

CenterPointe Hospital of Columbia
 Shoppable Services Summary
 Updated January 1, 2021

CPT Code

Descriptor	Inpatient A	Inpatient A	Inpatient A	Inpatient A	Intensive O	Transcranial	Transcranial	Transcranial
Charge Ma:	2100	5800	2100	5800	525	600	400	500
Cash Price	900	N/A	900	N/A	125	262.5	230	218.75

Administrative Concepts, I

Aetna Usch	900		900		235	360	240	300
All Savers C	880		880		239	270	280	275
AMB Cenpatico Home State H								
Anthem (3)	850	5800	850	5800	180		235	
Beacon He:	849		849		260	345.12	300	421.99
Blue Cross Blue Shield Cenpatico/Home State								
Central Accident Reporting								
Cigna	910		910		250	273	192	240
Cigna PPO	910		910		250	273	192	240
CoreSource								
Corphealth/LifeSynch								
EBMS								
Essence	850		850		263			
Federated Mutual								
Great West/Cigna GWH-CIGNA								
Healthlink Inc								
Healthscope								
HOME STATE HEALTH-MEDICAL								
Humana (Li	915		915		245			
Medicare Complete								
Med-Pay	900		900		260	325	280	325
Mercy Mar	850		850		263			
Meritain Health								
MHNET	900		900		235			
Mhnet - MC Claims Dept								
Missouri Care/Wellcare								
North American Administrat								
OPTUM	880		880		239	270	280	275
PCIP/United Health Intgrtd PMB#404								
Railroad Medicare								
Secure Horizons-uhc								
Student Resources								
Tricare East Region								
Tricare West Region Claims								
UBH-Unitel	880		880		239	270	280	275

UHC Care Improvement Plus								
UMR	880		880		239	270	280	275
UMR/Mo Cons Hlth Care Plan								
United Beh	880		880		239	270	280	275
United Hea	880		880		239	270	280	275
United Health Care Medica					239	270	280	275
United Healthcare Medicare					239	270	280	275
United Mer	880		880		239	270	280	275
Well First Health								
Min	849	5800	849	5800	180	270	192	240
Max	915	5800	915	5800	263	360	300	421.99

Notes:

- 1) Inpatient service packages identified in the "Description" line above include all supplies and services
- 2) Hospital Price Transparency Requirements include "300 shoppable services". The services listed above
- 3) Anthem BCBS has a case rate that covers days 1-11 of Inpatient Acute services. Beginning day 12, a F
- 4) Blank fields indicate services/codes not provided/billed in at least 12 months, or services for which n
- 5) Data presented in the table above will be updated at least annually, but is subject to change between

90792	90833	96372	99213	99214	99215	99223	99231	99232
Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Inpatient	Subsequen	Inpatient F
185	85	35	140	155	195	230	90	105
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
			140					
185			53.13	155				105
185			140	155				
122.4	24.91	35	62.82	75.77	195	230	90	105
						113.33	90	105
			140					
	28		49.17	77.33		230	90	105
			140					
					195			
185			140	155				
			140	155				
75	28		49.17	77.33				
185	85		140	155				
			65.87					
							90	105
135.58	61.4		65.87	97.21				
			62.82					155
			140					
185						230	90	105
			140					
			65.87					
			83.8					
			70.12					
135.58						230		
	85		140	87.59		230		
135.58	61.4		65.87	97.21		230	90	105

			65.87	97.21					
135.58	61.4		65.87	97.21		230	90	105	
				97.21					
				155					
	85		140	100		230	90	41.71	
185			140					105	
			65.87	97.21					
185				155					
	75	24.91	35	49.17	75.77	195	113.33	90	41.71
185	85		35	140	155	195	230	90	155

EXCEPT Physician/Non-Physician Practitioner services and ECT services, where applicable.
 We represent a comprehensive list of all service offerings currently available (billed since 1/1/2020) under
 a Per Diem rate of \$850 applies for all subsequent days of service
 if no negotiated rate exists.
 subject to updates.

99233	99238	99239	99253	9079295	9083395	9921395	9921495	90792GT
Inpatient F	Inpatient F	Inpatient F	Initial Inpat	Telemedic	Telemedic	Telemedic	Telemedic	Telemedic
120	135	175	180	185	85	140	155	185
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

120						140		185
								185

120	135	175						185
120	135							

120		175		185		140	155	225
					85	140		185

				185		140	155	185
								185

120

120	135		180					
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								185
	135							185

							155	185
								225
120		175						
		175				140	155	
120	135	175	180	185	85	140	155	185
120	135	175	180	185	85	140	155	225

for the hospital's license, including inpatient, outpatient, and ancillary service offerings. Total service offe

90833GT	99213GT	99214GT	99215GT
Telemedicine	Telemedicine	Telemedicine	Telemedicine - Established Patient Outpatient follow-up visit - exten
80	140	155	195
N/A	N/A	N/A	N/A
	140		
	140	155	195
80	140	155	195
	140	155	
	140	155	
	140	155	
	140	155	
	140	155	
80	140	155	195
	140	155	
		155	
	140	155	
	140	155	
	140	155	
	140	155	195
	140	155	195

140	
140	155
140	
140	155

80	140	155	195
80	140	155	195

airings do not amount to 300 separately-identifiable shoppable services.

ded time