Humana Commercial Choice Point										
of Service	Last Updated: 12/7/2020									
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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate- Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Cons Boto
										Case Rate- Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$19,195.06	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$27,310.92	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions		A 05 747 00	4 007044	A 27 724 00	442 400	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ Zb,/4/.32	\$ 8,070.44	\$ 37,721.88	\$13,574.09	CPT/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
Hagnital Innations Store	Heavital Invetions	DBC	473	comorbid conditions or	V	ć 27.002.60	ć 10 133 71	ć (2 420 cc	617 225 56	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	⇒ 57,083.10	⇒ 10,123.74	\$ 62,430.00	\$17,325.51	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$59,868.17	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	¢ 0 EEQ Q0	\$ 38,996.68	\$39,505.79	CPT/HCPCS
Hospital Inpatient Stay	Hospital Impatient	DNG	401	WAJOR JOINT W CC	NO	\$ 45,051.15	\$ 6,555.56	30,330.08	339,303.79	CF1/HCFC3
										C D-t-
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$31,988.33	CPT/HCPCS
										Case Rate-
										Excluding
									1	Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45 467 21	\$ 9,438.20	\$ 41 283 64	\$39 346 63	CPT/HCPCS

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					<u>CMS</u>		De-Identified	De-Identified	Payer-	
					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426,74	\$ 43,066.25	\$29,510.51	CPT/HCPCS
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										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				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	\$7,920.06	CPT/HCPCS
										Case Rate-
										Excluding
						1				Professional
										Charges which
				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	\$14,402.78	CPT/HCPCS
										Case Rate-
										Excluding
						1				Professional
										Charges which
				DED BLOOD CELL DISORDERS W/O						
				RED BLOOD CELL DISORDERS W/O	_				*****	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$11,199.69	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$120,399.85	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$63,981.09	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$30,082.37	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$3,901.00	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	\$3,901.00	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	\$3,901.00	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	\$3,901.00	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	\$3,901.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,901.00	CPT/HCPCS
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										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,211.63	CPT/HCPCS
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										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$2,464.00	CPT/HCPCS
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										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$2,464.00	CPT/HCPCS
						-				
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$2,464.00	CPT/HCPCS
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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				VACINAL DELIVERY W/O						
8.6 - 4 4.5 - 4.5	Hamitaal Innations	DDC	000	VAGINAL DELIVERY W/O	B1 -	¢ 0.040.43	ć 2.464.00	ć 24.277.74	ć2 4C4 00	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$2,464.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$2,464.00	CPT/HCPCS
										Case Rate-
										Excluding
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										Charges which
Inpatient Rehabilitation Hospital										are paid by
	In continue Dala dell'Anni del Unioni dell'		0.45	DELLA DILLITATIONI M. CC (NACC		21/2	ć 44 FF2 00	ć 44.553.00	21/2	CPT/HCPCS
Stay	Inpatient Rehabilitation Hospital	DKG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CP1/HCPC3
									1	
										Case Rate-
									1	Excluding
										Professional
									1	Charges which
Inpatient Rehabilitation Hospital									1	are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
									1	
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						E29/ Charces				
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Excluding
										Professional
				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	N/A	CPT/HCPCS
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										Cons Boto
										Case Rate-
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										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10.435.00	\$ 10,435.00	N/A	CPT/HCPCS
impatient skinea itaising	inpution okinea reasing	DING	300		140	нул	ŷ 10)433.00	7 10,433.00	i i y z	Ci i/iici co
										Case Rate-
										Excluding
										Professional
				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	N/A	CPT/HCPCS
		23	301	,,		,//	,17-1100	7 2,474.00	.915	.,
										C D-t-
										Case Rate-
										Excluding
										Professional
										Charges which
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	Non-Par	CPT/HCPCS
		23	2.0103				+,552.75	+ 1,552175		
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
July 1	Hoopital	DINO	210207	rentiator support > 50 flours	110	11/7	9 37,703.24	9 31,103.24	NOII-I ul	5. 1/1101 03

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
						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		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
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						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
Doard	impatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	INO	Dieiii	3 227.70	\$ 850.00	Dieiii	Day
						F30/ Ch				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$594 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$1,763.14	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$1,778.44	Case Rate
				2007.5				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$871.54	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10082	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,037.46	Case Rate
nospital Outpatient Procedure	nospitai Outpatient	CPT	13003	DY PLEAST TOT IESIGII AS IIIIAR	140	3,032.42	301.25 ب	2,304.30 ب	91,037.40	Case nate

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Service Category Service Setting Removal of 1 or more breast Hospital Outpatient Procedure Hospital Outpatient CPT 19120 Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) Hospital Outpatient Procedure Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$1,243,48 \$395.00 \$2,581.00 \$1,448.94 Case Ra N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Hospital Outpatient Procedure Hospital Outpatient CPT 29821 Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy- Diagnostic No \$449.87 \$135.86 \$1,978.02 \$891.31 Case Ra			Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
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Hospital Outpatient Procedure Hospital Outpatient CPT 19120 growth, open procedure Yes Volume \$ - \$ - Volume Case Ra Injections Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$ 370.58 \$ 182.39 \$ 1,461.73 \$860.38 Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$ 1,448.94 Case Ra N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Ra Arthroscopic Knee Surgery Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) Yes Volume \$ - \$ - Volume Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra					Removal of 1 or more breast						
Injections Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$ 370.58 \$ 182.39 \$ 1,461.73 \$860.38 Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$1,448.94 Case Ra N/A No Service Volume \$ - \$ - Volume Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Ra Arthroscopic Knee Surgery Ves Volume \$ - \$ - Volume Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) Yes Volume \$ - \$ - Volume Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra	Hospital Outpatient Procedure	Hospital Outpations	CDT	10130		Vac		ė	ć		Casa Bata
Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$1,448.94 Case Ra N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) CPT 29881 (outpatient) CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CPI	19120	growth, open procedure	res	volume	, -	3 -	volume	Case Rate
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Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$1,448.94 Case Ra N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (Outpatient) CPT 29881 (Outpatient) CPT 29881 (Outpatient) CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra											
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Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume N/A No Service Volume N/A No Service Volume N/A No Service N/A No Service N/A No Service N/A No Service Volume N/A No Service Volume Case Ra N/A No Service Volume Ves Volume Frocedure Hospital Outpatient CPT 29881 (outpatient) Ves Volume Ves Volume N/A No Service Volume Service Volume Case Ra Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra											
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Hospital Outpatient Procedure Hospital Outpatient Hospital Outpatient Hospital Outpatient CPT Hospital	Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,448.94	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Ra N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra							N/A No			N/A No	
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Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) CPT 29881 (outpatient) CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra		•									
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Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$891.31 Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CDT	20221		Voc		ė .	ė .		Case Rate
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Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$966.03 Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CPI	315/5	Laryngoscopy - Diagnostic	NO	\$ 449.87	\$ 135.86	\$ 1,978.02	\$891.31	case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$966.03 Case Ra											
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$966.03 Case Ra											
	Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	-	\$ 288.54	\$ 1,852.06		Case Rate
N/A No							N/A No			N/A No	
Tonsillectomy with Adenoidectomy Service Service Service					Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Yes Volume \$ - \$ - Volume Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Upper Gastrointestinal Endoscopy -					Upper Gastrointestinal Endoscopy -						
	Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235		Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$979.97	Case Rate
		*	1		_						
Upper Gastrointestinal Endoscopy -					Upper Gastrointestinal Endoscopy -						
	Hospital Outpatient Procedure	Hospital Outpatient	CPT	43230		Ves	\$ 125934	\$ 372.00	\$ 2 229 48	\$1 273.61	Case Rate
165 Y 1/25/37 Y 3/25/37 V 1/25/37 Case na			C. 1	73233		163	y 1,233.34	7 372.00	- 2,223.40	γ1,273.01	Jase Hate
Colonoscopy Disposatio					Colonoscony Digaractic						
Colonoscopy - Diagnostic	Uit-l Outtit B	Hannital Outuntions	CDT	45270		V	6 2447.00	ć 225.70	¢ 2.220.00	64 246 24	Corre Boto
Hospital Outpatient Procedure Hospital Outpatient CPT 45378 (outpatient) Yes \$ 2,117.86 \$ 335.79 \$ 2,220.88 \$1,346.31 Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CPI	453/8	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,346.31	Case Rate
Colonoscopy - With Biopsy											
Hospital Outpatient Procedure Hospital Outpatient CPT 45380 (outpatient) Yes \$ 3,082.66 \$ 343.06 \$ 4,110.45 \$1,370.89 Case Ra	Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,370.89	Case Rate

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Jervice Category	<u> </u>	туре	coue	Description	Service:	Casii File	Charge	Charge	Charge	Littiliate Type
				Colonescono Mith Dolon Domescol						
				Colonoscopy - With Polyp Removal		A 2247.00			44 455 00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,455.22	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,045.22	Case Rate
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Hespital Outpatient Bresedure	Hospital Outpationt	CDT	40440	Diaco gostrostomy tubo noro	No	\$ 3,111.60	¢ 44E 12	¢ 2.166.61	¢1 112 24	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,112.24	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,285.74	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$804.80	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$915.74	Case Rate
·	· ·							. ,	·	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,262.87	Case Rate
- Cop. ta. Output circ i roccutic		-	33.30	Surgical removal of prostate and	103	N/A No	N/A No	N/A No	N/A No	Just Hate
						-		Service		
Haspital Outpatient Bressday	Hospital Outpoticat	CDT	FFOCC	surrounding lymph nodes using an	V	Service	Service		Service	Casa Pota
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$889.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$803.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$894.30	Case Rate
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Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?			Mi Ne	inimum gotiated	Ν	/laximum_	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$827.29	Case Rate
Professional Services	СРТ	59400	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	Yes	\$	4,496.21	\$	242.00	\$	3,278.48	\$2,696.73	Case Rate
			-			-				-		
Professional Services	СРТ	59410		No	\$	2,230.06	\$	133.91	\$	1,625.81	\$1,328.87	Case Rate
Professional Services	CDT	E0E10		Voc	ė	4 966 56	ċ	246.05	ċ	2 610 12	\$2 977 01	Case Rate
Froressional Services	CFI	39310		163	Y	4,500.50	7	240.03	7	3,013.13	32,377.01	Case Nate
	l		delivery after prior cesarean									
	l		delivery including pre-and post-									
Professional Services	СРТ	59610	•	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,822.34	Case Rate
	l											
Harrist Contrasticus	657		_			4 055 40	,	270.22	_	4 000 20	Ć4 024 72	C D-4-
Hospital Outpatient	СРІ	62322		Yes	\$	1,055.18	\$	3/9.33	>	1,880.39	\$1,834.73	Case Rate
			· ·									
Hospital Outpatient	СРТ	62323	_	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$1,857.82	Case Rate
			Injections of anesthetic and/or			,			•	,		
			steroid drug into lower or sacral									
			spine nerve root using imaging									
Hospital Outpatient	СРТ	64483	guidance	Yes		•	\$	358.46	\$	1,980.49		Case Rate
			Domestic of a construction of the								-	
Hospital Outpatient	CDT	66921	•	Voc			ċ		ć	_		Case Rate
nospital Outpatient	CFI	00021	ichis capsule using laser	163			Y		ب	-		cuse nate
			Removal of cataract with insertion								Service	
Hospital Outpatient	СРТ	66984	of lens	Yes	Vo	olume	\$	-	\$	-	Volume	Case Rate
			1		l							
	Professional Services Professional Services Professional Services Professional Services Professional Services Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Professional Services CPT Professional Services CPT Professional Services CPT Professional Services CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT	Type Code	Type Code Description	Code Description Required Shoppable Service?	Code Type Code Description Shoppable Service? Cast	Code Type Code Description Service Discounted Shoppable Service Cash Price Cash Price	Code Type Code Description Service Discounted Shoppable Discounted Service Cash Price C	Code	Mospital Outpatient CPT 59025 Fetal Non-Stress Test No \$ 260.79 \$ 118.53 \$ 18.53	Code Description Service Ser	Code Description Service Ser

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Service Category	Service Setting	Type	Code	Description	Service?	C	ash Price	<u>c</u>	harge		Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	Ś	127.22	Ś	1,318.18	\$522.63	Per Unit
								,		•	,		
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$522.63	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	\$542.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$522.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$566.53	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$566.53	Per Unit
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$675.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$715.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$35.06	Per Unit
							<u> </u>						
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$45.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$59.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$537.70	Per Unit

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Samisa Catagoni	Samina Catting		Codo	Description		Cash Price				Estimata Tuna
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				CT Scan - Chest, with Contrast						
Dadialam: Caminas	Hamital Outpations	CDT	71200	· · · · · · · · · · · · · · · · · · ·		ć 1 440 F2	¢ 200.70	ć 2.024.00	ĆE42.07	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/1260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$542.07	Per Unit
Padiatana Cambaa	Uit-l Outtit	CDT	74275	Ct an air annulus ab a at	NI -	ć 4.03E.6E	ć 226.40	ć 2.002.27	ć=70 02	Day Haite
Radiology Services	Hospital Outpatient	СРТ	/12/5	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$570.03	Per Unit
De dielem Comitee	Uit-l Outtit			V David Nach Cambrida Carina		ć 454.65	ć 27.02	ć 204.42	652.77	Day Haite
Radiology Services	Hospital Outpatient	СРТ	/2040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$53.77	Per Unit
D 11 1 0 1				V D		A 254.54	A 33.03	å 222.00	444.40	
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$44.12	Per Unit
			70400	V.D		400.50	A 27.00	A 255.42	450.77	
Radiology Services	Hospital Outpatient	СРТ	/2100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$53.77	Per Unit
				v 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
De dielem Comitee	Uit-l Outtit		70440	X-Ray, lower back, minimum four	.,	ć 242.64	ć 53.00	ć 204.02	ćc0 20	Day Haite
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$69.28	Per Unit
			70405	s		4 450 07	400.00	4 770 00	4500.00	
Radiology Services	Hospital Outpatient	СРТ	/2125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$529.99	Per Unit
									4	
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$540.70	Per Unit
Padialana Cambana	Uit-l O-ttit	CDT		Character and a surface of the second state of		¢ 4.045.00	6 204 73	6 2440.40	ĆE 42 45	Dan Haite
Radiology Services	Hospital Outpatient	СРТ	/2127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$543.15	Per Unit
				a		4 500 55	400.55	4 005 00	45.40.75	
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$540.70	Per Unit
		05-							45.45.55	5
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$540.70	Per Unit
L									4	
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$542.83	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				AADI ALEGY COLAIE AV (O. DVE		A 444 04	4 252 22		4675.60	
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$675.69	Per Unit
									4	
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$675.69	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$39.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$56.88	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$537.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$710.27	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$44.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$38.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$46.85	Per Unit
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$44.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$40.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$43.86	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$40.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$56.46	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$42.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$50.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$670.02	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	\$ 129.58	\$ 37.77	\$ 197.91	\$65.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$ 29.51	\$ 189.38	\$49.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266.82	\$48.08	Per Unit
1 107 11 125	p in a specific									2 2 3
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$ 36.52	\$ 351.25	\$56.58	Per Unit
3, 50		- · ·	75552	The contraction of the contracti		÷ 200.00	÷ 55.52	7 332123	755.55	
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	\$43.74	Per Unit
The division of the control of the c	Trospital Outputient	CFT	73330	A ray exam or lower leg	140	233.02	9 32.40	9 321.40	Ç-3.7-	. c. ome
Padiology Sonders	Hospital Outpations	CDT	72600	V DAV EVAM OF ANIVIE	No	\$ 191.55	ć 21.00	¢ 270.00	\$4E 21	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/3000	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278.60	\$45.21	Per Unit
De dielem Comitee	Uit-l O-ttit	CDT	72640	V Day Andre (autoritions)		ć 220.05	A 25 72		ĆEO 46	Double to
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311.14	\$50.16	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$ 29	.81	\$ 262.21	\$39.42	Per Unit
		C	75020		110	_		,		+	700112	
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$ 33	.95	\$ 289.60	\$46.97	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 134	.01	\$ 1,400.92	\$529.99	Per Unit
8,		<u> </u>	70700			-		,		, ,,,,,,,,,	752555	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 246	.65	\$ 1,828.36	\$669.33	Per Unit
	- Сорган Сагран	<u> </u>	70722	The transfer (Caspaners)		-		·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$ 28	.31	\$ 189.76	\$40.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$ 142	.38	\$ 1,446.99	\$539.29	Per Unit
										, ,		
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 207	.86	\$ 2,144.29	\$549.50	Per Unit
										, ,		
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 286	.79	\$ 3,568.86	\$570.35	Per Unit
<u>.</u>								-		-		
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$ 286	.79	\$ 3,568.86	\$570.35	Per Unit
	_											
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$ 56	.38	\$ 563.71	\$135.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$ 79	.34	\$ 578.01	\$214.95	Per Unit
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$ 59	.00	\$ 323.39	\$509.28	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price_	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$168.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$119.46	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$171.97	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$128.10	Per Unit
Radiology Services	nospital Outpatient	CFI	70703	Oltrasouna - Abuommai, Emiteu	NO	7	327.33	7 40.03	3 372.20	\$120.10	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	Ć150.04	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$158.94	Per Unit
B. B. a. b. a. see that A. D. a. Utanama	Hamital Cotastiant		75004	OR LIG + 4.4 NAVES CINICIE EFFLIC		_	204 57	ć 00.0E	ć 20C 27	Ć4 CE OC	Des Heis
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$165.26	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$193.92	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$226.00	Per Unit
						1					
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$114.62	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$155.37	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$156.90	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$115.42	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76024	MIDDLE CEREBRAL ARTERY ECHO	NI-	\$	370.14	\$ 88.69	\$ 391.69	\$123.75	Per Unit
Radiology Services	Hospital Outpatient	CPI	76821	WIIDDLE CEREBRAL ARTERY ECHO	No	ş	370.14	\$ 66.03	\$ 391.09	\$125.75	Per Offit
				Illians and Tonin 1 11							
				Ultrasound - Transvaginal (non-		١.					
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$176.30	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$154.78	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$189.74	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$240.11	Per Unit
Radiology Services	nospital outpatient	CFT	77000	ivianimography or both breasts	163	٠	303.73	7 133.81	\$ 025.70	J240.11	rei oiiit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$195.88	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$56.98	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$45.27	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70/152	Myocardial Imaging (outpatient)	No	Ś	1,010.04	\$ 336.74	\$ 2,091.45	\$744.10	Per Unit
naulology services	nospital Outpatient	CPT	70432	in yocardiai iiiagiiig (outpatieiit)	INU	Ą	1,010.04	3 330.74	÷ 2,031.43	3744.10	rei Ollit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.33	\$21.57	Per Unit
				Blood Test - Comprehensive							
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$26.93	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Typ
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$27.45	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$22.13	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$20.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$127.39	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$8.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$7.13	Per Unit
				-						
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$5.74	Per Unit
				-						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$21.96	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$10.29	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$60.68	Per Unit
Laboratory & Fathology Jervices	Hospital Outpatient	CF I	32300	Diood 1631 - Vitaliili D-3 Level	110	7 100.74	20.04	7 234.00	700.00	. Cr Onit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Casn	Price	Charge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$28.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$25.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$8.92	Per Unit
Laboratory & Patriology Services	Tiospital Outpatient	CFT	82403	Assay blu/ serum cholesteror	NO	7	13.20	3.32	\$ 23.70	30.32	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$13.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$27.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$13.06	Per Unit
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				Blood Test - Vitamin B-12							
Laboratori & Dothologi Comices	Heavital Outrations	CDT	02607		81-		20.40	ć 12.57	ć 02.72	¢20.01	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$30.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$37.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$38.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$57.28	Per Unit
	proof waspasterit	1	52075			_	222	- 25.25	7 252.55	707120	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$30.55	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$34.76	Per Unit

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Laboratory & Dathology Convices	Hasnital Outpatient	CDT	02746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$30.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82/46	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 15.25	\$ 75.52	\$50.14	Per Offit
Laboratori & Dathalom Comicas	Hamital Outputions	CDT	02002	Blood sees our combination	No	ć 72.40	ć 20.17	ć 10C 1C	ĆE2 44	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$53.44	Per Unit
Laboratom P. Dathalam Comicae	Hamital Outpations	CDT	02047	Assert altrease blood attent	NI -	\$ 34.04	ć F.F1	\$ 49.42	\$10.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$10.03	Per Unit
Laboratani O Bathalani Candara	Harrital Costmations		02062	Characa blandana		ć 45.55	ć 3.00	ć (4.02	60.26	Dan Hait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$8.36	Per Unit
			00040			4 4 7 9 9 7	40.76	400.05	445.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$45.02	Per Unit
				Disad Test Disad Classes Control						
Laboratani O Bathalani Candara	Us anital Contractions		00000	Blood Test - Blood Glucose Control		ć 74.27	ć 0.74	ć 05.04	640.04	Day Heli
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$19.91	Per Unit
						4 75.04	4 25.50	A 240.75	450.54	
Laboratory & Pathology Services	Hospital Outpatient	CPT	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$60.54	Per Unit
									4.0	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$19.76	Per Unit
Laboratom, 9 Doth-l C	Heavital Outustinut	CD=	02546	Blood Test, June 1		6 54.00	6 0.00	6 75	616.50	Don He't
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$16.50	Per Unit
			0000-				40.55		400.70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$23.72	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$14.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$17.09	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$80.48	Per Unit
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Laboratoria O Dothologia Condess	Hamital Outputions	CDT	04400	Access of the curb cure	NI-	ć 64.73	6 664	ć 07.67	642.00	Devilleda.
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$12.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$12.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$12.14	Per Unit
Laboratory & Fathology Screeces	nospitai outpatient	Ci i	04132	Assay or scram potassium	140	7 43.23	ÿ 0.00	9 02.03	712.14	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$42.76	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$46.90	Per Unit
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Laboratori C Dathalami Camilana	Heavital Outrations	CDT	04454	DSA (prostate energica entiren)	W	ć 10C 24	6 10.55	ć 142.1F	¢27.70	Dou I Init
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$37.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$37.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$9.86	Per Unit
	- Promi a majoritaria	1		,	1		,	, 55.57	700	
				Plood Tost Thursding /Thursdin						
				Blood Test - Thyroxine (Thyroid					445.55	5 11 11
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$18.49	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$42.84	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Dathology Comices	Hespital Outpatient	CDT	04442		Vos	\$ 64.07	\$ 23.52	\$ 119.09	\$42.84	Dor I Init
Laboratory & Pathology Services	Hospital Outpatient	CPT	54443	Hormone (TSH) Level	Yes	\$ 64.07	γ 25.52	à 119.09	\$42.84	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96	.31	\$ 12.76	\$ 129.65	\$29.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/1/8/	Assay of troponin quant	No	\$ 81	.70	\$ 10.26	\$ 121.45	\$25.56	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	04404	Assay of troponin quant	NO	ý 01	.70	3 10.20	3 121.43	323.30	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125	.77	\$ 11.54	\$ 169.31	\$30.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26	.95	\$ 2.13	\$ 36.27	\$4.86	Per Unit
			-			T		,	7 33.2.	7	
				Blood Test - Complete Blood Cell							
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77	.98	\$ 10.88	\$ 112.06	\$19.82	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60	.79	\$ 5.82	\$ 81.83	\$13.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45	.97	\$ 16.11	\$ 95.56	\$36.70	Per Unit
Laboratory at ratheregy services	Troopital outputient	C	03240	crot ractor viii ang 2 stage	110	7 75		y 10:11	33.30	750.70	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53	.57	\$ 7.44	\$ 72.11	\$19.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44	.81	\$ 6.01	\$ 64.27	\$10.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24	.61	\$ 8.24	\$ 70.98	\$19.64	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53	.32	\$ 4.96	\$ 71.77	\$11.30	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46	.01	\$ 5.41	\$ 61.94	\$12.32	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.	63	\$ 5.82	\$ 36.42	\$13.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.	49	\$ 4.66	\$ 65.28	\$10.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.	00	\$ 42.28	\$ 211.59	\$96.31	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96261	T cell absolute count	No	\$ 132.	72	\$ 24.10	\$ 383.03	\$54.90	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	80301	T cell absolute count	IVO	ÿ 132.	70	24.10	3 383.03	\$54.50	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52.	70	\$ 5.10	\$ 70.95	\$11.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.	81	\$ 3.84	\$ 50.90	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.	81	\$ 3.84	\$ 50.90	\$8.75	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.	37	\$ 9.16	\$ 165.50	\$20.87	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00011	Dartonella antibody	140	y 37.	3,	ÿ J.10	7 105.50	920.07	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 25.	74	\$ 11.87	\$ 81.45	\$27.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	Ś 25.	74	\$ 11.87	\$ 110.13	\$27.04	Per Unit
Education y or i delibiogy services	Hoopital Outputient	U	30033	Encephantis stribuis untbody	140	y 23.	, –	7 11.07	y 110.13	727.07	. Cr Offic

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25.	74	\$ 11.87	\$ 110.1	3 \$27.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.	60	\$ 11.81	\$ 83.2	1 \$26.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.	68	\$ 15.13	\$ 63.0	3 \$34.54	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86602	Hepatitis delta agent antbdy	No	\$ 29.	16	\$ 15.44	\$ 50.9	8 \$35.18	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	80032	ricpatitis delta agent antody	140	y 25.	10	7 13.44	30.3	733.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.	65	\$ 12.41	\$ 107.2	3 \$28.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.	11	\$ 10.85	\$ 115.9	2 \$24.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.	98	\$ 10.59	\$ 57.3	8 \$24.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.	98	\$ 9.67	\$ 133.2	5 \$22.02	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.	56	\$ 10.41	\$ 65.0	9 \$23.72	Per Unit
Laboratory & Fathology Services	Trospital Outputient		30707	ricpatitis be untibody	140	y 22.	-	y 10.41	ÿ 33.0	723.72	. Cr Onic
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.	71	\$ 11.15	\$ 56.7	1 \$25.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78.	19	\$ 12.95	\$ 225.5	6 \$29.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$ 25.	14	\$ 11.59	\$ 72.5	\$26.40	Per Unit
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				05750 SARS COV 3 COVID 40						
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$86.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$26.40	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	1	No	\$ 67.64	\$ 12.84	\$ 91.06	\$29.25	Per Unit
		C	00000			V 07101	7	7 32.00	723.23	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$31.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$20.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$11.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$6.13	Per Unit
Laboratory at rathology services	Trospital Gatpatient	Ci i	00300	blood typing scrologic aso	110	Ų 130.33	ÿ 3.70	207.00	70.13	T CI OIIIC
			00000			400.00	4 2 70	4 257.00	45.42	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$6.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$6.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$6.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$13.02	Per Unit
			55562	THE PARTICLE PORON EA		y 3.02	7 7.04	- 303.37	Q13.02	. c. ct
Laboratoria O Both J. C. C.	Harrisal Order	CDT	00000	COMPATIBILITY TEST SELL					6265.00	Des Hett
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$265.29	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$21.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$17.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$16.56	Per Unit
	поориал сасрамено	C	0,0,,	Test for Disease-Causing	110	Ť		*	7 02.00	710.00	
				(Pathogenic) Organisms, Not							
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$13.59	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$16.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$16.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$40.18	Per Unit
Laboratory at rathology services	riospitai Gatpatient	C	07110	Cinamy and curear c	140	Ψ	130174	y 27104	7 273.55	ψ-10120	T CT OTHE
				Evaluation of Antimicrobial Drug							
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$17.73	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$8.75	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$ 85.55	\$21.18	Per Unit
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	Ś	110.43	\$ 21.67	\$ 148.66	\$49.36	Per Unit
			0.303		.40	7	110.73	- 21.07	7 140.00	Ç-3.30	. c. cc
Laboratory 0 Pott 1 Co. 1	Usersited Codeseti	CDT	07405	B-timi-			27.44	ć 40.75		624.75	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$24.56	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 1	108.43	\$ 31.58	\$ 171.03	\$71.93	Per Unit
				Urine Test - Gonorrhoeae		l .			l.		
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$71.93	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$136.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$71.93	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$42.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ 1	101.56	\$ 19.87	\$ 143.48	\$42.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$41.14	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$18.14	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$16.29	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$56.64	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$27.16	Per Unit
					-						
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 1	142.32	\$ 9.56	\$ 227.93	\$603.00	Per Unit

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				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$247.14	Per Unit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	CPT	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$84.41	Per Unit
									4	
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$167.68	Per Unit
						4 00 00	á == 00	4 00.05	400 74	
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$83.74	Per Unit
Evaluation & Management Commisses	Duefessional Compless	CDT	00024	Developher AF Minutes	Voc	\$ 116.77	ć 77.27	\$ 132.34	¢111 CC	Day Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$111.66	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00027	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$167.25	Per Unit
Lvaluation & Wanagement Services	Professional Services	CFI	30837	r sychotherapy - 00 lylinutes	res	N/A No	3 110.00	N/A No	N/A No	reronic
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Troicisional Scruces	CFT	30040	Turning payer w/o pe so mini	163	Volunic	7	Volunic	Volume	T CT OTHE
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$140.21	Per Unit
			300.7			N/A No	÷ 0,120	N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
<u> </u>										
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$137.01	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$21.45	Per Unit
				-						
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$102.04	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	<u>C</u>	ash Price	9	Charge		Charge	Charge	Estimate Type
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$407.94	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$895.37	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$1,517.02	Case Rate
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Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$216.88	Per Unit
										١.			
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82		-	\$	1,229.53	\$164.26	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service		Service		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	V	/olume		Volume	Volume	Per Unit
luturatur.	Usersited Contractions		05400	Share have a setiment of the		_	440.26	,	66.06	_	100 20	¢4.00.00	C D-t-
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	>	66.86	\$	196.20	\$166.69	Case Rate
Madisine Dhysical Madisine and				Physical Therapy - Manual									
Medicine Physical Medicine and Rehabilitation	Heavital Outrations	СРТ	07022	Electrical Stimulation Therapy, 15 minutes	No	\$	31.26	Ś	12.56	\$	59.90	\$25.61	Per Unit
Reliabilitation	Hospital Outpatient	CPT	37032	minutes	NO	ş	31.20	Ģ	12.50	Ş	59.90	\$25.01	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	Ś	11.95	Ś	40.29	\$24.76	Per Unit
		51.1	3,033		110	7	20.32	7	11.55	~		92-1170	
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	Ś	17.40	Ś	119.46	\$52.62	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$60.43	Per Unit
						ŕ		Ė		ŕ			
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$52.03	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash	Price	Charge		Charge	Charge	Estimate Type
Medicine Physical Medicine and												
Rehabilitation	Hospital Outpatient	СРТ	07140	Physical Therapy - Manual Therapy	No	\$	56.20	\$ 23.73	\$ \$	93.92	\$85.20	Per Unit
Reliabilitation	Hospital Outpatient	CPT	9/140	Priysical Therapy - Walluar Therapy	NO	7	30.20	\$ 23.73	, ,	33.32	363.20	rei oiiit
Medicine Physical Medicine and				Physical Therapy - Low Complexity								
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	\$ 71.97	Ś	252.78	\$146.73	Per Unit
Kellabilitation	Hospital Outpatient	CFT	37101	Evaluation	NO	7	100.00	\$ 71.37	, 3	232.76	3140.73	rei oiiit
Medicine Physical Medicine and				Physical Therapy - Moderate								
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	\$ 71.97	, ,	252.78	\$146.73	Per Unit
Tenasintation	Troopital Outputient	Ci i	37102	Complexity Evaluation	110	Ť	02140	V 72.57	7	232.70	Q140173	T CT OTHE
Medicine Physical Medicine and				Physical Therapy - High Complexity								
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$ 71.97	Ś	252.78	\$146.73	Per Unit
		-	37233			-		*	Ť		7=10110	
Medicine Physical Medicine and												
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	Ś	113.34	\$ 48.67	Ś	170.97	\$100.45	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$ 77.05	\$	245.32	\$155.36	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$ 72.00	\$	245.32	\$154.79	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$ 17.40	\$	124.45	\$66.95	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Self-care or				_			4	
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$ -	\$	109.03	\$102.64	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$ -	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	\$ 90.34	Ś	200.08	\$65.46	Per Unit
Evaluation & Management JefVices	i i oressional services	UFT	33202	Office visit - INEW Fatient, WillOf	140	Y	107.33	20.34	, 9	200.00	703.40	i ei oiiit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	<u>Discounted</u> Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Typ
Evaluation & Management Services	Professional Services	СРТ	99203	Office Visit - New Patient, Low Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$98.19	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$167.99	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 448.04	\$ \$ 156.38	\$ 553.76	\$219.51	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ \$ 46.41	\$ 133.24	\$33.37	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99213	Office Visit - Established Patient, Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$66.73	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99214	Office Visit - Established Patient, Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$102.91	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99215	Office Visit - Established Patient, High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$145.42	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ \$ 50.60	\$ 111.92	\$94.43	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$ \$-	\$ 142.18	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99244	Patient office consultation, typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.83	\$ 74.98	\$ 689.88	\$448.43	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	00292	Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	3 \$ 93.52	\$ 1,114.22	\$746.71	Case Rate
perior mooni visit	pitai Gatpaticiit	5.	33202	complexity (outpatient)	.40	7 730.30	7 33.32	T 1,117.22	Ψ. ¬0.7 ±	-use muce

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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	Ś	932.99	\$	182.62	\$	2,714.83	\$1,119.08	Case Rate
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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00294	Higher Complexity (outpatient)	No	\$	2,400.69	ć	270.43	\$	4,475.48	\$1,588.66	Case Rate
Emergency Room visit	nospital Outpatient	CFI	33204	righer complexity (outpatient)	INO	٦	2,400.03	ې	270.43	Ą	4,475.46	\$1,566.00	Case Nate
				For a service Demonstrate A Victor I Under									
				Emergency Department Visit - High			0.440.04		450.00			40.054.40	
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$2,851.43	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$24,935.11	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	Ś	156.75	Ś		\$	225.38	\$0.00	Per Unit
				Office Visit - Comprehensive		Ė		•		_		,	
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	СРТ	00202	4 Years Old	No	\$	163.82	ć		\$	236.91	\$0.00	Per Unit
Evaluation & Ivialiagement Services	Professional Services	CPT	33302	Office Visit - Comprehensive	INO	Ą	103.82	ې		Ą	230.91	30.00	rei Ollit
				-									
				Preventive Medicine Evaluation									
L				and Management, New Patient, 5-								4	
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	Ş	-	\$	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-		l .							
Evaluation & Management Services	Professional Services	CPT	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	CPT	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$92.68	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	СРТ	99386	64 Years Old	Yes	Ś	217.32	Ś	91.72	Ś	1,293.56	\$123.82	Per Unit
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				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.	19 9	-	\$	267.83	\$0.00	Per Unit
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				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.	93 5	-	\$	305.91	\$0.00	Per Unit
3							<u> </u>				•	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.	44 5	-	\$	305.91	\$0.00	Per Unit
											•	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.	14 5	-	\$	398.57	\$0.00	Per Unit
							Τ.					
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.	81 5	37.07	Ś	304.60	\$50.04	Per Unit
			-									
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.	12 5	64.57	\$	429.79	\$87.18	Per Unit
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Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.	56 5	11,272.90	\$	11,272.90	Payer	Case Rate
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Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.	15 5	-	\$	126.95	\$76.76	Per Unit
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Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$ -	\$	-	\$43.94	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$ 1,	424.46	\$387.21	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 1	15,685.71	\$ 605.00	\$ 24,	131.86	\$13,574.17	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$	200.00	\$112.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$ -	\$	732.35	\$234.58	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$	0.34	\$0.26	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$	3.27	\$2.46	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$	89.11	\$31.10	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$ -	\$ 4,	336.21	\$3,252.16	Per Unit