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| Cigna Commercial | Last Updated: 12/7/2020 | | | | | | | | | |
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| To Search for a service Click "CTRL' + "F" | , | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> Service? | Discounted Cash Price | De-Identified Minimum Negotiated Charge | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 216 | Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 291 | HEART FAILURE SHOCK W MCC | No | \$ 22,180.96 | \$ 5,517.78 | \$ 31,074.55 | \$13,458.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 460 | Spinal fusion except cervical without major comorbid conditions or complications (MCC) | Yes | \$ 89,541.22 | \$ 16,237.64 | \$ 58,989.92 | \$39,604.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 470 | Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC). | Yes | \$ 26,747.32 | \$ 8,070.44 | \$ 37,721.88 | \$19,684.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 473 | Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). | Yes | \$ 37,083.10 | \$ 10,123.74 | \$ 62,430.00 | \$25,124.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | No | \$ 69,180.99 | \$ 12,375.85 | \$ 48,933.51 | \$30,185.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | No | \$ 45,651.13 | \$ 8,559.98 | \$ 38,996.68 | \$20,878.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | No | \$ 36,964.29 | \$ 6,745.73 | \$ 37,731.25 | \$16,453.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | Νο | \$ 45,467.21 | \$ 9,438.20 | \$ 41,283.64 | \$23,020.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | EXCEPT HIP, FOOT, FEMUR W/O | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 494 | сс/мсс | No | \$ 34,101.03 | \$ 7,426.74 | \$ 43,066.25 | \$18,114.00 | CPT/HCPCS |
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| | | | | non-malignancy without comorbid | | | | | | Charges which |
| | | | | conditions (CC) or major comorbid | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 743 | conditions or complications (MCC) | Yes | \$ 18,033.90 | \$ 3,828.29 | \$ 28,968.03 | \$11,485.00 | CPT/HCPCS |
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| | | | | RED BLOOD CELL DISORDERS W | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 811 | MCC | No | \$ 16,643.21 | \$ 4,255.93 | \$ 31,015.82 | \$13,403.00 | CPT/HCPCS |
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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 812 | MCC | No | \$ 12,941.86 | ¢ 2.055.19 | \$ 26,002.03 | \$8,707.00 | CPT/HCPCS |
| nospital inpatient stay | nospital inpatient | DKG | 812 | IVICC | No | ə 12,941.8b | ə 2,955.18 | ⇒ 20,002.03 | \$8,707.00 | Cr1/HCPCS |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| Hernitel Innetiont Stay | Hospital Inpatient | DRG | | GRAFT OR INHAL INJ W CC/MCC | No | \$ 100 447 OF | ¢ 21 620 28 | \$ 150,000.00 | \$61,949.00 | CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DKG | 920 | GRAFT OR INHAL INJ W CC/WCC | NU | \$ 100,447.05 | \$ 21,059.20 | \$ 150,000.00 | \$61,949.00 | CPT/HCPC3 |
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| | | | | FULL THICKNESS BURN W SKIN | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 929 | GRAFT OR INHAL INJ W/O CC/MCC | No | \$ 53,042.00 | \$ 6,540.49 | \$ 50,000.00 | \$29,415.00 | CPT/HCPCS |
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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 935 | NON-EXTENSIVE BURNS | No | \$ 21,298.22 | \$ 3,301.83 | \$ 50,000.00 | \$19,323.00 | CPT/HCPCS |
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| Hospital Inpatient Stay | Hospital Inpatient | | | | | | | \$ 200,000.00 | | CPT/HCPCS |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | OTHER O.R. PROCEDURES FOR | | | | | | Charges which |
| | | | | MULTIPLE SIGNIFICANT TRAUMA | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 957 | W MCC | No | \$ 139,128.72 | \$ 30,888.17 | \$ 200,000.00 | \$75,337.00 | CPT/HCPCS |
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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 958 | w cc | No | \$ 73,933.71 | \$ 17,182.69 | \$ 125,000.00 | \$41,909.00 | CPT/HCPCS |
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| | | | | OTHER MULTIPLE SIGNIFICANT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 964 | TRAUMA W CC | No | \$ 34,761.85 | \$ 6,123.35 | \$ 50,000.00 | \$14,935.00 | CPT/HCPCS |
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| Maternity/Delivery | Hospital Inpatient | DRG | 768 | EXCEPT STERIL &/OR D&C | No | \$ 10 335 01 | \$ 2464.00 | \$ 27,462.61 | \$10,075.00 | CPT/HCPCS |
| waterinty/ Delivery | nospital inpatient | טאט | /00 | EACEFT STERIL &/ UN DOC | INU | φ 10,333.01 | ۷ 2,404.00 ب | φ 27,402.01 | \$10,075.00 | CF I/ FICF C3 |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Maternity/Delivery | Hospital Inpatient | DRG | 783 | CESAREAN SECTION W STERILIZATION W MCC | No | \$ 11,915.22 | | \$ 39,605.25 | \$21,448.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 784 | CESAREAN SECTION W STERILIZATION W CC | No | \$ 9,940.40 | \$ 3,570.00 | \$ 27,865.12 | \$10,452.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 785 | CESAREAN SECTION W STERILIZATION W/O CC/MCC | No | \$ 8,988.27 | \$ 3,519.44 | \$ 25,870.71 | \$8,584.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 786 | CESAREAN SECTION W/O STERILIZATION W MCC | No | \$ 12,696.27 | \$ 3,570.00 | \$ 35,011.06 | \$17,145.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 11,322.59 | \$ 2,835.00 | \$ 27,868.32 | \$10,455.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Maternity/Delivery | Hospital Inpatient | DRG | 788 | CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | No | \$ 9,626.23 | \$ 3,242.44 | \$ 26,381.06 | \$9,062.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 795 | NORMAL NEWBORN | Νο | \$ 1,400.10 | \$ 626.89 | \$ 18,705.56 | \$1,873.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 797 | VAGINAL DELIVERY W STERILIZATION/D&C W CC | Νο | \$ 12,785.73 | \$ 2,464.00 | \$ 25,917.69 | \$8,628.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 798 | VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | No | \$ 10,897.11 | \$ 2,464.00 | \$ 25,917.69 | \$8,628.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 805 | VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | Νο | \$ 10,518.03 | \$ 2,464.00 | \$ 27,817.08 | \$10,407.00 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| Maternity/Delivery | Hospital Inpatient | DRG | 806 | STERILIZATION/D&C W CC | No | \$ 8,616.42 | \$ 2,464.00 | \$ 24,277.74 | \$7,092.00 | CPT/HCPCS |
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| Maternity/Delivery | Hospital Inpatient | DRG | | STERILIZATION/D&C W/O CC/MCC | No | \$ 7,318.91 | \$ 2,464.00 | \$ 23,397.98 | \$6,268.00 | CPT/HCPCS |
| Materinty Denvery | nospital inpatient | DING | 807 | STEREIZATION, Dae W/O ce/mee | NO | <i>Ş</i> 7,310.31 | <i>Ş</i> 2,404.00 | ÷ 23,357.50 | <i>\$0,200.00</i> | ci i jiici co |
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| Inpatient Rehabilitation Hospital | | | | | | | | | | are paid by |
| Stay | Inpatient Rehabilitation Hospital | DRG | 945 | REHABILITATION W CC/MCC | No | N/A | \$ 14,553.00 | \$ 14,553.00 | \$14,553.00 | CPT/HCPCS |
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| Inpatient Rehabilitation Hospital | | | | | | | | | | are paid by |
| Stay | Inpatient Rehabilitation Hospital | DRG | 946 | REHABILITATION W/O CC/MCC | No | N/A | \$ 10,870.00 | \$ 10,870.00 | \$10,870.00 | CPT/HCPCS |
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| Service Category | Service Setting | Type | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| Service category | <u>Service Setting</u> | туре | coue | Description | <u>Jervice:</u> | casirrice | charge | charge | charge | <u>Listinate Type</u> |
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| | | | | AFTERCARE, MUSCULOSKELETAL | | | | | | Charges which |
| | | | | SYSTEM AND CONNECTIVE TISSUE | | | | | | are paid by |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 559 | WITH MCC | No | N/A | \$ 18,018.00 | \$ 18,018.00 | \$18,018.00 | CPT/HCPCS |
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| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 560 | СС | No | N/A | \$ 10,435.00 | \$ 10,435.00 | \$10,435.00 | CPT/HCPCS |
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| | | | | AFTERCARE, MUSCULOSKELETAL | | | | | | Charges which |
| | | | | SYSTEM & CONNECTIVE TISSUE | | | | | | are paid by |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 561 | W/O CC/MCC | No | N/A | \$ 7,474.00 | \$ 7,474.00 | \$7,474.00 | CPT/HCPCS |
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| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Pulmonary edema respiratory | | | | | | are paid by |
| Stay | Hospital | DRG | LTC189 | failure | No | N/A | \$ 74,931.49 | \$ 74,931.49 | N/A | CPT/HCPCS |
| | | | | | | | | | | |
| | | | | | | | | | | Case Rate- |
| | | | | | | | | | | Excluding |
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| | Innetional Long Town Cours | | | Description available of the second | | | | | | Charges which |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | DRC | 170207 | Respiratory system diagnosis w | Ne | NI / A | ¢ 27 702 24 | ¢ 27 702 24 | NI / A | are paid by |
| Stay | Hospital | DRG | LIC20/ | ventilator support >96 hours | No | N/A | ə 37,703.24 | \$ 37,703.24 | N/A | CPT/HCPCS |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge_ | Charge_ | Charge_ | Estimate Type |
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| | | | | | | 70% Charges | | | | |
| | | | | | | (Estimated as | | | | |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Long Term Care Intensive Care | | \$6,047.26 per | \$1,040 Per | \$1,929 Per | \$1,700 Per | Per Diem Per |
| Stay | Hospital | UB | 200 | Room & Board | No | diem) | Diem | Diem | Diem | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 191 | Subacute Care Level 1- Skilled Care | No | Diem | \$ 227.70 | \$ 850.00 | N/A | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | Subacute Care Level 2- | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 192 | Comprehensive Care | No | Diem | \$ 299.70 | \$ 850.00 | N/A | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | Subacute Care Level 3- Complex | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | | Care | No | Diem | \$ 370.00 | \$ 850.00 | N/A | Day |
| | | | | | - | - | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11102 | Biopsy - Tangential Biopsy of Skin | No | \$ 530.90 | \$ 161.58 | \$ 1,803.41 | \$0.00 | Case Rate |
| • | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11104 | Biopsy - Punch Biopsy of Skin | No | \$ 584.92 | \$ 167.15 | \$ 1,829.27 | \$0.00 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 17000 | Destruction of Lesion (outpatient) | No | \$ 1,131.70 | \$ 157.92 | \$ 1,634.10 | \$1,631.49 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 19083 | Bx breast 1st lesion us imag | No | \$ 3,052.42 | \$ 381.25 | \$ 2,964.36 | \$1,790.17 | Case Rate |
| the second se | and the second sec | | | | | 2 / | | , | · · · · · · · · · · · · · · · · · · · | |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| | | | | | | N/A No | | | N/A No | |
| | | | | Removal of 1 or more breast | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 19120 | growth, open procedure | Yes | Volume | \$ - | Ś - | Volume | Case Rate |
| · · | · · · · | | | | | | | | | |
| | | | | | | | | | | |
| Injections | Hospital Outpatient | СРТ | 20610 | Arthrocentesis (outpatient) | No | \$ 370.58 | \$ 182.39 | \$ 1,461.73 | \$830.73 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 27818 | Treatment of ankle fracture | No | \$ 1,243.48 | \$ 395.00 | \$ 2,581.00 | \$1,497.57 | Case Rate |
| | | | | | | N/A No | - | | N/A No | |
| | | | | | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 29826 | Arthroscopic Shoulder Surgery | Yes | Volume | Ś - | \$ - | Volume | Case Rate |
| · · | · · · · | | | | | N/A No | | | N/A No | |
| | | | | Arthroscopic Knee Surgery | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 29881 | (outpatient) | Yes | Volume | \$ - | \$ - | Volume | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 31575 | Laryngoscopy - Diagnostic | No | \$ 449.87 | \$ 135.86 | \$ 1,978.02 | \$1,675.00 | Case Rate |
| | | | | | | - | - | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 32555 | Aspirate pleura w/ imaging | No | \$ 608.39 | \$ 288.54 | \$ 1,852.06 | \$1,735.71 | Case Rate |
| - • | | | 1 | | - | N/A No | | | N/A No | |
| | | | | Tonsillectomy with Adenoidectomy | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 42820 | (outpatient) | Yes | Volume | \$- | \$ - | Volume | Case Rate |
| - · · | | | 1 | | | | | | | |
| | | | | Upper Gastrointestinal Endoscopy - | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 43235 | Diagnostic | Yes | \$ 2,027.21 | \$ 61.00 | \$ 1,867.74 | \$1,738.62 | Case Rate |
| - · · | | | | - | | | | | | |
| | | | | Upper Gastrointestinal Endoscopy - | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 43239 | With Biopsy | Yes | \$ 1,259.34 | \$ 372.00 | \$ 2,229.48 | \$1,761.78 | Case Rate |
| | | | 1 | | | | | | | |
| | | | | Colonoscopy - Diagnostic | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 45378 | (outpatient) | Yes | \$ 2,117.86 | \$ 335.79 | \$ 2,220.88 | \$1,857.66 | Case Rate |
| | | | 1 | | | | | | | |
| | | | | Colonoscony With Bionsy | | | | | | |
| | | | | Colonoscopy - With Biopsy | | | | | | |

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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| | | | | | | | | | | |
| | | | | Colonoscopy - With Polyp Removal | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 45385 | (outpatient) | Yes | \$ 3,317.89 | \$ 354.50 | \$ 4,434.15 | \$1,987.24 | Case Rate |
| | | | | | | N/A No | | | N/A No | |
| | | | | Ultrasound examination of lower | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 45391 | large bowel using an endoscope | Yes | Volume | \$- | \$- | Volume | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 47562 | Gall Bladder Surgery (outpatient) | Yes | \$ 12,062.52 | \$ 504.75 | \$ 18,374.88 | \$2,466.84 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49440 | Place gastrostomy tube perc | No | \$ 3,111.60 | \$ 445.12 | \$ 3,166.61 | \$1,077.79 | Case Rate |
| | | | | | | | | | | |
| | | | | Repair of groin hernia patient age 5 | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49505 | years or older | Yes | \$ 9,867.85 | \$ 470.98 | \$ 15,040.03 | \$2,274.38 | Case Rate |
| | | | | | | + 0,001100 | + | + | <i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i> | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 51798 | Urine Capacity Measurement | No | \$ 97.04 | s - | \$ 1,579.20 | \$1,550.00 | Case Rate |
| | | | 51750 | | | <i>v 37.04</i> | Ŷ | <i>ϕ</i> 1,575120 | <i>\</i> | cuse nuce |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | E2000 | Cystoscopy | No | \$ 1,173.22 | \$ 282.78 | \$ 1,596.52 | \$962.41 | Case Rate |
| nospital Outpatient Procedure | Hospital Outpatient | CPT | 52000 | Cystoscopy | No | \$ 1,173.22 | \$ 202.70 | \$ 1,550.52 | 3302.41 | case nate |
| | | | | | | | | | | |
| Hernital Outpatient Procedure | Hespital Outpatient | СРТ | 55700 | Pioney of prostate gland | Vec | ¢ 1165.04 | ¢ 204.70 | \$ 2.631.84 | ¢1 100 47 | Casa Pata |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 55700 | Biopsy of prostate gland | Yes | \$ 1,165.04 | | 1 11-1 | \$1,190.47 | Case Rate |
| | | | | Surgical removal of prostate and | | N/A No | N/A No | N/A No | N/A No | |
| Hermitel Outpetient Press during | Upprited Outpatient | CDT | FFOCC | surrounding lymph nodes using an | Mar | Service | Service | Service | Service | Casa Data |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 55866 | endoscope | Yes | Volume | Volume | Volume | Volume | Case Rate |
| | | | | | | | | | | |
| | | | | | | A | | | 44.000.00 | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 58100 | Biopsy - Endometrial (Uterus) | No | \$ 375.83 | \$ 144.00 | \$ 1,697.39 | \$1,693.81 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 58300 | Insert intrauterine device | No | \$ 632.24 | \$ 48.93 | \$ 1,749.37 | \$1,635.07 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 58301 | Remove intrauterine device | No | \$ 273.85 | \$ 32.34 | \$ 1,495.58 | \$861.39 | Case Rate |

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| To Search for a service Click "CTRL" | | | | | | | | | | | | | |
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| Service Category | Service Setting | Type | Code | Description | Service? | | sh Price | | Charge | | Charge | Charge | Estimate Type |
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| | | | | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 59025 | Fetal Non-Stress Test | No | \$ | 260.79 | \$ | 118.53 | \$ | 1,596.22 | \$1,590.32 | Case Rate |
| | | | | Routine obstetric care for vaginal | | | | | | | | | |
| Professional Services Associated | | | | delivery, including pre-and post- | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 59400 | delivery care | Yes | \$ | 4,496.21 | \$ | 242.00 | \$ | 3,278.48 | \$2,847.37 | Case Rate |
| | | | | | | | | | | | | | |
| Professional Services Associated | | | | | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 59410 | Obstetrical care | No | \$ | 2,230.06 | \$ | 133.91 | \$ | 1,625.81 | \$1,425.89 | Case Rate |
| | | | | Routine obstetric care for cesarean | | | | | | | | | |
| Professional Services Associated | | | | delivery, including pre-and post- | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 59510 | delivery care | Yes | \$ | 4,966.56 | \$ | 246.05 | \$ | 3,619.13 | \$3,144.52 | Case Rate |
| | | | | Routine obstetric care for vaginal | | | | | | | | | |
| | | | | delivery after prior cesarean | | | | | | | | | |
| Professional Services Associated | | | | delivery including pre-and post- | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 59610 | delivery care | Yes | \$ | 4,706.58 | \$ | 305.08 | \$ | 3,429.34 | \$2,979.93 | Case Rate |
| | | | | Injection of substance into spinal | | | | | | | | | |
| | | | | canal of lower back or sacrum using | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 62322 | imaging guidance | Yes | \$ | 1,055.18 | \$ | 379.33 | \$ | 1,880.39 | \$1,696.43 | Case Rate |
| | | | | Injection of substance into spinal | | | | | | | | | |
| | | | | canal of lower back or sacrum using | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 62323 | imaging guidance | Yes | \$ | 1,665.98 | \$ | 305.01 | \$ | 1,988.33 | \$1,717.58 | Case Rate |
| | | | | Injections of anesthetic and/or | | | | | | | | | |
| | | | | steroid drug into lower or sacral | | | | | | | | | |
| | | | | spine nerve root using imaging | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 64483 | guidance | Yes | \$ | 1,776.21 | \$ | 358.46 | \$ | 1,980.49 | \$939.40 | Case Rate |
| | | | | - | | | N/A No | | | | - | N/A No | |
| | | | | Removal of recurring cataract in | | S | ervice | | | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 66821 | lens capsule using laser | Yes | v | olume | \$ | - | \$ | - | Volume | Case Rate |
| | | | | | | | A No | | | - | | N/A No | |
| | | | | Removal of cataract with insertion | | | ervice | | | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 66984 | of lens | Yes | | olume | \$ | - | \$ | - | Volume | Case Rate |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 69210 | Remove impacted ear wax | No | Ś | 168.99 | Ś | 48.93 | Ś | 1,604.78 | \$1,604.78 | Case Rate |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | scounted | <u>Mi</u> Neg | <u>dentified</u> nimum gotiated harge | Ne | <u>-Identified</u> <u>laximum</u> egotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | _Estimate Type |
| Radiology Services | Hospital Outpatient | СРТ | 70450 | CT Scan - Head/Brain, without Contrast | No | \$ 901.06 | \$ | 127.22 | \$ | 1,318.18 | \$913.82 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70450 | CT Scan - Head/Brain, without Contrast | Yes | \$ 901.06 | \$ | 127.22 | \$ | 1,318.18 | \$913.82 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70482 | Ct orbit/ear/fossa w/o&w/dye | No | \$ 2,339.66 | \$ | 207.79 | \$ | 2,657.02 | \$959.27 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70486 | Ct maxillofacial w/o dye | No | \$ 1,668.57 | \$ | 127.52 | \$ | 2,259.85 | \$936.19 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70496 | Ct angiography head | No | \$ 1,871.05 | \$ | 223.05 | \$ | 1,996.31 | \$981.99 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70498 | Ct angiography neck | No | \$ 1,632.72 | \$ | 223.05 | \$ | 1,677.63 | \$981.49 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,518.19 | \$ | 252.20 | \$ | 2,270.30 | \$1,057.21 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,314.59 | \$ | 406.50 | \$ | 3,409.54 | \$1,322.82 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71045 | X-ray exam chest 1 view | No | \$ 138.11 | \$ | 19.91 | \$ | 181.37 | \$101.59 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71046 | X-Ray - Chest (outpatient) | No | \$ 148.99 | \$ | 31.50 | \$ | 193.55 | \$104.31 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71110 | X-ray exam ribs bil 3 views | No | \$ 205.20 | \$ | 38.07 | \$ | 271.73 | \$142.12 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71250 | CT THORAX W/O DYE | No | \$ 1,024.52 | \$ | 141.11 | \$ | 1,468.48 | \$695.39 | Per Unit |

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| To Search for a service Click "CTRL" | | | | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | | ash Price | | Charge | | Charge | Charge | Estimate Type |
| | | | | | | | | | | | | | |
| | | | | CT Scan - Chest, with Contrast | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71260 | (outpatient) | No | \$ | 1,448.52 | \$ | 200.76 | \$ | 2,034.88 | \$943.82 | Per Unit |
| | and the second sec | | | (****)******* | | | , | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71275 | Ct angiography chest | No | \$ | 1,935.65 | Ś | 226.19 | \$ | 2,092.27 | \$994.71 | Per Unit |
| | | | | | | | , | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72040 | X-Ray - Neck, Cervical Spine | No | \$ | 154.65 | \$ | 37.93 | \$ | 204.42 | \$105.39 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ | 251.61 | Ś | 33.93 | Ś | 338.99 | \$178.79 | Per Unit |
| | and the second sec | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72100 | X-Ray - Spine (outpatient) | No | \$ | 199.60 | Ś | 37.93 | Ś | 265.13 | \$138.93 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | X-Ray, lower back, minimum four | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72110 | | Yes | \$ | 213.64 | \$ | 52.80 | \$ | 284.93 | \$145.42 | Per Unit |
| | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72125 | Ct neck spine w/o dye | No | \$ | 1,459.37 | \$ | 136.86 | \$ | 1,750.92 | \$930.31 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72126 | Ct neck spine w/dye | No | \$ | 1,293.16 | \$ | 260.86 | \$ | 1,821.59 | \$942.22 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72127 | Ct neck spine w/o & w/dye | No | \$ | 1,815.93 | \$ | 201.73 | \$ | 2,118.48 | \$945.49 | Per Unit |
| | | | | | | | | | | | | | |
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| Radiology Services | Hospital Outpatient | СРТ | 72129 | Ct chest spine w/dye | No | \$ | 1,520.66 | \$ | 199.82 | \$ | 1,805.90 | \$942.22 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72132 | Ct lumbar spine w/dye | No | \$ | 1,518.43 | \$ | 260.86 | \$ | 1,805.90 | \$942.22 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72133 | Ct lumbar spine w/o & w/dye | No | \$ | 1,904.42 | \$ | 201.90 | \$ | 2,238.70 | \$945.49 | Per Unit |

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| To Search for a service Click "CTRL" | | | | | | | | | | | | | |
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| Radiology Services | Hospital Outpatient | СРТ | 72141 | MRI NECK SPINE W/O DYE | No | \$ | 1,441.84 | Ş | 252.20 | Ş 2 | 2,177.11 | \$1,002.46 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | Ι. | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72148 | MRI - Back (outpatient) | Yes | \$ | 1,381.13 | Ş | 252.20 | \$ 2 | 2,137.12 | \$1,262.51 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72170 | X-Ray - Pelvis | No | \$ | 249.04 | \$ | 28.72 | \$ | 327.10 | \$175.60 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72190 | X-RAY EXAM OF PELVIS | No | \$ | 208.53 | \$ | 39.60 | \$ | 264.73 | \$138.15 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72193 | CT scan, pelvis, with contrast | Yes | \$ | 1,536.96 | \$ | 197.29 | \$ 2 | 2,142.05 | \$937.89 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72197 | MRI - Pelvis (outpatient) | No | \$ | 2,448.72 | \$ | 402.71 | \$ 3 | 3,522.33 | \$1,320.07 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73000 | X-ray exam of collar bone | No | \$ | 147.59 | \$ | 22.40 | \$ | 185.92 | \$100.48 | Per Unit |
| | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73010 | X-ray exam of shoulder blade | No | \$ | 196.93 | Ś | 26.01 | Ś | 251.93 | \$135.65 | Per Unit |
| | A second second | | | , | | Ť | | · · | | | | , | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73030 | X-Ray - Shoulder (outpatient) | No | \$ | 149.50 | Ś | 28.33 | Ś | 196.92 | \$102.67 | Per Unit |
| | | | | ., | | - | | Ŧ | | - | | + | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73060 | X-RAY EXAM OF HUMERUS | No | \$ | 147.62 | s | 29.40 | Ś | 195.82 | \$101.03 | Per Unit |
| Hadiology Scivices | | GET | 73000 | A RATEARIN OF HOMEROS | NU | ~ | 147.02 | ¥ | 23.40 | ~ | 155.02 | | |
| | | | | | | | | | | | | | |
| Padialam Sanvisas | Hospital Outpatient | СРТ | 72070 | V ray oram of albow | No | \$ | 146.83 | ć | 25.07 | Ś | 191.42 | \$99.92 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | /50/0 | X-ray exam of elbow | NU | > | 140.85 | Ş | 25.07 | Ş | 171.42 | 333.3 2 | rei Ullit |
| | | | | | | | | | | | | | |
| De diele en Comise | Usersited Outpations | CDT | 70000 | | | | 400.00 | ~ | 20.70 | ~ | 454.00 | 670.00 | Developed: |
| Radiology Services | Hospital Outpatient | СРТ | /3080 | X-RAY EXAM OF ELBOW | No | Ş | 122.83 | \$ | 26.72 | \$ | 154.02 | \$79.08 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 73090 | X-RAY EXAM OF FOREARM | No | \$ | 117.10 | Ş | 26.40 | \$ 151.82 | \$78.53 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73110 | X-Ray - Wrist (outpatient) | No | \$ | 156.52 | \$ | 30.72 | \$ 196.19 | \$101.03 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73120 | X-RAY EXAM OF HAND | No | \$ | 192.03 | \$ | 24.40 | \$ 249.73 | \$134.02 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73130 | X-Ray - Hand | No | \$ | 151.54 | \$ | 32.72 | \$ 198.42 | \$101.03 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73221 | MRI - Shoulder, Elbow, or Wrist | No | \$ | 1,211.82 | \$ | 246.65 | \$ 1,702.46 | \$1,253.30 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73502 | X-Ray - Hip | No | \$ | 129.58 | \$ | 37.77 | \$ 197.91 | \$104.80 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ | 150.51 | \$ | 29.51 | \$ 189.38 | \$102.08 | Per Unit |
| | | | | | | | | | | - | - | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ | 201.92 | \$ | 32.40 | \$ 266.82 | \$141.02 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73562 | X-Ray - Knee (outpatient) | No | \$ | 263.50 | \$ | 36.52 | \$ 351.25 | \$182.95 | Per Unit |
| | | | | A A A A A A A A A A A A A A A A A A A | | Ľ | | | | | | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73590 | X-ray exam of lower leg | No | \$ | 239.62 | Ś | 32.40 | \$ 321.48 | \$170.74 | Per Unit |
| | | | | | | 7 | -33102 | T | | | + | |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73600 | X-RAY EXAM OF ANKLE | No | \$ | 191.55 | ¢ | 31.98 | \$ 278.60 | \$148.80 | Per Unit |
| NEW DIDEA DELAICES | | CFT | 73000 | | 140 | Ŷ | 131.33 | ? | 31.70 | ÷ 270.00 | \$1+0.0U | |
| | | | | | | | | | | | | |
| Padialagy Sanvisa- | Hernitel Outnetient | CDT | 72610 | V Pour Anklo (outrotiont) | Ne | s | 220.05 | ć | 25 72 | 6 244.44 | \$164 OF | Dor Unit |
| Radiology Services | Hospital Outpatient | CPT | 13010 | X-Ray - Ankle (outpatient) | No | > | 239.05 | \$ | 25.72 | \$ 311.14 | \$164.95 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 73620 | X-RAY EXAM OF FOOT | No | \$ | 196.24 | \$ | 29.81 | \$ | 262.21 | \$137.11 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73630 | X-Ray - Foot (outpatient) | No | \$ | 216.05 | Ś | 33.95 | \$ | 289.60 | \$148.85 | Per Unit |
| | | | | | | • | | Ŧ | | * | | , | |
| Radiology Services | Hospital Outpatient | СРТ | 73700 | CT LOWER EXTREMITY W/O DYE | No | \$ | 1,231.00 | Ś | 134.01 | \$ | 1,400.92 | \$689.73 | Per Unit |
| | | C. I | 70700 | | 110 | • | | • | | • | _, | ţ | |
| Padialagy Convices | Hospital Outpatient | СРТ | 72724 | MRI - Knee (outpatient) | Yes | s | 1,224.32 | ć | 246.65 | \$ | 1,828.36 | \$1,253.30 | Per Unit |
| Radiology Services | | CPT | /5/21 | Wiki - knee (outpatient) | Tes | Ş | 1,224.32 | Ş | 240.05 | ş | 1,020.30 | Ş1,255.50 | rei onit |
| | | | | N.D. ALL | | | | <u>^</u> | | | 100.70 | 4494 F0 | N 11 11 |
| Radiology Services | Hospital Outpatient | СРТ | 74018 | X-Ray - Abdomen | No | \$ | 145.61 | \$ | 28.31 | \$ | 189.76 | \$101.59 | Per Unit |
| | | | | | | | | <u>^</u> | | | | <u> </u> | N 11 11 |
| Radiology Services | Hospital Outpatient | СРТ | 74150 | Ct abdomen w/o dye | No | \$ | 977.64 | \$ | 142.38 | \$ | 1,446.99 | \$940.05 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74170 | Ct abdomen w/o & w/dye | No | \$ | 1,824.18 | \$ | 207.86 | \$ | 2,144.29 | \$955.49 | Per Unit |
| | | | | CT Scan - Abdomen and Pelvis, with | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74177 | Contrast | No | \$ | 2,748.11 | \$ | 286.79 | \$ | 3,568.86 | \$987.37 | Per Unit |
| | | | | CT Scan - Abdomen and Pelvis, with | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74177 | Contrast | Yes | \$ | 2,748.11 | \$ | 286.79 | \$ | 3,568.86 | \$987.37 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74220 | X-ray xm esophagus 1cntrst | No | \$ | 394.10 | \$ | 56.38 | \$ | 563.71 | \$302.84 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74270 | X-ray xm colon 1cntrst std | No | \$ | 521.72 | \$ | 79.34 | \$ | 578.01 | \$319.89 | Per Unit |
| | Provide Provide Action | | | | - | ĺ. | | | | | | | |
| Radiolomy Services | Hospital Outpatient | СРТ | 75571 | Ct hrt w/o dye w/ca test | No | Ś | 306.04 | ć | 59.00 | Ś | 323.39 | \$892.47 | Per Unit |
| Radiology Services | nospital Outpatient | CPT | /33/1 | ct mt w/o uye w/ca test | NU | ? | 500.04 | ? | 59.00 | Ş | 525.39 | 2027.4 1 | rei Ullit |

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| De diele en Comitere | Usersited Outputient | | | tiles and the devidation | | ~ | 460.60 | ć 70.70 | ¢ 200 F0 | 6204.24 | Devi Unite |
| Radiology Services | Hospital Outpatient | СРТ | 76536 | Ultrasound - Head and Neck | No | \$ | 460.62 | \$ 78.79 | \$ 386.50 | \$204.24 | Per Unit |
| | | | | | | | | | | | |
| De diele en Comitere | Usersited Outputient | CDT | 70042 | (literation of Descent (such a disut) | No | ~ | 452.00 | ć 70.52 | ć 240.20 | 6420.40 | Devi Harit |
| Radiology Services | Hospital Outpatient | СРТ | 76642 | Ultrasound - Breast (outpatient) | No | \$ | 152.68 | \$ 78.52 | \$ 249.30 | \$139.49 | Per Unit |
| | | | | | | | | | | | |
| Padialam: Comissa | Upperited Outpetient | CDT | 76700 | Ultracound Abdeminal Complete | Mar | ~ | 261.42 | ¢ 01.00 | ć 422.00 | \$222.90 | Devilatio |
| Radiology Services | Hospital Outpatient | СРТ | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ | 361.43 | \$ 91.69 | \$ 433.80 | \$222.90 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | A A C A T | é | 4205.00 | |
| Radiology Services | Hospital Outpatient | СРТ | 76705 | Ultrasound - Abdominal, Limited | No | \$ | 327.93 | \$ 46.05 | \$ 372.20 | \$205.90 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ | 456.58 | \$ 76.54 | \$ 400.80 | \$217.52 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ | 391.57 | \$ 86.65 | \$ 396.27 | \$236.09 | Per Unit |
| | | | | | | | | | | | |
| | | | | Ultrasound - Pregnancy | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76805 | (outpatient) | Yes | \$ | 367.73 | \$ 100.36 | \$ 437.10 | \$236.59 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | 4000.45 | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76811 | OB US DETAILED SNGL FETUS | No | \$ | 522.04 | \$ 198.65 | \$ 587.50 | \$306.15 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | · · · · · | A | 6040 CT | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76815 | OB US LIMITED FETUS(S) | No | \$ | 309.95 | \$ 54.75 | \$ 384.30 | \$210.65 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | 4000.05 | |
| Radiology Services | Hospital Outpatient | СРТ | 76816 | Ultrasound - Pregnancy Follow-Up | No | \$ | 406.54 | \$ 64.37 | \$ 384.30 | \$226.32 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76818 | FETAL BIOPHYS PROFILE W/NST | No | \$ | 476.50 | \$ 82.20 | \$ 387.27 | \$241.92 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | CPT | 76819 | FETAL BIOPHYS PROFIL W/O NST | No | \$ | 407.39 | \$ 97.44 | \$ 398.34 | \$220.39 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 76821 | MIDDLE CEREBRAL ARTERY ECHO | No | \$ | 370.14 | \$ | 88.69 | \$ 391.69 | \$215.50 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 76830 | Ultrasound - Transvaginal (non- maternity) | Yes | \$ | 475.43 | \$ | 98.63 | \$ 463.90 | \$213.95 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76856 | Ultrasound - Pelvic (outpatient) | No | \$ | 344.00 | \$ | 70.34 | \$ 408.50 | \$213.45 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77065 | Mammography of one breast | Yes | \$ | 546.40 | \$ 1 | 07.57 | \$ 501.03 | \$254.93 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 77066 | Mammography of both breasts | Yes | \$ | 383.79 | \$ 1 | 35.81 | \$ 629.70 | \$320.94 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 77067 | Mammogram (outpatient) | Yes | \$ | 406.73 | \$ 1 | 09.22 | \$ 504.02 | \$255.31 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77080 | Bone Density Scan (outpatient) | No | \$ | 247.25 | \$ | 56.29 | \$ 393.45 | \$136.73 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 77081 | Dxa bone density/peripheral | No | \$ | 116.84 | \$ | 33.80 | \$ 171.64 | \$82.46 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 78452 | Myocardial Imaging (outpatient) | No | \$ | 1,010.04 | \$3 | 36.74 | \$ 2,091.45 | \$508.34 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ | 158.03 | \$ | 11.84 | \$ 221.33 | \$120.32 | Per Unit |
| | | 0.07 | 00075 | Blood Test - Comprehensive | × | ¢ | | <u>,</u> | | ¢ | 670.04 | Deviluati |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80053 | Blood Test - Comprehensive Metabolic Panel | Yes | \$ | 93.73 | \$ | 14.78 | \$ 136.89 | \$72.94 | Per Unit |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| <u>Service category</u> | <u>Service Setting</u> | турс | couc | Description | <u>Scrvice</u> . | N/A No | N/A No | N/A No | N/A No | Estimate Type |
| | | | | | | - | | - | - | |
| | | | | Blood Test - Pregnancy (Obstetric) | | Service | Service | Service | Service | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80055 | Panel | Yes | Volume | Volume | Volume | Volume | Per Unit |
| Laboratoria () Dathalana Comitan | | CDT | 00061 | Blood Test - Cholesterol Test, Lipid | Maa | <u> </u> | ć 12.05 | ¢ 404.77 | ¢24.69 | Den Hait |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80061 | Panel | Yes | \$ 46.48 | \$ 12.05 | \$ 101.77 | \$34.68 | Per Unit |
| | | | | Blood Test - Renal (Kidney) | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80069 | Function Panel | Yes | \$ 17.24 | \$ 8.68 | \$ 34.59 | \$15.35 | Per Unit |
| | | | | Blood Test - Hepatic (Liver) | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80076 | Function Panel | Yes | \$ 146.77 | \$ 11.44 | \$ 205.84 | \$111.84 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80307 | Drug test prsmv chem anlyzr | No | \$ 128.65 | \$ 55.93 | \$ 199.53 | \$95.99 | Per Unit |
| | | | | | | N/A No | N/A No | N/A No | N/A No | |
| | | | | | | Service | Service | Service | Service | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81000 | Urinalysis nonauto w/scope | Yes | Volume | Volume | Volume | Volume | Per Unit |
| Laboratory & Pathology Services | nospital outpatient | CFI | 81000 | of marysis nonauto w/scope | Tes | volume | volume | volume | volume | reronit |
| | | | | Urine Test - Automated with | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81001 | Microscope Examination | Yes | \$ 23.46 | \$ 4.44 | \$ 34.47 | \$18.23 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81002 | Urine Test - Urinalysis, Manual Test | Yes | \$ 7.24 | \$ 2.67 | \$ 14.00 | \$5.40 | Per Unit |
| | | | | | | | | | | |
| | | | | Urine Test - Automated without | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81003 | Microscope | Yes | \$ 10.40 | \$ 3.16 | \$ 11.25 | \$5.21 | Per Unit |
| | | | 51000 | | | + | | | + | |
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| Laboratory & Dathalany Co. | | | 01025 | United Tests Descention | | ¢ 40.07 | ć 10.55 | ¢ 50.00 | 620.52 | Devillet |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81025 | Urine Test - Pregnancy | No | \$ 40.87 | \$ 10.45 | \$ 58.29 | \$28.53 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82247 | Bilirubin total | No | \$ 41.02 | \$ 4.52 | \$ 55.22 | \$30.61 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82306 | Blood Test - Vitamin D-3 Level | No | \$ 188.74 | \$ 26.64 | \$ 254.08 | \$140.83 | Per Unit |
| caseratory or ratiology services | nospital outputient | . | 02300 | SIGGA TEST - VICAIIIII D-3 LEVEL | 110 | y 100.74 | Y 20.04 | Y 237.00 | 9170.0J | i ci onit |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | 2 | Charge | Charge | Charge | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82330 | Assay of calcium | No | \$ 35. | 11 | \$ 12.31 | \$ 67.00 | \$26.20 | Per Unit |
| | | | 01000 | | | ÷ | | | + | +10.110 | |
| | | | | | | | | | | | |
| Laboratory & Dathology Sonvices | Heanital Outpatient | CDT | 02275 | Assay sarbayybb sugart | No | \$ 114. | 12 | ć 11.00 | \$ 153.64 | É95 16 | Dor Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 02373 | Assay carboxyhb quant | No | \$ 114. | 12 | \$ 11.09 | \$ 153.64 | \$85.16 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82465 | Assay bld/serum cholesterol | No | \$ 15. | 28 | \$ 3.92 | \$ 23.76 | \$11.40 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82550 | Assay of ck (cpk) | No | \$ 12. | 70 | \$ 5.86 | \$ 35.53 | \$9.47 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82552 | Assay of cpk in blood | No | \$ 26. | 14 | \$ 12.05 | \$ 75.41 | \$19.50 | Per Unit |
| | | | | | | - | | | - | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82565 | Assay of creatinine | No | \$ 124. | 50 | \$ 7.17 | \$ 70.25 | \$37.62 | Per Unit |
| | | | 02505 | | | · | | | + | | |
| | | | | Blood Test - Vitamin B-12 | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82607 | | No | \$ 29. | 40 | \$ 13.57 | \$ 82.73 | \$21.94 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 02007 | | NU | ş 25. | 40 | \$ 13.37 | \$ 62.73 | Ş21.94 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | • • • • • = | | A40.5 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82610 | Cystatin c | No | \$ 140. | 40 | \$ 14.17 | \$ 405.00 | \$104.76 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82668 | Assay of erythropoietin | No | \$ 36. | 68 | \$ 16.91 | \$ 99.20 | \$27.37 | Per Unit |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82670 | Assay of estradiol | No | \$ 54. | 51 | \$ 25.15 | \$ 152.33 | \$40.67 | Per Unit |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82693 | Assay of ethylene glycol | No | \$ 20. | 29 | \$ 13.41 | \$ 40.08 | \$15.14 | Per Unit |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | | | / / 0./ | | | - | | | | |
| | | | | Blood Test - Ferritin (Blood Protein) | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82728 | | No | Ś 33. | 53 | \$ 19.09 | \$ 96.63 | \$28.19 | Per Unit |
| Laboratory & Fathology Services | | CFI | 02/20 | LEVEI | INU | | J 3 1 | ۲2.09 v | ک 0.05 پ | 320.13 | rerunit |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Pr | ice | <u>Charge</u> | Charge | Charge | Estimate Type |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82746 | Blood Test - Folic Acid Level | No | \$ 3 | 7.75 | \$ 13.23 | \$ 79.52 | \$28.17 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82803 | Blood gases any combination | No | \$ 7 | 3.40 | \$ 20.17 | \$ 106.16 | \$54.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82947 | Assay glucose blood quant | No | \$ 3 | 4.04 | \$ 5.51 | \$ 49.42 | \$26.32 | Per Unit |
| | | | | , total Bracco mood during | | · · | | <u>, , , , , , , , , , , , , , , , , , , </u> | · ···· | 7 -0.01 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82962 | Glucose blood test | No | \$ 4 | 5.55 | \$ 3.89 | \$ 61.82 | \$32.81 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83018 | Heavy metal quant each nes | No | \$ 17 | 2.97 | \$ 19.76 | \$ 498.96 | \$129.06 | Per Unit |
| | | | | Blood Test - Blood Glucose Control | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83036 | (Hemoglobin A1C) | No | \$ 7 | 1.27 | \$ 8.74 | \$ 95.94 | \$53.18 | Per Unit |
| | | | | | | | | | | 4 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83088 | Assay of histamine | No | \$ 7 | 5.84 | \$ 26.58 | \$ 218.76 | \$56.59 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83518 | Immunoassay dipstick | No | \$ 14 | 7.09 | \$ 6.55 | \$ 424.29 | \$109.75 | Per Unit |
| , | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83540 | Blood Test - Iron Level | No | \$ 5 | 1.90 | \$ 9.06 | \$ 75.77 | \$40.28 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83605 | Assay of lactic acid | No | \$2 | 7.44 | \$ 10.41 | \$ 58.05 | \$20.47 | Per Unit |
| | | | | Blood Test - Lipase (fat enzyme) | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83690 | Level | No | \$6 | 9.47 | \$ 6.20 | \$ 93.51 | \$51.83 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83735 | Assay of magnesium | No | Ş 5 | 3.82 | \$ 9.38 | \$ 78.56 | \$41.78 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83880 | Assay of natriuretic peptide | No | \$ | 172.55 | \$ 35.3 | 3 \$ | \$ 232.27 | \$128.75 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84100 | Assay of phosphorus | No | \$ | 61.73 | \$ 6.6 | 4 \$ | \$ 87.67 | \$47.29 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84132 | Assay of serum potassium | No | \$ | 43.23 | \$ 6.6 | 6 \$ | 62.65 | \$33.40 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84132 | Assay of serum potassium | No | \$ | 43.23 | \$ 6.6 | 6 \$ | 62.65 | \$33.40 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84144 | Assay of progesterone | No | \$ | 52.59 | \$ 18.7 | 7 5 | 96.68 | \$39.24 | Per Unit |
| , , , | | | | | | | | | - | | | |
| | | | | Blood Test - Prostate Specific | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84153 | Antigen (PSA) Level | Yes | \$ | 74.21 | \$ 25.7 | 5 5 | 116.68 | \$59.62 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84154 | PSA (prostate specific antigen) | Yes | \$ | 106.34 | \$ 16.5 | 5 4 | 5 143.15 | \$79.35 | Per Unit |
| Laboratory & Fathology Services | | CFT | 04134 | i sa (prostate specific antigen) | 163 | Y | 100.34 | ý 10.5 | | , 143.13 | <i>\$15.55</i> | T CT Offic |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 8/192 | Protein western blot test | No | \$ | 382.72 | \$ 18.7 | 6 5 | 588.80 | \$285.57 | Per Unit |
| casoratory & ratiology services | | GET | 04102 | i rotein western blot test | NU | ~ | 302.72 | y 10.7 | J 7 | , 300.00 | 9203.31 | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84205 | Assay of serum sodium | No | \$ | 42.10 | \$ 4.3 | 3 5 | 56.67 | \$31.41 | Per Unit |
| Laboratory & Pathology Services | | CPT | 04275 | Assay of Seruin Souluin | No | > | 42.10 | ə 4.3 | 5 3 | 0.07 | 331.41 | rei Ullit |
| | | | | Dised Test. Thursday (Thursday) | | | | | | | | |
| Laboratoria 8 Dati - La Calif | Usersited Outpaties | | | Blood Test - Thyroxine (Thyroid | | | | é | | | 640 AD | Des Halt |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84439 | Chemical) Level, Free | No | \$ | 66.21 | \$ 8.1 | 2 \$ | \$ 89.13 | \$49.40 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Blood Test - Thyroid Stimulating | | | | a | | | 4 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | Hormone (TSH) Level | No | \$ | 64.07 | \$ 23.5 | 2 \$ | \$ 119.09 | \$51.20 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Blood Test - Thyroid Stimulating | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | Hormone (TSH) Level | Yes | \$ | 64.07 | \$ 23.5 | 2 \$ | \$ 119.09 | \$51.20 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84480 | Assay triiodothyronine (t3) | No | \$ | 96.31 | \$ 12.76 | \$ 129.65 | \$71.86 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84484 | Assay of troponin quant | No | \$ | 81.70 | \$ 10.26 | \$ 121.45 | \$60.96 | Per Unit |
| , ,, | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84702 | Chorionic gonadotropin test | No | \$ 1 | 25.77 | \$ 11.54 | \$ 169.31 | \$93.85 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85014 | Hematocrit | No | \$ | 26.95 | \$ 2.13 | \$ 36.27 | \$20.11 | Per Unit |
| | | | | | | | | | | | |
| | | | | Blood Test - Complete Blood Cell | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85025 | Count and Automated WBC | Yes | \$ | 77.98 | \$ 10.88 | \$ 112.06 | \$60.05 | Per Unit |
| | | | | | | | | | | | |
| | | | | Blood Test - Complete Blood Cell | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85027 | Count (Hemoglobin) | Yes | \$ | 60.79 | \$ 5.82 | \$ 81.83 | \$45.36 | Per Unit |
| | | | | | | | | | | | |
| Laboratoria B. Dathalana Camilana | Usersited Outputient | CDT | | | | ~ | 45.07 | ¢ | ¢ 05.50 | 624.20 | Devillet |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85240 | Clot factor viii ahg 1 stage | No | \$ | 45.97 | \$ 16.11 | \$ 95.56 | \$34.30 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Sonvices | Hospital Outpatient | СРТ | 85270 | Eibrin degrade semiguant | No | \$ | 53.57 | \$ 7.44 | \$ 72.11 | \$39.97 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CFI | 03378 | Fibrin degrade semiquant | 140 | ? | 33.37 | y 7.44 | <i>ų 12.</i> 11 | | rerunit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85610 | Blood Test - Clotting Time | Yes | \$ | 44.81 | \$ 6.01 | \$ 64.27 | \$34.23 | Per Unit |
| | and the second sec | | 50000 | | | · · | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85613 | Russell viper venom diluted | No | \$ | 24.61 | \$ 8.24 | \$ 70.98 | \$18.36 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85660 | RBC SICKLE CELL TEST | No | \$ | 53.32 | \$ 4.96 | \$ 71.77 | \$39.78 | Per Unit |
| | | | | | | | | | | | |
| | | | | Blood Test - Coagulation | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85730 | Assessment | Yes | \$ | 46.01 | \$ 5.41 | \$ 61.94 | \$34.33 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85732 | Thromboplastin time partial | No | \$ | 12.63 | \$ 5.82 | \$ 36.42 | \$9.42 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86140 | C-reactive protein | No | \$ | 48.49 | \$ 4.66 | \$ 65.28 | \$36.18 | Per Unit |
| | | | | | | | | | - | - | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86360 | T cell absolute count/ratio | No | \$ | 65.00 | \$ 42.28 | \$ 211.59 | \$48.50 | Per Unit |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86361 | T cell absolute count | No | \$ | 132.78 | \$ 24.10 | \$ 383.03 | \$99.08 | Per Unit |
| Laboratory & Fathology Scivices | nospital outpatient | | 80301 | | NO | Ŷ | 132.70 | <i>y</i> 24.10 | ÷ 303.03 | <i>\$55.00</i> | T CT Offic |
| | | | | | | | | | | | |
| Laboratory & Dathalam, Comisso | Upprited Outpatient | СРТ | 00421 | Dhaumataid fastar sugat | Ne | ~ | 52.70 | ć F 10 | \$ 70.95 | ¢20.22 | Devila |
| Laboratory & Pathology Services | Hospital Outpatient | CPI | 80431 | Rheumatoid factor quant | No | \$ | 52.70 | \$ 5.10 | \$ 70.95 | \$39.32 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Dathalany Constant | Usersited Outputient | CDT | | Combilia to stance there are l | | ~ | 27.04 | ¢ 2.04 | ¢ 50.00 | 620.22 | Day Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ | 37.81 | \$ 3.84 | \$ 50.90 | \$28.22 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ | 37.81 | \$ 3.84 | \$ 50.90 | \$28.22 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86611 | Bartonella antibody | No | \$ | 57.37 | \$ 9.16 | \$ 165.50 | \$42.81 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86615 | Bordetella antibody | No | \$ | 25.74 | \$ 11.87 | \$ 81.45 | \$19.21 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86651 | Encephalitis californ antbdy | No | \$ | 25.74 | \$ 11.87 | \$ 110.13 | \$19.21 | Per Unit |
| | | | - | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86652 | Encephaltis east eqne anbdy | No | \$ | 25.74 | \$ 11.87 | \$ 110.13 | \$19.21 | Per Unit |
| | - | | | | | 1 | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86653 | Encephaltis st louis antbody | No | Ś | 25.74 | \$ 11.87 | \$ 110.13 | \$19.21 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86654 | Encephaltis west eqne antbdy | No | \$ 25.3 | 74 | \$ 11.87 | \$ 110.13 | \$19.21 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86663 | Epstein-barr antibody | No | \$ 25.0 | 50 | \$ 11.81 | \$ 83.21 | \$19.10 | Per Unit |
| | | | | | | - | | · | - | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86677 | Helicobacter pylori antibody | No | \$ 30.0 | 58 | 5 15.13 | \$ 63.03 | \$22.89 | Per Unit |
| | | | 00077 | ······································ | | + | | | + | +===== | |
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| Laboratory & Pathology Services | Hernital Outpatient | СРТ | 00000 | Hepatitis delta agent antbdy | No | \$ 29.3 | 16 | 5 15.44 | \$ 50.98 | \$21.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86692 | Repatitis della agent antibuy | NO | \$ 29 | | 5 15.44 | \$ 50.96 | \$21.70 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | <u>.</u> | _ | | <u> </u> | ATO 40 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86698 | Histoplasma antibody | No | \$ 79.0 | 55 | \$ 12.41 | \$ 107.23 | \$59.43 | Per Unit |
| | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ 86.3 | 11 | \$ 10.85 | \$ 115.92 | \$64.25 | Per Unit |
| | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86705 | HEP B CORE ANTIBODY IGM | No | \$ 22.9 | 98 | \$ 10.59 | \$ 57.38 | \$17.15 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86706 | HEP B SURFACE ANTIBODY | No | \$ 98.9 | 98 | \$ 9.67 | \$ 133.25 | \$73.86 | Per Unit |
| | | | | | | | Τ | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86707 | Hepatitis be antibody | No | \$ 22. | 56 | \$ 10.41 | \$ 65.09 | \$16.84 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86708 | Hepatitis a antibody | No | \$ 22.3 | 71 | \$ 11.15 | \$ 56.71 | \$16.94 | Per Unit |
| | | | | | | | | - | | - | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86762 | Rubella antibody | No | \$ 78.3 | 19 | 5 12.95 | \$ 225.56 | \$58.34 | Per Unit |
| | | | | | | ÷ 70. | | | + | + | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86765 | Rubeola antibody | No | Ś 25.: | 14 | \$ 11.59 | \$ 72.53 | \$18.76 | Per Unit |
| Laboratory of Fathology Services | nospital Outpatiellt | UT I | 00/03 | nubeola antibouy | INU | y 25. | | , 11.59 | ۶ /2.53 | \$10.10 | rerunit |

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| <u>Service category</u> | <u>Service Setting</u> | Type | couc | Description | <u>Jervice</u> . | casirr | nee | charge | charge | charge | Estimate Type |
| | | | | 86769 - SARS-COV-2 COVID-19 | | | | | | | |
| | | | | | | | | • | A 442.07 | | S |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86769 | ANTIBODY | No | \$ | 51.48 | Ş - | \$ 112.07 | \$38.41 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86790 | Virus antibody nos | No | \$ | 25.14 | \$ 11.59 | \$ 76.53 | \$18.76 | Per Unit |
| | | | | | | | | | | | |
| | | | | Blood Test - Hepatitis C Antibody | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86803 | | No | \$ | 67.64 | \$ 12.84 | \$ 91.06 | \$50.47 | Per Unit |
| | | | | | | | | | | | |
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| Laboratory & Dathology Convices | Hernital Outpatient | СРТ | 00004 | Hon a sh tast confirm | No | \$ | 23.09 | \$ 13.94 | \$ 66.62 | \$17.23 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CFI | 00004 | Hep c ab test confirm | NO | ? | 23.09 | \$ 15.54 | ş 00.02 | \$17.25 | reronit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86850 | Rbc antibody screen | No | \$ | 20.32 | \$ 5.00 | \$ 66.92 | \$15.16 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86885 | Coombs test indirect qual | No | \$2 | 44.72 | \$ 5.65 | \$ 329.43 | \$182.60 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 1 | 98.99 | \$ 3.78 | \$ 267.88 | \$148.48 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 1 | 98.99 | \$ 3.78 | \$ 267.88 | \$148.48 | Per Unit |
| | | C . 1 | 00500 | biood typing scrologic and | | Ý - | 50.55 | <i>v</i> 3.70 | <i> </i> | | i ci onic |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86901 | Blood typing serologic rh(d) | No | \$ | 60.24 | \$ 3.78 | \$ 81.10 | \$44.95 | Per Unit |
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| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86901 | Blood typing serologic rh(d) | No | \$ | 60.24 | \$ 3.78 | \$ 81.10 | \$44.95 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86902 | BLOOD TYPE ANTIGEN DONOR EA | No | \$ | 5.82 | \$ 4.84 | \$ 383.37 | \$4.34 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86920 | COMPATIBILITY TEST SPIN | No | \$ 2 | 44.72 | \$ 13.44 | \$ 344.22 | \$182.60 | Per Unit |
| caser atory or actionogy services | nospital outputient | 9 11 | 00320 | COMPANDIENT LEST SPIN | 110 | Y 2 | | y 10.44 | y 377.22 | 9102.00 | i ci onit |

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| Service Category | Service Setting | <u>Type</u> | Code | Description | Service? | Cas | sh Price | Charge | | Charge | Charge_ | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87040 | Blood culture for bacteria | No | \$ | 133.90 | \$ 9.29 | \$ | 180.25 | \$99.91 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87070 | Bacterial Culture - Swab | No | \$ | 138.63 | \$ 7.76 | \$ | 186.61 | \$103.44 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87077 | Bacterial Culture - Aerobic Isolates | No | \$ | 60.43 | \$ 7.27 | \$ | 81.35 | \$45.09 | Per Unit |
| | | | | Test for Disease-Causing | | | | | | | | |
| | | | | (Pathogenic) Organisms, Not | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87081 | Limited to a Specific Condition | No | \$ | 81.17 | \$ 5.97 | \$ | 109.26 | \$60.56 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Urine Test - Bacterial Culture, | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87086 | Quantitative Colony Count | No | \$ | 82.16 | \$ 7.26 | \$ | 110.60 | \$61.30 | Per Unit |
| | | - | | | - | | | | · · | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87088 | Urine Test - Bacterial Culture | No | \$ | 15.80 | \$ 7.28 | Ś | 43.86 | \$11.79 | Per Unit |
| | | | 0.000 | | | + | | • | - | | , | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87110 | Chlamydia culture | No | \$ | 130.74 | \$ 17.64 | Ś | 175.99 | \$97.55 | Per Unit |
| Laboratory & Fathology Scruces | nospital outpatient | | 0/110 | | NO | Ŷ | 130.74 | Ş 17.04 | Ŷ | 175.55 | <i>Ş</i> 37.33 | |
| | | | | Evaluation of Antimicrobial Drug | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 97196 | (antibiotic, antifungal, antiviral) | No | \$ | 69.16 | \$ 7.79 | \$ | 93.10 | \$51.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CFT | 0/100 | (antibiotic, antifungal, antivital) | NU | 2 | 05.10 | \$ 1.15 | 2 | 55.10 | \$51.00 | Per Offic |
| | | | | | | | | | | | | |
| Laboratory & Dathalamy Convices | Hospital Outpatient | CDT | 07205 | Lab Tost Smoor for Microorganiam | Ne | \$ | 49.93 | \$ 3.84 | \$ | 67.21 | \$37.25 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87205 | Lab Test - Smear for Microorganism | No | ? | 49.93 | \$ 3.84 | > | 07.21 | 337.25 | rerunit |
| | | | | Lab Test. Detection test for | | | | | | | | |
| Laboratory 8 Datis 1 Cont | | CDT | | Lab Test - Detection test for | | | CO | ¢ | | | 647.00 | Developed: |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87340 | Hepatitis B Surface Antigen | No | \$ | 63.55 | \$ 9.30 | \$ | 85.55 | \$47.42 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Lab Test - Detection test for HIV-1 | | Ι. | | | . | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87389 | and HIV-2 | No | \$ | 110.43 | \$ 21.67 | \$ | 148.66 | \$82.40 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87425 | Rotavirus ag ia | No | \$ | 37.44 | \$ 10.78 | \$ | 108.00 | \$27.94 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 07401 | Urine Test - Chlamydia | No | \$ 108 | .43 | \$ 31.58 | \$ 171.03 | \$80.91 | Per Unit |
| Laboratory & Pathology Services | | CPT | 0/491 | offile fest - chianiyula | NO | Ş 100 | .43 | \$ 51.56 | \$ 171.03 | 300.31 | rei oliit |
| | | | | Urine Test - Gonorrhoeae | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87591 | (Neisseria Gonorrhoeae Bacteria) | No | \$ 90 | .13 | \$ 31.58 | \$ 171.03 | \$67.25 | Per Unit |
| Laboratory & Pathology Services | nospital Outpatient | CPT | 0/391 | (Neissena Gonornoeae Bacteria) | NO | \$ 90 | .15 | \$ 51.56 | \$ 1/1.05 | \$07.25 | Per Unit |
| | | | | 87635 - SARS-COV-2 COVID-19 | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 07625 | AMP PRB | No | \$ 53 | .36 | \$ - | \$ 136.48 | \$39.82 | Per Unit |
| Laboratory & Pathology Services | | CPT | 0/035 | | NO | ə 55 | .30 | ş - | \$ 130.48 | 333.8Z | rei Ullit |
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| Laboratory & Dathalamy Comvises | Upperited Outpetient | СРТ | 07700 | Detect eccent uses due comp | | \$ 90 | .13 | \$ 31.58 | \$ 171.03 | \$67.25 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87798 | Detect agent nos dna amp | No | \$ 90 | .15 | \$ 51.56 | \$ 1/1.05 | \$07.25 | Per Unit |
| | | | | Lab Test - Detection test for | | | | | | | |
| Laboratory & Dathalamy Comvises | Upperited Outpetient | СРТ | 87804 | Influenza Virus | Ne | \$ 37 | | ć 10.92 | \$ 70.50 | ¢20.69 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87804 | Innuenza virus | No | Ş 37 | .58 | \$ 19.82 | \$ 70.50 | \$30.68 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Dathology Convices | Hospital Outpatient | СРТ | 07000 | Strep Test (Streptococcus, group A) | No | \$ 101 | .56 | \$ 19.87 | \$ 143.48 | \$72.27 | Per Unit |
| Laboratory & Pathology Services | nospital Outpatient | CPT | 87880 | Strep Test (Streptococcus, group A) | No | \$ 101 | .30 | \$ 15.67 | ə 145.40 | \$12.21 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Dathology Convices | Hernitel Outpatient | СРТ | 00105 | Flowcytometry/tc add-on | No | \$ 68 | .81 | s - | \$ 120.30 | \$51.34 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 66165 | Flowcytometry/tc add-on | No | 2 00 | .01 | ş - | \$ 120.50 | \$51.54 | Per Unit |
| | | | | Immunization Administration First | | | | | | | |
| Vaccinations | Physician Office | СРТ | 00460 | | No | \$ 40 | .10 | \$ 11.68 | \$ 75.93 | \$23.01 | Per Unit |
| vaccinations | Physician Office | CPT | 90400 | Component | NU | ə 40 | .10 | \$ 11.00 | \$ 75.55 | \$25.01 | Per Unit |
| | | | | Immunization Administration Each | | | | | | | |
| Vaccinations | Physician Office | СРТ | 90/61 | Additional Component | No | \$ 25 | .13 | \$ 10.49 | \$ 38.51 | \$11.67 | Per Unit |
| Vaccillations | | CFI | 50401 | | NU | ې د ک | .13 | y 10.45 | | 911.07 | |
| | | | | | | | | | | | |
| Vaccinations | Hospital Outpatient | СРТ | 00/71 | Immunization Administration | No | \$ 44 | .49 | \$ 7.02 | \$ 81.80 | \$56.20 | Per Unit |
| vaccinations | | CPT | 90471 | | NU | - | .43 | Ş 7.02 | 2 01.0U | 330.20 | rerunit |
| | | | | Immunization Administration Each | | | | | | | |
| Vaccinations | Hospital Outpatient | СРТ | 00/72 | Additional Component | No | \$ 12 | .56 | ¢ | \$ 38.51 | \$21.04 | Per Unit |
| | | CPT | 50472 | Additional Component | NU | ə 12 | .50 | ş - | ə 38.51 | Ş∠1.U4 | Fer Unit |
| | | | | | | | | | | | |
| Vaccinations | Hermital Outpatient | СРТ | 00054 | OV HDV Vassing 2/2 Dags | Ne | \$ 142 | 22 | é 0.55 | \$ 227.93 | \$100.00 | Dor Unit |
| Vaccinations | Hospital Outpatient | CPT | 90051 | 9V HPV Vaccine 2/3 Dose | No | ə 142 | .32 | \$ 9.56 | \$ 227.93 | \$106.20 | Per Unit |

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| | | | | Vaccine - Pneumococcal Conjugate | | | | | | |
| Vaccination He | lospital Outpatient | СРТ | 90670 | for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 345.21 | \$213.09 | Per Unit |
| | | | | Vaccine - Tetanus, Diptheria | | | | | | |
| | | | | Toxoids, and Acellular Pertussis | | | | | | |
| | | | | (Whooping Cough) for Injection | | | | | | |
| Vaccination He | lospital Outpatient | СРТ | 90715 | into Muscle | No | \$ 57.74 | \$ - | \$ 77.73 | \$43.08 | Per Unit |
| | | | | | | | | | | |
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| Evaluation & Management Services Pr | rotessional Services | СРТ | 90791 | Psychiatric Diagnostic Evaluation | No | \$ 308.81 | \$ 118.93 | \$ 198.74 | \$159.94 | Per Unit |
| | | | | | | | | | | |
| | | | | | | A A A A A | ÷ | A A A A A A A A A A | 470.07 | |
| Evaluation & Management Services Pr | rofessional Services | СРТ | 90832 | Psychotherapy - 30 Minutes | Yes | \$ 88.03 | \$ 57.92 | \$ 99.25 | \$79.07 | Per Unit |
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| | | | | | | A | <u> </u> | <u>.</u> | 6405 FC | |
| Evaluation & Management Services Pr | rofessional Services | СРТ | 90834 | Psychotherapy - 45 Minutes | Yes | \$ 116.77 | \$ 77.37 | \$ 132.34 | \$105.56 | Per Unit |
| | | | | | | | | | | |
| Evaluation & Management Services Pr | refersional Services | СРТ | 00027 | Develotherapy 60 Minutes | Vez | \$ 174.90 | \$ 116.00 | \$ 198.22 | \$157.90 | Per Unit |
| Evaluation & Management Services Pr | rolessional services | CPI | 90837 | Psychotherapy - 60 Minutes | Yes | \$ 174.90 N/A No | \$ 110.00 | 5 198.22 N/A No | \$157.90 N/A No | Per Unit |
| | | | | | | Service | | Service | Service | |
| Evaluation & Management Services Pr | rofessional Services | СРТ | 00946 | Family psytx w/o pt 50 min | Yes | Volume | \$ - | Volume | Volume | Per Unit |
| Evaluation & Management Services Fi | | Cri | 30040 | | 103 | volume | | volume | volume | |
| | | | | | | | | | | |
| Evaluation & Management Services Pr | rofessional Services | СРТ | 90847 | Psychotherapy - Family Session | Yes | \$ 146.15 | \$ 97.13 | \$ 166.18 | \$131.82 | Per Unit |
| | | | 50047 | | | N/A No | ÷ 57.15 | N/A No | N/A No | |
| | | | | | | Service | | Service | Service | |
| Evaluation & Management Services Pr | rofessional Services | СРТ | 90853 | Psychotherapy - Group Session | Yes | Volume | \$ - | Volume | Volume | Per Unit |
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| Medicine Speech Therapy Ho | lospital Outpatient | СРТ | 92507 | SPEECH/HEARING THERAPY | No | \$ 52.00 | \$ 17.40 | \$ 251.43 | \$38.80 | Per Unit |
| | | | | - | - | | | | | |
| | | | | Electrocardiogram, routine, with | | | | | | |
| Medicine Cardiovascular Pr | rofessional Services | СРТ | 93000 | interpretation and report | Yes | \$ 36.27 | \$ 28.12 | \$ 95.52 | \$25.53 | Per Unit |
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| Service Setting | Туре | Code | Description | Service? | Ca | ish Price | 9 | Charge_ | | Charge_ | Charge | Estimate Type |
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| Hospital Outpatient | CDT | 02017 | CARDIOVASCI II AR STRESS TEST | No | ć | 471 40 | ć | 61.00 | ć | 624 57 | ¢251 72 | Per Unit |
| nospital outpatient | CPT | 93017 | CARDIOVASCOLAR STRESS TEST | NU | ? | 471.40 | ş | 01.00 | ş | 034.37 | 3331.73 | Per Unit |
| | | | | | | | | | | | | |
| Hospital Outpatient | СРТ | 93306 | Tte w/doppler complete | No | Ś | 1.404.83 | Ś | 322.26 | Ś | 1.593.05 | \$790.45 | Per Unit |
| | | 33366 | | 110 | Ŷ | 2,404100 | Ŷ | 522.20 | Ŷ | 1,000100 | <i><i>Q</i>730143</i> | |
| | | | Insertion of catheter into left heart | | | | | | | | | |
| Hospital Outpatient | СРТ | 93452 | | Yes | \$ | 8,847.45 | \$ | 579.93 | \$ | 12,920.92 | \$1,949.09 | Case Rate |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Hospital Outpatient | СРТ | 93971 | Extremity study | No | \$ | 240.64 | \$ | 92.64 | \$ | 400.67 | \$189.35 | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Hospital Outpatient | СРТ | 95044 | Allergy patch tests | No | \$ | 189.82 | \$ | - | \$ | 1,229.53 | \$141.6 <mark>3</mark> | Per Unit |
| | | | | | 1 | N/A No | 1 | N/A No | | N/A No | N/A No | |
| | | | | | 5 | Service | S | Service | | Service | Service | |
| Hospital Outpatient | СРТ | 95810 | Sleep study | Yes | <u>۷</u> | /olume | V | /olume | | Volume | Volume | Per Unit |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Hospital Outpatient | СРТ | 96402 | | No | Ş | 110.26 | Ş | 66.86 | Ş | 196.20 | \$82.27 | Case Rate |
| | | | | | | | | | | | | |
| | CDT | 07022 | | N | ~ | 24.20 | | 12.50 | ~ | 50.00 | 622.22 | Development to |
| Hospital Outpatient | СРГ | 97032 | minutes | NO | > | 31.26 | Ş | 12.56 | Ş | 59.90 | \$23.33 | Per Unit |
| | | | Physical Therapy - Ultrasound | | | | | | | | | |
| Hospital Outpatient | СРТ | 97035 | | No | s | 26.92 | s | 11.95 | Ś | 40.29 | \$20.08 | Per Unit |
| | | 57035 | | NU | Ý | 20.72 | Ŷ | 11.55 | Ý | 40.25 | 920.00 | . c. onic |
| | | | | | | | | | | | | |
| | | | Physical Therapy - Therapeutic | | | | | | | | | |
| Hospital Outpatient | СРТ | 97110 | | Yes | \$ | 88.74 | \$ | 17.40 | \$ | 119.46 | \$66.22 | Per Unit |
| • •• •• •• •• | | | | | Ľ | | | | | | | |
| | | | Physical Therapy - Neuromuscular | | | | | | | | | |
| Hospital Outpatient | СРТ | 97112 | | No | \$ | 69.93 | \$ | 26.14 | \$ | 104.78 | \$52.18 | Per Unit |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient | Hospital Outpatient CPT Hospital Outpatient CPT | Service SettingTypeCodeHospital OutpatientCPT93017Hospital OutpatientCPT93306Hospital OutpatientCPT93452Hospital OutpatientCPT93971Hospital OutpatientCPT95044Hospital OutpatientCPT95810Hospital OutpatientCPT96402Hospital OutpatientCPT97032Hospital OutpatientCPT97031Hospital OutpatientCPT97031 | Service SettingTypeCodeDescriptionHospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTHospital OutpatientCPT93306Tte w/doppler completeHospital OutpatientCPT93452Insertion of catheter into left heart for diagnosisHospital OutpatientCPT93971Extremity studyHospital OutpatientCPT95044Allergy patch testsHospital OutpatientCPT95810Sleep studyHospital OutpatientCPT95810Sleep studyHospital OutpatientCPT95810Sleep studyHospital OutpatientCPT95810Sleep studyHospital OutpatientCPT95810Sleep studyHospital OutpatientCPT97032Therapy - Manual Electrical Stimulation Therapy, 15 minutesHospital OutpatientCPT97035Physical Therapy - Ultrasound TherapyHospital OutpatientCPT97100ExercisesHospital OutpatientCPT97100ExercisesHospital OutpatientCPT97100Physical Therapy - Neuromuscular | Service SettingTypeCodeDescriptionService?Hospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTNoHospital OutpatientCPT93306Tte w/doppler completeNoHospital OutpatientCPT93452Insertion of catheter into left heart for diagnosisYesHospital OutpatientCPT93971Extremity studyNoHospital OutpatientCPT93971Extremity studyNoHospital OutpatientCPT95044Allergy patch testsNoHospital OutpatientCPT95040Sleep studyYesHospital OutpatientCPT96402Chemo hormon antineopl sq/imNoHospital OutpatientCPT97032minutesNoHospital OutpatientCPT97032Physical Therapy - Manual Electrical Stimulation Therapy, 15 Therapy - UltrasoundNoHospital OutpatientCPT97035Physical Therapy - Ultrasound Therapy - NeuromuscularNoHospital OutpatientCPT97035Physical Therapy - NeuromuscularYes | Service SettingCode TypeDescriptionRequired ShoppableDiscriptionHospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTNo\$Hospital OutpatientCPT9306Tte w/doppler completeNo\$Hospital OutpatientCPT93452Insertion of catheter into left heart for diagnosisYes\$Hospital OutpatientCPT93971Extremity studyNo\$Hospital OutpatientCPT93971Extremity studyNo\$Hospital OutpatientCPT95044Allergy patch testsNo\$Hospital OutpatientCPT95100Sleep studyYes\$Hospital OutpatientCPT95100Sleep studyNo\$Hospital OutpatientCPT96402Chemo hormon antineopl sq/imNo\$Hospital OutpatientCPT97032Physical Therapy - Manual Electrical Stimulation Therapy, 15No\$Hospital OutpatientCPT97035Physical Therapy - UltrasoundNo\$Hospital OutpatientCPT97035Physical Therapy - NeuromuscularNo\$ | Service SettingCode TypeCodeDescriptionRequired Shoppable Service?Discounted Cash PriceHospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTNo\$ 471.40Hospital OutpatientCPT9306Tte w/doppler completeNo\$ 1,404.83Hospital OutpatientCPT93452Insertion of catheter into left heart for diagnosisYes\$ 8,847.45Hospital OutpatientCPT93971Extremity studyNo\$ 240.64Hospital OutpatientCPT9504Allergy patch testsNo\$ 189.82Hospital OutpatientCPT95010Sleep studyYes\$ 001000Hospital OutpatientCPT95010Sleep studyNo\$ 110.26Hospital OutpatientCPT95020Chemo hormon antineopl sq/im minutesNo\$ 110.26Hospital OutpatientCPT97032Physical Therapy - Manual Electrical Stimulation Therapy, 15No\$ 31.26Hospital OutpatientCPT97032Physical Therapy - Ultrasound TherapyNo\$ 26.92Hospital OutpatientCPT97035Physical Therapy - Therapeutic ExercisesYes\$ 88.74Hospital OutpatientCPT97035Physical Therapy - Therapeutic ExercisesYes\$ 88.74 | Service SettingCode TypeCodeDescriptionRequired ShopableDiscounted Cash PriceMe Service?Hospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTNo\$471.40\$Hospital OutpatientCPT9306Tte w/doppler completeNo\$1,404.83\$Hospital OutpatientCPT9305Insertion of catheter into left heart for diagnosisYes\$8,847.45\$Hospital OutpatientCPT93971Extremity studyNo\$240.64\$Hospital OutpatientCPT95044Allergy patch testsNo\$189.82\$Hospital OutpatientCPT95010Sleep studyYesNo\$10.26\$Hospital OutpatientCPT95010Sleep studyYesNo\$110.26\$Hospital OutpatientCPT95020Chemo hormon antineopl sq/imNo\$110.26\$Hospital OutpatientCPT97032minutesMonual Electrical Stimulation Therapy.15No\$31.26\$Hospital OutpatientCPT97032Physical Therapy - UltrasoundNo\$31.26\$Hospital OutpatientCPT97032Physical Therapy - UltrasoundNo\$31.26\$Hospital OutpatientCPT97032Physical Therapy - UltrasoundNo\$31.26\$Hospital OutpatientCPT97032Physical Therapy - Therapeut | Service SettingCodeCodeDescriptionRequired ServiceDiscountedMinimum Nepotiated Cash PriceMinimum Nepotiated Cash PriceHospital OutpatientCPT9307CARDIOVASCULAR STRESS TESTNo\$ 471.40\$ 61.00Hospital OutpatientCPT9336Tte w/doppler completeNo\$ 1,404.83\$ 3222.26Hospital OutpatientCPT9345Insertion of catheter into left heart for diagnosisYes\$ 8,847.45\$ 579.93Hospital OutpatientCPT93971Extremity studyNo\$ 240.64\$ 92.64Hospital OutpatientCPT93971Extremity studyNo\$ 240.64\$ 92.64Hospital OutpatientCPT9504Allergy patch testsNo\$ 190.26\$Hospital OutpatientCPT9504Seep studyNo\$ 100.26\$\$Hospital OutpatientCPT9504Seep studyNo\$\$\$Hospital OutpatientCPT9504Seep studyNo\$\$\$Hospital OutpatientCPT9503Seep studyNo\$\$\$Hospital OutpatientCPT9503Chemo hormon antineopl sq/mNo\$\$\$Hospital OutpatientCPT9703Chemo hormon antineopl sq/mNo\$\$\$Hospital OutpatientCPT9703Physical Therapy - UltrasoundNo\$\$ | Service SettingCode TypeDescriptionRequired Shoppable ServiceDiscounted ChargeMinimum Negotiated ServiceMinimum ServiceMinimum Negotiated ServiceMinimum S | Local Service SettingLocal TypeLocal CodeDescriptionRequired ShoppableDiscounted Cash PriceMinimum Negotiated ChargeHospital OutpatientCPT9307CARDOVASCULAR STRESS TESTNo\$ 471.40\$ 61.00\$ 634.57Hospital OutpatientCPT9336Te w/doppler completeNo\$ 1404.83\$ 322.26\$ 1,593.05Hospital OutpatientCPT9345Insertion of catheter into left heart for diagnosisYes\$ 8,847.45\$ 579.93\$ 12,920.92Hospital OutpatientCPT9397Extremity studyNo\$ 240.66\$ 92.66\$ 400.67Hospital OutpatientCPT9504Allergy patch testsNo\$ 189.8\$\$ 1,929.05Hospital OutpatientCPT9504Allergy patch testsNo\$ 189.8\$\$ 1,020.8Hospital OutpatientCPT9504Allergy patch testsNo\$ 189.8\$\$ 1,020.8Hospital OutpatientCPT9504Allergy patch testsNo\$ 100.6\$\$ 100.60Hospital OutpatientCPT9504Allergy patch testsNo\$ 100.6\$\$\$Hospital OutpatientCPT9504Allergy patch testsNo\$\$\$\$Hospital OutpatientCPT9504Allergy patch testsNo\$\$\$\$\$Hospital OutpatientCPT95032Allergy patch tests <td>Service SettingCodeCodeDescriptionRequired Shopable Shopable ShopableDisconted Science (Cash Price)Minimum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum ScienceMaximum Negetitated (ChargeMaximum ScienceMaximum Negetitated (ChargeMaximum ScienceMaximum S</td> | Service SettingCodeCodeDescriptionRequired Shopable Shopable ShopableDisconted Science (Cash Price)Minimum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (Charge Science)Maximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum Negetitated (ChargeMaximum ScienceMaximum Negetitated (ChargeMaximum ScienceMaximum Negetitated (ChargeMaximum ScienceMaximum S |

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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cas | sh Price | Cr | harge_ | | Charge_ | Charge_ | Estimate Type |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97140 | Physical Therapy - Manual Therapy | No | \$ | 56.20 | \$ | 23.73 | \$ | 93.92 | \$41.94 | Per Unit |
| | | | | | | - | | - | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Low Complexity | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97161 | Evaluation | No | \$ | 168.06 | \$ | 71.97 | \$ | 252.78 | \$125.40 | Per Unit |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Moderate | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97162 | Complexity Evaluation | No | \$ | 62.40 | \$ | 71.97 | \$ | 252.78 | \$46.56 | Per Unit |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - High Complexity | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97163 | Evaluation | No | \$ | 168.06 | \$ | 71.97 | \$ | 252.78 | \$125.40 | Per Unit |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | | | | | | | | | 40.000 | |
| Rehabilitation | Hospital Outpatient | СРТ | 97164 | Physical Therapy - Re-Evaluation | No | \$ | 113.34 | Ş | 48.67 | \$ | 170.97 | \$84.57 | Per Unit |
| | | | | | | | | | | | | | |
| Medicine Occupational Therapy | Hospital Outpatient | СРТ | 07165 | OT EVAL LOW COMPLEX 30 MIN | No | \$ | 180.88 | ć | 77.05 | \$ | 245.32 | \$134.96 | Per Unit |
| Medicine Occupational merapy | nospital outpatient | CFT | 57105 | OT EVAL LOW COMPLEX SUMMY | NU | Ŷ | 100.00 | , | 77.05 | Ŷ | 243.32 | Ş134.30 | rei onit |
| | | | | | | | | | | | | | |
| Medicine Occupational Therapy | Hospital Outpatient | СРТ | 97166 | OT EVAL MOD COMPLEX 45 MIN | No | \$ | 62.40 | Ś | 72.00 | Ś | 245.32 | \$46.56 | Per Unit |
| | | | 5.200 | | | + | | ŕ | | Ŧ | | 7 | |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Therapeutic | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97530 | Activities | No | \$ | 92.45 | \$ | 17.40 | \$ | 124.45 | \$68.98 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Self-care or | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97535 | Home Management Training | No | \$ | 68.89 | \$ | - | \$ | 109.03 | \$51.40 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Evaluation & Management Services | Protessional Services | СРТ | 99024 | Postop follow-up visit | No | \$ | - | \$ | - | \$ | 14.27 | \$0.00 | Per Unit |
| | | | | | | | | | | | | | |
| Fundantion 8 Management Comission | Professional Company | CDT | 00202 | Office Main New Petient Miner | Ne | ~ | 107.02 | ~ | 00.24 | | 200.00 | ¢c0 72 | Dev Unit |
| Evaluation & Management Services | Protessional Services | CPT | 99202 | Office Visit - New Patient, Minor | No | \$ | 167.93 | > | 90.34 | \$ | 200.08 | \$60.73 | Per Unit |

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| Service Category | Service Setting | <u>Type</u> | <u>Code</u> | Description | Service? | Cash Pric | <u>e</u> | Charge_ | Charge_ | Charge_ | Estimate Type |
| | | | | | | | | | | | |
| | | | | Office Visit - New Patient, Low | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99203 | Complexity | Yes | \$ 182 | .06 | \$ 132.54 | \$ 273.99 | \$92.21 | Per Unit |
| | | | | | | | | | | | |
| | | | | Office Visit - New Patient, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99204 | Moderate Complexity | Yes | \$ 250 | .69 | \$ 177.01 | \$ 432.49 | \$157.88 | Per Unit |
| | | | | | | | | | | | |
| | | | | New patient office of other | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99205 | outpatient visit, typically 60 min | Yes | \$ 448 | .04 | \$ 156.38 | \$ 553.76 | \$204.35 | Per Unit |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99212 | Office Visit - Basic | No | \$ 58 | .74 | \$ 46.41 | \$ 133.24 | \$30.55 | Per Unit |
| 5 | | | | | | | | | | | |
| | | | | Office Visit - Established Patient, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99213 | Low Complexity | No | \$ 99 | .67 | \$ 81.71 | \$ 201.59 | \$62.14 | Per Unit |
| | | | | | | + | | , | , | | |
| | | | | Office Visit - Established Patient, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99214 | Moderate Complexity | No | \$ 151 | .19 | \$ 140.90 | \$ 279.47 | \$95.55 | Per Unit |
| | | C | | | | · | | + 1.0100 | + | + | |
| | | | | Office Visit - Established Patient, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 00215 | High Complexity | No | \$ 315 | 97 | \$ 192.33 | \$ 385.34 | \$134.64 | Per Unit |
| Evaluation & Management Services | Froiessional Services | CFT | 33213 | The complexity | NU | Ş 313 | .07 | Ş 152.55 | Ş 385.54 | Ş134.04 | reronit |
| Professional Services Associated | | | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 00222 | Subsequent hospital care | No | \$ 159 | 00 | \$ 50.60 | \$ 111.92 | \$87.62 | Per Unit |
| with inpatient stay | FIORESSIONAL SELVICES | CPT | 33725 | | NU | à 123 | .00 | ş 50.60 | ş 111.92 | 301.02 | rerunit |
| | | | | Dationt office consultation | | | | | | | |
| Evolution 8 Monormout Continue | Duefessional Comisso | CDT | 00242 | Patient office consultation, | Mar | ¢ 212 | 42 | ¢ | \$ 142.18 | ¢110 F0 | Devilait |
| Evaluation & Management Services | Professional Services | СРТ | 99243 | typically 40 min | Yes | \$ 212 | .43 | \$- | \$ 142.18 | \$118.59 | Per Unit |
| | | | | | | | | | | | |
| | | | | Patient office consultation, | | | | <u>,</u> | | A400.00 | |
| Evaluation & Management Services | Protessional Services | СРТ | 99244 | typically 60 min | Yes | \$ 338 | .80 | \$- | \$ 226.38 | \$188.98 | Per Unit |
| | | | | | | | | | | | |
| | | | | Emergency Department Visit - | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99281 | Minor (outpatient) | No | \$ 230 | .81 | \$ 74.98 | \$ 689.88 | \$500.68 | Case Rate |
| | | | | | | | | | | | |
| | | | | Emergency Department Visit - Low | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99282 | Complexity (outpatient) | No | \$ 430 | .38 | \$ <u>93.5</u> 2 | \$ 1,114.22 | \$800.28 | Case Rate |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Ca | ash Price | C | harge | | Charge | Charge | Estimate Type |
| | | | | | | | | | | | | | |
| | | | | Emergency Department Visit - | | | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99283 | Moderate Complexity (outpatient) | No | \$ | 932.99 | \$ | 182.62 | \$ | 2,714.83 | \$1,275.19 | Case Rate |
| | | | | | | | | - | | | - | | |
| | | | | Emergency Department Visit - | | | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99284 | Higher Complexity (outpatient) | No | \$ | 2,400.69 | Ś | 270.43 | Ś | 4,475.48 | \$1,787.12 | Case Rate |
| | | •••• | | | | • | _, | * | | ÷ | ., | +=,: 0::== | |
| | | | | Emergency Department Visit - High | | | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 00285 | Complexity (outpatient) | No | \$ | 3,149.91 | ¢ | 458.20 | Ś | 5,806.95 | \$2,424.79 | Case Rate |
| Emergency Room visit | nospital outpatient | CFT | 33283 | complexity (outpatient) | NO | <i>•</i> | 3,143.31 | Ŷ | 430.20 | 7 | 3,800.55 | <i>32,424.13</i> | case nate |
| | | | | Emergency Department Visit - | | | | | | | | | |
| En anna an Daona Misit | Usersited Outputient | | | | | ~ | 47.000.04 | | 435 50 | ~ | 6 200 07 | 642 200 70 | Course Dates |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99291 | Critical Care (outpatient) | No | > | 17,860.61 | Ş | 425.50 | \$ | 6,308.07 | \$13,390.79 | Case Rate |
| | | | | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99381 | Younger than 1 Year Old | No | \$ | 156.75 | \$ | - | \$ | 225.38 | \$94.32 | Per Unit |
| | | | | Office Visit - Comprehensive | | | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, 1- | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99382 | 4 Years Old | No | \$ | 163.82 | \$ | - | \$ | 236.91 | \$100.27 | Per Unit |
| | | | | Office Visit - Comprehensive | | | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, 5- | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99383 | 11 Years Old | No | \$ | 170.96 | \$ | - | \$ | 413.46 | \$106.28 | Per Unit |
| | | | | Office Visit - Comprehensive | | | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, 12- | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99384 | 17 Years Old | No | \$ | 193.58 | \$ | - | \$ | 280.75 | \$125.31 | Per Unit |
| | | | | Office Visit - Comprehensive | | , r | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, 18- | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 00205 | 39 Years Old | Yes | Ś | 187.80 | ¢ | 59.23 | ć | 347.60 | \$120.44 | Per Unit |
| Evaluation & management services | | | 33303 | Office Visit - Comprehensive | 162 | Ş | 101.00 | ş | 55.25 | ş | 347.00 | Ş120.44 | reronit |
| | | | | | | | | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | | | | |
| | | | | and Management, New Patient, 40- | | | | | or | | 4 969 75 | | B 11 11 |
| Evaluation & Management Services | Protessional Services | CPT | 99386 | 64 Years Old | Yes | \$ | 217.32 | \$ | 91.72 | Ş | 1,293.56 | \$146.11 | Per Unit |

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| | | | | | | | | | | |
| To Search for a service Click "CTRL" | | | | | | | | | | |
| + "F" | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | CMS | | De-Identified | De-Identified | Payer- | |
| | | | | | Required | | Minimum | Maximum | Specific | |
| | | Code | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| | | | | and Management, Younger than 1 | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | | Year Old | No | \$ 141.19 | \$ - | \$ 267.83 | \$86.13 | Per Unit |
| | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | | and Management, 1-4 Years Old | No | \$ 150.93 | \$ - | \$ 305.91 | \$94.32 | Per Unit |
| | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99393 | and Management, 5-11 Years Old | No | \$ 150.44 | \$ - | \$ 305.91 | \$94.32 | Per Unit |
| | | | | | | | - | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99394 | and Management, 12-17 Years Old | No | \$ 165.14 | \$ - | \$ 398.57 | \$106.28 | Per Unit |
| | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99395 | and Management, 18-39 Years Old | No | \$ 168.81 | \$ 37.07 | \$ 304.60 | \$109.37 | Per Unit |
| | | | | | | | | | | |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99396 | and Management, 40-64 Years Old | No | \$ 180.12 | \$ 64.57 | \$ 429.79 | \$118.89 | Per Unit |
| | | | | | | | | | | |
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| | | | | | | | | | Service Not | |
| | | | | | | | | | Covered by | |
| Exablate | Hospital Outpatient | СРТ | 0398T | Focused Ultrasound | No | \$ 32,139.56 | \$ 11,272.90 | \$ 11,272.90 | Payer | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Vaccinations | Hospital Outpatient | СРТ | G0008 | Admin influenza virus vaccine | No | \$ 70.15 | \$- | \$ 126.95 | \$52.35 | Per Unit |
| | · · · · | | | | | | | | | |

| | | | | | | | | | Amount We Estimate You Will Owe * | |
|---|---------------------|--------------|-------|------------------------------|--|--------------------------|--|--|--|---------------|
| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | Code Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | De-Identified Minimum Negotiated Charge | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | Payer- Specific Negotiated Charge | Estimate Type |
| Vaccinations | Hospital Outpatient | СРТ | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$- | \$- | \$20.47 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | СРТ | G0277 | Hbot, full body chamber, 30m | No | \$ 773.99 | \$ 46.24 | \$ 1,424.46 | \$498.86 | Per Unit |
| Hospital Observation Per Hour | Hospital Outpatient | СРТ | G0378 | Hospital observation per hr | No | \$ 15,685.71 | \$ 605.00 | \$ 24,131.86 | \$3,880.00 | Per Unit |
| Evaluation & Management Services | Hospital Outpatient | СРТ | G0463 | Hospital outpt clinic visit | No | \$ 130.00 | \$ 74.02 | \$ 200.00 | \$97.00 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | G0480 | Drug test def 1-7 classes | No | \$ 476.03 | \$ - | \$ 732.35 | \$355.19 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J1071 | Inj testosterone cypionate | No | \$ 0.22 | \$ 0.03 | \$ 0.34 | \$0.17 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J1815 | Insulin injection | No | \$ 2.13 | \$ 0.78 | \$ 3.27 | \$1.59 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J7325 | Synvisc or synvisc-one | No | \$ 26.95 | \$- | \$ 89.11 | \$20.11 | Per Unit |
| Injections | Hospital Outpatient | СРТ | J9217 | Eligard | No | \$ 2,818.54 | \$- | \$ 4,336.21 | \$2,103.06 | Per Unit |