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United Health Care Commercial	Last Updated: 12/7/2020									
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	Νο	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$16,346.91	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	\$47,943.55	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	\$23,161.68	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	\$30,967.58	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	\$36,871.68	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	\$25,546.24	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	\$20,076.14	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	\$28,346.51	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$22,576.51	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	\$13,803.87	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	\$16,794.32	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	\$10,724.42	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$79,474.35	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$36,681.50	CPT/HCPCS
										Case Rate-
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										Professional
										Charges which
										are paid by
Hospital Inpatient Stav	Hospital Inpatient	DRC	025	NON-EXTENSIVE BURNS	No	\$ 21,298.22	¢ 2 201 92	\$ 50,000.00	\$23,568.86	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	INCIN-EATEINSIVE BURINS	No	ې ۲۲٬۲۵۵٬۲۲ خ	φ 3,3U1.83	÷ 50,000.00	323,308.80	
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Hospital Inpatient Stay	Hospital Inpatient	DRG		SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$46,920.72	CPT/HCPCS
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Hospital Inpatient Stay	Hospital Inpatient	DRG	957	WMCC	No	\$ 139,128.72	\$ 30,888,17	\$ 200,000.00	\$90,466.97	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	\$51,268.03	CPT/HCPCS
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										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	\$18,145.08	CPT/HCPCS
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										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	\$5,179.00	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	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$7,274.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$7,274.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$7,274.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$7,274.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$7,274.00	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>	Code	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	\$7,274.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	Νο	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,203.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	Νο	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$5,179.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	Νο	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$5,179.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$5,179.00	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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										Charges which
				VAGINAL DELIVERY W/O					4	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$5,179.00	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	\$5,179.00	CPT/HCPCS
indecimely benery		Dirig	007			<i> </i>	\$ 2,404.00	÷ 20,007100	\$3,275,000	
										Case Rate-
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										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	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
						52% Charges				
						Estimated at			4050 D	
Inpatient Rehabilitation Hospital	to a stand Data bills of the State			Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$958 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UR	118	Room & Board	No	Diem			Diem	Day

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	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
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	Νο	N/A	\$ 18,018.00	\$ 18,018.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG		Respiratory system diagnosis w ventilator support >96 hours	Νο	N/A	\$ 37,703.24	\$ 37,703.24	N/A	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
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per	\$1,575 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$638 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$638 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$638 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB		Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
										~1
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$57.55	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$72.27	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	\$739.47	Case Rate
			1,000	best denotion of realon (outpatient)	110	÷ 1,131.70	÷ 157.32	÷ 1,034.10	<i>9133.</i> 71	case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19092	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,646.64	Case Rate
nospital outpatient Flotedule	nospital outpatient	CF 1	12003	DA MICAST IST ICSIOII US IIIIAK	110	y 3,032.42	- JOI.23	y 2,704.30	91,040.04	case nate

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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	
l l				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
	· · ·									
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Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$723.31	Case Rate
l l										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,498.20	Case Rate
						N/A No	-		N/A No	
l l						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
	· · ·					N/A No			N/A No	
l l				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
l l										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$770.49	Case Rate
							-			
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$1,019.81	Case Rate
					-	N/A No			N/A No	
1				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
							-	-		
1				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,360.37	Case Rate
				-						
1				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,400.14	Case Rate
1				Colonoscopy - Diagnostic						
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,467.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,467.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient) Colonoscopy - With Biopsy	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,467.22	Case Rate

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Service Category	Service Setting	<u>Type</u>	<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	\$461.36	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	\$965.78	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,740.88	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	\$765.57	Case Rate
						+ 0,001100	+	+	<i><i><i></i></i></i>	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	s -	\$ 1,579.20	\$683.51	Case Rate
			51750	orme capacity measurement	110	<i>v 37104</i>	Ŷ	<i> </i>	<i>00010111</i>	cuse nuce
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	F2000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,037.19	Case Rate
Hospital Outpatient Procedure		CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 202.70	\$ 1,550.52	\$1,037.19	Case Nate
Hospital Outpatient Procedure	Hernitel Outpatient	СРТ	55700	Pioney of prostate gland	Vec	¢ 1165.04	¢ 204.70	\$ 2.631.84	¢1 c00 29	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CFI	55700	Biopsy of prostate gland	Yes	\$ 1,165.04		1 11-1	\$1,609.38	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
Uponital Outpatient Press during	Upprited Outpotiont	CDT	FFOCC	surrounding lymph nodes using an	N	Service	Service	Service	Service	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$787.13	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$732.39	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$757.16	Case Rate

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	<u>Ca</u>	ash Price	9	Charge_		Charge_	Charge_	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$704.51	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	Ş	242.00	Ş	3,278.48	\$1,928.52	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$956.36	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$2,128.90	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,017.26	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	\$	1,880.39	\$979.19	Case Rate
				Injection of substance into spinal							-	-	
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$	1,665.98	Ś	305.01	\$	1,988.33	\$997.76	Case Rate
			01010	Injections of anesthetic and/or		-	_,	Ŧ		Ŧ			
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes	\$	1,776.21	ć	358.46	ċ	1,980.49	\$1,023.59	Case Rate
nospital outpatient Procedure	nospital outpatient	CFT	04403	guidance	163		N/A No	Ý	330.40	9	1,580.45	N/A No	case hate
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Presedure	Hospital Outpatient	CDT	66934	_	Vee			Ś	_	\$		Volume	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	00821	lens capsule using laser	Yes	-	Volume	Ş		\$	-		Case Rate
				Democratic fractions startilly in a fi			N/A No					N/A No	
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		Volume	\$		\$	-	Volume	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$704.25	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$951.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$951.56	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	\$995.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$973.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$1,017.91	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$1,017.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$109.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$1,203.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$374.51	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$377.18	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$ 38.07	\$ 271.73	\$381.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$ 141.11	\$ 1,468.48	\$75.04	Per Unit

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				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	Ş	200.76	\$ 2,0	034.88	\$980.99	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$ 2,	092.27	\$1,030.38	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$	204.42	\$378.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$377.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$378.24	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$	213.64	\$	52.80	\$	284.93	\$384.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$	136.86	\$ 1,	750.92	\$967.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$ 1,	821.59	\$978.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$ 2,	118.48	\$982.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	\$	199.82	\$ 1,	805.90	\$978.92	Per Unit
				-									
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$ 1,	805.90	\$978.92	Per Unit
57						L.	,			/			
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	Ś	1,904.42	Ś	201.90	\$ 2,3	238.70	\$982.12	Per Unit
inducional activities	nospital outputient		/2133	or famour spine w/o or w/dye	110	Y	1,004.42	Υ.	201.30	Υ Δ γ	230.70	9502.12	i ci onic

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Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	>	252.20	\$ 2,177.11	\$118.30	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	>	252.20	\$ 2,137.12	\$1,203.00	Per Unit
				× 5 5 1 1						<u>.</u>	4074.54	
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$ 327.10	\$374.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	Ş	39.60	\$ 264.73	\$16.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$ 2,142.05	\$974.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$ 3,522.33	\$1,203.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$ 185.92	\$373.42	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	\$375.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$ 196.92	\$375.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	\$	29.40	\$ 195.82	\$12.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$	25.07	\$ 191.42	\$372.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$	26.72	\$ 154.02	\$12.96	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	Ş	26.40	\$ 151.82	\$12.42	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$	30.72	\$ 196.19	\$373.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$	24.40	\$ 249.73	\$12.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	\$	32.72	\$ 198.42	\$373.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$	246.65	\$ 1,702.46	\$1,203.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	\$	37.77	\$ 197.91	\$377.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$	29.51	\$ 189.38	\$14.00	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	Ś	32.40	\$ 266.82	\$14.02	Per Unit
	Provide a series of the series											
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	Ś	36.52	\$ 351.25	\$375.56	Per Unit
				in the fearbacteries		7		T			<i></i>	
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	¢	32.40	\$ 321.48	\$373.96	Per Unit
naurorogy Services	nospital Outpatient	CFI	73530	A ray chain of lower leg	INU	?	233.02	~	32.40	y 321.40	,	
Padialam, Camiana	Upperitel Outpetient	CDT	72000		No		101.55	~	21.00	¢ 270.00	ć12.42	Devilatio
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	>	31.98	\$ 278.60	\$12.42	Per Unit
			-								4979.00	
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$	239.05	Ş	25.72	\$ 311.14	\$373.96	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$11.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$373.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$74.03	Per Unit
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Dedielem: Comisse	Upprited Outprotient	CDT	70704	MDL Knop (outpotiont)	Mar		1 224 22	~	246.65	~	1 939 36	¢1 202 00	Dev Unit
Radiology Services	Hospital Outpatient	СРТ	/3/21	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$1,203.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ş	28.31	\$	189.76	\$374.50	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$976.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$992.42	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$1,023.19	Per Unit
Padiology Sonvices	Hospital Outpatient	CDT	74177	CT Scan - Abdomen and Pelvis, with	Vee	\$	2,748.11	ć	296 70	Ś	3,568.86	\$1,023.19	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/41//	Contrast	Yes	>	2,740.11	?	286.79	<i></i>	3,300.00	<i>31,023.13</i>	Per Unit
Padialam: Camilar-	Upperited Outpetient	CDT	74000	V muun aan kassa taataat			204.42	~	56.20	~	FC2 74	6205-24	Des Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	Ş	56.38	\$	563.71	\$395.21	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$411.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$931.13	Per Unit

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Padialam: Comisso	Upperitel Outpetient	CDT	76526	Ultrasound - Head and Neck		\$	400.00	\$ 78.79	\$ 386.50	\$424 CD	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536		No	Ş	460.62	\$ 78.79	\$ 380.50	\$434.60	Per Unit
Padialam: Comisso	Upperitel Outpetient	СРТ	70042	Ultraceured Dreast (outrationt)	No	\$	152.00	\$ 78.52	\$ 249.30	\$442.CC	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	>	152.68	\$ 78.52	\$ 249.30	\$443.66	Per Unit
Padialam: Comisso	Upperitel Outpetient	CDT	76700	Ultraceured Abdeminal Complete	Mar	\$	261.42	¢ 01.00	\$ 433.80	¢452.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	Ş	361.43	\$ 91.69	\$ 455.60	\$452.90	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$436.23	Per Unit
Matamity (Dalisson)	Upperitel Outpetient	CDT	76770		No	~	450 50	¢ 70.54	¢ 400.00	654 C2	Devilatio
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.54	\$ 400.80	\$54.62	Per Unit
Maternity (Delivery	Hernital Outpatient	СРТ	70001	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$73.81	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB 03 < 14 WKS SINGLE FETOS	No	>	591.57	\$ 80.05	\$ 590.27	\$75.01	Per Unit
				Ultracound Drognonov							
Padialam Sanvisas	Hernital Outpatient	CDT	70005	Ultrasound - Pregnancy	Vee	\$	367.73	\$ 100.36	\$ 437.10	\$467.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	>	307.75	\$ 100.50	\$ 457.10	3407.30	Per Unit
Maternity (Delivery	Hospital Outpatient	СРТ	76911		No	\$	522.04	\$ 198.65	\$ 587.50	\$143.97	Por Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	NU	2	522.04	2 120.05	ə 567.50	\$145.57	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76915	OB US LIMITED FETUS(S)	No	Ś	309.95	\$ 54.75	\$ 384.30	\$47.89	Per Unit
Materinty/ Derivery		CFI	10013		NU	?	303.33	y 34.75	y 304.30		
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$457.24	Per Unit
Radiology Services	Hospital Outpatient	CPT	10010	on asound - Fregnancy Follow-Op	NU	2	400.34	÷ 04.57	÷ 504.50	3437.24	rei Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76919	FETAL BIOPHYS PROFILE W/NST	No	Ś	476.50	\$ 82.20	\$ 387.27	\$79.52	Per Unit
waterinty/ Derivery		CFI	10010	TETAL DIOPHTS PROFILE W/INST	NU	2	470.50	÷ 02.20		\$13.32	rerunit
Matamity (Dalivan)	Hospital Outpatient	СРТ	76940		Ne	ć	407.20	\$ 97.44	\$ 398.34	éE7.03	Dor Unit
Maternity/Delivery	Hospital Outpatient	CPI	10918	FETAL BIOPHYS PROFIL W/O NST	No	>	407.39	ə 97.44	\$ 398.34	\$57.92	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?		<u>scounted</u> sh Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.69	\$ 391.6	\$53.14	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.9	\$444.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.5	\$443.64	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.5	\$ 501.03	\$331.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	Ś	383.79	\$ 135.8	\$ 629.7	\$345.80	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.2	2 \$ 504.02	\$328.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.4	\$ \$376.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$377.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78/152	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 336.74	\$ 2,091.45	\$1,006.97	Per Unit
Inducional Sciences			70452		NO	Ý	1,010.04	φ 330.7·	· · · · 2,031.40	φ <u>τ</u> ,000.37	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.3	\$ \$15.46	Per Unit
				Blood Test - Comprehensive							
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	Ş	93.73	\$ 14.78	\$ 136.8	\$19.31	Per 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	\$16.97	Per Unit
			00001		100	Ŷ 40.40	Ŷ 12.00	<i>v</i> 101 <i>11</i>	<i>Q</i> 20037	i ci onic
				Blood Test - Renal (Kidney)						
Laboratory & Dathology Convisos	Hernitel Outpetient	CDT	80000	Function Panel	Vee	\$ 17.24	\$ 8.68	\$ 34.59	\$15.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069		Yes	\$ 17.24	Ş 0.00	Ş 54.59	\$15.74	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$71.83	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	\$7.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.24	Per Unit
casoratory of ratiology services			01002	orme rest - ormarysis, Manual Test	100	y 1.24	y 2.07	÷ 14.00	93.2 4	
				Urine Test - Automated without						
Laboratory & Dathalamy Convices	Hospital Outpatient	CDT	01002		Vee	\$ 10.40	\$ 3.16	\$ 11.25	\$5.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91003	Microscope	Yes	ə 10.40	3.10	\$ 11.25	32.UU	rerunit
							.			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$14.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$6.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$37.49	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	\$17.31	Per Unit
	noopital outputient	CIT	02000		110	V 00.11	<i>v</i> 12.01	<i>v</i> 0/100		
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$15.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	\$5.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	\$8.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$16.97	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$10.02	Per Unit
				Blood Test - Vitamin B-12						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$ 82.73	\$19.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 405.00	\$17.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	\$23.81	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$35.39	Per Unit
Lasoratory of actionogy Services			02070	risky of estimator	INO	φ 34.51	<i>y</i> 23.15	÷ 132.33		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$18.86	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$26.62	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$3	7.75	\$ 13.23	\$ 79.52	\$18.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 7	3.40	\$ 20.17	\$ 106.16	\$24.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	820/17	Assay glucose blood quant	No	\$ 3	4.04	\$ 5.51	\$ 49.42	\$8.74	Per Unit
Laboratory & Pathology Services		CFI	02347	Assay glucose blood qualit	NU	y y	4.04	<i>y 3.31</i>	Ş 45.42	9 0.74	reronic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 4	5.55	\$ 3.89	\$ 61.82	\$5.21	Per Unit
										407.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 17	2.97	\$ 19.76	\$ 498.96	\$27.82	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036		No	\$ 7	1.27	\$ 8.74	\$ 95.94	\$12.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 7	5.84	\$ 26.58	\$ 218.76	\$37.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83519	Immunoassay dipstick	No	\$ 14	7.09	\$ 6.55	\$ 424.29	\$10.74	Per Unit
Laboratory & Pathology Selvices		Gri	33310		NO	y 14	7.03	φ 0.55		910.74	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$5	1.90	\$ 9.06	\$ 75.77	\$12.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 2	7.44	\$ 10.41	\$ 58.05	\$13.53	Per Unit
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 6	9.47	\$ 6.20	\$ 93.51	\$8.72	Per Unit
	and the second se					- 0		- 0.20	- 55.51		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 5	3.82	\$ 9.38	\$ 78.56	\$13.10	Per Unit

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aboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$8.98 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$8.98 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84134 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$ \$26.42 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84154 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$ \$26.42 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84154 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$ \$26.42 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$ \$23.30 Per Unit aboratory & Pathology Services Hospital Outpatient CPT 84152 Protein wes													
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Laboratory & Pathology ServicesHospital OutpatientCPT85027Blood Test - Complete Blood Cell Count (Hemoglobin)Yes\$60.79\$5.82\$81.83\$8.20Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT85240Clot factor viii ahg 1 stageNo\$45.97\$16.11\$95.56\$22.68Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT85378Fibrin degrade semiquantNo\$53.57\$7.44\$72.11\$9.03Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT85610Blood Test - Clotting TimeYes\$44.81\$6.01\$64.27\$8.76Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	-	Voc	ć	77 98	\$ 10 s	20	\$ 112.06	\$15.20	Por Linit
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Laboratory & Pathology Services Hospital Outpatient CPT 85027 Count (Hemoglobin) Yes \$ 60.79 \$ 5.82 \$ 81.83 \$8.20 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 85240 Clot factor viii ahg 1 stage No \$ 45.97 \$ 16.11 \$ 95.56 \$22.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 85378 Fibrin degrade semiquant No \$ 53.57 \$ 7.44 \$ 72.11 \$9.03 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$8.76 Per Unit					Blood Test - Complete Blood Cell								
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Laboratory & Pathology Services Hospital Outpatient CPT 85378 Fibrin degrade semiquant No \$ 53.57 \$ 7.44 \$ 72.11 \$9.03 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$ 8.76 Per Unit			CIT	05027		103	Ŷ		,	-	, 01.00	çoizo	
Laboratory & Pathology Services Hospital Outpatient CPT 85378 Fibrin degrade semiquant No \$ 53.57 \$ 7.44 \$ 72.11 \$9.03 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$ 8.76 Per Unit													
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Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$8.76 Per Unit				55240			•		- 101.		- 55.50	+	
Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$8.76 Per Unit													
Laboratory & Pathology Services Hospital Outpatient CPT 85610 Blood Test - Clotting Time Yes \$ 44.81 \$ 6.01 \$ 64.27 \$8.76 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	Ś	53.57	Ś 7.4	4	\$ 72.11	\$9.03	Per Unit
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	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.0	1	\$ 64.27	\$8.76	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 85613 Russell viper venom diluted No \$ 24.61 \$ 8.24 \$ 70.98 \$12.12 Per Unit													
Laboratory & Pathology Services Hospital Outpatient CPT 85613 Russell viper venom diluted No \$ 24.61 \$ 8.24 \$ 70.98 \$12.12 Per Unit													
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$	24.61	\$ 8.2	4	\$ 70.98	\$12.12	Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 85660 RBC SICKLE CELL TEST No \$ 53.32 \$ 4.96 \$ 71.77 \$0.00 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.9	6	\$ 71.77	\$0.00	Per Unit
Blood Test - Coagulation					Blood Test - Coagulation								
Laboratory & Pathology Services Hospital Outpatient CPT 85730 Assessment Yes \$ 46.01 \$ 5.41 \$ 61.94 \$7.61 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	-	Yes	Ś	46.01	\$ 5.4	1	\$ 61.94	\$7.61	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$8.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$	48.49	\$ 4.66	\$ 65.28	\$6.55	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$59.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$33.90	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFI	00201		NO	\$	132.70	\$ 24.10	\$ 565.05	\$33.50	Per Unit
		0.07							÷	67.40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$7.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$12.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$16.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$16.70	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$16.70	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	\$16.70	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?		1 Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.1	\$ \$16.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$16.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$ 15.13	\$ 63.03	\$18.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$21.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.2	\$15.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	2 \$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$ \$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.2	5 \$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	9 \$14.65	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	l \$15.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$ 12.95	\$ 225.5	5 \$18.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$	25.14	\$ 11.59	\$ 72.53	\$ \$16.32	Per Unit

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Laboratora () Dathalana Candara				86769 - SARS-COV-2 COVID-19		<u> </u>	<u>,</u>	¢ 442.07	¢0.00	Devile
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$16.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$18.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$19.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$13.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$7.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$3.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$3.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$3.78	Per Unit
Lakaratan 9 Dath Law Card		CDT	00000			ė cont	ć	ć 01.00	62.70	Des Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$3.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$0.00	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$	180.25	\$13.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$	186.61	\$10.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$10.23	Per Unit
				Test for Disease-Causing								
				(Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$	109.26	\$8.40	Per Unit
				Urine Test - Bacterial Culture,								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$	110.60	\$10.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	Ś	43.86	\$10.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	Ś	175.99	\$24.81	Per Unit
Laboratory & Fathology Scruces			07110		NU	Ý	130.74	<i>y</i> 17.04	~	175.55	Ş24.01	
				Evaluation of Antimicrobial Drug								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97196	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$	93.10	\$10.95	Per Unit
Laboratory & Pathology Services		CFT	07100	(antibiotic, antifungal, antivital)	NU	?	05.10	\$ 1.15	,	33.10	\$10.55	Per Unit
Laboratony & Pathology Convices	Hospital Outpatient	CDT	97305	Lab Tost Smoor for Microorgenier	Ne	\$	49.93	\$ 3.84	Ś	67.21	\$5.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	2	49.93	\$ 3.84	?	07.21	əə.41	rerunit
				Lab Test. Detection test for								
Laboratory & Dathalam, Card	Upperitel Outpetient	CDT	07040	Lab Test - Detection test for		~	C2 - F -	¢ 0.00	¢	05.55	612.00	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$	85.55	\$13.08	Per Unit
				Lab Test - Detection test for HIV-1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$	148.66	\$30.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$	108.00	\$15.19	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$44.45	Per Unit
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	\$44.45	Per Unit
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 53.36	\$ -	\$ 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	\$44.45	Per Unit
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$26.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	\$26.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$-	\$ 120.30	\$15.36	Per Unit
				Immunization Administration First						
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$37.89	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$18.72	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$37.89	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$-	\$ 38.51	\$18.72	Per Unit
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			Vaccine - Pneumococcal Conjugate						
Vaccination Hospital Outpa	atient CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$274.61	Per Unit
			Vaccine - Tetanus, Diptheria						
			Toxoids, and Acellular Pertussis						
			(Whooping Cough) for Injection						
Vaccination Hospital Outpa	atient CPT	90715	into Muscle	No	\$ 57.74	ş -	\$ 77.73	\$0.00	Per Unit
Evaluation & Management Services Professional S	ervices CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$181.46	Per Unit
					<u> </u>	÷	<u> </u>	476.00	
Evaluation & Management Services Professional S	ervices CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$76.32	Per Unit
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Evaluation & Management Services Professional Services	ervices CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$114.66	Per Unit
Evaluation & Management Services Professional S	ervices CPT	00027	Psychotherapy 60 Minutes	Vee	\$ 174.90	\$ 116.00	\$ 198.22	\$172.83	Per Unit
Evaluation & Management Services Professional Se	ervices CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90 N/A No	\$ 110.00	\$ 196.22 N/A No	\$172.85 N/A No	Per Unit
					Service		Service	Service	
Evaluation & Management Services Professional S	ervices CPT	00946	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services (10)essional S	CPT	50040	anny psyck w/o pc 50 mm	105	volume	¥ -	volume	volume	
Evaluation & Management Services Professional S	ervices CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	Ś 97.13	\$ 166.18	\$143.12	Per Unit
		50047			N/A No	÷ 57.15	N/A No	N/A No	
					Service		Service	Service	
Evaluation & Management Services Professional S	ervices CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
	••••					-			
Medicine Speech Therapy Hospital Outpa	atient CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$176.00	Per Unit
				_					
			Electrocardiogram, routine, with						
Medicine Cardiovascular Professional S	ervices CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$26.93	Per Unit
Medicine Other Hospital Outpa	atient CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	Ś -	\$ 295.26	\$275.46	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	s	61.00	Ś	634.57	\$0.00	Per Unit
			55017			Ŷ	472140	Ŷ	01.00	Ŷ	004107	çoloo	
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$879.38	Per Unit
						-				-			
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$373.81	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$399.98	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$	189.82		-	\$	1,229.53	\$159.00	Per Unit
Medicine Neurolem, and							N/A No Service		N/A No ervice		N/A No Service	N/A No Service	
Medicine Neurology and Neuromuscular	Hospital Outpatient	СРТ	05910	Sleep study	Yes		olume		olume		Volume	Volume	Per Unit
Neuromuscular		CFT	33810	Sieep study	Tes	v	olume	v	olume		volume	volume	reronit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	Ś	66.86	\$	196.20	\$597.78	Case Rate
	and the second sec			Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$176.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$176.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								647C	
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	Ş	17.40	Ş	119.46	\$176.00	Per Unit
Medicine Dhysical Medicine and				Dhusical Thorany, Neuromasular									
Medicine Physical Medicine and	Hospital Outpatient	CPT	07113	Physical Therapy - Neuromuscular	No	¢	60.02	ć	26.14	è	104 70	\$176 00	Por Unit
Rehabilitation	Hospital Outpatient	СРТ	9/112	Reeducation	No	\$	69.93	Ş	26.14	Ş	104.78	\$176.00	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	s	77.61	Ś	22.90	Ś	104.48	\$176.00	Per Unit
Renabilitation	nospital outpatient	GET	21110	SALL MAINING THERAFT	NU	4	77.01	?	22.30	ې ب	104.40	9110.00	recount

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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$176.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$176.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$176.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$176.00	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$176.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	Ś	77.05	\$	245.32	\$176.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	Ś	72.00	\$	245.32	\$176.00	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	\$176.00	Per Unit
						-		Ŧ		Ŧ			
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	Ś	-	\$	109.03	\$176.00	Per Unit
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Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	Ś	14.27	\$0.00	Per Unit
Evaluation & Management Services		GFT	55024		NU	~	-	Ŷ	-	Ŷ	14.27	90.00	
Evaluation & Management Convince	Professional Services	СРТ	00202	Office Visit - New Patient, Minor	No	Ś	167.93	ć	90.34	Ś	200.08	\$74.13	Per Unit
Evaluation & Management Services	FIDIESSIDIIAI SELVICES	CPT	33202	Office visit - New Patient, Minor	INU	?	101.93	Ş	90.54	Ş	200.08	\$74.15	rei Ullit

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				Office Visit - New Patient, Low							
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 18	32.06	\$ 132.54	\$ 273.99	\$113.06	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 25	60.69	\$ 177.01	\$ 432.49	\$193.09	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 44	18.04	\$ 156.38	\$ 553.76	\$248.69	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 5	8.74	\$ 46.41	\$ 133.24	\$37.04	Per Unit
							-				
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 9	9.67	\$ 81.71	\$ 201.59	\$75.33	Per Unit
			55215			φ 3		<i>v</i> 01.71	Ç 201.00	<i><i></i></i>	
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	0021/	Moderate Complexity	No	\$ 15	51.19	\$ 140.90	\$ 279.47	\$116.27	Per Unit
Evaluation & Management Services	Froressional Services	CFI	55214	Woderate complexity	NO	9 13		Ş 140.50	\$ 275.47	Ş110.27	reronit
				Office Visit - Established Patient,							
Evolution 8 Management Convince	Professional Convises	CDT	00245			\$ 31	E 07	ć 102.22	\$ 385.34	\$163.82	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	Ş 31	L 5.87	\$ 192.33	\$ 385.34	\$103.82	Per Unit
Professional Services Associated								÷ === ==		64.0C 70	
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 15	59.88	\$ 50.60	\$ 111.92	\$106.78	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Protessional Services	СРТ	99243	typically 40 min	Yes	\$ 21	2.43	\$-	\$ 142.18	\$142.18	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 33	88.80	\$-	\$ 226.38	\$226.38	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 23	30.81	\$ 74.98	\$ 689.88	\$686.22	Case Rate
				Emergency Department Visit - Low							
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 43	80.38	\$ 93.52	\$ 1,114.22	\$1,108.14	Case Rate

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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$2,705.44	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$4,465.46	Case Rate
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	ŝ	458.20	Ś	5,806.95	\$4,964.97	Case Rate
			55205			Ŷ	0,140101	Ŷ	450120	Ŷ	5,000.55	<i>Q</i> 4,304.137	cuse nuce
				Emergency Department Visit -									
Emorgongy Room Visit	Hernitel Outpetient	CDT	00201		No	é	17,860.61	é	425.50	\$	6,308.07	\$6,295.91	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	२	17,000.01	Ş	425.50	Ş	0,508.07	30,295.91	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	\$	156.75	Ş	-	\$	225.38	\$114. 32	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	СРТ	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$121.44	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	СРТ	99383	11 Years Old	No	\$	170.96	\$	-	\$	413.46	\$129.12	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	\$152.18	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	Ś	187.80	s	59.23	Ś	347.60	\$146.35	Per Unit
			55555	Office Visit - Comprehensive		Ÿ	107.00	*	55.25	Ŷ	0-17100	91-10100	
				Preventive Medicine Evaluation									
Evoluation & Management Construct	Drofossional Convisas	CDT	00200	and Management, New Patient, 40-	N	ć	217.22	ć	01 72	è	1 202 50	¢177.00	Dor Unit
Evaluation & Management Services	Professional Services	CPT	33386	64 Years Old	Yes	\$	217.32	Ş	91.72	Ş	1,293.56	\$177.06	Per Unit

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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
	_									
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	СРТ		Year Old	No	\$ 141.19	Ś -	\$ 267.83	\$104.03	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$114.32	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$114.32	Per Unit
						-	-			
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$129.12	Per Unit
0										
				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	\$132.82	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	\$144.48	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	\$37.89	Per Unit
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To Search for a service Click "CTRL" + "F"												
Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?		scounted ish Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	No.	<u>-Identified</u> Iaximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	60009	Admin pneumococcal vaccine	No	Ś	27.43	Ś-	\$	-	\$37.89	Per Unit
						Ĭ		T	•			
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$	1,424.46	\$64.11	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$:	15,685.71	\$ 605.00	\$	24,131.86	\$2,664.00	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$	200.00	\$159.00	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	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$	3.27	\$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$-	\$	89.11	\$0.00	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$-	\$	4,336.21	\$0.00	Per Unit