Hospital: Ascension St Vincent Carmel Ambulatory Surgery Center
EIN: 32-0014795
Last Updated: July 27, 2021

This is the hospital's machine-readable pricing file. Patients are encouraged to use Ascension's easy-to-use price estimator, available at https://healthcare.ascension.org/price-transparency, to obtain pricing information for commonly purchased healthcare services. If a service is not offered at your Ascension hospital of choice, please select another nearby Ascension hospital. If Ascension's price estimator does not provide pricing information for the care you need, the information may be available in this machine-readable pricing file, or you may contact a customer service representative at 833-999-1089.

In using Ascension's price estimator on this site, you need to be aware of certain important information, so please read the below information carefully.

File Description
In addition to this Legal Notice worksheet, this machine-readable pricing file contains five additional worksheets (or tabs). The charge description master (CDM) worksheet displays the hospital's gross charges and discounted cash prices, as well as any applicable payer negotiated rates. The current procedural terminology (CPT) worksheet displays the payer negotiated rates for which a CPT code applies. The Medicare severity diagnosis related group (MS-DRG) worksheet displays the payer negotiated rates for which an MS-DRG code applies. The all patients refined diagnosis related group (APR-DRG) worksheet displays the payer negotiated rates for which an APR-DRG code applies. The alternative reimbursement worksheet displays the payer negotiated rates for all services that do not squarely fit into one of the other worksheets. For clarity, the negotiated rates for a specific payer or plan may be displayed in more than one of the worksheets. If a payer does not have a negotiated rate for the applicable CDM, CPT, DRG, or other code, the applicable cell will be blank.

Financial Assistance
From payment options and guidelines to insurance programs and financial aid, Ascension is here to assist you. If you do not have health insurance you will receive our standard uninsured discount for medically necessary services. If you are unable to pay your balance in full at time of service or discharge, you may be eligible for our financial assistance program. Upon your request, Ascension will help determine whether you qualify for financial assistance – a service provided to you at no cost. Please visit https://healthcare.ascension.org/Financial-Assistance. You may download the financial assistance form and bring with you when you meet with a counselor. Assistance is provided based on income and household size. Ascension provides healthcare services without regard to race, creed, color, sex, age, national origin or disability.

Pricing Does Not Reflect Your Actual Costs
This pricing file is a snapshot of the Ascension hospital's pricing and is not a contract or guarantee of the actual costs for the services that may be provided to you. The pricing in this pricing file reflects the hospital's standard pricing, and your final charges and out-of-pocket costs may be greater than the amount in this pricing file. The pricing in this pricing file is based on the healthcare services, hospital location, and health plan you select. A hospital visit or encounter might include multiple items or services and might vary from patient-to-patient for the same primary service depending on any complications, length of stay, or service provided due to the patient's health status. Your actual costs may vary depending upon the hospital location, the actual services provided, variation in complexity, and timing of other outstanding payments affecting your deductible or out-of-pocket costs. You are encouraged to consult with your insurance provider to confirm your payment responsibilities, deductibles, and other details of your insurance. In addition, you may incur other charges from physicians and other providers separate from the hospital charges for the services identified in this pricing file. The other charges could include pathology, radiology, anesthesia, emergency care, and other physician or surgeon charges. Physician-related charges are billed directly by your physician, and other third-party charges (charges for services by providers other than the hospital and your physicain) are billed directly by the third-party provider.

Prices Subject to Change
The prices in this pricing file are subject to change at any time without notice.

Subject to Medical Necessity
Nothing in this pricing file means the selected services are medically necessary or appropriate. Ascension may refuse to provide any services that are not medically necessary or appropriate or violate our Ethical and Religious Directives.

Prior Authorizations; Personal Financial Obligation
Ascension has not obtained any prior authorization or referral that may be required by your health insurance plan for any services identified in this pricing file, and Ascension has not contacted your health insurance provider to confirm the costs that will be covered by your insurance plan. You are responsible for (1) getting any prior authorizations and referrals that your health insurance plan requires; (2) contacting your health insurance plan to confirm the costs that will be covered by insurance and any costs for which you will be personally responsible; (3) any personal financial obligation for all charges for services performed by Ascension and any other provider whose services are related to or associated with those services; and (4) promptly paying any costs not covered by your insurance company.

Definitions and Additional Information
If you have insurance coverage, your financial responsibility will be determined by the contract between the hospital and your insurance company, and the specific coinsurance, copay, and deductible obligations you have under your insurance policy. Below are brief descriptions of some of the key terms used in this pricing file.

1. "Gross Charge" is the charge for an individual item or service that is reflected on the hospital's chargemaster, absent any discounts.
2. "Discounted Cash Charge" is the charge that applies to an individual who pays cash (or cash equivalent) for a hospital item or service.
3. "Insurance Plan Rate" is the rate the hospital has negotiated with the applicable health insurance plan. These are the columns with the payor column names.
4. "De-Identified Maximum Negotiated Charge" is the highest charge that a hospital has negotiated with all third-party payers for an item or service.
5. "De-Identified Minimum Negotiated Charge" is the lowest charge that a hospital has negotiated with all third-party payers for an item or service.

Compliance with Price Transparency Rules
All hospitals in the U.S. are required by law to publish their standard charges in both a machine-readable file and in a consumer-friendly manner. This machine-readable price transparency file is intended to comply with the CMS price transparency rules at 45 C.F.R. § 180.50.

Other Terms
Ascension's Terms of Use apply to Ascension's machine-readable pricing files and your use thereof, except to the extent prohibited by law. As noted in the Terms of Use, you may have a registered Account with Ascension, but such an Account is not required for you to use Ascension's machine-readable pricing files, nor are you required to provide any personally identifiable information in order to use the pricing files.

Current Procedural Technology (CPT) Worksheet
Hospital: Ascension St Vincent Carmel Ambulatory Surgery Center
EIN: 32-0014795
Last Updated: July 27, 2021

This current procedural terminology (CPT) worksheet displays the payer negotiated rates (outside the CDM worksheet) to which a CPT code applies. The charge description master (CDM) worksheet displays the hospital's gross charges and discounted cash prices, as well as any applicable payer negotiated rates. The Medicare severity diagnosis related group (MS-DRG) worksheet displays the payer negotiated rates for which an MS-DRG code applies. The all patients refined diagnosis related group (APR-DRG) worksheet displays the payer negotiated rates for which an APR-DRG code applies. The alternative reimbursement worksheet displays the payer negotiated rates for all services that do not squarely fit into one of the other worksheets. For clarity, the negotiated rates for a specific payer or plan may be displayed in more than one of the worksheets. If a payer does not have a negotiated rate for the applicable CDM, CPT, DRG, or other code, the applicable cell will be blank.

		STANDARD CHARGE									INSURANCE STANDARD CHARGE								
CPT	Description	Average Gross Charge	Min_Negotiated_Rate	Max_Negotiated_Rate	Medicare	Medicare Advantage	Self-Pay (w/o Assistance)	Self-Pay (w/Assistance)	Medicaid	Medicaid Advantage	Healthy Indiana Plan (HIP)	Aetna	Anthem	Cigna	Humana	Sagamore	SmartHealth	United Healthcare	Encore Health Network	Indiana Health Network
15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	$50,427	$25,952	$44,376	$3,504	$3,562	$50,427	$30,256	$2,227	$2,238	$2,227	$34,845	$25,952	$37,417	$36,353	$37,736	$26,726	$26,701	$38,072	$44,376
15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	$51,026	$26,261	$44,903	$0	$0	$51,026	$30,616	$10,205	$10,256	$10,205	$35,259	$26,261	$37,861	$36,785	$38,184	$27,044	$27,018	$38,525	$44,903
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	$24,686	$6,819	$21,724	$5,506	$5,597	$24,686	$14,812	$1,107	$1,112	$1,107	$17,058	$6,819	$18,317	$17,796	$18,473	$13,084	$13,071	$18,638	$21,724
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	$20,455	$6,819	$18,000	$0	$0	$20,455	$12,273	$1,107	$1,112	$1,107	$14,134	$6,819	$15,178	$14,746	$15,307	$10,841	$10,831	$15,444	$18,000
19318	REDUCTION MAMMAPLASTY	$36,824	$8,782	$32,405	$5,506	$5,597	$36,824	$22,094	$583	$586	$583	$25,445	$8,782	$27,323	$26,546	$27,557	$19,517	$19,498	$27,802	$32,405
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	$53,248	$6,819	$46,858	$8,875	$9,022	$53,248	$31,949	$489	$491	$489	$36,794	$6,819	$39,510	$38,386	$39,847	$28,221	$28,195	$40,202	$46,858
28285	CORRECTION HAMMERTOE	$22,009	$6,819	$19,368	$2,816	$2,863	$22,009	$13,205	$489	$491	$489	$15,208	$6,819	$16,331	$15,866	$16,470	$11,665	$11,654	$16,617	$19,368
28296	CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT	$29,501	$6,819	$25,961	$2,816	$2,863	$29,501	$17,701	$489	$491	$489	$20,385	$6,819	$21,890	$21,267	$22,077	$15,636	$15,621	$22,273	$25,961
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	$32,178	$6,164	$28,317	$2,816	$2,863	$32,178	$19,307	$443	$445	$443	$22,235	$6,164	$23,876	$23,197	$24,080	$17,054	$17,038	$24,294	$28,317
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	$26,096	$8,782	$22,964	$2,816	$2,863	$26,096	$15,658	$583	$586	$583	$18,032	$8,782	$19,363	$18,813	$19,529	$13,831	$13,818	$19,702	$22,964
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	$23,793	$8,782	$20,938	$2,723	$2,768	$23,793	$14,276	$583	$586	$583	$16,441	$8,782	$17,654	$17,152	$17,805	$12,610	$12,598	$17,964	$20,938
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	$21,754	$10,600	$19,144	$2,847	$2,894	$21,754	$13,052	$800	$804	$800	$15,032	$10,600	$16,141	$15,682	$16,279	$11,530	$11,519	$16,424	$19,144
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	$20,428	$10,513	$17,977	$2,847	$2,894	$20,428	$12,257	$489	$491	$489	$14,116	$10,513	$15,158	$14,727	$15,287	$10,827	$10,817	$15,423	$17,977
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	$21,803	$11,221	$19,187	$2,847	$2,894	$21,803	$13,082	$489	$491	$489	$15,066	$11,221	$16,178	$15,718	$16,316	$11,556	$11,545	$16,461	$19,187
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	$12,337	$6,349	$10,857	$211	$214	$12,337	$7,402	$583	$586	$583	$8,525	$6,349	$9,154	$8,894	$9,232	$6,539	$6,532	$9,314	$10,857
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	$18,171	$6,819	$15,990	$2,431	$2,471	$18,171	$10,903	$489	$491	$489	$12,556	$6,819	$13,483	$13,099	$13,598	$9,631	$9,622	$13,719	$15,990
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	$15,834	$8,782	$13,934	$2,431	$2,471	$15,834	$9,500	$583	$586	$583	$10,941	$8,782	$11,749	$11,415	$11,849	$8,392	$8,384	$11,955	$13,934
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	$28,104	$6,819	$24,732	$2,610	$2,653	$28,104	$16,862	$489	$491	$489	$19,420	$6,819	$20,853	$20,260	$21,031	$14,895	$14,881	$21,219	$24,732
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	$30,685	$10,600	$27,003	$4,387	$4,460	$30,685	$18,411	$583	$586	$583	$21,203	$10,600	$22,768	$22,121	$22,963	$16,263	$16,248	$23,167	$27,003
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	$17,324	$12,584	$15,245	$2,610	$2,653	$17,324	$10,394	$319	$320	$319	$11,971	$12,584	$12,854	$12,489	$12,964	$9,182	$9,173	$13,080	$15,245
62321	NJX INTERLAMINAR CRV/THRC	$5,227	$2,690	$4,600	$631	$642	$5,227	$3,136	$489	$491	$489	$3,612	$2,690	$3,878	$3,768	$3,912	$2,770	$2,768	$3,946	$4,600
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	$17,556	$5,993	$15,449	$2,069	$2,103	$17,556	$10,534	$1,107	$1,112	$1,107	$12,131	$5,993	$13,027	$12,656	$13,138	$9,305	$9,296	$13,255	$15,449
69436	TYMPANOSTOMY GENERAL ANESTHESIA	$11,251	$6,819	$9,901	$1,346	$1,368	$11,251	$6,751	$489	$491	$489	$7,774	$6,819	$8,348	$8,111	$8,419	$5,963	$5,957	$8,495	$9,901
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	$22,950	$6,819	$20,196	$3,142	$3,194	$22,950	$13,770	$489	$491	$489	$15,858	$6,819	$17,029	$16,545	$17,174	$12,164	$12,152	$17,327	$20,196
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	$40,251	$6,819	$35,421	$0	$0	$40,251	$24,151	$489	$491	$489	$27,813	$6,819	$29,866	$29,017	$30,121	$21,333	$21,313	$30,390	$35,421
29881	REMOVAL OF ONE KNEE CARTILAGE USING AN ENDOSCOPE	$26,044	$8,782	$22,919	$2,816	$2,863	$26,044	$15,626	$583	$586	$583	$17,996	$8,782	$19,325	$18,775	$19,490	$13,803	$13,790	$19,663	$22,919
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	$16,551	$6,819	$14,565	$5,060	$5,144	$16,551	$9,931	$800	$804	$800	$11,437	$6,819	$12,281	$11,932	$12,386	$8,772	$8,764	$12,496	$14,565
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	$20,459	$4,055	$18,004	$806	$819	$20,459	$12,275	$583	$586	$583	$14,137	$4,055	$15,181	$14,749	$15,310	$10,843	$10,833	$15,447	$18,004
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	$6,028	$6,164	$5,305	$806	$819	$6,028	$3,617	$583	$586	$583	$4,165	$6,164	$4,473	$4,346	$4,511	$3,195	$3,192	$4,551	$5,305
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	$7,917	$6,164	$6,967	$790	$803	$7,917	$4,750	$583	$586	$583	$5,471	$6,164	$5,874	$5,707	$5,925	$4,196	$4,192	$5,977	$6,967
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	$12,292	$6,164	$10,817	$1,032	$1,049	$12,292	$7,375	$800	$804	$800	$8,494	$6,164	$9,121	$8,861	$9,199	$6,515	$6,509	$9,280	$10,817
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$21,050	$6,164	$18,524	$1,032	$1,049	$21,050	$12,630	$800	$804	$800	$14,546	$6,164	$15,619	$15,175	$15,752	$11,157	$11,146	$15,893	$18,524
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	$34,460	$17,735	$30,325	$5,035	$5,118	$34,460	$20,676	$1,080	$1,085	$1,080	$23,812	$17,735	$25,569	$24,842	$25,788	$18,264	$18,247	$26,017	$30,325
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	$79,161	$8,782	$69,662	$3,167	$3,220	$79,161	$47,497	$583	$586	$583	$54,700	$8,782	$58,737	$57,067	$59,239	$41,955	$41,916	$59,767	$69,662
62323	NJX INTERLAMINAR LMBR/SAC	$5,085	$2,617	$4,475	$631	$642	$5,085	$3,051	$489	$491	$489	$3,514	$2,617	$3,773	$3,666	$3,805	$2,695	$2,693	$3,839	$4,475
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	$10,528	$4,055	$9,265	$818	$832	$10,528	$6,317	$319	$320	$319	$7,275	$4,055	$7,812	$7,590	$7,878	$5,580	$5,575	$7,949	$9,265
66821	POST-CATARACT LASER SURGERY	$28,879	$6,164	$25,414	$501	$510	$28,879	$17,327	$443	$445	$443	$19,955	$6,164	$21,428	$20,819	$21,611	$15,306	$15,291	$21,804	$25,414
66984	CATARACT REMOVAL INSERTION OF LENS	$17,037	$5,993	$14,993	$2,069	$2,103	$17,037	$10,222	$1,107	$1,112	$1,107	$11,773	$5,993	$12,641	$12,282	$12,749	$9,030	$9,021	$12,863	$14,993