



# Self Insured Plans LLC

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## **Price Transparency** *How Much Does It/ Should It Cost?*

At Self Insured Plans LLC (SIP) we believe in the concept of Consumer Directed Healthcare (CDHP) and that Plan Participants should be provided with the maximum amount of information possible to assist them in making good healthcare decisions. Whenever possible and practical, determining what a medical procedure should cost, **before** engaging the service, is an important part of this process. When combined with comprehensive tools to assess quality, empowered participants consistently make good purchasing decisions. Good decisions lead to lower overall Plan health expenditures and a happier, healthier work force.

The following chart includes a listing of our most common 250 procedures which result in almost 80% of our client's non-catastrophic expenditures. It is the first step in a plan which will ultimately lead to posting almost 11,000 medical procedures on the SIP web site, including cost and quality measures. We are committed to the concept of Price Transparency and believe that it is the only true way to begin to control the rapidly escalating costs of healthcare and health insurance in Florida.

The following 250 procedures have been illustrated using approximately **125%** of the **2006** Medicare Physician Reimbursement Rates for Area 3 of Florida. What this means is that the amounts indicated are approximately **25% greater** than what the provider would normally have received for treating a Medicare patient.

In order to more effectively deal with the pricing confusion and disparity that exists between payors, SIP has introduced a new **Scheduled Benefit Plan** that is tied to approximately 125% of Medicare. The **Scheduled Benefit Amount** is the amount that will generally be considered as allowable under the Plan, subject to all Plan provisions. Patients will be allowed to use any licensed Medical Provider of their choice; there are no networks and Plan Participants will have access to cost and quality measures to assist them in making good choices. The efficiency of this new plan has resulted in an average decrease in Plan rates of over 30%.

<b>SIP Scheduled Benefit Plan</b>		<b>Scheduled Benefit</b>
<b><u>CPT Code</u></b>	<b><u>Short Procedure Description</u></b>	<b><u>Amount</u></b>
<b><u>Miscellaneous Surgical Procedures</u></b>		
11100	BIOPSY SKIN LESION	\$99.30
11101	BIOPSY SKIN ADD-ON	\$36.48
17000	DESTROY BENIGN/PREMLG LESION	\$76.24
17003	DESTROY LESIONS 2-14	\$13.06
20550	INJ TENDON SHEATH/LIGAMENT	\$76.02
20610	DRAIN/INJECT JOINT/BURSA	\$90.76
22612	LUMBAR SPINE FUSION	\$2,019.67
29540	STRAPPING OF ANKLE AND/OR FT	\$48.66
29876	KNEE ARTHROSCOPY/SURGERY	\$814.74
31231	NASAL ENDOSCOPY	\$218.41
33511	CORONARY ARTERY BYPASS	\$2,587.60
36415	ROUTINE VENIPUNCTURE	\$12.59
36416	CAPILLARY BLOOD DRAW	\$7.07
43239	UPPER GI ENDOSCOPY BIOPSY	\$421.89
45378	DIAGNOSTIC COLONOSCOPY	\$487.31
45380	DIAGNOSTIC COLONOSCOPY/ BIOP	\$575.55
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$885.73
	CYSTOSCOPY WITH URETERAL	
52005	CATH	\$387.15
55821	PROSTATECTOMY PERINEAL	\$1,046.24
57421	COLPOSCOPY OF VAGINA/CERVIX &B	\$215.59
57820	D&C CERVIX	\$164.05
58150	TOTAL HYSTERECTOMY	\$1,220.46
59400	OBSTETRICAL CARE	\$2,251.98
59510	CAESAREAN DELIVERY	\$2,552.96
66984	CATARACT SURGERY W/ LOL 1 STAGE	\$863.35
<b><u>Radiological Procedures</u></b>		
70450	CT HEAD/BRAIN W/O DYE	\$56.60
70553	MRI BRAIN W/O & W/DYE	\$1,429.80
71010	CHEST X-RAY	\$12.14
71020	CHEST X-RAY	\$14.50
71260	CT THORAX W/DYE	\$443.65
72040	X-RAY EXAM OF NECK SPINE	\$45.81
72100	X-RAY EXAM OF LOWER SPINE	\$49.09

72110	X-RAY EXAM OF LOWER SPINE	\$67.60
72141	MRI NECK SPINE W/O DYE	\$679.45
72148	MRI LUMBAR SPINE W/O DYE	\$734.43
72170	X-RAY EXAM OF PELVIS	\$37.62
72192	CT PELVIS W/O DYE	\$375.07
72193	CT PELVIS W/DYE	\$350.11
73030	X-RAY EXAM OF SHOULDER	\$42.05
73100	X-RAY EXAM OF WRIST	\$35.27
73110	X-RAY EXAM OF WRIST	\$38.09
73510	X-RAY EXAM OF HIP	\$29.90
73560	X-RAY EXAM OF KNEE 1 OR 2	\$41.57
73562	X-RAY EXAM OF KNEE 3	\$42.05
73564	X-RAY EXAM KNEE 4 OR MORE	\$46.75
73610	X-RAY EXAM OF ANKLE	\$38.09
73620	X-RAY EXAM OF FOOT	\$35.27
73630	X-RAY EXAM OF FOOT	\$38.09
73721	MRI JNT OF LWR EXTRE W/O DYE	\$646.45
74000	X-RAY EXAM OF ABDOMEN	\$38.09
74022	X-RAY EXAM SERIES ABDOMEN	\$58.85
74150	CT ABDOMEN W/O DYE	\$368.71
74160	CT ABDOMEN W/DYE	\$434.77
74170	CT ABDOMEN W/O & W/DYE	\$525.68
76005	FLUOROGUIDE FOR SPINE INJECT	\$104.82
76075	DXA BONE DENSITY AXIAL	\$178.50
76083	COMPUTER MAMMOGRAM ADD-ON	\$25.05
76091	MAMMOGRAM BOTH BREASTS	\$124.51
76092	MAMMOGRAM SCREENING	\$109.56
76645	US EXAM BREAST(S)	\$89.60
76805	OB US >= 14 WKS SNGL FETUS	\$174.47
76830	TRANSVAGINAL US NON-OB	\$125.08
76856	US EXAM PELVIC COMPLETE	\$125.08
76942	ECHO GUIDE FOR BIOPSY	\$189.51
77334	RADIATION TREATMENT AID(S)	\$166.29
77336	RADIATION PHYSICS CONSULT	\$152.85
77413	RADIATION TREATMENT DELIVERY	\$120.01
77414	RADIATION TREATMENT DELIVERY	\$120.01
77418	RADIATION TX DELIVERY IMRT	\$856.23
77427	RADIATION TX MANAGEMENT X5	\$220.13
78465	HEART IMAGE (3D) MULTIPLE	\$700.77
78478	HEART WALL MOTION ADD-ON	\$122.83
78480	HEART FUNCTION ADD-ON	\$122.36

**Laboratory Procedures**

80048	BASIC METABOLIC PANEL	\$12.23
80050	GENERAL HEALTH PANEL	\$46.77
80051	ELECTROLYTE PANEL	\$12.25
80053	COMPREHEN METABOLIC PANEL	\$18.46
80061	LIPID PANEL	\$23.40
80076	HEPATIC FUNCTION PANEL	\$14.28
81000	URINALYSIS NONAUTO W/SCOPE	\$5.54
81001	URINALYSIS AUTO W/SCOPE	\$5.54
81002	URINALYSIS NONAUTO W/O SCOPE	\$4.46
81003	URINALYSIS AUTO W/O SCOPE	\$3.93
81025	URINE PREGNANCY TEST	\$11.05
82043	MICROALBUMIN QUANTITATIVE	\$10.11
82150	ASSAY OF AMYLASE	\$11.33
82247	BILIRUBIN TOTAL	\$8.78
82248	BILIRUBIN DIRECT	\$8.78
82270	TEST FOR BLOOD FECES	\$5.68
82378	CARCINOEMBRYONIC ANTIGEN	\$33.14
82465	ASSAY BLD/SERUM CHOLESTEROL	\$7.60
82550	ASSAY OF CK (CPK)	\$11.38
82553	CREATINE MB FRACTION	\$20.16
82565	ASSAY OF CREATININE	\$8.95
82570	ASSAY OF URINE CREATININE	\$9.04
82728	ASSAY OF FERRITIN	\$23.79
82947	ASSAY GLUCOSE BLOOD QUANT	\$6.85
82962	GLUCOSE BLOOD TEST	\$4.09
82977	ASSAY OF GGT	\$12.58
83001	GONADOTROPIN (FSH)	\$32.46
83036	GLYCATED HEMOGLOBIN TEST	\$16.95
83540	ASSAY OF IRON	\$11.31
83615	LACTATE (LD) (LDH) ENZYME	\$10.55
83690	ASSAY OF LIPASE	\$12.03
83721	ASSAY OF BLOOD LIPOPROTEIN	\$16.66
83735	ASSAY OF MAGNESIUM	\$11.70
84100	ASSAY OF PHOSPHORUS	\$8.29
84153	ASSAY OF PSA TOTAL	\$32.13
84403	ASSAY OF TOTAL TESTOSTERONE	\$45.10
84436	ASSAY OF TOTAL THYROXINE	\$12.01
84439	ASSAY OF FREE THYROXINE	\$15.75
84443	ASSAY THYROID STIM HORMONE	\$29.34

84450	TRANSFERASE (AST) (SGOT)	\$9.03
84460	ALANINE AMINO (ALT) (SGPT)	\$9.25
84478	ASSAY OF TRIGLYCERIDES	\$10.05
84479	ASSAY OF THYROID (T3 OR T4)	\$11.30
84484	ASSAY OF TROPONIN QUANT	\$17.19
84520	ASSAY OF UREA NITROGEN	\$6.89
84550	ASSAY OF BLOOD/URIC ACID	\$7.89
84702	CHORIONIC GONADOTROPIN TEST CHORIONIC GONADOTROPIN	\$26.29
84703	ASSAY	\$13.11
85007	BL SMEAR W/DIFF WBC COUNT	\$6.01
85014	HEMATOCRIT	\$4.14
85018	HEMOGLOBIN	\$4.14
85025	COMPLETE CBC W/AUTO DIFF WBC	\$13.58
85027	COMPLETE CBC AUTOMATED	\$11.30
85610	PROTHROMBIN TIME	\$6.86
85651	RBC SED RATE NONAUTOMATED	\$6.20
85652	RBC SED RATE AUTOMATED	\$4.71
85730	THROMBOPLASTIN TIME PARTIAL	\$10.48
86038	ANTINUCLEAR ANTIBODIES	\$21.11
86140	C-REACTIVE PROTEIN	\$9.04
86592	BLOOD SEROLOGY QUALITATIVE	\$7.45
86701	HIV-1	\$15.51
86900	BLOOD TYPING ABO	\$5.21
87040	BLOOD CULTURE FOR BACTERIA	\$18.03
87070	CULTURE BACTERIA OTHER	\$15.04
87077	CULTURE AEROBIC IDENTIFY	\$14.11
87081	CULTURE SCREEN ONLY	\$11.58
87086	URINE CULTURE/COLONY COUNT	\$14.10
87088	URINE BACTERIA CULTURE	\$14.14
87186	MICROBE SUSCEPTIBLE MIC	\$15.10
87205	SMEAR GRAM STAIN	\$7.45
87210	SMEAR WET MOUNT SALINE/INK	\$7.45
87430	STREP A AG EIA	\$20.95
87491	CHYLMD TRACH DNA AMP PROBE	\$61.30
87591	N.GONORRHOEAE DNA AMP PROB	\$61.30
87621	HPV DNA AMP PROBE	\$61.30
87880	STREP A ASSAY W/OPTIC	\$20.95
88141	CYTOPATH C/V INTERPRET	\$28.53
88142	CYTOPATH C/V THIN LAYER	\$35.39
88164	CYTOPATH TBS C/V MANUAL	\$18.45

88175	CYTOPATH C/V AUTO FLUID REDO	\$46.31
88304	TISSUE EXAM BY PATHOLOGIST	\$74.63
88305	TISSUE EXAM BY PATHOLOGIST	\$130.58
88342	IMMUNOHISTOCHEMISTRY	\$112.64

**Physicians Procedures**

90465	IMMUNE ADMIN 1 INJ < 8 YRS	\$23.38
90466	IMMUNE ADMIN ADDL INJ < 8 Y	\$14.00
90471	IMMUNIZATION ADMIN	\$23.38
90472	IMMUNIZATION ADMIN EACH ADD	\$14.00
90700	DTAP VACCINE < 7 YRS IM	\$46.68
90707	MMR VACCINE SC	\$51.75
90713	POLIOVIRUS IPV SC	\$28.50
90765	THER/PROPH/DIAG IV INF	\$97.98
90772	THER PROPH/DX NJX	\$23.38
90775	THER PROPH/DIAG INJ ADD ON	\$34.64
90782	INJECTION SC/IM	\$23.84
90801	PSY DX INTERVIEW	\$192.24
90805	PSYTX OFF 20-30 MIN W/E&M	\$90.73
90806	PSYTX OFF 45-50 MIN	\$124.10
90807	PSYTX OFF 45-50 MIN W/E&M	\$132.49
90853	GROUP PSYCHOTHERAPY	\$65.34
90862	MEDICATION MANAGEMENT	\$65.34
92004	EYE EXAM NEW PATIENT	\$161.90
92012	EYE EXAM ESTABLISHED PAT	\$81.56
92014	EYE EXAM & TREATMENT	\$120.53
92015	REFRACTION	\$88.55
92135	OPHTHALMIC DX IMAGING	\$55.16
92507	SPEECH/HEARING THERAPY	\$78.20
92557	COMPREHENSIVE HEARING TEST	\$65.38
92567	TYMPANOMETRY	\$29.18
93000	ELECTROCARDIOGRAM COMPLETE	\$34.34
93005	ELECTROCARDIOGRAM TRACING	\$22.68
93010	ELECTROCARDIOGRAM REPORT	\$11.66
93015	CARDIOVASCULAR STRESS TEST	\$138.56
93307	ECHO EXAM OF HEART	\$262.06
93320	DOPPLER ECHO EXAM HEART	\$115.54
93325	DOPPLER COLOR FLOW ADD-ON	\$158.66
94010	BREATHING CAPACITY TEST	\$201.56
94640	AIRWAY INHALATION TREATMENT	\$15.65
94760	MEASURE BLOOD OXYGEN LEVEL	\$3.49

95115	IMMUNOTHERAPY ONE INJECTION	\$19.86
95117	IMMUNOTHERAPY INJECTIONS	\$25.01
96413	CHEMO TX ADMIN IV	\$216.29
96415	CHEMO IV INF, ADDL HR	\$50.69
97001	PT EVALUATION	\$95.99
97002	PT RE-EVALUATION	\$50.63
97010	HOT OR COLD PACKS THERAPY	\$5.99
97012	MECHANICAL TRACTION THERAPY	\$18.74
97014	ELECTRIC STIMULATION THERAPY	\$18.23
97032	ELECTRICAL STIMULATION	\$20.14
97033	ELECTRIC CURRENT THERAPY	\$25.76
97035	ULTRASOUND THERAPY	\$15.44
97110	THERAPEUTIC EXERCISES	\$35.56
97112	NEUROMUSCULAR REEDUCATION	\$36.64
97124	MASSAGE THERAPY	\$28.15
97140	MANUAL THERAPY	\$22.03
97150	GROUP THERAPEUTIC PROCEDURES	\$22.03
97530	THERAPEUTIC ACTIVITIES	\$36.63
98940	CHIROPRACTIC MANIPULATION	\$32.89
98941	CHIROPRACTIC MANIPULATION	\$45.64
98942	CHIROPRACTIC MANIPULATION	\$59.68
98943	CHIROPRACTIC MANIPULATION	\$30.99
99000	SPECIMEN HANDLING	\$16.69
99201	OFFICE/OUTPATIENT VISIT NEW	\$46.68
99202	OFFICE/OUTPATIENT VISIT NEW	\$82.70
99203	OFFICE/OUTPATIENT VISIT NEW	\$121.13
99204	OFFICE/OUTPATIENT VISIT NEW	\$174.63
99205	OFFICE/OUTPATIENT VISIT NEW	\$221.90
99211	OFFICE/OUTPATIENT VISIT EST	\$27.11
99212	OFFICE/OUTPATIENT VISIT EST	\$49.01
99213	OFFICE/OUTPATIENT VISIT EST	\$66.45
99214	OFFICE/OUTPATIENT VISIT EST	\$104.35
99215	OFFICE/OUTPATIENT VISIT EST	\$152.09
99222	INITIAL HOSPITAL CARE	\$144.08
99223	INITIAL HOSPITAL CARE	\$200.34
99231	SUBSEQUENT HOSPITAL CARE	\$43.50
99232	SUBSEQUENT HOSPITAL CARE	\$70.76
99233	SUBSEQUENT HOSPITAL CARE	\$100.64
99238	HOSPITAL DISCHARGE DAY	\$89.94
99239	HOSPITAL DISCHARGE DAY	\$122.71
99242	OFFICE CONSULTATION	\$117.85

99243	OFFICE CONSULTATION	\$157.03
99244	OFFICE CONSULTATION	\$220.78
99245	OFFICE CONSULTATION	\$285.66
99253	INITIAL INPATIENT CONSULT	\$126.91
99254	INITIAL INPATIENT CONSULT	\$181.41
99255	INITIAL INPATIENT CONSULT	\$250.14
99282	EMERGENCY DEPT VISIT	\$35.84
99283	EMERGENCY DEPT VISIT	\$80.51
99284	EMERGENCY DEPT VISIT	\$125.66
99285	EMERGENCY DEPT VISIT	\$197.21
99291	CRITICAL CARE FIRST HOUR	\$326.71
99385	PREV VISIT NEW AGE 18-39	\$149.86
99391	PREV VISIT EST INFANT	\$99.29
99392	PREV VISIT EST AGE 1-4	\$111.43
99393	PREV VISIT EST AGE 5-11	\$110.01
99394	PREV VISIT EST AGE 12-17	\$121.35
99395	PREV VISIT EST AGE 18-39	\$122.75
99396	PREV VISIT EST AGE 40-64	\$135.83