

Marshall Medical Center – Covid-19 Testing Price Transparency

Current Procedural Terminology (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	\$1,186.08	\$258.12	324000010
C9803	HC OPV SPECIMEN COLL SARS COVID 19	\$84.58	\$84.58	300000481
87635	HC COVID-2019 RNA, QUAL (Lab evaluation performed by UC Davis)	\$200.00	\$200.00	306000204
87635	HC COVID-19 (Lab evaluation performed by MMC Lab)	\$80.32	\$80.32	306000203
87635	RF LABCORP COVID-19 (Lab evaluation performed by LabCorp)	\$51.31	\$51.31	306900107
U0002	RF ARUP COVID-19 (Lab evaluation performed by ARUP)	\$95.00	\$95.00	306900105
86328	HC IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	\$95.10	\$95.10	306000206
99213	PR Office/Outpatient Visit, Established, Level III	n/a	\$152.00	n/a
99214	PR Office/Outpatient Visit, Established, Level IV	n/a	\$212.00	n/a
99215	PR Office/Outpatient Visit, Established, Level V	n/a	\$293.00	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>