

Effective 1/1/2023

Pricing Transparency Disclaimer

You have reached our website's federally required "pricing information" section. While we provide this pricing information to comply with federal regulations, please understand that Medicare and healthcare insurance companies have made billing and reimbursement extremely complex. You, the consumer, must understand that the information provided in this section is only a starting point for estimating what costs you may incur during an episode of care.

Each patient's financial responsibility may vary. The final, actual amount you will pay for hospital services at the Spine Hospital of Louisiana (SHOLA) is based on many factors, including but not limited to: > your health insurance > benefit plans > other applicable discounts > different insurance providers pay differently > and the individualized specific services provided based on each patient's unique needs. Your initial price estimate from the FinThrive Price Estimator and the Standard Charges section may also differ from the final, actual amount due if changes are discovered during a procedure or operation, if the equipment used or required is modified, or if any other modification(s) or addition(s) occur based upon your Physicians and healthcare teams' assessment of what is medically necessary and in the best interest of the your safety, healthcare, and best possible outcome.

Although estimates are available at SHOLA for most scheduled services through the price estimator, numerous factors including those listed above will dictate the appropriate level of care, ultimately depicting the patient's cost for that care. Again, because insurance companies have made reimbursement so complex, it is impossible to accurately determine the exact cost of your procedure or operation until your care has been provided and completed. We rarely know the exact amount that we will be reimbursed until the claim is submitted and payment is received.

Other healthcare professionals who provide services in our hospital including physicians, anesthesiologists, and neuro-monitoring professionals, may bill separately for their services. In addition, some of these providers may or may not be in network with your insurer. It is your responsibility to confirm and understand your out-of-network status and any out-of-pocket costs you may have for your services here at the Hospital.

As a patient or potential patient, I understand that the standard charges for services provided at SHOLA include hospital services only and do not contain professional fees for physicians and/or other medical services not provided by SHOLA. I also understand that the standard charges do not necessarily represent the amount my insurance company will pay or what I will owe.

In addition to contacting your insurer, you may contact SHOLA's **Patient Financial Services at (225) 768-2761**. To obtain the most accurate estimate possible, your insurance information, procedure requested, diagnosis, and preferably a physician's order are necessary. SHOLA strives to empower patients to make informed decisions about their healthcare, including helping patients understand the cost of their care.

To access pricing information, you are acknowledging the following: I have read and acknowledge the above information and the limitations of SHOLA's Pricing Information. I recognize that this Pricing Information cannot be used as a single source for determining the actual cost to patients, insurers, employers, or other third parties. If such single service determination is attempted, this Pricing Information provided will be incomplete and inaccurate. If I am a non-patient or third-party, I acknowledge that I have read and am aware of the above information and further acknowledge that if I, or my organization, republish, post online, or otherwise re-communicate this information to another party and hold out these standard charges as the sole determining factor in establishing payer cost or patient out-of-pocket responsibility, without providing the context and limitations described above, I risk misleading the consumers regarding such information due to the limitations detailed in this disclaimer. If my or my organization's intent is to aid a payer or patient in determining actual cost or patient out-of-pocket responsibility, I acknowledge that this intent is most accurately and effectively achieved by recommending that such individuals contact their insurer or SHOLA's Patient Financial Services at (225) 768-2761.

45 CFR §180.50 Disclosures The following information is posted in accordance with the Centers for Medicare and Medicaid Services regulation found at 45 C.F.R. § 180.50. This information is based on reasonable and good faith interpretations of the regulation. Because this information is specific to this regulation, documents may not be directly comparable to information from other public or private reports, databases, or documents. Pursuant to the federal regulation, this information will be updated at least annually. The following information does not represent the amounts most patients pay. For estimates of the cost of services as applicable to you, please call us using the phone numbers provided above on this webpage.

	STANDARD CHARGE
ROUTINE VENIPUNCTURE	6.60
CAPILLARY BLOOD DRAW	6.60
WITHDRAWAL OF ARTERIAL	2.86
METABOLIC PANEL TOTAL C	66.00
ELECTROLYTE PANEL	42.85
COMPREHEN METABOLIC PAN	77.00
LIPID PANEL	96.14
RENAL FUNCTION PANEL	110.00
ACUTE HEPATITIS PANEL	361.57
HEPATIC FUNCTION PANEL	57.48
DRUG SCREEN QUALITATE/M	108.77
DRUG SCREEN QUALITATE/S	484.00
DRUG CONFIRMATION, EA P	92.80
ASSAY OF AMITRIPTYLINE	53.99
ASSAY OF BENZODIAZEPINE	55.95
ASSAY CARBAMAZEPINE TOT	77.33
ASSAY OF CYCLOSPORINE	133.61
CLOZAPINE LEVEL	131.82
ASSAY OF DESIPRAMINE	52.05
ASSAY OF DIGOXIN	97.19
ASSAY DIPROPYLACETIC AC	102.41
ASSAY OF DOXEPIN	38.57
ASSAY OF ETHOSUXIMIDE	120.96
ASSAY OF GENTAMICIN	53.63
GABAPENTIN	39.69
ASSAY OF HALOPERIDOL	86.16
ASSAY OF IMIPRAMINE	52.05
DRUG SCREEN QUANT LAMOT	94.52
DRUG SCREEN QUANT;LEVET	94.52
ASSAY OF LITHIUM	62.70
MYCOPHENOLIC ACID (MPA)	128.69
ASSAY OF NORTRIPTYLINE	40.99
TRILEPTAL (OXCARBAZEPIN	94.52
ASSAY OF PHENOBARBITAL	34.63
ASSAY OF PHENYTOIN TOTA	110.00
ASSAY OF PRIMIDONE	122.84
ASSAY OF SALICYLATE	53.06
ASSAY OF TACROLIMUS	101.63
TIAGABINE (GABITRIL)	128.69
ASSAY OF TOBRAMYCIN	86.16
ASSAY OF TOPIRAMATE	150.48
ASSAY OF VANCOMYCIN	125.40
ZONEGRAN (ZONISAMIDE)	94.52
QUANTITATIVE ASSAY DRUG	102.43
DRUG SCRIN,CLASS LIST A,	374.00
DRUG SCRIN,QUAL,ANLYZR 8	307.18
ALCOHOLS	43.47
ALCOHOLS BIOMARKERS 1 O	43.47
ALKALOIDS NOS	95.26
AMPHETAMINES 1 OR 2	62.48
AMPHETAMINES 3-4	68.73
ANTIDEPRESSANTS CLASS 1	71.98
ANTIDEPRESSANTS,SSRI 3-	79.20
ANTIDEPRESSANTS,SSRI 6/	81.40

ANTIDEPR TRICYCLIC & CY	81.40
ANTIDEPR TRICYCLIC & CY	79.20
ANTIDEPR TRICYCLIC & CY	235.40
ANTIDEPRESSANTS,á NOS	81.40
ANTIPSYCHOTICS NOS	47.71
ANTIPSYCHOTICS, NOS, 7/	81.40
BARBITURATES	46.07
BENZODIAZEPINES 1-12	74.36
BUPRENORPHINE	79.20
CANNABINOIDS NATURAL	75.28
CANNABINOIDS SYNTHETIC	75.28
COCAINE SCRIN	60.98
FENTANYL SCRIN	78.23
GABAPENTIN NON-BLOOD	79.20
HEROIN METABOLITE	79.20
KETAMINE & NORKETAMINE	79.20
METHADONE SCRIN	65.69
METHYLENEDIOXYAMPHETAMI	66.00
METHYLPHENIDATE	66.00
OPIATES 1 OR MORE	151.69
OPIOIDS & OPIATE ANALOG	78.23
OPIOIDS & OPIATE ANALOG	86.06
OPIOIDS & OPIATE ANALOG	86.06
OXYCODONE SCRIN	78.23
PREGABALIN	79.20
PROPOXYPHEN SCRIN	79.20
SEDATIVE HYPNOTICS	79.20
SKELETAL MUSCLE RELAXAN	52.76
SKEL MUSC RELAXANT 3 OR	70.88
STIMULANTS SYNTHETIC	79.20
TAPENTADOL SCRIN	79.20
TRAMADOL SCRIN	79.20
URINALYSIS NONAUTO W/SC	23.41
URINALYSIS AUTO W/SCOPE	39.71
URINALYSIS NONAUTO W/O	9.90
URINALYSIS AUTO W/O SCO	6.80
URINALYSIS-OXIDANT	6.56
URINE PREGNANCY TEST	110.00
F5 GENE	435.61
ASSAY OF ACTH	258.12
ASSAY OF SERUM ALBUMIN	24.04
ALBUMIN; URINE OR OTH,Q	35.53
ASSAY OF ETHANOL	32.67
ASSAY OF ALDOLASE	71.84
ASSAY OF ALDOSTERONE	301.59
ASSAY OF ALUMINUM	62.70
ASSAY OF AMMONIA	107.84
ASSAY OF AMPHETAMINES	46.86
ASSAY OF AMYLASE	44.94
ANGIOTENSIN I ENZYME TE	124.36
APOLIPOPROTEIN, ASSAY	110.30
ASSAY OF ARSENIC	140.39
ASSAY OF ASCORBIC ACID	62.70
ASSAY OF BARBITURATES	32.67
BILIRUBIN TOTAL	30.80
BILIRUBIN DIRECT	26.13
OCCULT BLOOD FECES	24.09
ASSAY OF CADMIUM	165.01

VITAMIN D 25 HYDROXY	219.14
ASSAY OF CALCIUM	39.71
ASSAY OF CALCIUM	101.16
ASSAY BLOOD CARBON DIOX	28.22
CARCINOEMBRYONIC ANTIGE	140.39
ASSAY OF CERULOPLASMIN	79.48
ASSAY OF BLOOD CHLORIDE	22.99
ASSAY BLD/SERUM CHOLEST	33.00
CHROMATOGRAPHY,QUAN,COL	58.26
CHROMOTOGRAPHY QUANT SI	133.61
CHROMOTOGRAPHY QUANT MU	133.61
ASSAY OF COCAINE	45.83
ASSAY OF COPPER	91.86
TOTAL CORTISOL	120.70
COLUMN CHROMOTOGRAPHY Q	54.60
ASSAY OF CK (CPK)	42.85
CREATINE MB FRACTION	73.15
ASSAY OF CREATININE	29.26
CREATININE, RANDOM URIN	15.64
ASSAY OF CRYOFIBRINOGEN	63.48
ASSAY OF CRYOGLOBULIN	47.92
VITAMIN B-12	105.55
CYSTATIN C	33.02
DEHYDROEPIANDROSTERONE	164.54
DIHYDROCODEINONE	62.46
DIHYDROMORPHINONE	77.75
VIT D 1 25-DIHYDROXY	284.92
ASSAY OF ESTRADIOL	206.81
ESTROGENS, ASSAY	229.90
ESTRONE, ASSAY	177.65
LONG CHAIN FATTY ACIDS	133.61
ASSAY OF FERRITIN	104.50
BLOOD FOLIC ACID SERUM	121.00
ASSAY IGA/IGD/IGG/IGM E	89.87
ASSAY OF IGE	121.85
BLOOD GASES ANY COMBINA	87.78
GLUCOSE, BODY FLUID, NO	33.00
ASSAY GLUCOSE BLOOD QUA	33.00
GLUCOSE TOLERANCE TEST	64.79
GLUCOSE TOLERANCE TEST,	25.08
GLUCOSE BLOOD TEST	33.00
ASSAY OF GGT	22.00
GONADOTROPIN (FSH)	116.00
GONADOTROPIN (LH)	111.82
ASSAY GROWTH HORMONE (H	99.28
HEAVY METAL SCREEN	84.02
QUANTITATIVE SCREEN MET	62.85
GLYCOSYLATED HEMOGLOBIN	72.11
ASSAY OF HOMOCYSTINE	122.27
IMMUNOASSAY NONANTIBODY	85.38
RIA NONANTIBODY	34.43
IMMUNOASSAY QUANT NOS N	95.83
ASSAY OF INSULIN	84.59
ASSAY OF IRON	38.67
IRON BINDING TEST	64.69
ASSAY OF LACTIC ACID	79.06
LACTATE (LD) (LDH) ENZY	31.35
ASSAY OF LEAD	82.36

ASSAY OF LIPASE	51.00
ASSAY OF LIPOPROTEIN (A	92.11
ASSAY OF LIPOPROTEIN	60.61
ASSAY OF BLOOD LIPOPROT	63.27
ASSAY OF MAGNESIUM	50.16
ASSAY OF MANGANESE	157.80
MS,MS/MS,ANALYTE NEC,QU	54.60
ASSAY OF MEPROBAMATE	53.31
ASSAY OF MERCURY	120.33
ASSAY OF METHADONE	49.39
ASSAY OF CSF PROTEIN	86.74
ASSAY OF MYOGLOBIN	95.57
NATRIURETIC PEPTIDE	251.22
ASSAY NEPHELOMETRY NOT	34.33
ASSAY OF NICOTINE	70.91
MOLECULE ISOLATE	29.68
MOLECULE ISOLATE NUCLEI	29.68
MOLECULAR DIAGNOSTICS	29.68
MOLECULE NUCLEIC AMPLI	124.05
NUCLEIC ACID HIGH RESOL	124.05
GENETIC EXAMINATION	29.68
OLIGOCLONAL BANDS	134.81
ORGANIC ACID SINGLE QUA	262.30
OPIATES(S)DRUG&METABOLI	58.83
ASSAY OF BLOOD OSMOLALI	48.91
ASSAY OF URINE OSMOLALI	50.42
ASSAY OF PARATHORMONE	305.46
PH, BODY FLUID, NOS	10.82
PHENCYCLIDINE	44.00
ASSAY OF PHENOTHIAZINE	116.47
ASSAY ALKALINE PHOSPHAT	31.90
ASSAY OF PHOSPHORUS	34.49
ASSAY OF SERUM POTASSIU	28.22
ASSAY OF URINE POTASSIU	31.82
ASSAY OF PREALBUMIN	41.28
ASSAY OF PROGESTERONE	154.40
ASSAY OF PROLACTIN	143.43
ASSAY OF PSA TOTAL	136.17
ASSAY OF PSA FREE	136.17
ASSAY OF PROTEIN SERUM	33.00
PROTEIN, TOTAL, NOT REF	27.17
PROTEIN E-PHORESIS SERU	79.48
PROTEIN E-PHORESIS/URIN	131.99
WESTERN BLOT TEST	126.03
ASSAY OF VITAMIN B-6	104.65
ASSAY OF PYRUVATE	80.31
ASSAY OF VITAMIN B-2	149.75
SHBG SEX HORMONE BIND G	154.72
ASSAY OF SERUM SODIUM	25.08
ASSAY OF URINE SODIUM	34.49
ASSAY OF SOMATOMEDIN	145.31
SPECTROPHOTOMETRY	52.27
TESTOSTERONE, FREE	188.46
TESTOSTERONE, TOTAL	203.39
ASSAY OF VITAMIN B-1	157.11
ASSAY OF TOTAL THYROXIN	49.12
ASSAY OF FREE THYROXINE	65.84
ASSAY THYROID STIM HORM	143.00

ASSAY OF VITAMIN E	104.92
TRANSFERASE (AST) (SGOT	33.00
ALANINE AMINO (ALT) (SG	39.19
ASSAY OF TRANSFERRIN	94.52
ASSAY OF TRIGLYCERIDES	28.22
ASSAY TRIIODOTHYRONINE	89.87
FREE ASSAY (FT-3)	140.03
ASSAY OF TROPONIN QUANT	107.80
ASSAY OF UREA NITROGEN	25.08
ASSAY OF BLOOD/URIC ACI	29.26
ASSAY OF VITAMIN A	85.84
ASSAY OF NOS VITAMIN	85.84
ASSAY OF VITAMIN K	101.48
ASSAY OF ZINC	84.23
ASSAY OF C-PEPTIDE	148.13
CHORIONIC GONADOTROPIN	111.45
CHORIONIC GONADOTROPIN	53.50
BLEEDING TIME TEST	25.08
BL SMEAR W/DIFF WBC COU	25.08
BL SMEAR W/O DIFF WBC C	25.08
HEMATOCRIT	16.50
HEMOGLOBIN	19.86
COMPLETE CBC W/AUTO DIF	66.00
COMPLETE CBC AUTOMATED	55.00
AUTOMATED RETICULOCYTE	29.62
AUTOMATED PLATELET COUN	13.75
BLOOD SMEAR INTERPRETAT	126.90
AT III ACTIVITY	84.49
ANTITHROMBIN III TEST	79.99
BLOOD CLOT INHIBITOR AN	88.98
BLOOD CLOT INHIBITOR TE	113.39
FIBRIN DEGRADE SEMIQUAN	41.95
D DIMER	72.58
FIBRINOGEN	62.85
FIBRINOGEN	60.51
BLOOD PLATELET AGGREGAT	165.00
PROTHROMBIN TIME	32.40
RUSSELL VIPER VENOM DIL	70.85
RBC SED RATE AUTOMATED	33.00
THROMBOPLASTIN TIME PAR	55.00
WBC ANTIBODY IDENTIFICA	111.45
ANTINUCLEAR ANTIBODIES	110.00
BLOOD BANK PATHOLOGIST	88.00
C-REACTIVE PROTEIN	35.53
C-REACTIVE PROTEIN HS	92.11
GLYCOPROTEIN ANTIBODY	86.05
CARDIOLIPIN ANTIBODY	86.05
PHOSPHOLIPID ANTIBODY	86.05
COLD AGGLUTININ TITER	60.32
COMPLEMENT ANTIGEN	88.88
CCP ANTIBODY	95.83
DNA ANTIBODY; NATIVE OR	97.92
NUCLEAR ANTIGEN ANTIBOD	86.16
FLUORESCENT ANTIBODY SC	84.02
FLUORESCENT ANTIBODY TI	89.19
HETEROPHILE ANTIBODIES	38.30
SERUM IMMUNOELECTROPHOR	165.89
OTHER IMMUNOELECTROPHOR	165.47

IMMUNOFIX E-PHORESIS SE	165.32
IMMUNOELECTROPHORESIS,	209.21
INTRINSIC FACTOR ANTIBO	111.55
ISLET CELL ANTIBODY	146.41
MICROSOMAL ANTIBODY	107.69
PARTICLE AGGLUTINATION	75.45
RHEUMATOID FACTOR; QUAL	33.44
RHEUMATOID FACTOR QUANT	42.01
TB AG RESPONSE T-CELL S	537.08
SYPHILIS TEST NON-TREP	33.00
LYME DISEASE ANTIBODY	126.03
CMV ANTIBODY	106.54
CMV ANTIBODY IGM	124.67
EPSTEIN-BARR ANTIBODY	97.09
EPSTEIN-BARR ANTIBODY	113.22
EPSTEIN-BARR ANTIBODY	131.88
HELMINTH ANTIBODY	92.74
HTLV-I ANTIBODY	62.07
HTLV/HIV CONFIRMATORY T	143.22
HIV-1/HIV-2 SINGLE RESU	86.74
HEP B CORE ANTIBODY TOT	89.19
HEP B CORE ANTIBODY IGM	87.10
HEP B SURFACE ANTIBODY	79.48
HEP A ANTIBODY TOTAL	86.16
HEP A ANTIBODY IGM	83.34
PARVOVIRUS ANTIBODY	111.30
TREPONEMA PALLIDUM	97.97
VARICELLA-ZOSTER ANTIBO	83.03
WEST NILE VIRUS AB IGM	124.67
WEST NILE VIRUS ANTIBOD	106.54
HEPATITIS C AB TEST	105.66
HLA TYPING A B OR C	191.03
IMMUNOLOGY PROCEDURE	34.76
RBC ANTIBODY SCREEN	50.95
RBC ANTIBODY ELUTION	66.00
RBC ANTIBODY IDENTIFICA	77.00
COOMBS TEST DIRECT	39.77
BLOOD TYPING; ABO	13.75
BLOOD TYPING; RH (D)	13.75
BLOOD TYPE ANTIGEN DONO	70.58
COMPATIBILITY TEST SPIN	137.50
RBC PRETREATMENT SERUM	83.60
BLOOD CULTURE FOR BACTE	76.40
FECES CULTURE BACTERIA	69.81
STOOL CULTR BACTERIA EA	69.81
CULTURE BACTERIA OTHER	63.75
CULTR BACTERIA EXCEPT B	70.02
MRSA CULTURE	-
URINE CULTURE/COLONY CO	88.00
FUNGUS ISOLATION CULTUR	62.18
MYCOBACTERIA CULTURE	79.95
TISSUE HOMOGENIZATION C	43.53
OVA AND PARASITES SMEAR	64.74
ANTIBOTIC RESISTANCE MA	27.50
SMEAR GRAM STAIN	31.61
SMEAR FLUORESCENT/ACID	39.77
SMEAR COMPLEX STAIN	133.03
SMEAR WET MOUNT SALINE/	31.61

GENET VIRUS ISOLATE HSV	250.65
ASPERGILLUS AG EIA	88.77
HEPATITIS B SURFACE AG	76.44
HEPATITIS B SURFACE AG	76.44
HEPATITIS BE AG EIA	85.27
HIV-1 AG W/HIV-1 & HIV- ROTAVIRUS AG EIA	160.04
LYME DIS DNA AMP PROBE	88.77
CANDIDA DNA QUANT	259.73
C DIFF AMPLIFIED PROBE	125.14
CYTOMEG DNA AMP PROBE	259.73
CYTOMEG DNA QUANT	259.73
ENTEROVIRUS DNA AMP PRO	317.00
HEPATITIS C RNA QUANT	259.73
HSV DNA AMP PROBE	317.00
HSV DNA QUANT	259.73
HIV-1 QUANT & REVRSE TR	317.00
STAPH AUREUS	605.68
MR-STAPH DNA AMP PROBE	105.16
DETECT AGENT NOS DNA AM	259.73
DETECT AGENT NOS DNA QU	105.16
CYTOPATH CONCENTRATE TE	128.37
URINE CYTOLOGY (CELL EN	82.61
FISH CYTP URN 3-5 PROBE	146.72
FLOWCYTOMETRY/ TC 1 MAR	1,260.62
FLOWCYTOMETRY/TC ADD-ON	281.20
FEULGEN STAIN (GROUP 2)	139.00
BODY FLUID CELL COUNT	137.57
WBC STOOL	40.76
CRYOPRECIPITATE, EA UNI	30.42
RED BLOOD CELLS,LEUKO R	175.00
FRESH FROZEN PLASMA (1	350.00
PLATELETS, PHERESIS,LEU	130.00
XR BLOOD PATCH	1,860.00
XR EYE FOR FOREIGN BODY	1,270.00
XR FACIAL BONES 3+ VIEW	83.00
XR SELLA TURCICA	140.00
XR SKULL 1-3 VIEWS	140.00
XR SKULL 4 VIEWS	220.00
XR SOFT TISS NECK	140.00
XR CHEST 1 VIEW	220.00
XR CHEST 2 VIEW	215.00
XR CHEST 3 VIEW	380.00
XR CHEST 4 VIEW	600.00
XR RIBS UNILATERAL 2 VI	600.00
XR RIBS UNILATERAL MIN	140.00
XR RIBS BILATERAL 3 VIE	140.00
XR RIBS BILATERAL MIN 4	140.00
XR SPINE 1 VIEW	170.00
XR SPINE CERVICAL 2-3 V	220.00
XR SPINE CERVICAL 4 VIE	220.00
XR SPINE CERVICAL COMPL	220.00
XR SPINE THORACIC 2 VIE	220.00
XR SPINE THORACIC 3 VIE	220.00
XR SPINE THORACOLUMBAR	220.00
XR SPINE LUMBOSACRAL 2-	220.00
XR SPINE LUMBOSACRAL 4+	440.00
XR SPINE LUMBOSACRAL CO	220.00

XR PELVIS	140.00
XR SI JTS LESS THAN 3 V	140.00
XR SI JTS 3+ VIEWS	140.00
XR SACRUM / COCCYX	140.00
XR MYELO CERVICAL	3,251.00
XR MYELO THORACIC	3,400.00
XR MYELO LUMBAR	4,788.00
XR MYELO 2 PLUS REGIONS	9,649.00
XR EPIDUROGRAPHY SI	550.00
XR DISK CERVICAL / THOR	6,500.00
XR DISK LUMBAR SI	6,500.00
XR CLAVICLE COMPLETE	220.00
XR SCAPULA COMPLETE	220.00
XR SHOULDER 1 VIEW	140.00
XR SHOULDER MIN 2 VIEWS	140.00
XR HUMERUS MIN 2 VIEWS	220.00
XR ELBOW 2 VIEWS	140.00
XR ELBOW MIN 3 VIEWS	140.00
XR FOREARM 2 VIEWS	220.00
XR WRIST 2 VIEWS	220.00
XR WRIST MIN 3 VIEWS	220.00
XR HAND 2 VIEWS	140.00
XR HAND MIN 3 VIEWS	140.00
XR FINGERS MIN 2 VIEWS	140.00
XR HIP UNIL 1 VIEW	140.00
XR HIP UNIL 2-3 VIEWS	140.00
XR HIP MIN 2 VIEWS	140.00
XR PELVIS W/ LAT HIPS BIL	140.00
XR PELVIS W/LAT HIP BIL 2 VIEW	220.00
XR KNEE 1-2 VIEWS	140.00
XR KNEE 3 VIEWS	140.00
XR KNEE 4+ VIEWS	140.00
XR TIBIA & FIBULA 2 VIE	220.00
XR ANKLE 2 VIEWS	140.00
XR ANKLE MIN 3 VIEWS	140.00
XR FOOT 2 VIEWS	140.00
XR FOOT MIN 3 VIEWS	140.00
XR CALCANEUS MIN 2 VIEW	220.00
XR KUB	140.00
XR EXAM ABD 1 VIEW	390.00
XR EXAM ABD 2 VIEWS	390.00
XR EXAM ABD 3+ VIEWS	390.00
XR ABD COMPLETE W CHEST	800.00
XR SWALLOW FUNCT W CINE	270.00
XR UPPER GI W KUB	270.00
XR UPPER GI W AIR WO KU	270.00
XR BARIUM ENEMA W/WO KU	270.00
XR AORTOGRAPHY THORACIC	4,000.00
XR SHUNTOGRAM SI	350.00
XR VENOGRAPHY INFERIOR	3,526.00
XR FLUORO UP TO 1 HOUR	160.00
XR FLUORO GREATER THAN	160.00
XR FISTULA	955.00
XR FLUORO NEEDLE GUIDE	300.00
XR FLUORO NEEDLE GUIDE	300.00
XR FLUORO NEEDLE GUIDE	300.00
XR SWALLOW FUNCT W CINE	200.00
XR EXTREMITY DUPLEX SCA	300.00

CT BRAIN WO CONTRAST	1,700.00
CT BRAIN W CONTRAST	2,200.00
CT BRAIN W/WO CONTRAST	2,200.00
CT ORBIT OR SELLA WO CO	1,700.00
CT ORBIT/EAR/FOSSA W/O&	2,200.00
CT MAXILLOFACIAL WO CON	1,700.00
CT MAXILLOFACIAL W-W/O	2,200.00
CT SOFT TISS NECK WO CO	1,700.00
CT SOFT TISSUE NECK W/C	2,200.00
CT SOFT TISSUE NECK W/W	2,200.00
CTA HEAD W/WO CONTRAST	2,200.00
CTA NECK W/WO CONTRAST	2,200.00
CT THORAX WO CONTRAST	1,700.00
CT CHEST W CONTRAST	2,200.00
CT THORAX W/WO CONTRAST	1,700.00
CTA CHEST W/WO CONTRAST	1,700.00
CT CERVICAL WO CONTRAST	1,700.00
CT CERVICAL W CONTRAST	2,200.00
CT CERVICAL SPINE W/O &	2,200.00
CT THORACIC WO CONTRAST	1,700.00
CT THORACIC W CONTRAST	2,200.00
CT THORACIC W/WO CONTRA	2,200.00
CT LUMBAR WO CONTRAST	1,700.00
CT LUMBAR W CONTRAST	2,200.00
CT LUMBAR W/WO CONTRAST	1,700.00
CT PELVIS WO CONTRAST	1,700.00
CT PELVIS W CONTRAST	2,200.00
CT PELVIS W/WO CONTRAST	2,200.00
CT EXTREMITY UPPER WO C	1,700.00
CT EXTREMITY UPPER W-WO	2,200.00
CT EXTREMITY LOWER WO C	1,700.00
CT EXTREMITY LOWER W-WO	2,200.00
CT ABD WO CONTRAST	1,700.00
CT ABD W CONTRAST	2,200.00
CT ABD W/WO CONTRAST	2,200.00
CT ANGIO ABD W/WO CONTR	2,200.00
CT ABD & PELVIS WO CONT	1,700.00
CT ABD & PELVIS W CONTR	2,200.00
CT ABD & PELVIS W/WO CO	2,200.00
CT HRT W/O DYE W/CA TES	1,700.00
CT ANGIO HRT W/3D IMAGE	2,200.00
CTA ABDOMINAL ARTERIES	2,200.00
CT LIMITED OR FOLLOW-UP	1,700.00
CT NEEDLE GUIDANCE	200.00
FNA W/O IMAGE	1,200.00
FNA W/IMAGE	1,200.00
GUIDE CATH FLUID DRAINA	2,400.00
INCIS & DRAIN SIMPLE SK	1,200.00
INCIS & DRAIN SIMPLE FR	1,200.00
INCIS & REMOV COMPLX FR	5,500.00
INCIS & DRAIN HEMATOMA/	5,500.00
PUNCTURE DRAINAGE OF LE	1,200.00
INCIS & DRAIN COMPLEX	6,500.00
DEB SUBQ TISSUE 20 SQ C	2,750.00
DEB MUSC/FASCIA 20 SQ C	2,750.00
DEB BONE 20 SQ CM/<	5,500.00
EXC TR-EXT B9+MARG 0.5C	2,850.00
EXC TR-EXT B9+MARG 1.1-	2,850.00

EXC TR-EXT B9+MARG 2.1-	2,850.00
EXC TR-EXT B9+MARG 3.1-	5,500.00
EXC TR-EXT B9+MARG > 4.	5,500.00
EXC H-F-NK-SP B9+MARG 0	5,500.00
EXC H-F-NK-SP B9+MARG 1	5,500.00
EXC H-F-NK-SP B9+MARG 2	5,500.00
EXC H-F-NK-SP B9+MARG >	9,500.00
EXC FACE-MM B9+MARG > 4	9,500.00
EXC S/N/H/F/G MALIGNT 1	2,750.00
WND REPAIR S/N/A/G/T 2.	1,000.00
CLOSURE OF SPLIT WOUND	2,000.00
INTMD WND REPAIR S/A/T/	1,500.00
INTMD WND REPAIR S/A/T/	1,500.00
INTMD WND REPAIR S/A/T/	1,500.00
INT WND REP N-H-F-G <2.	1,500.00
INTMD WND REP N-H-F-G 2	1,500.00
COMPLEX WOUND CLOSE 2.6	2,000.00
CLOSURE OF WOUND SECOND	6,500.00
MUSCLE-SKIN GRAFT TRUNK	10,850.00
EXC COCCYGEAL PRESSURE	9,500.00
DEEP MUSCLE BIOPSY	9,500.00
BONE BIOPSY TROCAR/NEED	5,500.00
BONE BIOPSY EXCISIONAL	9,500.00
BIOPSY OPEN THORACIC	9,800.00
BIOPSY OPEN CERV/LUMB	15,000.00
RMV FOREIGN BODY	5,500.00
APPLY REM FIXATION DEVI	5,500.00
RMV SUPPORT IMPLANT SUP	5,500.00
RMV SUPPORT IMPLANT DEE	9,500.00
BONE GFT,ANY AREA,MINOR	15,000.00
RMV OF TISSUE FOR GRAFT	10,850.00
BONE MARROW ASPIRATION	3,300.00
ELECTRICAL BONE STIMULA	3,300.00
MUSCULOSKELETAL SURGERY	4,500.00
EXC FACE TUM SBQ < 2 CM	5,500.00
EXC FACE LES SBQ 2 CM/>	5,500.00
EXC FACE TUM DEEP < 2 C	5,500.00
EXC FACE TUM DEEP 2 CM/	9,500.00
INCS & DRN DEEP ABSC NE	9,500.00
EXC NECK LES SUBCUT <3C	5,500.00
EXC NECK TUM DEEP < 5 C	9,500.00
RESECT NECK TUM 5 CM/>	9,500.00
BIOPSY SOFT TISSUE OF B	5,500.00
EXC BACK LES SC 3 CM/>	5,500.00
EXC BACK TUM DEEP < 5 C	9,500.00
EXC BACK TUM DEEP 5 CM/	9,500.00
INCIS & DRAIN POS-SP CE	1,550.00
INCIS & DRAIN POS-SP LU	1,550.00
RMV PART OF NECK VERTEB	15,000.00
RMV PART OF THORAX VERT	9,500.00
RMV PART LUMBAR VERTEBR	15,000.00
RMV EXTRA SPINE SEGMENT	3,850.00
UNLISTED PROCEDURE, SPI	6,250.00
EXC SHOULDER LES SC 3 C	4,500.00
EXC ARM/ELBOW LES SC <	4,500.00
RESECT ARM/ELBOW TUM <	8,600.00
REPAIR ELBOW W/DEB OPEN	10,580.00
REPAIR ELBOW DEB/ATTCH	10,580.00

DECOMPRESS FOREARM 1 SP	4,300.00
EXC FOREARM LES > 3 CM	8,600.00
EXC FOREARM LES < 3 CM	4,500.00
REPAIR FOREARM TENDON/M	10,580.00
ORIF RADIUS	13,500.00
INCIS & DRAIN FINGER AB	1,100.00
INCISE FINGER TENDON SH	5,000.00
REMOVE TAIL BONE	10,580.00
RMV HIP FOREIGN BODY	2,300.00
BX SFT TISS THIGH KNEE, NEURECTOMY, HAMSTRING	5,657.00
ORIF TIBIAL PLATEAU	6,250.00
ORIF ANKLE MEDIAL MALLE	13,500.00
ORIF ANKLE BIMALLEOLAR	13,500.00
TARSAL TUNNEL RELEASE	8,500.00
INTUBATION ENDOTRACHEAL	1,000.00
TRACHEOSTOMY	4,500.00
TRACHEOSTOMY CRICOTHYRO	1,000.00
INSERT CHEST TUBE	4,000.00
REPAIR BLOOD VESSEL LES	6,000.00
REPAIR BLOOD VESSEL IN	6,000.00
RECHANNELING OF ARTERY	2,200.00
PLACE CATHETER IN VEIN	750.00
INSERT NON-TUNNELED CV	3,420.00
INSERT TUNNELED CV CATH	9,450.00
INSERT PICC CATH	4,500.00
WITHDRAWAL OF ARTERIAL	300.00
IVC FILTER PLACEMENT	8,500.00
LIGATION OF NECK ARTERY	4,900.00
VASCULAR SURGERY PROCED	6,000.00
BONE MARROW, ASPIRATION	5,500.00
BONE MARROW BIOPSY	5,500.00
BIOPSY/EXC LYMPH NODE,O	10,850.00
BIOPSY/EXC LUMPH NODE,D	10,850.00
INCIS & DRAIN THROAT AB	15,000.00
SUTURE PHARYNX FOR WND	5,000.00
GASTROSTOMY TUBE PLACEM	6,000.00
NASO/OROGASTRIC TUBE PL	1,500.00
FREEING OF BOWEL ADHESI	6,975.00
SUTURE SMALL INTESTINE	3,850.00
INSERT TEMP BLADDER CAT	1,500.00
US URINE CAPACITY MEASU	300.00
CYSTOSCOPY & TREATMENT	6,250.00
DILATION OF URETHRAL ST	2,750.00
PITUITARY TUMOR EXCISIO	7,000.00
REVISE/REMOVE NEUROELEC	15,000.00
INTERDISCAL PERQ ASPIR	2,500.00
TREAT SPINAL CORD LESIO	3,000.00
INSTALL SPINAL SHUNT	15,000.00
REMOVAL OF SHUNT	15,000.00
INSRT/REPL PERIPH/GSTRC	25,000.00
INJ TREATMENT NERVE W R	6,550.00
ARM/LEG NERVE REVISION	8,100.00
SCIATIC NERVE REVISION	8,100.00
NEUROPLASTY BRAC PLEX	8,100.00
NEUROPLASTY, REVISE LUM	8,100.00
ULNAR NV TRANS	8,100.00
ULNAR NV TRANS WRIST	8,100.00

CARPAL TUNNEL RELEASE	8,100.00
DECOMPRESSION UNSPECIF	8,100.00
INTERNAL NERVE REVISION	3,850.00
INCIS SPINAL NERVE	8,100.00
EXC NERVE LESION NON-SC	8,100.00
EXC SKIN NERVE LESION	8,100.00
EXC NERVE LESION	8,100.00
REMOVAL OF NERVE LESION	15,000.00
BIOPSY OF NERVE	8,100.00
REPAIR OF DIGIT NERVE	15,000.00
REPAIR OF LOW BACK NERV	15,000.00
UNLISTED PROC NERVOUS S	2,800.00
RMV EAR CANAL LESION(S)	9,500.00
FLUOROGUIDE VENOUS	300.00
FLUOROGUIDE NEEDLE PLAC	300.00
FLUOROGUIDE SPINE INJEC	300.00
AUTOLOGOUS BLOOD OP SAL	350.00
CARDIOPULMONARY RESUSCI	1,000.00
ELECTROCARDIOGRAM TRACI	220.00
EXTREMITY STUDY DUPLEXS	1,000.00
VENT MGMT INPAT INIT DA	2,036.00
AIRWAY INHALATION TREAT	764.00
MEASURE BLOOD OXYGEN LE	540.00
PULMONARY SERVICE/PROCE	540.00
NEUROMUSCULAR JUNCTION	540.00
STIM ANALYZE SIMPLE	468.00
ANALYZE NEUROSTIM COMPL	468.00
PUMP REFIL & MAINTN PHY	300.00
INFUS THER/PROPH/DIAG I	50.00
THER/PROPH/DIAG INJ IV	90.00
THERAPEUTIC EXERCISES	125.00
GAIT TRAINING THERAPY	125.00
PT EVAL LOW COMPLEX	150.00
PT EVAL MOD COMPLEX	165.00
PT EVAL HIGH COMPLEX	180.00
OT EVAL LOW COMPLEX	160.00
OT EVAL MOD COMPLEX	175.00
OT EVAL HIGH COMPLEX	190.00
THERAPEUTIC ACTIVITIES	125.00
SELF CARE MNGMENT TRAIN	150.00
DEB DEVITAL TIS 20 CM/<	2,750.00
ORTHOTIC MGMT AND TRAIN	125.00
MOD CS BY SAME PHYS ADD	220.00
MOD CS BY SAME PHYS ADD	220.00
ANESTHESIA, MAC EA 15 M	165.00
RECOVERY PHASE II, EA 1	50.00
RECOVERY, EA 15 MINUTES	140.00
INJECT CARPAL TUNNEL	1,500.00
INJECT TENDON SHEATH/LI	1,500.00
INJ TRIGGER POINT	1,500.00
INJECT TRIGGER POINTS =	1,500.00
INJ INTMED JOINT OR BUR	1,500.00
INJ MAJOR JOINT OR BURS	1,500.00
VERTEBROPLASTY TH	9,075.00
VERTEBROPLASTY LUM	9,075.00
VERTEBROPLASTY ADDL	9,075.00
INJ SACROILIAC JOINT	2,500.00
SHUNT PROCEDURE	2,500.00

LUMBAR PUNCT DIAG	2,500.00
LUMBAR PUNCT THERAPEUTI	2,500.00
INJ EPIDURAL/BLOOD PATC	2,500.00
INJ DISCOGRAM LUM	1,650.00
INJ DISCOGRAM CERV/THOR	1,650.00
INJ EPIDURAL STEROID CE	2,750.00
INJ EPIDURAL STEROID LU	2,750.00
NV BLK TRIG	1,650.00
NV BLK FACIAL	1,650.00
NV BLK INJ OCCIPITAL	1,650.00
NV BLK BRACH PLEX	2,750.00
NV BLK INTERCOSTAL (SIN	2,500.00
NV BLK INTERCOSTAL (MUL	2,750.00
INJ ILIOINGUINAL ILIOHY	2,500.00
NV BLK SCIATIC	2,500.00
NV BLK FEMORAL	2,500.00
N BLOCK LUMBAR PLEXUS	2,750.00
NV BLK PERIPHERAL	2,500.00
INJ EPIDURAL STEROID CE	2,750.00
INJ EPIDURAL STD CER/T	2,750.00
INJ TRANSFORAMINAL LUM/	2,750.00
INJ EPID STEROID CER/T	2,750.00
INJ CERVICAL MBB	2,750.00
INJ CERVICAL MBB C/T L2	1,650.00
INJ CERVICAL MBB C/T L3	1,650.00
INJ LMBB/FACET BLOCK	2,750.00
INJ FACET LUMBAR	1,650.00
INJ LMBB/FACET BLOCK L3	1,650.00
NV BLK STELL GANG	2,750.00
NV BLOCK INJ HYPOGAS PL	2,750.00
NV BLK SYMPATHETIC	2,750.00
RFA TRIGEMINAL	2,750.00
RFA INTERCOSTAL	2,750.00
RFA CER/TH	4,150.00
RFA CER/TH ADDL	4,150.00
RFA LUM/SAC	4,150.00
RFA LUM/SAC ADDL	4,150.00
RFA OCCIPITAL	2,500.00
SPIN/BRAIN PUMP REFIL &	1,000.00
MOD CS BY SAME PHYS 5 Y	220.00
MULTIPLE SLEEP LATENCY	2,100.00
SLEEP STUDY UNATT & RES	900.00
POLYSOMNOGRAPHY 4 OR MO	2,100.00
POLYSOMNOGRAPHY W/CPAP	2,100.00

COMMON OUTPATIENT PROCEDURES	AVERAGE CHARGE
ACDF LEVEL 1 & 2	65,799.00
ARTIFICIAL DISKECTOMY CERVICAL	41,606.00
KYPHOPLASTY	24,025.90
LAMINECTOMY/MICRODISKECTOMY	23,376.90
NEUROSTIMULATOR INSERT OR REPLACE	92,334.50
NEUROSTIMULATOR TRIAL	29,938.80
PLF LEVEL 1 & 2	33,055.94
PUMP IMPLANT/REPLACE PROGRAMMER	41,502.38
SACROILIAC JOINT FUSION	62,273.79

MS-DRG DESCRIPTION	AVERAGE CHARGE
SPINAL PROCEDURES W CC	45,930.46
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	105,405.21
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	113,296.80
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	99,874.04
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	66,197.34
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	69,506.77
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	92,789.20
SPINAL FUSION EXCEPT CERVICAL W MCC	75,254.59
SPINAL FUSION EXCEPT CERVICAL W/O MCC	74,241.21
CERVICAL SPINAL FUSION W MCC	77,467.97
CERVICAL SPINAL FUSION W CC	79,967.21
CERVICAL SPINAL FUSION W/O CC/MCC	77,405.86
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	25,829.87
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	14,097.84
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	24,027.37
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	21,128.37
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	48,316.12
BACK & NECK PROC EXC SPINAL FUSION W CC	30,728.14
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	25,825.40