

**JENNINGS AMERICAN LEGION HOSPITAL**

QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	10160	PUNCTURE ASP ABCESS/HEMA/CYST	\$ 275.00
	19000	PUNCTURE ASP BREAST CYST	\$ 275.00
	19083	US BREAST BX PERCUTANEOUS(RADIOLOGY) FIR	\$ 275.00
	19085, 19086	MRI BREAST BX PERCUTANEOUS(RADIOLOGY)	\$ 500.00
	19281	MAMMO BREAST BX W/WIRE-INITIAL (SURGICAL	\$ 275.00
	19285	US BREAST BX W/WIRE-INITIAL(SURGICAL)	\$ 275.00
	20206	BX MUSCLE PERCUTANEOUS	\$ 275.00
	32555	US GUIDED THORACENTESIS	\$ 275.00
	38792	NM SENTINEL NODE INJECTION	\$ 350.00
	47000	BX LIVER NEEDLE PERCU(ADD GUIDANCE)	\$ 275.00
	60100	BX THYROID PERCU CORE NEEDLE	\$ 275.00
	62270	LUMBAR PUNCTURE DIAGNOSTIC	\$ 275.00
	62270	LUMBAR PUNCTURE DIAGNOSTIC	\$ 275.00
	62284	LUMBAR INJECTION	\$ 275.00
	62302	MYELOGRAPHY LUMBAR INJECTION	\$ 275.00
	70336	MRI TEMPORO MANDIBULAR JOINT	\$ 500.00
	70450	CT BRAIN WO CONT	\$ 400.00
	70460	CT BRAIN W CONT	\$ 450.00
	70470	CT BRAIN WWO CONT	\$ 500.00
	70480	CT ORBITS WO CONT	\$ 400.00
	70481	CT ORBITS W CONT	\$ 450.00
	70482	CT ORBITS WWO CONT	\$ 450.00
	70486	CT IGS WO CON	\$ 400.00
	70486	CT MAXILLOFACIAL WO CON	\$ 400.00
	70487	CT MAXILLOFACIAL W CONT	\$ 450.00
	70488	CT MAXILLOFACIAL WWO CONT	\$ 500.00
	70490	CT NECK WO CONT	\$ 400.00
	70491	CT NECK W CONT	\$ 450.00
	70492	CT NECK WWO CONT	\$ 500.00
	70496	CT ANGIO HEAD	\$ 400.00
	70498	CT ANGIO NECK	\$ 400.00
	70540	MRI ORBIT/FACE/NECK WO CONT	\$ 500.00
	70542	MRI ORBIT/FACE/NECK W CONT	\$ 550.00
	70543	MRI ORBIT/FACE/NECK W/WO CONT	\$ 650.00
	70544	MRA BRAIN	\$ 500.00
	70547	MRA CAROTID/NECK	\$ 500.00
	70551	MRI BRAIN W/STEM WO CONT	\$ 500.00
	70552	MRI BRAIN W/STEM W CONT	\$ 550.00
	70553	MRI BRAIN W/STEM WWO CONT	\$ 650.00
	71250	CT CHEST WO CONT	\$ 400.00
	71260	CT CHEST W CONT	\$ 450.00
	71270	CT CHEST WWO CONT	\$ 500.00
	71275	CT ANGIO CHEST	\$ 400.00
	71550	MRI CHEST WO CONT	\$ 500.00
	71551	MRI CHEST W CONT	\$ 550.00
	71552	MRI CHEST WWO CONT	\$ 650.00
	71555	MRA CHEST WWO CONT	\$ 650.00
	72125	CT CERVICAL WO CONT	\$ 400.00
	72126	CT CERVICAL W CONT	\$ 450.00
	72127	CT CERVICAL WWO CONT	\$ 500.00
	72128	CT THORACIC WO CONT	\$ 400.00
	72129	CT THORACIC W CONT	\$ 450.00
	72130	CT THORACIC WWO CONT	\$ 500.00
	72131	CT LUMBAR WO CONT	\$ 400.00

\*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

## JENNINGS AMERICAN LEGION HOSPITAL

### QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	72132	CT LUMBAR W CONT	\$ 450.00
	72133	CT LUMBAR WWO CONT	\$ 500.00
	72141	MRI CERVICAL WO CONT	\$ 500.00
	72142	MRI CERVICAL W CONT	\$ 550.00
	72146	MRI THORACIC WO CONT	\$ 500.00
	72147	MRI THORACIC W CONT	\$ 550.00
	72148	MRI LUMBAR WO CONT	\$ 500.00
	72149	MRI LUMBAR W CONT	\$ 550.00
	72156	MRI CERVICAL WWO CONT	\$ 650.00
	72157	MRI THORACIC WWO CONT	\$ 650.00
	72158	MRI LUMBAR WWO CONT	\$ 650.00
	72191	CT ANGIO PELVIS	\$ 400.00
	72192	CT PELVIS WO CONT	\$ 400.00
	72193	CT PELVIS W CONT	\$ 450.00
	72194	CT PELVIS WWO CONT	\$ 500.00
	72195	MRI PELVIS WO CONT	\$ 500.00
	72196	MRI PELVIS W CONT	\$ 550.00
	72197	MRI PELVIS WWO CONT	\$ 650.00
	72240	CERVICAL MYELOGRAM	\$ 275.00
	72255	THORACIC MYELOGRAM	\$ 275.00
	72265	LUMBAR MYELOGRAM	\$ 275.00
	72265	MYELOGRAM-2 or MORE REGIONS	\$ 275.00
	73040	ARTHROGRAM SHOULDER UNI	\$ 275.00
	73200	CT EXT UP WO CONT	\$ 400.00
	73201	CT EXT UP W CONT	\$ 450.00
	73202	CT EXT UP WWO CONT	\$ 500.00
	73206	CT ANGIO UP EXT	\$ 400.00
	73218	MRI EXT UPPER NOT JOINTS WO CONTRAST	\$ 500.00
	73219	MRI EXT UPPER NOT JOINTS W CONTRAST	\$ 550.00
	73220	MRI EXT UPPER NOT JOINTS W/WO CONTRAST	\$ 650.00
	73221	MRI EXT UPPER (ANY JOINT)	\$ 500.00
	73525	ARTHROGRAM HIP UNI	\$ 275.00
	73700	CT EXT LOW WO CONT	\$ 400.00
	73701	CT EXT LOW W CONT	\$ 450.00
	73702	CT EXT LOW WWO CONT	\$ 500.00
	73706	CT ANGIO LOW EXT	\$ 400.00
	73720	MRI EXT LOWER	\$ 500.00
	73721	MRI LOWER EXT NOT JOINTS	\$ 500.00
	73721	MRI EXT LOWER ANY JOINT W/O CONTRAST	\$ 500.00
	73722	MRI EXT LOWER W	\$ 550.00
	73723	MRI EXT LOWER W/WO	\$ 650.00
	73725	MRA EXT LOWER	\$ 500.00
	74150	CT ABD WO CONT	\$ 400.00
	74160	CT ABD W CONT	\$ 450.00
	74170	CT ABD WWO CONT	\$ 500.00
	74174	CT ANGIO ABD & PELVIS	\$ 400.00
	74175	CT ANGIO ABD	\$ 400.00
	74176	CT ABD/PELVIS WO CONT	\$ 400.00
	74177	CT ABD/PELVIS W CONT	\$ 450.00
	74178	CT ABD/PELVIS WWO CONT	\$ 500.00
	74181	MRI ABDOMEN W/O CONTRAST	\$ 500.00
	74182	MRI ABD W CONTRAST	\$ 550.00
	74183	MRI ABDOMEN W/WO CONTRAST	\$ 650.00
	74185	MRA ANGIO ABD WITHOUT CONTRAST	\$ 500.00
	74185	MRA ANGIO ABD W/WO	\$ 650.00

\*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

## JENNINGS AMERICAN LEGION HOSPITAL

### QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	74246	UPPER GI W AIR	\$ 275.00
	75571	CT HEART CALCIUM SCORE	\$ 90.00
	75572	CT HEART WITH 3D-IMAGE	\$ 400.00
	75573	CT HEART WITH 3D-IMAGE - CONGENITAL	\$ 400.00
	75574	CT ANGIO HEART WITH 3D-IMAGE	\$ 400.00
	75635	CT ANGIO ABD/AORTA/RUNOFF	\$ 400.00
	76376	US 3-D RENDERING	\$ 175.00
	76506	US HEAD	\$ 175.00
	76536	US THYROID/HEAD/NECK	\$ 175.00
	76604	US CHEST	\$ 175.00
	76641	US BREAST-UNI	\$ 175.00
	76700, 93975	US ABDOMEN	\$ 175.00
	76705	US ABD LIMITED	\$ 175.00
	76770	US RETROPERITONEAL	\$ 175.00
	76775	US RETROPERITONEAL LTD	\$ 175.00
	76800	US SPINE	\$ 175.00
	76801	US OB 1ST TRIMESTER	\$ 175.00
	76805	US OB 2ND,3RD TRIMESTER	\$ 175.00
	76817	US TRANSVAGINAL (OB)	\$ 175.00
	76817	US TRANSVAGINAL FOR CERVICAL LENGTH(OB)	\$ 175.00
	76830	US PELVIS-TRANSVAGINAL (NON-OB)	\$ 175.00
	76830	US TRANSVAGINAL (NON-OB)	\$ 175.00
	76856	US PELVIS-COMPLETE	\$ 175.00
	76857	US PELVIS-LIMITED	\$ 175.00
	76870, 93975	US TESTICULAR	\$ 175.00
	76872	US PROSTATE	\$ 175.00
	76881	US NONVASC IMAGING, EXTREMITY, COMPLETE	\$ 175.00
	76882	US NONVASC IMAGING, EXTREMITY,LIMITED	\$ 175.00
	76942	US GUIDED ASPIRATION	\$ 275.00
	76942	US GUIDED NEEDLE BIOPSY-CORE	\$ 275.00
	77053	GALACTOGRAM SINGLE DUCT S & I	\$ 275.00
	77065	MAMMO DIGITAL DIAG UNI	\$ 180.00
	77066	MAMMO DIGITAL DIAG BILAT WITH IMPLANT	\$ 180.00
	77066	MAMMO DIGITAL DIAG/MAG BILAT	\$ 180.00
	77067	MAMMO DIGITAL SCREEN BILAT	\$ 125.00
	77078	CT BONE DENSITOMETRY	\$ 90.00
	77084	MRI BONE MARROW BL SUPPLY	\$ 500.00
	78070	NM PARATHYROID IMAGING	\$ 350.00
	78195	NM SENTINAL NODE IMAGING	\$ 350.00
	78227	NM HEPATOBILIARY	\$ 350.00
	78227	NM W/ CCK HEPATOBILIARY	\$ 350.00
	78306	NM BONE SCAN TOTAL BODY	\$ 350.00
	78315	NM BONE SCAN 3 PHASE	\$ 350.00
	78452	NM MYO MULTI SPECT(STRESS TEST)	\$ 350.00
	78452	NM STRESS TEST	\$ 375.00
	93306	US ECHOCARDIOGRAPHY COMPLETE	\$ 400.00
	93307, 93325, 93320	US ECHOCARDIOGRAPHY 2D	\$ 400.00
	93308	US ECHOCARDIOGRAPHY FOLLOW UP	\$ 400.00
	93880	US CAROTID IMAGING	\$ 175.00
	93922	US DPLX ART W/AB INDICIES	\$ 175.00
	93925	US DPLX EXT LOW ART	\$ 175.00
	93926	US DPLX LT LOWER EXT ART	\$ 175.00
	93930	US DPLX EXT UP ART	\$ 175.00
	93970	US DPLX EXT LOW VEINS	\$ 175.00
	93970	US DPLX EXT UP VEINS	\$ 175.00
	93971	US DPLX LT EXT LOWER VEINS	\$ 175.00
	93975	US DOP ABD/PELVIS RETRO	\$ 175.00
	76641-50	US BREAST-BILATERAL	\$ 175.00
	C8905	MRI BREAST UNILATERAL W/WO CONTRAST	\$ 650.00

\*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

**JENNINGS AMERICAN LEGION HOSPITAL**

**QUALIFIED PROCEDURES**

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	C8929	US ECHO WITH CONTRAST	\$ 400.00