

HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE
 SHOPPPABLE SERVICES
 Rev. Sep 2024

Service Location	Service Type	Description	Rev Code/ CPT Code	Charge Amount	QTY	Aetna	Anthem	Anthem Medi-Cal	Blue Shield	Cal-Optima	CCS	CenCal	CHOC	Contra Costa	Easter Seals	Healthcare Partners	Kaiser	Kern Family Health Plan	Medi-Cal	Point Comfort Underwriters	De-identified minimum negotiated charge	De-identified maximum negotiated charge	Cash Price	
INPATIENT	ITENSIVE ROOM AND BOARD	ROOM AND BOARD	206	\$3,203	PER DAY	\$1,789.00	\$3,000.00	N/A	\$1,772.00	N/A	N/A	N/A	N/A	N/A	N/A	\$1,648.00	\$2,871.00	N/A	N/A	\$3,150.00	\$1,648.00	\$3,150.00	\$3,202.50	
INPATIENT	MEDICAL ROOM AND BOARD	ROOM AND BOARD	123	\$3,340	PER DAY	\$1,659.00	\$2,800.00	N/A	\$1,654.00	N/A	N/A	N/A	N/A	N/A	N/A	\$1,442.00	\$2,726.00	N/A	N/A	\$2,850.00	\$1,442.00	\$2,850.00	\$3,340.05	
INPATIENT	REHAB ROOM AND BOARD	ROOM AND BOARD	128	\$3,340	PER DAY	\$1,659.00	\$2,200.00	N/A	\$1,595.00	\$1,411.00	\$2,199.00	N/A	\$2,113.00	N/A	N/A	\$1,236.00	\$2,476.00	N/A	N/A	\$2,450.00	\$1,236.00	\$2,476.00	\$3,340.05	
INPATIENT	VENT ROOM AND BOARD	ROOM AND BOARD	194	\$3,151	PER DAY	\$1,428.00	\$1,945.00	N/A	\$1,294.00	N/A	N/A	N/A	N/A	N/A	N/A	\$1,236.00	\$2,476.00	N/A	N/A	\$2,270.00	\$1,236.00	\$2,476.00	\$3,151.05	
INPATIENT	TRACH ROOM AND BOARD	ROOM AND BOARD	193	\$2,931	PER DAY	\$1,309.00	\$1,945.00	N/A	\$1,294.00	N/A	N/A	N/A	N/A	N/A	N/A	\$1,133.00	\$2,276.00	N/A	N/A	\$2,170.00	\$1,133.00	\$2,276.00	\$2,930.55	
INPATIENT	VENT ROOM AND BOARD	ROOM AND BOARD	190.85	\$3,151	PER DAY	N/A	N/A	\$1,375.00	N/A	\$1,375.00	N/A	\$1,375.00	N/A	\$1,375.00	N/A	N/A	N/A	\$1,375.00	\$1,375.00	N/A	\$1,375.00	\$1,375.00	\$3,151.05	
INPATIENT	TRACH ROOM AND BOARD	ROOM AND BOARD	190.86	\$2,931	PER DAY	N/A	N/A	\$1,259.58	N/A	\$1,259.58	N/A	\$1,259.58	N/A	\$1,259.58	N/A	N/A	N/A	\$1,259.58	\$1,259.58	N/A	\$1,259.58	\$1,259.58	\$2,931.00	
OUTPATIENT	REHABILITATIVE SERVICES	PT EVAL (per visit)	424	\$563	PER SESSION	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	\$170.00	N/A	N/A	N/A	N/A	N/A	\$270.00	\$148.00	\$270.00	\$562.80
OUTPATIENT	REHABILITATIVE SERVICES	PT EVAL (15 min)	424	\$140.70	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$79.00	N/A	N/A	N/A	N/A	\$79.00	\$79.00	\$140.70	
OUTPATIENT	REHABILITATIVE SERVICES	PT TREATMENT (per visit)	420	\$563	PER SESSION	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$148.00	\$250.00	\$148.00	\$563.00
OUTPATIENT	REHABILITATIVE SERVICES	PT TREATMENT (15 min)	420	\$141	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$22.53	N/A	\$79.00	N/A	N/A	\$63.50	\$22.53	\$79.00	\$140.70	
OUTPATIENT	REHABILITATIVE SERVICES	ST EVAL (per visit)	444	\$506	PER	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	\$170.00	N/A	N/A	N/A	N/A	\$270.00	\$148.00	\$270.00	\$506.10	
OUTPATIENT	REHABILITATIVE SERVICES	ST EVAL (15 min)	444	\$126.53	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$79.00	N/A	N/A	N/A	N/A	\$79.00	\$79.00	\$126.53	
OUTPATIENT	REHABILITATIVE SERVICES	ST TREATMENT (per visit)	440	\$506	PER SESSION	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$148.00	\$250.00	\$148.00	\$506.00
OUTPATIENT	REHABILITATIVE SERVICES	ST TREATMENT (15 min)	440	\$141	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$22.53	N/A	\$79.00	N/A	N/A	\$63.50	\$22.53	\$79.00	\$140.70	
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL (per visit)	434	\$563	PER SESSION	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	\$170.00	N/A	N/A	N/A	N/A	\$270.00	\$148.00	\$270.00	\$562.80	
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL (15 min)	434	\$140.70	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$79.00	N/A	N/A	N/A	N/A	\$79.00	\$79.00	\$140.70	
OUTPATIENT	REHABILITATIVE SERVICES	OT TREATMENT (per visit)	430	\$563	PER SESSION	N/A	\$250.00	N/A	\$148.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$148.00	\$250.00	\$148.00	\$563.00
OUTPATIENT	REHABILITATIVE SERVICES	OT TREATMENT (15 min)	430	\$141	PER UNIT (15 min)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$23.16	N/A	\$79.00	N/A	N/A	\$63.50	\$23.16	\$79.00	\$140.70	
OUTPATIENT	REHABILITATIVE SERVICES	Speech/hearing therapy	92507	\$127.14	PER SESSION	\$105.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$93.24	N/A	N/A	N/A	N/A	\$93.24	\$105.14	\$127.14	
OUTPATIENT	REHABILITATIVE SERVICES	Speech/hearing therapy	92508	\$40.19	PER SESSION	\$35.24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$29.47	N/A	N/A	N/A	N/A	\$29.47	\$35.24	\$40.19	
OUTPATIENT	REHABILITATIVE SERVICES	Speech sound lang comprehen	92523	\$379.32	PER SESSION	\$241.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$278.17	N/A	N/A	N/A	N/A	\$241.99	\$278.17	\$379.32	
OUTPATIENT	REHABILITATIVE SERVICES	Oral function therapy	92526	\$141.92	PER SESSION	\$5.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$104.07	N/A	N/A	N/A	N/A	\$5.50	\$104.07	\$141.92	
OUTPATIENT	REHABILITATIVE SERVICES	Therapeutic exercises	97110	\$49.58	PER SESSION	\$29.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	N/A	N/A	N/A	N/A	\$29.93	\$36.36	\$49.58	
OUTPATIENT	REHABILITATIVE SERVICES	Neuromuscular reeducation	97112	\$57.05	PER SESSION	\$31.43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$41.83	N/A	N/A	N/A	N/A	\$31.43	\$41.83	\$57.05	
OUTPATIENT	REHABILITATIVE SERVICES	Gait training therapy	97116	\$49.58	PER SESSION	\$26.47	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$36.36	N/A	N/A	N/A	N/A	\$26.47	\$36.36	\$49.58	
OUTPATIENT	REHABILITATIVE SERVICES	Manual therapy	97140	\$45.50	PER SESSION	\$28.16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$33.36	N/A	N/A	N/A	N/A	\$28.16	\$33.36	\$45.50	
OUTPATIENT	REHABILITATIVE SERVICES	Group therapeutic procedures	97150	\$29.63	PER SESSION	\$19.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.73	N/A	N/A	N/A	N/A	\$19.32	\$21.73	\$29.63	
OUTPATIENT	REHABILITATIVE SERVICES	PT EVAL HIGH COMPLEX 45 MIN	97163	\$168.81	PER SESSION	\$81.25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$123.79	N/A	N/A	N/A	N/A	\$81.25	\$123.79	\$168.81	
OUTPATIENT	REHABILITATIVE SERVICES	PT RE-EVAL EST PLAN CARE	97164	\$117.53	PER SESSION	\$54.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$86.19	N/A	N/A	N/A	N/A	\$54.95	\$86.19	\$117.53	
OUTPATIENT	REHABILITATIVE SERVICES	OT EVAL HIGH COMPLEX 60 MIN	97167	\$168.81	PER SESSION	\$93.37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$123.79	N/A	N/A	N/A	N/A	\$93.37	\$123.79	\$168.81	
OUTPATIENT	REHABILITATIVE SERVICES	OT RE-EVAL EST PLAN CARE	97168	\$116.91	PER SESSION	\$62.27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$85.73	N/A	N/A	N/A	N/A	\$62.27	\$85.73	\$116.91	
OUTPATIENT	REHABILITATIVE SERVICES	Therapeutic activities	97530	\$63.50	PER SESSION	\$32.98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$46.56	N/A	N/A	N/A	N/A	\$32.98	\$46.56	\$63.50	
OUTPATIENT	REHABILITATIVE SERVICES	Self care mgmt training	97535	\$55.59	PER SESSION	\$32.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$40.77	N/A	N/A	N/A	N/A	\$32.93	\$40.77	\$55.59	
OUTPATIENT	REHABILITATIVE SERVICES	Language evaluation	X4300	\$131.77	PER SESSION	N/A	N/A	\$66.05	N/A	\$87.85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$66.05	N/A	\$66.05	\$87.85	\$131.77
OUTPATIENT	REHABILITATIVE SERVICES	Speech evaluation	X4301	\$131.77	PER SESSION	N/A	N/A	\$66.05	N/A	\$87.85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$66.05	N/A	\$66.05	\$87.85	\$131.77
OUTPATIENT	REHABILITATIVE SERVICES	Speech-language therapy (group), each patient	X4302	\$53.01	PER SESSION	N/A	N/A	\$26.57	N/A	\$35.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$26.57	N/A	\$26.57	\$35.34	\$53.01
OUTPATIENT	REHABILITATIVE SERVICES	Speech-language therapy, individual, per hour (following procedures X4300 or X4301)	X4303	\$90.25	PER SESSION	N/A	N/A	\$45.24	N/A	\$60.17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$45.24	N/A	\$45.24	\$60.17	\$90.25
OUTPATIENT	REHABILITATIVE SERVICES	Speech-language therapy, individual, 1/2 hour	X4304	\$45.15	PER SESSION	N/A	N/A	\$22.63	N/A	\$30.10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$22.63	N/A	\$22.63	\$30.10	\$45.15
OUTPATIENT	REHABILITATIVE SERVICES	Out-of-office call (payable only for visits to the first patient receiving services at any given location on the same day)	X4306	\$16.50	PER SESSION	N/A	N/A	\$8.27	N/A	\$11.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$8.27	N/A	\$8.27	\$11.00	\$16.50
OUTPATIENT	REHABILITATIVE SERVICES	Speech therapy preliminary evaluation, rehabilitation, SNF, ICF	X4308	\$65.89	PER SESSION	N/A	N/A	\$33.03	N/A	\$43.93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$33.03	N/A	\$33.03	\$43.93	\$65.89
OUTPATIENT	REHABILITATIVE SERVICES	Speech generating device (SGD) – related bundled speech therapy services, per visit	X4310	\$90.25	PER SESSION	N/A	N/A	\$45.24	N/A	\$60.17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$45.24	N/A	\$45.24	\$60.17	\$90.25
OUTPATIENT	REHABILITATIVE SERVICES	Single modality to one area; initial 30 minutes	X3900	\$33.99	PER SESSION	N/A	N/A	\$17.04	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	Single modality to one area; each additional 15 minutes	X3902	\$7.24	PER SESSION	N/A	N/A	\$3.63	N/A	\$4.83	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$3.63	N/A	\$3.63	\$4.83	\$7.24
OUTPATIENT	REHABILITATIVE SERVICES	Single procedure to one area; initial 30 minutes	X3904	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Single procedure to one area; each additional 15 minutes	X3906	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Treatment including a combination of any modalities and procedures (one or more areas); initial 30 minutes	X3908	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27

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OUTPATIENT	REHABILITATIVE SERVICES	Treatment including a combination of any modalities and procedures (one or more areas); each additional 15 minutes	X3910	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank; initial 30 minutes	X3912	\$69.51	PER SESSION	N/A	N/A	\$34.84	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank; each additional 15 minutes	X3914	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank or pool therapy with therapeutic exercise; initial 30 minutes	X3916	\$83.17	PER SESSION	N/A	N/A	\$41.69	N/A	\$55.45	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$41.69	N/A	\$41.69	\$55.45	\$83.17
OUTPATIENT	REHABILITATIVE SERVICES	Hubbard Tank or pool therapy with therapeutic exercise; each additional 15 minutes	X3918	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Any of the tests and measurements; initial 30 minutes, plus report	X3920	\$69.51	PER SESSION	N/A	N/A	\$34.84	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Any of the tests and measurements; each additional 15 minutes, plus report	X3922	\$33.99	PER SESSION	N/A	N/A	\$17.04	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	Physical Therapy Preliminary Evaluation rehabilitation center; SNH, ICF	X3924	\$69.51	PER SESSION	N/A	N/A	\$34.84	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report; initial 30 minutes	X3926	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case consultation and report	X3928	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report; each additional 15 minutes	X3930	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Home or long-term care facility visit; add	X3932	\$13.11	PER SESSION	N/A	N/A	\$6.57	N/A	\$8.74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.57	N/A	\$6.57	\$8.74	\$13.11
OUTPATIENT	REHABILITATIVE SERVICES	Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home)	X3934	\$3.53	PER SESSION	N/A	N/A	\$1.77	N/A	\$2.35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1.77	N/A	\$1.77	\$2.35	\$3.53
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – initial 30 minutes, plus report	X4100	\$69.51	PER SESSION	N/A	N/A	\$34.84	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Evaluation – each additional 15 minutes, plus report	X4102	\$33.99	PER SESSION	N/A	N/A	\$17.04	N/A	\$22.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.04	N/A	\$17.04	\$22.66	\$33.99
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – initial 30 minutes	X4104*	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Case conference and report – each additional 15 minutes	X4106*	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Occupational therapy preliminary evaluation rehabilitation, Nursing Facility (NF) B, NF-A	X4108	\$69.51	PER SESSION	N/A	N/A	\$34.84	N/A	\$46.34	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$34.84	N/A	\$34.84	\$46.34	\$69.51
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – initial 30 minutes	X4110±	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
OUTPATIENT	REHABILITATIVE SERVICES	Treatment – each additional 15 minutes	X4112±	\$13.69	PER SESSION	N/A	N/A	\$6.86	N/A	\$9.12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.86	N/A	\$6.86	\$9.12	\$13.69
OUTPATIENT	REHABILITATIVE SERVICES	Home or long-term care facility visit – add	X4114±	\$13.11	PER SESSION	N/A	N/A	\$6.57	N/A	\$8.74	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$6.57	N/A	\$6.57	\$8.74	\$13.11
OUTPATIENT	REHABILITATIVE SERVICES	Mileage per mile, one way, beyond a 10-mile radius of office or usual hospital base	X4116	\$3.53	PER SESSION	N/A	N/A	\$1.77	N/A	\$2.35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1.77	N/A	\$1.77	\$2.35	\$3.53
OUTPATIENT	REHABILITATIVE SERVICES	Case consultation and report	X4120	\$42.27	PER SESSION	N/A	N/A	\$21.19	N/A	\$28.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$21.19	N/A	\$21.19	\$28.18	\$42.27
N/A	NOT OFFERED	Psychotherapy, 30 min	90832	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Psychotherapy, 45 min	90834	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Psychotherapy, 60 min	90837	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Family psychotherapy, not including patient	90846	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Family psychotherapy, including patient, 5	90847	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Group psychotherapy	90853	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office or other outpatient visit	99203	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office of other outpatient visit	99204	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	New patient office of other outpatient visit	99205	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Patient office consultation, typically 40 minutes	99243	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Patient office consultation, typically 60 minutes	99244	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Initial new patient preventive medicine evaluation	99385	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Initial new patient preventive medicine evaluation	99386	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Basic metabolic panel	80048	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Blood test, comprehensive group of blood	80053	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A

HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE
 SHOPPPABLE SERVICES
 Rev. Sep 2024

Service Location	Service Type	Description	Rev Code/ CPT Code	Charge Amount	QTY	Aetna	Anthem	Anthem Medi-Cal	Blue Shield	Cal-Optima	CCS	CenCal	CHOC	Contra Costa	Easter Seals	Healthcare Partners	Kaiser	Kern Family Health Plan	Medi-Cal	Point Comfort Underwriters	De-identified minimum negotiated charge	De-identified maximum negotiated charge	Cash Price	
N/A	NOT OFFERED	Obstetric blood test panel	80055	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A	
N/A	NOT OFFERED	Blood test, lipids (cholesterol and triglycer	80061	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Kidney function panel test	80069	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Liver function blood test panel	80076	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Manual urinalysis test with examination us	81000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Automated urinalysis test	81002	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	PSA (prostate specific antigen)	84153	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Blood test, thyroid stimulating hormone (T	84443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Complete blood cell count, with differenti	85025	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Complete blood count, automated	85027	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Blood test, clotting time	85610	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Coagulation assessment blood test	85730	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	CT scan, head or brain, without contrast	70450	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	MRI scan of brain before and after contras	70553	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	X-Ray, lower back, minimum four views	72110	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	MRI scan of lower spinal canal	72148	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	CT scan, pelvis, with contrast	72193	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	MRI scan of leg joint	73721	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	CT scan of abdomen and pelvis with contr	74177	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound of abdomen	76700	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Abdominal ultrasound of pregnant uterus	76805	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound pelvis through vagina	76830	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography of one breast	77065	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography of both breasts	77066	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Mammography, screening, bilateral	77067	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Cardiac valve and other major cardiothorac	216	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Spinal fusion except cervical without majo	460	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Major joint replacement or reattachment	470	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Cervical spinal fusion without comorbid co	473	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Uterine and adnexa procedures for non-m	743	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of 1 or more breast growth, oper	19120	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Shaving of shoulder bone using an endosc	29826	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of one knee cartilage using an en	29881	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of tonsils and adenoid glands pat	42820	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Diagnostic examination of esophagus, stor	43235	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Biopsy of the esophagus, stomach, and/or	43239	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Diagnostic examination of large bowel usin	45378	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Biopsy of large bowel using an endoscope	45380	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of polyps or growths of large bow	45385	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Ultrasound examination of lower large bow	45391	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of gallbladder using an endoscop	47562	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Repair of groin hernia patient age 5 years	49505	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Biopsy of prostate gland	55700	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Surgical removal of prostate and surround	55866	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for vaginal delivery	59400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for cesarean deliv	59510	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Routine obstetric care for vaginal delivery	59610	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Injection of substance into spinal canal of	62322	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Injections of anesthetic and/or steroid dru	64483	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of recurring cataract in lens caps	66821	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Removal of cataract with insertion of lens	66984	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Electrocardiogram, routine, with interpret	93000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Insertion of catheter into left heart for dia	93452	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A
N/A	NOT OFFERED	Sleep study	95810	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0.00	\$0.00	N/A