118	\$ 118	\$ 115	\$ 109	\$ 114	\$ 118	\$ 115	\$ 118	\$ 114	\$ 114	\$ 118	\$ 118	\$ 120



Following is a list of 300 Shoppable Services we have been required to make available by the Centers for Medicare and Medicaid Services. Although this listing provides the average charge for recent patients of Butler County Health Care Center (BCHCC), the charge for each patient will likely be different due to differences in treatment plans and other services provided. The amount that patients will pay out-of-pocket will be different than these charges due to individual health insurance coverage. We are happy to provide personalized out-of-pocket estimates to anyone who requests. Please call 402-367-1200 to request an individualized out-of-pocket estimate for your upcoming procedure or test.

Not all services required to be listed by Medicare are provided at BCHCC. The services required to be listed but not offered are indicated by "no" (Not Offered) in the column labeled "BCHCC Average Charge".

It is important to also add that BCHCC does not generally bill for professional services. The charges listed as Technical ("Tech") Charges in the column labeled "Tech/Pro" do not include the professional component which will be billed separately by your physician. BCHCC does bill Professional ("Pro") Charges for anesthesia services, emergency room visits, audiology services, and services with Doctors Inbarasu & Carlston.

ⓧ - The professional fees (except anesthesia) for this procedure will be billed separately by the physician except Doctors Inbarasu & Carlston whose fees will be billed by BCHCC but will be in addition to this facility fee.

π - This is Doctors Inbarasu's & Carlston's professional fee to be billed in addition to the facility fee.

ψ - Professional fees from the radiologist will be billed separately.

ρ - If applicable, pathology fees for this procedure will be billed separately from Pathology Medical Services.

Description of Procedure/Test	CPT/HCPCS	DRG	Tech or Pro Fee	Note	Required by Medicare	BCHCC Average Charge	Minimum Negotiated Charge	Maximum Negotiated Charge	Aetna	BlueCross BlueShield Network Blue	BlueCross BlueShield Select Blue Choice	CorCare	First Health Network	Medica	Midlands Choice Network	Multiplan Inc.	Nebraska Total Care Ambetter 2022 Essential Balanced Secure Network	Three Rivers Provider Network	UnitedHealthcare & UMR	Cash Price
Established patient office or other outpatient visit, typically 40 min	99215	n/a	Pro	π	No	\$ 528	\$ 132	\$ 517	\$ 132	\$ 253	\$ 240	\$ 502	\$ 517	\$ 506	\$ 186	\$ 502	\$ 138	\$ 517	\$ 137	\$ 528
Established patient office or other outpatient visit, typically 40 min	99215	n/a	Tech	ⓧ	No	\$ 215	\$ 196	\$ 211	\$ 211	\$ 206	\$ 196	\$ 204	\$ 211	\$ 206	\$ 211	\$ 204	\$ 204	\$ 211	\$ 211	\$ 215
Patient office consultation, typically 40 min	99243	n/a	Tech		Yes	no														
Patient office consultation, typically 60 min	99244	n/a	Tech		Yes	no														
Initial new patient preventive medicine evaluation (18-39 years)	99385	n/a	Tech		Yes	no														
Initial new patient preventive medicine evaluation (40-64 years)	99386	n/a	Tech		Yes	no														
External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	0296T	n/a	Tech		No	\$ 530	\$ 483	\$ 519	\$ 519	\$ 509	\$ 483	\$ 504	\$ 519	\$ 509	\$ 519	\$ 504	\$ 504	\$ 519	\$ 519	\$ 530
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322-62323	n/a	Tech	ⓧ	No	\$ 1,392	\$ 1,270	\$ 1,364	\$ 1,364	\$ 1,336	\$ 1,270	\$ 1,322	\$ 1,364	\$ 1,336	\$ 1,364	\$ 1,322	\$ 1,322	\$ 1,364	\$ 1,364	\$ 1,392
Diabetes outpatient self-management training services, individual, per 30 minutes	G0108	n/a	Tech		No	\$ 90	\$ 82	\$ 88	\$ 88	\$ 86	\$ 82	\$ 86	\$ 88	\$ 86	\$ 88	\$ 86	\$ 86	\$ 88	\$ 88	\$ 90
Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day	G0424	n/a	Tech		No	\$ 250	\$ 228	\$ 245	\$ 245	\$ 240	\$ 228	\$ 238	\$ 245	\$ 240	\$ 245	\$ 238	\$ 238	\$ 245	\$ 245	\$ 250
Updated 12/31/2021																				