

Discount Schedule Guide

Link Choice

Directions



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Directions

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Your Link Choice discount program has two parts: a schedule of discounted clinical services and a pharmacy discount card. The Clinical Services Discount Schedule includes services provided by practitioners, such as physicians and psychologists, and institutional services, such as those provided by hospitals and laboratories. Your prescription discount card is provided through Express Scripts, one of the nation's largest independent pharmacy benefit management companies.

It is very important to understand how services are generally billed. Most health care services are comprised of a service provided by a medical professional, such as a physician, and a service provided by an institution, such as a hospital or laboratory. In most cases, each entity will bill separately for their service. The following are examples of typical services and what to expect:

EXAMPLE	WHAT TO EXPECT
You have received care at a participating physician's office that includes a physician office visit and a laboratory procedure. The laboratory procedure was performed by the physician's office.	The participating physician's office will charge you for the office visit and the laboratory procedure and apply your Link Choice discount to both.
You have received care at a participating physician's office that includes an office visit with a physician and a laboratory procedure. The laboratory procedure was performed by a participating laboratory.	The participating physician's office will charge you for the office visit and apply your Link Choice discount. The participating laboratory will charge you separately for the laboratory procedure and apply your Link Choice discount.
You have received an x-ray prescribed by your participating physician. The x-ray was performed at the participating hospital. An interpretation of the x-ray was provided by a <u>non-participating</u> physician radiologist.	The participating hospital will charge you for the x-ray and apply the Link Choice discount. The physician radiologist will charge you separately for the interpretation and may not give you the Link Choice discount.
You have had a procedure in the participating hospital that included, laboratory procedures, x-rays, x-ray interpretation, a surgery, anesthesiology, and a surgeon.	You will pay your deposit to the participating hospital upon discharge. A full bill for services received will be sent to your home (This price will include the room, laboratory procedures, x-rays, and surgical suite). Upon receipt of bill, you will have 10 days to meet with a hospital billing representative and make payment to receive the Link Choice discount for participating providers. Failure to make payment will result in loss of discount and a bill for full charges. You may receive separate charges for anesthesiology, and surgery. These providers may or may not be participating in the program. If they are not participating they may not give you the Link Choice discount. If you receive a billing from another provider in connection with your surgery, you must contact their billing services and let them know you are a Link Choice member. Discounts may be given at that time.

Remember, this discount schedule is to be used only with the Link Choice product that you or your employer purchased and all instructions for its use are provided with the Link Choice User Guide that is supplied with this program.

Clinical Services

Important Considerations

The pricing described here is a true discount and represents the only reimbursement the providers receive for the services they provide under this program. **You will not need to make a claim, and you will receive no explanation of benefits in the mail.** The reimbursement providers receive is far below what they would ordinarily receive for the same service from other sources. Participating providers are supporting this program as a community service.

Specific pricing is provided by service in order to place the member in the position of being able to plan for the cost of care. **In addition, providers not formally participating in the program are welcome to participate voluntarily at any time by honoring the pricing contained in this discount schedule.** The listing of services and charge codes contained here is based on the system used by Medicare. Consequently, it is in a form that any provider of health care services will be able to understand and use.

We do not make a guarantee that all services you will need are covered under this program. This pricing only applies to those medically necessary services that can be provided by providers that formally participate in this program. Referrals outside of the local area are not covered under the program. The following are very important items to remember when obtaining services:

1. Remember, this is a **discount program**. **Minimum payments for services are required at the time of service.**
2. The member **MUST** remember to bring the **Link Choice identification card** at the time of service. Services may not be rendered at the discounted rate if the identification card is not presented.
3. It is the member's responsibility to verify that the services needed are covered under this program.
4. Remember, not all providers participate in the Link Choice program. The member should verify provider participation before receiving services. To find a participating provider you can call Link Healthcare at 570.723.0710 or refer to your Link Choice User Guide.
5. **FOR SERVICES PROVIDED AT SOLDIERS + SAILORS MEMORIAL HOSPITAL**, Link members must report to the patient representative before reporting to Registration.
6. For **hospital outpatient services**(outpatient surgery or testing such as laboratory, x-ray, cardiopulmonary etc) at **SOLDIERS + SAILORS MEMORIAL HOSPITAL** the Link member may call a patient representative at 800.877.2455 or 570.724.1750 (local). The patient representative will assist the member with pricing estimates and questions. It is essential that the member bring proper payment at the time of service. Failure to make payment at the time of service will void all discounts and result in a non-discounted bill for services. If additional services are ordered during the member visit (generally x-ray and cardiopulmonary services) the member will be assisted in the process by the department and directed back to the patient representative to make payment arrangements.
7. For **hospital inpatient services** provided at **SOLDIERS + SAILORS MEMORIAL HOSPITAL** the member is responsible for a deposit for all non-emergency inpatient stays. Upon discharge, the member will meet with the hospital cashier. A payment plan for the balance will be arranged at that time. Failure to make down payment or any subsequent scheduled payments will result in the loss of benefit and a full, non-discounted bill for services to the member.
8. For **emergency services** provided at **SOLDIERS + SAILORS MEMORIAL HOSPITAL**, a minimum payment (see schedule) is required at the time of service. The balance for the service will be billed at non-discount rates. Upon receipt of the bill, the member will have 10 days to present the bill and the Link Choice identification card to the hospital cashier for payment. Bills paid at this time will be discounted as specified in the schedule of discounts.
9. For **physician office services**, the member will generally not be able to anticipate the cost of the visit because the service will not be known in advance. The member should generally be prepared to pay for a Level 3 visit (refer to discount schedule). At the conclusion of the visit, if the amount is greater than this, the member will pay for the level 3 office visit and then receive a bill for the balance due. The member will have 5 days to make payment to the provider for the balance. Payments made within the 5 days will be subject to the discount per the discount guide. Payments after 5 days will not be eligible for discount and the full visit will be billed without the discount.
10. Even if the provider from which you are seeking services does not formally participate in this program, they may honor the discount (Remember, you may present the schedule of discounts to any provider and ask if that provider will accept the discount payment).

Audiology Services (Pricing Subject to Change Without Notice)

(Hearing aides, protection, batteries and other devices are not discounted through this program)

	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
1. AUDIOLOGY SERVICES					
A. Procedures – Miscellaneous:					
1) Basic Comprehensive Audiometry	92557		\$110	\$55	
2) Tympanometry	92567		\$25	\$12.50	
3) Stapedial Reflex Test	92563		\$30	\$15	
4) Otoacoustic Emissions	92588		\$100	\$50	
5) Auditory Evoked Potentials	92585		\$300	\$150	
6) Electronystagmography	92545		\$400	\$200	
7) All Other Diagnostic Procedures				50% disc	

Behavioral Health Services (Pricing Subject to Change Without Notice)

	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
2. BEHAVIORIAL HEALTH SERVICES					
A. Office Visits	Mult. Codes	Mult. Codes		70% Disc.	
B. Psychiatric In-Patient	Mult. Codes			\$400 deposit, then 35% Disc.	Inclusive of all services.

Chiropractic Services – Dr. Steven Heffner

(Pricing Subject to Change Without Notice)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
3. CHIROPRACTIC SERVICES					
C. Office Visits:					
1) New Patients:					
a) Level 1	99201		\$29	\$15	
b) Level 2	99202		\$46	\$23	
c) Level 3	99203		\$57	\$29	
d) Level 4	99204		\$84	\$42	
2) Established Patients:					
a) Level 2	99212		\$29	\$15	
b) Level 3	99213		\$40	\$20	
c) Level 4	99214		\$57	\$29	
3) Services:					
a) Chiropractic Manipulation	98940		\$37	\$19	
b) Manual Therapy	97140		\$40	\$20	
c) Mechanical Traction	97012		\$23	\$12	
d) Muscle Stimulation	97032		\$17	\$9	
e) Neuromuscular Re-education	97112		\$34	\$17	
f) Therapeutic Exercise	97110		\$25/ 15 minutes	\$13/ 15 minutes	
g) Ultrasound	97035		\$17	\$9	

Chiropractic Services – Woodworth Chiropractic

(Pricing Subject to Change Without Notice)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
4. CHIROPRACTIC SERVICES					
D. Office Visits:					
1) New Patients:					
a) Level 1 Exam	99201		\$30	\$15	
b) Level 2 Exam	99202		\$40	\$20	
2) Chiropractic Manipulation Services:					
a) Chiropractic Manipulation – Level 1	98940		\$35	\$26	
b) Chiropractic Manipulation – Level 2	98941		\$39	\$36	
c) Chiropractic Manipulation – Level 3	98942		\$62	\$46	

Home Health Services (Pricing Subject to Change Without Notice)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
5. HOME HEALTH SERVICES					
A. Home Healthcare:					
1) Skilled Nursing	550 Rev. Code			\$145 per visit	
2) Physical Therapy	420 Rev. Code			\$98 per visit	
3) Speech Therapy	440 Rev. Code			\$105 per visit	
4) Occupational Therapy	430 Rev. Code			\$97 per visit	
5) Medical Social Work	560 Rev. Code			\$269 per visit	
6) Home Health Aide	570 Rev. Code			\$74 per visit	
7) Supplies	270 Rev. Code			70% Disc.	

Institutional (Hospital) Services

(Pricing Subject to Change Without Notice)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
6. INSTITUTIONAL (HOSPITAL) SERVICES					
A. Anesthesia	Mult. Codes	Mult. Codes		70% Disc.	Physician portion only.
B. Cardio Pulmonary Therapy:					
1) Aerosol Vapor Inhalation or Sputum Induction Therapy	94664	9466459	\$50	\$20	Must ADD medications
2) Aerosol Vapor Inhalation or Sputum Induction Therapy (Nebulizer RX)	94640	980599	\$35	\$15	Must ADD medications
3) Arterial Blood Gas Analysis Plus Puncture			\$205	\$60	Total ABG
a) AGB Analysis & Report	82805	947002	\$171	\$50	
b) Arterial Puncture & Kit	36600	980524	\$34	\$10	
4) Blood Pressure Monitoring (Ambulatory Outpatient 24 Hr.)			\$365	\$110	Total AMB 24 BP
a) Technical (Hospital)	93786	937862	\$237	\$70	
b) Professional (Physician) Interpretation	93790	937904	\$128	\$40	
5) Cardiac Event Recorder/ hookup and Disconnect/ Monitoring, Receipt of Transmissions, Up to 30 days			\$503	\$160	
a) Hookup and disconnect	93270	932244	\$77	\$35	
b) Monitoring, Receipt of Transmissions and Analysis	93271	932236	\$291	\$85	
c) Professional (Physician) Interpretation	93272	981035	\$135	\$40	
6) Cardiac Rehabilitation Session	93798	926717	\$78	\$25	
7) Echocardiogram			\$1274	\$350	Total Echocardiogram
a) 2D Doppler with Interpretation.	93307-26	933093	\$564	\$150	
b) Doppler Color Flow With Interpretation	93325-26	933267	\$315	\$100	
c) Cardiac Doppler Echocardiograph With Interpretation	93320-26	933226	\$395	\$100	
8) ECG/EKG – Routine			\$145	\$60	Total ECG
a) Technical (Hospital)	93005	930057	\$104	\$40	
b) Professional (Physician) Interpretation	93010	981084	\$41	\$20	
9) ECG/EKG 24 Hour Hook up and Recording/ Scanning			\$654	\$170	Total Halter Monitor
a) Hookup and Recording	93225	932251	\$137	\$35	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
b) Scanning and Analysis (Tech)	93226	932269	\$342	\$80	
c) Professional (Physician) Interpretation	93227	981027	\$175	\$55	
10) EEG Recording Awake			\$555	\$135	Total EEG charge
a) Technical (Hospital)	95819	958215	\$435	\$100	
b) Professional (Physician) Interpretation	95816	955005	\$120	\$35	
11) Inhalation Bronchial Challenge Test			\$498	\$195	Total for Inhalation challenge test
a) Technical (Hospital)	95070	950709	\$390	\$150	
b) Professional (Physician) Interpretation	95070	981050	\$108	\$45	
12) Multi Sleep Latency Test - Outpatient			\$2085	\$815	Total for MSLT
a) Technical (Hospital)	95085	940221	\$1737	\$675	
b) Professional (Physician) Interpretation	9580222526	958058	\$348	\$140	
13) Oximetry - Continuous Overnight	94762	947622	\$138	\$55	
14) Oximetry – Multiple Determinations:	94761	980573	\$48	\$20	
15) Oximetry – Single Determination	94760	980110	\$41	\$12	
16) Polysomnograph Sleep Staging – Outpatient			\$1925	\$735	Total for Polysomn.
a) Technical (Hospital)	95810	958405	\$1622	\$615	
b) Professional (Physician) Interpretation	958102	958108	\$303	\$120	
17) Polysomnograph with Initiation of CPAP –Outpatient			\$2176	\$840	Total for SS w CPAP
a) Technical (Hospital)	95811	958124	\$1852	\$710	
b) Professional (Physician) Interpretation	958112	958116	\$324	\$130	
18) Pulmonary Function- Carbon Monoxide Diffusion Study			\$207	\$85	Total for DLCD
a) Technical (Hospital)	94720	947200	\$166	\$65	
b) Professional (Physician) Interpretation	94720	981092	\$41	\$20	
19) Pulmonary Function FRC – Determination of Maldistribution of Gas:			\$141	\$55	Total for FRC
a) Technical (Hospital)	94620	943506	\$105	\$40	
b) Professional (Physician) Interpretation	94620	981068	\$36	\$15	
20) Pulmonary Stress Test-Pre And Post Exercise:			\$318	\$120	Total for Pulm Stress Test
a) Technical (Hospital)	94620	946202	\$260	\$95	
b) Professional (Physician) Interpretation	94620	9462011	\$58	\$25	
21) Spirometry :			\$133	\$55	Total Spirometry

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
a) Technical (Hospital)	94010	980490	\$92	\$35	
b) Professional (Physician) Interpretation	94010	981076	\$41	\$20	
22) Spirometry Before and After Bronchodilator:			\$291	\$115	Total pre + post Spirometry
a) Technical (Hospital)	94060	94060	\$237	\$90	
b) Professional (Physician) Interpretation	94060	981043	\$54	\$25	
23) Stress Tests:					
a) Adenosine Stress Test:				\$1,339	Total Adenosine Stress
i. Technical (Hospital)	93017	930412	\$460	\$120	
ii. Professional (Physician) Interpretation	93018	930180	\$170	\$55	
iii. Supervision	93016	981019	\$88	\$30	
iv. Nuclear Medicine		7886526	\$1709	\$684	
v. Pharmacy (Patient Weight Specific)		603860	Range \$700-\$1500	\$450	
b) Dobutamine Stress Test:				\$901	Total Dobutamine Stress
i. Technical (Hospital)	93017	930420	\$460	\$120	
ii. Professional (Physician) Interpretation	93018	930180	\$170	\$55	
iii. Supervision	93016	901019	\$88	\$30	
iv. Nuclear Medicine		7886526	\$1709	\$684	
v. Pharmacy		624551	\$25	\$12	
c) Nuclear Exercise Stress Test:				\$889	Total Nuclear Stress
i. Technical (Hospital)	93015	930156	\$698	\$120	
ii. Professional (Physician) Interpretation	93018	930180	\$170	\$55	
iii. Supervision	93016	981019	\$88	\$30	
iv. Nuclear Medicine		7886526	\$1,709	\$684	
d) Treadmill Stress Test				\$205	Total Treadmill Stress
i. Technical (Hospital)	93017	930172	\$460	\$120	
ii. Professional (Physician) Interpretation	93018	930180	\$170	\$55	
iii. Supervision	93016	981019	\$88	\$30	
e) Stress Echo Test w Interpretation	93350-26	9335068	\$811	\$235	
f) All Other Cardio Pulmonary	Mult. Codes			70% Disc.	
C. Emergency Room	Mult. Codes			\$100 deposit, then 70% Disc.	
D. Inpatient:					
1) Facility:					

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
a) Medical	Mult. Codes			\$300 deposit, then 35% Disc.	Inclusive of all services except physician care. See professional services.
b) Surgical	Mult. Codes			\$500 deposit, then 35% Disc.	Inclusive of all services except physician care. See professional services.
c) Intensive Care (ICU/CCU)	Mult. Codes			\$700 deposit, then 35% Disc.	An Inclusive of all services except physician care. See professional services.
2) Professional (Physician) Services: (Inpatient)					
a) Initial:					
i. Brief	99231	14992317	\$55	\$25	
ii. Intermediate	99232	14992325	\$87	\$30	
iii. Extended	99233	14992333	\$124	\$40	
b) Subsequent:					
i. Brief	99231	14992317	\$55	\$25	
ii. Intermediate	99232	14992325	\$87	\$30	
iii. Extended	99233	14992333	\$124	\$40	
c) Critical Care:					
i. First 60 minutes	99291	14992911	\$200	\$75	
ii. Additional 30 minutes	99292	14992929	\$100	\$35	
d) Discharge:					
i. Less than 30 minutes	99238	14992382	\$90	\$35	
ii. Greater than 30 minutes	99239	14992390	\$120	\$50	
e) Surgical				60% disc	
f) All Other Professional Services	Mult. Codes			70% Disc.	
E. Laboratory:					
1) APTT	85730	857300	\$35	\$15	
2) Basic Metabolic Panel	80048	800482	\$88	\$20	Bundled test.
3) Blood Urea Nitrogen	84520	845206	\$23	\$10	
4) CBC including Hemoglobin	85025	800854	\$48	\$18	Bundled test.
5) Cholesterol	82465	824656	\$23	\$10	
6) Comprehensive Metabolic Panel	80053	882027	\$144	\$44	Bundled test.
7) Creatinine	82565	825653	\$23	\$10	
8) Electrolyte Panel	80051	800045	\$34	\$15	Bundled test.
9) Fecal Occult Blood Test	82270	822700	\$14	\$8	
10) Ferritin	82728	82728	\$82	\$25	
11) Glucose	82947	829473	\$23	\$10	
12) H. Pylori Urease	87081	870816	\$31	\$10	
13) HBGA1C (Hemoglobin)	83036	830364		\$10	
14) Hepatic Panel	80076	800763	\$57	\$20	Bundled test.
15) Hepatitis B Antibody	86706	800003	\$67	\$25	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
16) Lead Screen	83655	4630885	\$45	\$15	
17) Lipid Profile Screening	80061	800615	\$58	\$20	Bundled test.
18) PAP Smear BASIC (professional and technical)	P3000	881508	\$52	\$10	
19) PAP Smear EXPANDED (professional and technical)		88142	\$88	\$27	
20) Pregnancy Test, Urine	81025	801050	\$53	\$20	
21) Prostate Specific Antigen	G0103	882019	\$84	\$30	
22) Prothrombin Time	85610	856104	\$35	\$15	
23) Streptococcal Test	86403	899088	\$84	\$30	
24) Thyroid Stimulating Hormone Test	84443	8444333	\$74	\$25	
25) Uric Acid	84550	845503	\$23	\$10	
26) Urinalysis Dip Test	81003	810028	\$17	\$10	Bundled test.
27) Urinalysis Microscopic Test	81001	810002	\$38	\$15	
28) Urine Culture	87086	970965	\$59	\$20	
29) Venipuncture	G0001	4630083	\$10	\$6	
30) All Other Laboratory	Mult. Codes			70% Disc.	
F. Psychiatric	Mult. Codes			\$400 deposit, then 35% Disc.	Inclusive of all services.
G. Rehabilitation/Physical Therapy:					
1) Physical Therapy	Mult. Codes			65% discount	
2) Occupational Therapy	Mult. Codes			65% discount	
3) Speech/Language Therapy	Mult. Codes			65% discount	
H. Radiology:					
1) Bone Densitometry	76075	760751	\$184	\$65	
a) Professional (Physician) Interp.			\$42	\$17	
2) CT:					
a) Abdomen:					
i. Technical (Hospital)	74170	741702	\$1,108	\$190	
ii. Professional (Physician) Interp.			\$210	\$84	
b) Head:					
i. Technical (Hospital)	70450	704502	\$617	\$110	
ii. Professional (Physician) Interp.			\$116	\$47	
c) Pelvis:					
i. Technical (Hospital)	72192	721928	\$887	\$160	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
ii. Professional (Physician) Interp.			\$162	\$65	
d) All other CT Scanning:					
i. Technical (Hospital)				60% Disc.	
ii. Professional (Physician) Interp.				60% Disc.	
3) MRI:					
a) Brain:					
i. Technical (Hospital)	70551	705517	\$1,290	\$450	
ii. Professional (Physician) Interp.			\$222	\$89	
b) Cervical Spine:					
i. Technical (Hospital)	72148	721480	\$1,548	\$540	
ii. Professional (Physician) Interp.			\$222	\$89	
c) Knee:					
i. Technical (Hospital)	73721	737213	\$1,290	\$450	
ii. Professional (Physician) Interp.			\$207	\$83	
d) Lumbar Spine:					
i. Technical (Hospital)	72148	721480	\$1,548	\$540	
ii. Professional (Physician) Interp.			\$222	\$89	
e) All Other MRI:					
i. Technical (Hospital)				60% Disc.	
ii. Professional (Physician) Interp.				60% Disc.	
4) Nuclear Medicine:					
a) Bones Limited Area:					
i. Technical (Hospital)	783001		\$407	\$145	
ii. Associated Radiopharm.	770024		\$44	\$18	
iii. Professional (Physician) Interp.			\$99	\$40	
b) Bones Whole Body:					
i. Technical (Hospital)	783068		\$603	\$215	
ii. Associated Radiopharm.	770024		\$44	\$18	
iii. Professional (Physician) Interp.			\$129	\$52	
c) Heart Imaging:					
i. Technical (Hospital)	7886526		\$1,203	\$425	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
ii. Associated Radiopharm.	multiple codes		\$284	\$285	
iii. Wall Motion Assessment	784785		\$203	\$75	
iv. Ejection Fraction	784801		\$203	\$75	
v. Professional (Physician) Interp.	78465 78478 78480		\$560	\$224	
d) Liver / Gall Bladder:					
i. Technical (Hospital)	782235		\$494	\$175	
ii. Associated Radiopharm.	770073		\$56	\$23	
iii. Professional (Physician) Interp.			\$114	\$46	
e) Lung Scan:					
i. Technical (Hospital)	785881		\$499	\$180	
ii. Associated Radiopharm.	770123		\$58	\$24	
iii. Associated Radiopharm.	770081		\$45	\$18	
iv. Professional (Physician) Interp.			\$150	\$60	
5) Ultrasound:					
a) Abdomen:					
i. Technical (Hospital)	76700	767004	\$408	\$150	
ii. Professional (Physician) Interp.			\$120	\$49	
b) Breast:					
i. Technical (Hospital)	76645	766451	\$270	\$110	
ii. Professional (Physician) Interp.			\$55	\$23	
c) Carotid Artery:					
i. Technical (Hospital)	93880	938803	\$492	\$175	
ii. Professional (Physician) Interp.			\$99	\$40	
d) OB-Gyn:					
i. Technical (Hospital)	76805	768051	\$368	\$130	
ii. Professional (Physician) Interp.			\$150	\$60	
e) Pelvic:					
i. Technical (Hospital)	76856	768564	\$329	\$120	
ii. Professional (Physician) Interp.			\$102	\$41	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
f) All Other Ultrasound:					
i. Technical (Hospital)				60% Disc.	
ii. Professional (Physician) Interp.				60% Disc.	
6) X-Ray:					
a) Bone X-Ray:					
i. Shoulder:					
• Technical (Hospital)	73030	730309	\$168	\$60	
• Professional (Physician) Interp.			\$27	\$11	
ii. Wrist:					
• Technical (Hospital)	73110	731109	\$144	\$55	
• Professional (Physician) Interp.			\$25	\$10	
iii. Hip:					
• Technical (Hospital)	73510	735100	\$139	\$55	
• Professional (Physician) Interp.			\$30	\$12	
iv. Knee:					
• Technical (Hospital)	73562	735621	\$143	\$55	
• Professional (Physician) Interp.			\$28	\$12	
v. Ankle:					
• Technical (Hospital)	73610	736108	\$143	\$55	
• Professional (Physician) Interp.			\$25	\$10	
vi. Foot:					
• Technical (Hospital)	73630	736306	\$143	\$55	
• Professional (Physician) Interp.			\$25	\$10	
b) Chest X-Ray:					
i. Technical (Hospital)	71020	710202	\$140	\$55	
ii. Professional (Physician) Interp.			\$33	\$14	
c) Esophagus:					
i. Technical (Hospital)	74220	742205	\$214	\$80	
ii. Professional (Physician) Interp.			\$69	\$28	
d) Mammography - Screening					
i. Technical (Hospital)	76092	760926	\$93	\$50	
ii. Professional (Physician) Interp.			\$28	\$12	
e) Upper gastric					
i. Technical (Hospital)	74246	742460	\$458	\$170	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
ii. Professional (Physician) Interp.			\$102	\$41	
f) All Other X-Ray:					
i. Technical (Hospital)				60% Disc.	
ii. Professional (Physician) Interp.				60% Disc.	
7) All Other Radiology:					
a) Technical (Hospital)	Mult. Codes			60% Disc.	
b) Professional (Physician) Interp.				60% Disc.	
I. Surgery - Outpatient:					
1) Technical (Hospital)	Mult. Codes			50% Disc.	Inclusive of all services except physician care. See professional services.
2) Professional (Physician) Services	Mult. Codes			50% Disc.	

Obstetrical Services (Pricing Subject to Change Without Notice)

(Labor and Delivery)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
7. OBSTETRIC SERVICES					
A. Facility:					
1) Labor and Delivery – Normal	Mult. Codes			\$1,650 per case \$500 deposit upon discharge	
2) Labor and Delivery – Cesarean Section	Mult. Codes			\$3,100 per case \$500 deposit upon discharge	
3) Boarder Baby	Mult. Codes			\$100 per day	
4) Circumcision				\$130	
B. Professional (Physician) Services: (Inpatient)					
1) Routine Package: Pre natal, Delivery, Post Partum	59400	14594006	\$2,782	\$2,000 per case	Package deliveries will be paid on a monthly basis. \$250.00 will be due on your first visit and the remaining monthly payments will be calculated for you. If a routine delivery becomes a cesarean, payment for the difference between packages will be calculated after delivery.
2) Cesarean Package: Pre Natal, Delivery, Post Partum	59510		\$3,150	\$2,400 per case	Package deliveries will be paid on a monthly basis. \$250.00 will be due on your first visit and the remaining monthly payments will be calculated for you.
3) Cesarean Only	59514		\$1,785	\$1,200	
4) Physician Assisting with Cesarean	59514 Mod. 80		\$895	\$250 per case	
5) Circumcision (In-Hospital)	54150		\$315	\$135	
6) All Other Professional (Physician) Services	Mult. Codes			50% Disc.	

Ophthalmology & Optometry Services – (Vision)

(Pricing Subject to Change Without Notice)

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Please call Dr. Grady D. Gafford's office at (570) 724-2131 for an appointment and to discuss costs.

Physician Office Services (Pricing Subject to Change Without Notice)

(General Practitioner, Family Practice, Internal Medicine, Nurse Practitioner, Physician Assistant, Pediatrician)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
8. PHYSICIAN OFFICE SERVICES					This section addresses services provided in an office setting.
E. Physician Office Visits:					
1) New Patients:					
a) Level 1	99201		\$51	\$20	
b) Level 2	99202		\$70	\$25	
c) Level 3	99203		\$94	\$30	
d) Level 4	99204		\$125	\$35	
e) Level 5	99205		\$150	\$40	
2) Established Patients:					
a) Level 1	99211		\$27	\$10	
b) Level 2	99212		\$44	\$25	
c) Level 3	99213		\$62	\$30	
d) Level 4	99214		\$87	\$35	
e) Level 5	99215		\$125	\$45	
3) Office Consultation:					
a) Minor	99241		\$55	\$25	
b) Low	99242		\$107	\$40	
c) Moderate	99243		\$142	\$45	
d) High	99244		\$210	\$65	
e) Very High	99245		\$278	\$85	
4) History and Physicals:					
a) New Patients:					
i. Under 1 Yr. Old.	99381		\$61	\$20	
ii. 1-4 Yr. Old.	99382		\$61	\$20	
iii. 5-11 Yr. Old.	99383		\$61	\$20	
iv. 12-17 Yr. Old.	99384		\$61	\$20	
v. 18-39 Yr. Old.	99385		\$89	\$25	
vi. 40-64 Yr. Old.	99386		\$89	\$25	
b) Established Patients:					
i. Under 1 Yr. Old.	99391		\$57	\$15	
ii. 1-4 Yr. Old.	99392		\$57	\$15	
iii. 5-11 Yr. Old.	99393		\$57	\$15	
iv. 12-17 Yr. Old.	99394		\$57		
v. 18-39 Yr. Old.	99395		\$83	\$25	
vi. 40-64 Yr. Old.	99396		\$83	\$25	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
5) All Other Primary Care Physician Services				70% Disc.	
F. Immunizations:					
1) Chicken Pox (Varicella)	90716			\$65	
2) Combination: DTAP, Hep B, Polio				\$50	
3) Diphtheria, Tetanus, Acellular, Pertussis vaccine	90700			\$20	
4) Hepatitis A	90632			\$45	
5) Hepatitis B Adult	90746			\$10	
6) Hepatitis B Pediatric/Adolescent	90744			\$10	
7) Haemophilus Influenza B	90647			\$10	
8) Influenza	90659			\$12	
9) Injectable Polio	90713			\$23	
10) Mumps, Measles, and Rubella	90707			\$35	
11) Pneumococcus (Adult and pediatric.)	90732			\$60	
12) Prevnar	90669			\$60	
13) Strep Test – not a culture				\$10	
14) Tetanus/Diphtheria	90718			\$10	
G. Procedures – Miscellaneous:					
1) Audiograms/Hearing Test	92551		\$20	\$10	
2) Cognitive Functions			\$54	\$35	
3) EKG	93000		\$47	\$15	
4) EKG tracing only	93005		\$27	\$10	
5) Excision Skin Tag	11200		\$104	\$30	
6) Injection Sheath Tendon	20550			70% Disc.	
7) Nasal Endoscopy	31231		\$170	\$60	
8) Nebulizer Treatment	94664		\$30	\$10	
9) Oximetry	94760		\$16	\$10	
10) Sigmoidoscopy	45300		\$168	\$65	
11) Strep Test	86403		\$20	\$10	
12) TB Test	86580		\$11	\$5	
13) Tympanogram	92567		\$32	\$10	
14) Urine pregnancy			\$16	\$10	
15) Wart Removal	17110/ 17111		\$116	\$35	

Specialty Services (Pricing Subject to Change Without Notice)

Orthopedic, Obstetrics/Gynecology, Surgical, Podiatrics

(Orthopod, OB/GYN, General Surgeon, Podiatric Surgeon)

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
9. ORTHOPEDIC, OBSTETRICS/GYNECOLOGICAL, GENERAL SURGICAL SERVICES					
A. Physician Office Visits:					
1) New Patients:					
a) Level 1	99201		\$56	\$35	
b) Level 2	99202		\$105	\$62	
c) Level 3	99203		\$141	\$93	
d) Level 4	99204		\$187	\$132	
e) Level 5	99205		\$250	\$167	
2) Established Patients:					
a) Level 1	99211		\$27	\$20	
b) Level 2	99212		\$47	\$37	
c) Level 3	99213		\$62	\$50	
d) Level 4	99214		\$102	\$79	
e) Level 5	99215		\$138	\$115	
3) Consultation: New Patients (REFERRAL REQUIRED)					
a) New Patients:					
b) Minor	99241		\$81	\$48	
c) Low	99242		\$107	\$88	
d) Moderate	99243		\$147	\$117	
e) High	99244		\$202	\$165	
f) Very High	99245		\$277	\$214	
4) Consultation: Established Patients					
a) Minor	99251		\$80	\$35	
b) Low	99252		\$129	\$70	
c) Moderate	99253		\$171	\$96	
d) High	99554		\$245	\$138	
e) Very High	99555		\$304	\$190	
5) All other Physician Services				60% off	
6) All Gynecological New & Established Annuals	All Codes		\$114	\$70	
B. In-Office Procedures:					
1) Orthopedics In-Office Procedures				\$100 deposit 50% OFF	In-office procedures may include but are not limited to; injections, fracture care etc.

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
2) Podiatric In-Office Procedures				50%	
3) Obstetrics and Gynecological In-Office Procedures:					
a) Colposcopy	57452		\$367	\$145	
b) Endometrial Biopsy	58100		\$341	\$145	
c) Kryocautery of Cervix	575.1		\$493	\$395	
d) All other Obstetrics and Gynecological In-Office Procedures				\$100 deposit 50% off	
4) General Surgery In-Office Procedures	Mult. Codes			\$100 deposit 50%	In-office procedures may include but are not limited to growth removal, wound care etc.
B. In-Hospital Outpatient:					
1) Facility	Mult. Codes			50% Disc.	
2) Professional (Physician) Services	Mult. Codes			50% Disc.	
C. In-Patient Hospital:					
1) Facility:					
1) Medical	Mult. Codes			\$300 deposit, then 35% Disc.	Inclusive of all services except physician care. See professional services.
2) Surgical	Mult. Codes			\$500 deposit, then 35% Disc.	Inclusive of all services except physician care. See professional services.
3) Intensive Care (ICU/CCU)	Mult. Codes			\$700 deposit, then 35% Disc.	An Inclusive of all services except physician care. See professional services.
4) Labor and Delivery – Normal	Mult. Codes			\$1,650 per case \$500 deposit upon discharge	
5) Labor and Delivery – Cesarean Section	Mult. Codes			\$3,100 per case \$500 deposit upon discharge	
6) Boarder Baby	Mult. Codes			\$100 per day	
7) Circumcision				\$130	
2) Professional (Physician) Services: (Inpatient)					
1) Initial:					
i. Brief	99231	14992317	\$55	\$25	
ii. Intermediate	99232	14992325	\$87	\$30	
iii. Extended	99233	14992333	\$124	\$40	
2) Subsequent:					
i. Brief	99231	14992317	\$55	\$25	
ii. Intermediate	99232	14992325	\$87	\$30	

ITEM	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
iii. Extended	99233	14992333	\$124	\$40	
3) Critical Care:					
i. First 60 minutes	99291	14992911	\$200	\$75	
ii. Additional 30 minutes	99292	14992929	\$100	\$35	
4) Discharge:					
i. Less than 30 minutes	99238	14992382	\$90	\$35	
ii. Greater than 30 minutes	99239	14992390	\$120	\$50	
5) Surgical				50% disc	
6) Routine Package: Pre natal, Delivery, Post Partum	59400	14594006	\$2,782	\$2,000 per case	Package deliveries will be paid on a monthly basis. \$250.00 will be due on your first visit and the remaining monthly payments will be calculated for you. If a routine delivery becomes a cesarean, payment for the difference between packages will be calculated after delivery.
7) Cesarean Package: Pre Natal, Delivery, Post Partum	59510		\$3,150	\$2,400 per case	Package deliveries will be paid on a monthly basis. \$250.00 will be due on your first visit and the remaining monthly payments will be calculated for you. .
8) Cesarean Only	59514		\$1,785	\$1,200	
9) Physician Assisting with Cesarean	59514 Mod. 80		\$895	\$250 per case	There will be a Physician Assist with ALL cesareans.
10) Circumcision (In-Hospital)	54150		\$315	\$135	
11) All Other Professional (Physician) Services	Mult. Codes			50% Disc.	

Vision Services – (Ophthalmology & Optometry)

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Wellness Services (Pricing Subject to Change Without Notice)

	MEDICARE CODE	BILLING CODE	TYPICAL PRICING	YELLOW	COMMENTS
10. WELLNESS SERVICES					
A. Wellness Center:					
1) Blossburg Wellness Center				10% Disc	
2) Knoxville Wellness Center				10% Disc	

Pharmacy Services

The pharmacy component of the Link Choice program provides a discount card through Express Scripts that may be used at participating pharmacies. Express Scripts is one of the nation's largest independent pharmacy benefit management companies. **Remember, the Express Scripts program provides a discount – not an insured benefit.**

Filling Prescriptions

The Express Scripts card is convenient and easy to use. You can fill your prescriptions and save two different ways:

- ◆ **At your local participating pharmacy** – Use a retail pharmacy for prescriptions you need filled immediately or are one-time, short-term prescriptions with no refills. The Express Scripts card is honored at over 56,000 pharmacies located nationwide.
- ◆ **Through Express Scripts mail service pharmacy** – Use the mail service for drugs you take on a long-term basis. You should ask your physician to write a prescription for a 90 day supply, plus appropriate refills for up to one year. Then all you do is mail your prescription along with payment and a completed mail order form. Your order will be delivered free of shipping costs within two weeks. You will be charged for overnight or second-day delivery, when you request such service. Refills can be ordered by phone, mail or online.

Pricing

Express Scripts offers you savings off of full retail prices. With the Express Scripts card, you may save on average 9% on brand name drugs and 25% on generic drugs when using a participating pharmacy. With the mail order service, you may save on average 14% on name brands and 29% on generics.

The discount is the same for both the Yellow and Blue Choice programs.

Full customer service provided through Express Scripts

The Express Scripts customer service center is open 24 hours a day, seven days a week to answer your questions and make sure your Express Scripts program runs smoothly. To reach Express Scripts:

- ◆ For member service: 1.800.451.6245
- ◆ For pharmacist help line: 1.800.235.4357
- ◆ You can visit on-line at www.express-scripts.com any time, day or night – including weekends and holidays. On-line you can register as a member and get answers to your questions; find additional information on how to fill prescriptions through the mail or on-line; look up pricing information; get the latest drug and health information and find a participating pharmacy.

Eligible drugs

Express Scripts has an open formulary, which means it includes all prescription drugs. You and your physician are not limited to a specific list of drugs. Information can be found on-line at www.express-scripts.com regarding drug comparisons, etc. The web site can be an asset for you and your physician in planning for your care.