




| United Health Care Mississippi Medicaid CAN | | 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 | \$6,824.91 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 460 | Spinal fusion except cervical without major comorbid conditions or complications (MCC) | Yes | \$ 89,541.22 | \$ 16,237.64 | \$ 58,989.92 | \$71,709.62 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 470 | Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC). | Yes | \$ 26,747.32 | \$ 8,070.44 | \$ 37,721.88 | \$8,229.94 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 473 | Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). | Yes | \$ 37,083.10 | \$ 10,123.74 | \$ 62,430.00 | \$11,410.19 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 480 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | No | \$ 69,180.99 | \$ 12,375.85 | \$ 48,933.51 | \$21,286.46 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 481 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | No | \$ 45,651.13 | \$ 8,559.98 | \$ 38,996.68 | \$9,777.81 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 482 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | No | \$ 36,964.29 | \$ 6,745.73 | \$ 37,731.25 | \$11,373.63 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 493 | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | No | \$ 45,467.21 | \$ 9,438.20 | \$ 41,283.64 | \$7,931.57 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 494 | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | No | \$ 34,101.03 | \$ 7,426.74 | \$ 43,066.25 | \$6,640.65 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 743 | Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | Yes | \$ 18,033.90 | \$ 3,828.29 | \$ 28,968.03 | \$5,548.89 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 811 | RED BLOOD CELL DISORDERS W MCC | No | \$ 16,643.21 | \$ 4,255.93 | \$ 31,015.82 | \$20,008.45 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 812 | RED BLOOD CELL DISORDERS W/O MCC | No | \$ 12,941.86 | \$ 2,955.18 | \$ 26,002.03 | \$4,081.25 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| 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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| 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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| Maternity/Delivery | Hospital Inpatient | DRG | 783 | CESAREAN SECTION W STERILIZATION W MCC | No | \$ 11,915.22 | \$ 3,570.00 | \$ 39,605.25 | \$8,333.77 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 784 | CESAREAN SECTION W STERILIZATION W CC | No | \$ 9,940.40 | \$ 3,570.00 | \$ 27,865.12 | \$2,372.65 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 785 | CESAREAN SECTION W STERILIZATION W/O CC/MCC | No | \$ 8,988.27 | \$ 3,519.44 | \$ 25,870.71 | \$6,435.24 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 786 | CESAREAN SECTION W/O STERILIZATION W MCC | No | \$ 12,696.27 | \$ 3,570.00 | \$ 35,011.06 | \$5,229.54 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 11,322.59 | \$ 2,835.00 | \$ 27,868.32 | \$2,807.88 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| 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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| Maternity/Delivery | Hospital Inpatient | DRG | 806 | VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | No | \$ 8,616.42 | \$ 2,464.00 | \$ 24,277.74 | \$2,105.19 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 807 | VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | No | \$ 7,318.91 | \$ 2,464.00 | \$ 23,397.98 | \$2,557.28 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | DRG | 945 | REHABILITATION W CC/MCC | No | N/A | \$ 14,553.00 | \$ 14,553.00 | \$13,139.54 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | DRG | 946 | REHABILITATION W/O CC/MCC | No | N/A | \$ 10,870.00 | \$ 10,870.00 | \$18,986.75 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | UB | 118 | Inpatient Rehabilitation Hospital Room & Board | No | 52% Charges Estimated at \$2,341.96 Per Diem | | | N/A | Per Diem Per Day |

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| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 559 | AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC | No | N/A | \$ 18,018.00 | \$ 18,018.00 | \$17,079.11 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 560 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | No | N/A | \$ 10,435.00 | \$ 10,435.00 | \$14,244.35 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 561 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | No | N/A | \$ 7,474.00 | \$ 7,474.00 | \$17,913.43 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | DRG | LTC189 | Pulmonary edema respiratory failure | No | N/A | \$ 74,931.49 | \$ 74,931.49 | Non-Par | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | DRG | LTC207 | Respiratory system diagnosis w ventilator support >96 hours | No | N/A | \$ 37,703.24 | \$ 37,703.24 | Non-Par | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |

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| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | UB | 200 | Long Term Care Intensive Care Room & Board | No | 70% Charges (Estimated as \$6,047.26 per diem) | \$1,040 Per Diem | \$1,929 Per Diem | Non-Par | Per Diem Per Day | |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 191 | Subacute Care Level 1- Skilled Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 227.70 | \$ 850.00 | Non-Par | Per Diem Per Day | |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 192 | Subacute Care Level 2- Comprehensive Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 299.70 | \$ 850.00 | Non-Par | Per Diem Per Day | |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 193 | Subacute Care Level 3- Complex Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 370.00 | \$ 850.00 | Non-Par | Per Diem Per Day | |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 11102 | Biopsy - Tangential Biopsy of Skin | No | \$ 530.90 | \$ 161.58 | \$ 1,803.41 | \$172.85 | Case Rate | |
| 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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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 19120 | Removal of 1 or more breast growth, open procedure | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| 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 |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 29826 | Arthroscopic Shoulder Surgery | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 29881 | Arthroscopic Knee Surgery (outpatient) | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 31575 | 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 |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 42820 | Tonsillectomy with Adenoidectomy (outpatient) | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43235 | Upper Gastrointestinal Endoscopy - Diagnostic | Yes | \$ 2,027.21 | \$ 61.00 | \$ 1,867.74 | \$733.39 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43239 | Upper Gastrointestinal Endoscopy - With Biopsy | Yes | \$ 1,259.34 | \$ 372.00 | \$ 2,229.48 | \$746.87 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45378 | Colonoscopy - Diagnostic (outpatient) | Yes | \$ 2,117.86 | \$ 335.79 | \$ 2,220.88 | \$769.06 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45380 | Colonoscopy - With Biopsy (outpatient) | Yes | \$ 3,082.66 | \$ 343.06 | \$ 4,110.45 | \$974.99 | Case Rate |

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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45385 | Colonoscopy - With Polyp Removal (outpatient) | Yes | \$ 3,317.89 | \$ 354.50 | \$ 4,434.15 | \$1,021.17 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45391 | Ultrasound examination of lower large bowel using an endoscope | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service 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 |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 49440 | Place gastrostomy tube perc | No | \$ 3,111.60 | \$ 445.12 | \$ 3,166.61 | \$1,423.87 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 49505 | Repair of groin hernia patient age 5 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 | CPT | 55700 | Biopsy of prostate gland | Yes | \$ 1,165.04 | \$ 284.76 | \$ 2,631.84 | \$1,530.66 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 55866 | Surgical removal of prostate and surrounding lymph nodes using an endoscope | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Case Rate |
| 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 | CPT | 58301 | Remove intrauterine device | No | \$ 273.85 | \$ 32.34 | \$ 1,495.58 | \$274.03 | Case Rate |

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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 59025 | Fetal Non-Stress Test | No | \$ 260.79 | \$ 118.53 | \$ 1,596.22 | \$157.26 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59400 | Routine obstetric care for vaginal delivery, including pre-and post-delivery care | Yes | \$ 4,496.21 | \$ 242.00 | \$ 3,278.48 | \$0.00 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59410 | Obstetrical care | No | \$ 2,230.06 | \$ 133.91 | \$ 1,625.81 | \$864.46 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59510 | Routine obstetric care for cesarean delivery, including pre-and post-delivery care | Yes | \$ 4,966.56 | \$ 246.05 | \$ 3,619.13 | \$0.00 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59610 | Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care | Yes | \$ 4,706.58 | \$ 305.08 | \$ 3,429.34 | \$0.00 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 62322 | Injection of substance into spinal canal of lower back or sacrum using imaging guidance | Yes | \$ 1,055.18 | \$ 379.33 | \$ 1,880.39 | \$572.72 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 62323 | Injection of substance into spinal canal of lower back or sacrum using imaging guidance | Yes | \$ 1,665.98 | \$ 305.01 | \$ 1,988.33 | \$585.34 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 64483 | Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance | Yes | \$ 1,776.21 | \$ 358.46 | \$ 1,980.49 | \$745.26 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 66821 | Removal of recurring cataract in lens capsule using laser | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 66984 | Removal of cataract with insertion of lens | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 69210 | Remove impacted ear wax | No | \$ 168.99 | \$ 48.93 | \$ 1,604.78 | \$72.19 | Case Rate |


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| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | No | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$126.25 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | Yes | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$126.25 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 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 | CPT | 70486 | Ct maxillofacial w/o dye | No | \$ 1,668.57 | \$ 127.52 | \$ 2,259.85 | \$126.53 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70496 | Ct angiography head | No | \$ 1,871.05 | \$ 223.05 | \$ 1,996.31 | \$220.87 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70498 | Ct angiography neck | No | \$ 1,632.72 | \$ 223.05 | \$ 1,677.63 | \$220.87 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,518.19 | \$ 252.20 | \$ 2,270.30 | \$250.32 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,314.59 | \$ 406.50 | \$ 3,409.54 | \$404.10 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71045 | X-ray exam chest 1 view | No | \$ 138.11 | \$ 19.91 | \$ 181.37 | \$71.75 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71046 | X-Ray - Chest (outpatient) | No | \$ 148.99 | \$ 31.50 | \$ 193.55 | \$73.30 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71110 | X-ray exam ribs bil 3 views | No | \$ 205.20 | \$ 38.07 | \$ 271.73 | \$102.50 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71250 | CT THORAX W/O DYE | No | \$ 1,024.52 | \$ 141.11 | \$ 1,468.48 | \$139.43 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 71260 | CT Scan - Chest, with Contrast (outpatient) | No | \$ 1,448.52 | \$ 200.76 | \$ 2,034.88 | \$199.43 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71275 | Ct angiography chest | No | \$ 1,935.65 | \$ 226.19 | \$ 2,092.27 | \$223.93 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72040 | X-Ray - Neck, Cervical Spine | No | \$ 154.65 | \$ 37.93 | \$ 204.42 | \$73.58 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ 251.61 | \$ 33.93 | \$ 338.99 | \$98.53 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72100 | X-Ray - Spine (outpatient) | No | \$ 199.60 | \$ 37.93 | \$ 265.13 | \$99.44 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72110 | X-Ray, lower back, minimum four views | Yes | \$ 213.64 | \$ 52.80 | \$ 284.93 | \$100.99 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72125 | Ct neck spine w/o dye | No | \$ 1,459.37 | \$ 136.86 | \$ 1,750.92 | \$132.68 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72126 | Ct neck spine w/dye | No | \$ 1,293.16 | \$ 260.86 | \$ 1,821.59 | \$358.14 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72127 | Ct neck spine w/o & w/dye | No | \$ 1,815.93 | \$ 201.73 | \$ 2,118.48 | \$200.38 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72129 | Ct chest spine w/dye | No | \$ 1,520.66 | \$ 199.82 | \$ 1,805.90 | \$198.24 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72132 | Ct lumbar spine w/dye | No | \$ 1,518.43 | \$ 260.86 | \$ 1,805.90 | \$358.14 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72133 | Ct lumbar spine w/o & w/dye | No | \$ 1,904.42 | \$ 201.90 | \$ 2,238.70 | \$200.10 | Per Unit |

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| Radiology Services | Hospital Outpatient | CPT | 72141 | MRI NECK SPINE W/O DYE | No | \$ 1,441.84 | \$ 252.20 | \$ 2,177.11 | \$250.32 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72148 | MRI - Back (outpatient) | Yes | \$ 1,381.13 | \$ 252.20 | \$ 2,137.12 | \$250.32 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72170 | X-Ray - Pelvis | No | \$ 249.04 | \$ 28.72 | \$ 327.10 | \$97.30 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72190 | X-RAY EXAM OF PELVIS | No | \$ 208.53 | \$ 39.60 | \$ 264.73 | \$100.67 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72193 | CT scan, pelvis, with contrast | Yes | \$ 1,536.96 | \$ 197.29 | \$ 2,142.05 | \$195.61 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72197 | MRI - Pelvis (outpatient) | No | \$ 2,448.72 | \$ 402.71 | \$ 3,522.33 | \$399.79 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73000 | X-ray exam of collar bone | No | \$ 147.59 | \$ 22.40 | \$ 185.92 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73010 | X-ray exam of shoulder blade | No | \$ 196.93 | \$ 26.01 | \$ 251.93 | \$97.57 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73030 | X-Ray - Shoulder (outpatient) | No | \$ 149.50 | \$ 28.33 | \$ 196.92 | \$72.03 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73060 | X-RAY EXAM OF HUMERUS | No | \$ 147.62 | \$ 29.40 | \$ 195.82 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73070 | X-ray exam of elbow | No | \$ 146.83 | \$ 25.07 | \$ 191.42 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73080 | X-RAY EXAM OF ELBOW | No | \$ 122.83 | \$ 26.72 | \$ 154.02 | \$71.44 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 73090 | X-RAY EXAM OF FOREARM | No | \$ 117.10 | \$ 26.40 | \$ 151.82 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73110 | X-Ray - Wrist (outpatient) | No | \$ 156.52 | \$ 30.72 | \$ 196.19 | \$71.44 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73120 | X-RAY EXAM OF HAND | No | \$ 192.03 | \$ 24.40 | \$ 249.73 | \$96.98 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73130 | X-Ray - Hand | No | \$ 151.54 | \$ 32.72 | \$ 198.42 | \$71.44 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73221 | MRI - Shoulder, Elbow, or Wrist | No | \$ 1,211.82 | \$ 246.65 | \$ 1,702.46 | \$245.36 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73502 | X-Ray - Hip | No | \$ 129.58 | \$ 37.77 | \$ 197.91 | \$73.58 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ 150.51 | \$ 29.51 | \$ 189.38 | \$71.75 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ 201.92 | \$ 32.40 | \$ 266.82 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73562 | X-Ray - Knee (outpatient) | No | \$ 263.50 | \$ 36.52 | \$ 351.25 | \$72.03 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73590 | X-ray exam of lower leg | No | \$ 239.62 | \$ 32.40 | \$ 321.48 | \$70.84 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73600 | X-RAY EXAM OF ANKLE | No | \$ 191.55 | \$ 31.98 | \$ 278.60 | \$71.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73610 | X-Ray - Ankle (outpatient) | No | \$ 239.05 | \$ 25.72 | \$ 311.14 | \$71.44 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 73620 | X-RAY EXAM OF FOOT | No | \$ 196.24 | \$ 29.81 | \$ 262.21 | \$70.56 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73630 | X-Ray - Foot (outpatient) | No | \$ 216.05 | \$ 33.95 | \$ 289.60 | \$71.16 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73700 | CT LOWER EXTREMITY W/O DYE | No | \$ 1,231.00 | \$ 134.01 | \$ 1,400.92 | \$132.68 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73721 | MRI - Knee (outpatient) | Yes | \$ 1,224.32 | \$ 246.65 | \$ 1,828.36 | \$244.74 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74018 | X-Ray - Abdomen | No | \$ 145.61 | \$ 28.31 | \$ 189.76 | \$71.75 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74150 | Ct abdomen w/o dye | No | \$ 977.64 | \$ 142.38 | \$ 1,446.99 | \$140.83 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74170 | Ct abdomen w/o & w/dye | No | \$ 1,824.18 | \$ 207.86 | \$ 2,144.29 | \$205.96 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | No | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$384.11 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | Yes | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$384.11 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74220 | X-ray xm esophagus 1cntrst | No | \$ 394.10 | \$ 56.38 | \$ 563.71 | \$171.65 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74270 | X-ray xm colon 1cntrst std | No | \$ 521.72 | \$ 79.34 | \$ 578.01 | \$190.41 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 75571 | Ct hrt w/o dye w/ca test | No | \$ 306.04 | \$ 59.00 | \$ 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 | CPT | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ 361.43 | \$ 91.69 | \$ 433.80 | \$124.70 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 76705 | Ultrasound - Abdominal, Limited | No | \$ 327.93 | \$ 46.05 | \$ 372.20 | \$114.87 | Per Unit | |
| Maternity/Delivery | Hospital Outpatient | CPT | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ 456.58 | \$ 76.54 | \$ 400.80 | \$121.30 | Per Unit | |
| Maternity/Delivery | Hospital Outpatient | CPT | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ 391.57 | \$ 86.65 | \$ 396.27 | \$132.36 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 76805 | Ultrasound - Pregnancy (outpatient) | Yes | \$ 367.73 | \$ 100.36 | \$ 437.10 | \$132.36 | Per Unit | |
| Maternity/Delivery | Hospital Outpatient | CPT | 76811 | OB US DETAILED SNGL FETUS | No | \$ 522.04 | \$ 198.65 | \$ 587.50 | \$268.05 | Per Unit | |
| 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 | |
| Maternity/Delivery | Hospital Outpatient | CPT | 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 | \$ 370.14 | \$ 88.69 | \$ 391.69 | \$119.59 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 76830 | Ultrasound - Transvaginal (non-maternity) | Yes | \$ 475.43 | \$ 98.63 | \$ 463.90 | \$119.44 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 76856 | Ultrasound - Pelvic (outpatient) | No | \$ 344.00 | \$ 70.34 | \$ 408.50 | \$119.16 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 77065 | Mammography of one breast | Yes | \$ 546.40 | \$ 107.57 | \$ 501.03 | \$142.58 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 77066 | Mammography of both breasts | Yes | \$ 383.79 | \$ 135.81 | \$ 629.70 | \$178.56 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 77067 | Mammogram (outpatient) | Yes | \$ 406.73 | \$ 109.22 | \$ 504.02 | \$142.45 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 77080 | Bone Density Scan (outpatient) | No | \$ 247.25 | \$ 56.29 | \$ 393.45 | \$98.25 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 77081 | Dxa bone density/peripheral | No | \$ 116.84 | \$ 33.80 | \$ 171.64 | \$72.67 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 78452 | Myocardial Imaging (outpatient) | No | \$ 1,010.04 | \$ 336.74 | \$ 2,091.45 | \$1,087.06 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ 158.03 | \$ 11.84 | \$ 221.33 | \$15.22 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80053 | Blood Test - Comprehensive Metabolic Panel | Yes | \$ 93.73 | \$ 14.78 | \$ 136.89 | \$19.00 | Per Unit | |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80055 | Blood Test - Pregnancy (Obstetric) Panel | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80061 | Blood Test - Cholesterol Test, Lipid Panel | Yes | \$ 46.48 | \$ 12.05 | \$ 101.77 | \$12.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80069 | Blood Test - Renal (Kidney) Function Panel | Yes | \$ 17.24 | \$ 8.68 | \$ 34.59 | \$15.62 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80076 | Blood Test - Hepatic (Liver) 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81000 | Urinalysis nonauto w/scope | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81001 | Urine Test - Automated with 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81003 | Urine Test - Automated without 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 | CPT | 82247 | Bilirubin total | No | \$ 41.02 | \$ 4.52 | \$ 55.22 | \$4.52 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82306 | Blood Test - Vitamin D-3 Level | No | \$ 188.74 | \$ 26.64 | \$ 254.08 | \$26.64 | Per Unit |


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|--|------------------------|------------------|-------------|--|--|------------------------------|--|--|---|----------------------|
| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82330 | Assay of calcium | No | \$ 35.11 | \$ 12.31 | \$ 67.00 | \$12.31 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82375 | Assay carboxyhb quant | No | \$ 114.13 | \$ 11.09 | \$ 153.64 | \$11.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82465 | Assay bld/serum cholesterol | No | \$ 15.28 | \$ 3.92 | \$ 23.76 | \$3.92 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82550 | Assay of ck (cpk) | No | \$ 12.70 | \$ 5.86 | \$ 35.53 | \$5.86 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82552 | Assay of cpk in blood | No | \$ 26.14 | \$ 12.05 | \$ 75.41 | \$12.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82565 | Assay of creatinine | No | \$ 124.50 | \$ 7.17 | \$ 70.25 | \$9.22 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82607 | Blood Test - Vitamin B-12 (Cyanocobalamin) Level | No | \$ 29.40 | \$ 13.57 | \$ 82.73 | \$13.57 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82610 | Cystatin c | No | \$ 140.40 | \$ 14.17 | \$ 405.00 | \$16.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82668 | Assay of erythropoietin | No | \$ 36.68 | \$ 16.91 | \$ 99.20 | \$16.91 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82670 | Assay of estradiol | No | \$ 54.51 | \$ 25.15 | \$ 152.33 | \$25.15 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82693 | Assay of ethylene glycol | No | \$ 20.29 | \$ 13.41 | \$ 40.08 | \$13.41 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82728 | Blood Test - Ferritin (Blood Protein) Level | No | \$ 33.53 | \$ 19.09 | \$ 96.63 | \$24.54 | 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 | \$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 | No | \$ 172.97 | \$ 19.76 | \$ 498.96 | \$19.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83036 | Blood Test - Blood Glucose Control (Hemoglobin A1C) | 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 | 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83690 | Blood Test - Lipase (fat enzyme) Level | No | \$ 69.47 | \$ 6.20 | \$ 93.51 | \$6.20 | 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 | CPT | 83880 | Assay of natriuretic peptide | No | \$ 172.55 | \$ 35.33 | \$ 232.27 | \$35.33 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84100 | Assay of phosphorus | No | \$ 61.73 | \$ 6.64 | \$ 87.67 | \$8.54 | 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 | CPT | 84132 | Assay of serum potassium | No | \$ 43.23 | \$ 6.66 | \$ 62.65 | \$8.56 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84144 | Assay of progesterone | No | \$ 52.59 | \$ 18.77 | \$ 96.68 | \$18.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84153 | Blood Test - Prostate Specific 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84439 | Blood Test - Thyroxine (Thyroid Chemical) Level, Free | No | \$ 66.21 | \$ 8.12 | \$ 89.13 | \$8.12 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | No | \$ 64.07 | \$ 23.52 | \$ 119.09 | \$30.24 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating 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 | \$ 96.31 | \$ 12.76 | \$ 129.65 | \$12.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84484 | Assay of troponin quant | No | \$ 81.70 | \$ 10.26 | \$ 121.45 | \$11.22 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84702 | Chorionic gonadotropin test | No | \$ 125.77 | \$ 11.54 | \$ 169.31 | \$13.55 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85014 | Hematocrit | No | \$ 26.95 | \$ 2.13 | \$ 36.27 | \$2.13 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85025 | Blood Test - Complete Blood Cell Count and Automated WBC | Yes | \$ 77.98 | \$ 10.88 | \$ 112.06 | \$13.98 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85027 | Blood Test - Complete Blood Cell Count (Hemoglobin) | Yes | \$ 60.79 | \$ 5.82 | \$ 81.83 | \$5.82 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85240 | Clot factor viii ahg 1 stage | No | \$ 45.97 | \$ 16.11 | \$ 95.56 | \$16.11 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85378 | Fibrin degrade semiquant | No | \$ 53.57 | \$ 7.44 | \$ 72.11 | \$8.75 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85610 | Blood Test - Clotting Time | Yes | \$ 44.81 | \$ 6.01 | \$ 64.27 | \$7.72 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85613 | Russell viper venom diluted | No | \$ 24.61 | \$ 8.24 | \$ 70.98 | \$8.62 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85660 | RBC SICKLE CELL TEST | No | \$ 53.32 | \$ 4.96 | \$ 71.77 | \$4.96 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85730 | Blood Test - Coagulation Assessment | Yes | \$ 46.01 | \$ 5.41 | \$ 61.94 | \$5.41 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85732 | Thromboplastin time partial | No | \$ 12.63 | \$ 5.82 | \$ 36.42 | \$5.82 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86140 | C-reactive protein | No | \$ 48.49 | \$ 4.66 | \$ 65.28 | \$4.66 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86360 | T cell absolute count/ratio | No | \$ 65.00 | \$ 42.28 | \$ 211.59 | \$42.28 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86361 | T cell absolute count | No | \$ 132.78 | \$ 24.10 | \$ 383.03 | \$24.10 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86431 | Rheumatoid factor quant | No | \$ 52.70 | \$ 5.10 | \$ 70.95 | \$5.10 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 37.81 | \$ 3.84 | \$ 50.90 | \$3.84 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 37.81 | \$ 3.84 | \$ 50.90 | \$3.84 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86611 | Bartonella antibody | No | \$ 57.37 | \$ 9.16 | \$ 165.50 | \$9.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86615 | Bordetella antibody | No | \$ 25.74 | \$ 11.87 | \$ 81.45 | \$11.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86651 | Encephalitis californ antibdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$11.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86652 | Encephalitis east eqne anbdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$11.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86653 | Encephalitis st louis antibody | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$11.87 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86654 | Encephalitis west eqne antbdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$11.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86663 | Epstein-barr antibody | No | \$ 25.60 | \$ 11.81 | \$ 83.21 | \$11.81 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86677 | Helicobacter pylori antibody | No | \$ 30.68 | \$ 15.13 | \$ 63.03 | \$15.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86692 | Hepatitis delta agent antbdy | No | \$ 29.16 | \$ 15.44 | \$ 50.98 | \$15.44 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86698 | Histoplasma antibody | No | \$ 79.65 | \$ 12.41 | \$ 107.23 | \$12.41 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ 86.11 | \$ 10.85 | \$ 115.92 | \$10.85 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86705 | HEP B CORE ANTIBODY IGM | No | \$ 22.98 | \$ 10.59 | \$ 57.38 | \$10.59 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86706 | HEP B SURFACE ANTIBODY | No | \$ 98.98 | \$ 9.67 | \$ 133.25 | \$9.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86707 | Hepatitis be antibody | No | \$ 22.56 | \$ 10.41 | \$ 65.09 | \$10.41 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86708 | Hepatitis a antibody | No | \$ 22.71 | \$ 11.15 | \$ 56.71 | \$11.15 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86762 | Rubella antibody | No | \$ 78.19 | \$ 12.95 | \$ 225.56 | \$12.95 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86765 | Rubeola antibody | No | \$ 25.14 | \$ 11.59 | \$ 72.53 | \$11.59 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86769 | 86769 - SARS-COV-2 COVID-19 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86803 | Blood Test - Hepatitis C Antibody Level | No | \$ 67.64 | \$ 12.84 | \$ 91.06 | \$12.84 | Per Unit |
| 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 | CPT | 86885 | Coombs test indirect qual | No | \$ 244.72 | \$ 5.65 | \$ 329.43 | \$114.94 | 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 | 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 | CPT | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$26.78 | Per Unit |
| 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87081 | Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition | No | \$ 81.17 | \$ 5.97 | \$ 109.26 | \$5.97 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87086 | Urine Test - Bacterial Culture, 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 | 87186 | Evaluation of Antimicrobial Drug (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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87340 | Lab Test - Detection test for Hepatitis B Surface Antigen | No | \$ 63.55 | \$ 9.30 | \$ 85.55 | \$9.30 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87389 | Lab Test - Detection test for HIV-1 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87591 | Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) | No | \$ 90.13 | \$ 31.58 | \$ 171.03 | \$31.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87635 | 87635 - SARS-COV-2 COVID-19 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 |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87804 | Lab Test - Detection test for 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 |
| Vaccinations | Physician Office | CPT | 90460 | Immunization Administration First Component | No | \$ 40.10 | \$ 11.68 | \$ 75.93 | \$12.98 | Per Unit |
| Vaccinations | Physician Office | CPT | 90461 | Immunization Administration Each 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 |
| Vaccinations | Hospital Outpatient | CPT | 90472 | Immunization Administration Each 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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| Vaccination | Hospital Outpatient | CPT | 90670 | Vaccine - Pneumococcal Conjugate for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 345.21 | \$214.62 | Per Unit |
| Vaccination | Hospital Outpatient | CPT | 90715 | Vaccine - Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle | No | \$ 57.74 | \$ - | \$ 77.73 | \$33.10 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90791 | Psychiatric Diagnostic Evaluation | No | \$ 308.81 | \$ 118.93 | \$ 198.74 | \$109.12 | Per Unit |
| 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 | \$ 198.22 | \$108.84 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90846 | Family psytx w/o pt 50 min | Yes | N/A No Service Volume | \$ - | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90847 | Psychotherapy - Family Session | Yes | \$ 146.15 | \$ 97.13 | \$ 166.18 | \$91.50 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90853 | Psychotherapy - Group Session | Yes | N/A No Service Volume | \$ - | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Medicine Speech Therapy | Hospital Outpatient | CPT | 92507 | SPEECH/HEARING THERAPY | No | \$ 52.00 | \$ 17.40 | \$ 251.43 | \$67.60 | Per Unit |
| Medicine Cardiovascular | Professional Services | CPT | 93000 | Electrocardiogram, routine, with 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 | CPT | 93017 | CARDIOVASCULAR STRESS TEST | No | \$ 471.40 | \$ 61.00 | \$ 634.57 | \$202.73 | Per Unit |
| Medicine Other | Hospital Outpatient | CPT | 93306 | Tte w/doppler complete | No | \$ 1,404.83 | \$ 322.26 | \$ 1,593.05 | \$448.97 | Per Unit |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 93452 | Insertion of catheter into left heart for diagnosis | Yes | \$ 8,847.45 | \$ 579.93 | \$ 12,920.92 | \$2,482.46 | Case Rate |
| Medicine Other | Hospital Outpatient | CPT | 93971 | Extremity study | No | \$ 240.64 | \$ 92.64 | \$ 400.67 | \$108.75 | Per Unit |
| Medicine Other | Hospital Outpatient | CPT | 95044 | Allergy patch tests | No | \$ 189.82 | \$ - | \$ 1,229.53 | \$728.05 | Per Unit |
| Medicine Neurology and Neuromuscular | Hospital Outpatient | CPT | 95810 | Sleep study | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Injections | Hospital Outpatient | CPT | 96402 | Chemo hormon antineopl sq/im | No | \$ 110.26 | \$ 66.86 | \$ 196.20 | \$73.71 | Case Rate |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97032 | Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes | No | \$ 31.26 | \$ 12.56 | \$ 59.90 | \$12.56 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97035 | Physical Therapy - Ultrasound Therapy | No | \$ 26.92 | \$ 11.95 | \$ 40.29 | \$12.12 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97110 | Physical Therapy - Therapeutic Exercises | Yes | \$ 88.74 | \$ 17.40 | \$ 119.46 | \$26.13 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97112 | Physical Therapy - Neuromuscular Reeducation | No | \$ 69.93 | \$ 26.14 | \$ 104.78 | \$29.72 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97116 | GAIT TRAINING THERAPY | No | \$ 77.61 | \$ 22.90 | \$ 104.48 | \$25.84 | Per Unit |


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| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97140 | Physical Therapy - Manual Therapy | No | \$ 56.20 | \$ 23.73 | \$ 93.92 | \$47.46 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97161 | Physical Therapy - Low Complexity Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$71.97 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97162 | Physical Therapy - Moderate Complexity Evaluation | No | \$ 62.40 | \$ 71.97 | \$ 252.78 | \$71.97 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97163 | Physical Therapy - High Complexity Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$71.97 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97164 | Physical Therapy - Re-Evaluation | No | \$ 113.34 | \$ 48.67 | \$ 170.97 | \$48.67 | Per Unit |
| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97165 | OT EVAL LOW COMPLEX 30 MIN | No | \$ 180.88 | \$ 77.05 | \$ 245.32 | \$77.05 | Per Unit |
| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97166 | OT EVAL MOD COMPLEX 45 MIN | No | \$ 62.40 | \$ 72.00 | \$ 245.32 | \$77.05 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97530 | Physical Therapy - Therapeutic Activities | No | \$ 92.45 | \$ 17.40 | \$ 124.45 | \$32.67 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97535 | Physical Therapy - Self-care or Home Management Training | No | \$ 68.89 | \$ - | \$ 109.03 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99024 | Postop follow-up visit | No | \$ - | \$ - | \$ 14.27 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99202 | Office Visit - New Patient, Minor | No | \$ 167.93 | \$ 90.34 | \$ 200.08 | \$90.16 | Per Unit |


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| Evaluation & Management Services | Professional Services | CPT | 99203 | Office Visit - New Patient, Low Complexity | Yes | \$ 182.06 | \$ 132.54 | \$ 273.99 | \$135.18 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99204 | Office Visit - New Patient, Moderate Complexity | Yes | \$ 250.69 | \$ 177.01 | \$ 432.49 | \$230.67 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99205 | New patient office of other outpatient visit, typically 60 min | Yes | \$ 448.04 | \$ 156.38 | \$ 553.76 | \$301.27 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99212 | Office Visit - Basic | No | \$ 58.74 | \$ 46.41 | \$ 133.24 | \$45.75 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99213 | Office Visit - Established Patient, Low Complexity | No | \$ 99.67 | \$ 81.71 | \$ 201.59 | \$91.69 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99214 | Office Visit - Established Patient, Moderate Complexity | No | \$ 151.19 | \$ 140.90 | \$ 279.47 | \$141.52 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99215 | Office Visit - Established Patient, High Complexity | No | \$ 315.87 | \$ 192.33 | \$ 385.34 | \$199.58 | Per Unit |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 99232 | Subsequent hospital care | No | \$ 159.88 | \$ 50.60 | \$ 111.92 | \$68.05 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99243 | Patient office consultation, typically 40 min | Yes | \$ 212.43 | \$- | \$ 142.18 | \$91.11 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99244 | Patient office consultation, typically 60 min | Yes | \$ 338.80 | \$- | \$ 226.38 | \$146.51 | Per Unit |
| Emergency Room Visit | Hospital Outpatient | CPT | 99281 | Emergency Department Visit - Minor (outpatient) | No | \$ 230.81 | \$ 74.98 | \$ 689.88 | \$78.05 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99282 | Emergency Department Visit - Low Complexity (outpatient) | No | \$ 430.38 | \$ 93.52 | \$ 1,114.22 | \$145.18 | Case Rate |


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| Emergency Room Visit | Hospital Outpatient | CPT | 99283 | Emergency Department Visit - Moderate Complexity (outpatient) | No | \$ 932.99 | \$ 182.62 | \$ 2,714.83 | \$243.06 | Case Rate | |
| Emergency Room Visit | Hospital Outpatient | CPT | 99284 | Emergency Department Visit - Higher Complexity (outpatient) | No | \$ 2,400.69 | \$ 270.43 | \$ 4,475.48 | \$405.98 | Case Rate | |
| Emergency Room Visit | Hospital Outpatient | CPT | 99285 | Emergency Department Visit - High Complexity (outpatient) | No | \$ 3,149.91 | \$ 458.20 | \$ 5,806.95 | \$591.24 | Case Rate | |
| Emergency Room Visit | Hospital Outpatient | CPT | 99291 | Emergency Department Visit - Critical Care (outpatient) | No | \$ 17,860.61 | \$ 425.50 | \$ 6,308.07 | \$742.96 | Case Rate | |
| Evaluation & Management Services | Professional Services | CPT | 99381 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, Younger than 1 Year Old | No | \$ 156.75 | \$ - | \$ 225.38 | \$101.97 | Per Unit | |
| Evaluation & Management Services | Professional Services | CPT | 99382 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 1-4 Years Old | No | \$ 163.82 | \$ - | \$ 236.91 | \$106.92 | Per Unit | |
| Evaluation & Management Services | Professional Services | CPT | 99383 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5-11 Years Old | No | \$ 170.96 | \$ - | \$ 413.46 | \$111.57 | Per Unit | |
| Evaluation & Management Services | Professional Services | CPT | 99384 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-17 Years Old | No | \$ 193.58 | \$ - | \$ 280.75 | \$126.43 | Per Unit | |
| Evaluation & Management Services | Professional Services | CPT | 99385 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-39 Years Old | Yes | \$ 187.80 | \$ 59.23 | \$ 347.60 | \$122.49 | Per Unit | |
| Evaluation & Management Services | Professional Services | CPT | 99386 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-64 Years Old | Yes | \$ 217.32 | \$ 91.72 | \$ 1,293.56 | \$113.43 | Per Unit | |

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| Evaluation & Management Services | Professional Services | CPT | 99391 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old | No | \$ 141.19 | \$ - | \$ 267.83 | \$92.13 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99392 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 1-4 Years Old | No | \$ 150.93 | \$ - | \$ 305.91 | \$98.26 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99393 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old | No | \$ 150.44 | \$ - | \$ 305.91 | \$97.95 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99394 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 12-17 Years Old | No | \$ 165.14 | \$ - | \$ 398.57 | \$107.86 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99395 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 18-39 Years Old | No | \$ 168.81 | \$ 37.07 | \$ 304.60 | \$110.55 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99396 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old | No | \$ 180.12 | \$ 64.57 | \$ 429.79 | \$92.43 | Per Unit |
| Exablate | Hospital Outpatient | CPT | 0398T | Focused Ultrasound | No | \$ 32,139.56 | \$ 11,272.90 | \$ 11,272.90 | Service Not Covered by Payer | Case Rate |
| Vaccinations | Hospital Outpatient | CPT | G0008 | Admin influenza virus vaccine | No | \$ 70.15 | \$ - | \$ 126.95 | \$0.00 | Per Unit |

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| Vaccinations | Hospital Outpatient | CPT | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$ - | \$ - | \$0.00 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | CPT | G0277 | Hbot, full body chamber, 30m | No | \$ 773.99 | \$ 46.24 | \$ 1,424.46 | \$92.16 | Per Unit |
| Hospital Observation Per Hour | Hospital Outpatient | CPT | G0378 | Hospital observation per hr | No | \$ 15,685.71 | \$ 605.00 | \$ 24,131.86 | \$1,971.56 | Per Unit |
| Evaluation & Management Services | Hospital Outpatient | CPT | G0463 | Hospital outpt clinic visit | No | \$ 130.00 | \$ 74.02 | \$ 200.00 | \$0.00 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 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 | CPT | J9217 | Eligard | No | \$ 2,818.54 | \$ - | \$ 4,336.21 | \$230.07 | Per Unit |

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