United Health Care Medicare										
Advantage SNP	Last Updated: 12/7/2020									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	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	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$22,502.26	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	\$42,716.84	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	\$27,315.84	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	\$31,521.74	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		<u>Code</u>			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional Charges which
				HIP FEMUR PROCEDURES EXCEPT						Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$35,434.61	CPT/HCPCS
Hospital Inpatient Stay	Hospital Impatient	DNG	480	WAJOR JOHN W WICE	INO	\$ 09,180.99	3 12,373.83	3 46,933.31	333,434.01	CFI/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$28,238.98	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$24,817.82	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
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			***	LOWER EXTREM HUMER PROC		A 45 467 66	4 0 400 55	44 000 55	400 005 00	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$29,895.05	CPT/HCPCS

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		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426,74	\$ 43,066.25	\$26,102.01	CPT/HCPCS
				·			, ,	, ,		,
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$20,976.85	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$22,459.73	CPT/HCPCS
						1				
						1				Case Rate-
						1				Excluding
										Professional
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				DED BLOOD CELL DISORDERS W/O						
				RED BLOOD CELL DISORDERS W/O		400000	4 00	A 00 000 00	440.000.00	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$18,829.06	CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$59,992.71	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$34,839.29	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$27,036.74	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$42,430.01	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$70,343.54	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$44,498.93	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$23,644.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10 335 01	\$ 2,454,00	\$ 27,462.61	\$19 886 72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
materinty/ belivery	Hospital Inputiont	טווט	700	ENGLI I STERRE OF OR DOC	140	7 10,333.01	ç 2,404.00	y 21,702.01	713,000.72	C/ HCI CO

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$28,679.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$20,178.19	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$18,733.96	CPT/HCPCS
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										Excluding
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										Charges which
				CECADEAN SECTION W/O						
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$25,352.83	CPT/HCPCS
										Case Rate-
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										Professional
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24 1 12 12		220		CESAREAN SECTION W/O		44 000	A 0.00E 00	4 27 252 55	400 400 51	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	> 2,835.00	\$ 27,868.32	\$20,180.51	CPT/HCPCS

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$19,103.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$13,545.40	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	\$18,767.98	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	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$18,767.98	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	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$20,143.40	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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										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	\$17,580.43	CPT/HCPCS
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										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,943.36	CPT/HCPCS
indecimely, benieny	Troopital Inpution	DING	007	STERRED THOU PAGE 117 G CO, MICC	110	7 7,510.51	Ç 2,404.00	Ç 23,337.30	710,343.30	Ci 1/11Ci Co
										Corre Boto
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DBC	945	REHABILITATION W CC/MCC	No	N/A	¢ 14 EE2 00	\$ 14,553.00	N/A	CPT/HCPCS
Stay	inpatient Kenabintation Hospital	DNG	343	REHABILITATION W CC/WCC	NO	IV/A	\$ 14,555.00	3 14,555.00	N/A	CF 1/11CF C5
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
	Innationt Bobobilitation Userital	DDC	046	REHABILITATION W/O CC/MCC	N.a	N/A	ć 10 070 00	\$ 10,870.00	N/A	CPT/HCPCS
Stay	Inpatient Rehabilitation Hospital	DKG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CP1/MCPC3
						52% Charges				
						Estimated at				
									4405 -	B B: -
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$400 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Investigat Chilled Number	In a stir at Chille d Normina	DDC			N1-	21/2	ć 40.040.00	ć 40.040.00	21/2	
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										_
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10.435.00	\$ 10,435.00	N/A	CPT/HCPCS
inpution okinea reasing	inpution skine a reasong	DING	300		140	14/74	ÿ 10,435.00	7 10,433.00	14/74	Ci i/iici co
										Case Rate-
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										Professional
				AFTERCARE MUISCUL OSKELETAL						Charges which
				AFTERCARE, MUSCULOSKELETAL						
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
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										Casa Bata
										Case Rate-
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										Charges which
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Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189	failure	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
	_	DDC	LTCCC			81.75	ć 27.700.00	¢ 27.700.00	No. 5	
Stay	Hospital	DRG	L1C207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS

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Service Category	Service Setting	Туре	Code	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		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	193	Care	No	Diem	\$ 370.00	\$ 850.00	Non-Par	Day
Hospital Outpoticat Procedure	Hospital Outpotions	CDT	11100	Pioney Tongontial Dianay of Chin	NI =	\$ 530.90	ć 101 F0	ć 1 002 44	\$10F.1C	Coso Boto
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
		Cit	11104		110	÷ 33-7.32	7 107.113	÷ 1,023.27	920-11/2	CLOC HATE
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$216.41	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,454.36	Case Rate

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	Service Setting	туре	coue	Description	<u>Service:</u>		Charge	Charge		Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
	- I copital outpution	C	27020		110	N/A No	+	+ -,	N/A No	- Case Hate
						Service			Service	
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
		U. 1			140	N/A No	÷ 100.54	,002.00	N/A No	
				Tonsilloctomy with Adonaidacta-		Service			Service	
Harristal Contractions Burney down		CDT	42020	Tonsillectomy with Adenoidectomy	W		•	*		C D-4-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$862.91	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$878.31	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$902.87	Case Rate
		- · ·	45576	(Carpacione)		y 2,117.30	÷ 333.73	,220.00	4302.07	- Case Hate
				Colonoscony With Biana						
Hamital Outration 18	Hamital Outrati	CD-	45000	Colonoscopy - With Biopsy	v	A 2002 CT	A 242.65	A 440.5	64.464.47	Cara Dat
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,114.12	Case Rate

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<u>Screec category</u>	<u>Service Setting</u>	турс	couc	<u>Description</u>	SCI VICE:	Casirrice	Charge	Charge	Charge	Estimate Type
				Colonescono Mith Dolon Domescol						
				Colonoscopy - With Polyp Removal		A 2247.00			44.455.00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,166.83	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	\$5,049.55	Case Rate
·	· ·			5 / 1 /				. ,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,676.08	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43440	Place gastrostolly tube perc	NO	\$ 3,111.00	3 443.12	3 3,100.01	\$1,070.00	Case Nate
				Danie of annia bannia matient and E						
				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	\$3,340.26	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$61.34	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$605.56	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,725.00	Case Rate
The state of the s				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 Presedure	Hospital Outpationt	CDT	FEOCC		Voc					Caso Pato
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	33806	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
									404	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$219.28	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$8.45	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$321.53	Case Rate
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Service Category	Service Setting	Type	Code	Description	Service?	Cas	h Price	<u>C</u>	harge		Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	Ś	260.79	Ś	118.53	Ś	1,596.22	\$177.36	Case Rate
	- подражение			Routine obstetric care for vaginal		*		*		7		*=====	
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59400	delivery care	Yes	\$ 4	4,496.21	\$	242.00	\$	3,278.48	\$1,997.58	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$ 7	2,230.06	\$	133.91	\$	1,625.81	\$984.35	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-								4	
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$ 4	4,966.56	\$	246.05	\$	3,619.13	\$2,205.19	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	4,706.58	Ś	305.08	\$	3,429.34	\$2,090.62	Case Rate
			55525	Injection of substance into spinal		*	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		_	0,120.01	+-,000.01	
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	\$	1,880.39	\$674.18	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	\$	305.01	\$	1,988.33	\$688.61	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
Usersited Contrasticut Busers done	Uit-1 Ottit	CDT	64402	spine nerve root using imaging	V	٠.	4 776 24	_	250.46	,	4 000 40	Ć040 7C	Const. Dotto
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes		1,776.21 /A No	\$	358.46	\$	1,980.49	\$840.76 N/A No	Case Rate
				Removal of recurring cataract in			ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes	l	olume	Ś	_	\$	_	Volume	Case Rate
			30021		100		/A No	-		_		N/A No	
				Removal of cataract with insertion			ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Vo	olume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$81.69	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price	<u>C</u>	harge		Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	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	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$293.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$473.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$82.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$157.77	Per Unit

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Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				CT Scan - Chest, with Contrast						
Radiology Services	Hospital Outpatient	CPT	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$225.40	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$253.36	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$83.01	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$111.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$112.11	Per Unit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	CPT	72110	I	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$113.87	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$150.06	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$404.05	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$226.48	Per Unit
	and the same of th					,====================================		,		
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$224.03	Per Unit
	The state of the s		72223			+ 1,513100	+ 255.62	,000.50	ŢJ	
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$404.05	Per Unit
The divides	Troopical Outputient		72132	ce idinadi spine w/ dyc	140	y 1,510.43	200.00	Ç 1,003.30	Ş-0-1.03	. c. ome
Radiology Services	Hospital Outpatient	СРТ	72122	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$226.16	Per Unit
nautology services	nospital Outpatient	CFI	/2133	ct fullibal spille w/o & w/uye	INU	1,504.42 ب	÷ 201.30	ب ک _ا کے ک	3220.10	rei Ullit

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Radiology Services	Hospital Outpationt	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$293.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINECK SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3233.33	rei Ollit
Padialam, Sanisas	Hospital Outpationt	СРТ	721/0	MARL Rock (outpotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$293.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2140	MRI - Back (outpatient)	res	\$ 1,361.13	\$ 252.20	\$ 2,137.12	\$295.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$109.65	Per Unit
naulology Services	Hospital Outpatient	CPT	72170	A-Ray - Pelvis	NO	\$ 245.04	\$ 20.72	3 327.10	\$105.05	rei oiiit
Dadialam: Caminas	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.C0	\$ 264.73	\$113.51	Day Unit
Radiology Services	Hospital Outpatient	CPT	/2190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 204.73	\$113.51	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72102	CT com make with contract	Vac	ć 1 F2C 0C	ć 107.30	ć 2.142.0F	¢224 02	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$221.03	Per Unit
Padialam, Sanisas	Hospital Outpationt	CDT	72107	MRI - Pelvis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$468.84	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/219/	iviki - Peivis (outpatient)	No	\$ 2,446.72	\$ 402.71	\$ 3,322.33	3400.04	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72000	V vev every of colley bone	NI-	ć 147.F0	ć 22.40	ć 10F.03	Ć90 10	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72010	V very evens of charildes blade	N	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Sangices	Hospital Outpations	СРТ	72020	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	CPI	75050	n-nay - Silouluei (Outpatient)	No	ب 145.50	ې <u>کو</u>	130.32 ب	301.24	rei Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
Tradiology Services	1103pital Outpatient	CPT	73000	A-NAT EXAMINITY HOWERUS	NO	y 147.02	25.40	7 199.02	900.13	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
Traditional Services	nospital Outpatient	Cr'1	73070	A lay exam of cibow	140	ý 140.03	y 25.07	y 131.42	900.13	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	72000	Y-PAY EYAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$80.55	Per Unit
Radiology Services	nospital Outpatient	CPT	/3000	X-RAY EXAM OF ELBOW	INU	122.85	ې <u>۲۵.7</u> ۷	2 154.02	300.33	rei Ullit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
	- Copinal Carpanent	C	75050		110	_		+	7 202.02	700:25	
Padialam Sanisas	Hospital Outpationt	CDT	72110	V Boy Mirist (outnotions)	No	\$	156 52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/3110	X-Ray - Wrist (outpatient)	No	Ş	156.52	3 30.72	\$ 190.19	\$60.55	Per Offit
										4	
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$	151.54	\$ 32.72	\$ 198.42	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$ 246.65	\$ 1,702.46	\$287.68	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	\$	129.58	\$ 37.77	\$ 197.91	\$83.01	Per Unit
	·									·	
Radiology Services	Hospital Outpatient	СРТ	72552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$ 29.51	\$ 189.38	\$80.92	Per Unit
nautology services	Trospital Outputient	CFT	73332	X-RAT EXAM OF TEMOR 2/2	140	7	130.31	ÿ 25.51	3 103.30	Ç00.32	T CT OTHE
Padialam: Caminas	Heavital Outrations	CDT	72500	V DAY EVANA OF KNIFF 1 OD 3	No	,	201.02	ć 22.40	¢ 200.03	¢00.10	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/3560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$ 32.40	\$ 266.82	\$80.19	Per Unit
				W.D. W. C			262.53	A 00		404.04	
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$ 36.52	\$ 351.25	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	\$	239.62	\$ 32.40	\$ 321.48	\$79.87	Per Unit
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$ 31.98	\$ 278.60	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$ 25.72	\$ 311.14	\$80.55	Per Unit
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Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$80.23	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	Ś	246.65	Ś	1,828.36	\$286.99	Per Unit
			70722	The same (cooperation)		_				т.	_,	,	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ġ	28.31	Ġ	189.76	\$80.92	Per Unit
nadiology services	Troopital Gatpatient		74010	x nay xibacinen	110	~	145101	Ψ	20.51	Υ	203.70	ψ00.3 <u>L</u>	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	7/150	Ct abdomen w/o dye	No	\$	977.64	ċ	142.38	Ġ	1,446.99	\$159.36	Per Unit
naulology Services	Tiospital Outpatient	CFT	74130	ct abdomen w/o dye	NO	7	377.04	7	142.30	7	1,440.55	7133.30	rei oiiit
Padialam Sanisas	Hospital Outpations	CDT	74170	Ct abdoman w/o 8 w/dwo	Na	خ	1 02/ 10	ė	207.96	ė	2 144 20	¢222 02	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/41/0	Ct abdomen w/o & w/dye	No	\$	1,824.18	Þ	207.86	þ	2,144.29	\$232.83	Per Unit
				GT 6 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
				CT Scan - Abdomen and Pelvis, with				_				4	
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	No	\$	2,748.11	Ş	286.79	\$	3,568.86	\$433.70	Per Unit
				CT Scan - Abdomen and Pelvis, with								4	
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$193.66	Per Unit
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$215.08	Per Unit
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Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$100.25	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$133.69	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$108.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$145.99	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$134.77	Per Unit
naulology Services	nospital Outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	٠	327.33	7 40.03	3 372.20	\$134.77	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450.50	ć 7C.F4	\$ 400.80	\$142.13	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$142.15	Per Offit
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Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$154.75	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$154.75	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$313.64	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$137.91	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$147.72	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$157.52	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$143.86	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.69	\$ 391.69	\$140.18	Per Unit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$140.00	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$139.68	Per Unit
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Padiology Comises	Hospital Outpotiont	CDT	77065	Mammagraphy of ano breast	Vaa	\$	546.40	\$ 107.57	\$ 501.03	\$125.81	Per Unit
Radiology Services	Hospital Outpatient	CPT	//065	Mammography of one breast	Yes	Ş	340.40	\$ 107.57	3 301.03	\$125.61	Per Offit
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Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$158.59	Per Unit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$128.28	Per Unit
		-		101 (114)		<u> </u>					
Radiology Services	Hospital Outpatient	СРТ	77090	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$115.80	Per Unit
Radiology Services	Hospital Outpatient	CFI	77080	Bolle Delisity Stall (outpatient)	NO	٦	247.23	3 30.23	3 333.43	\$115.60	rei oiiit
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Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$85.56	Per Unit
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Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 336.74	\$ 2,091.45	\$1,282.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
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				Blood Test - Comprehensive		1					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80052	Metabolic Panel	Yes	Ś	93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit
Educatory & Fathology Services	nospitai Outpatient	CF I	00033	WICKADONC FANCI	163	7	33.13	y 14.70	÷ 130.03	761.16	i ci Onit

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				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	ranei	Yes	volume	volulile	volulile	volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.79	Per Unit
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				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$62.14	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
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L				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
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Laboratami & Dathalami Carritera	Heavital Outrations	CDT	02247	Dilimakin total	No	ć 41.03	ć 4.53	ć FF 33	ĆE 03	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	82403	Assay blu/ serum cholesteror	NO	7	13.20	3.32	\$ 23.70	34.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$14.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
			02303	rissay or di cadiminis	140	Ť		*	7 70.20	V 20.21	
				Blood Test - Vitamin B-12							
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$19.45	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
Laboratory & Fathology Services	Trospital Outputient	51.1	32070	rissay or estration	140	7	34.31	Ç 25.15	7 132.33	921.54	. c. ome
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.	75	\$ 13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.	40	\$ 20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.	04	\$ 5.51	\$ 49.42	\$7.86	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.	55	\$ 3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.	97	\$ 19.76	\$ 498.96	\$23.06	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.	27	\$ 8.74	\$ 95.94	\$9.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.	84	\$ 26.58	\$ 218.76	\$31.01	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.	09	\$ 6.55	\$ 424.29	\$10.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.	90	\$ 9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 27.	44	\$ 10.41	\$ 58.05	\$11.57	Per Unit
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.	47	\$ 6.20	\$ 93.51	\$6.89	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83/35	Assay of magnesium	No	\$ 53.	82	\$ 9.38	\$ 78.56	\$13.40	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 83880 Assay of natriuretic peptide No \$ 172.55 \$ 35.33 \$ 232.27 \$39.26 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84100 Assay of phosphorus No \$ 61.73 \$ 6.64 \$ 87.67 \$9.48 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84144 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$20.86 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit												
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Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$ 9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$ 9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84134 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$ 9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84144 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$20.86 Per Unit Blood Test - Prostate Specific Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Blood Test - Thyroxine (Thyroid												
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Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84144 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$20.86 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit												
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Laboratory & Pathology Services Hospital Outpatient CPT 84132 Assay of serum potassium No \$ 43.23 \$ 6.66 \$ 62.65 \$9.52 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84144 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$20.86 Per Unit Blood Test - Prostate Specific Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Thyroxine (Thyroid	Education y & Factoriology Services	nospital outputient	Ci i	04100	Assay of phosphoras	140	ÿ 01.7.	, ,	0.04	ÿ 07.07	75.40	T CT OTHE
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Laboratory & Pathology Services Hospital Outpatient CPT 84144 Assay of progesterone No \$ 52.59 \$ 18.77 \$ 96.68 \$20.86 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84153 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Thyroxine (Thyroid												
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Laboratory & Pathology Services Hospital Outpatient CPT 84153 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Prostate Specific Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit					·					-	-	
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Laboratory & Pathology Services Hospital Outpatient CPT 84153 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Thyroxine (Thyroid	Laboratory & Patriology Services	Hospital Outpatient	CFI	04144	Assay of progesterone	NO	3 32.3	7 7	10.77	\$ 90.08	320.80	rei Ollit
Laboratory & Pathology Services Hospital Outpatient CPT 84153 Antigen (PSA) Level Yes \$ 74.21 \$ 25.75 \$ 116.68 \$36.78 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84154 PSA (prostate specific antigen) Yes \$ 106.34 \$ 16.55 \$ 143.15 \$18.39 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Thyroxine (Thyroid												
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Laboratory & Pathology Services Hospital Outpatient CPT 84182 Protein western blot test No \$ 382.72 \$ 18.76 \$ 588.80 \$30.67 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit Blood Test - Thyroxine (Thyroid												
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Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit		·			,, ,		•	1			·	
Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit												
Laboratory & Pathology Services Hospital Outpatient CPT 84295 Assay of serum sodium No \$ 42.10 \$ 4.33 \$ 56.67 \$4.81 Per Unit	Laboratory & Dathalam Consisos	Hespital Outpatient	CDT	0/102	Dratain wastern blot tost	No	ć 202.7°	ė	10 76	¢ 500.00	¢20.67	Dor Unit
Blood Test - Thyroxine (Thyroid	Laboratory & Patriology Services	Hospital Outpatient	CFI	04102	Protein western blot test	NO	3 302.7	2 ۶	10.70	3 300.00	\$30.07	rei Ollit
Blood Test - Thyroxine (Thyroid												
Blood Test - Thyroxine (Thyroid											4	
	Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.10	\$	4.33	\$ 56.67	\$4.81	Per Unit
					Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services Hospital Outpatient CPT 84439 Chemical) Level, Free No \$ 66.21 \$ 8.12 \$ 89.13 \$9.02 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 66.2	L \$	8.12	\$ 89.13	\$9.02	Per Unit
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Blood Test - Thyroid Stimulating					Blood Test - Thyroid Stimulating							
	Laboratory & Dathology Services	Hospital Outpationt	CDT	94443	-	No	\$ 64.0	, ,	22 52	¢ 110.00	\$22.60	Por Unit
Laboratory & Pathology Services Hospital Outpatient CPT 84443 Hormone (TSH) Level No \$ 64.07 \$ 23.52 \$ 119.09 \$33.60 Per Unit	Laboratory & Facillology Services	riospitai Outpatielit	CF1	04443	normone (13n) Level	140	.04.0	7 7	23.32	113.09	333.00	rei Onit
Blood Test - Thyroid Stimulating					,							
Laboratory & Pathology Services Hospital Outpatient CPT 84443 Hormone (TSH) Level Yes \$ 64.07 \$ 23.52 \$ 119.09 \$33.60 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.0	7 \$	23.52	\$ 119.09	\$33.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96	.31	\$ 12.76	\$ 129.6	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81	.70	\$ 10.26	\$ 121.4	\$12.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/702	Chorionic gonadotropin test	No	\$ 125	.77	\$ 11.54	\$ 169.3	1 \$15.05	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	04702	Chononic gonadotrophi test	NO	y 123	.,,,	ÿ 11.5 4	ÿ 105.5	313.03	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26	.95	\$ 2.13	\$ 36.2	\$2.37	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77	.98	\$ 10.88	\$ 112.0	\$15.54	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60	.79	\$ 5.82	\$ 81.8	\$6.47	Per Unit
Laboratory at ratheredy services	Trospital Gatpatient	Ci i	03027	Count (Hemographi)	103	7 00	.,,	ý 5.0 <u>2</u>	ÿ 01.0.	70.47	T CT OTHE
				St. 6					A 05.5	447.00	B 11.11
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45	.97	\$ 16.11	\$ 95.50	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53	.57	\$ 7.44	\$ 72.1	L \$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44	.81	\$ 6.01	\$ 64.2	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24	.61	\$ 8.24	\$ 70.9	\$10.06	Per Unit
	proof waspastells		55015	The state of the s		7		- 0.24	70.50	7_0.00	
Laboratory & Both J. C	Harrisal Order	CDT	05000	DDC CICKLE CELL TECT				A			Dan Hatt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53	.32	\$ 4.96	\$ 71.7	7 \$5.51	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46	.01	\$ 5.41	\$ 61.9	\$6.01	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.8	2 \$	36.42	\$6.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$ 4.6	6 \$	65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.2	8 \$	211.59	\$49.33	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.78	2 5 24 1	0 \$	383.03	\$28.12	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	80301	T cen absolute count	140	7 132.71	, , , , , , , , , , , , , , , , , , , ,	U 7	303.03	720.12	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 52.70	5 5.1	0 \$	70.95	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.83	. \$ 3.8	4 \$	50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.83	\$ 3.8	4 \$	50.90	\$4.27	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.37	\$ 9.1	6 \$	165.50	\$10.69	Per Unit
	- поортан о поравлено		3332			Ţ 0710.	Ţ	-	200.00	+ 20.05	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96615	Bordetella antibody	No	\$ 25.74	Ġ 11 G	7 \$	81.45	\$13.85	Per Unit
Laboratory & Pathology Services	Tiospital Outpatient	CFI	90012	Doructella alltibouy	INU	ې <u>2</u> 3.74	7 11.0	1 3	01.43	313.03	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.8	7 \$	110.13	\$13.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.8	7 \$	110.13	\$13.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.8	7 \$	110.13	\$13.85	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25	.60	\$ 11.81	\$ 83.21	\$13.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30	.68	\$ 15.13	\$ 63.03	\$16.85	Per Unit
		-	00077	русска положи		7		,	7 33.00	7-0.00	
Laboratoria O Both domico Comitoria	Harristal Order at land	CDT	00000	Hamadala dalah adalah adalah .		ć 20		ć 45.44	ć 50.00	647.46	Day Helt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29	.16	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79	.65	\$ 12.41	\$ 107.23	\$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86	.11	\$ 10.85	\$ 115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22	.98	\$ 10.59	\$ 57.38	\$11.77	Per Unit
Laboratory at rathology services	Troopital Outputient	Ci i	00703	THE B COME ANTIBODY TOWN	140	y	-	y 10.55	7 37.30	V 22177	T CT OTHE
Laboratoria O Both domico Comitoria	Harristal Order at land	CDT	06706	HED D CHIDEACE ANTIDODY	N-	ć 00		ć 0.67	ć 422.2F	640.74	Day Helt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98	.98	\$ 9.67	\$ 133.25	\$10.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	\$ 22	.56	\$ 10.41	\$ 65.09	\$12.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22	.71	\$ 11.15	\$ 56.71	\$12.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78	.19	\$ 12.95	\$ 225.56	\$15.11	Per Unit
	proof waspendielle	1	557.52			7 70		· 12.55	- 223.30	7-3:11	
Laboratori Q Dott- I C	Heavital Outrations	CDT	00705	Duboala autibodi:	NI-	ć a-	1.0	6 44.50	¢ 73.50	612.52	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86/65	Rubeola antibody	No	\$ 25	.14	\$ 11.59	\$ 72.53	\$13.52	Per Unit

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				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
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				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPI	00003	Level	INO	\$ 07.04	3 12.04	3 31.00	314.27	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$16.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
Laboratory at rathology services	Troopital Outputient	Ci i	00003	Coombo test maneet quar	140	Ç 244172	ÿ 3.03	ÿ 525145	V123141	T CI OIIIC
			00000	B		400.00	4 270	4 257.00	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96001	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CF I	86901	blood typing serologic in(d)	140	9 00.24	y 3.76	y 51.10	730.13	1 Ci Oliit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.63	\$8.62	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$8.08	Per Unit
Education y & 1 athlology services	Tiospital outputient	CFT	87077	Test for Disease-Causing	140	7	00.43	7 7.27	9 01.50	70.00	T CT OTHE
				(Pathogenic) Organisms, Not							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.20	\$6.63	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	8/110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$19.60	Per Unit
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$4.27	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	Ś	63.55	\$ 9.30	\$ 85.55	\$10.33	Per Unit
	proof waspasteric	1	0,340		.40	T	23.03	÷ 5.50	÷ 05.55	Ţ_0.00	
				Lab Tast Detection test for UV/1							
Laboratory 0 Dati 1 Co. 1	Harrisal Order	CDT	07225	Lab Test - Detection test for HIV-1		_	446.45	A 24.5-	A 440.5	624.00	Deville!
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/389	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.60	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$12.58	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$:	108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Urine Test - Gonorrhoeae		l .					
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$:	101.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$20.37	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$70.70	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$24.74	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$:	142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit
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Service Category	Service Setting	Type	code	Description	Servicer	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Vaccina Braumananal Cariusata						
				Vaccine - Pneumococcal Conjugate		4 205 50	4 0.55		4000 44	
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Per Unit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$35.99	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$123.89	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
, and the same of						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	\$ 52.00	\$ 17.40	\$ 251.43	\$80.82	Per Unit
	and the second second		5_50,	2.,		. 52.30			7-3:0-	
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit
Treatenic Caranovascular		Ci I	33300	mer pretation and report	163	y 30.27	y 20.12	9 33.32	713.03	. cr onit
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Medicine Other	Hospital Outpatient	СРТ	02005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	s -	\$ 295.26	\$59.72	Per Unit
Wedicine Other	nospital Outpatient	CPI	33005	LIECTIOCATUIOGIAIII (ECG OI ENG)	INO	142.29	7	255.20	333.1Z	rei Oiilt

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				CARRIOVASCUU AR CERESC TEST			474 40		64.00		CO4	4000 55	
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$239.66	Per Unit
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Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	Ş	322.26	Ş	1,593.05	\$528.21	Per Unit
Unanital Code at an Branch day	Un anital Contractions	CD=	00450	Insertion of catheter into left heart		,	0.047.45	_	F70.03	_	42.020.02	ć2 02C 04	Corr Doto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	5/9.93	>	12,920.92	\$2,836.04	Case Rate
		CD=					242.54	_	00.54		400.67	4407.70	
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$127.78	Per Unit
												4000 00	
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	-	-	\$	1,229.53	\$860.67	Per Unit
							N/A No	l	N/A No		N/A No	N/A No	
Medicine Neurology and							Service		Service		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	١	/olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$86.50	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15		١.		١.		١.			
Rehabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$15.11	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						,			
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$14.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic				1					
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$31.04	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$35.65	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$30.69	Per Unit

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Medicine Physical Medicine and	Handral Output		077.75	Dhariant Thomas and 171			. ا	22.72	A 00.55	620 50	Des Hett
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$	23.73	\$ 93.92	\$28.58	Per Unit
L											
Medicine Physical Medicine and				Physical Therapy - Low Complexity			1.				
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.06	\$	71.97	\$ 252.78	\$86.55	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate							
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$	71.97	\$ 252.78	\$86.55	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity							
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.06	\$	71.97	\$ 252.78	\$86.55	Per Unit
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	Ś	48.67	\$ 170.97	\$59.25	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	3 5	77.05	\$ 245.32	\$91.64	Per Unit
		C	37103		110	Ţ	1	77100	+ -:-:	402.0 .	
Medicine Occupational Therapy	Hospital Outpatient	СРТ	07166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	ء ا	72.00	\$ 245.32	\$91.31	Per Unit
Wedicine Occupational Therapy	Hospital Outpatient	CPT	9/100	OT EVAL WIOD COMPLEX 43 WIIN	NO	3 02.40	7	72.00	3 243.32	331.31	Per Offic
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Madicine Dhysical Madicines - 1				Dhysical Thomas, Thomas and							
Medicine Physical Medicine and			07-05	Physical Therapy - Therapeutic			. _	48.00		405.55	
Rehabilitation	Hospital Outpatient	CPT	9/530	Activities	No	\$ 92.45) >	17.40	\$ 124.45	\$39.49	Per Unit
L											
Medicine Physical Medicine and				Physical Therapy - Self-care or			1.				
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 68.89	\$	-	\$ 109.03	\$34.43	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$	-	\$ 14.27	\$0.00	Per Unit
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Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$	90.34	\$ 200.08	\$48.49	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii Fiice	-	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient, Low						4	
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.	06 \$	132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.	69 5	177.01	\$ 432.49	\$124.44	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	\$162.60	Per Unit
			33233			7			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-0	
Fuelveties & Management Comices	Duefessional Compless	CDT	00242	Office Visit Bosis	81-	\$ 58.	, l	46.41	\$ 133.24	¢24.72	Day Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.	74 5	46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.	57	81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.	19 5	140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.	87 9	192.33	\$ 385.34	\$107.72	Per Unit
		.	35225			7 333			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-0	10.0
Professional Services Associated											
	Professional Services	СРТ	00222	Subsequent hospital care	N	\$ 159.		50.60	\$ 111.92	\$69.95	Dou Huit
with Inpatient Stay	Professional Services	CPT	33232	Subsequent nospital care	No	\$ 155.	90	5 50.60	\$ 111.92	\$09.95	Per Unit
				B 11 1 15							
L				Patient office consultation,				.			
Evaluation & Management Services	Protessional Services	CPT	99243	typically 40 min	Yes	\$ 212.	43	\$-	\$ 142.18	\$-	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.	80	\$-	\$ 226.38	\$-	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.	81	74.98	\$ 689.88	\$88.76	Case Rate
- 6,				(,		755	, 555.00	7-5	
				Emergency Department Visit - Low							
Emorgonau Boom Visit	Hospital Quitnotions	СРТ	00202		No	\$ 430.		93.52	\$ 1,114.22	\$209.10	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	33484	Complexity (outpatient)	140	, 430	00	95.52	1,114.22 ب	\$209.10	Case nate

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Service Category	Service Setting	Type	Code	Description	Service?	C	Cash Price	<u>c</u>	harge		Charge	Charge	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	Ś	182.62	\$	2,714.83	\$300.23	Case Rate
			55266			-		-		-	_,,	7000.20	
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00284	Higher Complexity (outpatient)	No	\$	2,400.69	ė	270.43	\$	4,475.48	\$448.40	Case Rate
Emergency Room visit	nospital Outpatient	CFT	33204	riigher complexity (outpatient)	140	7	2,400.03	Y	270.43	7	4,473.40	3440.40	case nate
				Emanage Danaston ant Visit High									
F	Hannital Costs at land			Emergency Department Visit - High		_	2 4 40 04	,	450.20	,	E 000 0E	ć4 224 C2	C D-4-
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$1,334.63	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$1,798.49	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	_	\$	225.38	\$0.00	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	Ś		\$	236.91	\$0.00	Per Unit
Evaluation & Management Scrivices	Troressional services	Ci i	33302	Office Visit - Comprehensive	140	~	103.02	~		Ψ	230.31	ψο.σσ	T CT OTHE
				Preventive Medicine Evaluation									
Freehooding C Management C :	Professional Compless	CDT	00202	and Management, New Patient, 5-	N	Ś	470.00	_		Ś	442.46	ćo 00	Day Haite
Evaluation & Management Services	Professional Services	СРТ	99383	11 Years Old	No	>	170.96	\$	-	>	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-				١.		١.			
Evaluation & Management Services	Professional Services	CPT	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	CPT	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$68.65	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	СРТ	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$	1,293.56	\$91.72	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash P	rice	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
				and Management, Younger than 1							
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 1	41.19	\$ -	\$ 267.	.83 \$0.00	Per Unit
_											
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 1	50.93	\$ -	\$ 305.	91 \$0.00	Per Unit
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 1	50.44	\$ -	\$ 305.	91 \$0.00	Per Unit
								-			
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 1	65.14	\$ -	\$ 398.	57 \$0.00	Per Unit
						-		-	•		
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 1	68.81	\$ 37.07	\$ 304.	.60 \$37.07	Per Unit
_											
				Office Visit - Comprehensive							
				Preventive Medicine Reevaluation							
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 1	80.12	\$ 64.57	\$ 429.	79 \$64.57	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,1	39.56	\$ 11,272.90	\$ 11,272.	90 \$0.00	Case Rate
								-	<u> </u>		
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$	70.15	\$ -	\$ 126.	.95 \$47.98	Per Unit
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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		counted sh Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$ -	\$ -	\$51.06	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$ 1,424.46	\$253.61	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 1	5,685.71	\$ 605.00	\$ 24,131.86	\$2,275.61	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$ 200.00	\$109.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$ -	\$ 732.35	\$114.43	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	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$ -	\$ 4,336.21	\$224.45	Per Unit