

## COVID-19 testing - pricing as of 7/1/2021

This summary provides charge information for COVID-19 testing and common billing scenarios. To find out what you would owe, please call us at 865-980-4960 Monday through Friday 8 am to 4 pm.

### COVID-19 (Coronavirus) tests

Item #	HCPCS code	Description	Charge	Cash price
4960119	87635	COVID-19 rapid screening test	\$150.00	\$51.00
4055069	87426	COVID-19 screening test	\$125.00	\$42.50
4086209	U0003	COVID-19 screening test	\$250.00	\$85.00

Patients may be screened at ETMG or the hospital's emergency department. Additional charges may apply, as outlined below. **Patients may also receive and be charged for additional services or tests not listed here depending on their condition and provider's orders.**

### Screening performed at East Tennessee Medical Group (ETMG)

In addition to COVID-19 screening (one of the items shaded green below), patients seen at ETMG may have a flu test and/or one (1) evaluation charge (items shaded orange below) as part of that service:

Item #	HCPCS code	Description	Charge	Cash price	Bill type
4960119	87635	COVID-19 rapid screening test	\$150.00	\$51.00	Facility
4055069	87426	COVID-19 screening test	\$125.00	\$42.50	Facility
4086209	U0003	COVID-19 screening test	\$250.00	\$85.00	Facility
87502	87502	Influenza test molecular DNA AMP probe	\$144.00	\$100.80	Professional
99201	99201	OFFICE/OUTPATIENT VISIT, NEW	\$69.00	\$48.30	Professional
99202	99202	OFFICE/OUTPATIENT VISIT, NEW	\$115.00	\$80.50	Professional
99203	99203	OFFICE/OUTPATIENT VISIT, NEW	\$164.29	\$115.00	Professional
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$250.00	\$175.00	Professional
99205	99205	OFFICE/OUTPATIENT VISIT, NEW	\$316.00	\$221.20	Professional
99211	99211	OFFICE/OUTPATIENT VISIT, EST	\$35.00	\$24.50	Professional
99212	99212	OFFICE/OUTPATIENT VISIT, EST	\$69.00	\$48.30	Professional
99213	99213	OFFICE/OUTPATIENT VISIT, EST	\$114.29	\$80.00	Professional
99214	99214	OFFICE/OUTPATIENT VISIT, EST	\$165.00	\$115.50	Professional
99215	99215	OFFICE/OUTPATIENT VISIT, EST	\$223.00	\$156.10	Professional

The evaluation charge will vary based on whether you are a new (first visit in at least 3 years) or established patient of Blount Memorial Physician Group (BMPG) and the type of evaluation performed.

#### Example ETMG screening bill

			Charge	Cash price	
4960119	87635	COVID-19 rapid screening test	\$150.00	\$51.00	Facility
87502	87502	Influenza test molecular DNA AMP probe	\$144.00	\$100.80	Professional
99204	99204	OFFICE/OUTPATIENT VISIT, NEW	\$250.00	\$175.00	Professional
Total			\$544.00	\$326.80	

### Screening performed through the hospital Emergency Department

In addition to COVID-19 screening (one of the items shaded green below), patients seen in the hospital ED may have a flu test and will have one (1) evaluation charge (items shaded orange below) as part of that service. The evaluation charge will vary based on the type of evaluation performed and includes all services provided with a given level of care (e.g., the evaluation, x-rays, diagnostic tests, etc.).

Item #	HCPCS code	Description	Charge	Cash price	Bill type	Notes
4055069	87426	COVID-19 screening test	\$125.00	\$42.50	Facility	
4960119	87635	COVID-19 rapid screening test	\$150.00	\$51.00	Facility	
4055116	87804	EACH FLU ANTIGEN(LK 5115)	\$182.00	\$61.88	Facility	Rapid flu test (A)
4055217	87804XU	EACH FLU ANTIGEN (LK5115)	\$182.00	\$61.88	Facility	Rapid flu test (B)
N/A	N/A	Level 1 Type A ED Visits	\$453.52	\$154.20	Facility	
N/A	N/A	Level 2 Type A ED Visits	\$561.96	\$191.07	Facility	
N/A	N/A	Level 3 Type A ED Visits	\$1,565.20	\$532.17	Facility	
N/A	N/A	Level 4 Type A ED Visits	\$4,301.50	\$1,462.51	Facility	
N/A	N/A	Level 5 Type A ED Visits	\$6,465.58	\$2,198.30	Facility	

#### Example Emergency Department screening bill

			Charge	Cash price	
4055069	87426	COVID-19 screening test	\$125.00	\$42.50	Facility
4055116	87804	EACH FLU ANTIGEN(LK 5115)	\$182.00	\$61.88	Facility
4055217	87804XU	EACH FLU ANTIGEN (LK5115)	\$182.00	\$61.88	Facility
		Level 4 Type A ED Visits	\$4,301.50	\$1,462.51	Facility
Total			\$4,790.50	\$1,628.77	

Patients will also receive bills from the ED physician and may also receive bills from other physicians not employed by Blount, including but not limited to radiologists, anesthesiologists, or pathologists.

### Definitions

**Cash price** - amount paid by patients without medical insurance after uninsured discount is applied. There are different discounts depending on the type of service provided: Facility - 66% discount; Professional - 30% discount

**Facility** - pertaining to charges for the hospital (use of the facility)

**Professional** - pertaining to charges for physicians and non-physician practitioners (e.g., NPs and PAs) employed by Blount Memorial

**Don't have insurance? Blount's financial assistance program covers the cost of COVID-19 testing and testing-related visits.**