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Molina Mississippi Medicaid CAN	Last Updated: 12/7/2020									
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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	<u>Code</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated	De-Identified Maximum Negotiated	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u>	Estimate Type
Service Category Hospital Inpatient Stay	Service Setting	<u>Type</u> DRG	<u>216</u>	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	<u>Servicer</u> Yes	N/A No Service Volume	<u>Charge</u> N/A No Service Volume	<u>Charge</u> N/A No Service Volume	Charge N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$6,824.91	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$71,709.62	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$8,229.94	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$11,410.19	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	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$21,286.46	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$9,777.81	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$11,373.63	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	Νο	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$7,931.57	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	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$6,640.65	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$5,548.89	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W MCC	Νο	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$20,008.45	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O MCC	Νο	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$4,081.25	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				FULL THICKNESS BURN W SKIN						Case Rate- Excluding Professional Charges which are paid by
Hospital Inpatient Stay Hospital Inpatient Stay	Hospital Inpatient	DRG	928 929	GRAFT OR INHAL INJ W CC/MCC FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No			\$ 150,000.00 \$ 50,000.00	\$20,223.61 \$16,320.61	CPT/HCPCS Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	Νο	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$3,384.89	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	Νο	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$37,827.34	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139.128.72	\$ 30.888.17	\$ 200,000.00	\$31,112.10	CPT/HCPCS
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				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$14,040.39	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$10,101.46	CPT/HCPCS
noopital inpatient stay		210	504		110	÷ 54,701.85	φ 0,123.33	÷ 30,000.00	910,101.40	cripheres
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				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$6,703.77	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 <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$8,333.77	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	\$2,372.65	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	\$6,435.24	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	\$5,229.54	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	\$2,807.88	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<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	Νο	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$3,806.78	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	Νο	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,278.14	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	Νο	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$3,934.07	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	\$3,352.96	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	\$3,488.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Matornity/Dolivon	Hospital Innations	DRC		VAGINAL DELIVERY W/O	No	\$ 8,616.42	¢ 2.464.00	¢ 24 277 74	\$2.10F.10	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	000	STERILIZATION/D&C W CC	No	\$ 0,010.42	\$ 2,464.00	\$ 24,277.74	\$2,105.19	CPT/HCPC5
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$2,557.28	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	\$13,139.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional Charges which
Inpatient Rehabilitation Hospital										Charges which are paid by
	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870,00	\$ 10,870.00	\$18,986.75	CPT/HCPCS
Stay	inpatient renabilitation nospital	DNG	540		INO	IN/A	÷ 10,870.00	÷ 10,070.00	\$10,300.7 <b>5</b>	Cr I/ HCPC3
						52% Charges				
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Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per

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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> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Type
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	\$17,079.11	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	Νο	N/A	\$ 10,435.00	\$ 10,435.00	\$14,244.35	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	\$17,913.43	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	LTC207	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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						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB		Care	No	Diem	\$ 370.00	\$ 850.00	Non-Par	Day
		1			-	-			-	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$172.85	Case Rate
		1			-					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$181.20	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$184.27	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,235.02	Case Rate
	contract a subscription						+ 551.25	,00-1.00	+-,	

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+ 'F'   Image: Code Service Category   Service Setting   Code Type   Code Code Security   Code Security   Code Security   Description   Service Category   Description   Service Category   Description   Service Category   Description   Service Category   N/A No   Security   N/A No     Service Category   Service Setting   CPT   19120   growth, open procedure   N/A No   Service   N/A No   Service Category   N/A No     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2050   Arthrocentesis (outpatient)   No   \$ 370.58   \$ 182.39   \$ 1,461.73   \$ 548.20   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2050   Arthrocentesis (outpatient)   No   \$ 1,243.48   \$ 395.09   \$ 2,581.00   \$ 1,444.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29825   Arthrocsopic Knee Surgery   Yes   Volume   \$											
+ 'F'   Image: Code Service Category   Service Setting   Code Type   Code Code Security   Code Security   Code Security   Description   Service Category   Description   Service Category   Description   Service Category   Description   Service Category   N/A No   Security   N/A No     Service Category   Service Setting   CPT   19120   growth, open procedure   N/A No   Service   N/A No   Service Category   N/A No     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2050   Arthrocentesis (outpatient)   No   \$ 370.58   \$ 182.39   \$ 1,461.73   \$ 548.20   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2050   Arthrocentesis (outpatient)   No   \$ 1,243.48   \$ 395.09   \$ 2,581.00   \$ 1,444.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29825   Arthrocsopic Knee Surgery   Yes   Volume   \$	To Search for a service Click "CTRI "										
Service Category     Service Setting     Code Type     Description     CMS Required Service?     De-Identified Nonpable Service?     De-Identified Maximum     De-Identified Maxi	-										
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Service Category Service Setting Code Code Code Bescured Minimule Maximule Securitate   Associated Service Setting Type Code Code Description Service Cash Price Notarge </td <td></td>											
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Service GategoryService SettingTypeCodeDescriptionService?Cash PriceChargeChargeChargeServiceHospital OutpatientCPT19120growth, open procedureYesVolumeSS<											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   19120   Removal of 1 or more breast growth, open procedure   N/A No   Service   S   S   S   S   N/A No   Service   Case     Injections   Hospital Outpatient   CPT   20610   Arthrocentesis (outpatient)   No   S   370.58   S   182.39   S   1,461.73   5248.20   Case     Hospital Outpatient   CPT   27818   Treatment of ankle fracture   No   S   370.58   S   1,82.39   S   1,81.73   5248.20   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   27818   Treatment of ankle fracture   No   S   1,243.48   S   395.00   S   2,81.00   S/1,44.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   S   -   S   -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29816   Arthroscopic Shoulder Surgery   Yes   Volume   S   -   S   - <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   1910   Removal of 1 or more breast growth, open procedure   Yes   Service Volume   S   1   Service   Volume   Service   Service </td <td>Service Category</td> <td>Service Setting</td> <td>Туре</td> <td>Code</td> <td>Description</td> <td>Service?</td> <td></td> <td>Charge</td> <td>Charge</td> <td></td> <td>Estimate Type</td>	Service Category	Service Setting	Туре	Code	Description	Service?		Charge	Charge		Estimate Type
Hospital Outpatient Procedure   Hospital Outpatient   CPT   19120   growth, open procedure   Yes   Volume   \$   S   .   Volume   Case     Injections   Hospital Outpatient   CPT   20610   Arthrocentesis (outpatient)   No   \$   3.370.8   \$   1,461.73   \$2248.20   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2783   Treatment of ankle fracture   No   \$   1,243.4   \$   3.90.0   \$   \$,2,581.00   \$,1,444.90   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   2982.6   Arthroscopic Shoulder Surgery   Yes   Volume   \$   .   \$   .   N/A NO   Service   N/A NO   Service   N/A NO   Service   .   .   N/A NO   Service   .   .   N/A NO   Service   .   .   .   .   .   .											
InjectionsHospital OutpatientCPT20610Arthrocentesis (outpatient)No\$ 370.58\$ 182.39\$ 1,461.73\$ 5248.20CasHospital Outpatient ProcedureHospital OutpatientCPT27818Treatment of ankle fractureNo\$ 1,243.48\$ 395.00\$ 2,581.00\$ 1,444.99CasHospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Shoulder SurgeryYesVolume\$ -\$ -VolumeCasHospital Outpatient ProcedureHospital OutpatientCPT29881Arthroscopic Knee SurgeryN/A No ServiceServiceN/A No ServiceN/A No <td></td> <td></td> <td></td> <td></td> <td>Removal of 1 or more breast</td> <td></td> <td>Service</td> <td></td> <td></td> <td>Service</td> <td></td>					Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure   Hospital Outpatient   CPT   27818   Treatment of ankle fracture   No   \$ 1,243.48   \$ 395.00   \$ 2,581.00   \$1,444.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Knee Surgery   Yes   Volume   \$ - \$ Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29881   (outpatient)   Yes   Volume   \$ - \$ Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   31575   Laryngoscopy - Diagnostic   No   \$ 449.87   \$ 135.86   \$ 1,978.02   \$180.64   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$ 608.39   \$ 288.54   \$ 1,852.06   \$ 601.48	Hospital Outpatient Procedure	Hospital Outpatient	CPT	<b>19120</b>	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   27818   Treatment of ankle fracture   No   \$ 1,243.48   \$ 395.00   \$ 2,581.00   \$1,444.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Mospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Mospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Knee Surgery   Yes   Volume   \$ - \$ Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29881   (outpatient)   Yes   Volume   \$ - \$ \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   31575   Laryngoscopy - Diagnostic   No   \$ 449.87   \$ 135.86   \$ 1,978.02   \$180.64   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$ 608.39   \$ 288.54   \$ 1,852.06   \$											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   27818   Treatment of ankle fracture   No   \$ 1,243.48   \$ 395.00   \$ 2,581.00   \$1,444.99   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$ - \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Knee Surgery   Yes   Volume   \$ - \$ Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   29881   (outpatient)   Yes   Volume   \$ - \$ Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   31575   Laryngoscopy - Diagnostic   No   \$ 449.87   \$ 135.86   \$ 1,978.02   \$180.64   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$ 608.39   \$ 288.54   \$ 1,852.06   \$ 601.48											
N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Shoulder Surgery Arthroscopic Knee Surgery (outpatient)N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29881 (outpatient)Image: Comparison of the serviceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT31575 32555Laryngoscopy - DiagnosticNo\$ 449.87 S 135.86\$ 1,978.02\$ 138.64 S 135.86CaseHospital Outpatient ProcedureHospital OutpatientCPT32555 32555Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT32555 428205Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06 Service\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT42820 Uoupatient)Tonsillectomy with Adenoidectomy VesN/A No ServiceN/A No ServiceN/A No ServiceHospital OutpatientCPT42820 DiagnosticUpper Gastrointestinal Endoscopy - VesYes\$ 2,027.21 S 61.00\$ 1,867.74 S 733.39\$ 733.39 CaseHospital Outpatient ProcedureHospital OutpatientCPT43235 DiagnosticYes\$ 2,027.21 S 61.00\$ 1,867.74 	Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$248.20	Case Rate
N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Shoulder Surgery Arthroscopic Knee Surgery (outpatient)N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29881 (outpatient)Image: Comparison of the serviceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT31575 32555Laryngoscopy - DiagnosticNo\$ 449.87 S 135.86\$ 1,978.02\$ 138.64 S 135.86CaseHospital Outpatient ProcedureHospital OutpatientCPT32555 32555Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT32555 428205Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06 Service\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT42820 Uoupatient)Tonsillectomy with Adenoidectomy VesN/A No ServiceN/A No ServiceN/A No ServiceHospital OutpatientCPT42820 DiagnosticUpper Gastrointestinal Endoscopy - VesYes\$ 2,027.21 S 61.00\$ 1,867.74 S 733.39\$ 733.39 CaseHospital Outpatient ProcedureHospital OutpatientCPT43235 DiagnosticYes\$ 2,027.21 S 61.00\$ 1,867.74 S 733.39\$ 733.39 Case											
N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Shoulder Surgery Arthroscopic Knee Surgery (outpatient)N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29881 (outpatient)Image: Comparison of the serviceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT31575 32555Laryngoscopy - DiagnosticNo\$ 449.87 S 135.86\$ 1,978.02\$ 138.64 S 135.86CaseHospital Outpatient ProcedureHospital OutpatientCPT32555 32555Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT32555 428205Aspirate pleura w/ imagingNo\$ 608.39 S 288.54\$ 1,852.06 Service\$ 601.48 ServiceCaseHospital Outpatient ProcedureHospital OutpatientCPT42820 Uoupatient)Tonsillectomy with Adenoidectomy VesN/A No ServiceN/A No ServiceN/A No ServiceHospital OutpatientCPT42820 DiagnosticUpper Gastrointestinal Endoscopy - VesYes\$ 2,027.21 S 61.00\$ 1,867.74 S 733.39\$ 733.39 CaseHospital Outpatient ProcedureHospital OutpatientCPT43235 DiagnosticYes\$ 2,027.21 S 61.00\$ 1,867.74 S 733.39\$ 733.39 Case											
Hospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Shoulder Surgery Arthroscopic Shoulder Surgery (outpatient)N/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT29826Arthroscopic Knee Surgery (outpatient)N/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT31575Laryngoscopy - DiagnosticNo\$ 449.87\$ 135.86\$ 1,978.02\$180.64CasHospital Outpatient ProcedureHospital OutpatientCPT32555Aspirate pleura w/ imagingNo\$ 608.39\$ 288.54\$ 1,852.06\$601.48CasHospital Outpatient ProcedureHospital OutpatientCPT42820Tonsillectomy with Adenoidectomy DiagnosticN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceHospital Outpatient ProcedureHospital OutpatientCPT42820(outpatient)YesVolume\$ -\$ -VolumeCasHospital Outpatient ProcedureHospital OutpatientCPT42820(outpatient)YesVolume\$ -\$ -VolumeCasHospital Outpatient ProcedureHospital OutpatientCPT43235Upper Gastrointestinal Endoscopy - VesYes\$ 2,027.21\$ 61.00\$ 1,867.74\$733.39CasUpper Gastrointestinal Endoscopy -Yes\$ 2,027.21\$ 61.00\$ 1,867.74\$733.39Cas	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,444.99	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   2982   Arthroscopic Shoulder Surgery   Yes   Service Volume   S   S   Service Volume   Service S   S   Service Volume   Service S   S   Service Volume   Service S   S   S   Service Volume   Service S   S   S   Service Volume   Service S   <							N/A No	-		N/A No	
Hospital Outpatient Procedure   Hospital Outpatient   CPT   29826   Arthroscopic Shoulder Surgery   Yes   Volume   \$   .   N/A No   N/A No   Service   Service <td></td>											
No <td>Hospital Outpatient Procedure</td> <td>Hospital Outpatient</td> <td>СРТ</td> <td>29826</td> <td>Arthroscopic Shoulder Surgery</td> <td>Ves</td> <td></td> <td>s -</td> <td>s -</td> <td></td> <td>Case Rate</td>	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Ves		s -	s -		Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   29881   Arthroscopic Knee Surgery (outpatient)   Service Yes   Service Volume   Service \$   Service \$   Service \$   Service Volume   Service \$   Service \$ <th< td=""><td></td><td></td><td>0.1</td><td>25020</td><td></td><td>100</td><td></td><td><b>•</b></td><td>+</td><td></td><td></td></th<>			0.1	25020		100		<b>•</b>	+		
Hospital Outpatient Procedure   Hospital Outpatient   CPT   29881   (outpatient)   Yes   Volume   \$   .   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   3157   Laryngoscopy - Diagnostic   No   \$   449.87   \$   135.86   \$   1,978.02   \$180.64   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$   608.39   \$   288.54   \$   1,852.06   \$601.48   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$   608.39   \$   288.54   \$   1,852.06   \$601.48   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   4280   Tonsillectomy with Adenoidectomy   Yes   N/A No   \$   \$   \$   \$   \$   \$   N/A No   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$					Arthrosconic Knee Surgery						
Hospital Outpatient Procedure   Hospital Outpatient   CPT   31575   Laryngoscopy - Diagnostic   No   \$ 449.87   \$ 135.86   \$ 1,978.02   \$180.64   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$ 608.39   \$ 288.54   \$ 1,852.06   \$601.48   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   32555   Aspirate pleura w/ imaging   No   \$ 608.39   \$ 288.54   \$ 1,852.06   \$601.48   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   Volume   \$ -   \$ -   Volume   Service   Service   Service   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   Volume   \$ -   \$ -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Upper Gastrointestinal Endoscopy -   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$ 733.39   Case     Upper Gastrointestinal Endoscopy -   Upper Gastrointestinal E	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	20221		Vos		¢ .	¢ .		Case Rate
Hospital Outpatient ProcedureHospital OutpatientCPT32555Aspirate pleura w/ imagingNo\$608.39\$288.54\$1,852.06\$601.48CaseHospital Outpatient ProcedureHospital OutpatientCPT42820(outpatient)YesN/A No ServiceN/A No ServiceN/A No ServiceService VolumeN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceService ServiceN/A No ServiceService ServiceN/A No ServiceService ServiceN/A No ServiceService Ser	nospital outpatient Procedure		Cri	23001	(outpatient)	165	volume	<b>y</b> -	<b>y</b> -	volume	case nate
Hospital Outpatient ProcedureHospital OutpatientCPT32555Aspirate pleura w/ imagingNo\$608.39\$288.54\$1,852.06\$601.48CaseHospital Outpatient ProcedureHospital OutpatientCPT42820(outpatient)YesN/A No ServiceN/A No ServiceN/A No ServiceService VolumeN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceN/A No ServiceService ServiceN/A No ServiceService ServiceN/A No ServiceService ServiceN/A No ServiceService Ser											
Hospital Outpatient ProcedureHospital OutpatientCPT32555Aspirate pleura w/ imagingNo\$608.39\$288.54\$1,852.06\$601.48CaseHospital Outpatient ProcedureHospital OutpatientCPT42820(outpatient)YesVolume\$-\$N/A NoService<	Hermitel Outpetient Dressdure	Upprited Outpotient	CDT	24575	Lammanana Diamantia		ć 440.97	¢ 135.90	¢ 1.079.02	¢190.04	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   Tonsillectomy with Adenoidectomy (outpatient)   N/A No   N/A No   N/A No     Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   N/A No   Service   Service   Service   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Upper Gastrointestinal Endoscopy -   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case	Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	NO	\$ 449.87	\$ 135.80	\$ 1,978.02	\$180.04	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   Tonsillectomy with Adenoidectomy (outpatient)   Yes   N/A No   N/A No   N/A No     Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   Volume   \$ - \$ \$ - \$   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Upper Gastrointestinal Endoscopy - Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Ves   Ves   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   Tonsillectomy with Adenoidectomy (outpatient)   N/A No   N/A No   N/A No     Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   N/A No   Service   Service   Service   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Upper Gastrointestinal Endoscopy -   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   Tonsillectomy with Adenoidectomy (outpatient)   Yes   Service Volume   Service   Service   Service   Service   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Upper Gastrointestinal Endoscopy - Diagnostic   Yes   Service   \$   -   \$   -   \$   Case     Upper Gastrointestinal Endoscopy -   Yes   \$   2,027.21   \$   61.00   \$   1,867.74   \$   \$   Case	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No		\$ 288.54	\$ 1,852.06		Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   42820   (outpatient)   Yes   Volume   \$   -   Volume   Case     Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Upper Gastrointestinal Endoscopy - Diagnostic   Yes   Volume   \$   -   \$   -   Volume   Case     Upper Gastrointestinal Endoscopy -   Yes   \$   2,027.21   \$   61.00   \$   1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Upper Gastrointestinal Endoscopy -   Image: Case   Ima							-			-	
Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Upper Gastrointestinal Endoscopy - Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Ves   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case											
Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Image: Comparison of the state of the	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	Ş -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   43235   Diagnostic   Yes   \$ 2,027.21   \$ 61.00   \$ 1,867.74   \$733.39   Case     Upper Gastrointestinal Endoscopy -   Image: Comparison of the state of the											
Upper Gastrointestinal Endoscopy -											
	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$733.39	Case Rate
Hospital Outpatient Procedure   Hospital Outpatient   CPT   43239   With Biopsy   Yes   \$ 1,259.34   \$ 372.00   \$ 2,229.48   \$746.87   Case					Upper Gastrointestinal Endoscopy -						
	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$746.87	Case Rate
Colonoscopy - Diagnostic					Colonoscopy - Diagnostic						
	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378		Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$769.06	Case Rate
					,						
Colonoscopy - With Biopsy					Colonoscopy - With Biopsy						
	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380		Yes	\$ 3,082,66	\$ 343.06	\$ 4 110 45	\$974 99	Case Rate

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,021.17	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	\$4,419.56	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,423.87	Case Rate
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				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,923.30	Case Rate
				,		+ -,	•	+	,_,	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	s -	\$ 1,579.20	\$52.02	Case Rate
			51750		110	<i>v 37104</i>	Ŷ	<i>ϕ</i> 1,575120	ÇOLIOL	cuse nuce
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	E2000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$514.67	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 202.70	\$ 1,550.52	3314.07	case nate
Hospital Outpatient Presedure	Hospital Outpatient	СРТ	55700	Pioney of prostate gland	Vec	¢ 1165.04	¢ 204.70	\$ 2.631.84	\$1 E20 60	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CPI	55700	Biopsy of prostate gland	Yes	\$ 1,165.04		1 11-1	\$1,530.66	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
Upperited Outpetient Press during	Upperited Outpetient	CDT	FFOCC	surrounding lymph nodes using an	N	Service	Service	Service	Service	Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
									<b>4 1 1 1</b>	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$187.44	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$88.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$274.03	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	9	Charge		Charge	Charge	Estimate Type
Upperited Outpetient Dependung	Upperitel Outpetient	CDT	50035	Fetal Non-Stress Test		\$	260.79	Ś	118.53	Ś	1,596.22	6457.00	Conce Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	33025	Routine obstetric care for vaginal	No	?	200.79	Ş	110.33	Ş	1,330.22	\$157.26	Case Rate
Professional Services Associated				_									
	Professional Services	СРТ	59400	delivery, including pre-and post- delivery care	Yes	\$	4 406 21	è	242.00	ć	3,278.48	\$0.00	Casa Pata
with Inpatient Stay	Professional Services	CPT	59400	delivery care	res	>	4,496.21	<b>?</b>	242.00	Ş	5,270.40	\$0.00	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	Ś	2,230.06	¢	133.91	¢	1,625.81	\$864.46	Case Rate
with inputient Stay		CFT	33410	Routine obstetric care for cesarean	NO	Ý	2,230.00	Ý	133.31	Ŷ	1,023.01	<del>9004.40</del>	cuse nuce
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	¢	246.05	\$	3,619.13	\$0.00	Case Rate
with inpatient Stay	Froressional Services	CPT	33310	Routine obstetric care for vaginal	165	~	4,500.50	Ŷ	240.03	4	3,015.15	<b>Ş0.00</b>	case nate
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	¢	305.08	\$	3,429.34	\$0.00	Case Rate
with inpatient stay	FIORESSIONAL SERVICES	CPT	33010	Injection of substance into spinal	Tes	2	4,700.58	<b>?</b>	303.08	Ş	3,423.34	30.00	Case hate
				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	\$572.72	Case Rate
nospital outpatient Procedure	nospital outpatient	CPT	02322	Injection of substance into spinal	165	~	1,033.10	Ŷ	375.55	<b>9</b>	1,000.35	<i>3312.12</i>	case nate
				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	\$585.34	Case Rate
nospital outpatient Procedure	nospital outpatient	CPT	02323	Injections of anesthetic and/or	165	~	1,003.30	Ŷ	303.01	4	1,500.55	Ş363.34	case nate
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64/192	guidance	Yes	Ś	1,776.21	¢	358.46	¢	1,980.49	\$745.26	Case Rate
		CFT	34403	Building	103		N/A No	Ŷ	550.40	<i></i>	1,500.45	N/A No	case nate
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes		/olume	\$	-	\$	_	Volume	Case Rate
			00021		103		N/A No	¥	-	¥	-	N/A No	case nate
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		/olume	Ś	-	\$	-	Volume	Case Rate
nospital outputient Procedure		GET	00304		103	<b>—</b>	Siume	Ý	-	<b>~</b>	-	volume	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	Ś	168.99	Ś	48.93	Ś	1.604.78	\$72.19	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$ <b>72.1</b> 9	Case

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	scounted	<u>Mi</u> Neg	<u>dentified</u> nimum gotiated harge	Ne	-Identified <u>Iaximum</u> egotiated Charge	<u>Payer-</u> Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$	127.22	\$	1,318.18	\$126.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$	127.22	\$	1,318.18	\$126.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$	207.79	\$	2,657.02	\$200.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$	127.52	\$	2,259.85	\$126.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$	223.05	\$	1,996.31	\$220.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$	223.05	\$	1,677.63	\$220.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$	252.20	\$	2,270.30	\$250.32	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$	406.50	\$	3,409.54	\$404.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$	19.91	\$	181.37	\$71.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$	31.50	\$	193.55	\$73.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$102.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$139.43	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	<u>c</u>	Cash Price	9	Charge_	C	harge	Charge_	Estimate Type
				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$ i	2,034.88	\$199.43	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$	2,092.27	\$223.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$73.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$98.53	Per Unit
	· · ·					1							
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	Ś	37.93	Ś	265.13	\$99.44	Per Unit
						-		+		<b>T</b>			
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	\$	213.64	s	52.80	Ś	284.93	\$100.99	Per Unit
		C	,		100	-		•		•		+	
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	ċ	136.86	\$	1,750.92	\$132.68	Per Unit
Natiology Services	nospital Outpatient	CFT	72125	ct netk spine w/o uye	NO	<b>,</b>	1,433.37	2	130.00	<b>.</b>	1,730.32	Ş132.00	reronit
Padialam: Comisso	Upperitel Outpetient	СРТ	72120	Chanada amina wu (dwa	No		1,293.16	~	260.86	\$	1,821.59	\$358.14	Per Unit
Radiology Services	Hospital Outpatient	CPT	72120	Ct neck spine w/dye	NO	<b>&gt;</b>	1,295.10	<b>?</b>	200.00	<b>&gt;</b> .	1,021.39	\$556.14	Per Unit
Padialam Canvissa	Hospital Outpatient	CDT	72427	Ct nock spine w/s 8 w/dws	N -	\$	1 015 02	ć	201 72	ċ.	2 1 1 0 4 0	\$200.29	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/212/	Ct neck spine w/o & w/dye	No	Ş	1,815.93	Ş	201.73	\$	2,118.48	\$200.38	Per Unit
			_						400.05				<b>B</b> 11 11
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	Ş	199.82	\$	1,805.90	\$198.24	Per Unit
						.							
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$	1,805.90	\$358.14	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$	2,238.70	\$200.10	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	9	Cash Price		Charge		Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	\$	252.20	\$	2,177.11	\$250.32	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	\$	252.20	\$	2,137.12	\$250.32	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$9 <b>7.30</b>	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	\$100.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$	2,142.05	\$195.61	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$399.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$71.12	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$97.57	Per Unit
												4	
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	Ş	28.33	\$	196.92	\$72.03	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	Ş	29.40	\$	195.82	\$71.12	Per Unit
												A	
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	Ş	25.07	\$	191.42	\$71.12	Per Unit
												<b>A--</b> -	
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	Ş	122.83	Ş	26.72	\$	154.02	\$71.44	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$	26.40	\$	151.82	\$71.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72110	X-Ray - Wrist (outpatient)	No	\$	156.52	ć	30.72	Ś	196.19	\$71.44	Per Unit
Radiology Services		CPT	75110	X-Kay - Wrist (outpatient)	NO	Ş	150.52	\$	50.72	Ş	190.19	\$71.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$	24.40	\$	249.73	\$96.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$	198.42	\$71.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$	1,702.46	\$245.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$	197.91	\$73.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$	189.38	\$71.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$71.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	Ş	36.52	\$	351.25	\$72.0 <b>3</b>	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$ <b>70.8</b> 4	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$71.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$71.44	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	С	ash Price	С	harge		Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72620	X-RAY EXAM OF FOOT	No	\$	196.24	ć	29.81	\$	262.21	\$70.56	Per Unit
Radiology Services	Hospital Outpatient	CPT	75020		INU	2	150.24	Ş	25.01	Ş	202.21	370.30	Per Onic
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$71.16	Per Unit
Padialagy Convisas	Hospital Outpatient	CDT	72700		Ne	è	1 221 00	é	124 01	Ś	1,400.92	\$132.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	Ş	134.01	Ş	1,400.92	\$132.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$244.74	Per Unit
Padiata an Camina	User its I Output is at	COT	74040	V Dave Alexien			145.64		20.24	~	100 70	674 75	Developeda
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$71.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$140.83	Per Unit
De diele en Comitae	User its Contractions	COT		Chahdaman wife B within			1 024 40		207.00	~	2 4 4 4 20	6205 OC	Developments
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$205.96	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$384.11	Per Unit
				CT Scan - Abdomen and Pelvis, with								6004 44	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	>	286.79	\$	3,568.86	\$384.11	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$171.65	Per Unit
						Ι.							
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	Ş	79.34	\$	578.01	\$190.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$88.69	Per Unit

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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	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$113.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$ <b>92.9</b> 8	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$124.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$114.87	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$121.30	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$132.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$132.36	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$268.05	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$117.61	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$126.19	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$134.76	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$122.81	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?		ash Price	Charge	<u> </u>	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.6	9 \$	391.69	\$119.59	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$ 98.6	3\$	463.90	\$119.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.3	4 \$	408.50	\$119.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.5	7 \$	501.03	\$142.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.8	1\$	629.70	\$178.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.2	2\$	5 504.02	\$142.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.2	9\$	393.45	\$98.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.8	0\$	5 171.64	\$72.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 336.7	4\$	2,091.45	\$1,087.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.8	4 \$	221.33	\$15.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$	93.73	\$ 14.7	8 \$	136.89	\$19.00	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
		0.1	00000		100					
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Dathology Sonvices	Hernital Outpatient	CDT	80061		Vac	\$ 46.48	¢ 12.05	\$ 101.77	\$12.05	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$12.05	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$15.62	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$55.93	Per Unit
, , ,						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Fathology Scivices	nospital outputient	CFT	01000	of marysis nonauto wyscope	165	Volume	Volume	Volume	volume	
				Uning Test Automated with						
				Urine Test - Automated with		<b>A A A A A</b>			AF 70	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$5.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.13	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$15.50	Per Unit
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Laboratory & Patholomy Services	Hospital Outpatient	СРТ	92247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$4.52	Per Unit
Laboratory & Pathology Services		CFI	0224/		NU	÷ 41.02	y 4.52	y 55.22	34.3Z	rerunit
									400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$26.64	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.1	1 \$	12.31	\$ 67.00	\$12.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.1	3\$	11.09	\$ 153.64	\$11.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.2	8 \$	3.92	\$ 23.76	\$3.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.7	n ¢	5.86	\$ 35.53	\$5.86	Per Unit
Laboratory & Fathology Scivices	nospital outpatient	CFT	02330		NO	y 12.7	• •	5.00	÷ 33.33	<b>\$5.00</b>	T CT Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.1	4 Ş	12.05	\$ 75.41	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.5	0\$	7.17	\$ 70.25	\$9.22	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.4	0 \$	13.57	\$ 82.73	\$13.57	Per Unit
	-										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.4	o s	14.17	\$ 405.00	\$16.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02660	Assay of eruthronoistin	No	\$ 36.6	e ć	16.91	\$ 99.20	\$16.91	Per Unit
Laboratory & Pathology Services		CFI	02000	Assay of erythropoietin	INO	9 30.0	5 <b>3</b>	10.31		\$10.31	reronit
										405	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.5	1 Ş	25.15	\$ 152.33	\$25.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.2	9 \$	13.41	\$ 40.08	\$13.41	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728		No	\$ 33.5	3 \$	19.09	\$ 96.63	\$24.54	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 3	37.75	\$ 13.23	\$ 79.52	\$13.23	Per Unit
		0.1	02740		110	· ·		+	+ 10101	<i><b>7</b></i> -0.10	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 3	73.40	\$ 20.17	\$ 106.16	\$23.46	Per Unit
						-		-	-		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 3	34.04	\$ 5.51	\$ 49.42	\$7.08	Per Unit
								-	-		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 4	45.55	\$ 3.89	\$ 61.82	\$5.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 1	72.97	\$ 19.76	\$ 498.96	\$19.76	Per Unit
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				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036		No	\$ 3	71.27	\$ 8.74	\$ 95.94	\$8.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 3	75.84	\$ 26.58	\$ 218.76	\$26.58	Per Unit
								,		7-0-00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 14	47.09	\$ 6.55	\$ 424.29	\$8.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ !	51.90	\$ 9.06	\$ 75.77	\$11.64	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 3	27.44	\$ 10.41	\$ 58.05	\$10.41	Per Unit
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				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ (	69.47	\$ 6.20	\$ 93.51	\$6.20	Per Unit
						- · ·			+	+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	s i	53.82	\$ 9.38	\$ 78.56	\$12.06	Per Unit
Lasoratory & Fathology Services	nospital outpatient	CF I	03/33	result of magnesium	NU	<b>?</b>	55.02	y 7.30	y 70.30	912.00	i ci unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$ 232.27	\$35.33	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$ 87.67	\$8.54	Per Unit
			04100			Ŷ	01.70	<b>V</b> 0.04	<i>v</i> 0/10/	<b>Q010</b> 4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/122	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$8.56	Per Unit
Laboratory & Pathology Services		CPT	04132	Assay of seruin potassium	NU	Ş	43.23	\$ 0.00	\$ 02.03		Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$8.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$	52.59	\$ 18.77	\$ 96.68	\$18.77	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$	74.21	\$ 25.75	\$ 116.68	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$	106.34	\$ 16.55	\$ 143.15	\$16.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18.76	\$ 588.80	\$26.29	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4.33	\$ 56.67	\$4.33	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$	66.21	\$ 8.12	\$ 89.13	\$8.12	Per Unit
			0.405			•			, 00120	+	
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84442	Hormone (TSH) Level	No	Ś	64.07	\$ 23.52	\$ 119.09	\$30.24	Per Unit
casoratory & ratiology services		CF I	04443		140	<b>Y</b>	04.07	y 20.02	÷ 115.05	- <del> </del>	
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Laboratory 0 Dati 1 - C - 1	Upper the LOw to get the t	COT		Blood Test - Thyroid Stimulating	v		C	¢			Devillet
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$	64.07	\$ 23.52	\$ 119.09	\$30.24	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$	96.31	\$ 12.76	\$ 129.65	\$12.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$	81.70	\$ 10.26	\$ 121.45	\$11.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$	125.77	\$ 11.54	\$ 169.31	\$13.55	Per Unit
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Laboratory & Dathology Convisor	Hospital Outpatient	СРТ	95014	Hematocrit	No	\$	26.95	\$ 2.13	\$ 36.27	\$2.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	03014	hematocrit	No	Ş	20.95	<b>3</b> 2.15	\$ 50.27	\$2.15	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$	77.98	\$ 10.88	\$ 112.06	\$13.98	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$	60.79	\$ 5.82	\$ 81.83	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	Ś	45.97	\$ 16.11	\$ 95.56	\$16.11	Per Unit
			00240			÷		+	+	+	
Laboratory & Dathalam Camiles	Hospital Outpatient	СРТ	05370	Eibrin degrade cominuent	Ne	ć	E2 E7	6 7.66	\$ 72.11	60 7F	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	65578	Fibrin degrade semiquant	No	\$	53.57	\$ 7.44	\$ 72.11	\$8.75	Per Unit
										4- 1	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.01	\$ 64.27	\$7.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$	24.61	\$ 8.24	\$ 70.98	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.96	\$ 71.77	\$4.96	Per Unit
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				Blood Test Coognitation							
Laboratory & Dath J. C. J.	Usersited Outwest's it	CDT	05700	Blood Test - Coagulation			46.04			65 A4	Des Halt
Laboratory & Pathology Services	Hospital Outpatient	CPT	85/30	Assessment	Yes	>	<b>46.01</b>	\$ 5.41	\$ 61.94	\$5.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$	48.49	\$ 4.66	\$ 65.28	\$4.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$42.28	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$24.10	Per Unit
			00301			Ψ.	102.70	<b>y</b> 24120	÷ 565.65	92.1120	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96/21	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$5.10	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	00431		NO	<b>,</b>	52.70	<i>Ş</i> <u>5.10</u>	\$ 70.55	\$5.10	rei onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	00503	Syphilis test non-trep qual	Ne	\$	37.81	\$ 3.84	\$ 50.90	\$3.84	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFI	86592	Syphilis test holi-trep quai	No	<b>?</b>	57.01	Ş 3.04	\$ 50.50	<b>\$3.04</b>	Per Unit
Laboratory & Dathalany Constant	Usersited Outputient	CDT		Combilia to stance there are l		~	27.04	¢ 2.04	¢ 50.00	62.04	Devi Harita
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$3.84	Per Unit
										40.55	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$9.16	Per Unit
										<b>.</b>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$	25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
aboratory & Pathology Services	nospital Outpatient	CPT	00003	Encephaltis st louis antbody	NO	\$	25.74	2 11.8/	ə 110.13	\$11.87	rerUnit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$11.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$ 15.13	\$ 63.03	\$15.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$15.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.23	\$12.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	\$10.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$10.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	\$9.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	\$10.41	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	\$11.15	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	s	78.19	\$ 12.95	\$ 225.56	\$12.95	Per Unit
						<b>T</b>			- 220.00	+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	s	25.14	\$ 11.59	\$ 72.53	\$11.59	Per Unit
Lasoratory of Fathology Services	nospital outpatient	GET	00703	nascola antisouy	NU	<b>?</b>	20.14	4 11.33	y 12.33	911.33	i ci unit

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				86769 - SARS-COV-2 COVID-19								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$	51.48	\$-	\$	112.07	\$37.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$	25.14	\$ 11.59	\$	76.53	\$11.59	Per Unit
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				Blood Test - Hepatitis C Antibody								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Level	No	\$	67.64	\$ 12.84	l \$	91.06	\$12.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$	23.09	\$ 13.94	\$	66.62	\$13.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$	20.32	\$ 5.00	\$	66.92	\$39.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$	244.72	\$ 5.65	\$	329.43	\$114.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$	198.99	\$ 3.78	\$	267.88	\$87.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$	198.99	\$ 3.78	\$	267.88	\$87.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$	81.10	\$26.78	Per Unit
						.						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$	81.10	\$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$	5.82	\$ 4.84	\$	383.37	\$227.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$	244.72	\$ 13.44	l \$	344.22	\$114.94	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	sh Price	Charge_	<u>c</u>	Charge	Charge_	Estimate Type
1												
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$	180.25	\$9.29	Per Unit
1												
1												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$	186.61	\$7.76	Per Unit
1												
1												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$7.27	Per Unit
				Test for Disease-Causing								
1				(Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$	109.26	\$5.97	Per Unit
								-				
1				Urine Test - Bacterial Culture,								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$	110.60	\$7.26	Per Unit
	·····					-		· ····	-			
1												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	Ś	15.80	\$ 7.28	Ś	43.86	\$7.28	Per Unit
	nospital outputient		07000	onne rest Batteriar cartare	110	Ŷ	15.00	<i>y</i> 7.20	Ŷ	-10100	<i>Q1120</i>	
1												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	Ś	130.74	\$ 17.64	Ś	175.99	\$17.64	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	87110		NU	Ŷ	130.74	Ş 17.04	<b>9</b>	175.55	Ş17.04	rei onit
1				Evaluation of Antimicrobial Drug								
Laboratory & Dathalam, Convince	Upprited Outpatient	СРТ	07100	-	Ne	\$	69.16	\$ 7.79	\$	93.10	\$7.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/180	(antibiotic, antifungal, antiviral)	No	Ş	09.10	\$ 7.79	Ş	93.10	\$1.19	Per Unit
1												
Laboratory & Dathalam, Cardina	Upprited Outpotient	COT	07205	Lab Test. Concertion Mission	N -	~	40.02	¢ 2.04	~	C7 24	¢2.04	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$	67.21	\$3.84	Per Unit
1				Lab Task Datastic 1 1 1								
				Lab Test - Detection test for				<b>A A A A A</b>			<b>*•</b> • • •	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$	85.55	\$9.30	Per Unit
1												
1				Lab Test - Detection test for HIV-1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$	148.66	\$21.67	Per Unit
1												
1												
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	Ś	37.44	\$ 10.78	Ś	108.00	\$10.78	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.0	3 \$31.58	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.0	<b>3</b> \$31.58	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$	53.36	\$-	\$ 136.4	3 \$46.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.0	\$31.58	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.5	\$29.80	Per Unit
						*		+	· · · · ·	<b>410100</b>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.4	\$ \$29.76	Per Unit
		Ci i	07000	Shep rest (Sheptococcus) group Ay	110	Ŷ	101.50	<i>v</i> 15107	<b>V</b> 11011	Ç25170	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	00105	Flowcytometry/tc add-on	No	\$	68.81	s -	\$ 120.3	\$17.24	Per Unit
Laboratory & Pathology Services	nospital outpatient	Cri	00105	nowcytometry/te add-on	NO	Ŷ	00.01	Ý -	Ş 120.3	J 317.24	rei onit
				Incompany Administration First							
Magingtions	Dhusisian Office	CDT	00460	Immunization Administration First	No	÷	40.10	ć 11.00	ć 75 0	¢12.09	Devilait
Vaccinations	Physician Office	СРТ	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.9	3 \$12.98	Per Unit
				Immunization Administration Each				A 40.55			
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.5	L \$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.8	\$61.41	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$-	\$ 38.5	\$11.66	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	C	harge	Charge	Charge	Estimate Type
				Vaccine - Pneumococcal Conjugate			1.				
Vaccination Hospita	al Outpatient C	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$	9.56	\$ 345.21	\$214.62	Per Unit
				Vaccine - Tetanus, Diptheria							
				Toxoids, and Acellular Pertussis							
				(Whooping Cough) for Injection							
Vaccination Hospita	al Outpatient C	CPT	90715	into Muscle	No	\$ 57.74	\$	-	\$ 77.73	\$33.10	Per Unit
Evaluation & Management Services Profess	sional Services C	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	. <b>Ş</b>	118.93	\$ 198.74	\$109.12	Per Unit
						<u> </u>			<u> </u>	454.50	
Evaluation & Management Services Profession	sional Services C	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$	57.92	\$ 99.25	\$54.50	Per Unit
						<u>.</u>			<u>.</u>	ATR 60	
Evaluation & Management Services Profess	sional Services C	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	` <b>`</b>	77.37	\$ 132.34	\$72.68	Per Unit
Evaluation & Management Services Professi	signal Convisas	PT	00927	Psychotherapy 60 Minutes	Mag	\$ 174.90	l e	116.00	\$ 198.22	\$108.84	Per Unit
Evaluation & Management Services Profess	Sional Services	.P1	90837	Psychotherapy - 60 Minutes	Yes	> 1/4.90 N/A No	, <b>&gt;</b>	110.00	5 196.22 N/A No	N/A No	Per Unit
						Service			Service	Service	
Evaluation & Management Services Professi	sional Services	PT	00946	Family psytx w/o pt 50 min	Yes	Volume	\$		Volume	Volume	Per Unit
Evaluation & Management Services FIDIess		ar I	50040	ranny psyck w/o pc 50 mm	105	volume	~	-	volume	volume	
Evaluation & Management Services Profess	sional Services	PT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	s	97.13	\$ 166.18	\$91.50	Per Unit
				renerally runny session		N/A No	<b>—</b>	57.15	N/A No	N/A No	
						Service			Service	Service	
Evaluation & Management Services Profess	sional Services	PT	90853	Psychotherapy - Group Session	Yes	Volume	\$	-	Volume	Volume	Per Unit
				,			+ ·				
Medicine Speech Therapy Hospita	al Outpatient	рт	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$	17.40	\$ 251.43	\$67.60	Per Unit
			-	-	-						
				Electrocardiogram, routine, with							
Medicine Cardiovascular Profess	sional Services C	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$	28.12	\$ 95.52	\$27.62	Per Unit
							1				
Medicine Other Hospita	al Outpatient C	PT	03005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	Ś	-	\$ 295.26	\$50.62	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	ish Price	0	Charge		Charge	Charge	Estimate Type
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$202.73	Per Unit
												A	
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	Ş	322.26	Ş	1,593.05	\$448.97	Per Unit
				to another of each star into left beaut									
Uppritel Outpotient Dressdurg	Upperitel Outpetient	CDT	02452	Insertion of catheter into left heart	N		0.047.45	~	570.02	~	12 020 02	62 492 AC	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	Ş	12,920.92	\$2,482.46	Case Rate
Medicine Other	Hospital Outpatient	СРТ	02071	Extremity study	No	Ś	240.64	ć	92.64	Ś	400.67	\$108.75	Per Unit
Wedicine Other		CFT	33371		NO	2	240.04	2	52.04	ş	400.07	\$100.75	Per Olit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	Ś	189.82	¢	-	Ś	1,229.53	\$728.05	Per Unit
			55044				N/A No		A No	Ŷ	N/A No	N/A No	
Medicine Neurology and							Service		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes		/olume		olume		Volume	Volume	Per Unit
		Ci i	55010		100	-							
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$73.71	Case Rate
				Physical Therapy - Manual		1							
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$12.56	Per Unit
						1							
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$12.12	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic		Ι.							
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$26.13	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	Ş	26.14	Ş	104.78	\$29.72	Per Unit
Medicine Physical Medicine and			07445				77.64		22.00		104.00	635.04	Devillet
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$25.84	Per Unit

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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$47.46	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$71.97	Per Unit
Redictor Dissolation Redictors and				Division The second Advanta									
Medicine Physical Medicine and Rehabilitation	Upprited Outpotions	CDT	074.02	Physical Therapy - Moderate	N	\$	62.40	~	71.97	Ś	252.78	\$71.97	Per Unit
Renabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	Ş	62.40	\$	/1.9/	Ş	252.78	\$71.97	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	s	71.97	s	252.78	\$71.97	Per Unit
		CIT	57105			Ŷ	100.00	Ŷ	, 2.57	Ŷ	252.70	<i><i>ϕ</i>, 1.5,</i>	
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$48.67	Per Unit
								-					
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	\$	245.32	\$77.05	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$77.05	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								400 CT	<b>B 11</b> 11
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$32.67	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$0.00	Per Unit
			5.555	6		-		+		Ŧ		+	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	<b>99202</b>	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$90.16	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient, Low						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$135.18	Per Unit
Evaluation & management bervices			55205		103	<i>v</i> 102.00	Ç 102.074	¢ 270.00	<i><b></b></i>	
				Office Visit - New Patient,						
Fundantian & Management Comisso	Drefessional Complete	СРТ	00204		Vec	\$ 250.69	\$ 177.01	\$ 432.49	\$230.67	Per Unit
Evaluation & Management Services	Professional Services	CPT	<u>99204</u>	Moderate Complexity	Yes	\$ 250.05	5 177.01	ə 452.49	\$250.07	Per Unit
				New patient office of other						
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$301.27	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$45.75	Per Unit
				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$91.69	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	\$141.52	Per Unit
						+	+	+	+	
				Office Visit - Established Patient,						
Evaluation & Management Services	Drofossional Convisos	СРТ	00215		No	\$ 315.87	\$ 192.33	\$ 385.34	\$199.58	Per Unit
Evaluation & Management Services	Professional Services	CPT	99215	High Complexity	NO	\$ 515.67	\$ 192.55	ə 505.54	\$199.30	Per Unit
Professional Const. A State										
Professional Services Associated									400.00	
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$68.05	Per Unit
				Patient office consultation,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$91.11	Per Unit
				Patient office consultation,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$146.51	Per Unit
							1			
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$78.05	Case Rate
			00101	(		+ 200101	7 74.50	+ 000100	÷. 5.65	
				Emergency Department Visit - Low						
Emorgonou Boom Misit	Heenitel Outpatient	CDT	00393		Ne	\$ 430.38	é 02.52	ć 1 114 22	614F 10	Casa Pata
Emergency Room Visit	Hospital Outpatient	CPT	33795	Complexity (outpatient)	No	\$ 430.38	ə ə ə ə ə ə ə ə ə ə ə ə ə ə ə ə ə ə ə	\$ 1,114.22	\$145.18	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash			narge		Charge	Charge	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$243.06	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,4	400.69	\$	270.43	\$	4,475.48	\$405.98	Case Rate
				<b>Emergency Department Visit - High</b>									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,:	149.91	\$	458.20	\$	5,806.95	\$591.24	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,	860.61	\$	425.50	\$	6,308.07	\$742.96	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	\$	156.75	\$	-	\$	225.38	\$101.97	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$106.92	Per Unit
				Office Visit - Comprehensive			T		Τ				
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99383	11 Years Old	No	\$	1 <b>70.9</b> 6	\$	-	\$	413.46	\$111.57	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$126.43	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$122.49	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Protessional Services	CPT	99386	64 Years Old	Yes	\$	217.32	Ş	91.72	Ş	1,293.56	\$113.43	Per Unit

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<u>Scrvice category</u>	<u>Service Setting</u>	Type	couc	Description	<u>Scrvice</u> .	cusirrice	charge	charge	charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Convises	СРТ		Year Old	No	\$ 141.19	s -	\$ 267.83	\$92.13	Per Unit
Evaluation & Management Services	Professional Services	CPT	99391	rear old	No	\$ 141.19	<b>ə</b> -	\$ 207.65	<b>392.13</b>	Per Onit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation		A 450.00		A	400 AC	
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	Ş -	\$ 305.91	\$98.26	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	Ş -	\$ 305.91	\$97.95	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	\$107.86	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	\$110.55	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	\$92.43	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	\$0.00	Per Unit
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									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 ish Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identifie Maximum Negotiatec Charge	Specific	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$-	\$	\$0.00	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	Νο	\$ 773.99	\$ 46.24	\$ 1,424.4	6 \$92.16	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.8	6 \$1,971.56	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.0	00 \$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$-	\$ 732.3	\$5 \$102.99	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.3	4 \$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.2	7 \$0.89	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$-	\$ 89.1	1 \$11.03	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$-	\$ 4,336.2	1 \$230.07	Per Unit