

Marshall Medical Center – Covid-19 Testing Price Transparency

Current Procedueral Terminology Code (CPT)Code	Procedure Name	Hospital Inpatient Fee in Dollars	Hospital Outpatient Fee in Dollars	Marshall Hospital Procedure Code
71046	HC X-RAY EXAM CHEST 2 VIEWS	1221.66	265.86	324000010
C9803	HC OPV SPECIMEN COLL SARS COVID 19	87.12	87.12	300000481
87635	HC COVID-2019 RNA, QUAL	200.00	200.00	306000204
87635	HC COVID-19	82.73	82.73	306000203
87635	RF LABCORP COVID-19	51.31	51.31	306900107
U0002	RF ARUP COVID-19	65.00	65.00	306900105
86328	HC IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	97.95	97.95	306000206
M0247	HC SOTROVIMAB INFUSION	688.86	688.86	771000025
M0249	HC TOCILIZUMAB ADMIN 1ST DOSE	688.86	688.86	771000028
M0250	HC TOCILIZUMAB ADMIN 2ND DOSE	688.86	688.86	771000029
M0243	HC CASIRIVI AND IMDEVI INFUSION	688.86	688.86	771000019
99213	PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	n/a	157.00	n/a
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	n/a	219.00	n/a
99215	PR OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	n/a	302.00	n/a

Marshall Medical’s full listing of all pricing is available at:

<https://www.marshallmedical.org/Patients-Visitors/Patient-Information/Insurance-Billing-Information.aspx>