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Summit Community Arkansas Medicaid	Last Updated: 12/7/2020									
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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Professional Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$12,529.27	CPT/HCPCS
										Case Rate-
										Excluding Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$17,947.63	CPT/HCPCS
										Case Rate-
				Major joint replacement or						Excluding Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$6,941.10	CPT/HCPCS
										Case Rate-
				Cervical spinal fusion without						Excluding Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$5,180.43	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 <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$18,867.60	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	\$10,408.84	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	\$6,559.34	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	\$12,869.24	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge_	Charge	Estimate Type
										Case Rate-
				LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O						Excluding Professional Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	сс/мсс	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$7,277.70	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	\$3,709.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$11,825.72	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	\$8,286.35	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		GRAFT OR INHAL INJ W CC/MCC	No	\$ 100.447.05	\$ 21.639.28	\$ 150,000.00	\$38,906.25	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$22,845.03	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DING	525		110	\$ 55,042.00	Ş 0,340.45	\$ 50,000.00	922,043.03	
										Case Rate-
										Excluding
										Professional
										Charges which
Upperited Investigant Story	Hereitel Innetient	DDC	0.25		N -	¢ 21 200 22	ć 2 201 82	¢ 50,000,00	¢11 474 71	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	ə 3,301.83	\$ 50,000.00	\$11,474.71	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$23,943.96	CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				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	\$35,615.29	CPT/HCPCS
noopital inpatient stay	noopital inpatient	Ditto	557		110	<i>v</i> 100)120072	¢ 56,666.17	\$ 200,000.00	<i>\$55,615.25</i>	
										Case Rate-
										Excluding
										Professional
				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	\$18,358.27	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	\$12,558.14	CPT/HCPCS
nospital inpatient stay			504		110	÷ 57,701.05	÷ 0,123.33	÷ 50,000.00	<i>912,33</i> 0.14	
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	Ş 2,464.00	\$ 27,462.61	\$5,897.45	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$11,545.94	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	\$8,265.84	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	\$6,143.39	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	\$9,751.41	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	\$8,078.47	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 <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Νο	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$6,697.37	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	\$4,134.93	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$6,162.35	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	\$5,546.11	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	\$7,347.41	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
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										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$5,350.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$4,690.53	CPT/HCPCS
Materinty Denvery	nospital inpatient	DING	007	STEREIZATION, Dae W/O co/mee	NO	<i>Ş</i> 7,310.31	<i>y</i> 2,404.00	÷ 23,357.50	\$4,050.55	
										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	\$28,073.57	CPT/HCPCS
				-						
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	\$24,514.47	CPT/HCPCS
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	Νο	N/A	\$ 18,018.00	\$ 18,018.00	\$21,940.66	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	Νο	N/A	\$ 10,435.00	\$ 10,435.00	\$22,055.66	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	\$19,739.82	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	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG		Respiratory system diagnosis w ventilator support >96 hours	Νο	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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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
						70% 01				
						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
										-
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$271.62	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$277.19	Case Rate
-										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$294.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$381.25	Case Rate
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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$263.42	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$395.00	Case Rate
						N/A No	,	7 -7	N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	20926	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
nospital outpatient Procedure	nospital outpatient	CFT	23020	Arthoscopic shoulder surgery	Tes		y -	y -		case nate
				Anthroppenie Knop Summer		N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$-	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$265.32	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$360.20	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$-	\$-	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$311.00	Case Rate
				-						
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$372.00	Case Rate
						÷ _,233.34	+ 572.00			
				Colonoscopy - Diagnostic						
Hospital Outpatient Presedure	Hospital Outpatient	СРТ	45370	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$335.79	Case Rate
Hospital Outpatient Procedure		CPT	43376		165	φ 2,117.00	y 555.79	φ 2,220.68	2222.17	Case nale
				Colonacione Mith Disease						
				Colonoscopy - With Biopsy			A		A	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$343.06	Case Rate

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	<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	\$354.50	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$-	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$504.75	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$445.12	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$470.98	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$-	\$ 1,579.20	\$254.54	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$282.78	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$284.76	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
		1								
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$261.00	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$54.88	Case Rate
						- 002.24	+	,, -5,57	<i>+c</i> noo	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58201	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$32.34	Case Rate
nospital outpatient Procedure	nospital Outpatient	CFI	20201	Remove intrauterine device	NU	y 2/3.03	y 32.34	y 1,453.30	202.0 4	Case hate

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	9	Charge		Charge	Charge	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55025	Fetal Non-Stress Test Routine obstetric care for vaginal	No	>	260.79	\$	118.53	\$	1,596.22	\$263.75	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	\$242.00	Case Rate
with Inpatient Stay	Professional Services	CPT	59400	delivery care	res	>	4,496.21	?	242.00	Ş	5,270.40	ŞZ42.00	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	Ś	2,230.06	¢	133.91	¢	1,625.81	\$133.91	Case Rate
with inpatient Stay	Professional Services	CPT	55410	Routine obstetric care for cesarean	NU	2	2,230.00	2	155.51	ş	1,025.01	\$155.51	Case hate
Professional Services Associated				delivery, including pre-and post-									
	Professional Services	CDT	50510	delivery care	Vec	\$	4,966.56	ć	246.05	\$	3,619.13	\$246.05	Case Rate
with Inpatient Stay	Professional Services	СРТ	59510	Routine obstetric care for vaginal	Yes	>	4,900.30	?	240.05	Ş	3,019.13	\$240.05	Case Rate
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Voc	\$	4,706.58	ć	305.08	\$	3,429.34	\$305.08	Case Rate
with inpatient Stay	Professional Services	CPT	23010		Yes	>	4,700.30	?	505.06	Ş	3,429.34	\$505.08	Case Rate
				Injection of substance into spinal canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$	1,055.18	ć	379.33	Ś	1,880.39	\$474.39	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02322	Injection of substance into spinal	res	?	1,055.10	2	375.33	ş	1,000.33	3474.33	Case hate
				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	\$305.01	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02323	Injections of anesthetic and/or	res	2	1,005.56	2	505.01	ş	1,500.55	\$505.01	Case Nate
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64/192	guidance	Yes	\$	1,776.21	¢	358.46	¢	1,980.49	\$480.20	Case Rate
	nospital outpatient	GFT	34403	Building	103		N/A No	Ŷ	330.40	<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 outpatient Procedure		GET	00304		163		Stunie	Ý	-	~	-	volume	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	s	168.99	Ś	48.93	Ś	1,604.78	\$257.03	Case Rate
nospital outpatient riotedule	nospital outpatient	CF I	0.0210	Remove impacted car wax	NU	7	100.33	7	40.33	?	1,004.70	7237.03	cuse nate

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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 ash Price	<u>Mi</u> Nej	dentified inimum gotiated charge	N N	e-Identified Maximum 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	\$441.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$	127.22	\$	1,318.18	\$441.10	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	\$681.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$	127.52	\$	2,259.85	\$476.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$	223.05	\$	1,996.31	\$655.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$	223.05	\$	1,677.63	\$655.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$	252.20	\$	2,270.30	\$967.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$	406.50	\$	3,409.54	\$1,412.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$	19.91	\$	181.37	\$34.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$	31.50	\$	193.55	\$57.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$ 77.8 0	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$567.00	Per Unit

Radiology ServicesHospital OutpatientCPT71260CT Scan - Chest, with Contrast (outpatient)No\$ 1,448.52\$ 200.76\$ 2,034.88\$677.60PerRadiology ServicesHospital OutpatientCPT71275Ct angiography chestNo\$ 1,935.65\$ 226.19\$ 2,092.27\$747.44PerRadiology ServicesHospital OutpatientCPT72040X-Ray - Neck, Cervical SpineNo\$ 154.65\$ 37.93\$ 204.42\$74.00PerRadiology ServicesHospital OutpatientCPT72070X-Ray - Neck, Cervical SpineNo\$ 251.61\$ 33.93\$ 338.99\$71.09PerRadiology ServicesHospital OutpatientCPT72070X-Ray - Middle Back, Thoracic SpineNo\$ 251.61\$ 33.93\$ 338.99\$71.09PerRadiology ServicesHospital OutpatientCPT72100X-Ray - Spine (outpatient)No\$ 199.60\$ 37.93\$ 265.13\$74.20PerRadiology ServicesHospital OutpatientCPT72100X-Ray - Spine (outpatient)No\$ 199.60\$ 37.93\$ 265.13\$74.20PerRadiology ServicesHospital OutpatientCPT72100X-Ray - Spine (outpatient)No\$ 199.60\$ 37.93\$ 265.13\$74.20PerX-Ray, Iower back, minimum four </th <th>timate Type er Unit</th>	timate Type er Unit
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Radiology Services Hospital Outpatient CPT 72110 views Yes \$ 213.64 \$ 52.80 \$ 284.93 \$106.00 Per	er Unit
Radiology Services Hospital Outpatient CPT 72125 Ct neck spine w/o dye No \$ 1,459.37 \$ 136.86 \$ 1,750.92 \$567.00 Per	er Unit
Radiology ServicesHospital OutpatientCPT72125Ct neck spine w/o dyeNo\$ 1,459.37\$ 136.86\$ 1,750.92\$567.00Per	er Offit
Radiology ServicesHospital OutpatientCPT72126Ct neck spine w/dyeNo\$ 1,293.16\$ 260.86\$ 1,821.59\$671.30Per	er Unit
Radiology Services Hospital Outpatient CPT 72127 Ct neck spine w/o & w/dye No \$ 1,815.93 \$ 201.73 \$ 2,118.48 \$820.20 Per	er Unit
Radiology Services Hospital Outpatient CPT 72129 Ct chest spine w/dye No \$ 1,520.66 \$ 199.82 \$ 1,805.90 \$671.30 Per	er Unit
Radiology Services Hospital Outpatient CPT 72132 Ct lumbar spine w/dye No \$ 1,518.43 \$ 260.86 \$ 1,805.90 \$671.30 Per	
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Radiology Services Hospital Outpatient CPT 72133 Ct lumbar spine w/o & w/dye No \$ 1,904.42 \$ 201.90 \$ 2,238.70 \$820.20 Per	er Unit

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Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	Ş	252.20	Ş	2,177.11	\$9 77.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	Ş	252.20	\$	2,137.12	\$1,046.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$56.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	\$76.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$	2,142.05	\$650.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$2,000.04	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$42.50	Per Unit
				-									
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$51.00	Per Unit
					-			ŀ					
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	\$58.50	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	Ś	29.40	Ś	195.82	\$59.40	Per Unit
						-	- 17104	T	_31-10	-	100102	700110	
Radiology Services	Hospital Outpatient	СРТ	72070	X-ray exam of elbow	No	\$	146.83	ċ	25.07	Ś	191.42	\$51.00	Per Unit
NEW DIDEA DELAICES		CFT	73070	A ray exam or endow	NU	?	140.03	Ý	23.07	Y	131.42	÷31.00	i er onit
Padialam: Comissa		CDT	72000		N -		100.00		26.72	~	154.00	654.30	Devilation
Radiology Services	Hospital Outpatient	CPT	13080	X-RAY EXAM OF ELBOW	No	\$	122.83	>	26.72	\$	154.02	\$54.20	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	72000	X-RAY EXAM OF FOREARM	No	\$	117.10	¢	26.40	\$ 15	1.82 \$52.00	Per Unit
Radiology Scivices		Cri	73050			Ŷ	117.10	Y	20.40	φ 13.		
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	¢	30.72	\$ 19	5.19 \$60.77	Per Unit
Radiology Scivices	nospital outpatient		/5110	x-hay - whist (outputient)		Ŷ	130.32	Y	50.72	y 13	5.15 \$00.77	
Radiology Services	Hospital Outpatient	СРТ	72120	X-RAY EXAM OF HAND	No	\$	192.03	¢	24.40	\$ 24	9.73 \$47.80	Per Unit
Radiology Scivices	nospital outpatient	CFT	75120			Ŷ	152.05	Y	24.40	Υ <u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Radiology Services	Hospital Outpatient	СРТ	72120	X-Ray - Hand	No	\$	151.54	ć	32.72	\$ 19	8.42 \$65.00	Per Unit
Radiology Services	nospital outpatient	CFI	73130	X-Nay - Hanu	NO	Ŷ	131.34	,	32.72	Ş 15	5.42 505.00	reronit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	¢	246.65	\$ 1,702	\$957.19	Per Unit
Radiology Scivices	nospital outpatient		75221			Ý	1,211.02	Y	240.05	<i>y</i> 1,702		
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	s	37.77	\$ 19	7.91 \$67.33	Per Unit
			75502			Ŷ	125150	Ŷ	5	φ <u>1</u> 5	,131 QU/133	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	Ś	29.51	Ś 18	9.38 \$52.14	Per Unit
			75552			Ŷ	100.01	Ŷ	20101	φ <u>10</u> .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	Ś	32.40	Ś 26	5.82 \$62.30	Per Unit
						+		*			,	
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$ 35	1.25 \$83.00	Per Unit
	- •				_	-		-				
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$ 32	1.48 \$62.30	Per Unit
	- •					-		-				
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$ 27	8.60 \$63.00	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$58.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$72.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$475.70	Per Unit
Dedielem: Comisse	Upprited Outprotient	CDT	70704	MDL Knos (submobient)	N		1 224 22	~	246.65	Ļ	1 838 36	ć011.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/3/21	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$911.00	Per Unit
												4-1 - 0	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ş	28.31	\$	189.76	\$51.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$563.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$807.60	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$521.49	Per Unit
Radiology Services	Hospital Outpatient	СРТ	7/177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	¢	286.79	Ś	3,568.86	\$521.49	Per Unit
Inductory Services			/41//	Contrast	105	~	2,770.11	Ş	200.75	Ŷ	3,300.80		
Padialam Convince	Hospital Outpatient	СРТ	74220	V rou ym oconhogue 1 artest	N -	\$	204 40	ć	EC 20	ć	563.71	\$116.30	Per Unit
Radiology Services	Hospital Outpatient	CPI	74220	X-ray xm esophagus 1cntrst	No	Ş	394.10	Ş	56.38	\$	503./1	\$110.3U	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	Ş	79.34	\$	578.01	\$143.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$134.22	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$	386.50	\$148.60	Per Unit
l l												
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$	249.30	\$139.38	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69) \$	433.80	\$197.90	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$	372.20	\$100.30	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.54	l \$	400.80	\$152.90	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$	396.27	\$147.12	Per Unit
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De die la ma Camaiana			-	Ultrasound - Pregnancy		~	267.72	ć 100.0		427.40	6201.20	Des Halt
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.30	5\$	437.10	\$201.20	Per Unit
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Maternity (Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.6	s s	587.50	\$417.41	Per Unit
Maternity/Delivery	Hospital Outpatient	CFI	10011	OD OD DETAILED SINGL FETOS	INU	?	522.04	Å T20'0:	, , ,	307.50	941/.41	Feronit
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Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	Ś	309.95	\$ 54.75	Ś	384.30	\$118.40	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	Ś	384.30	\$118.40	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	s	387.27	\$130.05	Per Unit
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	1	СРТ		FETAL BIOPHYS PROFIL W/O NST	No	Ś	407.39		1	398.34		Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$	88.69	\$ 39 1	69 \$156.9	0 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$	98.63	\$ 463	3.90 \$240.0	0 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	Ş	70.34	\$ 408	3.50 \$156.6	0 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 50 1	.03 \$251.8	0 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629	9.70 \$309.2	7 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	s	406.73	Ś	109.22	\$ 504	1.02 \$242.9	8 Pe	er Unit
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Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393	\$329.6	0 Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 17 1	.64 \$90.5	B Pe	er Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$ 2,091	.45 \$637.2	8 Pe	er Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$	11.84	\$ 22 1	.33 \$24.1	B Pe	er Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	<u>80</u> 053	Blood Test - Comprehensive Metabolic Panel	Yes	\$	93.73	\$	14.78	\$ 136	5.89 \$30.2) Pe	er Unit

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						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$18.16	Per Unit
						+ 10110	+	•	+-0.10	
				Blood Test - Renal (Kidney)						
Laboratory & Dathology Convices	Hernital Outpatient	CDT	80000	Function Panel	Vee	\$ 17.24	¢ 0.00	\$ 34.59	\$24.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069		Yes	\$ 17.24	\$ 8.68	Ş 54.59	324.0U	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$23.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$79.81	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
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$9.04	Per Unit
Laboratory & Fathology Scivices		CFT	01001		163	Ç 23.40	у 1.11	Ş 34.47	Ş 5.0 4	T CF OHIC
Laboratory & Dathalany Constant	Usersited Outpatient	CDT	01000	United Track - United States - Manual Track	N	¢ 7.24	¢ 2.67	¢ 11.00	60.CC	Devi Hush
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.66	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$6.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$7.17	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82206	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$42.27	Per Unit
Laboratory of Fathology Services		GET	02300	blood rest - vitaniiii D-5 Level	INU	y 100.74	γ 20.04	× 204.08	342.21	rerunit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.1	.1 \$	12.31	\$ 67.00	\$18.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.1	3 \$	11.09	\$ 153.64	\$17.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.2	8 \$	3.92	\$ 23.76	\$6.22	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.7	'0 \$	5.86	\$ 35.53	\$9.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.1	.4 \$	12.05	\$ 75.41	\$19.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.5	50 \$	7.17	\$ 70.25	\$14.62	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.4	0\$	13.57	\$ 82.73	\$21.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.4	0\$	14.17	\$ 405.00	\$19.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.6	8 \$	16.91	\$ 99.20	\$26.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.5	1 \$	25.15	\$ 152.33	\$39.91	Per Unit
			22070			,	- 7			+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82602	Assay of ethylene glycol	No	\$ 20.2	9 Ś	13.41	\$ 40.08	\$21.28	Per Unit
		CFI	02075	Assay of ethylefie giycol	NU	÷ 20.2	د د.	15.41	÷ 40.08	321.20	rerunit
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				Blood Test - Ferritin (Blood Protein)				40.00	à	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$ 33.5	3\$	19.09	\$ 96.63	\$38.92	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92746	Blood Test - Folic Acid Level	No	\$ 37	.75	\$ 13.23	\$ 79.52	\$21.00	Per Unit
Laboratory & Pathology Services		CPT	02/40	blood Test - Polic Acid Level	NU	Ş 31	.75	ş 15.25	\$ 75.52	\$21.00	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73	.40	\$ 20.17	\$ 106.16	\$27.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34	.04	\$ 5.51	\$ 49.42	\$11.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45	.55	\$ 3.89	\$ 61.82	\$8.74	Per Unit
Laboratory & Pathology Services		CPT	82902		NU		.55	\$ 3.65	Ş 01.82	<i>30.14</i>	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172	.97	\$ 19.76	\$ 498.96	\$31.28	Per Unit
						•		+	+	<i>701.10</i>	
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 71	.27	\$ 8.74	\$ 95.94	\$13.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75	.84	\$ 26.58	\$ 218.76	\$39.86	Per Unit
										4.0	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147	.09	\$ 6.55	\$ 424.29	\$6.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51	.90	\$ 9.06	\$ 75.77	\$18.50	Per Unit
Lasoratory & Fathology Scivices		CFI	03340		NU			y 5.00	y 13.11	910. 3 0	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27	.44	\$ 10.41	\$ 58.05	\$15.25	Per Unit
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 69	.47	\$ 6.20	\$ 93.51	\$9.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	Ş 53	.82	\$ 9.38	\$ 78.56	\$19.14	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.3	3 \$	232.27	\$47.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$13.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.6	5 \$	62.65	\$13.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.6	i s	62.65	\$13.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/1//	Assay of progesterone	No	\$	52.59	\$ 18.7	s	96.68	\$29.79	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	04144	Assay of progesterone	NO	~	52.55	Ş 10.7	, ,	50.08	\$25.75	reronit
				Pland Tast Drastata Spacific								
Laboratory & Dathalam, Comisso	Upperitel Outpetient	COT	04452	Blood Test - Prostate Specific Antigen (PSA) Level	Mar	\$	74.21	\$ 25.7	s s	116.68	\$52.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84155	Antigen (PSA) Level	Yes	>	74.21	Ş 25.7	, ,	110.00	352.54	Per Unit
											400.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$	106.34	\$ 16.5	5 \$	143.15	\$26.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18.7	5\$	588.80	\$25.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4.33	\$	56.67	\$6.87	Per Unit
				Blood Test - Thyroxine (Thyroid								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$	66.21	\$ 8.12	2 \$	89.13	\$12.88	Per Unit
				Blood Test - Thyroid Stimulating								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$	64.07	\$ 23.5	2 \$	119.09	\$47.96	Per Unit
									1			
				Blood Test - Thyroid Stimulating								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$	64.07	\$ 23.5	2 \$	119.09	\$47.96	Per Unit
aporatory & Pathology Services	nospital Outpatient	CPI	84443	Hormone (ISH) Level	res	>	64.07	ə 23.5.	2 3	119.09	\$47.96	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$	96.31	\$ 12.76	\$ 129.65	\$20.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$	81.70	\$ 10.26	\$ 121.45	\$14.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$	125.77	\$ 11.54	\$ 169.31	\$11.54	Per Unit
Laboratory & Dathalagy Convisas	Hospital Outpatient	CDT	95014	Hematocrit	No	\$	26.95	\$ 2.13	\$ 36.27	\$3.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	05014	hematocht	No	>	20.95	Ş 2.15	\$ 50.27	\$5.50	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025		Yes	\$	77.98	\$ 10.88	\$ 112.06	\$22.20	Per Unit
			00020		103	Ŷ	77150	ý 10.00	<i> </i>		
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$	60.79	\$ 5.82	\$ 81.83	\$9.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$	45.97	\$ 16.11	\$ 95.56	\$25.58	Per Unit
Laboratory 9 Dathology Comission	Upperitel Outpetient	CDT	05270	Fibrin degrade consiguent	No		F2 F7	¢ 7.44	¢ 72.44	¢10.10	Devilait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	823/8	Fibrin degrade semiquant	No	\$	53.57	\$ 7.44	\$ 72.11	\$10.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.01	\$ 64.27	\$11.22	Per Unit
						Ŧ				+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$	24.61	\$ 8.24	\$ 70.98	\$8.24	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.96	\$ 71.77	\$7.88	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85720	Assessment	Yes	¢	46.01	\$ 5.41	\$ 61.94	\$8.58	Per Unit
Laboratory & Fathology Services		UP I	03/30	ASSESSINGIN	162	?	40.01	y 5.41	y 01.94	70.30	rerunit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$9.25	Per Unit
Laboratory & Fathology Scruces			03732		NO	Ŷ	12.05	y 3.02	÷ 50.42	<i>45.25</i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$	48.49	\$ 4.66	\$ 65.28	\$7.39	Per Unit
Laboratory & Fathology Scruces			00140		110	Ŷ	40.45	9 4.00	÷ 05.20	<i>\$1.35</i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$57.49	Per Unit
Laboratory & Fathology Scruces			80300		NO	Ŷ	03.00	y 42.20	Ç 211.55	<i>337.43</i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 1	32.78	\$ 24.10	\$ 383.03	\$28.75	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	80301		NO	y 1	.52.70	Ş 24.10	÷ 383.03		reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96/21	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$8.11	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	00431		NO	,	52.70	Ş 5.10	\$ 70.55	30.11	rei onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.90	Per Unit
Laboratory & Fathology Scruces			00332	syphilis test hor-trep quar	NO	Ŷ	57.01	y 3.04	Ş 30.30	<i>\$</i> 3.50	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.90	Per Unit
Laboratory & Fathology Scruces			00332	syphilis test holi-trep quar	NO	Ŷ	57.01	y 3.04	Ş 30.50	<i>\$</i> 5.50	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$14.53	Per Unit
			50011			7		+ 5.10	+ 100.00	ý1.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$18.84	Per Unit
		-									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$18.84	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$18.84	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	Ś	25.74	\$ 11.87	\$ 110.13	\$18.84	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$18.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$18.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$ 15.13	\$ 63.03	\$20.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$24.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.23	\$17.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	\$17.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$16.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	\$15.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	\$16.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	\$17.69	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	s	78.19	\$ 12.95	\$ 225.56	\$20.55	Per Unit
						· ·		- 11.00	- 220.00	÷_5.55	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	s	25.14	\$ 11.59	\$ 72.53	\$18.40	Per Unit
Lasoratory of Fathology Services	nospital outpatient	GET	00703	nascola antisouy	NU	9	20.14	4 II.33	y 72.33	910.4V	i ci unit

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				86769 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$	51.48	Ş -	\$ 112.07	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$	25.14	\$ 11.59	\$ 76.53	\$18.40	Per Unit
				Blood Test - Hepatitis C Antibody							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803		No	\$	67.64	\$ 12.84	\$ 91.06	\$20.39	Per Unit
			00000			· ·		+	+ 51.00	+====	
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$	23.09	\$ 13.94	\$ 66.62	\$22.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$	20.32	\$ 5.00	\$ 66.92	\$5.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 2	244.72	\$ 5.65	\$ 329.43	\$8.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86000	Blood typing serologic abo	No	\$ 1	198.99	\$ 3.78	\$ 267.88	\$4.26	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	80500	blood typing serologic abo	NU	÷ .	150.55	Ş 3.70	Ş 207.00	94.20	reronit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 1	198.99	\$ 3.78	\$ 267.88	\$4.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$ 81.10	\$35.00	Per Unit
										1	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$ 81.10	\$35.00	Per Unit
										1	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	s	5.82	\$ 4.84	\$ 383.37	\$5.38	Per Unit
			00002			Ÿ	0.02	++	- 303.37	ç3.30	
										40.000	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 2	244.72	\$ 13.44	\$ 344.22	\$34.00	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.2	5 \$14.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.6	1 \$12.30	Per Unit
, , ,											
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.3	5 \$11.53	Per Unit
			0/0//	Test for Disease-Causing	110	Ŷ	00140	ý 7.27	<i>v</i> 01.0	<i></i>	i ci onic
				(Pathogenic) Organisms, Not							
Laboutany & Dathalam, Camilaas	Upperited Outpetient	CDT	07004			\$	01 17	¢ 5.07	\$ 109.2	6 \$9.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	Ş	81.17	\$ 5.97	\$ 109.2	5 \$9.47	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.6	0 \$11.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.8	6 \$11.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.9	9 \$27.98	Per Unit
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.1	0 \$8.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.2	1 \$6.10	Per Unit
				-							
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$ 85.5	5 \$14.75	Per Unit
			5,540			-		+ 0.00	+ 3313		
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87280	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.6	6 \$34.12	Per Unit
			37303		NU	2	110.45	Ş 21.07	÷ 140.0	J 334.12	rei Unit
Laboratory & Dation Const	Usersited Outpations	CDT	07405	Potentinus estis			27.44	A 40.55	A 405 -	A 440.07	Des Halt
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.0	0 \$12.87	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	Ś	108.43	\$ 31.58	\$ 171.03	\$50.12	Per Unit
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				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$50.12	Per Unit
Laboratory & Fathology Services			07351	(Nelssena Gonornocae Daetena)	110	Ý	50.15	<i>y</i> 31.30	Ş 171.03	330.12	T CF OHIC
				87635 - SARS-COV-2 COVID-19							
Laboratory & Dathalam, Camilana	Upperitel Outpetient	CDT	07625	AMP PRB		~	52.20	s -	\$ 136.48	\$0.00	Devilatio
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635		No	\$	53.36	ş -	\$ 136.48	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$50.12	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$24.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$21.42	Per Unit
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				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$0.00	Per Unit
			50400			Ÿ		- 11.00	+ 75.55		. cr onit
				Immunization Administration Each							
Vaccinations	Physician Office	СРТ	00461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$0.00	Per Unit
		CPT	90401		No	?	23.13	÷ 10.49		ŞU.UU	reronit
	Usersited Output			Incompany and the st					A	642.44	Developed:
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$13.14	Per Unit
				Immunization Administration Each		Ι.					
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$13.14	Per Unit
		1									
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$	142.32	\$ 9.56	\$ 227.93	\$9.56	Per Unit

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				Martine Drawnard Carlington							
Vecination	Uppritel Outpotient	CDT	00070	Vaccine - Pneumococcal Conjugate		\$ 285.5		9.56	\$ 345.21	¢0.50	Dev Unit
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle Vaccine - Tetanus, Diptheria	No	ə 200.0	5 5	9.50	\$ 345.21	\$9.56	Per Unit
				Toxoids, and Acellular Pertussis							
				(Whooping Cough) for Injection							
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.7	as	_	\$ 77.73	\$38.36	Per Unit
						• • • •			•	<i>v</i> ooroo	
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.8	1\$	118.93	\$ 198.74	\$191.43	Per Unit
									-		
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.0	3\$	57.92	\$ 99.25	\$81.08	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.7	7\$	77.37	\$ 132.34	\$109.49	Per Unit
									<u>.</u>	A.C. 17	B 11 11
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.9	υş	116.00		\$161.47	Per Unit
						N/A No			N/A No	N/A No	
Evaluation & Management Services	Professional Convises	СРТ	00040	Family psytx w/o pt 50 min	Vec	Service Volume	Ś		Service Volume	Service Volume	Per Unit
Evaluation & Management Services	FIOIESSIONAL SELVICES	CPT	90640		Yes	volume	2		volume	volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.1	5 5	97.13	\$ 166.18	\$102.80	Per Unit
				.,		N/A No			N/A No	N/A No	
						Service			Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$	-	Volume	Volume	Per Unit
										1	
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.0	0\$	17.40	\$ 251.43	\$17.40	Per Unit
				Electrocardiogram, routine, with							
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.2	7 \$	28.12	\$ 95.52	\$28.60	Per Unit
Madiaina Othan										63C 00	Deve Harita
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.2	a Ż	-	\$ 295.26	\$36.80	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$61.00	Per Unit
Madiating Others		COT	00000	The surface makes and the			4 40 4 00	~	222.25		4 502 05	6000 A0	Deve Hast:
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$609.40	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	ć	12,920.92	\$471.27	Case Rate
	nospital outputient	CFT	55452		165	Ý	0,047.43	Ý	373.33	Ý	12,520.52	<i>Ş471.27</i>	case nate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	Ś	92.64	Ś	400.67	\$170.82	Per Unit
						Ť		-		*			
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$	189.82	\$	-	\$	1,229.53	\$0.00	Per Unit
						I	N/A No		I/A No		N/A No	N/A No	
Medicine Neurology and							ervice		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	v	olume	V	olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$44.58	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$0.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound								40.00	
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$0.00	Per Unit
Medicine Dhysical Medicine and				Dhusical Thorany, Thorangutic									
Medicine Physical Medicine and	Hernitel Outpetient	CDT	07110	Physical Therapy - Therapeutic	Vee	Ś	88.74	ć	17.40	è	119.46	\$17.40	Dox Unit
Rehabilitation	Hospital Outpatient	СРТ	9/110	Exercises	Yes	Ş	ōō.74	Ş	17.40	>	119.46	Ş17.4U	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	¢	26.14	¢	104.78	\$0.00	Per Unit
Actual interior		CFT	57112	necodeation	NU	~	05.55	?	20.14	,	104.70	90.00	i er omt
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	Ś	77.61	Ś	22.90	Ś	104.48	\$0.00	Per Unit
nerrowinterton	risspital outputient	CF I	37110		NU	4	77.01	4	22.30	Y	104.40	90.00	i ci onic

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Service Category	Service Setting	Туре	coue	Description	Servicer	Las	SITPLICE	<u>u</u>	large		Charge	Charge	<u>Estimate Type</u>
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$0.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity								40.00	
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ş	71.97	\$	252.78	\$0.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	Ś	71.97	Ś	252.78	\$0.00	Per Unit
		CFT	57102		NO	Ý	02.40	Ŷ	71.57	Ŷ	232.70	<i></i>	
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	Ś	71.97	\$	252.78	\$0.00	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$0.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	\$	245.32	\$0.00	Per Unit
							60.40		72.00			*• • • •	N N N
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$0.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	Ś	92.45	Ś	17.40	Ś	124.45	\$17.40	Per Unit
						-		Ŧ		т			
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
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
												A 47	B 11 11
Evaluation & Management Services	Protessional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$	167.93	Ş	90.34	\$	200.08	\$47.36	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	<u>e</u>	Charge_	Charge_	Charge_	Estimate Type
				Office Visit - New Patient, Low							
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 182.	06	\$ 132.54	\$ 273.99	\$68.15	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.	69	\$ 177.01	\$ 432.49	\$92.40	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	\$156.38	Per Unit
								-	-		
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.	74	\$ 46.41	\$ 133.24	\$28.88	Per Unit
			55212			• ••••			+	+10100	
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	00212	Low Complexity	No	\$ 99.	67	\$ 81.71	\$ 201.59	\$38.12	Per Unit
Evaluation & Management Services	FIORESSIONAL SELVICES	CFT	55215	Low complexity	NO	Ş 55.	07	Ş 01.71	\$ 201.33	330.12	reronit
				Office Visit - Established Patient,							
Evaluation & Management Convices	Professional Convises	CDT	00214	Moderate Complexity	No	\$ 151.	10	Ś 140.90	\$ 279.47	\$73.55	Per Unit
Evaluation & Management Services	Professional Services	СРТ	33214		NO	Ş 151.	19	\$ 140.90	\$ 2/9.4/	\$75.55	Per Unit
				Office Misite Free-blick and Destinate							
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.	87	\$ 192.33	\$ 385.34	\$111.30	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.	88	\$ 50.60	\$ 111.92	\$50.60	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 212.	43	\$-	\$ 142.18	\$106.26	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.	80	\$-	\$ 226.38	\$125.90	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.	81	\$ 74.98	\$ 689.88	\$73.00	Case Rate
- •							-			-	
				Emergency Department Visit - Low							
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.	38	\$ 93.52	\$ 1,114.22	\$94.96	Case Rate
			33202	complexity (outputient)			55	+ 55.52	T 1)117.22	434.30	case mate

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<u>bernice category</u>	<u>service secting</u>	1700	<u></u>	beschption	<u>bernee</u> .				indi <u>se</u>		enarge	charge	Lotinate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00283	Moderate Complexity (outpatient)	No	\$	932.99	¢	182.62	\$	2,714.83	\$143.66	Case Rate
		CFT	55205	moderate complexity (outputient)	NO	Ŷ	552.55	Ý	102.02	Ŷ	2,714.05	Ş143.00	cuse nute
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$	2,400.69	¢	270.43	Ś	4,475.48	\$315.64	Case Rate
			55204	inglier complexity (outputient)		Ý	2,400.05	Ý	270.45	Ŷ	4,473.40	Ş313.04	cuse nute
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	Ś	458.20	Ś	5,806.95	\$338.35	Case Rate
			55205			Ŷ	5,145151	Ŷ	450120	Ŷ	5,000155	<i>Q</i> GGGG	cuse nuce
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	¢	17,860.61	¢	425.50	\$	6,308.07	\$2,450.24	Case Rate
		CFT	55251	cifical care (outpatient)	NO	Ý	17,000.01	Ý	425.50	Ŷ	0,300.07	<i>\$2,430.24</i>	cuse nute
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	СРТ	00281	Younger than 1 Year Old	No	Ś	156.75	ć	_	\$	225.38	\$59.23	Per Unit
Evaluation & Management Services		CFT	55561	Office Visit - Comprehensive	NO	,	150.75	Ŷ	-	7	223.30	ŞJJ.23	reronit
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	СРТ	00292	4 Years Old	No	Ś	163.82	ć	-	Ś	236.91	\$59.23	Per Unit
Evaluation & Management Services	Professional Services	CFT	33382	Office Visit - Comprehensive	NO	~	105.02	Ŷ	-	7	230.31	Ş33.23	rei onit
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	СРТ	99383	11 Years Old	No	Ś	170.96	Ś	-	Ś	413.46	\$59.23	Per Unit
evaluation & management services			55565	Office Visit - Comprehensive	110	,	170.50	¥	-	Ŷ	413.40	.23.23	. cr onit
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99284	17 Years Old	No	Ś	193.58	Ś	-	\$	280.75	\$59.23	Per Unit
evaluation & management services			55304	Office Visit - Comprehensive	NU	,	133.30	¥	-	Ŷ	200.75	45J.23	. cr onit
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	СРТ	99285	39 Years Old	Yes	Ś	187.80	ċ	59.23	ć	347.60	\$59.23	Per Unit
Evaluation & management services			33303	Office Visit - Comprehensive	162	\$	101.00	?	55.25	ş	347.00	333.23	reronit
				Preventive Medicine Evaluation									
Evaluation & Management Services	Professional Services	СРТ	00390	and Management, New Patient, 40- 64 Years Old	Vec	Ś	217.32	ć	01 72	ć	1,293.56	\$0.00	Per Unit
Evaluation & ividiagement Services	FIDIESSIUIIdi Services	CPT	33200	04 rears Ulu	Yes	?	217.32	२	31.72	Ş	1,233.30	ŞU.UU	rei Ullit

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<u>Scrvice category</u>	Scrvice Setting	Type	couc	Description	<u>Scrvice</u> .	casirritee	charge	charge	charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evolution 8 Management Comises	Duefeesienel Comisse	CDT				\$ 141.19	s -	\$ 267.83	\$59.23	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	> -	\$ 207.83	\$59.23	Per Unit
				Office Visit - Comprehensive						
				-						
				Preventive Medicine Reevaluation		A 450.00		÷	ATO 33	
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	ş -	\$ 305.91	\$59.23	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	\$59.23	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$59.23	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$59.23	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$0.00	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
	1						. ,	. ,		
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	Ś -	\$ 126.95	\$15.45	Per Unit
			30000			+ ,0.10	T	+ 120.00	910140	

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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 sh Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$-	\$-	\$0.00	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$ 1,424.46	\$0.00	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 1	15,685.71	\$ 605.00	\$ 24,131.86	\$702.14	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$ 200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$-	\$ 732.35	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$ 3.27	\$3.23	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$11.74	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$-	\$ 4,336.21	\$525.18	Per Unit