Humana Commercial ChoiceCare	Last Updated: 12/7/2020									
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	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
										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	\$18,709.31	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	\$55,057.48	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$27,364.70	CPT/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$34,927.38	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
										Case Rate-
										Excluding Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W MCC	No	\$ 69,180.99	¢ 12 275 95	\$ 48,933.51	\$41,963.19	are paid by CPT/HCPCS
Hospital Inpatient Stay		DKG	400		NU	\$ 05,180.55	\$ 12,575.65	\$ 46,555.51	341,903.19	CFT/HCFC3
										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	\$ 8,559.98	\$ 38,996.68	\$29,024.60	CPT/HCPCS
										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	\$22,872.96	CPT/HCPCS
										Case Rate-
										Excluding
										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	\$32,002.40	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Sonvice Setting		Codo	Description	Service?	Cash Price				Estimato Tuno
Service Category	Service Setting	Туре	<u>Code</u>	Description	Servicer	Casil Price	Charge_	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O						Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	404	CC/MCC	Ne	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$25,182.08	CPT/HCPCS
Hospital Inpatient Stay		DKG	494		No	\$ 54,101.05	\$ 7,420.74	\$ 45,000.25	\$25,162.06	CPT/HCPC5
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Innations Stay	Hospital Innationt	DRG	743	conditions or complications (MCC)	Vac	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$15,966.45	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$15,900.45	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	мсс	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$18,632.85	CPT/HCPCS
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ <b>12,941.86</b>	\$ 2,955.18	\$ 26,002.03	\$12,104.47	CPT/HCPCS

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					<u>CMS</u>		<b>De-Identified</b>	<b>De-Identified</b>	Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	<b>Negotiated</b>	Negotiated	<b>Negotiated</b>	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Innations Story	Hospital Inpatient	DRG		GRAFT OR INHAL INJ W CC/MCC	No	\$ 100 447 OF	¢ 21 620 28	\$ 150,000.00	\$86,121.50	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	920	GRAFT OR INHAL INJ W CC/WCC	INU	\$ 100,447.05	\$ 21,039.20	\$ 150,000.00	300,121.30	CPT/HCPC5
										Case Rate-
										Excluding
										Professional
										Charges which
				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	\$40,892.73	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3 301 83	\$ 50,000.00	\$26,862.83	CPT/HCPCS
nospital inputient stay	nospital inpatient		555		NU	÷ 21,250.22	ç 3,301.03	ç 30,000.00	<i>420,002.03</i>	
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59				CPT/HCPCS

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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
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	\$104,733.50	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	Νο	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$58,261.89	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	\$20,762.64	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	Νο	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$14,006.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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 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
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$29,817.01	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	\$14,530.37	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	\$11,933.48	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	\$23,834.98	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	\$14,534.54	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	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	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$12,597.99	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	\$2,603.84	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	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$11,994.65	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	Νο	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$11,994.65	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	\$14,467.81	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					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
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$9,859.30	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	\$8,713.77	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	<b>REHABILITATION W CC/MCC</b>	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
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	N/A	CPT/HCPCS
						5000 0				
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$1,351.80 Per	
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day

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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 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
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	Νο	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG		Respiratory system diagnosis w ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					<u>CMS</u>		De-Identified		Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per		\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						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
						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		Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
					-	-				
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$430.69	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$445.99	Case Rate
					-					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,439.54	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,605.46	Case Rate
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Consider Codeserve	Constant Contribution	Code	Carda	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	Telling to Tame
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	<u>Charge</u>	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	\$ -	\$-	Volume	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$1,428.38	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$2,016.94	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$-	\$ -	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	\$1,459.31	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$1,534.03	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	<b>\$</b> -	\$ -	Volume	Case Rate
			12020		100		<b>T</b>	<b>T</b>	, oranic	
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	13325	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,547.97	Case Rate
		Cri	43233	Sing to stre	105	φ 2,027.21	÷ 01.00	÷ 1,007.74	41,5 <b>41.51</b>	case nate
				Linner Gastreintestinal Endessenv						
Hospital Outpatient Press dura	Hospital Outpatient	COT	42220	Upper Gastrointestinal Endoscopy -	V	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$2,038.61	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	32,038.01	Case nate
				Colonador Diamantia						
				Colonoscopy - Diagnostic			A		40.444.04	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$2,111.31	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$2,135.89	Case Rate

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Service Category	Service Setting	<u>Type</u>	Code	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	\$2,220.22	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	\$10,300.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,680.24	Case Rate
						+ 0,111.00	•	+ 0,200.02	+_,	
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,362.74	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49303		Tes	\$ 5,007.05	Ş 470.56	\$ 15,040.05	<i>33,302.14</i>	Case Nate
Upperitel Outpetient Dressdurg	Upperitel Outpetient	COT	54700	Uning Consolity Management		\$ 97.04	¢	\$ 1,579.20	¢1 272 80	Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	Ş -	\$ 1,579.20	\$1,372.80	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,483.74	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	-	\$ 2,631.84	\$2,027.87	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	<b>58100</b>	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$1,457.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$1,371.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$1,462.30	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$1,395.29	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	Ş	242.00	Ş	3,278.48	\$2,696.73	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$1,328.87	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	<b>59510</b>	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$2,977.01	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	<b>59610</b>	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,822.34	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	\$937.33	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	Ś	305.01	\$	1,988.33	\$1,458.93	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	Ś	358.46	Ś	1,980.49	\$1,531.54	Case Rate
			0.400				N/A No	•	000140	7	_,	N/A No	
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes		Volume	Ś	_	\$	_	Volume	Case Rate
		CFI	00021	ichs capsule using lasel	162	_	N/A No	Ŷ		<b>ٻ</b>	-	N/A No	case nate
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Presedure	Hospital Outpatient	CDT			V			ć		ċ			Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	<u> </u>	Volume	\$	-	\$	-	Volume	Case Rate
												A	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$1,409.33	Case Rate

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$216.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$216.92	Per Unit
Padiata a Canica		CDT	70.000			¢ 2,220,66	é 207.70	¢	6507.44	Developit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$ 207.79	\$ 2,657.02	\$507.14	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$274.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$590.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$589.39	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$1,535.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$2,319.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$48.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$62.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$ 38.07	\$ 271.73	\$82.17	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$ 141.11	\$ 1,468.48	\$ <b>298.3</b> 1	Per Unit

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				CT Scan - Chest, with Contrast		Ι.							
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$383.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$600.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$75.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$61.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$75.25	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$	213.64	\$	52.80	\$	284.93	\$97.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$	1,750.92	\$303.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$383.95	Per Unit
		1				† ·						-	
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$	2,118.48	\$464.77	Per Unit
						Ľ							-
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	Ś	199.82	\$	1,805.90	\$387.41	Per Unit
						-	_,	*		Ŧ	_,	+	
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	s	260.86	\$	1,805.90	\$384.83	Per Unit
inductory scretces			12132		110	<b>Y</b>	1,310.43	Ý	200.00	~	1,000.00	990 <del>4</del> .09	i ci onic
Padialam Sanvisas	Hospital Outpatient	СРТ	72122	Ct lumbar sping w/g 8 w/dwg	No	Ś	1,904.42	è	201.00	\$	7 720 70	\$462 7F	Por Unit
Radiology Services	Hospital Outpatient	UFI	/2155	Ct lumbar spine w/o & w/dye	No	Ş	1,304.42	<b>?</b>	201.90	<b>?</b>	2,238.70	\$462.75	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	Ş	252.20	\$ 2,177	.11 \$1	,449.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	Ş	252.20	\$ 2,137	.12 \$1	,378.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$ 327	·.10 \$	55.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$ 264	.73 \$	79.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$ 2,142	.05 \$!	501.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$ 3,522	.33 \$2	,230.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$ 185	.92 \$	62.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$ 251	.93 \$	53.31	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$ 196	.92 \$	65.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$ 195	.82 \$	62.96	Per Unit
		1				L.							
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	Ś	25.07	\$ 191	.42 \$	56.07	Per Unit
		5				-	2.0.00	-		- 101	··· •		
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	¢	122.83	¢	26.72	\$ 154	02 6	61.59	Per Unit
Hadiology Scivices	nospital outpatient	UP I	13000	A DAT LAAM OF ELDOW	NU	<b>?</b>	142.03	Ŷ	20.72		, VL 3	01.33	i ci unit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	s	26.40	\$ 151.82	\$56.92	Per Unit
			73050		110	Ŷ	11/110	Ŷ	20140	ý 101.0L	Ç50.52	
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	s	30.72	\$ 196.19	\$80.53	Per Unit
			75110			Ŷ	150.52	Ŷ	50.72	<i>v</i> 150.15	<i></i>	
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	Ś	24.40	\$ 249.73	\$60.38	Per Unit
			75120			· ·		*		+	+++++++++++++++++++++++++++++++++++++++	
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	¢	32.72	\$ 198.42	\$71.06	Per Unit
Radiology Schrides		CFT	75150	X-Ruy - Hund	NO	Ý	151.54	Y	52.72	ý 150.42	\$71.00	
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	s	246.65	\$ 1,702.46	\$1,031.54	Per Unit
			75221			Ŷ	1,211102	Ŷ	240100	<i>y</i> 1,702.40	\$1,001.04	
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	Ś	37.77	\$ 197.91	\$92.46	Per Unit
						-		•		,		
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	Ś	29.51	\$ 189.38	\$69.70	Per Unit
						-		•		,		
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$ 266.82	\$68.12	Per Unit
		1						-			-	
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$ 351.25	\$80.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$ 321.48	\$61.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$ 278.60	\$63.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72610	X-Ray - Ankle (outpatient)	No	Ś	239.05	¢	25.72	\$ 311.14	\$71.06	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$55.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$66.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$301.77	Per Unit
naulology services	nospital outpatient	CFT	73700		NO	Ŷ	1,231.00	Ŷ	134.01	Ŷ	1,400.52	<i><b>J</b></i> <b>JJI</b> .//	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$1,178.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$56.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$274.04	Per Unit
Padialagy Convices	Hospital Outpatient	СРТ	74170	Ct abdoman w/a 8 w/dwa	Ne	\$	1,824.18	ć	207.86	Ś	2,144.29	\$572.36	Per Unit
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	<b>&gt;</b>	1,024.10	Ş	207.80	Ş	2,144.29	Ş372.30	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$658.67	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$658.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	Y-ray ym econhagus 1entret	No	\$	394.10	ć	56.38	\$	563.71	\$189.12	Per Unit
Radiology Services		CFI	74220	X-ray xm esophagus 1cntrst	INO	?	334.10	?	30.30	ş	505.71	<i>3103.12</i>	rerunit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$297.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$211.31	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Ca	sn Price	Charge	Charge_	Charge_	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76526	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$239.88	Per Unit
Radiology Services		CPT	70550	Oltrasound - Head and Neck	NO	2	400.02	\$ 76.75	\$ 560.50	3233.00	Per Offic
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$162.84	Per Unit
Radiology Services		CFI	70042	ontasound - breast (outpatient)	NU	2	152.00	<i>Ş</i> 76.52	\$ 249.30	3102.04	Per Offic
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$238.40	Per Unit
Natiology Services	nospital Outpatient	CFI	70700	onrasound - Abdominal, complete	Tes	~	501.45	Ş 51.05	Ş 433.80	J230.40	reronit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$178.11	Per Unit
Radiology Services		CPT	76705	onrasounu - Abuominai, Linnteu	NO	2	327.33	\$ 40.05	\$ 572.20	\$176.11	Per Offic
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.54	\$ 400.80	\$220.76	Per Unit
Waterinty/Denvery		CFI	70770	03 EAAW ABDO BACK WALL COMP	NU	2	430.38	\$ 70.34	ş 400.80	3220.70	Per Offic
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$223.91	Per Unit
indecimely, benefy			70001			Ŷ	001107	÷ 00.05	¢ 550127	Q220101	
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$266.98	Per Unit
			70005	(outputient)	103	Ÿ	507775	¢ 100.00	<i>v</i> 407110	\$200.50	
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$292.88	Per Unit
						<b>•</b>		+ 155.55	- 307.50	+LOLIGO	
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$156.27	Per Unit
		-				<u> </u>					-
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$212.57	Per Unit
						· ·					-
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$209.95	Per Unit
	· · · · · · · · · · · · · · · · · · ·				-	· ·					
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	Ś	407.39	\$ 97.44	\$ 398.34	\$154.48	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$154.48	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 8	88.69	\$ 391.69	\$168.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$ 9	8.63	\$ 463.90	\$247.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 7	0.34	\$ 408.50	\$215.73	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 10	)7.57	\$ 501.03	\$265.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 13	35.81	\$ 629.70	\$336.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 10	)9.22	\$ 504.02	\$275.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 5	6.29	\$ 393.45	\$80.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 3	3.80	\$ 171.64	\$63.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 33	36.74	\$ 2,091.45	\$1,065.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 1	1.84	\$ 221.33	\$26.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$	93.73	\$ 1	4.78	\$ 136.89	\$33.37	Per Unit

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Service Category Service Setting Code Type Code Description Required Shoppable Discounted Discounted Minimum Negotiated Maximum Negotiated Specific Negotiated   Service Category Service Setting Type Code Description Service? Cash Price Charge Charge Charge   Laboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes Volume Volume Volume Volume Volume	_Estimate Type
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Service Category Service Setting Code Type Code Description Required Shoppable Discounted Discounted Minimum Negotiated Maximum Negotiated Specific Negotiated   Service Category Service Setting Type Code Description Service? Cash Price Charge Charge Charge   Laboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes Volume Volume Volume Volume Volume	Estimate Type
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Service Category   Service Setting   Type   Code   Description   Service?   Cash Price   Charge	Estimate Type
Laboratory & Pathology Services Hospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes N/A No N/A No N/A No N/A No   Blood Test - Cholesterol Test, Lipid Blood Test - Cholesterol Test, Lipid Yes Volume Volume Volume Volume	Estimate Type
Laboratory & Pathology Services Hospital Outpatient CPT Blood Test - Pregnancy (Obstetric) Panel Yes Service Volume Service Volume Service Volume Service   Blood Test - Cholesterol Test, Lipid Image: Comparison of the service of the ser	
Laboratory & Pathology Services   Hospital Outpatient   CPT   80055   Panel   Yes   Volume   Volume   Volume   Volume   Volume     Image: Services   Image: Services   Image: Services   Image: Services   Image: Services   Volume   Volume<	
Blood Test - Cholesterol Test, Lipid	
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	Per Unit
Blood Test - Renal (Kidney)	
Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$27.43	Per Unit
Plead Test, Heartie (Hurst)	
Blood Test - Hepatic (Liver)	
Laboratory & Pathology Services Hospital Outpatient CPT 80076 Function Panel Yes \$ 146.77 \$ 11.44 \$ 205.84 \$25.82	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 80307 Drug test prsmv chem anlyzr No \$ 128.65 \$ 55.93 \$ 199.53 \$165.29	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 \$10.02	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 81002 Urine Test - Urinalysis, Manual Test Yes \$7.24 \$2.67 \$14.00 \$9.26	Per Unit
Urine Test - Automated without	
Laboratory & Pathology Services Hospital Outpatient CPT 81003 Microscope Yes \$ 10.40 \$ 3.16 \$ 11.25 \$7.12	Per Unit
	Devi Matt
Laboratory & Pathology Services Hospital Outpatient CPT 81025 Urine Test - Pregnancy No \$ 40.87 \$ 10.45 \$ 58.29 \$27.21	Per Unit
Laboratory & Pathology ServicesHospital OutpatientCPT82247Bilirubin totalNo\$41.02\$4.52\$\$5.22\$13.35	Per Unit
	1
Laboratory & Pathology Services Hospital Outpatient CPT 82306 Blood Test - Vitamin D-3 Level No \$ 188.74 \$ 26.64 \$ 254.08 \$78.74	i

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.1	1 \$	12.31	\$ 67.00	\$36.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.1	3\$	<b>11.09</b>	\$ 153.64	\$32.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.2	8 \$	3.92	\$ 23.76	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.7	0 \$	5.86	\$ 35.53	\$17.32	Per Unit
						-			-		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.1	4 \$	12.05	\$ 75.41	\$35.62	Per Unit
		-									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.5	o ś	7.17	\$ 70.25	\$16.18	Per Unit
			01000			·			7	,	
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.4	o ś	13.57	\$ 82.73	\$40.11	Per Unit
Laboratory & Fathology Scruces		CFT	02007	(cyanocobalanni) Level	NO	÷ 25.4	<b>v v</b>	13.37	<i>y</i> 02.73	<b>940.11</b>	T CT Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.4	n e	14.17	\$ 405.00	\$49.26	Per Unit
Laboratory & Pathology Services		CFI	32010	Cystatin C	NU	÷ 140.4	• •	14.17	÷ 403.00	343.20	rerunit
Laboratory & Pathology Sorvices	Hospital Outpatient	СРТ	93669	Assay of enthronoistin	No	\$ 36.6	e c	16.91	\$ 99.20	\$49.98	Per Unit
Laboratory & Pathology Services		CPT	02008	Assay of erythropoietin	No	ə 50.0	0 <b>2</b>	10.91	ə 55.20	343.30	rerunit
Laboratoria B. Dathalana Ca	Usersited Outputient	COT		A server of a star dial				25.45	¢ 453.00	674.00	Devillet
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.5	τŞ	25.15	\$ 152.33	\$74.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.2	9 \$	13.41	\$ 40.08	\$39.63	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Level	No	\$ 33.5	3 \$	19.09	\$ 96.63	\$43.08	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5\$	13.23	\$ 79.52	\$39.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.4	0\$	20.17	\$ 106.16	\$69.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$12.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.5	5\$	3.89	\$ 61.82	\$10.36	Per Unit
						+		0.00	+ 01.01	+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$58.41	Per Unit
									,		
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$25.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$78.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.0	9\$	6.55	\$ 424.29	\$25.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$20.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$30.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.4	7 \$	6.20	\$ 93.51	\$18.33	Per Unit
			55550			÷ 00.4		0.20	- 55.51	<b>410.00</b>	
Laboratory & Dath-Ism: Comit	Upper ital Quate ationst	CDT	02725	A company of many strengt	N -	¢		0.00	é 70.50	624.47	Des Linit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	ə 53.8	2 \$	9.38	\$ 78.56	\$21.17	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$ 232.27	\$104.43	Per Unit
			00000			+		+	+	<b>710</b> 0	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	0/100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$ 87.67	\$14.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	04100		NO	Ş	01.75	\$ 0.04	\$ 67.07	\$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$15.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$15.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$	52.59	\$ 18.77	\$ 96.68	\$55.49	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$	74.21	\$ 25.75	\$ 116.68	\$58.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/15/	PSA (prostate specific antigen)	Yes	\$	106.34	\$ 16.55	\$ 143.15	\$48.92	Per Unit
Laboratory & Fathology Scruces	nospital outpatient	CFT	04134	i sk (prostate specific antigen)	163	Ŷ	100.34	ý 10.55	y 145.15	940.52	T CT OTITE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18.76	\$ 588.80	\$48.55	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4.33	\$ 56.67	\$12.79	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$	66.21	\$ 8.12	\$ 89.13	\$23.99	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$	64.07	\$ 23.52	\$ 119.09	\$53.09	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	Ś	64.07	\$ 23.52	\$ 119.09	\$53.09	Per Unit
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aboratory & Pathology ServicesHospital OutpatientCPT8444Assay of troponin quantNo\$81.70\$10.26\$121.45\$33.17Per Unitaboratory & Pathology ServicesHospital OutpatientCPT84702Chorionic gonadotropin testNo\$125.77\$11.54\$169.31\$40.03Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85014HematoritNo\$26.95\$2.13\$36.27\$6.30Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85014HematoritNo\$26.95\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85025Count and Automated WBCYes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85020Clot factor vili and 1 stageNo\$45.97\$16.11\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$533.57\$7.44\$72.11\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHosp													
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aboratory & Pathology Services   Hospital Outpatient   CPT   84702   Chorionic gonadotropin test   No   \$   125.77   \$   11.54   \$   169.31   \$40.03   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85220   Clot factor viii ang 1 stage   No   \$   45.97   \$   16.11   \$   95.56   \$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85276   Fibrin degrade semiquant   No   \$   53.57   \$   7.4	Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	Ş	96.31	\$ 12.7	6	\$ 129.65	\$37.72	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   84702   Chorionic gonadotropin test   No   \$   125.77   \$   11.54   \$   169.31   \$40.03   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85220   Clot factor viii ang 1 stage   No   \$   45.97   \$   16.11   \$   95.56   \$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85276   Fibrin degrade semiquant   No   \$   53.57   \$   7.4													
aboratory & Pathology Services   Hospital Outpatient   CPT   84702   Chorionic gonadotropin test   No   \$   125.77   \$   11.54   \$   169.31   \$40.03   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85220   Clot factor viii ang 1 stage   No   \$   45.97   \$   16.11   \$   95.56   \$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85276   Fibrin degrade semiquant   No   \$   53.57   \$   7.4													
aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85240   Clot factor viii ahg 1 stage   No   \$   53.57   \$   7.44   \$	Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	Ş	81.70	Ş 10.2	6 9	ş 121.45	\$33.17	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85240   Clot factor viii ahg 1 stage   No   \$   53.57   \$   7.44   \$													
aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85014   Hematocrit   No   \$   26.95   \$   2.13   \$   36.27   \$6.30   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85025   Count and Automated WBC   Yes   \$   77.98   \$   10.88   \$   112.06   \$24.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85240   Clot factor viii ahg 1 stage   No   \$   53.57   \$   7.44   \$													
Aboratory & Pathology ServicesHospital OutpatientCPT85025Blood Test - Complete Blood Cell Scount and Automated WBCYes\$77.98\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count and Automated WBCYes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85240Clot factor viii ang 1 stageNo\$\$45.97\$16.11\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$\$53.57\$7.44\$72.11\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85613Russell viper venom dilutedNo\$24.61\$8.24\$70.98\$25.48Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85660RBC SICKLE CELL TESTNo\$53.32\$4.96\$71.77\$14.66Pe	Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	Ş	125.77	Ş 11.5	4 9	\$ 169.31	\$40.0 <b>3</b>	Per Unit
Aboratory & Pathology ServicesHospital OutpatientCPT85025Blood Test - Complete Blood Cell Scount and Automated WBCYes\$77.98\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count and Automated WBCYes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85240Clot factor viii ang 1 stageNo\$\$45.97\$16.11\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$\$53.57\$7.44\$72.11\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85613Russell viper venom dilutedNo\$24.61\$8.24\$70.98\$25.48Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85660RBC SICKLE CELL TESTNo\$53.32\$4.96\$71.77\$14.66Pe													
Aboratory & Pathology ServicesHospital OutpatientCPT85025Blood Test - Complete Blood Cell Scount and Automated WBCYes\$77.98\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count and Automated WBCYes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85240Clot factor viii ang 1 stageNo\$\$45.97\$16.11\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$\$53.57\$7.44\$72.11\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85613Russell viper venom dilutedNo\$24.61\$8.24\$70.98\$25.48Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85660RBC SICKLE CELL TESTNo\$53.32\$4.96\$71.77\$14.66Pe													
aboratory & Pathology ServicesHospital OutpatientCPT85025Count and Automated WBCYes\$77.98\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT8524Clot factor viii ahg 1 stageNo\$45.97\$16.11\$\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$53.57\$7.44\$7.211\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85613Russell viper venom dilutedNo\$24.61\$8.24\$7.098\$25.48Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85660REC SICKLE CELL TESTNo\$53.53\$4.48\$6.01\$6.27\$14.66Per Unit <td>Laboratory &amp; Pathology Services</td> <td>Hospital Outpatient</td> <td>СРТ</td> <td>85014</td> <td>Hematocrit</td> <td>No</td> <td>\$</td> <td>26.95</td> <td>\$ 2.1</td> <td>3</td> <td>\$ 36.27</td> <td>\$6.30</td> <td>Per Unit</td>	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$	26.95	\$ 2.1	3	\$ 36.27	\$6.30	Per Unit
aboratory & Pathology ServicesHospital OutpatientCPT85025Count and Automated WBCYes\$77.98\$10.88\$112.06\$24.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85027Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$17.21Per Unitaboratory & Pathology ServicesHospital OutpatientCPT8524Clot factor viii ahg 1 stageNo\$45.97\$16.11\$\$95.56\$47.61Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$53.57\$7.44\$7.211\$25.86Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$13.56Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85613Russell viper venom dilutedNo\$24.61\$8.24\$7.098\$25.48Per Unitaboratory & Pathology ServicesHospital OutpatientCPT85660REC SICKLE CELL TESTNo\$53.53\$4.48\$6.01\$6.27\$14.66Per Unit <td></td>													
aboratory & Pathology Services   Hospital Outpatient   CPT   85027   Blood Test - Complete Blood Cell   Yes   \$ 60.79   \$ 5.82   \$ 81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85240   Clot factor viii ahg 1 stage   No   \$ 45.97   \$ 16.11   \$ 95.56   \$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85378   Fibrin degrade semiquant   No   \$ 53.57   \$ 7.44   \$ 72.11   \$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660 <td< td=""><td></td><td></td><td></td><td></td><td>Blood Test - Complete Blood Cell</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>					Blood Test - Complete Blood Cell								
aboratory & Pathology Services   Hospital Outpatient   CPT   8507   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8524   Clot factor viii ahg 1 stage   No   \$   45.97   \$   16.11   \$   95.56   \$\$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8537   Fibrin degrade semiquant   No   \$   5.3.57   \$   7.44   \$   72.11   \$\$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8561   Blood Test - Clotting Time   Yes   \$   44.81   \$   6.01   \$   64.27   \$\$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$   24.61   \$   6.01   \$   64.27   \$\$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8560   RESIGN KLE CELL TEST   No   \$   53.32   \$	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$	77.98	\$ 10.8	8 9	\$ 112.06	\$24.56	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   8507   Count (Hemoglobin)   Yes   \$   60.79   \$   5.82   \$   81.83   \$17.21   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8524   Clot factor viii ahg 1 stage   No   \$   45.97   \$   16.11   \$   95.56   \$\$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8537   Fibrin degrade semiquant   No   \$   5.3.57   \$   7.44   \$   72.11   \$\$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8561   Blood Test - Clotting Time   Yes   \$   44.81   \$   6.01   \$   64.27   \$\$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$   24.61   \$   6.01   \$   64.27   \$\$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   8560   RESIGN KLE CELL TEST   No   \$   53.32   \$													
aboratory & Pathology Services   Hospital Outpatient   CPT   85240   Clot factor viii ahg 1 stage   No   \$ 45.97   \$ 16.11   \$ 95.56   \$47.61   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85378   Fibrin degrade semiquant   No   \$ 53.57   \$ 7.44   \$ 72.11   \$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85600   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit					Blood Test - Complete Blood Cell								
aboratory & Pathology Services   Hospital Outpatient   CPT   85378   Fibrin degrade semiquant   No   \$ 53.57   \$ 7.44   \$ 72.11   \$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$	60.79	\$ 5.8	2	\$ 81.83	\$17.21	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   85378   Fibrin degrade semiquant   No   \$ 53.57   \$ 7.44   \$ 72.11   \$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit													
aboratory & Pathology Services   Hospital Outpatient   CPT   85378   Fibrin degrade semiquant   No   \$ 53.57   \$ 7.44   \$ 72.11   \$25.86   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit													
aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$	45.97	\$ 16.1	1	\$ 95.56	\$47.61	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit										Τ			
aboratory & Pathology Services   Hospital Outpatient   CPT   85610   Blood Test - Clotting Time   Yes   \$ 44.81   \$ 6.01   \$ 64.27   \$13.56   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit													
aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$	53.57	\$ 7.4	4	\$ 72.11	\$25.86	Per Unit
aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit													
aboratory & Pathology Services   Hospital Outpatient   CPT   85613   Russell viper venom diluted   No   \$ 24.61   \$ 8.24   \$ 70.98   \$25.48   Per Unit     aboratory & Pathology Services   Hospital Outpatient   CPT   85660   RBC SICKLE CELL TEST   No   \$ 53.32   \$ 4.96   \$ 71.77   \$14.66   Per Unit													
aboratory & Pathology Services Hospital Outpatient CPT 85660 RBC SICKLE CELL TEST No \$ 53.32 \$ 4.96 \$ 71.77 \$14.66 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.0	1	\$ 64.27	\$13.56	Per Unit
aboratory & Pathology Services Hospital Outpatient CPT 85660 RBC SICKLE CELL TEST No \$ 53.32 \$ 4.96 \$ 71.77 \$14.66 Per Unit													
aboratory & Pathology Services Hospital Outpatient CPT 85660 RBC SICKLE CELL TEST No \$ 53.32 \$ 4.96 \$ 71.77 \$14.66 Per Unit													
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	<b>85613</b>	Russell viper venom diluted	No	\$	24.61	\$ 8.2	4 3	\$ 70.98	\$25.48	Per Unit
Blood Test - Coagulation	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.9	6	\$ 71.77	\$14.66	Per Unit
Blood Test - Coagulation							1						
Diodu rest - congulation					Blood Test - Coagulation								
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	-	Yes	\$	46.01	\$ 5.4	1	\$ 61.94	\$15.99	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash P	Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$17.21	Per Unit
		<b>C</b> . 1	03732			Ŷ	12.00	ý 5.02	<b>V</b> 00112		
Laboutany & Dathalam, Comissa	Upprited Outpatient	СРТ	96140	C reactive protain	Ne	\$	48.49	\$ 4.66	\$ 65.28	\$13.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	86140	C-reactive protein	No	>	48.49	Ş 4.00	Ş 05.28	\$13.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$124.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$1	32.78	\$ 24.10	\$ 383.03	\$71.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$11.36	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$11.36	Per Unit
		<b>C</b> . 1	00352	oyphillo test non trep quar		Ŷ	57.01	ý 0.04	÷ 50.50		
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96611	Bartonolla antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$27.08	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00011	Bartonella antibody	No	Ş	57.57	ş 5.10	3 103.50	\$27.00	Per Unit
Laboratory & Dathalamy Comitant	Upprited Outpotiont	CDT	00045	Revdetelle entitiedu	N	~	25.74	¢ 11.07	ć 01.45	¢25.00	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80015	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$	25.74	\$ 11.87	\$ 110.13	\$35.09	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$35.09	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	00034	Encephantis west eque antibuy	NO	Ş	25.74	\$ 11.67	\$ 110.15	\$33.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$34.90	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	80003		NO	<b>,</b>	25.00	<i>y</i> 11.01	Ş 05.21		reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$ 15.13	\$ 63.03	\$44.82	Per Unit
Laboratory & Fathology Services	nospital outpatient		00077		NO	Ŷ	50.00	<i>y</i> 13.13	÷ 05.05	944.0Z	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96602	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$45.65	Per Unit
Laboratory & Pathology Services	hospital outpatient	CFT	80092	nepatitis delta agent antody	NU	<b>,</b>	25.10	Ş 13.44	\$ 50.50	Ş43.03	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96609	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.23	\$36.68	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	00050		NO	<b>,</b>	75.05	y 12.41	\$ 107.25	\$30.00	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	\$32.05	Per Unit
Laboratory & Fathology Scruces	nospital outpatient	CFT	80704		NO	Ŷ	00.11	<b>y</b> 10.05	y 115.52	<i>432.03</i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$31.31	Per Unit
Laboratory & Fathology Services	nospital outpatient	CFT	80705		NO	Ŷ	22.50	<b>y</b> 10.33	Ş 57.50	<b>991</b> .9 <b>1</b>	T CF Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	\$28.57	Per Unit
						+	50.50	+ 0.07	+ 100.10	+_0.07	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	\$30.78	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	\$32.96	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$ 12.95	\$ 225.56	\$38.28	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$	25.14	\$ 11.59	\$ 72.53	\$34.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ		86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$-	\$ 112.07	\$112.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$34.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$37.96	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$41.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$25.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$15.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$7.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$7.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$7.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$7.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$16.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$344.22	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$	180.25	\$27.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$	186.61	\$22.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$21.49	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	\$17.64	Per Unit
				Urine Test - Bacterial Culture,								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$	110.60	\$21.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$	43.86	\$21.52	Per Unit
											-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	Ś	175.99	\$52.14	Per Unit
			0.110			-		•	-			
				Evaluation of Antimicrobial Drug								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	Ś	93.10	\$23.01	Per Unit
			07100			Ŷ	00110	<i>vs</i>	Ŷ	55110	<b>\$20.01</b>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	Ś	67.21	\$11.36	Per Unit
cuboratory of ratiology befores		GET	37203		NU	Ý	45.55	÷ 3.04	¥	07.21		i ci onic
				Lab Test - Detection test for								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97240		No	\$	63.55	\$ 9.30	Ś	85.55	\$27.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	07340	Hepatitis B Surface Antigen	No	2	05.55	<del>ک</del> ج	2	03.33	<i>321.</i> 40	reronit
		1		Lab Test. Detection test for UNLA								
Laboratoria 8 Dati - La Calif	Usersited Output	CDT	07000	Lab Test - Detection test for HIV-1			440.40	A		140.00	666.07	Developed:
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$	148.66	\$64.05	Per Unit
								a			<b>447</b>	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$	108.00	\$31.87	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Pr	ice	Charge	Charge_	Charge_	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 10	8.43	\$ 31.58	\$ 171.03	\$93.34	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$9	0.13	\$ 31.58	\$ 171.03	\$93.34	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 5	3.36	\$-	\$ 136.48	\$136.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$9	0.13	\$ 31.58	\$ 171.03	\$93.34	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 3	7.58	\$ 19.82	\$ 70.50	\$52.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 10	1.56	\$ 19.87	\$ 143.48	\$52.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 6	8.81	\$-	\$ 120.30	\$53.39	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 4	0.10	\$ 11.68	\$ 75.93	\$18.14	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$2	5.13	\$ 10.49	\$ 38.51	\$16.29	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 4	4.49	\$ 7.02	\$ 81.80	\$69.47	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 1	2.56	\$-	\$ 38.51	\$30.79	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 14	2.32	\$ 9.56	\$ 227.93	\$164.22	Per Unit

VaccinationHospital OutpatientCPT90670Vaccine - Pneumococcal Conjugate for Injection into MuscleNo\$ 285.59\$ 9.56\$ 345.21\$329.53PerVaccinationHospital OutpatientCPT90670for Injection into MuscleNo\$ 285.79\$ 9.56\$ 345.21\$329.53PerVaccinationHospital OutpatientCPT90715into MuscleNo\$ 57.74\$ -\$ 77.73\$101.06PerVaccination & Hospital OutpatientCPT90715into MuscleNo\$ 57.74\$ -\$ 77.73\$101.06PerEvaluation & Management ServicesProfessional ServicesCPT90791Psychiatric Diagnostic EvaluationNo\$ 308.81\$ 118.93\$ 198.74\$167.68Per	stimate Type er Unit er Unit
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Service CategoryService SettingCode TypeDescriptionCMS Shoppable Service?De-Identified Maximum Negotiated Cash PriceDe-Identified 	er Unit
Service CategoryService SettingCode TypeCodeDescriptionRequired Shoppable Service?Minimum DiscountedMaximum Negotiated ChargeSpecific Negotiated ChargeVaccinationHospital OutpatientCPT90670Vaccine - Pneumococcal Conjugate for Injection into MuscleNo\$ 285.59\$ 9.56\$ 345.21\$329.53PerVaccinationHospital OutpatientCPT90670Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for InjectionNo\$ 557.74\$ -\$ 77.73\$101.06PerEvaluation & Management ServicesProfessional ServicesCPT90791Psychiatric Diagnostic EvaluationNo\$ 308.81\$ 118.93\$ 198.74\$167.68Per	er Unit
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VaccinationHospital OutpatientCPT90670Vaccine - Pneumococcal Conjugate for Injection into MuscleNo\$ 285.59\$ 9.56\$ 345.21\$329.53PerVaccinationHospital OutpatientCPT90670Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into MuscleNo\$ 57.74\$ -\$ 77.73\$101.06PerVaccinationHospital OutpatientCPT90715into MuscleNo\$ 57.74\$ -\$ 77.73\$101.06PerEvaluation & Management ServicesProfessional ServicesCPT90791Psychiatric Diagnostic EvaluationNo\$ 308.81\$ 118.93\$ 198.74\$167.68Per	er Unit
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Vaccination   Hospital Outpatient   CPT   90715   Toxoids, and Acellular Pertussis (Whooping Cough) for Injection   No   \$ 57.74   \$ -   \$ 77.73   \$101.06   Per     Evaluation & Management Services   Professional Services   CPT   90791   Psychiatric Diagnostic Evaluation   No   \$ 308.81   \$ 118.93   \$ 198.74   \$167.68   Per	r Unit
Vaccination   Hospital Outpatient   CPT   90715   (Whooping Cough) for Injection into Muscle   No   \$   57.74   \$   -   \$   77.73   \$101.06   Per     Evaluation & Management Services   Professional Services   CPT   90791   Psychiatric Diagnostic Evaluation   No   \$   308.81   \$   118.93   \$   198.74   \$167.68   Per	r Unit
VaccinationHospital OutpatientCPT90715into MuscleNo\$57.74\$-\$77.73\$101.06PerEvaluation & Management ServicesProfessional ServicesCPT90791Psychiatric Diagnostic EvaluationNo\$308.81\$118.93\$198.74\$167.68Per	r Unit
Evaluation & Management Services   Professional Services   CPT   90791   Psychiatric Diagnostic Evaluation   No   \$ 308.81   \$ 118.93   \$ 198.74   \$167.68   Per	er Unit
Evaluation & Management Services Professional Services CPT 90832 Psychotherapy - 30 Minutes Yes \$ 88.03 \$ 57.92 \$ 99.25 \$ \$83.74 Per	er Unit
Evaluation & Management Services   Professional Services   CPT   90832   Psychotherapy - 30 Minutes   Yes   \$ 88.03   \$ 57.92   \$ 99.25   \$83.74   Per	
Evaluation & Management Services Professional Services CPT 90832 Psychotherapy - 30 Minutes Yes \$ 88.03 \$ 57.92 \$ 99.25 \$83.74 Per	
	er Unit
Evaluation & Management Services   Professional Services   CPT   90834   Psychotherapy - 45 Minutes   Yes   \$ 116.77   \$ 77.37   \$ 132.34   \$111.66   Per	er Unit
Evaluation & Management Services Professional Services CPT 90837 Psychotherapy - 60 Minutes Yes \$ 174.90 \$ 116.00 \$ 198.22 \$167.25 Per	er Unit
Evaluation & Management Services   Professional Services   CPT   90837   Psychotherapy - 60 Minutes   Yes   \$ 174.90   \$ 116.00   \$ 198.22   \$167.25   Per     Image: Note of the services   Image: Note of the services   Image: Note of the services   N/A No   Image: Note of the services   N/A No   N/A No   Image: Note of the services   Note of the serv	runit
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Evaluation & Management Services Professional Services CPT 90847 Psychotherapy - Family Session Yes \$ 146.15 \$ 97.13 \$ 166.18 \$140.21 Per	er Unit
N/A NO N/A NO N/A NO	
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Medicine Speech Therapy Hospital Outpatient CPT 92507 SPEECH/HEARING THERAPY No \$ 52.00 \$ 17.40 \$ 251.43 \$204.74 Per	er Unit
Electrocardiogram, routine, with	
	er Unit
Medicine Other Hospital Outpatient CPT 93005 Electrocardiogram (ECG or EKG) No \$ 142.29 \$ - \$ 295.26 \$132.62 Per	

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Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	Ś	471.40	Ś	61.00	Ś	634.57	\$543.92	Per Unit
and the second se						-						
Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$1,161.33	Per Unit
			Insertion of catheter into left heart									
Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$2,390.02	Case Rate
Hospital Outpatient	СРТ	93971	Extremity study	No	Ş	240.64	Ş	92.64	Ş	400.67	\$279.43	Per Unit
Hespital Outpatient	CDT	05044	Allergy patch tests	No	ć	100.02	ć		ć	1 220 52	\$210.02	DocUnit
Hospital Outpatient	CPT	95044	Allergy paten tests	NO					Ş	-		Per Unit
						-		-		-		
Hospital Outpatient	СРТ	95810	Sleep study	Yes								Per Unit
					-							
Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$166.69	Case Rate
			Physical Therapy - Manual									
			Electrical Stimulation Therapy, 15									
Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$38.28	Per Unit
Hospital Outpatient	СРТ	97035	Therapy	No	Ş	26.92	Ş	11.95	Ş	40.29	\$37.00	Per Unit
			Physical Therapy, Therapoutic									
Hospital Outpatient	СРТ	97110		Vec	s	88 74	s	17 40	¢	119 46	\$78.63	Per Unit
	GFT	57110		1 63	<b>*</b>	00.74	4	17.40	Ŷ	113.40	φ <b>70.03</b>	. cr omt
			Physical Therapy - Neuromuscular									
Hospital Outpatient	СРТ	97112		No	Ś	69.93	\$	26.14	\$	104.78	\$90.31	Per Unit
					ŀ.							
Hospital Outpatient	СРТ	1	GAIT TRAINING THERAPY	No	Ś	77.61	\$	22.90	Ś	104.48	\$77.75	Per Unit
	Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient   CPT     Hospital Outpatient   CPT	Service SettingTypeCodeHospital OutpatientCPT93017Hospital OutpatientCPT93306Hospital OutpatientCPT93452Hospital OutpatientCPT93971Hospital OutpatientCPT95810Hospital OutpatientCPT95810Hospital OutpatientCPT96402Hospital OutpatientCPT97032Hospital OutpatientCPT97032Hospital OutpatientCPT97035Hospital OutpatientCPT97110Hospital OutpatientCPT97112	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 OutpatientCPT96402Chemo hormon antineopl sq/im Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutesHospital OutpatientCPT97032Physical Therapy - Ultrasound TherapyHospital OutpatientCPT97035Physical Therapy - Therapeutic ExercisesHospital OutpatientCPT97110Physical Therapy - Neuromuscular ReeducationHospital OutpatientCPT97112Physical Therapy - Neuromuscular Reeducation	Service SettingTypeCodeDescriptionService?Hospital OutpatientCPT93017CARDIOVASCULAR STRESS TESTNoHospital OutpatientCPT9306Tte w/doppler completeNoHospital OutpatientCPT93452Insertion of catheter into left heart for diagnosisYesHospital OutpatientCPT93971Extremity studyNoHospital OutpatientCPT95044Allergy patch testsNoHospital OutpatientCPT95042Sleep studyYesHospital OutpatientCPT95402Chemo hormon antineopl sq/im minutesNoHospital OutpatientCPT95042Sleep studyNoHospital OutpatientCPT95402Chemo hormon antineopl sq/im minutesNoHospital OutpatientCPT97032Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutesNoHospital OutpatientCPT97032Physical Therapy - Ultrasound TherapyNoHospital OutpatientCPT97101Physical Therapy - Neuromuscular ReeducationNoHospital OutpatientCPT97112Physical Therapy - Neuromuscular ReeducationNo	Service SettingCode TypeCode CodeDescriptionRequired Shoppable Service?DescriptionRequired Shoppable Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service?DescriptionRequired Service? </td <td>Service SettingCodeCodeDescriptionRequired 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 OutpatientCPT93971Extremity studyNo\$ 240.64Hospital OutpatientCPT95044Allergy patch testsNo\$ 1,89.82Hospital OutpatientCPT95040Seep studyYes\$ 1,004.83Hospital OutpatientCPT95042Chemo hormon antineopl sq/imNo\$ 110.26Hospital OutpatientCPT95032Chemo hormon antineopl sq/imNo\$ 110.26Hospital OutpatientCPT97032Physical Therapy - 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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$109.16	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$219.26	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$219.26	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$219.26	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$150.10	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	Ś	77.05	\$	245.32	\$232.16	Per Unit
	and the second												
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$231.31	Per Unit
						ŀ							
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	Ś	92.45	Ś	17.40	Ś	124.45	\$100.04	Per Unit
						-		Ŧ		Ŧ			
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$131.49	Per Unit
	contrast a subsection		57.555	Benefit in the second s		Ť		<b>T</b>		*		+	
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	Ś	14.27	\$0.00	Per Unit
			55624			Ý		Ŷ	-	Ŷ	27.27	<b>40.00</b>	. cr onit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	ć	90.34	Ś	200.08	\$65.46	Per Unit
Evaluation & Management Services	rioressional services	UP I	3320Z	office visit - New Fatient, Millor	NU	2	101.32	<b>?</b>	50.54	<b>?</b>	200.00	90 <b>3</b> .40	rei Ullit

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				Office Visit - New Patient, Low						
Evaluation & Management Services	Protessional Services	СРТ	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$98.19	Per Unit
				Office Visit - New Patient,						
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$167.99	Per Unit
				New patient office of other						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$219.51	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$33.37	Per Unit
				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	<b>99213</b>	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$66.73	Per Unit
				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$102.91	Per Unit
				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$145.42	Per Unit
							1			
Professional Services Associated										
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$94.43	Per Unit
							1			
				Patient office consultation,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
		1								
				Patient office consultation,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
							·			-
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$254.56	Case Rate
			00101	(outputter)		+ 100.01		- 000100	+	
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 02.52	\$ 1,114.22	\$473.34	Case Rate
Emergency Room Visit	nospital outpatient	CF 1	33202	complexity (outpatient)	NU		y 55.32	γ 1,119.2Z	977 J.J4	case nate

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Service Category	Service Setting	Туре	Code	Description	Service?	C	ash Price	C	harge		Charge	Charge	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	Ś	182.62	\$	2,714.83	\$1,042.07	Case Rate
											,		
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00294	Higher Complexity (outpatient)	No	\$	2,400.69	ć	270.43	Ś	4,475.48	\$2,697.92	Case Rate
Emergency Room visit		CFT	33204	higher complexity (outpatient)	NO	<b>?</b>	2,400.03	ş	270.45	ş	4,475.40	32,037.32	case nate
				Engrande Department Visit High									
				Emergency Department Visit - High					450.00			40 C 40 T 4	
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$3,649.71	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$20,577.15	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99381	Younger than 1 Year Old	No	Ś	156.75	Ś	-	\$	225.38	\$0.00	Per Unit
		-		Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Convises	СРТ	00202	4 Years Old	No	Ś	163.82	é	-	Ś	236.91	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99382		No	<b>&gt;</b>	105.02	Ş	-	Ş	250.91	Ş0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-								<b>A a</b> 1 1	
Evaluation & Management Services	Professional Services	СРТ	99383	11 Years Old	No	\$	170.96	\$	-	\$	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	<b>99384</b>	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$92.68	Per Unit
		-		Office Visit - Comprehensive		Ľ.							
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	CDT	00396	64 Years Old	Vee	Ś	217.32	ć	01 72	è	1,293.56	\$123.82	Per Unit
Evaluation & ividiagement Services	FIDIESSIUIIdi Services	CPT	33200	04 rears Ulu	Yes	<b>२</b>	217.32	Ş	31.72	Ş	1,233.30	\$123.0Z	rei Ullit

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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
						-	-			
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
									-	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$50.04	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$87.18	Per Unit
									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	\$9 <b>7.00</b>	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>		scounted sh 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>	Payer- Specific Negotiated Charge	_Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$-	\$-	\$51.85	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	Νο	\$	773.99	\$ 46.24	\$ 1,424.46	\$938.44	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	<b>\$</b> 1	15,685.71	\$ 605.00	\$ 24,131.86	\$18,098.90	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$ 200.00	\$150.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$-	\$ 732.35	\$304.38	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