

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
INPATIENT	MEDICAL ROOM AND BOARD	ROOM AND BOARD	120		\$2,788.00	PER DAY	\$2,506.05	\$2,506.05	\$2,467.79	\$1,019.00	\$2,125.00	\$1,700.00	\$2,102.00	-
INPATIENT	REHAB ROOM AND BOARD	ROOM AND BOARD	120		\$2,788.00	PER DAY	\$2,506.05	\$2,506.05	\$2,467.79	\$1,019.00	\$2,125.00	\$1,700.00	\$2,102.00	-
INPATIENT	TRACH ROOM AND BOARD	ROOM AND BOARD	120		\$3,066.00	PER DAY	\$2,506.05	\$2,506.05	\$2,467.79	\$1,720.00	\$2,125.00	\$1,700.00	\$2,102.00	-
INPATIENT	VENT ROOM AND BOARD	ROOM AND BOARD	120		\$3,206.00	PER DAY	\$2,506.05	\$2,506.05	\$2,467.79	\$1,720.00	\$2,125.00	\$1,700.00	\$2,102.00	-
INPATIENT	INITIAL INPATIENT HISTORY & EXAM (LOW)	PROFESSIONAL SERVICES	99221		\$216.00	PER UNIT	\$33.90	\$33.90	\$42.66	\$42.66	\$38.28	\$98.39	\$38.28	-
INPATIENT	INITIAL INPATIENT HISTORY & EXAM (MOD)	PROFESSIONAL SERVICES	99222		\$360.00	PER UNIT	\$51.40	\$51.40	\$56.47	\$56.47	\$53.94	\$132.68	\$53.94	-
INPATIENT	INITIAL INPATIENT HISTORY & EXAM (HIGH)	PROFESSIONAL SERVICES	99223		\$473.00	PER UNIT	\$69.00	\$69.00	\$112.93	\$112.93	\$90.97	\$193.93	\$115.97	-
INPATIENT	SUBSEQUENT INPATIENT VISIT (LOW)	PROFESSIONAL SERVICES	99231		\$117.00	PER UNIT	\$16.40	\$16.40	\$45.39	\$45.69	\$30.89	\$37.13	\$30.89	-
INPATIENT	SUBSEQUENT INPATIENT VISIT (MOD)	PROFESSIONAL SERVICES	99232		\$170.00	PER UNIT	\$24.90	\$24.90	\$78.59	\$78.59	\$67.92	\$67.92	\$78.59	-
INPATIENT	SUBSEQUENT INPATIENT VISIT (HIGH)	PROFESSIONAL SERVICES	99233		\$238.00	PER UNIT	\$35.05	\$35.05	\$56.65	\$56.65	\$78.45	\$98.07	\$78.45	-
INPATIENT	INPATIENT CONSULT PROBLEM FOCUSED	PROFESSIONAL SERVICES	99251		\$182.00	PER UNIT	\$32.15	\$32.15	\$51.44	\$51.44	\$43.72	\$43.72	\$59.58	-
INPATIENT	INPATIENT CONSULT EXP PROBLEM FOCUSED	PROFESSIONAL SERVICES	99252		\$253.00	PER UNIT	\$33.95	\$33.95	\$54.32	\$54.32	\$61.05	\$67.69	\$61.05	-
INPATIENT	INPATIENT CONSULT - DETAILED	PROFESSIONAL SERVICES	99253		\$303.00	PER UNIT	\$46.45	\$46.45	\$140.61	\$140.61	\$96.41	\$102.16	\$96.41	-
INPATIENT	INPATIENT CONSULT - MODERATE	PROFESSIONAL SERVICES	99254		\$428.00	PER UNIT	\$66.40	\$66.40	\$153.60	\$153.60	\$106.30	\$146.20	\$146.20	-
INPATIENT	INPATIENT CONSULT - HIGH	PROFESSIONAL SERVICES	99255		\$587.00	PER UNIT	\$87.10	\$87.10	\$139.36	\$139.36	\$111.48	\$182.80	\$111.48	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
OBSERVATION	OBSERVATION CHARGE	OBSERVATION CARE	762		\$95.00	PER HOUR	\$36.71-\$2989.43	\$36.71-\$2989.43	\$53.00-\$1219	\$53.00-\$1219	\$62.30-\$1432.90	\$35-\$805	\$35-\$805	-
ACUTE CARE CLINIC	ER LEVEL 1 PROBLEM FOCUSED	ACUTE CARE CLINIC	99281		\$489.07	PER DAY	\$94.94-\$227.87	\$94.94-\$227.87	\$103.11-\$477.83	\$103.11-\$477.83	\$160.00	\$248.53	\$497.00	-
ACUTE CARE CLINIC	ER LEVEL 2 PRBLM FOCUSED LOW	ACUTE CARE CLINIC	99282		\$489.07	PER DAY	\$94.94-\$227.87	\$94.94-\$227.87	\$103.11-\$477.83	\$103.11-\$477.83	\$160.00	\$336.40	\$497.00	-
ACUTE CARE CLINIC	ER LEVEL 3 EXPANDED PRBLM MOD	ACUTE CARE CLINIC	99283		\$611.08	PER DAY	\$121.28-\$152.54	\$121.28-\$152.54	\$103.11-\$477.83	\$489.60	\$160.00	\$374.40	\$497.00	-
ACUTE CARE CLINIC	ER LEVEL 4 DETD MOD COMPLEXITY	ACUTE CARE CLINIC	99284		\$917.68	PER DAY	\$121.28-\$152.54	\$121.28-\$152.54	\$103.11-\$477.83	\$103.11-\$477.83	\$160.00	\$435.00	\$497.00	-
ACUTE CARE CLINIC	ER LEVEL COMPRHNSVE HIGH COMP	ACUTE CARE CLINIC	99285		\$917.68	PER DAY	\$121.28-\$152.54	\$121.28-\$152.54	\$103.11-\$477.83	\$103.11-\$477.83	\$160.00	\$435.00	\$497.00	-
ACUTE CARE CLINIC	DCFS EXAM	ACUTE CARE CLINIC	99281		\$489.07	PER UNIT	\$126.56	\$126.56	n/a	n/a	n/a	n/a	n/a	-
ACUTE CARE CLINIC	G TUBE CHANGE & REPLACEMENT	ACUTE CARE CLINIC	43760		\$165.32	PER UNIT	\$35.65	\$35.65	\$66.58	\$66.08	\$70.14	\$48.36	\$70.14	-
CLINIC	OFFICE OUTPT NEW 20 MINUTES	OUTPATIENT CLINIC	99202		\$226.30	PER UNIT	\$33.60	\$33.60	\$56.63	\$21.31	\$64.81	\$54.32	\$54.32	-
CLINIC	OFFICE OUTPT NEW 30 MINUTES	OUTPATIENT CLINIC	99203	*	\$226.30	PER UNIT	\$43.55	\$43.55	\$65.26	\$44.94	\$72.62	\$74.61	\$62.60	-
CLINIC	OFFICE OUTPT NEW 45 MIN	OUTPATIENT CLINIC	99204	*	\$471.04	PER UNIT	\$69.65	\$69.65	\$143.11	\$97.88	\$84.50	\$126.99	\$130.51	-
CLINIC	OFFICE OUTPT NEW 60 MIN	OUTPATIENT CLINIC	99205	*	\$500.55	PER UNIT	\$74.10	\$74.10	\$186.71	\$186.71	\$178.54	\$162.21	\$178.54	-
CLINIC	OFFICE O/P EST 5 MIN	OUTPATIENT CLINIC	99211		\$101.30	PER UNIT	\$12.88	\$12.88	\$29.41	\$26.23	\$21.46	\$39.22	\$39.22	-
CLINIC	OFFICE OUTPT EST 10 MIN	OUTPATIENT CLINIC	99212		\$190.15	PER UNIT	\$25.65	\$25.65	\$45.27	\$38.26	\$23.78	\$24.12	\$27.97	-
CLINIC	OFFICE OUTPT EST15 MIN	OUTPATIENT CLINIC	99213		\$288.90	PER UNIT	\$46.56	\$46.56	\$84.21	\$75.79	\$47.56	\$48.56	\$53.10	-
CLINIC	OFFICE OUTPT EST 25 MIN	OUTPATIENT CLINIC	99214		\$406.98	PER UNIT	\$72.97	\$72.97	\$123.12	\$98.12	\$85.37	\$74.59	\$110.26	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
CLINIC	OFFICE OUTPT EST 40 MIN	OUTPATIENT CLINIC	99215		\$510.76	PER UNIT	\$49.95	\$49.95	\$165.50	\$140.67	\$120.37	\$193.95	\$196.07	-
CLINIC	OFFICE CONSLT 15 MIN	OUTPATIENT CLINIC	99241		\$288.90	PER UNIT	\$39.19	\$39.19	\$42.40	\$42.40	\$30.56	\$30.56	\$30.56	-
CLINIC	OFFICE CONSLT 30 MIN	OUTPATIENT CLINIC	99242		\$389.87	PER UNIT	\$72.91	\$72.91	\$86.96	\$56.63	\$56.63	\$63.83	\$63.83	-
CLINIC	OFFICE CONSLT 40 MIN	OUTPATIENT CLINIC	99243	*	\$555.29	PER UNIT	\$99.86	\$99.86	\$121.83	\$121.83	\$88.39	\$88.39	\$88.39	-
CLINIC	OFFICE CONSLT 60 MIN	OUTPATIENT CLINIC	99244	*	\$732.88	PER UNIT	\$147.24	\$147.24	\$166.75	\$153.40	\$153.40	\$186.54	\$168.89	-
CLINIC	OFFICE CONSLT 80 MIN	OUTPATIENT CLINIC	99245		\$843.57	PER UNIT	\$182.82	\$182.82	\$198.48	\$198.48	\$171.66	\$185.07	\$171.66	-
CLINIC	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	OUTPATIENT CLINIC	99381		\$346.22	PER UNIT	\$91.90	\$91.90	\$102.68	\$102.68	\$67.60	\$67.60	\$79.29	-
CLINIC	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	OUTPATIENT CLINIC	99382		\$392.20	PER UNIT	\$98.65	\$98.65	\$126.71	\$109.57	\$71.11	\$71.11	\$92.42	-
CLINIC	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	OUTPATIENT CLINIC	99383		\$392.20	PER UNIT	\$96.60	\$96.60	\$115.90	\$115.90	\$108.75	\$136.95	\$108.75	-
CLINIC	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	OUTPATIENT CLINIC	99384		\$442.15	PER UNIT	\$104.96	\$104.96	\$137.53	\$137.53	\$89.84	\$89.84	\$89.84	-
CLINIC	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	OUTPATIENT CLINIC	99385	*	\$442.15	PER UNIT	\$104.96	\$104.96	\$137.53	\$137.53	\$86.62	\$86.62	\$86.62	-
CLINIC	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	OUTPATIENT CLINIC	99391		\$298.25	PER UNIT	\$69.52	\$69.52	\$109.54	\$109.54	\$78.65	\$61.45	\$90.31	-
CLINIC	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	OUTPATIENT CLINIC	99392		\$346.22	PER UNIT	\$77.87	\$77.87	\$139.21	\$118.33	\$88.16	\$125.86	\$100.74	-
CLINIC	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	OUTPATIENT CLINIC	99393		\$346.22	PER UNIT	\$76.84	\$76.84	\$138.76	\$101.32	\$87.00	\$67.60	\$100.31	-
CLINIC	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	OUTPATIENT CLINIC	99394		\$392.20	PER UNIT	\$84.62	\$84.62	\$152.90	\$129.97	\$96.26	\$188.14	\$120.72	-
CLINIC	TELEHEALTH EST. PT 5-10 MIN	OUTPATIENT CLINIC	99421		\$43.24	PER UNIT	\$13.19	\$13.19	\$39.57	\$35.61	\$18.89	\$31.36	\$18.89	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
CLINIC	TELEHEALTH EST PT 11-20 MIN	OUTPATIENT CLINIC	99422		\$88.97	PER UNIT	\$27.14	\$27.14	\$44.00	\$44.00	\$43.89	\$53.89	\$33.78	-
CLINIC	TELEHEALTH EST PT 21+ MIN	OUTPATIENT CLINIC	99423		\$141.72	PER UNIT	\$43.23	\$43.23	\$29.00	\$29.00	\$29.00	\$87.07	\$53.10	-
CLINIC	MED NUTR THER RE-ASSMT&IVNTJ INDIV EA 15 MIN	NUTRITION	97803		\$34.80	PER UNIT	\$0.00	\$0.00	\$32.81	\$32.81	\$18.76	\$63.70	\$24.63	-
RADIOLOGY	RADEX SKL < 4 VIEWS	RADIOLOGY	70250		\$513.22	PER UNIT	\$21.50	\$21.50	\$50.48	\$50.48	\$35.99	\$26.14	\$35.99	-
RADIOLOGY	RADEX NCK SOFT TISS	RADIOLOGY	70360		\$229.19	PER UNIT	\$14.35	\$14.35	\$39.60	\$39.60	\$26.97	\$19.62	\$26.97	-
RADIOLOGY	CT HEAD/BRAIN W/O DYE	RADIOLOGY	70450	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	MRI BRAIN STEM W/O & W/DYE	RADIOLOGY	70553	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	RADIOLOGY	71045		\$200.31	PER UNIT	\$68.88	\$68.88	\$58.14	\$46.83	\$68.10	\$68.10	\$68.10	-
RADIOLOGY	RADEX RIBS BI 3 VIEWS	RADIOLOGY	71110		\$195.92	PER UNIT	\$26.15	\$26.15	\$52.44	\$52.44	\$39.84	\$27.35	\$39.84	-
RADIOLOGY	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	RADIOLOGY	71111		\$224.82	PER UNIT								
RADIOLOGY	RADEX SPI CRV 2/3 VIEWS	RADIOLOGY	72040		\$333.52	PER UNIT	\$24.15	\$24.15	\$43.52	\$43.52	\$35.87	\$35.87	\$35.87	-
RADIOLOGY	RADEX SPI THRC 2 VIEWS	RADIOLOGY	72070		\$400.05	PER UNIT	\$19.60	\$19.60	\$31.36	\$31.36	\$22.84	\$22.84	\$31.36	-
RADIOLOGY	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, SCOLIOSIS EVALUATION); ONE VIEW	RADIOLOGY	72081		\$322.16	PER UNIT	\$22.01	\$22.01	\$58.15	\$58.15	\$35.21	\$58.15	\$35.21	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
RADIOLOGY	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG, SCOLIOSIS EVALUATION); 2 OR 3 VIEWS	RADIOLOGY	72082		\$362.28	PER UNIT	\$35.00	\$35.00	\$96.46	\$96.46	\$86.82	\$86.82	\$86.62	-
RADIOLOGY	RADEX SPI LUMBOSAC 2/3 VIEWS	RADIOLOGY	72100		\$433.10	PER UNIT	\$28.70	\$28.70	\$49.97	\$49.97	\$33.14	\$33.14	\$89.31	-
RADIOLOGY	X-RAY EXAM L-2 SPINE 4/>VWS	RADIOLOGY	72110	*	\$226.88	PER UNIT	\$37.90	\$37.90	\$89.02	\$89.02	\$48.68	\$48.68	\$48.68	-
RADIOLOGY	MRI LUMBAR SPINE W/O DYE	RADIOLOGY	72148	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	RADEX PELVIS 1/2 VIEWS	RADIOLOGY	72170		\$297.88	PER UNIT	\$15.70	\$15.70	\$47.30	\$47.30	\$34.76	\$19.95	\$34.76	-
RADIOLOGY	CT PELVIS W/DYE	RADIOLOGY	72193	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	RADEX CLAV COMPL	RADIOLOGY	73000		\$124.73	PER UNIT	\$15.00	\$15.00	\$40.08	\$40.08	\$24.15	\$28.85	\$24.15	-
RADIOLOGY	RADEX SHO COMPL MINIMUM 2 VIEWS	RADIOLOGY	73030		\$267.22	PER UNIT	\$22.20	\$22.20	\$38.57	\$38.57	\$34.76	\$31.39	\$34.76	-
RADIOLOGY	RADEX HUM MINIMUM 2 VIEWS	RADIOLOGY	73060		\$267.22	PER UNIT	\$15.70	\$15.70	\$38.57	\$38.57	\$34.76	\$20.59	\$34.76	-
RADIOLOGY	RADEX ELBW 2 VIEWS	RADIOLOGY	73070		\$267.22	PER UNIT	\$19.60	\$19.60	\$39.59	\$39.59	\$27.44	\$28.53	\$28.53	-
RADIOLOGY	RADEX ELBW COMPL MINIMUM 3 VIEWS	RADIOLOGY	73080		\$137.83	PER UNIT	\$21.50	\$21.50	\$45.05	\$45.05	\$30.10	\$33.35	\$33.35	-
RADIOLOGY	RADEX F/ARM 2 VIEWS	RADIOLOGY	73090		\$248.89	PER UNIT	\$18.30	\$18.30	\$36.62	\$36.62	\$25.62	\$19.95	\$25.62	-
RADIOLOGY	RADEX WRST 2 VIEWS	RADIOLOGY	73100		\$286.69	PER UNIT	\$21.50	\$21.50	\$42.07	\$42.07	\$27.95	\$23.16	\$27.95	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
RADIOLOGY	RADEX WRST COMPL MINIMUM 3 VIEWS	RADIOLOGY	73110		\$129.28	PER UNIT	\$22.20	\$22.20	\$50.52	\$50.52	\$31.08	\$29.28	\$31.08	-
RADIOLOGY	RADEX HAND 2 VIEWS	RADIOLOGY	73120		\$159.52	PER UNIT	\$17.00	\$17.00	\$37.12	\$37.12	\$23.80	\$27.56	\$27.56	-
RADIOLOGY	RADEX HAND MINIMUM 3 VIEWS	RADIOLOGY	73130		\$235.67	PER UNIT	\$18.30	\$18.30	\$43.08	\$43.08	\$25.62	\$24.13	\$25.62	-
RADIOLOGY	RADEX FNGR MINIMUM 2 VIEWS	RADIOLOGY	73140		\$200.31	PER UNIT	\$14.35	\$14.35	\$56.29	\$56.29	\$20.09	\$27.03	\$27.03	-
RADIOLOGY	RADEX KNE 1/2 VIEWS	RADIOLOGY	73560		\$238.12	PER UNIT	\$19.60	\$19.60	\$43.46	\$43.46	\$27.44	\$21.88	\$21.88	-
RADIOLOGY	RADEX KNE 3 VIEWS	RADIOLOGY	73562		\$140.63	PER UNIT	\$20.20	\$20.20	\$62.55	\$62.55	\$28.28	\$27.99	\$28.28	-
RADIOLOGY	RADEX KNE BTH KNES STANDING ANTEROPOST	RADIOLOGY	73565		\$262.45	PER UNIT	\$33.40	\$33.40	\$48.60	\$48.60	\$43.42	\$36.55	\$43.42	-
RADIOLOGY	RADEX TIBFIB 2 VIEWS	RADIOLOGY	73590		\$269.07	PER UNIT	\$21.50	\$21.50	\$38.86	\$38.86	\$26.45	\$27.55	\$26.45	-
RADIOLOGY	RADEX ANKLE 2 VIEWS	RADIOLOGY	73600		\$267.22	PER UNIT	\$21.50	\$21.50	\$39.90	\$39.90	\$27.95	\$28.85	\$27.95	-
RADIOLOGY	RADEX ANKLE COMPL MINIMUM 3 VIEWS	RADIOLOGY	73610		\$184.92	PER UNIT	\$28.70	\$28.70	\$46.55	\$46.55	\$33.55	\$37.31	\$37.31	-
RADIOLOGY	RADEX FOOT COMPL MINIMUM 3 VIEWS	RADIOLOGY	73630		\$171.46	PER UNIT	\$21.50	\$21.50	\$42.46	\$42.46	\$28.80	\$23.49	\$25.80	-
RADIOLOGY	MRI JNT OF LWR EXTRE W/O DYE	RADIOLOGY	73721	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	RADIOLOGY	74018		\$248.89	PER UNIT	\$63.60	\$63.60	\$101.76	\$101.76	\$76.32	\$82.68	\$82.68	-
RADIOLOGY	RADEX ABD COMPL W/DCBTS&ERC VIEWS	RADIOLOGY	74019		\$275.79	PER UNIT	\$38.20	\$38.20	\$61.12	\$61.12	\$49.66	\$49.66	\$49.66	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
RADIOLOGY	CT ABD & PELV W/CONTRAST	RADIOLOGY	74177	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	US EXAM ABDOM COMPLETE	RADIOLOGY	76700	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	OB US >/=14 WKS SNGL FETUS	RADIOLOGY	76805	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	TRANSVAGINAL US NON-OB	RADIOLOGY	76830	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	Mammography of one breast	RADIOLOGY	77065	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	Mammography of both breasts	RADIOLOGY	77066	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	Mammography, screening, bilateral	RADIOLOGY	77067	*	We do not offer this service	-	-	-	-	-	-	-	-	-
RADIOLOGY	BONE AGE STUDIES	RADIOLOGY	77072		\$248.89	PER UNIT	\$21.50	\$21.50	\$34.21	\$34.21	\$27.95	\$23.03	\$27.95	-
RADIOLOGY	BONE LENGTH STUDIES	RADIOLOGY	77073		\$437.46	PER UNIT	\$28.70	\$28.70	\$54.13	\$54.13	\$37.31	\$38.73	\$37.31	-
RADIOLOGY	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	RADIOLOGY	77075		\$482.26	PER UNIT	\$98.10	\$98.10	\$126.89	\$126.89	\$92.92	\$92.92	\$113.68	-
LABORATORY	BASIC METABOLIC PANEL CALCIUM TOTAL	LABORATORY	80048	*	\$51.25	PER UNIT	\$10.67	\$10.67	\$8.46	\$8.46	\$10.93	\$13.91	\$13.91	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	COMPRE METAB PANEL	LABORATORY	80053	*	\$64.11	PER UNIT	\$10.36	\$10.36	\$11.15	\$11.15	\$13.82	\$15.39	\$16.80	\$8.49
LABORATORY	Obstetric blood test panel	LABORATORY	80555	*	We do not offer this service	-	-	-	-	-	-	-	-	-
LABORATORY	LIPID PANEL	LABORATORY	80061	*	\$81.03	PER UNIT	\$6.22	\$6.22	\$3.50	\$3.50	\$26.99	\$12.89	\$10.76	-
LABORATORY	Kidney function panel test	LABORATORY	80069	*	\$52.62	PER UNIT	\$8.52	\$8.52	\$11.48	\$10.56	\$13.82	\$13.03	\$16.80	-
LABORATORY	AQT HEP PANEL	LABORATORY	80074		\$141.43	PER UNIT	\$38.48	\$38.48	\$50.02	\$50.02	\$84.83	\$45.83	\$84.83	-
LABORATORY	HEPATC FUNCJ PANEL	LABORATORY	80076	*	\$49.40	PER UNIT	\$7.98	\$7.98	\$6.29	\$6.29	\$33.90	\$13.45	\$33.90	-
LABORATORY	DIPROPYLACETIC ACID	LABORATORY	80164		\$81.84	PER UNIT	\$17.72	\$17.72	\$8.87	\$8.87	\$23.04	\$13.04	\$23.04	-
LABORATORY	LEVETIRACETAM	LABORATORY	80177		\$82.77	PER UNIT	\$19.22	\$19.22	\$3.50	\$3.50	\$24.03	\$24.03	\$24.03	-
LABORATORY	PHENOBARBITAL	LABORATORY	80184		\$69.32	PER UNIT	\$17.72	\$17.72	\$11.78	\$11.78	\$9.64	\$11.02	\$11.02	-
LABORATORY	TOPIRAMATE	LABORATORY	80201		\$72.35	PER UNIT	\$22.64	\$22.64	\$12.43	\$12.43	\$11.84	\$11.47	\$11.47	-
LABORATORY	ZONISAMIDE	LABORATORY	80203		\$66.67	PER UNIT	\$16.02	\$16.02	\$19.84	\$19.84	\$17.71	\$17.41	\$17.71	-
LABORATORY	DRUG SCREEN,PRESUMPTIVE,ANY NUMBER OF CLASSES, QUALI, VALIDATION	LABORATORY	80307		\$153.94	PER UNIT	\$47.89	\$47.89	\$63.03	\$63.03	\$82.07	\$82.07	\$82.07	-
LABORATORY	URNLS DIP STICK/TABLET RGNT AUTO MIC	LABORATORY	81001	*	\$19.47	PER UNIT	\$5.72	\$5.72	\$6.96	\$6.96	\$11.68	\$6.96	\$8.17	-
LABORATORY	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MIC	LABORATORY	81002	*	\$4.67	PER UNIT	\$5.20	\$5.20	\$4.44	\$4.44	\$3.21	\$2.46	\$2.24	-



**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	LABORATORY	81003	*	\$13.79	PER UNIT	\$4.36	\$4.36	\$6.96	\$6.96	\$9.47	\$2.16	\$9.47	-
LABORATORY	CHROMOSOME MICROARRAY	LABORATORY	81229		\$2,491.84	PER UNIT	\$21.90	\$21.90	\$71.45	\$71.45	\$96.47	\$122.40	\$96.47	-
LABORATORY	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	LABORATORY	81243		\$100.65	PER UNIT	\$28.10	\$28.10	\$33.72	\$33.72	\$35.23	\$35.23	\$35.23	-
LABORATORY	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2	LABORATORY	81401		\$180.92	PER UNIT	\$21.90	\$21.90	\$3.50	\$3.50	\$26.28	\$26.28	\$26.28	-
LABORATORY	ALBUMIN SERUM PLASMA/WHOLE BLOOD	LABORATORY	82040		\$30.26	PER UNIT	\$4.50	\$4.50	\$4.71	\$4.71	\$4.76	\$4.76	\$4.76	-
LABORATORY	ALBUMIN URINE MICROALBUMIN QUAN	LABORATORY	82043		\$35.12	PER UNIT	\$3.94	\$3.94	\$5.78	\$5.78	\$6.65	\$8.42	\$4.65	-
LABORATORY	AMYLASE	LABORATORY	82150		\$39.30	PER UNIT	\$25.52	\$25.52	\$28.27	\$28.27	\$29.16	\$29.16	\$29.16	-
LABORATORY	ANDROSTENEDIONE	LABORATORY	82157		\$176.79	PER UNIT	\$16.80	\$16.80	\$18.48	\$18.48	\$26.10	\$15.72	\$26.10	-
LABORATORY	BILIRUBIN TOT	LABORATORY	82247		\$30.61	PER UNIT	\$9.32	\$9.32	\$5.29	\$5.29	\$4.83	\$4.83	\$4.83	-
LABORATORY	BILIRUBIN DIR	LABORATORY	82248		\$30.61	PER UNIT	\$9.32	\$9.32	\$5.45	\$5.45	\$5.79	\$3.22	\$5.79	-
LABORATORY	BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	LABORATORY	82270		\$19.94	PER UNIT	\$2.48	\$2.48	\$3.50	\$3.50	\$2.98	\$3.14	\$3.14	-
LABORATORY	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	LABORATORY	82306		\$178.53	PER UNIT	\$8.86	\$8.86	\$20.72	\$20.72	\$23.77	\$18.69	\$23.77	-
LABORATORY	CALCIUM TOT	LABORATORY	82310		\$31.42	PER UNIT	\$9.32	\$9.32	\$12.12	\$12.12	\$11.18	\$11.18	\$11.18	-
LABORATORY	CALCIUM IONIZED	LABORATORY	82330		\$82.66	PER UNIT	\$26.72	\$26.72	\$28.88	\$27.36	\$22.48	\$22.48	\$22.48	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	CALCIUM URINE QUAN TMD SPEC	LABORATORY	82340		\$36.75	PER UNIT	\$5.40	\$5.40	\$24.89	\$24.89	\$22.04	\$22.48	\$22.04	-
LABORATORY	CHLORIDE URINE	LABORATORY	82436		\$30.61	PER UNIT	\$4.66	\$4.66	\$4.43	\$4.43	\$4.84	\$4.84	\$4.84	-
LABORATORY	CORTISOL TOT	LABORATORY	82533		\$98.55	PER UNIT	\$13.42	\$13.42	\$13.08	\$12.86	\$16.10	\$15.69	\$16.10	-
LABORATORY	CREATINE KINASE TOT	LABORATORY	82550		\$39.66	PER UNIT	\$18.24	\$18.24	\$6.87	\$6.87	\$6.27	\$6.27	\$6.27	-
LABORATORY	CREATININE BLD	LABORATORY	82565		\$31.30	PER UNIT	\$9.32	\$9.32	\$5.57	\$5.57	\$5.41	\$8.42	\$4.11	-
LABORATORY	CREATININE OTH SRC	LABORATORY	82570		\$31.62	PER UNIT	\$13.98	\$13.98	\$3.50	\$3.50	\$6.08	\$8.51	\$4.16	-
LABORATORY	CYANOCOBALAMIN	LABORATORY	82607		\$91.12	PER UNIT	\$12.00	\$12.00	\$3.50	\$3.50	\$14.40	\$14.50	\$14.40	-
LABORATORY	DEHYDROEPIANDROSTERONE-SULFATE	LABORATORY	82627		\$134.01	PER UNIT	\$7.96	\$7.96	\$13.70	\$13.70	\$16.07	\$21.39	\$16.07	-
LABORATORY	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	LABORATORY	82652		\$232.21	PER UNIT	\$16.06	\$16.06	\$19.21	\$19.21	\$21.02	\$37.04	\$21.02	-
LABORATORY	ESTRADIOL	LABORATORY	82670		\$68.74	PER UNIT	\$20.24	\$20.24	\$17.63	\$14.99	\$12.24	\$10.91	\$1,224.00	-
LABORATORY	ESTRONE	LABORATORY	82679		\$67.64	PER UNIT	\$10.12	\$10.12	\$12.65	\$12.65	\$12.14	\$10.75	\$12.14	-
LABORATORY	FERRITIN	LABORATORY	82728		\$82.42	PER UNIT	\$7.16	\$7.16	\$10.76	\$10.76	\$9.85	\$13.11	\$9.85	-
LABORATORY	GALACTOSE-1-PHOSPHATE URIDYL TRASE QUAN	LABORATORY	82775		\$107.01	PER UNIT	\$13.42	\$13.42	\$17.45	\$17.45	\$16.10	\$17.06	\$16.10	-
LABORATORY	GAMMAGLOBULIN IGA IGD IGG IGM EACH	LABORATORY	82784		\$56.45	PER UNIT	\$5.02	\$5.02	\$11.48	\$11.48	\$7.63	\$15.30	\$7.34	-
LABORATORY	GAMMAGLOBULIN IGE	LABORATORY	82785		\$99.58	PER UNIT	\$7.16	\$7.16	\$18.54	\$18.54	\$15.85	\$15.85	\$15.85	-
LABORATORY	COMBINATION PH PCO2 PO2 CO2 HCO3	LABORATORY	82803		\$73.05	PER UNIT	\$10.80	\$10.88	\$24.77	\$24.77	\$11.61	\$11.61	\$11.61	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	GLUC BDY FLU OTH/THN BLD	LABORATORY	82945		\$24.00	PER UNIT	\$3.08	\$3.08	\$4.00	\$4.00	\$3.77	\$3.77	\$3.77	-
LABORATORY	GLUC QUAN BLD	LABORATORY	82947		\$59.71	PER UNIT	\$3.82	\$3.82	\$8.30	\$8.30	\$4.27	\$3.77	\$4.27	-
LABORATORY	GLUC POST GLUC DOSE GLUC	LABORATORY	82950		\$28.91	PER UNIT	\$4.66	\$4.66	\$6.17	\$6.17	\$4.57	\$4.57	\$4.57	-
LABORATORY	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	LABORATORY	82962		\$18.58	PER UNIT	\$1.68	\$1.68	\$3.50	\$3.50	\$3.17	\$6.72	\$4.81	-
LABORATORY	GLUTAMYLTRASE GAMMA	LABORATORY	82977		\$43.49	PER UNIT	\$5.40	\$5.40	\$7.82	\$7.82	\$5.78	\$6.93	\$6.93	-
LABORATORY	GLYCATED PROTEIN	LABORATORY	82985		\$91.02	PER UNIT	\$13.42	\$13.42	\$15.72	\$15.72	\$14.50	\$14.50	\$14.50	-
LABORATORY	GONAD FOLLICLE STIMULATING HORM	LABORATORY	83001		\$112.21	PER UNIT	\$18.18	\$18.18	\$15.70	\$13.35	\$20.39	\$17.88	\$20.39	-
LABORATORY	GONAD LTNZNG HORM	LABORATORY	83002		\$111.99	PER UNIT	\$8.86	\$8.86	\$15.63	\$14.82	\$13.38	\$17.82	\$13.38	-
LABORATORY	GROWTH HORM HUMAN	LABORATORY	83003		\$98.55	PER UNIT	\$8.86	\$8.86	\$15.63	\$14.82	\$13.38	\$15.69	\$13.38	-
LABORATORY	HGB FXJ&QUAN ELECTROPHORESIS	LABORATORY	83020		\$116.84	PER UNIT	\$17.24	\$17.24	\$9.91	\$8.92	\$6.34	\$9.51	\$6.34	-
LABORATORY	HGB FXJ&QUAN CHROM	LABORATORY	83021		\$109.21	PER UNIT	\$24.36	\$24.36	\$16.10	\$14.49	\$16.49	\$17.37	\$14.50	-
LABORATORY	HGB GLYCOSYLATED	LABORATORY	83036		\$58.90	PER UNIT	\$6.30	\$6.30	\$10.25	\$10.25	\$12.53	\$15.97	\$14.50	-
LABORATORY	HYDROXYPROGST 17-D	LABORATORY	83498		\$163.92	PER UNIT	\$17.72	\$17.72	\$24.23	\$24.23	\$19.63	\$26.15	\$19.63	-
LABORATORY	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	LABORATORY	83516		\$32.48	PER UNIT	\$8.78	\$8.78	\$16.81	\$16.81	\$22.29	\$16.81	\$9.27	-
LABORATORY	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	LABORATORY	83519		\$120.14	PER UNIT	\$13.20	\$13.20	\$11.96	\$11.96	\$13.00	\$13.00	\$13.00	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	LABORATORY	83520		\$84.98	PER UNIT	\$12.68	\$12.68	\$13.82	\$13.82	\$12.46	\$12.46	\$12.46	-
LABORATORY	INSULIN TOT	LABORATORY	83525		\$69.21	PER UNIT	\$8.86	\$8.86	\$8.12	\$8.12	\$9.91	\$14.09	\$14.09	-
LABORATORY	IRON	LABORATORY	83540		\$39.30	PER UNIT	\$12.76	\$12.76	\$4.90	\$4.90	\$6.23	\$6.23	\$6.23	-
LABORATORY	IRON BNDNG CAP	LABORATORY	83550		\$53.43	PER UNIT	\$8.56	\$8.56	\$6.12	\$6.12	\$8.41	\$8.41	\$8.41	-
LABORATORY	LACTATE	LABORATORY	83605		\$64.68	PER UNIT	\$26.58	\$26.58	\$9.02	\$9.02	\$10.28	\$10.28	\$10.28	-
LABORATORY	LACTATE DEHYD	LABORATORY	83615		\$36.75	PER UNIT	\$11.84	\$11.84	\$12.78	\$12.78	\$9.82	\$5.81	\$9.82	-
LABORATORY	LEAD	LABORATORY	83655		\$73.18	PER UNIT	\$11.86	\$11.86	\$12.98	\$12.98	\$15.75	\$17.66	\$9.72	-
LABORATORY	LIPASE	LABORATORY	83690		\$41.85	PER UNIT	\$13.44	\$13.44	\$15.15	\$15.15	\$8.87	\$6.63	\$8.87	-
LABORATORY	LIPOPROTEIN A	LABORATORY	83695		\$78.26	PER UNIT	\$8.14	\$8.14	\$10.64	\$10.64	\$11.28	\$12.46	\$11.28	-
LABORATORY	LIPOPROTEIN DIR MEAS LDL CHOLESTEROL	LABORATORY	83721		\$57.86	PER UNIT	\$9.34	\$9.34	\$10.50	\$10.50	\$12.53	\$15.70	\$7.66	-
LABORATORY	MAGNESIUM	LABORATORY	83735		\$40.69	PER UNIT	\$26.24	\$26.24	\$6.01	\$6.01	\$6.45	\$6.45	\$6.45	-
LABORATORY	OSMOLALITY BLD	LABORATORY	83930		\$38.95	PER UNIT	\$9.32	\$9.32	\$11.22	\$11.22	\$6.30	\$6.17	\$6.30	-
LABORATORY	OSMOLALITY URINE	LABORATORY	83935		\$41.50	PER UNIT	\$9.32	\$9.32	\$11.34	\$11.34	\$6.41	\$6.56	\$6.41	-
LABORATORY	PARATHORM	LABORATORY	83970		\$248.79	PER UNIT	\$62.24	\$62.24	\$74.10	\$74.10	\$27.88	\$39.72	\$39.72	-
LABORATORY	PHOSPHATASE ALKALINE	LABORATORY	84075		\$31.42	PER UNIT	\$10.04	\$10.04	\$11.55	\$11.55	\$4.98	\$4.98	\$4.98	-
LABORATORY	PHOSPHORUS INORGANIC	LABORATORY	84100		\$29.10	PER UNIT	\$13.98	\$13.98	\$16.08	\$16.08	\$7.79	\$7.79	\$7.79	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	PHOSPHORUS INORGANIC URINE	LABORATORY	84105		\$31.42	PER UNIT	\$2.26	\$2.26	\$3.50	\$3.50	\$4.98	\$4.98	\$4.98	-
LABORATORY	POTASSIUM SERUM PLASMA/WHOLE BLOOD	LABORATORY	84132		\$27.93	PER UNIT	\$13.98	\$13.98	\$9.70	\$9.70	\$16.25	\$14.42	\$14.42	-
LABORATORY	POTASSIUM URINE	LABORATORY	84133		\$26.20	PER UNIT	\$8.40	\$8.40	\$12.64	\$12.64	\$9.40	\$9.40	\$9.40	-
LABORATORY	PREALBUMIN	LABORATORY	84134		\$88.34	PER UNIT	\$5.58	\$5.58	\$11.71	\$11.71	\$14.04	\$14.04	\$14.04	-
LABORATORY	17-HYDROXYPREGNENOLONE	LABORATORY	84143		\$172.97	PER UNIT	\$18.44	\$18.44	\$21.14	\$21.14	\$21.96	\$21.96	\$21.96	-
LABORATORY	PROLACTIN	LABORATORY	84146		\$117.08	PER UNIT	\$40.26	\$40.26	\$15.29	\$15.29	\$10.40	\$18.65	\$18.65	-
LABORATORY	ASSAY OF PSA TOTAL	LABORATORY	84153	*	\$110.95	PER UNIT	\$13.20	\$13.20	\$16.50	\$16.50	\$17.70	\$17.70	\$17.70	-
LABORATORY	PROTEIN TOT XCPT REFRACTOMETRY URINE	LABORATORY	84156		\$22.50	PER UNIT	\$2.30	\$2.30	\$2.89	\$2.89	\$2.94	\$3.53	\$3.53	-
LABORATORY	RENIN	LABORATORY	84244		\$132.86	PER UNIT	\$21.52	\$21.52	\$17.35	\$17.35	\$21.17	\$21.17	\$21.17	-
LABORATORY	SEX HORM BNDNG GLOBULIN	LABORATORY	84270		\$131.23	PER UNIT	\$16.38	\$16.38	\$15.44	\$15.44	\$20.91	\$20.91	\$20.91	-
LABORATORY	SODIUM SERUM PLASMA OR WHOLE BLOOD	LABORATORY	84295		\$29.44	PER UNIT	\$13.98	\$13.98	\$5.08	\$5.08	\$4.63	\$4.63	\$4.63	-
LABORATORY	SODIUM URINE	LABORATORY	84300		\$29.67	PER UNIT	\$8.48	\$8.48	\$3.90	\$3.90	\$4.68	\$4.68	\$4.68	-
LABORATORY	SOMATOMEDIN	LABORATORY	84305		\$128.44	PER UNIT	\$15.08	\$15.08	\$13.10	\$13.10	\$20.45	\$20.45	\$20.45	-
LABORATORY	TSTOSTERONE FR	LABORATORY	84402		\$153.83	PER UNIT	\$18.34	\$18.34	\$18.09	\$18.09	\$24.50	\$24.50	\$24.50	-
LABORATORY	TSTOSTERONE TOT	LABORATORY	84403		\$146.75	PER UNIT	\$50.56	\$50.56	\$15.90	\$15.90	\$16.86	\$24.84	\$24.84	-
LABORATORY	THYROXINE TOT	LABORATORY	84436		\$41.74	PER UNIT	\$6.72	\$6.72	\$4.50	\$4.50	\$6.61	\$6.61	\$6.61	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	THYROXINE FR	LABORATORY	84439		\$54.72	PER UNIT	\$8.86	\$8.86	\$7.11	\$7.11	\$7.23	\$14.86	\$7.24	-
LABORATORY	THYR STIMULATING HORM	LABORATORY	84443	*	\$101.43	PER UNIT	\$16.42	\$16.42	\$17.74	\$17.74	\$21.85	\$22.12	\$13.49	-
LABORATORY	THYR STIMULATING IGS	LABORATORY	84445		\$306.49	PER UNIT	\$26.96	\$26.96	\$40.81	\$40.81	\$48.93	\$48.93	\$48.93	-
LABORATORY	TRANSFERASE ASPARTATE AMINO	LABORATORY	84450		\$31.42	PER UNIT	\$5.02	\$5.02	\$5.46	\$5.46	\$4.98	\$4.98	\$4.98	-
LABORATORY	TRANSFERASE ALANINE AMINO	LABORATORY	84460		\$32.22	PER UNIT	\$5.18	\$5.18	\$5.82	\$5.82	\$4.25	\$8.71	\$4.25	-
LABORATORY	TRANSFERRIN	LABORATORY	84466		\$77.32	PER UNIT	\$8.78	\$8.78	\$14.54	\$14.54	\$12.29	\$12.29	\$12.29	-
LABORATORY	TRIIODOTHYRO9 T3 TOT	LABORATORY	84480		\$66.77	PER UNIT	\$9.56	\$9.56	\$11.18	\$11.18	\$14.78	\$10.62	\$14.78	-
LABORATORY	TRIIODOTHYRO9 T3 FR	LABORATORY	84481		\$68.74	PER UNIT	\$10.12	\$10.12	\$12.69	\$12.69	\$10.91	\$10.91	\$10.91	-
LABORATORY	UREA N QUAN	LABORATORY	84520		\$24.25	PER UNIT	\$15.44	\$15.44	\$18.53	\$18.53	\$12.80	\$12.80	\$12.80	-
LABORATORY	URIC ACID BLD	LABORATORY	84550		\$27.59	PER UNIT	\$4.42	\$4.42	\$7.51	\$7.51	\$6.35	\$6.35	\$6.35	-
LABORATORY	ZINC	LABORATORY	84630		\$140.42	PER UNIT	\$20.16	\$20.16	\$24.19	\$24.19	\$18.90	\$18.90	\$18.90	-
LABORATORY	C-PEPTIDE	LABORATORY	84681		\$125.56	PER UNIT	\$12.82	\$12.82	\$26.42	\$26.42	\$25.68	\$25.68	\$25.68	-
LABORATORY	GONAD CHORNC QUAN	LABORATORY	84702		\$90.89	PER UNIT	\$17.72	\$17.72	\$21.26	\$21.26	\$14.49	\$14.49	\$14.49	-
LABORATORY	GONAD CHORNC QUAL	LABORATORY	84703		\$45.67	PER UNIT	\$7.16	\$7.16	\$7.52	\$7.52	\$14.35	\$14.35	\$14.35	-
LABORATORY	BLD# BLD SMR MCRSCP XM MNL DIFFIAL WBC CNT	LABORATORY	85007		\$21.10	PER UNIT	\$3.50	\$3.50	\$3.80	\$3.80	\$3.31	\$3.31	\$3.31	-
LABORATORY	BLD# HEMATOCRIT	LABORATORY	85014		\$14.72	PER UNIT	\$4.64	\$4.64	\$5.00	\$5.00	\$10.10	\$2.28	\$2.28	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	BLD# HGB	LABORATORY	85018		\$14.72	PER UNIT	\$4.64	\$4.64	\$2.37	\$2.37	\$10.10	\$2.28	\$2.08	-
LABORATORY	BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	LABORATORY	85025	*	\$47.18	PER UNIT	\$11.48	\$11.48	\$8.44	\$8.44	\$9.96	\$12.78	\$6.24	-
LABORATORY	BLD# COMPL AUTO HHRWP	LABORATORY	85027	*	\$31.89	PER UNIT	\$11.48	\$11.48	\$6.82	\$6.82	\$21.89	\$17.51	\$4.68	-
LABORATORY	BLD# RETICULOCYTE AUTO	LABORATORY	85045		\$24.45	PER UNIT	\$2.62	\$2.62	\$8.14	\$8.14	\$9.74	\$7.44	\$9.74	-
LABORATORY	BLD# RETICULOCYTES AUTO 1+ CELL MEAS	LABORATORY	85046		\$18.50	PER UNIT	\$5.48	\$5.48	\$5.88	\$5.88	\$11.43	\$10.46	\$9.62	-
LABORATORY	CLTNG FACTOR VIII AHG 1 STG	LABORATORY	85240		\$60.29	PER UNIT	\$17.72	\$17.72	\$17.13	\$17.13	\$11.23	\$11.23	\$11.23	-
LABORATORY	CLTNG FACTOR VIII VW FACTOR AG	LABORATORY	85246		\$85.71	PER UNIT	\$14.40	\$14.40	\$16.16	\$16.16	\$13.64	\$13.64	\$13.64	-
LABORATORY	VON WILLEBRAND FACTOR (VWF) AG, PLASMA	LABORATORY	85247		\$51.29	PER UNIT	\$27.76	\$27.76	\$18.10	\$18.10	\$15.64	\$15.64	\$15.64	-
LABORATORY	HEPARIN NEUTRALIZATION	LABORATORY	85525		\$89.83	PER UNIT	\$21.52	\$21.52	\$29.90	\$29.90	\$17.60	\$11.40	\$17.60	-
LABORATORY	PROTHROMBIN	LABORATORY	85610	*	\$24.00	PER UNIT	\$3.82	\$3.82	\$4.15	\$4.15	\$3.15	\$3.78	\$3.15	-
LABORATORY	SEDIMENTATION RATE RBC AUTO	LABORATORY	85652		\$16.58	PER UNIT	\$2.62	\$2.62	\$2.70	\$2.70	\$9.95	\$2.60	\$2.17	-
LABORATORY	ACTIVATED PARTIAL THROMBOPLASTIN TIME	LABORATORY	85730	*	\$36.65	PER UNIT	\$5.88	\$5.88	\$6.34	\$6.34	\$4.82	\$5.49	\$4.82	-
LABORATORY	ALLG SPEC IGE QUAN/SEMIQUAN EA ALLG	LABORATORY	86003		\$31.60	PER UNIT	\$5.45	\$5.45	\$6.59	\$6.59	\$5.02	\$5.02	\$3.77	-
LABORATORY	ANA	LABORATORY	86038		\$73.15	PER UNIT	\$15.80	\$15.80	\$7.45	\$7.45	\$5.21	\$7.88	\$7.45	-
LABORATORY	ANTISTREPTOLYSIN O TITER	LABORATORY	86060		\$44.40	PER UNIT	\$8.60	\$8.60	\$11.12	\$11.12	\$8.90	\$7.02	\$8.90	-
LABORATORY	C-REACTIVE PROTEIN	LABORATORY	86140		\$31.42	PER UNIT	\$4.70	\$4.70	\$4.08	\$4.08	\$4.22	\$4.22	\$4.16	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	C-REACTIVE PROTEIN HI SENSITIVITY	LABORATORY	86141		\$78.09	PER UNIT	\$16.90	\$16.90	\$21.13	\$21.13	\$14.71	\$12.46	\$14.71	-
LABORATORY	COMPLEMENT AG EA COMPONENT	LABORATORY	86160		\$72.55	PER UNIT	\$37.00	\$37.00	\$14.78	\$14.78	\$11.55	\$11.55	\$7.71	-
LABORATORY	DEOXYRIBONUCLEASE ANTB	LABORATORY	86215		\$80.23	PER UNIT	\$11.80	\$11.80	\$14.75	\$14.75	\$12.75	\$12.75	\$12.75	-
LABORATORY	DNA ANTB NATIVE/2 STRANDED	LABORATORY	86225		\$83.12	PER UNIT	\$11.80	\$11.80	\$8.46	\$8.46	\$7.05	\$13.22	\$8.82	-
LABORATORY	FLUORESCENT NONNFCT AGT ANTB SCR EA ANTB	LABORATORY	86255		\$24.32	PER UNIT	\$7.20	\$7.20	\$10.66	\$10.66	\$11.60	\$11.60	\$11.60	-
LABORATORY	HTROPHL ANTIBODIES SCR	LABORATORY	86308		\$31.42	PER UNIT	\$4.80	\$4.80	\$6.24	\$6.24	\$4.98	\$4.98	\$4.98	-
LABORATORY	INSULIN ANTIBODIES	LABORATORY	86337		\$129.14	PER UNIT	\$11.80	\$11.80	\$15.21	\$15.21	\$13.84	\$26.41	\$13.84	-
LABORATORY	ISLET CELL ANTB	LABORATORY	86341		\$234.87	PER UNIT	\$11.80	\$11.80	\$15.06	\$15.06	\$8.23	\$19.04	\$8.23	-
LABORATORY	B CELLS TOT CNT	LABORATORY	86355		\$138.18	PER UNIT	\$31.62	\$31.62	\$41.11	\$41.11	\$36.30	\$36.30	\$36.30	-
LABORATORY	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	LABORATORY	86356		\$81.73	PER UNIT	\$11.33	\$11.33	\$3.50	\$3.50	\$13.01	\$13.01	\$13.01	-
LABORATORY	T CELLS TOT CNT	LABORATORY	86359		\$152.21	PER UNIT	\$7.65	\$7.65	\$36.30	\$36.30	\$29.11	\$29.11	\$29.11	-
LABORATORY	T CELLS ABSOLUTE CD4&CD8 CNT RATIO	LABORATORY	86360		\$152.21	PER UNIT	\$9.70	\$9.70	\$14.21	\$14.21	\$13.84	\$13.84	\$13.84	-
LABORATORY	THYROID PEROXIDASE ANTIBODIES	LABORATORY	86376		\$87.81	PER UNIT	\$16.80	\$16.80	\$27.65	\$27.65	\$11.85	\$21.20	\$11.69	-
LABORATORY	RHEUMATOID FACTOR QUAN	LABORATORY	86431		\$34.44	PER UNIT	\$14.50	\$14.50	\$17.40	\$17.40	\$6.76	\$5.46	\$6.76	-
LABORATORY	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFER	LABORATORY	86480		\$373.52	PER UNIT	\$51.95	\$51.95	\$39.12	\$39.12	\$43.62	\$49.74	\$44.79	-
LABORATORY	SYPHILIS TEST NON TREPONEMAL ANTIBODY QUAL	LABORATORY	86592		\$26.10	PER UNIT	\$8.00	\$8.00	\$4.50	\$4.50	\$3.43	\$4.11	\$3.43	-



**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	ANTB BORRELIA BURGENDORFERI LYME DISEASE	LABORATORY	86618		\$102.94	PER UNIT	\$44.40	\$44.40	\$53.28	\$53.28	\$23.48	\$16.39	\$23.48	-
LABORATORY	ANTB CMV CMV	LABORATORY	86644		\$86.83	PER UNIT	\$13.35	\$13.35	\$17.36	\$17.36	\$13.85	\$13.85	\$13.85	-
LABORATORY	ANTB EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	LABORATORY	86665		\$109.47	PER UNIT	\$38.40	\$38.40	\$49.92	\$49.92	\$17.46	\$17.46	\$17.46	-
LABORATORY	ANTB HIV-1	LABORATORY	86701		\$53.91	PER UNIT	\$25.92	\$25.92	\$33.70	\$33.70	\$20.73	\$18.55	\$20.73	-
LABORATORY	ANTB HIV-2	LABORATORY	86702		\$81.72	PER UNIT	\$20.40	\$20.40	\$24.48	\$24.48	\$13.01	\$13.01	\$13.01	-
LABORATORY	HEP B SURF ANTB HBSAB	LABORATORY	86706		\$90.66	PER UNIT	\$28.00	\$28.00	\$33.60	\$33.60	\$13.33	\$13.33	\$13.33	-
LABORATORY	ANTB MUMPS	LABORATORY	86735		\$78.83	PER UNIT	\$12.70	\$12.70	\$15.24	\$15.24	\$12.56	\$12.56	\$12.56	-
LABORATORY	ANTB RUBELLA	LABORATORY	86762		\$86.95	PER UNIT	\$16.40	\$16.40	\$21.32	\$21.32	\$13.85	\$13.85	\$13.85	-
LABORATORY	ANTB RUBEOLA	LABORATORY	86765		\$77.86	PER UNIT	\$8.20	\$8.20	\$14.66	\$14.66	\$12.40	\$12.40	\$12.40	-
LABORATORY	ANTIBODY TREPONEMA PALLIDUM	LABORATORY	86780		\$80.11	PER UNIT	\$34.58	\$34.58	\$14.38	\$14.38	\$10.43	\$21.76	\$10.43	-
LABORATORY	ANTB VARICELLA-ZOSTER	LABORATORY	86787		\$77.91	PER UNIT	\$30.00	\$30.00	\$13.18	\$13.18	\$12.40	\$12.40	\$12.40	-
LABORATORY	THYROGLOBULIN ANTB	LABORATORY	86800		\$88.00	PER UNIT	\$11.80	\$11.80	\$12.77	\$12.77	\$12.85	\$15.30	\$12.77	-
LABORATORY	HEP C ANTB	LABORATORY	86803		\$86.25	PER UNIT	\$33.70	\$33.70	\$40.44	\$40.44	\$36.73	\$36.73	\$36.73	-
LABORATORY	CONCENTRATION NFCT AGT	LABORATORY	87015		\$25.80	PER UNIT	\$7.20	\$7.20	\$9.36	\$9.36	\$6.43	\$6.43	\$6.43	-
LABORATORY	CUL BACT BLD AERC ISOL	LABORATORY	87040		\$62.48	PER UNIT	\$27.00	\$27.00	\$16.23	\$16.23	\$10.95	\$9.93	\$10.95	-
LABORATORY	CUL BACT XCPT URINE BLD/STL AERC ISOL	LABORATORY	87070		\$129.33	PER UNIT	\$18.60	\$18.60	\$7.73	\$7.73	\$8.29	\$8.29	\$8.29	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

**Rev. Feb 2023**

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	CUL PRSMPTV PTHGNC ORGANISMS SCR	LABORATORY	87081		\$40.35	PER UNIT	\$5.80	\$5.80	\$9.72	\$9.72	\$7.78	\$6.38	\$7.78	-
LABORATORY	CUL BACT QUAN COLONY CNT URINE	LABORATORY	87086		\$48.91	PER UNIT	\$31.50	\$31.50	\$17.72	\$17.72	\$6.63	\$7.77	\$6.63	-
LABORATORY	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	LABORATORY	87088		\$49.15	PER UNIT	\$11.31	\$11.31	\$8.54	\$8.54	\$7.79	\$7.79	\$7.79	-
LABORATORY	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	LABORATORY	87101		\$46.96	PER UNIT	\$6.20	\$6.20	\$8.06	\$8.06	\$7.42	\$7.42	\$7.42	-
LABORATORY	SC ANTMCRB MICRODIL/AGAR EA MULTI-ANTMCRB PLATE	LABORATORY	87186		\$62.71	PER UNIT	\$11.30	\$11.30	\$10.94	\$10.94	\$7.03	\$8.32	\$6.68	-
LABORATORY	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	LABORATORY	87205		\$26.10	PER UNIT	\$10.50	\$10.50	\$13.65	\$13.65	\$9.11	\$9.11	\$9.11	-
LABORATORY	IAAD EIA HPYLORI STOOL	LABORATORY	87338		\$86.95	PER UNIT	\$18.80	\$18.80	\$24.44	\$24.44	\$13.84	\$13.84	\$13.84	-
LABORATORY	IAAD EIA HEP B SURF AG	LABORATORY	87340		\$62.50	PER UNIT	\$13.50	\$13.50	\$18.15	\$18.15	\$15.23	\$15.23	\$15.23	-
LABORATORY	HIV-1 W/HIV 1&2AB	LABORATORY	87389		\$276.19	PER UNIT	\$81.80	\$81.80	\$25.41	\$25.41	\$25.41	\$39.60	\$25.41	-
LABORATORY	IAAD EIA HIV-1	LABORATORY	87390		\$77.66	PER UNIT	\$23.00	\$23.00	\$17.08	\$17.08	\$14.17	\$16.98	\$14.17	-
LABORATORY	IAAD EIA STREPTOCOCCUS GRP	LABORATORY	87430		\$59.71	PER UNIT	\$15.70	\$15.70	\$14.18	\$14.18	\$13.57	\$13.57	\$13.57	-
LABORATORY	IADNA CHLAMYDIA TRACHOMATIS AMP PRB	LABORATORY	87491		\$211.80	PER UNIT	\$45.80	\$45.80	\$27.68	\$27.68	\$53.71	\$57.71	\$28.19	-
LABORATORY	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	LABORATORY	87502		\$211.67	PER UNIT	\$71.86	\$71.86	\$77.36	\$77.36	\$101.81	\$81.87	\$81.87	-
LABORATORY	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA)	LABORATORY	87507		\$697.68	PER UNIT	\$340.31	\$340.31	\$408.37	\$408.37	\$391.36	\$391.36	\$391.36	-
LABORATORY	IADNA HIV-1 AMP PRB	LABORATORY	87535		\$211.80	PER UNIT	\$45.80	\$45.80	\$52.67	\$52.67	\$33.77	\$33.77	\$33.77	-
LABORATORY	IADNA HIV-1 QUAN	LABORATORY	87536		\$512.51	PER UNIT	\$86.90	\$86.90	\$65.53	\$65.53	\$81.87	\$81.87	\$81.87	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
LABORATORY	IADNA NEISSERIA GONORRHOEAE AMP PRB	LABORATORY	87591		\$211.80	PER UNIT	\$45.80	\$45.80	\$27.68	\$27.68	\$28.18	\$28.18	\$28.18	-
LABORATORY	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	LABORATORY	87631		\$346.83	PER UNIT	\$105.80	\$105.80	\$121.67	\$121.67	\$123.44	\$123.44	\$123.44	-
LABORATORY	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	LABORATORY	87633		\$1,232.27	PER UNIT	\$343.75	\$343.75	\$439.94	\$439.94	\$357.07	\$401.04	\$321.36	-
LABORATORY	RSV	LABORATORY	87634		\$149.27	PER UNIT	\$52.00	\$52.00	\$67.60	\$67.60	\$59.80	\$59.80	\$59.80	-
LABORATORY	STREP A	LABORATORY	87651		\$196.24	PER UNIT	\$45.80	\$45.80	\$31.48	\$31.48	\$41.07	\$57.71	\$41.07	-
LABORATORY	IADNA NOS AMP PRB EA ORGANISM	LABORATORY	87798		\$211.67	PER UNIT	\$45.83	\$45.83	\$105.10	\$105.10	\$141.05	\$83.77	\$83.77	-
LABORATORY	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	LABORATORY	87906		\$712.54	PER UNIT	\$108.68	\$108.68	\$130.42	\$130.42	\$123.86	\$123.86	\$123.86	-
LABORATORY	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	LABORATORY	88230		\$701.52	PER UNIT	\$181.60	\$181.60	\$118.78	\$118.78	\$112.10	\$112.10	\$112.10	-
LABORATORY	CHRMSM CNT 15-20 CLL 2KARYOTYP BANDING	LABORATORY	88262		\$750.47	PER UNIT	\$325.50	\$325.50	\$83.59	\$83.59	\$77.31	\$119.93	\$77.31	-
LABORATORY	CHRMSM ALYS ADDL KARYOTYP EA STD	LABORATORY	88280		\$179.07	PER UNIT	\$32.70	\$32.70	\$20.20	\$20.20	\$24.15	\$24.15	\$24.15	-
LABORATORY	CYTOGENETICS&MOLEC CYTOGENETICS I&R	LABORATORY	88291		\$88.66	PER UNIT	\$5.25	\$5.25	\$36.80	\$36.80	\$23.00	\$23.00	\$23.00	-
OUTPATIENT	REHABILITATIVE SERVICES	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING, INDIVIDUAL	92507		\$283.54	PER UNIT	\$259.48	\$259.48	\$120.12	\$120.12	\$142.34	\$247.27	\$189.80	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
OUTPATIENT	REHABILITATIVE SERVICES	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS	92508		\$260.49	PER UNIT	\$24.88	\$24.88	\$25.99	\$25.99	\$18.65	\$18.65	\$18.65	-
OUTPATIENT	REHABILITATIVE SERVICES	EVALUATION OF SPEECH FLUENCY	92521		\$283.54	PER UNIT	\$259.48	\$259.48	\$136.55	\$136.55	#N/A	#N/A	#N/A	-
OUTPATIENT	REHABILITATIVE SERVICES	EVALUATION SPEECH SOUNDS	92522		\$283.54	PER UNIT	\$259.48	\$259.48	\$116.79	\$116.79	\$134.82	\$134.82	\$134.82	-
OUTPATIENT	REHABILITATIVE SERVICES	EVALUATION SPEECH SOUNDS WITH RECEPTIVE/EXPRESSIVE LANGUAGE	92523		\$291.79	PER UNIT	\$259.48	\$259.48	\$229.25	\$229.25	\$167.34	\$163.15	\$122.00	-
OUTPATIENT	REHABILITATIVE SERVICES	SPEECH TREATMENT SWLNG DYFUNC/ORLF 15MIN	92526		\$283.54	PER UNIT	n/a	n/a	\$108.09	\$108.09	\$154.29	\$109.81	\$122.00	-
OUTPATIENT	REHABILITATIVE SERVICES	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	92597		\$291.79	PER UNIT	\$259.48	\$259.48	\$91.66	\$91.66	\$159.48	\$159.48	\$159.48	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
OUTPATIENT	REHABILITATIVE SERVICES	EVALUATION OF ORAL & PHARYNGEAL SWALLOWING FUNCTION	92610		\$283.54	PER UNIT	\$259.48	\$259.48	\$205.72	\$205.72	\$109.80	\$109.80	\$109.80	-
RADIOLOGY	EKG	EKG	93000	*	\$87.65	PER UNIT	\$22.15	\$22.15	\$32.77	\$32.77	\$33.03	\$33.03	\$33.03	-
OUTPATIENT	REHABILITATIVE SERVICES	INDIVIDUAL THERAPY ONSITE	97110	*	\$383.60	PER UNIT	\$351.05	\$351.05	\$186.03	\$142.61	\$194.30	\$180.74	\$122.00	-
OUTPATIENT	REHABILITATIVE SERVICES	PT THERAPEUTIC POOL USE	97113		\$105.40	PER UNIT	n/a	n/a	\$46.66	\$46.44	\$31.93	\$34.35	\$31.93	-
OUTPATIENT	REHABILITATIVE SERVICES	OT GROUP SUPR TREAT 15 MIN	97150		\$44.53	PER UNIT	\$8.40	\$8.40	\$15.93	\$15.93	\$13.78	\$13.78	\$13.78	-
OUTPATIENT	REHABILITATIVE SERVICES	PT EVALUATION-LOW COMPLEXITY	97161		\$383.60	PER UNIT	\$351.05	\$351.05	\$171.49	\$171.49	\$139.15	\$139.15	\$122.00	-
OUTPATIENT	REHABILITATIVE SERVICES	PT EVALUATION-MODERATE COMPLEXITY	97162		\$383.60	PER UNIT	\$351.05	\$351.05	\$173.40	\$173.40	\$180.67	\$138.41	\$180.67	-
OUTPATIENT	REHABILITATIVE SERVICES	PT EVALUATION-HIGH COMPLEXITY	97163		\$383.60	PER UNIT	\$351.05	\$351.05	\$332.76	\$332.76	\$361.58	\$361.58	\$361.58	-
OUTPATIENT	REHABILITATIVE SERVICES	OT EVALUATION-LOW COMPLEXITY	97165		\$610.22	PER UNIT	\$558.44	\$558.44	\$312.96	\$312.96	\$217.76	\$284.60	\$102.00	-
OUTPATIENT	REHABILITATIVE SERVICES	OT EVALUATION-MODERATE COMPLEXITY	97166		\$610.22	PER UNIT	\$558.44	\$558.44	\$311.72	\$311.72	\$217.76	\$284.60	\$109.80	-
OUTPATIENT	REHABILITATIVE SERVICES	OT EVALUATION-HIGH COMPLEXITY	97167		\$610.22	PER UNIT	\$558.44	\$558.44	\$408.61	\$408.61	\$355.75	\$355.75	\$355.75	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHIATRIC DIAGNOSTIC EVALUATION	90791		\$256.44	PER UNIT	\$145.68	\$145.68	\$147.64	\$147.64	\$108.62	\$108.62	\$108.62	-

**LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES**

Rev. Feb 2023

**REIMBURSEMENT**

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	90792		\$399.61	PER UNIT	\$164.94	\$164.94	\$237.06	\$237.06	\$111.55	\$111.94	\$111.55	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHOTHERAPY PATIENT &/ 30 MINUTES	90832	*	\$133.21	PER UNIT	\$29.48	\$29.48	\$91.26	\$91.26	\$88.76	\$74.35	\$74.56	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	90833		\$89.56	PER UNIT	\$24.62	\$24.62	\$81.96	\$81.96	\$48.25	\$48.25	\$48.25	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	90834	*	\$173.66	PER UNIT	\$44.20	\$44.20	\$102.68	\$102.68	\$115.72	\$68.15	\$80.23	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	90836		\$144.49	PER UNIT	\$40.24	\$40.24	\$119.07	\$119.07	\$62.42	\$62.42	\$62.42	-
OUTPATIENT	BEHAVIORAL HEALTH	PSYCHOTHERAPY PATIENT 60 MINUTES	90837	*	\$262.45	PER UNIT	\$66.71	\$66.71	\$126.99	\$126.99	\$103.00	\$103.00	\$103.00	-
OUTPATIENT	BEHAVIORAL HEALTH	FAM PSYCTX W/O PT PRESENT	90846	*	\$133.21	PER UNIT	\$63.05	\$63.05	\$102.35	\$102.35	\$72.54	\$72.54	\$72.54	-
OUTPATIENT	BEHAVIORAL HEALTH	FAM PSYCTX W/PT PRESENT	90847	*	\$133.21	PER UNIT	\$61.20	\$61.20	\$153.94	\$153.94	\$85.36	\$85.36	\$85.36	-
OUTPATIENT	BEHAVIORAL HEALTH	GRP PSYCTX	90853	*	\$133.21	PER UNIT	\$33.70	\$33.70	\$36.71	\$36.71	\$22.94	\$22.94	\$22.94	-

LA RABIDA CHILDREN'S HOSPITAL  
SHOPPPABLE SERVICES

Rev. Feb 2023

REIMBURSEMENT

Service Location	Service Type	Description	CPT Code	CMS-Req	Charge Amount	QTY	IL Medicaid	IL Medicaid Managed Care	BCBS PPO	BCBS HMO	Cigna	Aetna	United Health Care	Cash Price
OUTPATIENT	BEHAVIORAL HEALTH	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT	96127		\$101.34	PER UNIT	\$29.20	\$29.20	\$8.89	\$8.89	\$7.20	\$21.00	\$6.89	-
OUTPATIENT	BEHAVIORAL HEALTH	HLTH&BEHAVIOR ASSMT EA 15 MIN F2F W/PT 1ST ASSMT	96150		\$107.36	PER UNIT	\$12.87	\$12.87	\$48.82	\$48.82	\$51.95	\$47.30	\$51.94	-
OUTPATIENT	BEHAVIORAL HEALTH	HLTH&BEHAVIOR ASSMT EA 15 MIN F2F W/PT RE-ASSMT	96151		\$57.39	PER UNIT	\$12.87	\$12.87	\$32.92	\$32.92	\$17.43	\$17.43	\$17.43	-
OUTPATIENT	BEHAVIORAL HEALTH	HLTH&BEHAVIOR IVNTJ EA 15 MIN F2F INDIV	96152		\$28.87	PER UNIT	\$12.87	\$12.87	\$15.96	\$15.96	\$15.11	\$15.11	\$15.11	-