Consumer Transparency Enhancements

• Extend the existing Cost Estimator Tools cost data for 500 shoppable items and services defined by regulation.
• Ability to provide estimates by CPT/HCPCS codes.
• Ability to search by:
  - billing code
  - Procedure Description,
  - In-Network provider or all In-Network providers
  - Other factors (e.g., location of service, facility name, dosage).
• Provide costs for Out-of-Network providers in our service area
• Incorporate a member’s current accumulator and specific provider/location costs
• Enhance functionality to allow users to sort by geographic proximity or estimated out-of-pocket (OOP) costs
• Accessible to all current enrollees in paper or by phone, upon request
Good morning, Frank!
Browse or search to find the care you need.

Search by Billing Code

Searching by billing code results in the display of your out-of-pocket cost based on negotiated rates. A billing code identifies a single service provided, which may only be a part of your total care. A negotiated rate is the amount your health plan has agreed to pay a provider (doctor, medical facility, lab, etc.) for the single billing code. A complete visit or procedure may include multiple billing codes and negotiated rates.

Continue
Frequently Asked Questions

What is a billing code?

How can I find the billing code for my procedure?

How are the results from this search bar different from the home page search bar?

Can I search all billing codes
Frequently Asked Questions

What is a billing code?
A billing code is a code used by health care providers to identify health care items or services for purposes of billing, processing, and paying claims for a covered item or service, including the Current Procedural Terminology (CPT) code, Healthcare Common Procedure Coding System (HCPCS) code, Diagnosis-Related Group (DRG) code, National Drug Code (NDC), or other common payer identifiers.

How can I find the billing code for my procedure?
All health care providers use standard billing code sets in U.S. health care settings. Providers document diagnoses and services provided in your medical record at the time of your care. Billing codes are assigned for those services provided, based on the provider’s documentation in your medical record. The billing codes are submitted to your health plan when the provider seeks payment for the services provided. You may contact your health care provider’s office or billing personnel and ask them to help you match billing codes and services.

How are the results from this search bar different from the home page search bar?
When using this search bar, you will be able to search by specific billing codes. Your estimated cost of care will be shown using the negotiated rates that your health plan has agreed to pay a provider (doctor, medical facility, lab, etc.) for the billing code that you have searched. A billing code is used to identify a single service provided, which may be only part of your total care. A complete visit or procedure may include multiple billing codes and negotiated rates. When using the search bar on the homepage, you will be able to search for procedures by name (rather than by billing code). Your estimated cost of care will be shown using historical claims information from actual claims paid by your health plan.

Can I search all billing codes
The Transparency in Coverage Final Rules require health plans to make price comparison information available through an on-line self-service tool. This information must be available beginning on January 1, 2023, for 500 “shoppable” services that were identified by the regulation. You will only be able to search for billing codes related to those 500 “shoppable” services. Beginning on January 1, 2024, you will be able to search for billing codes related to all items and services. See the 500 shoppable procedures
Information on the procedure: 
Authorization requirements, Limitations, 
Out of Network costs

List of Providers 
able to provide the 
service in the 
area specified
Published Rates for: “CPT 27440 Repair of lower part of knee”

**Procedure Information:**

- Prior Authorization
  - Required
  - Authorization Information

- Visits Used
  - 0 of 12
  - Benefit Limit Information

- Out of Network Maximum Allowed Amount
  - $20,000 - $22,000
  - Out of Network Cost Details

**Providers:**

**Joseph U Barker, MD**
Orthopedic Surgery

- Location
  - Joseph U Barker
  - 381 Park Ave S, New York, NY 10016
  - Get Direction (est. 6.0 miles away)

- Contact Information
  - Phone: (212) 260-6078
  - Accepting New Patients

- View 1 Other Location

- Cost Share (Low to High)
- Distance
- A-Z
- Z-A
- View Cost
- Tiers/Designations
- In Your Network
- [Tier name]
Out of Pocket Cost

The estimated amount you must pay. This may include deductibles, coinsurance and copayments for covered services.

The estimate of cost-sharing liability for a covered item or service provided here is not a guarantee that benefits will be provided for that item or service.

The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.

Your health plan may apply copayment assistance or third-party payments to the calculation of your deductible and out-of-pocket maximum. Please check your benefits to confirm if such payments apply and if they impact your deductible and out-of-pocket maximum.
Laura H Mcauley, LCSW
Behavioral Medicine

LOCATION
Laura H Mcauley
381 Park Ave S, New York, NY 10016
Get Direction (est. 6.0 miles away)

CONTACT INFORMATION
Phone: (212) 256-6078

View 1 Other Location

Accepting New Patients

Out of Pocket Cost
The estimated amount you must pay. This may include deductibles, coinsurance and copayments for covered services.

The estimate of cost-sharing liability for a covered item or service provided here is not a guarantee that benefits will be provided for that item or service.

The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.

Your health plan may apply copayment assistance or third-party payments to the calculation of your deductible and out-of-pocket maximum. Please check your benefits to confirm if such payments apply and if they impact your deductible and out-of-pocket maximum.

-OR-
Your health plan does not count copayment assistance or other third-party payments in the calculation of your deductible and out-of-pocket maximum.

Percent of Charge
A payment to the provider that is a portion of the cost of services provided to the patient. This is represented as a percentage of the charges billed.

The estimate of cost-sharing liability for a covered item or service provided here is not a guarantee that benefits will be provided for that item or service.

The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.
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Estimated Procedure Cost for **CPT 27440 Repair of lower part of knee** with **Joseph U Barker**

Your Estimated Out of Pocket Cost: **$30-$790**

**View personalized out of pocket cost information**

The cost for this procedure may range due to the place of service or modifiers applied to the procedure. Select a place of service to refine the cost information displayed.

**Place of Service**
The place of service indicates the place where this billing code service is performed. Your estimated out of pocket cost has been calculated based on the highest rate provided by this provider at each of the available places of service type. Select the place of service type you’d like to see cost information for.

**Modifiers**
Modifiers provide additional information regarding a procedure to ensure the provider gets paid correctly for services rendered. If appropriate, more than one modifier may be used with a single procedure code.
Selecting Inpatient Hospital as Place of Service

Your Estimated Out of Pocket Cost $790

View personalized out of pocket cost information
The cost for this procedure may range due to the place of the service or modifiers applied to the procedure. Select a place of service to refine the cost information displayed.

Place of Service
The place of service indicates the place where this billing code service is performed. Your estimated out of pocket cost has been calculated based on the highest rate provided by this provider at each of the available place of service types. Select the place of service type you’d like to see cost information for.

- Inpatient Hospital

Modifiers
Modifiers provide additional information regarding a procedure to ensure the provider gets paid correctly for services rendered. If appropriate, more than one modifier may be used with a single procedure code.

You pay toward your copay
- $0 No copay for this procedure

You pay toward your deductible
- $100

You pay toward your coinsurance
- $50

Your plan contribution
- $640

Fee For Service Rate $790

Individual Contribution This Year

Frank Goodwin
Individual Accumulators

Viewing contributions for: Frank Goodwin

100% → 20%

Before this procedure

1️⃣ You have paid $450 towards your Individual Contribution.

With this procedure *

2️⃣ You would pay $100 towards your Repair of Lower Part of Knee.

Your Deductible

1️⃣ Your deductible is $1,500. Before your deductible is met, you pay 100% of your procedure cost. After your deductible is met, you pay 20% coinsurance until your out-of-pocket max.

Your Out-of-Pocket Max

2️⃣ The most you can pay this calendar year is $6,000. After this amount, your insurance will pay 100% of your procedure costs.

* Excluding copays, future, or pending claims.
Family Accumulators

Viewing contributions for your family

100% → 20%

Before this procedure

- You family has paid $250 towards your Family Contribution.

With this procedure *

- $100 would apply towards your Family Contribution

Your Out-of-Pocket Max

1. The most you can pay this calendar year is $8,000. After this amount, your insurance will pay 100% of your procedure costs.

* Excluding copays, future, or pending claims.
Estimated Procedure Cost for **CPT 27440 Repair of lower part of knee** with **Joseph U Barker**

**Your Estimated Out of Pocket Cost**

80% of Charge

This provider and your health plan have an agreement to determine your out of pocket cost based on a percentage of what this provider will charge for this billing code. The charge for this billing code has not been provided, therefore your out of pocket cost is not available.

**View personalized out of pocket cost information**

The cost for this procedure may range due to the place of the service or modifiers applied to the procedure. Select a place of service to refine the cost information displayed.

**Place of Service**

The place of service indicates the place where this billing code service is performed. Your estimated out of pocket cost has been calculated based on the highest rate provided by this provider at each of the available place of service types. Select the place of service type you'd like to see cost information for.

- Inpatient Hospital

**Modifiers**

Modifiers provide additional information regarding a procedure to ensure the provider gets paid correctly for services rendered. If appropriate, more than one modifier may be used with a single procedure code.
Accumulators Information (no charge example)

Individual Contribution This Year

Viewing contributions for: Frank Goodwin

Before this procedure

You have paid $450 towards your Individual Contribution.

Your Deductible

1. Your deductible is $1,500. Before your deductible is met, you pay 100% of your procedure cost. After your deductible is met, you pay 20% coinsurance until your out-of-pocket max.

Your Out-of-Pocket Max

2. The most you can pay this calendar year is $6,000. After this amount, your insurance will pay 100% of your procedure costs.

* Excluding copays, future, or pending claims.

Family Contribution This Year

Viewing contributions for your family

Before this procedure

You family has paid $250 towards your Family Contribution.

Your Out-of-Pocket Max

1. The most you can pay this calendar year is $8,000. After this amount, your insurance will pay 100% of your procedure costs.

* Excluding copays, future, or pending claims.
Selected Provider

Related Procedures

Provider Highlights

Helen M Fernandez, MD
Family Medicine/Anesthesiology

LOCATION
815 Victoria Dr, Miami, FL - 33168
Map (6 mi. Away)

CONTACT INFORMATION
Phone: (212) 555-1212
Web: www.305ortho.edu
Email: username@gmail.com

✓ Accepting New Patients

4.75  30 Reviews

Affiliated with 2 Hospitals
1 Award
Completed Education in 1977

Standard PPO
+ and 2 more networks
Platinum Choice

Procedures Performed

Sort By  Most Performed

Arthroscopic Knee Surgery
Anterior cruciate ligament reconstruction is a surgical tissue graft replacement of the anterior cruciate ligament, located in the knee, to restore its function after an injury.

Patellar Tendinopathy

Knee Replacement
A surgical procedure to replace the weight-bearing surfaces of the knee joint to relieve pain and disability.

ACL Reconstruction - Anterior Cruciate Ligament Reconstruction
A surgeon can use special tools to remove frayed and tattered cartilage and smooth the remaining cartilage surface.

Rotator Cuff Repair
Rotator Cuff Repair

View all procedures
Disclaimers and Definitions

Fee For Service
A payment to the provider for each individual service provided to the patient.

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The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.

Per Diem
A flat rate paid per day. Occasionally, the first few days may be paid at a higher rate than the subsequent days. The full cost of your services will depend on the total number of days you receive care.

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The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.

Bundled Rate
A single payment for all the services performed to treat a patient undergoing a specific episode of care. An "episode of care" is the care delivery process for a certain condition or care delivered within a defined period of time.

The estimate of cost-sharing liability for a covered item or service provided here is not a guarantee that benefits will be provided for that item or service.

The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.

Benefit Rate
The rate that is used to determine your cost share liability by your health plan. This rate may be different than the negotiated rate.

The estimate of cost-sharing liability for a covered item or service provided here is not a guarantee that benefits will be provided for that item or service.

The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided here, depending on the actual items or services you receive at the point of care.
Preventive Procedure: Preventive care includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. Item or service may not be subject to cost-sharing if it is billed as a preventive service. An estimate of cost-sharing is provided if your plan cannot determine whether the request is for a preventive or non-preventive item or service.

Diagnostic or Preventive: An in-network item or service may not be subject to cost-sharing if it is billed as a preventive service. An estimate of cost sharing liability is provided here if your plan cannot determine whether the request is for a preventive or non-preventive item or service.
Non-Covered Benefit

Billing Code Not Covered “CPT 97813 Acupuncture with electrical stimulation, initial 15 minutes"
This billing code is not covered by your health plan. Please review your benefits for more information.

Frequently Asked Questions

What is a billing code?

How can I find the billing code for my procedure?

How are the results from this search bar different from the home page search bar?
No Results for “CPT 97813 Acupuncture with electrical stimulation, initial 15 minutes”

There are no results for this billing code in <network name> network in <zipcode> zip code at this time. Please try searching for another billing code (see list of available codes here).

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