

Breast Cancer
Clinical Benefit Scenario

	A	B
1	Treating breast cancer (lumpectomy, chemotherapy, radiation)	
2		
3	Sample care costs:	
4	Office visits & procedures	\$2,800
5	Radiology	\$2,100
6	Laboratory tests	\$1,500
7	Outpatient surgery	\$1,900
8	Chemotherapy	\$27,000
9	Radiation therapy	\$10,500
10	Prostheses (wig)	\$300
11	Pharmacy	\$1,100
12	Mental health	\$2,800
13	Total	\$50,000
14		
15	Assumptions	
16	The following are assumptions that all health plan carriers make to calculate	
17		
18	Standard Assumptions	
19	<i>These assumptions are standard across all scenarios. (HHS to apply these</i>	
20	Costs do not include premiums.	
21	Condition was not an excluded as a pre-existing condition.	
22	There are no other medical expenses for any member covered under	
23	All care is in-network. No out-of-network charges or any other variatio	
24	All services occur in same policy period.	
25	All prior authorizations were obtained.	
26	All services were deemed medically necessary.	
27	All costs (allowed amount, sample care costs, member costs) greater	
28	All costs (allowed amount, sample care costs, member costs) less tha	
29	All medications are covered as generic equivalents if available.	
30	All care is in-network and considered first tier (or the tier associated w	
31	Special Assumptions	
32	<i>These assumptions are specific to this scenario only. (HHS to specify speci</i>	
33	[HHS to supply any assumptions that are specific to this scenario]	

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C	
1	Instructions to Insurers: <i>Do not modify this tab. The numbers shown here roll up from the Scenario tab. Transfer this label to the Summary of Coverage exactly as shown here.</i>
2	
3	Instructions for HHS:
4	<i>* HHS to provide this label exactly as they want it to appear on the Summary of Coverage.</i>
5	<i>* HHS to reuse existing sample care cost categories unless a new category is required.</i>
6	<i>* HHS to specify no more than 11 sample care cost categories as space on the page with 12 point font dictates.</i>
7	<i>* All of these costs roll up from the Scenario tab; HHS to confirm these totals match to the Scenario tab.</i>
8	
9	
10	
11	
12	
13	<i>* This total must match the total on the Scenario tab; HHS to confirm it matches before issuing to insurers.</i>
14	
15	
16	the scenario.
17	
18	
19	assumptions regardless of scenario.)
20	
21	
22	the plan.
23	n in Sample Care Costs.
24	
25	
26	
27	than \$100 are rounded to the nearest hundredth.
28	an \$100 are rounded to the nearest tenth.
29	
30	with the lowest level of cost sharing), for those products that incorporate tiered provider networks.
31	
32	al assumptions.)
33	

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Clinical Benefit Scenario

	A	B	C	D	E	F	G
1	Medical Condition:					Breast Cancer	
2	<p>Note: Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all carriers and plans. However, some plans may classify that service under another category. The insurer should apply their cost sharing and benefit features for each policy in order to complete the "You pay" section, but must leave the "Sample care costs" section as is. Examples of cost sharing and benefit features include, but are not limited to:</p> <ul style="list-style-type: none"> • Payment of services based on the location where they are provided (inpatient, outpatient, office, etc.) • Payment of items as prescription drugs vs. medical equipment <p>Instructions to HHS for Completing the Columns: Date of Service - include Month/Day of service so insurers understand the order in which services are rendered. Do not include year. Diagnosis Code - include the ICD code for each service CPT code - include the CPT code for each service Provider Type - use one of the types listed on the "Provider Types" tab to classify each service by provider Category - use one of the categories listed on the "Sample Care Cost Categories" tab to classify each service so they roll up into the broader cost categories on the "Label and Assumptions" tab Notes - freeform field to include any special notes for that service Allowed Amount - include the total cost for each service that would be owed to providers that insurers will use to calculate cost-sharing</p> <p><i>CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.</i></p>						
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
4	Total						50186.72
5	3-Jan	C50.4	99214	Primary	Office visits & procedures	Office/Outpatient visit est	\$102.27
6	3-Jan	C50.4	77057	Specialist	Radiology	Mammogram Screening	\$81.20
7	7-Jan	C50.4	99205	Specialist	Office visits & procedures	Office/Outpatient Visit New	\$171.73
8	7-Jan	C50.4	77055	Specialist	Radiology	Mammogram One Breast	\$86.64
9	8-Jan	C50.4	77059	Specialist	Radiology	MRI Both Breasts	\$787.23
10	10-Jan	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
11	10-Jan	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
12	10-Jan	C50.4	80053	Specialist	Laboratory tests	Comprehen Metabolic Panel	\$14.87
13	10-Jan	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
14	14-Jan	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
15	14-Jan	C50.4	19102	Specialist	Office visits & procedures	BX Breast Percut W/Image	\$212.69
16	14-Jan	C50.4	76942	Specialist	Radiology	Echo Guide For Biopsy	\$198.08
17	14-Jan	C50.4	88307	Specialist	Laboratory tests	Tissue Exam By Pathologist	\$226.28
18	21-Jan	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
19	31-Jan	C50.4	00404	Specialist	Anesthesia	Anest Surgery of Breast	\$395.21
20	31-Jan	C50.4	77057	Specialist	Radiology	Mammogram Screening	\$81.20
21	31-Jan	C50.4	19290	Specialist	Outpatient surgery	Place needle wire breast	\$159.35
22	31-Jan	C50.4	38792	Specialist	Outpatient surgery	Identify Sentinel Node	\$40.43
23	31-Jan	C50.4	J2250	Specialist	Outpatient surgery	Inj midazolam hydrochloride	\$1.73
24	31-Jan	C50.4	J3010	Specialist	Outpatient surgery	Fentanyl citrate injection	\$18.53
25	31-Jan	C50.4	78195	Specialist	Outpatient surgery	Lymph System Imaging	\$352.68
26	31-Jan	C50.4	38525	Specialist	Outpatient surgery	Biopsy/Removal Lymph Nodes	\$424.03
27	31-Jan	C50.4	19302	Specialist	Outpatient surgery	P-Mastectomy W/LN Removal	\$867.42
28	31-Jan	C50.4	88305	Specialist	Laboratory tests	Tissue Exam By Pathologist	\$106.01
29	31-Jan	C50.4	88307	Specialist	Laboratory tests	Tissue Exam By Pathologist	\$226.28

	A	B	C	D	E	F	G
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
30	31-Jan	C50.4	76098	Specialist	Radiology	X-Ray Exam Breast Specimen	\$19.37
31	31-Jan	C50.4	88365	Specialist	Laboratory tests	In Situ Hybridization (FISH)	\$165.47
32	31-Jan	C50.4	88331	Specialist	Laboratory tests	Path Consult Intraop 1 Bloc	\$91.40
33	31-Jan	C50.4	88291	Specialist	Laboratory tests	Cyto/Molecular Report	\$29.29
34	31-Jan	C50.4	88361	Specialist	Laboratory tests	Tumor Immunohistochem/Comput	\$151.53
35	31-Jan	C50.4	84233	Specialist	Laboratory tests	Assay Of Estrogen	\$90.64
36	31-Jan	C50.4	84234	Specialist	Laboratory tests	Assay Of Progesterone	\$91.29
37	31-Jan	C50.4	857118	Pharmacy Retail	Pharmacy	Acetaminophen 500 mg / Hydrocodone bitartrate 7.5 mg, oral tablet	\$16.04
38	21-Feb	C50.4	99215	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$137.60
39	21-Feb	C50.4	78472	Specialist	Radiology	Gated Heart Planar Single	\$252.10
40	21-Feb	C50.4	78800	Specialist	Radiology	Tumor Imaging Limited Area	\$187.21
41	21-Feb	C50.4	A9282	Alternative Provider	Prostheses (wig)	Wig any type	\$265.00
42	23-Feb	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
43	23-Feb	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo IV Infusion 1 Hr	\$146.44
44	23-Feb	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo IV Infusion Addl Hr	\$31.26
45	23-Feb	C50.4	96409	Pharmacy Administered	Chemotherapy	Chemo IV Push Sngl Drug	\$112.80
46	23-Feb	C50.4	96360	Pharmacy Administered	Chemotherapy	Hydration IV Infusion Init	\$57.08
47	23-Feb	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
48	23-Feb	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
49	23-Feb	C50.4	80053	Specialist	Laboratory tests	Comprehen Metabolic Panel	\$14.87
50	23-Feb	C50.4	J9000	Pharmacy Administered	Chemotherapy	Doxorubicin hcl injection	\$254.78
51	23-Feb	C50.4	J9070	Pharmacy Administered	Chemotherapy	Cyclophosphamide 100 MG inj	\$531.88
52	23-Feb	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
53	23-Feb	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
54	23-Feb	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
55	23-Feb	C50.4	J2060	Pharmacy Retail	Pharmacy	Lorazepam injection	\$4.28
56	23-Feb	C50.4	J2405	Pharmacy Retail	Pharmacy	Ondansetron hcl injection	\$269.73
57	23-Feb	C50.4	854875	Pharmacy Retail	Pharmacy	Zolipdem tartrate 10 mg oral tablet [Ambien]	\$44.50
58	25-Feb	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
59	1-Mar	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
60	9-Mar	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
61	9-Mar	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo IV Infusion 1 Hr	\$146.44
62	9-Mar	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo IV Infusion Addl Hr	\$31.26
63	9-Mar	C50.4	96409	Pharmacy Administered	Chemotherapy	Chemo IV Push Sngl Drug	\$112.80
64	9-Mar	C50.4	96360	Pharmacy Administered	Chemotherapy	Hydration IV Infusion Init	\$57.08
65	9-Mar	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
66	9-Mar	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
67	9-Mar	C50.4	80053	Specialist	Laboratory tests	Comprehen Metabolic Panel	\$14.87
68	9-Mar	C50.4	J9000	Pharmacy Administered	Chemotherapy	Doxorubicin hcl injection	\$254.80
69	9-Mar	C50.4	J9070	Pharmacy Administered	Chemotherapy	Cyclophosphamide 100 MG inj	\$531.88
70	9-Mar	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
71	9-Mar	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
72	9-Mar	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
73	11-Mar	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49

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3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
74	23-Mar	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
75	23-Mar	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo IV Infusion 1 Hr	\$146.44
76	23-Mar	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo IV Infusion Addl Hr	\$31.26
77	23-Mar	C50.4	96409	Pharmacy Administered	Chemotherapy	Chemo IV Push Sngl Drug	\$112.80
78	23-Mar	C50.4	96360	Pharmacy Administered	Chemotherapy	Hydration IV Infusion Init	\$57.08
79	23-Mar	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
80	23-Mar	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
81	23-Mar	C50.4	80053	Specialist	Laboratory tests	Comprehen Metabolic Panel	\$14.87
82	23-Mar	C50.4	J9000	Pharmacy Administered	Chemotherapy	Doxorubicin hcl injection	\$254.80
83	23-Mar	C50.4	J9070	Pharmacy Administered	Chemotherapy	Cyclophosphamide 100 MG inj	\$531.88
84	23-Mar	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
85	23-Mar	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
86	23-Mar	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
87	23-Mar	C50.4	J2060	Pharmacy Retail	Pharmacy	Lorazepam injection	\$4.28
88	23-Mar	C50.4	J2405	Pharmacy Retail	Pharmacy	Ondansetron hcl injection	\$269.73
89	25-Mar	C50.4	854875	Pharmacy Retail	Pharmacy	Zolipdem tartrate 10 mg oral tablet [Ambien]	\$44.50
90	25-Mar	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
91	6-Apr	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
92	6-Apr	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo IV Infusion 1 Hr	\$146.44
93	6-Apr	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo IV Infusion Addl Hr	\$31.26
94	6-Apr	C50.4	96409	Pharmacy Administered	Chemotherapy	Chemo IV Push Sngl Drug	\$112.80
95	6-Apr	C50.4	96360	Pharmacy Administered	Chemotherapy	Hydration IV Infusion Init	\$57.08
96	6-Apr	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
97	6-Apr	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
98	6-Apr	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
99	6-Apr	C50.4	J9000	Pharmacy Administered	Chemotherapy	Doxorubicin hcl injection	\$254.80
100	6-Apr	C50.4	J9070	Pharmacy Administered	Chemotherapy	Cyclophosphamide 100 MG inj	\$531.88
101	6-Apr	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
102	6-Apr	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
103	6-Apr	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
104	8-Apr	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
105	18-Apr	C50.4	99211	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$19.71
106	18-Apr	C50.4	78472	Specialist	Radiology	Gated Heart Planar Single	\$252.10
107	18-Apr	C50.4	78800	Specialist	Radiology	Tumor Imaging Limited Area	\$187.21
108	20-Apr	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
109	20-Apr	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo IV Infusion 1 Hr	\$146.44
110	20-Apr	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo IV Infusion Addl Hr	\$31.26
111	20-Apr	C50.4	96360	Pharmacy Administered	Chemotherapy	Hydration IV Infusion Init	\$57.08
112	20-Apr	C50.4	96409	Pharmacy Administered	Chemotherapy	Chemo IV Push Sngl Drug	\$112.80
113	20-Apr	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
114	20-Apr	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
115	20-Apr	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
116	20-Apr	C50.4	J9265	Pharmacy Administered	Chemotherapy	Paclitaxel injection	\$66.00
117	20-Apr	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
118	20-Apr	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00

	A	B	C	D	E	F	G
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
119	20-Apr	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
120	20-Apr	C50.4	J2060	Pharmacy Retail	Pharmacy	Lorazepam injection	\$4.28
121	20-Apr	C50.4	J8540	Pharmacy Retail	Pharmacy	Oral dexamethasone	\$70.46
122	20-Apr	C50.4	854875	Pharmacy Retail	Pharmacy	Zolipdem tartrate 10 mg oral tablet [Ambien]	\$44.50
123	21-Apr	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$102.27
124	22-Apr	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
125	25-Apr	C50.4	90801	Specialist	Mental health	Psy DX Interview	\$153.91
126	25-Apr	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
127	2-May	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
128	4-May	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$102.27
129	4-May	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, up to 1 hour	\$146.44
130	4-May	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, each additional hour	\$31.26
131	4-May	C50.4	96360	Pharmacy Administered	Chemotherapy	IV infusion hydration, up to 1 hour	\$57.08
132	4-May	C50.4	96409	Pharmacy Administered	Chemotherapy	IV push, 1 drug	\$112.80
133	4-May	C50.4	36415	Specialist	Office visits & procedures	Blood draw	\$3.00
134	4-May	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
135	4-May	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
136	4-May	C50.4	J9265	Pharmacy Administered	Chemotherapy	Paclitaxel injection	\$66.00
137	4-May	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
138	4-May	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
139	4-May	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
140	6-May	C50.4	96372	Specialist	Office visits & procedures	Subq or IM injection	\$23.10
141	6-May	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
142	6-May	C50.4	99211	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$19.71
143	9-May	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
144	16-May	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
145	18-May	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
146	18-May	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, up to 1 hour	\$146.44
147	18-May	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, each additional hour	\$31.26
148	18-May	C50.4	96360	Pharmacy Administered	Chemotherapy	IV infusion hydration, up to 1 hour	\$57.08
149	18-May	C50.4	96409	Pharmacy Administered	Chemotherapy	IV push, 1 drug	\$112.80
150	18-May	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
151	18-May	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
152	18-May	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
153	18-May	C50.4	J9265	Pharmacy Administered	Chemotherapy	Paclitaxel injection	\$66.00
154	18-May	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
155	18-May	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
156	18-May	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
157	18-May	C50.4	J2060	Pharmacy Retail	Pharmacy	Lorazepam injection	\$4.28
158	18-May	C50.4	J8540	Pharmacy Retail	Pharmacy	Oral dexamethasone	\$70.46
159	18-May	C50.4	854875	Pharmacy Retail	Pharmacy	Zolipdem tartrate 10 mg oral tablet [Ambien]	\$44.50
160	20-May	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
161	20-May	C50.4	99211	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$19.71
162	20-May	C50.4	96372	Specialist	Office visits & procedures	Subq or IM injection	\$23.10
163	23-May	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91

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3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
164	25-May	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
165	30-May	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
166	1-Jun	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
167	1-Jun	C50.4	96413	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, up to 1 hour	\$146.44
168	1-Jun	C50.4	96415	Pharmacy Administered	Chemotherapy	Chemo admin, IV infusion, each additional hour	\$31.26
169	1-Jun	C50.4	96360	Pharmacy Administered	Chemotherapy	IV infusion hydration, up to 1 hour	\$57.08
170	1-Jun	C50.4	96409	Pharmacy Administered	Chemotherapy	IV push, 1 drug	\$112.80
171	1-Jun	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
172	1-Jun	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
173	1-Jun	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
174	1-Jun	C50.4	J9265	Pharmacy Administered	Chemotherapy	Paclitaxel injection	\$66.00
175	1-Jun	C50.4	J1644	Pharmacy Administered	Chemotherapy	Inj heparin sodium per 1000u	\$0.80
176	1-Jun	C50.4	J1100	Pharmacy Administered	Chemotherapy	Dexamethasone sodium phos	\$6.00
177	1-Jun	C50.4	J2405	Pharmacy Administered	Chemotherapy	Ondansetron hcl injection	\$13.10
178	3-Jun	C50.4	96372	Specialist	Office visits & procedures	Subq or IM injection	\$23.10
179	3-Jun	C50.4	J2505	Pharmacy Administered	Chemotherapy	Injection, pegfilgrastim 6mg	\$2,576.49
180	3-Jun	C50.4	99211	Specialist	Office visits & procedures	Office/Outpatient Visit Est	\$19.71
181	6-Jun	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
182	13-Jun	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
183	20-Jun	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
184	20-Jun	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
185	27-Jun	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
186	29-Jun	C50.4	99205	Specialist	Office visits & procedures	Office/Outpatient visit new	\$171.73
187	29-Jun	C50.4	77290	Specialist	Radiation therapy	Set Radiation Therapy Field	\$530.03
188	29-Jun	C50.4	77333	Specialist	Radiation therapy	Radiation Treatment Aid(s)	\$59.80
189	29-Jun	C50.4	77300	Specialist	Radiation therapy	Radiation Therapy Dose Plan	\$31.26
190	29-Jun	C50.4	77263	Specialist	Radiation therapy	Radiation Therapy Planning	\$161.73
191	29-Jun	C50.4	77331	Specialist	Radiation therapy	Special Radiation Dosimetry	\$43.83
192	4-Jul	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
193	4-Jul	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
194	4-Jul	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
195	4-Jul	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
196	4-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
197	5-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
198	6-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
199	7-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
200	8-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
201	8-Jul	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
202	8-Jul	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
203	8-Jul	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
204	8-Jul	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
205	11-Jul	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
206	11-Jul	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
207	11-Jul	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
208	11-Jul	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41

	A	B	C	D	E	F	G
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
209	11-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
210	12-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
211	13-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
212	14-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
213	15-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
214	18-Jul	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
215	18-Jul	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
216	18-Jul	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
217	18-Jul	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
218	18-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
219	18-Jul	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
220	19-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
221	20-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
222	21-Jul	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
223	21-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
224	22-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
225	25-Jul	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
226	25-Jul	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
227	25-Jul	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
228	25-Jul	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
229	25-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
230	26-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
231	25-Jul	C50.4	77331	Specialist	Radiation therapy	Special Radiation Dosimetry	\$43.83
232	25-Jul	C50.4	77300	Specialist	Radiation therapy	Radiation Therapy Dose Plan	\$31.26
233	25-Jul	C50.4	77280	Specialist	Radiation therapy	Set Radiation Therapy Field	\$153.91
234	25-Jul	C50.4	77263	Specialist	Radiation therapy	Radiation Therapy Planning	\$161.73
235	27-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
236	28-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
237	29-Jul	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
238	1-Aug	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
239	1-Aug	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
240	1-Aug	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
241	1-Aug	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
242	1-Aug	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
243	2-Aug	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
244	3-Aug	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
245	4-Aug	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
246	5-Aug	C50.4	77413	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
247	8-Aug	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
248	8-Aug	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
249	8-Aug	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
250	8-Aug	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
251	8-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
252	9-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
253	10-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44

Breast Cancer
Clinical Benefit Scenario

	A	B	C	D	E	F	G
3	Date of Service	Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Notes	Allowed Amount
254	11-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
255	11-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
256	15-Aug	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
257	15-Aug	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
258	15-Aug	C50.4	77427	Specialist	Radiation therapy	Radiation TX Management X5	\$180.41
259	15-Aug	C50.4	77417	Specialist	Radiation therapy	Radiology port films	\$14.95
260	15-Aug	C50.4	77336	Specialist	Radiation therapy	Radiation Physics Consult	\$52.32
261	15-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
262	16-Aug	C50.4	77414	Specialist	Radiation therapy	Radiation Treatment Delivery	\$234.44
263	22-Aug	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
264	29-Aug	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
265	2-Sep	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
266	2-Sep	C50.4	85025	Specialist	Laboratory tests	Complete CBC W/Auto Diff WBC	\$10.94
267	2-Sep	C50.4	80053	Specialist	Laboratory tests	Comprehen metabolic panel	\$14.87
268	2-Sep	C50.4	36415	Specialist	Office visits & procedures	Routine Venipuncture	\$3.00
269	5-Sep	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
270	12-Sep	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
271	12-Sep	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
272	16-Sep	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27
273	19-Sep	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
274	26-Sep	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
275	3-Oct	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
276	10-Oct	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
277	10-Oct	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
278	17-Oct	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
279	24-Oct	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
280	31-Oct	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
281	7-Nov	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
282	7-Nov	C50.4	248642	Pharmacy Retail	Pharmacy	Fluoxetine 20 mg oral tablet	\$22.67
283	14-Nov	C50.4	90806	Specialist	Mental health	Psytx Off 45-50 Min	\$89.91
284	16-Nov	C50.4	99214	Specialist	Office visits & procedures	Office/Outpatient visit est	\$102.27

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Breast Cancer
Clinical Benefit Scenario

	A	B
1	Provider Type	
2	The following are the provider types to use on the "Scenario" tab ~ "Provider Type" column to classify each service by provider type. This aids the insurers in applying benefits to each service.	
3		
4	Provider Type	What providers are covered under this Provider Type and other notes:
5	Primary	Primary Care Physician or non-Specialist
6	Specialist	Cardiology, Dermatology, Neurology, etc.
7	Alternative Provider	Chiropractor, Acupuncturist, etc.
8	Outpatient Facility	
9	Inpatient Facility	
10	Pharmacy Retail	
11	Pharmacy Mail Order	
12	Pharmacy Administered	All prescriptions reimbursable under a Pharmacy plan that are administered in a provider's office or hospital
13	Emergency Room	
14	Home Health	
15	Skilled Nursing Facility	
16	Ambulance	

Sample Care Cost Categories

Coverage Example label.

Category

Office visits & procedures

First office visit

Anesthesia

Chemotherapy

Circumcision

Emergency care

Home health care

Hospital charges

Hospital charges (baby)

Hospital charges (mother)

Inpatient medical care

Laboratory tests

Medical equipment & supplies

Mental health

Outpatient surgery

Pharmacy

Radiation therapy

Radiology

Rehabilitation services

Routine obstetric care

Skilled nursing care

Vaccines, other preventive

What services are covered under this Category and other notes:

Includes services by all physicians (primary care, specialist, etc.) and alternative providers (chiropractor, acupuncture)
Applies to maternity scenario only; other scenarios would use "Office visits & procedures"

Includes emergency room facility charges, physician services, ambulance transportation

Facility charges for inpatient/outpatient services; discharge management

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Services by physicians, surgeons, anesthesiologists, etc.

Includes blood work

Includes durable medical equipment, orthotics, prosthetics

Physician and facility charges

Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not administered in a hospital, pharmacy

Includes radiology and imaging procedures, CT, MRI, Ultrasounds, x-rays

Includes provision of treatment at any facility

Applies to maternity scenario only; typically a bundled payment

office or other facility