

Hospital	Entity Code	Medicare CPT/HCPCS
VHC	VHC	87635
VHC	VHC	86769
VHC	VHC	87635
VHC	VHC	U0003
VHC	VHC	87636
VHC	VHC	U0004
VHC	VHC	U0005

Billing Code Description	Gross Charge Per CDM	Discounted Cash Price
HC SARS-COV-2 COVID-19 AMP PRB (CORONAVIRUS)	\$278.90	\$223.12
HC SARS-COV-2 COVID-19 ANTIBODY (CORONAVIRUS)	\$190.90	\$152.72
HC RAPID COVID 19 TEST (CORONAVIRUS)	\$278.90	\$223.12
HC SARS-COV-2 COVID-19 AMP PRB HIGH THRUPUT (CORONAVIRUS)	\$293.60	\$234.88
HC SARS-COV-2 COVID-19 & INF A&B AMP PRB (CORONAVIRUS)	\$342.50	\$274.00
HC COVID-19 TEST NON-CDC HGH THRU (CORONAVIRUS)	\$293.60	\$234.88
HC COVID-19 AMP PRB HGH THRUPUT WITHIN 2 DAYS COLLECT (CORONAVIR)	\$47.50	\$38.00