

Hospital	Entity Code	Medicare CPT/HCPCS	Billing Code Description	Gross Charge Per CDM	Discounted Cash Price
BoysTown	BYSTWN	87426	CHG COVID-19, ANTIGEN	\$108.00	\$86.40
BoysTown	BYSTWN	87635	CHG COVID-19, RT-PCR	\$126.00	\$100.80
BoysTown	BYSTWN	U0003	CHG COVID-19, RT-PCR HIGH THRU PUT TECH	\$126.00	\$100.80
BoysTown	BYSTWN	86769	CHG COVID-19, ANTIBODIES	\$126.00	\$100.80
BoysTown	BYSTWN	87428	CHG POC FLU A&B AND COVID-19 ANTIGEN	\$130.00	\$104.00
BoysTown	BYSTWN	87428	CHG FLU A&B AND COVID-19 ANTIGEN	\$130.00	\$104.00
BoysTown	BYSTWN	87636	CHG FLU A &B AND COVID-19 AMP PROBE	\$237.00	\$189.60
BoysTown	BYSTWN	0202U	CHG RESP PATHOGEN AMPL PROBE 22, BIOFIRE RP2.1	\$876.00	\$700.80
BoysTown	BYSTOWN_PHY	86769	CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	\$126.00	\$100.80
BoysTown	BYSTOWN_PHY	87426	CHG IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	\$108.00	\$86.40
BoysTown	BYSTOWN_PHY	87428	CHG IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	\$259.00	\$207.20
BoysTown	BYSTOWN_PHY	87635	CHG IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	\$126.00	\$100.80
BoysTown	BYSTOWN_PHY	87636	CHG IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	\$225.00	\$180.00
BoysTown	BYSTOWN_PHY	U0003	PR COV-19 AMP PRB HGH THRUPTUT	\$114.00	\$91.20