

Hospital: Ascension St Vincent Endoscopy Center

EIN: 32-0029881

Last Updated: September 30, 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

This machine-readable pricing file contains two worksheets (or tabs): this Legal Notice worksheet and a Standard Charges worksheet. The Standard Charges worksheet displays the hospital's gross charges, discounted cash prices, payer negotiated rates, and minimum and maximum payer negotiated rates. The hospital may have payer negotiated rates for services or service packages that are not included in the hospital's chargemaster. If the hospital's chargemaster does not include a service or service package, the applicable gross charge and cash charge cells will indicate "N/A." If a payer does not have a negotiated rate for the applicable service, the applicable cell will indicate "N/A."

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 physician) 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 getting any prior authorizations and referrals that your health insurance plan requires; 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 for paying; 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 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.

- "Gross Charge" is the charge for an individual item or service that is reflected on the hospital's chargemaster, absent any discounts.
- "Discounted Cash Price" is the charge that applies to an individual who pays cash (or cash equivalent) for a hospital item or service.
- "Insurance Plan Rate" is the rate the hospital has negotiated with the applicable health insurance plan.
- "De-Identified Maximum Negotiated Charge" is the highest charge that a hospital has negotiated with all insurance providers for an item or service.
- "De-Identified Minimum Negotiated Charge" is the lowest charge that a hospital has negotiated with all insurance providers 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.

Charge Description Master (CDM) Worksheet

Hospital: Ascension St Vincent Endoscopy Center

EIN: 32-0029881

Last Updated: July 27, 2021

This 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 related 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.

Code	Description	STANDARD CHARGE											INSURANCE STANDARD CHARGE										
		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	Aetna	Anthem	Cigna	Humana	Lagimore	SmartHealth	United Healthcare	Advantage 360	Encore Health Network	First Health	Indiana Health Network	
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	\$9,292	\$4,055	\$8,177	\$806	\$820	\$9,292	\$5,575	\$583	\$587	\$591	\$6,402	\$4,055	\$7,002	\$6,872	\$6,954	\$4,925	\$4,888	\$5,854	\$7,155	\$7,945	\$6,177	
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	\$11,535	\$6,067	\$10,151	\$806	\$820	\$11,535	\$6,911	\$583	\$587	\$591	\$7,948	\$6,164	\$8,693	\$8,531	\$8,432	\$6,114	\$6,067	\$7,267	\$8,882	\$9,862	\$10,353	
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$10,370	\$5,455	\$9,126	\$806	\$820	\$10,370	\$6,222	\$583	\$587	\$591	\$7,145	\$6,164	\$7,814	\$7,670	\$7,760	\$5,496	\$5,455	\$6,533	\$7,985	\$8,866	\$9,126	
43244	EGD BAND LIGATION ESOPHAGEAL/GASTRIC VARICES	\$9,826	\$5,168	\$8,647	\$1,617	\$1,645	\$9,826	\$5,896	\$1,107	\$1,114	\$1,121	\$6,770	\$6,164	\$7,404	\$7,267	\$7,353	\$5,208	\$5,168	\$6,180	\$7,566	\$8,401	\$8,647	
43245	EGD DILATION GASTRIC/DUODENAL STRUCTURE	\$11,914	\$6,164	\$10,484	\$1,617	\$1,645	\$11,914	\$7,148	\$1,107	\$1,114	\$1,121	\$8,209	\$6,164	\$8,977	\$8,812	\$8,916	\$6,314	\$6,267	\$7,506	\$9,174	\$10,186	\$10,484	
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	\$10,700	\$5,628	\$9,416	\$806	\$820	\$10,700	\$6,420	\$583	\$587	\$591	\$7,172	\$6,164	\$8,062	\$7,914	\$8,007	\$5,671	\$5,628	\$6,741	\$8,239	\$9,149	\$9,416	
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	\$12,186	\$6,164	\$10,724	\$806	\$820	\$12,186	\$7,312	\$583	\$587	\$591	\$8,396	\$6,164	\$9,182	\$9,013	\$9,119	\$6,459	\$6,410	\$7,677	\$9,383	\$10,419	\$10,724	
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	\$12,874	\$6,164	\$11,329	\$1,617	\$1,645	\$12,874	\$7,724	\$1,107	\$1,114	\$1,121	\$8,870	\$6,164	\$9,701	\$9,532	\$9,634	\$6,823	\$6,772	\$8,111	\$9,913	\$11,007	\$11,329	
43251	EGD REMOVAL TUMOR POLYPOYDITH LESION SNARE TECH	\$12,978	\$6,164	\$11,421	\$1,617	\$1,645	\$12,978	\$7,787	\$1,107	\$1,114	\$1,121	\$8,942	\$6,164	\$9,779	\$9,599	\$9,712	\$6,878	\$6,826	\$8,176	\$9,993	\$11,096	\$11,421	
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	\$5,885	\$3,103	\$5,188	\$1,617	\$1,645	\$5,885	\$3,537	\$1,107	\$1,114	\$1,121	\$4,062	\$6,164	\$4,442	\$4,360	\$4,411	\$3,124	\$3,101	\$3,714	\$4,539	\$5,040	\$5,188	
43270	EGD ABRAVE TUMOR POLYPOY LESION W/DILATIONS WIRE	\$11,445	\$6,066	\$10,072	\$1,617	\$1,645	\$11,445	\$6,867	\$1,107	\$1,114	\$1,121	\$7,886	N/A	\$8,624	\$8,465	\$8,565	\$6,066	\$6,020	\$7,210	\$8,813	\$9,785	\$10,072	
43450	DILATION ESOPH UNGUIDED SOUND/BOUGE 1/MULT PASS	\$12,953	\$11,399	\$806	\$820	\$12,953	\$7,772	\$319	\$319	\$323	\$323	\$4,055	\$9,760	\$9,580	\$9,693	\$9,885	\$6,813	\$6,160	\$9,974	\$11,075	\$11,399	\$11,999	
45330	SIGMOIDOSCOPY FLX DR W/COLIC SPEC BR/PNA IF PRIND	\$4,836	\$2,544	\$4,256	\$790	\$803	\$4,836	\$2,902	\$319	\$321	\$323	\$3,332	N/A	\$3,644	\$3,377	\$3,619	\$2,563	\$2,544	\$3,047	\$3,724	\$4,135	\$4,256	
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	\$8,115	\$4,055	\$7,141	\$790	\$803	\$8,115	\$4,869	\$319	\$321	\$323	\$5,591	\$4,055	\$6,115	\$6,002	\$6,073	\$4,301	\$4,268	\$5,112	\$6,249	\$6,938	\$7,141	
45335	SGMOSDC FLX D/RED SB/MCSL NIX ANY SBST	\$6,921	\$4,055	\$6,090	\$790	\$803	\$6,921	\$4,153	\$583	\$587	\$591	\$4,789	\$4,055	\$5,215	\$5,119	\$5,179	\$3,668	\$3,640	\$4,360	\$5,329	\$5,917	\$6,090	
45338	SGMOSDC FLX R/BL TUM POLYPOYDITH LES SNARE TD	\$6,869	\$3,633	\$6,045	\$1,032	\$1,050	\$6,869	\$4,121	\$583	\$587	\$591	\$4,733	\$4,055	\$5,176	\$5,080	\$5,140	\$3,641	\$3,613	\$4,327	\$5,289	\$5,873	\$6,045	
45378	COLONOSCOPY FLX DR W/COLIC SPEC WHEN PRIND	\$8,124	\$4,273	\$7,149	\$790	\$803	\$8,124	\$4,874	\$583	\$587	\$591	\$5,597	\$6,164	\$6,121	\$6,009	\$6,079	\$4,306	\$4,273	\$5,118	\$6,255	\$6,946	\$7,149	
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	\$7,537	\$3,964	\$6,633	\$1,032	\$1,050	\$7,537	\$4,522	\$800	\$806	\$811	\$5,193	\$6,164	\$6,079	\$5,574	\$5,640	\$3,995	\$3,964	\$4,748	\$5,620	\$6,444	\$6,633	
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	\$11,195	\$5,889	\$9,852	\$1,032	\$1,050	\$11,195	\$6,717	\$800	\$806	\$811	\$7,713	\$6,164	\$8,435	\$8,280	\$8,378	\$5,933	\$5,889	\$7,053	\$8,620	\$9,572	\$9,852	
45381	COLIC FLX WITH DIRECTED SUBMUCOSAL NIX ANY SBST	\$12,369	\$6,164	\$10,885	\$1,032	\$1,050	\$12,369	\$7,421	\$800	\$806	\$811	\$8,522	\$6,164	\$9,320	\$9,148	\$9,256	\$6,556	\$6,506	\$7,792	\$9,524	\$10,575	\$10,885	
45384	COLIC FLX W/REMOVAL LESION BY HOT BR FORCEPS	\$10,915	\$5,741	\$9,695	\$1,032	\$1,050	\$10,915	\$6,549	\$800	\$806	\$811	\$7,520	\$6,164	\$8,224	\$8,078	\$8,168	\$5,785	\$5,741	\$6,876	\$8,405	\$9,332	\$9,695	
45385	COLIC FLX W/RRVL OF TUMOR POLYP LESION SNARE TD	\$10,891	\$5,729	\$9,584	\$1,032	\$1,050	\$10,891	\$6,535	\$800	\$806	\$811	\$7,504	\$6,164	\$8,206	\$8,055	\$8,150	\$5,772	\$5,729	\$6,861	\$8,386	\$9,312	\$9,584	
45386	COLIC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	\$12,517	\$6,164	\$11,015	\$1,032	\$1,050	\$12,517	\$7,510	\$800	\$806	\$811	\$8,624	\$6,164	\$9,432	\$9,258	\$9,367	\$6,634	\$6,584	\$7,886	\$9,638	\$10,702	\$11,015	
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATIONS	\$10,335	\$5,282	\$9,095	\$1,032	\$1,050	\$10,335	\$6,201	\$800	\$806	\$811	\$7,121	\$5,282	\$7,787	\$7,644	\$7,734	\$5,478	\$5,436	\$6,511	\$7,958	\$8,836	\$9,095	
46005	CHEMOCATHERIZATION INTERNAL ANAL SPHRINCTER	\$5,407	\$2,763	\$4,758	\$1,032	\$1,050	\$5,407	\$3,244	\$319	\$321	\$323	\$3,725	\$2,763	\$4,074	\$3,999	\$4,046	\$2,866	\$2,844	\$3,406	\$4,163	\$4,623	\$4,758	
60232	NIX INTERNAL ANIMAL LMBR/SAC	\$5,085	\$2,239	\$4,475	\$631	\$642	\$5,085	\$3,051	\$489	\$492	\$495	\$3,504	\$2,239	\$3,832	\$3,761	\$3,805	\$2,695	\$2,676	\$3,294	\$3,915	\$4,348	\$4,475	
60984	CATERACT REMOVAL INSERTION OF LENS	\$17,037	\$5,993	\$14,993	\$2,069	\$2,105	\$17,037	\$10,222	\$1,107	\$1,114	\$1,121	\$11,738	\$5,993	\$12,877	\$12,801	\$12,749	\$9,030	\$8,961	\$10,733	\$13,118	\$14,567	\$14,993	
60105	COLORECTAL SCRN; HI RISK IND	\$7,805	\$4,105	\$6,888	\$790	\$803	\$7,805	\$4,683	N/A	N/A	N/A	\$5,378	\$6,164	\$5,881	\$5,773	\$5,841	\$4,137	\$4,105	\$4,917	\$6,010	\$6,673	\$6,888	
60121	COLON CA SCRN NOT HI RISK IND	\$7,712	\$4,057	\$6,787	\$790	\$803	\$7,712	\$4,627	N/A	N/A	N/A	\$5,314	\$6,164	\$5,811	\$5,704	\$5,771	\$4,087	\$4,057	\$4,859	\$5,938	\$6,594	\$6,787	