

Per Federal requirements, the prices posted herein contain the estimated allowable amounts under particular payer plans, and do not reflect the projected amount due from the patient.

Shoppable Service	Service Location	Primary and Ancillary Charges	CPT/ HCPCS Code	Self-Pay Discount Paid prior to service	Minimum Third Party Negotiated Charge	Maximum Third Party Negotiated Charge	Anthem Blue Traditional	Anthem Blue Access	Anthem Blue Access Ohio	Anthem Pathway & Pathway X PPO Tiered Hospital Network	Blue Preferred Primary Plus	Anthem Pathway & Pathway X HMO Tiered Hospital Network	Anthem Pathway Group HMO	Anthem Medicare Advantage	Aetna	Cigna	Medical Mutual Medicare Advantage	Medical Mutual of Ohio	UHC
PT evaluation low complexity	Hospital Outpatient	Primary procedure	97161	\$ 233.50	\$ 84.17	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 84.17	\$ 368.93	\$ 420.30	\$ 84.17	\$ 350.28	\$ 339.98
PT evaluation moderate complexity	Hospital Outpatient	Primary procedure	97162	\$ 233.50	\$ 84.17	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 84.17	\$ 368.93	\$ 420.30	\$ 84.17	\$ 350.28	\$ 339.98
PT evaluation high complexity	Hospital Outpatient	Primary procedure	97163	\$ 233.50	\$ 84.17	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 84.17	\$ 368.93	\$ 420.30	\$ 84.17	\$ 350.28	\$ 339.98
OT evaluation low complexity	Hospital Outpatient	Primary procedure	97165	\$ 233.50	\$ 89.12	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 89.12	\$ 368.93	\$ 420.30	\$ 89.12	\$ 350.28	\$ 339.98
OT evaluation moderate complexity	Hospital Outpatient	Primary procedure	97166	\$ 233.50	\$ 89.79	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 89.79	\$ 368.93	\$ 420.30	\$ 89.79	\$ 350.28	\$ 339.98
OT evaluation high complexity	Hospital Outpatient	Primary procedure	97167	\$ 233.50	\$ 89.79	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 89.79	\$ 368.93	\$ 420.30	\$ 89.79	\$ 350.28	\$ 339.98
Therapeutic procedure for strength & endurance (ea 15 mins)	Hospital Outpatient	Primary procedure	97110	\$ 86.00	\$ 30.21	\$ 157.21	\$ 135.02	\$ 135.02	\$ 135.02	\$ 135.02	\$ 135.02	\$ 135.02	\$ 135.02	\$ 30.21	\$ 135.88	\$ 154.00	\$ 30.21	\$ 144.48	\$ 126.22
Therapeutic activity	Hospital Outpatient	Primary procedure	97330	\$ 81.50	\$ 38.43	\$ 148.98	\$ 148.98	\$ 127.96	\$ 127.96	\$ 127.96	\$ 127.96	\$ 127.96	\$ 127.96	\$ 38.43	\$ 128.77	\$ 146.70	\$ 38.43	\$ 136.92	\$ 118.66
Mechanical traction	Hospital Outpatient	Primary procedure	97012	\$ 77.00	\$ 35.01	\$ 140.76	\$ 140.76	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 35.01	\$ 121.66	\$ 138.60	\$ 35.01	\$ 129.36	\$ 112.11
Electrical stimulation (unattended)	Hospital Outpatient	Primary procedure	97014	\$ 77.00	\$ --	\$ 140.76	\$ 140.76	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ --	\$ 121.66	\$ 138.60	\$ --	\$ 129.36	\$ 112.11
Neuromuscular re-education ea 15 minutes	Hospital Outpatient	Primary procedure	97112	\$ 77.00	\$ 34.65	\$ 140.76	\$ 140.76	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 34.65	\$ 121.66	\$ 138.60	\$ 34.65	\$ 129.36	\$ 112.11
Gait training each 15 minutes	Hospital Outpatient	Primary procedure	97116	\$ 77.00	\$ 29.88	\$ 140.76	\$ 140.76	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 29.88	\$ 121.66	\$ 138.60	\$ 29.88	\$ 129.36	\$ 112.11
Manual therapy each 15 minutes	Hospital Outpatient	Primary procedure	97140	\$ 107.50	\$ 27.83	\$ 196.51	\$ 196.51	\$ 168.78	\$ 168.78	\$ 168.78	\$ 168.78	\$ 168.78	\$ 168.78	\$ 27.83	\$ 169.85	\$ 193.50	\$ 27.83	\$ 180.60	\$ 156.52
Speech therapy	Hospital Outpatient	Primary procedure	92507	\$ 139.50	\$ 78.53	\$ 255.01	\$ 255.01	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 78.53	\$ 220.41	\$ 251.30	\$ 78.53	\$ 234.36	\$ 203.11
Speech and language evaluation	Hospital Outpatient	Primary procedure	92523	\$ 194.00	\$ 191.36	\$ 354.63	\$ 354.63	\$ 304.58	\$ 304.58	\$ 304.58	\$ 304.58	\$ 304.58	\$ 304.58	\$ 191.36	\$ 305.52	\$ 349.00	\$ 191.36	\$ 325.92	\$ 282.46
Dysphagia therapy	Hospital Outpatient	Primary procedure	92526	\$ 139.50	\$ 86.25	\$ 255.01	\$ 255.01	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 219.02	\$ 86.25	\$ 220.41	\$ 251.30	\$ 86.25	\$ 234.36	\$ 203.11
Audiogram	Hospital Outpatient	Primary procedure	92551	\$ 43.50	\$ --	\$ 79.52	\$ 79.52	\$ 68.30	\$ 68.30	\$ 68.30	\$ 68.30	\$ 68.30	\$ 68.30	\$ --	\$ 68.73	\$ 78.30	\$ --	\$ 73.08	\$ 63.34
Dysphagia clinical evaluation	Hospital Outpatient	Primary procedure	92610	\$ 206.50	\$ 72.63	\$ 377.48	\$ 377.48	\$ 324.21	\$ 324.21	\$ 324.21	\$ 324.21	\$ 324.21	\$ 324.21	\$ 72.63	\$ 326.27	\$ 371.70	\$ 72.63	\$ 346.92	\$ 300.66
Cardiac rehabilitation	Hospital Outpatient	Primary procedure	93797	\$ 156.50	\$ 110.03	\$ 286.08	\$ 286.08	\$ 245.71	\$ 245.71	\$ 245.71	\$ 245.71	\$ 245.71	\$ 245.71	\$ 110.03	\$ 247.27	\$ 281.70	\$ 110.03	\$ 262.92	\$ 227.86
Physical performance test each 15 minutes	Hospital Outpatient	Primary procedure	97750	\$ 77.00	\$ 84.17	\$ 140.76	\$ 140.76	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 120.89	\$ 84.17	\$ 121.66	\$ 138.60	\$ 84.17	\$ 129.36	\$ 112.11
Medical nutrition therapy (MNT) initial assessment each 15 minutes	Hospital Outpatient	Primary procedure	97802	\$ 9.50	\$ 14.92	\$ 33.42	\$ 17.37	\$ 14.92	\$ 14.92	\$ 14.92	\$ 14.92	\$ 14.92	\$ 14.92	\$ 33.42	\$ 15.01	\$ 17.30	\$ 33.42	\$ 15.96	\$ 13.83