

How to read the Provider Cost Estimate Report

Below is an example of the Provider Cost Estimate Report reflecting the information Blue Shield of California members will see when they use the online Treatment Cost Estimator. The cost estimates are based on claims submitted to Blue Shield of California during the displayed reporting period for the procedures listed.

blue shield of california		FICTIONAL EXAMPLE		ABC IMAGING ← Provider name	
BlueCross BlueShield Axis (BCBS Axis) Provider Data					
Reporting Period: October 1, 2017 through September 30, 2018 ← Reporting Period: The dates between which this data was reported. It is updated every six months.					
Participating Network: Blue Shield Preferred ← Participating Network: The network for which this data was reported. You will receive a cost estimate report for each Blue Shield network in which you participate.					
Procedure Type	Procedure Name	Typical Low Cost	Typical High Cost	Volume	
Diagnostic	CT Scan of Lumbar Lower Spine w/o contrast	\$234	\$314	4	
Diagnostic	Mammogram, Digital	\$146	\$198	212	
Diagnostic	Mammogram, Digital Diagnostic of One Breast	\$269	\$343	5	Typical Low Cost and Typical High Cost is estimated based on in-network Blue Shield PPO claims during the reporting period. The cost ranges are bundled to include facility and professional costs. They may also include other costs related to the procedure according to methodology used.
	Mammogram, Digital Diagnostic of Two Breasts	\$48	\$226	14	
	Mammogram, Digital Screening of Two Breasts	\$167	\$185	189	
	MRI Brain	\$533	\$807	19	
	MRI Brain w/o & w/ contrast	\$669	\$871	11	Volume of PPO and HMO members, based on claims that qualify for inclusion according to methodology used. This number may not represent all members seen for this procedure.
Diagnostic	MRI Brain w/o contrast	\$518	\$572	8	
Diagnostic	MRI Lower Limb with Joint	\$360	\$398	4	

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