United Health Care Mississippi										
Medicaid CAN	Last Updated: 12/7/2020									
Medicala Crite	2051 0 paated. 12/1/2020								Amount We	
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Casa Bata
										Case Rate- Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5.517.78	\$ 31,074.55	\$6,824.91	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$71,709.62	CPT/HCPCS
										Case Rate-
				Basis a initiat would not not be						Excluding
				Major joint replacement or reattachment of lower extremity						Professional Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070,44	\$ 37,721.88	\$8,229.94	CPT/HCPCS
risspital impatient stay	nospital inpution	DIG	470	or complications (weep.	163	Ç 20,747.32	Ç 0,070.44	Ç 37,721.00	70,223.34	c. I/Heres
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$11,410.19	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$21,286.46	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT					40 01	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$9,777.81	CPT/HCPCS
										Casa Bata
										Case Rate-
										Excluding Professional
				HIP FEMUR PROCEDURES EXCEPT						Charges which are paid by
Hospital Inpationt Stay	Hospital Inpationt	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 26,064,20	¢ 674572	\$ 37,731.25	\$11,373.63	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	482	INIAJOR JOINT W/O CC/MCC	INO	\$ 30,904.29	ο,/45./3	\$ 31,/31.25	\$11,575.63	CF1/MCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45 467 21	\$ 9.438.20	\$ 41,283.64	\$7,931.57	CPT/HCPCS
nospital inpatient stay	Hospital Ilipatient	טאט	473	EAGLE I HIP, FOOT, FEIVIOR W CC	INO	y 45,407.ZI	7,430.20 ب	y 41,203.04	\$1,551.37	CF I/FICECS

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					Required		Minimum	Maximum	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										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	\$6,640.65	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	\$5,548.89	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Innationt Stay	Hospital Innationt	DRG	811	MCC	No	¢ 16 6/2 21	¢ 4255.02	\$ 31,015.82	\$20,008.45	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	טאט	911	IVICC	NU	<i>⇒</i> 10,043.21	<i>₹</i> 4,255.95	3 31,013.82	320,000.45	CF1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	-	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$4,081.25	CPT/HCPCS
	patient	2110	012		110	T 12,571.00	+ =,555.10	+ 20,002.03	7-1,002.23	5/6. 65

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	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
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	\$20,223.61	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	\$16,320.61	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	\$3,384.89	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$37,827.34	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<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	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$31,112.10	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	\$14,040.39	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	\$10,101.46	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	\$ 2,464.00	\$ 27,462.61	\$6,703.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Case Rate-
										Excluding
										Professional
										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	\$8,333.77	CPT/HCPCS
materinty/ Delivery	Troopital Impatient	Ditto	700	STERREDATION WINGE		ψ 11,515.EE	\$ 3,370.00	ψ 33,003.23	40,000.77	Ci i/iici co
										Corre Boto
										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	\$2,372.65	CPT/HCPCS
Widterliney/ Belivery	nospital inpatient	DING	704	STERREZATION W CC	140	7 3,340.40	7 3,370.00	ÿ 27,003.12	72,372.03	Ci i/iici co
										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	\$6,435.24	CPT/HCPCS
Waterinty/ Delivery	nospital inpatient	DNG	765	STERIEIZATION W/O CC/MICC	NO	\$ 0,300.27	3,313.44	\$ 23,870.71	30,433.24	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				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	\$5,229.54	CPT/HCPCS
waterinty/ Denvely	nospital inpatient	שאט	700	STEINEIZATION W WICC	INU	y 12,030.27	7 3,370.00	ψ 33,011.00	73,223.34	Ci I/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Innations	DRG	787		No	\$ 11 222 E0	¢ 2925 00	\$ 27,868.32	\$2 907 00	CPT/HCPCS
iviate ility/ Delivery	Hospital Inpatient	מאמ	161	STERILIZATION W CC	No	7 11,522.59	2,655.00 ب	21,000.32 ب	\$2,807.88	CP1/HCPC3

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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
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	\$3,806.78	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	\$1,278.14	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$3,934.07	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$3,352.96	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$3,488.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					CMS		De-Identified		Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	<u>Negotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$2,105.19	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$2,557.28	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRC	945	REHABILITATION W CC/MCC	No	N/A	¢ 14 552 00	\$ 14,553.00	\$13,139.54	CPT/HCPCS
Stay	inpatient Kenabintation Hospital	DKG	945	REHABILITATION W CC/WCC	NU	IV/A	3 14,555.00	3 14,555.00	313,133.34	CFI/HCFC3
										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	\$18,986.75	CPT/HCPCS
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per

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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>scrvice category</u>	Service Setting	турс	couc	<u>Description</u>	<u>SCIVICE:</u>	cusirricc	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Innationt Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	\$17,079.11	CPT/HCPCS
Inpatient Skilled Nursing	inpatient Skilled Nursing	DKG	559	WITH MCC	NO	N/A	\$ 18,018.00	\$ 18,018.00	\$17,079.11	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
									4	
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	СС	No	N/A	\$ 10,435.00	\$ 10,435.00	\$14,244.35	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				· ·						
				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	\$17,913.43	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
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
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
,	1p.			Total Company of the Company			÷ 0.7.001E4	÷ 0.7.00124		/

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	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	Non-Par	Day
Stay	Tiospital .	00	200	Noom a Board		dicitiy	Diem	Dicin	11011111	- July
						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
Board	inpatient skilled Nursing	OB	193	Care	NO	Dieili	3 370.00	\$ 850.00	Non-rai	Day
Hospital Outpoticat Procedure	Hasnital Outpations	CDT	11100	Piency Tongontial Piency of Chin	NI -	ć F30.00	6 101 50	ć 1 000 44	\$172.85	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$1/2.85	Case Rate
										<u> </u>
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$181.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$184.27	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,235.02	Case Rate
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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
				-		N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Tiospital Outpatient Procedure	Hospital Outpatient	CFI	19120	growth, open procedure	Tes	Volume	,	7	Volume	case Nate
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Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$248.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,444.99	Case Rate
						N/A No			N/A No	
						Service			Service	
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	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
		- · ·		(Caspanent)			<u> </u>	<u> </u>	70.0	- Case Hate
Hasnital Outpationt Procedure	Hospital Outpations	CDT	24575	Lammaccony Diagnostic	No	\$ 449.87	¢ 135.06	¢ 1.070.03	¢190.64	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	315/5	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$180.64	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$601.48	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
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	\$733.39	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43730	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$746.87	Case Rate
		C. 1	73233	J. J	163	Ţ 1,233.34	7 372.00	,223.40	Ç, 40.07	Jase Hate
				Colonoscony Diagnostic					1	
Handral Code at and Burne 1	Uses its Louis at least	CDT	45270	Colonoscopy - Diagnostic	V	6 3447.00	ć 225.70	ć 2.220.00	ć750.05	Corre Boto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	453/8	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$769.06	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$974.99	Case Rate

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<u>Screec category</u>	Service Setting	турс	Couc	<u>Description</u>	SCI VICE:	Casirrice	Charge	Charge	Charge	Estimate Type
				Colonescono Mith Dolon Domovel						
				Colonoscopy - With Polyp Removal		A 2247.00			44 004 47	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,021.17	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,419.56	Case Rate
·	· ·			5 / 1 /				. ,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,423.87	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPI	43440	Place gastrostolly tube perc	NO	\$ 3,111.00	3 443.12	3 3,100.01	31,423.07	Case Nate
				Danie of ancia 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	\$2,923.30	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$52.02	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$514.67	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,530.66	Case Rate
The state of the s	promise a september			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	FFOCC		Voc					Caso Pato
Hospital Outpatient Procedure	Hospital Outpatient	CPT	33800	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
									440	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$187.44	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$88.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$274.03	Case Rate
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								_		-			7,1
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$157.26	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400		Yes	\$	4,496.21	Ś	242.00	\$	3,278.48	\$0.00	Case Rate
The state of the s		. .	55.55			Ť	.,	+		Ť	0,270.10	70.00	
Professional Services Associated													
	Durfacional Comica		F0440	Obstatuical com			2 220 00		422.04	,	4 635 04	Ć0C4 4C	C D-t-
with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$	2,230.06	>	133.91	>	1,625.81	\$864.46	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$0.00	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
	Professional Services	СРТ	F0C10	delivery care	Van	\$	4 700 50	Ś	305.08	\$	2 420 24	\$0.00	Case Rate
with Inpatient Stay	Professional Services	CPT	29010	•	Yes	ş	4,706.58	P	303.06	Ģ	3,429.34	\$0.00	Case Nate
				Injection of substance into spinal									
				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	\$572.72	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	\$585.34	Case Rate
·	·			Injections of anesthetic and/or							,		
				steroid drug into lower or sacral									
				_									
		607		spine nerve root using imaging			4 336 64		250 45		4 000 45	AT45.00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	guidance	Yes		1,776.21	\$	358.46	\$	1,980.49	\$745.26	Case Rate
							N/A No					N/A No	
				Removal of recurring cataract in		S	ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	V	olume	\$	-	\$	-	Volume	Case Rate
						N	N/A No					N/A No	<u> </u>
				Removal of cataract with insertion		S	ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		olume	Ś	_	\$	_	Volume	Case Rate
		Or I	00304		163	 	Cianic	Y	_	Y	_	Totallic	- Case Hate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear way	No	Ś	168.99	ċ	48.93	Ś	1,604.78	\$72.19	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02710	Remove impacted ear wax	IVO	Ģ	109.33	Ģ	46.93	Ģ	1,004.78	\$12.19	case rate

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

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				CT Scan - Chest, with Contrast						
Padialogy Comises	Hospital Outpationt	CDT	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$199.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	/1200	(outpatient)	No	\$ 1,446.52	\$ 200.76	\$ 2,034.88	\$199.45	Per Onit
Padialogy Sansians	Hospital Outpationt	CDT	71275	Ct angiagraphy shost	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$223.93	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/12/5	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$223.93	Per Unit
Padialogy Sansians	Hospital Outpationt	CDT	72040	V Pay Nock Consisal Spins	Na	\$ 154.65	\$ 37.93	\$ 204.42	\$73.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.33	\$ 204.42	\$75.56	Per Offit
Dadiology Complete	Heavital Outrations	CDT	72070	V Day Middle Book Theresis Crine	N	ć 251.61	ć 22.02	ć 220.00	Ć00 F3	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/20/0	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$98.53	Per Unit
Dadiology Complete	Heavital Outrations	CDT	72100	V Paul Suina (autorational)	Na	ć 100.C0	ć 27.02	ć 20F 12	Ć00 44	Day Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$99.44	Per Unit
				V Barr Jarrey back minimum farm						
Dadiology Complete	Heavital Outrations	CDT	72440	X-Ray, lower back, minimum four	V	\$ 213.64	\$ 52.80	ć 204.02	¢100.00	Day Heit
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$100.99	Per Unit
Padialam: Caminas	Heavital Outrations	CDT	72125	Change anima w/a dua	N	ć 1.4F0.27	ć 12C 0C	ć 1.7F0.03	¢122.00	Day Heit
Radiology Services	Hospital Outpatient	СРТ	/2125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$132.68	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72126	Changle anima welders	Na	\$ 1,293.16	ć 200.00	ć 1.031.F0	\$358.14	Day Heit
Radiology Services	Hospital Outpatient	CPT	/2126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$358.14	Per Unit
Padialagy Sandicas	Hospital Outpationt	СРТ	72127	Ct nock spino w/o & w/dvo	No	¢ 1915.03	\$ 201.73	\$ 2,118.48	\$200.38	Por Unit
Radiology Services	Hospital Outpatient	CPT	/212/	Ct neck spine w/o & w/dye	No	\$ 1,815.93	Ç 201./3	2,110.48	3200.30	Per Unit
Radiology Services	Hospital Outpations	СРТ	72120	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$198.24	Per Unit
naulology services	Hospital Outpatient	CFI	/2129	ct diest spille w/ uye	No	φ 1,32U.00	Ş 133.8Z	\$ 1,005.90	3130.24	rei Ullit
Padiology Sonvices	Hospital Outpations	CPT	72122	Ct lumbar spino w/dus	No	¢ 1 510 42	¢ 200.00	¢ 1005.00	¢2E0 14	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/2132	Ct lumbar spine w/dye	IAO	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$358.14	Per Unit
Padialagy Consises	Hospital Outpoticat	CPT	72422	Ct lumbar anina w/a 8/dua	N-	\$ 1,904.42	ć 201.00	\$ 2,238.70	¢200.40	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/2133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	γ 2,238.70	\$200.10	Per Unit

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Sonvice Category	Sorvice Setting		Codo	Description		Cash Price				Estimate Type
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	<u>Casii Price</u>	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$250.32	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINEER SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3230.32	rei Ollit
Padialam, Sanisas	Hospital Outpatient	СРТ	721/10	MPI Pack (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$250.32	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$250.52	Per Onit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$97.30	Per Unit
naulology Services	Hospital Outpatient	CPT	72170	A-Ray - Pelvis	NO	3 249.04	\$ 20.72	3 327.10	397.30	rei oiiit
Dadialam: Camiana	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.C0	\$ 264.73	¢100.67	Dou I Init
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$100.67	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72102	CT con policie with contract	Vac	ć 1 F2C 0C	ć 107.30	ć 2.142.0F	¢10F C1	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$195.61	Per Unit
Padialagu Samisas	Hospital Outpatient	CDT	72107	MARL Robis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	¢200.70	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/219/	MRI - Pelvis (outpatient)	No	\$ 2,440.72	\$ 402.71	\$ 3,322.33	\$399.79	Per Unit
Padialam: Caminas	Heavital Outrations	CDT	72000	V ven even of celler bene	NI-	ć 147.F0	ć 22.40	ć 10F.03	671.12	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/3000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$71.12	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72010	V very evens of charildes blade	N	\$ 196.93	\$ 26.01	\$ 251.93	\$97.57	Day Unit
Radiology Services	Hospital Outpatient	CPI	/3010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$97.57	Per Unit
Radiology Services	Hospital Outpationt	СРТ	72020	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$72.03	Per Unit
Radiology Services	Hospital Outpatient	CPI	/5050	A-nay - Silouluei (Outpatient)	NO	y 145.30	ې <u>کو</u>	130.32 پ	\$72.03	rei Oiiit
Radiology Services	Hospital Outpatient	СРТ	72060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$71.12	Per Unit
Tradiology Services	1103pital Outpatient	CPT	73000	A-NAT LAAW OF HOWEROS	NO	y 147.02	25.40	7 199.02	7/1.12	i ei oiiit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$71.12	Per Unit
Traditional Services	nospital Outpatient	Cr I	73070	A-ray exam or endow	140	7 140.05	y 25.07	7 131.42	7/1.12	i ei oiiit
Radiology Services	Hospital Outpatient	СРТ	72000	Y-PAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$71.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-RAY EXAM OF ELBOW	INU	122.63	20.72	154.02 ب	Ş/1.44	rei Onit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price		Charge	<u>Charge</u>	Charge	Estimate Type
De dielem Comitee	Unamital Contractions		70000	V DAY EVANA OF FORFARIA		ć 447.4	م ا	26.40	ć 454.03	674.42	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/3090	X-RAY EXAM OF FOREARM	No	\$ 117.1	0 \$	26.40	\$ 151.82	\$71.12	Per Unit
Dadialam Camias -	Heavital Outrations	CPT	72440	V Day Milet (auto-ti-ut)	B1 =	ć 45C-	2 4	20.72	6 400.60	674 44	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3110	X-Ray - Wrist (outpatient)	No	\$ 156.5	2 \$	30.72	\$ 196.19	\$71.44	Per Unit
Padialana Cambaa	Unamital Contractions		70400	V DAVEVANA OF HAND		ć 100.0	2 4	24.40	ć 240.72	ćoc oo	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/3120	X-RAY EXAM OF HAND	No	\$ 192.0	3 \$	24.40	\$ 249.73	\$96.98	Per Unit
B # 1			70400	v 5		454.5		22.72	400.40	474.44	
Radiology Services	Hospital Outpatient	СРТ	/3130	X-Ray - Hand	No	\$ 151.5	4 \$	32.72	\$ 198.42	\$71.44	Per Unit
			70004	ARRI CI II EII WY		A 4 244 6		246.65	4 700 46	40.45.00	
Radiology Services	Hospital Outpatient	СРТ	/3221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.8	2 \$	246.65	\$ 1,702.46	\$245.36	Per Unit
De dielem Comitee	Unamital Contractions			V Berry Hills		ć 430 F	م ا	27.77	ć 407.04	672.50	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/3502	X-Ray - Hip	No	\$ 129.5	8 \$	37.77	\$ 197.91	\$73.58	Per Unit
				V DAV EVALA OF EFERNING 04		4505		20.54	400.00	474 75	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.5	1 \$	29.51	\$ 189.38	\$71.75	Per Unit
			=====	V DAV EVALA OF VIJEE 4 OD 3		A 204.0		22.42	4 255.00	474.40	
Radiology Services	Hospital Outpatient	СРТ	/3560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.9	2 \$	32.40	\$ 266.82	\$71.12	Per Unit
De dielem Comiese	Heavital Outrations	CDT	72562	V Day - Knoo (autoationt)	NI -	ć 202.5	م ا	26.52	ć 251.25	672.02	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3562	X-Ray - Knee (outpatient)	No	\$ 263.5	υ >	36.52	\$ 351.25	\$72.03	Per Unit
Dadialam Camias -	Heavital Outrations	CP=	72500	V man arrana af lannari lan		ć 220 c	2 4	22.40	6 224.60	670.04	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3590	X-ray exam of lower leg	No	\$ 239.6	2 >	32.40	\$ 321.48	\$70.84	Per Unit
De dielem Comice -	Heavital Outrations	CPT	72000	V DAV EVANA OF ANIVE	B1 =	ć 404 =		24.00	ć 370.00	674.42	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3600	X-RAY EXAM OF ANKLE	No	\$ 191.5	> >	31.98	\$ 278.60	\$71.12	Per Unit
Dedictory Comics -	Heavital Outrations	CDT	72646	V Day Ankla (auto-sti-ust)	B1 =	ć 330 s	E .	25.72	6 344.44	674 44	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$ 239.0	> >	25.72	\$ 311.14	\$71.44	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	s	29.81	\$	262.21	\$70.56	Per Unit
The division of the control of the c	Troopital Gatpatient	C. T	73020	X IIXI EXXIII OI 1001	140	~	130124	~	23.01	Ψ	LULILI	770.30	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	Ś	33.95	\$	289.60	\$71.16	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	Ś	134.01	\$	1,400.92	\$132.68	Per Unit
	- поортан о поравлено	C	73700		110	_	_,	Ť		Ť			
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	Ś	1,828.36	\$244.74	Per Unit
nadiology services	Troopital Gatpatient	C. T	73721	initi kilee (outputient)	103	7	1,224.52	~	240.03	Ψ	1,020.00	72 -117-1	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ś	28.31	Ś	189.76	\$71.75	Per Unit
	- поортан о поравлено		7 1020	nay risasinon		Ť		Ť		_	200170	472.70	
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	Ś	142.38	Ś	1,446.99	\$140.83	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	Ś	207.86	Ś	2,144.29	\$205.96	Per Unit
	- поортан о асраноно		74270		110	_		Ť		_	_,	+ 200.00	
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	Ś	286.79	Ś	3,568.86	\$384.11	Per Unit
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				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$384.11	Per Unit
37						Ė	,	·		Ė	,	• • • • •	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$171.65	Per Unit
37				,		ļ,		·					
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$190.41	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	Ś	306.04	Ś	59.00	Ś	323.39	\$88.69	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$113.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$92.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$124.70	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$114.87	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	Ş114.07	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	\$121.30	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$121.50	Per Unit
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Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$132.36	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$132.36	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$268.05	Per Unit
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Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$117.61	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$126.19	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$134.76	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	\$122.81	Per Unit
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Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 37	70.14	\$ 88.69	\$ 391.69	\$119.59	Per Unit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$ 47	75.43	\$ 98.63	\$ 463.90	\$119.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 34	14.00	\$ 70.34	\$ 408.50	\$119.16	Per Unit
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Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$ 54	46.40	\$ 107.57	\$ 501.03	\$142.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$ 38	33.79	\$ 135.81	\$ 629.70	\$178.56	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 40	06.73	\$ 109.22	\$ 504.02	\$142.45	Per Unit
Radiology Services	Hospital Outpatient	CFI	77007	wanningram (outpatient)	163	y 40	30.73	7 103.22	3 304.02	3142.43	rei oiiit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 24	47.25	\$ 56.29	\$ 393.45	\$98.25	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$ 11	16.84	\$ 33.80	\$ 171.64	\$72.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,01	10.04	\$ 336.74	\$ 2,091.45	\$1,087.06	Per Unit
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Laboratory & Dathology Comicas	Hasnital Outpations	СРТ	90049	Plond Tost Pasis Metabolis Paral	Vos	\$ 15	58.03	ć 11.04	\$ 221.33	\$15.22	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00048	Blood Test - Basic Metabolic Panel	Yes	ş 1:	20.05	\$ 11.84	\$ 221.33	\$15.2Z	Per Unit
				Blood Test - Comprehensive		١.					
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 9	93.73	\$ 14.78	\$ 136.89	\$19.00	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	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$12.05	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$15.62	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$55.93	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	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	\$5.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.13	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$15.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$4.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$26.64	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$ 3	35.11	\$ 12.31	\$ 67.00	\$12.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 11	14.13	\$ 11.09	\$ 153.64	\$11.09	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 1	15.28	\$ 3.92	\$ 23.76	\$3.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$ 1	12.70	\$ 5.86	\$ 35.53	\$5.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 2	26.14	\$ 12.05	\$ 75.41	\$12.05	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$ 12	24.50	\$ 7.17	\$ 70.25	\$9.22	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$ 2	29.40	\$ 13.57	\$ 82.73	\$13.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$ 14	10.40	\$ 14.17	\$ 405.00	\$16.67	Per Unit
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Laboratory & Bathology Services	Hospital Outpationt	СРТ	92669	Assay of anythronoistin	No	\$ 3	36.68	\$ 16.91	\$ 99.20	\$16.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	02008	Assay of erythropoietin	No	<i>y</i> 3	0.00	7 10.31	ى 55.20	310.31	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$ 5	54.51	\$ 25.15	\$ 152.33	\$25.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$ 2	20.29	\$ 13.41	\$ 40.08	\$13.41	Per Unit
		1									
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Dathology Sonices	Hospital Outpatient	СРТ	82728		No	Ś 3	33.53	\$ 19.09	\$ 96.63	\$24.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	02/20	LEVEI	INU	ې خ	3.33	15.09	70.05 ب	924.34	r Cr Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 82803 Blood Fest - Folic Acid Level No \$ 37.75 \$ 13.23 \$ 79.52 \$ \$13.23 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82803 Blood gases any combination No \$ 73.40 \$ 20.17 \$ 106.16 \$23.46 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42 \$ 7.08 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82962 Glucose blood test No \$ 45.55 \$ 3.89 \$ 61.82 \$5.90 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83018 Heavy metal quant each nes Blood Test - Blood Glucose Control (Hemoglobin AIC) No \$ 71.27 \$ 8.74 \$ 95.94 \$8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83086 Assay of histamine No \$ 77.84 \$ 26.58 \$ 218.76 \$26.58 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 147.09 \$ 6.55 \$ 424.29 \$8.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	Samiles Catagony	Comica Sotting		Codo	Description						Estimata Tuna
Laboratory & Pathology Services Hospital Outpatient CPT 82903 Blood gases any combination No \$ 73.40 \$ 20.17 \$ 106.16 \$23.46 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42 \$7.08 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82962 Glucose blood test No \$ 45.55 \$ 3.89 \$ 61.82 \$5.90 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83018 Heavy metal quant each nes No \$ 172.97 \$ 19.76 \$ 498.96 \$19.76 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83036 (Hemoglobin AIC) No \$ 71.27 \$ 8.74 \$ 95.94 \$8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83088 Assay of histamine No \$ 75.84 \$ 26.58 \$ 218.76 \$26.58 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 147.09 \$ 6.55 \$ 424.29 \$8.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 51.90 \$ 9.06 \$ 75.77 \$11.64 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83508 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	Service Category	Service Setting	туре	Code	Description	Servicer	Cash Price	Charge	Charge	Charge	Estimate Type
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Laboratory & Pathology Services Hospital Outpatient CPT 83036 (Hemoglobin A1C) No \$ 71.27 \$ 8.74 \$ 95.94 \$8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 147.09 \$ 6.55 \$ 424.29 \$8.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 51.90 \$ 9.06 \$ 75.77 \$11.64 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	·										
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Laboratory & Pathology Services Hospital Outpatient CPT 83036 (Hemoglobin A1C) No \$ 71.27 \$ 8.74 \$ 95.94 \$ 8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 8308 Assay of histamine No \$ 75.84 \$ 26.58 \$ 218.76 \$ 26.58 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 147.09 \$ 6.55 \$ 424.29 \$ 8.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 51.90 \$ 9.06 \$ 75.77 \$ 11.64 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$ 10.41 Per Unit											
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Laboratory & Pathology Services Hospital Outpatient CPT 83518 Immunoassay dipstick No \$ 147.09 \$ 6.55 \$ 424.29 \$8.68 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 51.90 \$ 9.06 \$ 75.77 \$11.64 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	7								,		
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Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	1										
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Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$10.41 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$11.64	Per Unit
Blood Test - Lipase (fat enzyme)											
Blood Test - Lipase (fat enzyme)	1										
Blood Test - Lipase (fat enzyme)	Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$10.41	Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 83735 Assay of magnesium No \$ 53.82 \$ 9.38 \$ 78.56 \$12.06 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$12.06	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$35.33	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$8.54	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$8.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$8.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$18.77	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$16.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$26.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$4.33	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$8.12	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$30.24	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$30.24	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.3	1 \$	12.76	\$ 129.65	\$12.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.7	0 \$	10.26	\$ 121.45	\$11.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.7	7 5	11.54	\$ 169.31	\$13.55	Per Unit
Laboratory at rathology services	Trospital Gatpatient	C	04702	Chorlotte gonddotrophii test	140	Ų 12317	7 7	11.54	7 103.51	V13.33	T CT OTHE
			05044					2.42		42.42	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.9	5 \$	2.13	\$ 36.27	\$2.13	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.9	8 \$	10.88	\$ 112.06	\$13.98	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.7	9 \$	5.82	\$ 81.83	\$5.82	Per Unit
,										-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 \$	16.11	\$ 95.56	\$16.11	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83240	Clot factor vill ang 1 stage	NO	y 43.3	7 7	10.11	3 33.30	310.11	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.8	1 \$	6.01	\$ 64.27	\$7.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.6	1 \$	8.24	\$ 70.98	\$8.62	Per Unit
										-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.3	2 \$	4.96	\$ 71.77	\$4.96	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	33000	NOC STENEE CELE 1E31	140	y 35.3	- 3	7.30	7 /1.//	Ş 4 .50	1 CI OIIIC
				Blood Test. Coognitation							
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.0	1 \$	5.41	\$ 61.94	\$5.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.6	3 \$	5.82	\$ 36.42	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.4	\$	4.66	\$ 65.28	\$4.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.0	\$ (42.28	\$ 211.59	\$42.28	Per Unit
,				-					-	-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.7	2 4	24.10	\$ 383.03	\$24.10	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	80301	T cen absolute count	140	7 132.7	, ,	24.10	7 303.03	724.10	T CT OTHE
			00404			A 50.5		- 40		4= 40	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 52.7) \$	5.10	\$ 70.95	\$5.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.8	1 \$	3.84	\$ 50.90	\$3.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.8	1 \$	3.84	\$ 50.90	\$3.84	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.3	7 5	9.16	\$ 165.50	\$9.16	Per Unit
	- поортан о поравлено		3332			Ţ 07.0	<u> </u>	5.20	+ 100.00	75.25	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96615	Bordetella antibody	No	\$ 25.7	1 6	11.87	\$ 81.45	\$11.87	Per Unit
Laboratory & Pathology Services	Tiospital Outpatient	CFI	90012	Doructella alltibouy	INU	ې <u>25.7</u> 0	7	11.0/	Ç 01.43	311.07	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.7	\$	11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.7	1 \$	11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.7	1 \$	11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.7	4 \$	11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.0	50 \$	11.81	\$ 83.21	\$11.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.0	8 \$	15.13	\$ 63.03	\$15.17	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96602	Hepatitis delta agent antbdy	No	\$ 29.3	6 \$	15.44	\$ 50.98	\$15.44	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80032	riepatitis deita agent antbuy	IVO	y 25	.0 7	13.44	3 30.38	313.44	rei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.0	55 \$	12.41	\$ 107.23	\$12.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.3	1 \$	10.85	\$ 115.92	\$10.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.9	8 \$	10.59	\$ 57.38	\$10.59	Per Unit
,	i i									·	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.9	8 \$	9.67	\$ 133.25	\$9.67	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00700	THE BOOK ACE ANTIBOD!	140	ÿ 50	,0 4	3.07	7 133.23	75.07	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86/0/	Hepatitis be antibody	No	\$ 22.	6 \$	10.41	\$ 65.09	\$10.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.7	1 \$	11.15	\$ 56.71	\$11.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78.3	9 \$	12.95	\$ 225.56	\$12.95	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.3	4 5	11.59	\$ 72.53	\$11.59	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	\$37.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$11.59	Per Unit
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				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$12.84	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	00003	Level	INO	\$ 07.04	3 12.04	3 31.00	312.04	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$13.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$39.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$114.94	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$87.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$87.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96001	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$26.78	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	920.76	1 CI OIIIC
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$227.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$114.94	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25	\$9.29	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61	\$7.76	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35	\$7.27	Per Unit
Test for Disease-Causing	γ/.2/	T CT OTHE
(Pathogenic) Organisms, Not		
Laboratory & Pathology Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26	\$5.97	Per Unit
Urine Test - Bacterial Culture,		
Laboratory & Pathology Services Hospital Outpatient CPT 87086 Quantitative Colony Count No \$ 82.16 \$ 7.26 \$ 110.60	\$7.26	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87088 Urine Test - Bacterial Culture No \$ 15.80 \$ 7.28 \$ 43.86	\$7.28	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.74 \$ 17.64 \$ 175.99	\$17.64	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.74 \$ 17.64 \$ 175.99	\$17.04	Per Unit
Evaluation of Antimicrobial Drug		
Laboratory & Pathology Services Hospital Outpatient CPT 87186 (antibiotic, antifungal, antiviral) No \$ 69.16 \$ 7.79 \$ 93.10	\$7.79	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87205 Lab Test - Smear for Microorganism No \$ 49.93 \$ 3.84 \$ 67.21	\$3.84	Per Unit
Lab Test - Detection test for		
Laboratory & Pathology Services Hospital Outpatient CPT 87340 Hepatitis B Surface Antigen No \$ 63.55 \$ 9.30 \$ 85.55	\$9.30	Per Unit
	72.00	
Lab Test - Detection test for HIV-1		
	624.67	Dor Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87389 and HIV-2 No \$ 110.43 \$ 21.67 \$ 148.66	\$21.67	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87425 Rotavirus ag ia No \$ 37.44 \$ 10.78 \$ 108.00	\$10.78	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$46.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$29.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$29.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$17.24	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$12.98	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$61.41	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$11.66	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$	142.32	\$ 9.56	\$ 227.93	\$227.93	Per Unit

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				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	СРТ	00670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$214.62	Per Unit
Vaccination	nospital Outpatient	CFI	30070	Vaccine - Tetanus, Diptheria	INO	Ç 283.33	Ş 3.30	3 343.21	3214.02	reronit
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$33.10	Per Unit
vaccination	nospital Outpatient	CPI	90713	Into Muscle	INU	\$ 57.74	3 -	\$ 77.75	\$55.10	Per Offit
Fuel vetice 9 Management Commisses	Duefessional Commisses	CDT	00704	Barrahiatria Diagnastia Fralretian	B1-	ć 200.01	ć 110.03	ć 100.74	¢100.13	Day Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$109.12	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$54.50	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$72.68	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00		\$108.84	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$91.50	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$67.60	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$27.62	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$50.62	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$202.73	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$ 1,593.05	\$448.97	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	\$2,482.46	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$108.75	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	Ś	189.82	Ś	_	\$ 1,229.53	\$728.05	Per Unit
	Top to traperty			- 67 p		_	N/A No		I/A No	N/A No	N/A No	
Medicine Neurology and	Heavital Outrations	CDT	05040	Class study	W		Service		ervice	Service	Service	Doy Hait
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	— `	/olume	V	olume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im Physical Therapy - Manual	No	\$	110.26	\$	66.86	\$ 196.20	\$73.71	Case Rate
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15								
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$ 59.90	\$12.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound								
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$ 40.29	\$12.12	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	\$	17.40	\$ 119.46	\$26.13	Per Unit
naudition photos as 10.5				Dhariad Tharras At								
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97112	Physical Therapy - Neuromuscular Reeducation	No	\$	69.93	Ś	26.14	\$ 104.78	\$29.72	Per Unit
		J	3.222			_	22.33	7		7 20407	7-0	
Medicine Physical Medicine and	Hamital Outrations	CDT	07446	CAIT TRAINING THERADY		,	77.64	,	22.00	\$ 104.48	¢25.94	Day Unit
Rehabilitation	Hospital Outpatient	CPT	9/116	GAIT TRAINING THERAPY	No	\$	77.61	Þ	22.90	\$ 104.48	\$25.84	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?		sh Price		narge		Charge	Charge	Estimate Type
<u>service euregory</u>	<u>service secting</u>	1700	Couc	<u> </u>	<u>JCI VICE:</u>		, , , , , , , , , , , , , , , , , , ,	<u> </u>	luige		charge	charge	Estimate Type
Medicine Physical Medicine and								_				4	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$47.46	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity				_				4	
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	Ş	71.97	\$	252.78	\$71.97	Per Unit
				DI 1 171 A. I									
Medicine Physical Medicine and				Physical Therapy - Moderate		_		_	74.07		252.50	474.07	
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$71.97	Per Unit
				DI 1 171 UNI 0 I 1									
Medicine Physical Medicine and				Physical Therapy - High Complexity				_				4	
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$71.97	Per Unit
Medicine Physical Medicine and			07464	D			440.04	_	40.67		470.07	440.57	
Rehabilitation	Hospital Outpatient	CPT	9/164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$48.67	Per Unit
Mandinian Commenter of Theorem	Hamital Cotastiant		07465	OT EVAL LOW CONTRIES 20 MIN		_	400.00	_	77.05	_	245.22	677.05	Day Heit
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	>	77.05	\$	245.32	\$77.05	Per Unit
Mandinian Commenter of Theorem	Hamital Cotastiant		07466	OT EVALAGE COMPLEY AS MAIN			62.40	_	72.00	_	245.22	677.05	Day Heli
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$77.05	Per Unit
Madicine Physical Madicine and				Physical Therence Therencetic									
Medicine Physical Medicine and	Heavital Outrations	СРТ	07520	Physical Therapy - Therapeutic Activities	Ne	\$	92.45	Ś	17.40	Ś	124.45	\$32.67	Per Unit
Rehabilitation	Hospital Outpatient	CPT	9/530	Activities	No	Ş	92.45	Ş	17.40	Þ	124.45	\$32.67	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	07525	Home Management Training	No	\$	68.89	Ś	_	Ś	109.03	\$0.00	Per Unit
nenabilitation	Tiospital Outpatient	CPT	2/335	Tiome Wanagement Training	INU	Ą	00.03	Ą	-	Ģ	103.03	30.00	rei Ollit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	1 TOTCSSIONAL SELVICES	CFI	33024	1 OSCOP TOHOW-up VISIC	140	7	_	٧	-	٧	17.2/	30.00	i ci onic
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	Ġ	90.34	\$	200.08	\$90.16	Per Unit
Evaluation & ividilagement Jefvices	i Torcasional aci VICES	GF I	33202	OTTICE VISIT - INCAN PATIENT, INITIO	140	7	107.33	,	50.54	7	200.00	750.10	i di Onit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Ca	sh Price	<u>Charge</u>		<u>Charge</u>	<u>Charge</u>	Estimate Type
				Office Visit - New Patient, Low								
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$	182.06	\$ 132.54	\$	273.99	\$135.18	Per Unit
				Office Visit - New Patient,								
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$	250.69	\$ 177.01	\$	432.49	\$230.67	Per Unit
				New patient office of other								
Evaluation & Management Services	Professional Services	CPT	99205	outpatient visit, typically 60 min	Yes	\$	448.04	\$ 156.38	\$	553.76	\$301.27	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$	58.74	\$ 46.41	\$	133.24	\$45.75	Per Unit
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				Office Visit - Established Patient,								
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$	99.67	\$ 81.71	\$	201.59	\$91.69	Per Unit
			55225	- Complexity		_	55.0.	+ 02.72	Ť		+52.05	7 01 01110
				Office Visit - Established Patient,								
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$	151.19	\$ 140.90	Ś	279.47	\$141.52	Per Unit
Evaluation & Management Scivices	Troressional Services	CIT	33224	inoderate complexity	110	~	101.13	V 140.50	7	275147	VI-11.52	T CT OTHE
				Office Visit - Established Patient,								
Evaluation & Management Services	Professional Services	СРТ	00215	High Complexity	No	\$	315.87	\$ 192.33	Ś	385.34	\$199.58	Per Unit
Evaluation & Management Services	FI OTESSIONAL SELVICES	CPI	99215	rigii complexity	INU	Ą	313.07	3 192.33	7	363.34	\$155.56	rei oiiit
Professional Services Associated												
	Professional Compless	CDT	00222	Subsequent beginsted asse	No	,	150.00	ć 50.00		111.03	ĆCO OF	Dou I Init
with Inpatient Stay	Professional Services	CPT	77232	Subsequent hospital care	No	\$	159.88	\$ 50.60	\$	111.92	\$68.05	Per Unit
				Detient office consultation								
Evaluation 9 May C- :	Professional Comitees	CDT	002.55	Patient office consultation,		٦	242.42	ć	_	143.40	¢01.44	Dou Unit
Evaluation & Management Services	Protessional Services	CPT	99243	typically 40 min	Yes	\$	212.43	\$-	\$	142.18	\$91.11	Per Unit
				B								
L				Patient office consultation,		١.			_		4	
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$	338.80	\$-	\$	226.38	\$146.51	Per Unit
				Emergency Department Visit -								
Emergency Room Visit	Hospital Outpatient	CPT	99281	Minor (outpatient)	No	\$	230.81	\$ 74.98	\$	689.88	\$78.05	Case Rate
				Emergency Department Visit - Low								
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$	430.38	\$ 93.52	\$	1,114.22	\$145.18	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	С	ash Price	C	harge		Charge	Charge	Estimate Type
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00283	Moderate Complexity (outpatient)	No	\$	932.99	Ġ	182.62	Ġ	2,714.83	\$243.06	Case Rate
Emergency noom visit	nospital outputient	Ci i	33203	intoderate comprexity (outputient)	140	~	332.33	Ψ	102102	Ψ	2,7 24.03	Ψ <u></u> 2-13.00	case nate
				Emergency Department Visit -									
Formation Boom Winte		CDT	00204		B1-	_	2 400 60		270.42	,	4 475 40	Ć40E 00	C D-t-
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$405.98	Case Rate
				Emergency Department Visit - High								4	
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$591.24	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$742.96	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	_	\$	225.38	\$101.97	Per Unit
				Office Visit - Comprehensive								•	
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	СРТ	00383	4 Years Old	No	Ś	163.82	Ġ	_	Ś	236.91	\$106.92	Per Unit
Evaluation & Management Services	Troressional services	CFT	33302	Office Visit - Comprehensive	140	7	103.02	Y		7	230.31	7100.32	T CT OTHE
				Preventive Medicine Evaluation									
Fundamenting C. Marrows Co. 1	Professional Comit	CDT	00303	and Management, New Patient, 5-	N/ -	٦	170.00			,	443.40	6111 53	Don Huit
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	Þ	-	\$	413.46	\$111.57	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-		_						4.4	
Evaluation & Management Services	Protessional Services	CPT	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$126.43	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	CPT	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$122.49	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	СРТ	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$	1,293.56	\$113.43	Per Unit
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Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Pric	<u>e</u>	Charge		Charge	Charge	Estimate Type
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
Evaluation & Management Services	Professional Services	CPT	99391	Year Old	No	\$ 141	19	\$ -	\$	267.83	\$92.13	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation					١.			
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150	93	\$ -	\$	305.91	\$98.26	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150	44	\$ -	\$	305.91	\$97.95	Per Unit
				Office Minit Community								
				Office Visit - Comprehensive								
Fredrick C. Manager and Complete	Professional Consissa	CDT	00204	Preventive Medicine Reevaluation	NI-	A 465			_	200 57	6407.06	Day Heli
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165	14	\$ -	\$	398.57	\$107.86	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation 9 Management Consists	Professional Compless	CDT	00205		No	\$ 168	01	\$ 37.07	Ś	304.60	\$110.55	Per Unit
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 100	01	\$ 37.07	Ģ	304.00	\$110.55	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	00306	and Management, 40-64 Years Old	No	\$ 180	12	\$ 64.57	\$	429.79	\$92.43	Per Unit
Evaluation & Management Services	Troressionar services	Ci i	33330	and Wanagement, 40-04 rears ord	110	7 100		y 04.37	7	423.73	732.43	i ci oiiic
											Service Not	
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Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139	56	\$ 11,272.90	Ś	11.272.90	Payer	Case Rate
						, ==,===		,,	-	-,	,	
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70	15	\$ -	\$	126.95	\$0.00	Per Unit
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Service Category	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	\$ -	\$ -	\$0.00	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$ 1,424.46	\$92.16	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 1	15,685.71	\$ 605.00	\$ 24,131.86	\$1,971.56	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$ 200.00	\$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$ -	\$ 732.35	\$102.99	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	\$0.89	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$11.03	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$ -	\$ 4,336.21	\$230.07	Per Unit