ASC Price Transparency

Procedure Code	Description	Default Pricing	Medicare Pricing	Insurance Carrier #1 Pricing	Insurance Carrier #2 Pricing	Insurance Carrier #3 Pricing	Insurance Carrier #4 Pricing	Insurance Carrier #5 Pricing	Insurance Carrier #6 Pricing	Self-pay
43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	$ 766.56	383.28	479.1	565	374.49	486.84	580.46	543.01	n/a
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	$ 766.56	383.28	479.1	565	374.49	486.84	580.46	543.01	n/a
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	$ 766.56	383.28	479.1	565	374.49	486.84	580.46	543.01	n/a
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DILATION OF GASTRIC OUTLET FOR OBSTRUCTION (EG, BALLOON, GUIDE WIRE, BOUGIE)	$ 1,279.90	639.95	799.94	565	506.94	659.02	785.76	735.06	n/a
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	$ 1,279.90	639.95	799.94	565	506.94	659.02	785.76	735.06	n/a
43248	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS OVER GUIDE WIRE	$ 766.56	383.28	479.1	565	374.49	486.84	580.46	543.01	n/a
43249	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)	$ 1,279.90	639.95	799.94	565	506.94	659.02	785.76	735.06	n/a
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	$ 1,279.90	639.95	799.94	565	506.94	659.02	785.76	735.06	n/a
43255	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH CONTROL OF BLEEDING, ANY METHOD	$ 1,279.90	639.95	799.94	565	506.94	659.02	785.76	735.06	n/a
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	$ 766.56	383.28	479.1	565	291.55	379.02	451.9	422.75	n/a
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	$ 745.06	372.53	465.66	565	374.49	486.84	580.46	543.01	n/a
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	$ 745.06	372.53	465.66	376	291.55	379.02	451.9	422.75	n/a
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD	$ 979.48	489.74	612.18	565	506.94	659.02	785.76	735.06	n/a
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$ 745.06	372.53	465.66	376	291.55	379.02	451.9	422.75	n/a
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	$ 979.48	489.74	612.18	565	291.55	379.02	451.9	422.75	n/a
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)	$ 745.06	372.53	465.66	565	374.49	486.84	580.46	543.01	n/a
45380	COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	$ 979.48	489.74	612.18	565	374.49	486.84	580.46	543.01	n/a
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	$ 979.48	489.74	612.18	565	374.49	486.84	580.46	543.01	n/a
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	$ 979.48	489.74	612.18	565	374.49	486.84	580.46	543.01	n/a
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED	$ 979.48	489.74	612.18	565	374.49	486.84	580.46	543.01	n/a
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	$ 359.46	179.73	224.66	376	209.82	272.77	325.22	304.24	n/a
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	$ 745.06	372.53	465.66	376	374.49	486.84	580.46	543.01	n/a
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	$ 745.06	372.53	465.66	376	374.49	486.84	580.46	543.01	n/a
MISCANESTHESIA	SELF-PAY ANESTHESIA	$ 250.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	$ 250.00
MISCSCCOLON	SELF-PAY COLONOSCOPY	$ 450.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	$ 450.00
MISCSCDOUBLE	SELF-PAY DOUBLE COLON/EGD	$ 700.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	$ 700.00
MISCSCENDO	SELF-PAY ENDOSCOPY	$ 450.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	$ 450.00