HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE SHOPPPABLE SERVICES

Rev. April 2023

OPPPABLE SERVICES
REIMBURSEMENT
REIMBURSEMENT

Service Location	Service Type	Description	Rev Code/ CPT Code	_	QТY	Aetna	Anthem	Blue Shield	Cal-Optima	ccs	снос	Cigna	Healthcare Partners	HealthNet	IEHP	Kaiser	Medi-Cal	Easter Seals	United Healthcare	De-identified minimum negotiated charge	De-identified maximum negotiated charge2	Cash Price
INPATIENT	ITENSIVE ROOM AND BOARD		206	\$3,203	PER DAY	\$1,789.00		\$1,772.00	N/A	N/A	N/A	N/A	\$1,648.00	\$1,514.00	N/A	\$2,734.00		N/A	\$1,488.00	\$1,488.00	\$2,734.00	\$3,202.50
INPATIENT		ROOM AND BOARD	123	\$3,340	PER DAY		\$1,764.00		N/A	N/A	N/A		\$1,442.00	\$1,308.00				N/A	\$1,380.00		\$2,596.00	\$3,340.05
INPATIENT	VENT ROOM AND BOARD	ROOM AND BOARD	128	\$3,340	PER DAY		\$1,476.00	\$1,595.00	+-,::-	\$2,080.00		1 7	\$1,236.00	\$1,206.00				N/A	\$1,271.00	\$1,206.00	\$2,358.00	\$3,340.05
INPATIENT	TRACH ROOM AND BOARD	ROOM AND BOARD	194	\$3,151	PER DAY	. ,	\$1,353.00	\$1,294.00	\$1,303.84	N/A N/A	N/A N/A	\$1,400.00	\$1,236.00	\$1,136.00	71-7-010101010	\$2,358.00	7-/00000	N/A N/A	\$1,190.00	\$1,136.00 \$1,089.00	\$2,358.00 \$2,168.00	\$3,151.05
OUTPATIENT	REHABILITATIVE SERVICES	PT FVAI (15 min)	424	\$141	PER SESSION	N/A	\$1,333.00	\$1,294.00	N/A	N/A	N/A	\$1,540.00	N/A	N/A	N/A	\$2,108.00	N/A	\$170.00	\$1,150.00	\$1,089.00	\$2,108.00	\$140.70
OUTPATIENT	REHABILITATIVE SERVICES	PT TREATMENT (15 min)	420	\$141	PER UNIT (15	N/A	\$44.75	\$34.50	N/A	N/A	N/A	\$37.50	N/A	N/A	N/A	\$71.00	N/A	\$21.25	\$30.00	\$21.25	\$71.00	\$140.70
OUTPATIENT	REHABILITATIVE SERVICES	ST EVAL	444	\$506	PER SESSION	N/A	\$179.00	\$138.00	N/A	N/A	N/A	\$150.00	N/A	N/A	N/A	\$284.00	N/A	\$170.00	\$120.00	\$120.00	\$284.00	\$506.10
OUTPATIENT	REHABILITATIVE SERVICES	ST TREATMENT (15 min)	440	\$141	PER UNIT (15	N/A	\$44.75	\$34.50	N/A	N/A	N/A	\$37.50	N/A	N/A	N/A	\$71.00	N/A	\$21.25	\$30.00	\$21.25	\$71.00	\$140.70
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL (15 min)	434	\$141	PER SESSION	N/A	\$179.00	\$138.00	N/A	N/A	N/A	\$150.00	N/A	N/A	N/A	\$284.00	N/A	\$170.00	\$120.00	\$120.00	\$284.00	\$140.70
OUTPATIENT	REHABILITATIVE SERVICES	OT TREATMENT (15 min)	430	\$141	PER UNIT (15	N/A	\$44.75	\$34.50	N/A	N/A	N/A	\$37.50	N/A	N/A	N/A	\$71.00	N/A	\$21.25	\$30.00	\$21.25	\$71.00	\$140.70
OUTPATIENT	REHABILITATIVE SERVICES	Speech/hearing therapy	92507	\$127.14	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$93.24	N/A	N/A	N/A	N/A	N/A	N/A	\$93.24	\$93.24	\$127.14
OUTPATIENT	REHABILITATIVE SERVICES REHABILITATIVE SERVICES	Speech/hearing therapy Speech sound lang comprehen	92508 92523	\$40.19	PER SESSION PER SESSION	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$29.47	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$29.47 \$278.17	\$29.47 \$278.17	\$40.19
OUTPATIENT	REHABILITATIVE SERVICES	Oral function therapy	92526	\$141.92	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$104.07	N/A	N/A	N/A	N/A	N/A	N/A	\$104.07	\$104.07	\$141.92
OUTPATIENT	REHABILITATIVE SERVICES	Therapeutic exercises	97110	\$49.58	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	\$36.36	\$49.58
OUTPATIENT	REHABILITATIVE SERVICES	Neuromuscular reeducation	97112	\$57.05	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$41.83	N/A	N/A	N/A	N/A	N/A	N/A	\$41.83	\$41.83	\$57.05
OUTPATIENT	REHABILITATIVE SERVICES	Gait training therapy	97116	\$49.58	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	\$36.36	\$49.58
OUTPATIENT	REHABILITATIVE SERVICES	Manual therapy	97140	\$45.50	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$33.36	N/A	N/A	N/A	N/A	N/A	N/A	\$33.36	\$33.36	\$45.50
OUTPATIENT	REHABILITATIVE SERVICES	Group therapeutic procedures	97150	\$29.63	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.73	N/A	N/A	N/A	N/A	N/A	N/A	\$21.73	\$21.73	\$29.63
OUTPATIENT	REHABILITATIVE SERVICES REHABILITATIVE SERVICES	PT EVAL HIGH COMPLEX 45 MIN PT RF-FVAL FST PLAN CARF	97163 97164	\$168.81	PER SESSION PER SESSION	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$123.79	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$123.79 \$86.19	\$123.79 \$86.19	\$168.81 \$117.53
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL HIGH COMPLEX 60 MIN	97167	\$168.81	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$123.79	N/A	N/A	N/A	N/A	N/A	N/A	\$123.79	\$123.79	\$168.81
OUTPATIENT	REHABILITATIVE SERVICES	OT RE-EVAL EST PLAN CARE	97168	\$116.91	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$85.73	N/A	N/A	N/A	N/A	N/A	N/A	\$85.73	\$85.73	\$116.91
OUTPATIENT	REHABILITATIVE SERVICES	Therapeutic activities	97530	\$63.50	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$46.56	N/A	N/A	N/A	N/A	N/A	N/A	\$46.56	\$46.56	\$63.50
OUTPATIENT	REHABILITATIVE SERVICES	Self care mngment training	97535	\$55.59	PER SESSION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$40.77	N/A	N/A	N/A	N/A	N/A	N/A	\$40.77	\$40.77	\$55.59
		Speech Therapy																		\$0.00	\$0.00	\$0.00
OUTPATIENT	REHABILITATIVE SERVICES	Language evaluation	X4300	\$131.77	PER SESSION	\$91.81	N/A	N/A	\$87.85	N/A	\$87.85	N/A	N/A	N/A	N/A	N/A	\$66.05	N/A	N/A	\$66.05	\$87.85	\$131.77
OUTPATIENT	REHABILITATIVE SERVICES REHABILITATIVE SERVICES	Speech evaluation	X4301 X4302	\$131.77 \$53.01	PER SESSION PER SESSION	\$91.81	N/A N/A	N/A N/A	\$87.85 \$35.34	N/A N/A	\$87.85	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$66.05	N/A N/A	N/A N/A	\$66.05 \$26.57	\$87.85 \$35.34	\$131.77 \$53.01
		Speech-language therapy (group), each patient Speech-language therapy, individual, per hour		700.02		700.00	,	,	700.0	,	700.0	.,	.,,	,	.,,	,	720.01	.,,	.,,	7		
OUTPATIENT	REHABILITATIVE SERVICES	(following procedures X4300 or X4301)	X4303	\$90.25	PER SESSION	\$62.88	N/A	N/A	\$60.17	N/A	\$60.17	N/A	N/A	N/A	N/A	N/A	\$45.24	N/A	N/A	\$45.24	\$60.17	\$90.25
OUTPATIENT	REHABILITATIVE SERVICES	Speech-language therapy, individual, 1/2 hour	X4304	\$45.15	PER SESSION	\$31.46	N/A	N/A	\$30.10	N/A	\$30.10	N/A	N/A	N/A	N/A	N/A	\$22.63	N/A	N/A	\$22.63	\$30.10	\$45.15
OUTPATIENT	REHABILITATIVE SERVICES	Out-of-office call (payable only for visits to the first patient receiving services at any given location on the same day)	X4306	\$16.50	PER SESSION	\$11.50	N/A	N/A	\$11.00	N/A	\$11.00	N/A	N/A	N/A	N/A	N/A	\$8.27	N/A	N/A	\$8.27	\$11.00	\$16.50
OUTPATIENT	REHABILITATIVE SERVICES	Speech therapy preliminary evaluation, rehabilitation, SNF, ICF	X4308	\$65.89	PER SESSION	\$45.91	N/A	N/A	\$43.93	N/A	\$43.93	N/A	N/A	N/A	N/A	N/A	\$33.03	N/A	N/A	\$33.03	\$43.93	\$65.89
OUTPATIENT	REHABILITATIVE SERVICES	Speech generating device (SGD) – related bundled speech therapy services, per visit	X4310	\$90.25	PER SESSION	\$62.88	N/A	N/A	\$60.17	N/A	\$60.17	N/A	N/A	N/A	N/A	N/A	\$45.24	N/A	N/A	\$45.24	\$60.17	\$90.25
OUTPATIENT	REHABILITATIVE SERVICES	Physical Therapy					N/A	N/A	4	N/A		N/A	N/A	N/A	N/A	N/A	4	N/A	N/A	\$0.00	\$0.00	\$0.00
OUTPATIENT	REHABILITATIVE SERVICES	Single modality to one area; initial 30 minutes Single modality to one area; each additional 15	X3900	\$33.99	PER SESSION	\$23.69	N/A	N/A	\$22.66	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	minutes	X3902	\$7.24	PER SESSION	\$5.05	N/A	N/A	\$4.83	N/A	\$4.83	N/A	N/A	N/A	N/A	N/A	\$3.63	N/A	N/A	\$3.63	\$4.83	\$7.24
OUTPATIENT	REHABILITATIVE SERVICES	Single procedure to one area; initial 30 minutes	X3904	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Single procedure to one area; each additional 15 minutes	X3906	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Treatment including a combination of any modalities and procedures (one or more areas); initial 30 minutes Treatment including a combination of any	X3908	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	modalities and procedures (one or more areas); each additional 15 minutes	X3910	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES REHABILITATIVE SERVICES	Hubbard Tank; initial 30 minutes	X3912 X3914	\$69.51 \$13.69	PER SESSION PER SESSION	\$48.43 \$9.54	N/A N/A	N/A	\$46.34 \$9.12	N/A N/A	\$46.34 \$9.12	N/A	N/A	N/A N/A	N/A	N/A N/A	\$34.84 \$6.86	N/A	N/A	\$34.84 \$6.86	\$46.34	\$69.51 \$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank; each additional 15 minutes Hubbard Tank or pool therapy with therapeutic exercise; initial 30 minutes	X3914 X3916	\$13.69	PER SESSION PER SESSION	\$9.54	N/A	N/A N/A	\$55.45	N/A N/A	\$55.45	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	\$41.69	N/A N/A	N/A N/A	\$6.86	\$9.12 \$55.45	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank or pool therapy with therapeutic exercise: each additional 15 minutes	X3918	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Any of the tests and measurements; initial 30 minutes, plus report	X3920	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Any of the tests and measurements; each additional 15 minutes, plus report	X3922	\$33.99	PER SESSION	\$23.69	N/A	N/A	\$22.66	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	Physical Therapy Preliminary Evaluation rehabilitation center, SNH, ICF	X3924	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report; initial 30 minutes	X3926	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case consultation and report	X3928	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report; each additional 15	X3930	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Home or long-term care facility visit; add	X3932	\$13.11	PER SESSION	\$9.13	N/A	N/A	\$8.74	N/A	\$8.74	N/A	N/A	N/A	N/A	N/A	\$6.57	N/A	N/A	\$6.57	\$8.74	\$13.11
OUTPATIENT	REHABILITATIVE SERVICES	Mileage, per mile one-way beyond 10-mile radius	X3934	\$3.53	PER SESSION	\$2.46	N/A	N/A	\$2.35	N/A	\$2.35	N/A	N/A	N/A	N/A	N/A	\$1.77	N/A	N/A	\$1.77	\$2.35	\$3.53
2011/IIIEN		of point of origin (office or home)	,,,,,,,,	Ų3.33	LITTESSION	Ç2.40	,^	,^	72.33	,^	Ų2.JJ	,^	,^	,^	,^	//	Y2.77	,A	.4//	Ç1.77	Ų2.33	45.55

HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE

SHOPPPABL Rev. April 20																REIMBI	JRSEMENT				
Service Location	Service Type	Description	Rev Code/ CPT Code	Charge Amount	QТY	Aetna	Anthem	Blue Shield	Cal-Optima	ccs	снос	Cigna	Healthcare Partners	HealthNe	IEHP	Kaiser	Medi-Cal	Easter Seals	United Healthcare	De-identified minimum negotiated charge	De-identifie maximum negotiated
OUTPATIENT	REHABILITATIVE SERVICES	Occupational Therapy					N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A	\$0.00	\$0.00
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – initial 30 minutes, plus report	X4100	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.3
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – each additional 15 minutes, plus report	X4102	\$33.99	PER SESSION	\$23.69	N/A	N/A	\$22.66	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	N/A	\$17.04	\$22.6
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – initial 30 minutes	X4104*	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.1
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – each additional 15 minutes	X4106*	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12
OUTPATIENT	REHABILITATIVE SERVICES	Occupational therapy preliminary evaluation rehabilitation, Nursing Facility (NF) B, NF-A	X4108	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.3
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – initial 30 minutes	X4110±	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.1
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – each additional 15 minutes	X4112±	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12
OUTPATIENT	REHABILITATIVE SERVICES	Home or long-term care facility visit – add	X4114†	\$13.11	PER SESSION	\$9.13	N/A	N/A	\$8.74	N/A	\$8.74	N/A	N/A	N/A	N/A	N/A	\$6.57	N/A	N/A	\$6.57	\$8.74
OUTPATIENT	REHABILITATIVE SERVICES	Mileage per mile, one way, beyond a 10-mile radius of office or usual hospital base	X4116	\$3.53	PER SESSION	\$2.46	N/A	N/A	\$2.35	N/A	\$2.35	N/A	N/A	N/A	N/A	N/A	\$1.77	N/A	N/A	\$1.77	\$2.35
OUTPATIENT	REHABILITATIVE SERVICES	Case consultation and report	X4120	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.1
N/A	NOT OFFERED	Psychotherapy, 30 min	90832	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00
N/A	NOT OFFERED	Psychotherapy, 45 min	90834	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00
N/A	NOT OFFERED	Psychotherapy, 60 min	90837	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00
N/A	NOT OFFERED	Family psychotherapy, not including patient, 50 mil	90846	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00

Location	Service Type	Description	CPT Code	Amount	QTY	Aetna	Anthem	Shield	Cal-Optima	ccs	СНОС	Cigna	Partners	HealthNet	IEHP	Kaiser	Medi-Cal	Easter Seals	Healthcare	minimum negotiated charg	maximum negotiated charge2	Cash Price
OUTPATIENT	REHABILITATIVE SERVICES	Occupational Therapy					N/A	N/A		N/A		N/A	N/A	N/A	N/A	N/A		N/A	N/A	\$0.00	\$0.00	\$0.00
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – initial 30 minutes, plus report	X4100	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – each additional 15 minutes, plus report	X4102	\$33.99	PER SESSION	\$23.69	N/A	N/A	\$22.66	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – initial 30 minutes	X4104*	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – each additional 15 minutes	X4106*	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Occupational therapy preliminary evaluation rehabilitation, Nursing Facility (NF) B, NF-A	X4108	\$69.51	PER SESSION	\$48.43	N/A	N/A	\$46.34	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – initial 30 minutes	X4110±	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – each additional 15 minutes	X4112±	\$13.69	PER SESSION	\$9.54	N/A	N/A	\$9.12	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Home or long-term care facility visit – add	X4114†	\$13.11	PER SESSION	\$9.13	N/A	N/A	\$8.74	N/A	\$8.74	N/A	N/A	N/A	N/A	N/A	\$6.57	N/A	N/A	\$6.57	\$8.74	\$13.11
OUTPATIENT	REHABILITATIVE SERVICES	Mileage per mile, one way, beyond a 10-mile radius of office or usual hospital base	X4116	\$3.53	PER SESSION	\$2.46	N/A	N/A	\$2.35	N/A	\$2.35	N/A	N/A	N/A	N/A	N/A	\$1.77	N/A	N/A	\$1.77	\$2.35	\$3.53
OUTPATIENT	REHABILITATIVE SERVICES	Case consultation and report	X4120	\$42.27	PER SESSION	\$29.45	N/A	N/A	\$28.18	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	N/A	\$21.19	\$28.18	\$42.27
N/A	NOT OFFERED	Psychotherapy, 30 min	90832	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED NOT OFFERED	Psychotherapy, 45 min	90834	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED	Psychotherapy, 60 min Family psychotherapy, not including patient, 50 min	90837	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$0.00 \$0.00	\$0.00 \$0.00	N/A N/A
N/A	NOT OFFERED	Family psychotherapy, not including patient, 30 min	90847	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Group psychotherapy	90853	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office or other outpatient visit, typical		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office of other outpatient visit, typical		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office of other outpatient visit, typical		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Patient office consultation, typically 40 min	99243	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Patient office consultation, typically 60 min	99244	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED NOT OFFERED	Initial new patient preventive medicine evaluation	99385 99386	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A	N/A	N/A	\$0.00	\$0.00 \$0.00	N/A N/A							
N/A N/Δ	NOT OFFERED	Initial new patient preventive medicine evaluation Basic metabolic panel	99386 80048	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	\$0.00 \$0.00	\$0.00	N/A N/Δ										
N/A N/A	NOT OFFERED	Blood test, comprehensive group of blood chemica		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A N/A	N/A N/A	N/A	N/A	N/A N/A	N/A	N/A N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Obstetric blood test panel	80055	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Blood test, lipids (cholesterol and triglycerides)	80061	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Kidney function panel test	80069	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Liver function blood test panel	80076	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Manual urinalysis test with examination using micr		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Automated urinalysis test	81002 or	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED NOT OFFERED	PSA (prostate specific antigen)	84153-84154 84443	N/A	N/A	N/A N/A	N/A	N/A	N/A	N/A N/A	N/A N/A	N/A	N/A	N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A	\$0.00 \$0.00	\$0.00 \$0.00	N/A N/A
N/A N/A	NOT OFFERED	Blood test, thyroid stimulating hormone (TSH) Complete blood cell count, with differential white I	84443 85025	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	\$0.00	\$0.00	N/A N/A						
N/A	NOT OFFERED	Complete blood count, automated	85027	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Blood test, clotting time	85610	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Coagulation assessment blood test	85730	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	CT scan, head or brain, without contrast	70450	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	MRI scan of brain before and after contrast	70553	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	X-Ray, lower back, minimum four views	72110	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED NOT OFFERED	MRI scan of lower spinal canal	72148 72193	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A	N/A N/A	N/A	N/A N/A	N/A	N/A	N/A N/A	\$0.00 \$0.00	\$0.00 \$0.00	N/A N/A
N/A N/A	NOT OFFERED	CT scan, pelvis, with contrast MRI scan of leg joint	73721	N/A	N/A N/A	N/A N/A	N/A	N/A	N/A N/A	N/A	N/A N/A	N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	CT scan of abdomen and pelvis with contrast	74177	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound of abdomen	76700	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Abdominal ultrasound of pregnant uterus (greater	76805	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound pelvis through vagina	76830	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography of one breast	77065	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography of both breasts	77066	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography, screening, bilateral	77067	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED NOT OFFERED	Cardiac valve and other major cardiothoracic proce		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$0.00 \$0.00	\$0.00 \$0.00	N/A N/A
N/A N/A	NOT OFFERED	Spinal fusion except cervical without major comort Major joint replacement or reattachment of lower	460	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$0.00	\$0.00	N/A N/A
N/A	NOT OFFERED	Cervical spinal fusion without comorbid conditions		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Uterine and adnexa procedures for non-malignance		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of 1 or more breast growth, open procedu		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Shaving of shoulder bone using an endoscope	29826	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of one knee cartilage using an endoscope		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of tonsils and adenoid glands patient your		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A N/A	NOT OFFERED NOT OFFERED	Diagnostic examination of esophagus, stomach, an		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A	N/A N/A	N/A N/A	N/A	N/A N/A	\$0.00 \$0.00	\$0.00 \$0.00	N/A N/A
N/A N/A	NOT OFFERED	Biopsy of the esophagus, stomach, and/or upper si Diagnostic examination of large bowel using an end		N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	N/A N/A	\$0.00	\$0.00	N/A N/A
N/A	NOT OFFERED	Biopsy of large bowel using an endoscope	45378	N/A	N/A	N/A	N/A N/A	N/A	N/A N/A	N/A	N/A	N/A	N/A	N/A N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of polyps or growths of large bowel using		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound examination of lower large bowel using		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of gallbladder using an endoscope	47562	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Repair of groin hernia patient age 5 years or older	49505	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A

HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE

SHOPPPABLE SERVICES

REIMBURSEMENT Rev. April 2023

	723																					
Service Location	Service Type	Description	Rev Code/ CPT Code	_	QTY	Aetna	Anthem	Blue Shield	Cal-Optima	ccs	снос	Cigna	Healthcar Partners	e HealthNe	EIEHP	Kaiser	Medi-Cal	Easter Seals	United	De-identified minimum negotiated charge	De-identified maximum negotiated charge2	Cash Price
N/A	NOT OFFERED	Biopsy of prostate gland	55700	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Surgical removal of prostate and surrounding lymp	55866	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for vaginal delivery, including	59400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for cesarean delivery, include	59510	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for vaginal delivery after pri	59610	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Injection of substance into spinal canal of lower ba	62322-62323	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Injections of anesthetic and/or steroid drug into lo	64483	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of recurring cataract in lens capsule using	66821	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of cataract with insertion of lens	66984	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Electrocardiogram, routine, with interpretation an	93000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Insertion of catheter into left heart for diagnosis	93452	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Sleep study	95810	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A