

**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
Debridement first 20 sq cm or less	Hospital Outpatient	Primary procedure	97597	\$ 121.50	\$ 174.73	\$ 222.10	\$ 222.10	\$ 190.76	\$ 190.76	\$ 190.76	\$ 190.76	\$ 190.76	\$ 190.76	\$ 174.73	\$ 191.97	\$ 218.70	\$ 174.73	\$ 204.12	\$ 176.90