

For 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.

Shopable Service	Service Location	Primary and Ancillary Charges	CPT/ HCPCS Code	Sell Pay Discount Paid prior to service	Minimum Net Party Negotiated Charge	Maximum Net Party Negotiated Charge	Blue Traditional	Blue Access	Blue Access Ohio	Athena Pathway & PPO Tiered Hospital Networks	Athena Primary & Primary Plus	Athena Primary Group HMO	Athena Medicare Advantage	Aetna	Cigna	Medical of Medicare Advantage	Medical Mutual of Ohio	UHC		
X-ray spine lumbosacral 2 or 3 views	Hospital outpatient	Primary procedure	72110	\$ 280.00	\$ 112.08	\$ 511.84	\$ 111.84	\$ 439.60	\$ 439.60	\$ 439.60	\$ 439.60	\$ 439.60	\$ 439.60	\$ 442.40	\$ 504.00	\$ 112.08	\$ 470.40	\$ 407.68		
X-ray ribs bilateral minimum 4 views	Hospital outpatient	Primary procedure	71101	\$ 180.50	\$ 112.08	\$ 329.95	\$ 329.95	\$ 283.39	\$ 283.39	\$ 283.39	\$ 283.39	\$ 283.39	\$ 283.39	\$ 285.19	\$ 324.90	\$ 112.08	\$ 303.24	\$ 262.81		
X-ray cervical spine 4.5 views	Hospital outpatient	Primary procedure	72050	\$ 253.50	\$ 112.08	\$ 463.40	\$ 463.40	\$ 398.00	\$ 398.00	\$ 398.00	\$ 398.00	\$ 398.00	\$ 398.00	\$ 400.53	\$ 456.39	\$ 112.08	\$ 429.86	\$ 369.10		
X-ray thoracic and lumbar spine 2-3 views	Hospital outpatient	Primary procedure	72082	\$ 138.00	\$ 112.08	\$ 276.26	\$ 252.26	\$ 216.65	\$ 216.65	\$ 216.65	\$ 216.65	\$ 216.65	\$ 216.65	\$ 218.04	\$ 246.40	\$ 112.08	\$ 231.84	\$ 209.93		
X-ray sacroiliac joints 3+	Hospital outpatient	Primary procedure	72202	\$ 154.50	\$ 112.08	\$ 282.43	\$ 282.43	\$ 242.57	\$ 242.57	\$ 242.57	\$ 242.57	\$ 242.57	\$ 242.57	\$ 244.11	\$ 278.30	\$ 112.08	\$ 259.56	\$ 224.95		
X-ray shoulder complete 2+ views	Hospital outpatient	Primary procedure	70930	\$ 80.00	\$ 79.81	\$ 149.90	\$ 149.90	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 79.81	\$ 137.40	\$ 79.81	\$ 137.40	\$ 119.29		
X-ray wrist complete 3+ views	Hospital outpatient	Primary procedure	73110	\$ 193.50	\$ 79.81	\$ 280.60	\$ 280.60	\$ 241.00	\$ 241.00	\$ 241.00	\$ 241.00	\$ 241.00	\$ 241.00	\$ 241.00	\$ 242.53	\$ 276.39	\$ 79.81	\$ 272.86	\$ 223.50	
X-ray hand 2 views	Hospital outpatient	Primary procedure	73120	\$ 210.00	\$ 112.08	\$ 349.50	\$ 349.50	\$ 342.26	\$ 342.26	\$ 342.26	\$ 342.26	\$ 342.26	\$ 342.26	\$ 344.48	\$ 390.45	\$ 112.08	\$ 344.48	\$ 317.41		
X-ray hand complete 3+ views	Hospital outpatient	Primary procedure	73130	\$ 82.00	\$ 79.81	\$ 149.90	\$ 149.90	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 128.74	\$ 79.81	\$ 129.56	\$ 147.60	\$ 79.81	\$ 137.76	\$ 116.39	
X-ray bilateral hips 2 views	Hospital outpatient	Primary procedure	73121	\$ 269.00	\$ 112.08	\$ 491.75	\$ 491.75	\$ 422.33	\$ 422.33	\$ 422.33	\$ 422.33	\$ 422.33	\$ 422.33	\$ 425.02	\$ 488.20	\$ 112.08	\$ 451.92	\$ 391.66		
X-ray foot 2 views	Hospital outpatient	Primary procedure	73620	\$ 233.00	\$ 79.81	\$ 425.92	\$ 425.92	\$ 365.81	\$ 365.81	\$ 365.81	\$ 365.81	\$ 365.81	\$ 365.81	\$ 368.14	\$ 479.40	\$ 79.81	\$ 391.44	\$ 339.25		
CT scan head/brain without contrast	Hospital outpatient	Primary procedure	70450	\$ 829.00	\$ 112.08	\$ 1,492.20	\$ 1,492.20	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,309.80	\$ 1,492.20	\$ 112.08	\$ 1,392.72	\$ 1,162.00		
CT scan pelvis with contrast	Hospital outpatient	Primary procedure	72189	\$ 979.50	\$ 182.22	\$ 1,763.90	\$ 1,763.90	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,587.23	\$ 1,763.10	\$ 182.22	\$ 1,645.55	\$ 1,162.00		
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ 9.90	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT scan abdomen/pelvis with contrast	Hospital outpatient	Primary procedure	74177	\$ 1,957.50	\$ 381.85	\$ 3,532.50	\$ 3,532.50	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 381.85	\$ 3,092.65	\$ 3,532.50	\$ 381.85	\$ 3,288.65	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ 9.90	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT angiography head with contrast	Hospital outpatient	Primary procedure	70496	\$ 1,129.50	\$ 182.22	\$ 2,033.00	\$ 2,033.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,822.27	\$ 1,784.61	\$ 2,033.00	\$ 182.22	\$ 1,897.55	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT angiography neck with contrast	Hospital outpatient	Primary procedure	70498	\$ 1,129.50	\$ 182.22	\$ 2,033.00	\$ 2,033.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,822.27	\$ 1,784.61	\$ 2,033.00	\$ 182.22	\$ 1,897.55	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT scan without contrast diagnostic	Hospital outpatient	Primary procedure	71250	\$ 829.00	\$ 112.08	\$ 1,492.20	\$ 1,492.20	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,309.80	\$ 1,492.20	\$ 112.08	\$ 1,392.72	\$ 1,162.00		
CT angiography chest with contrast	Hospital outpatient	Primary procedure	71275	\$ 1,279.50	\$ 182.22	\$ 2,393.00	\$ 2,393.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,822.27	\$ 2,021.61	\$ 2,393.00	\$ 182.22	\$ 2,149.55	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT scan cervical spine without contrast	Hospital outpatient	Primary procedure	72125	\$ 829.00	\$ 112.08	\$ 1,492.20	\$ 1,492.20	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,309.80	\$ 1,492.20	\$ 112.08	\$ 1,392.72	\$ 1,162.00		
CT scan abdomen without/with contrast	Hospital outpatient	Primary procedure	74170	\$ 1,129.50	\$ 182.22	\$ 2,033.00	\$ 2,033.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 1,822.27	\$ 1,784.61	\$ 2,033.00	\$ 182.22	\$ 1,897.55	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT scan abdomen and pelvis without contrast	Hospital outpatient	Primary procedure	74176	\$ 1,656.00	\$ 233.04	\$ 2,989.80	\$ 2,989.80	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 2,310.44	\$ 2,616.48	\$ 2,989.80	\$ 233.04	\$ 2,782.09	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
CT scan abdomen and pelvis without/with contrast	Hospital outpatient	Primary procedure	74178	\$ 2,257.00	\$ 381.85	\$ 4,096.60	\$ 4,096.60	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 381.85	\$ 3,566.06	\$ 4,096.60	\$ 381.85	\$ 3,791.75	\$ 1,162.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
MRI brain without and with contrast	Hospital outpatient	Primary procedure	70553	\$ 1,881.50	\$ 381.85	\$ 3,386.70	\$ 3,386.70	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,162.00	
Gadolinium-based MRI agent, per mL	Hospital outpatient	Ancillary charge	A16179	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
MRI spin/lumbar without contrast	Hospital outpatient	Primary procedure	72148	\$ 1,105.50	\$ 233.04	\$ 2,790.90	\$ 2,790.90	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 2,334.00	\$ 2,376.69	\$ 2,790.90	\$ 233.04	\$ 2,529.24	\$ 1,623.00
MRI upper extremity joint without contrast	Hospital outpatient	Primary procedure	72221	\$ 1,955.50	\$ 233.04	\$ 2,989.80	\$ 2,989.80	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,623.00	
MRI upper extremity joint with contrast	Hospital outpatient	Primary procedure	72232	\$ 1,690.00	\$ 340.82	\$ 3,047.40	\$ 3,047.40	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,020.00	\$ 1,623.00	
LOCM 309-340 mg/mL per mL (contract)	Hospital outpatient	Ancillary charge	Q9967	\$ 5.50	\$ -	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.64	\$ 8.69	\$ 9.90	\$ 9.24	\$ -	\$ -	\$ -		
Ultrasound abdominal complete	Hospital outpatient	Primary procedure	76700	\$ 604.50	\$ 112.08	\$ 1,200.00	\$ 1,200.00	\$ 494.00	\$ 494.00	\$ 494.00	\$ 494.00	\$ 494.00	\$ 494.00	\$ 494.00	\$ 527.00	\$ 555.11	\$ 1,086.10	\$ 112.08	\$ 1,015.55	\$ 988.15
Ultrasound pregnant first trimester transabdominal	Hospital outpatient	Primary procedure	76805	\$ 465.50	\$ 112.08	\$ 850.93	\$ 850.93	\$ 730.84	\$ 730.84	\$ 730.84	\$ 730.84	\$ 730.84	\$ 730.84	\$ 730.84	\$ 731.09	\$ 737.44	\$ 837.95	\$ 112.08	\$ 782.04	\$ 677.77
Ultrasound pregnant follow-up	Hospital outpatient	Primary procedure	76810	\$ 509.50	\$ 112.08	\$ 913.70	\$ 913.70	\$ 799.92	\$ 799.92	\$ 799.92	\$ 799.92	\$ 799.92	\$ 799.92	\$ 799.92	\$ 805.00	\$ 917.10	\$ 112.08	\$ 855.96	\$ 741.83	
Ultrasound pregnant transvaginal	Hospital outpatient	Primary procedure	76817	\$ 396.00	\$ 112.08	\$ 766.85	\$ 766.85	\$ 658.62	\$ 658.62	\$ 658.62	\$ 658.62	\$ 658.62	\$ 658.62	\$ 658.62	\$ 662.81	\$ 755.10	\$ 112.08	\$ 704.76	\$ 619.79	
Fetal biophysical profile; without non-stress testing	Hospital outpatient	Primary procedure	76819	\$ 371.00	\$ 112.08	\$ 808.89	\$ 808.89	\$ 694.73	\$ 694.73	\$ 694.73	\$ 694.73	\$ 694.73	\$ 694.73	\$ 694.73	\$ 699.13	\$ 704.73	\$ 112.08	\$ 699.13	\$ 644.28	
Ultrasound pelvic (non-ob) complete	Hospital outpatient	Primary procedure	76854	\$ 707.00	\$ 112.08	\$ 1,290.40	\$ 1,290.40	\$ 1,109.99	\$ 1,109.99	\$ 1,109.99	\$ 1,109.99	\$ 1,109.99	\$ 1,109.99	\$ 1,109.99	\$ 1,117.06	\$ 1,277.60	\$ 112.08	\$ 1,187.76	\$ 1,129.39	
Ultrasound limited joint/non-vascular extremity	Hospital outpatient	Primary procedure	76882	\$ 231.50	\$ 112.08	\$ 426.84	\$ 426.84	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 366.60	\$ 368.93	\$ 420.35	\$ 112.08	\$ 392.26	\$ 339.98	
Ultrasound guidance for intrauterine fetal transfusion	Hospital outpatient	Primary procedure	76942	\$ 335.00	\$ -	\$ 612.38	\$ 612.38	\$ 525.95	\$ 525.95	\$ 525.95	\$ 525.95	\$ 525.95	\$ 525.95	\$ 525.95	\$ 529.80	\$ 600.00	\$ -	\$ 562.80	\$ 487.76	
Mammogram diagnostic CAD unilateral	Hospital outpatient	Primary procedure	77065	\$ 167.50	\$ -	\$ 301.95	\$ 301.95	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 126.45	\$ 301.95	\$ -	\$ 291.86	\$ 248.68	
Mammogram diagnostic CAD bilateral	Hospital outpatient	Primary procedure	77066	\$ 185.50	\$ -	\$ 331.95	\$ 331.95	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 127.00	\$ 331.95	\$ -	\$ 311.63	\$ 270.09	
Mammogram screening CAD bilateral	Hospital outpatient	Primary procedure	77067	\$ 138.50	\$ -	\$ 269.35	\$ 269.35	\$ 125.00	\$ 125.00</td											