WellCare Medicare Advantage	Last Updated: 12/7/2020									
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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			21/2.21			Professional
				cardiothoracic procedures with cardiac catheterization with major		N/A No Service	N/A No Service	N/A No Service	N/A No Service	Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
nospital inputions stay	nospital inpution	Ditto	210	complications of comorbidates	103	Torunc	voidine	Volume	volunic	Ci i / i i ci co
										Case Rate-
										Excluding
										Professional
										Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22 180 96	\$ 5,517.78	\$ 31,074.55	\$21,430.72	are paid by CPT/HCPCS
nospital inputions stay	nospital inpution	Ditto	231	TEAR TAILORE SHOCK WINCE	110	Ç 22,100.30	ψ 3,31717G	\$ 32,654.33	ψ <u>Ε</u> Ξ)43017Ε	Ci i/iici cs
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16 237 64	\$ 58,989.92	\$40,682.71	are paid by CPT/HCPCS
Tiospital inpatient stay	nospital inpatient	DNG	400	or complications (wiee)	163	3 65,541.22	7 10,237.04	30,303.32	340,002.71	CF1/HCFC3
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
Hasnital Innations Stay	Hospital Innations	DBC	470	without major comorbid conditions	Voc	¢ 26.747.22	¢ 0.070.44	\$ 37,721.88	\$26.015.00	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	<i>⇒</i> ∠0,/4/.3∠	0,070.44	31,121.88	\$26,015.09	CP1/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
			470	comorbid conditions or		4 27 200 10	40 400	4 69 499 55	400.000.75	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$30,020.70	CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional
				HIP FEMUR PROCEDURES EXCEPT						Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$33,747.25	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DNG	480	WAJOR JOHN W WICE	INO	\$ 09,180.99	3 12,373.83	3 46,933.31	333,747.23	CFI/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$26,894.26	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$23,636.02	CPT/HCPCS
										Corre Dotte
										Case Rate-
										Excluding
										Professional Charges which
				LOWER EXTREM HUMER PROC						Charges which
Hespital Innations Start	Hasnital Innations	DBC	403	LOWER EXTREM HUMER PROC	N-	¢ 45 467 34	¢ 0.430.30	ć 41 303 C4	¢20 474 47	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	\$28,4/1.4/	CPT/HCPCS

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$24,859.06	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DKG	494	CC/MCC	NO	\$ 54,101.05	\$ 7,420.74	3 43,000.23	\$24,859.00	CP1/HCPC3
										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	\$19,977.95	CPT/HCPCS
Hospital Inpatient Stay	nospital inpatient	DING	743	conditions of complications (wice)	163	ÿ 18,033.90	7 3,020.23	\$ 28,308.03	\$15,577.55	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16 643 21	\$ 4255.93	\$ 31,015.82	\$21,390.22	CPT/HCPCS
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										Cose Dete
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	мсс	No	\$ 12,941.86	\$ 2.955.18	\$ 26,002.03	\$17.932.44	CPT/HCPCS
parion out	brear mileanants	2.13	512		140	,5-1.50	,555.10	5,002.03	7-7,5521-74	J. 171101 00

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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	\$57,135.91	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	\$33,180.28	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	\$25,749.27	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	\$40,409.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$66,993.85	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$42,379.94	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$22,518.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Innatient	DRG	762	VAGINAL DELIVERY W O.R. PROC	No	\$ 10.335.01	\$ 2,464.00	\$ 27,462.61	\$18,939 72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
	Hospital Inpatient Hospital Inpatient	Hospital Inpatient DRG Hospital Inpatient DRG Hospital Inpatient DRG	Hospital Inpatient DRG 957 Hospital Inpatient DRG 958 Hospital Inpatient DRG 964	Service Setting Type Code Description OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC Hospital Inpatient DRG 958 OTHER MULTIPLE SIGNIFICANT TRAUMA W CC VAGINAL DELIVERY W O.R. PROC	Service Setting Code Type Code Description OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No OTHER MULTIPLE SIGNIFICANT No Hospital Inpatient DRG 964 TRAUMA W CC VAGINAL DELIVERY W O.R. PROCE	Service Setting Code Description OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 73,933.71 Hospital Inpatient DRG 958 OTHER MULTIPLE SIGNIFICANT TRAUMA NO \$ 73,933.71 Hospital Inpatient DRG 964 OTHER MULTIPLE SIGNIFICANT No \$ 34,761.85	Service Setting Code Type Code Description OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 73,933.71 \$ 17,182.69 Hospital Inpatient DRG 958 OTHER MULTIPLE SIGNIFICANT No \$ 34,761.85 \$ 6,123.35	Service Setting Code Type Code Description OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA Hospital Inpatient DRG 958 WCC OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 \$ 200,000.00 **Table 1.00 **Table 1.0	Code Code

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										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	\$27,313.97	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$19,217.33	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$17,841.87	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECADEAN SECTION W/O						
				CESAREAN SECTION W/O					****	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$24,145.56	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
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24 1 12 12		220		CESAREAN SECTION W/O		44 000	A 0.00E 00	4 27 252 55	440.040.55	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	> 2,835.00	\$ 27,868.32	\$19,219.53	CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	CPT/HCPCS
indeniney, belivery	Troopital Inpution	Ditto	700	STERRED TO THE CONTROL	110	\$ 3,020.23	ψ 3)E-1E-1-1-1	Ç 20,501.00	\$10,133.03	Ci 1/11Ci Co
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										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$12,900.38	CPT/HCPCS
indentity, benvery	Troopital Inpution	DIG	755	TOTAL NEW BOTH	140	7 1,400.10	ψ 020.03	7 10,703.30	\$12,500.50	Ci 1/11Ci Co
										Corre Doto
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
indeniney, belivery	Troopital Inpution	DING	737	STERREDATION, Due to de	140	Ç 12,703.70	Ç 2,104.00	Ç 23,517.03	\$17,0741E7	Ci 1/11Ci Co
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										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
		55	. 50	2.2	.40	,007.111	, 70-1100	+ 10,517.05	7-1,07-11-1	
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										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10 518 03	\$ 2,464,00	\$ 27,817.08	\$19,184.19	CPT/HCPCS
materinty/ benvery	nospital inpatient	2110	000	STEMBLEATION DOC W WICC	140	A 10,010.03	φ 2,707.00	A 51,011.00	717,107.13	C. 1/11C/C3

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Matamitu / Dalivan	Heavitel Inveticet	DRG	806		Ne	\$ 8,616.42	ć 2.464.00	¢ 24 277 74	¢16.742.27	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	806	STERILIZATION/D&C W CC	No	\$ 8,010.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CP1/HCPC3
										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DPG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14 553 00	\$ 14,553.00	N/A	CPT/HCPCS
stay	inputient iterasintation riospital	DING	343	REHABILITATION W CC/WCC	NO	N/A	7 14,555.00	7 14,555.00	14/7	Ci 1/Hei es
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			100%	Per Diem Per
	Innationt Pohobilitation Massite!	LIB	118	Room & Board	No	52,541.96 Per Diem			Medicare	Day
Stay	Inpatient Rehabilitation Hospital	UB	119	MUUIII & BUATU	NO	Diem			iviedicare	Day

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				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
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				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	cc	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	CPT/HCPCS
						,	, ,	. ,		-
										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	N/A	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	\$37,703.24	CPT/HCPCS
										Case Rate-
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										_
										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	\$74,931.49	CPT/HCPCS
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>		Charge	Charge		Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
	поорна сагранен	C	27020		110	N/A No	+	+ -,	N/A No	
						Service			Service	
Harrital Costantiant Burns done			20026	Authoracoula Chardala Comen			•			C D-t-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
		- · ·			.40	N/A No	÷ 100.54	,002.00	N/A No	
				Tonsillostomy with Adonaldastance		Service			Service	
Harrital Cotton tions Burner down		CDT	42020	Tonsillectomy with Adenoidectomy	W		•			C D-4-
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -		l				
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45379	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$868.43	Case Rate
		- · ·	45576	(Superiority)		y 2,117.30	÷ 333.73	- 2,220.00	Ç000.43	- Case Hate
				Colonoscony With Bioney						
Hamital Outration 12	Hamital Outrati	CD-	45000	Colonoscopy - With Biopsy	v	6 2000 55	A 242.65	A 440.5	64 460 50	Cara Dat
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	Case Rate

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				Colonia de Milato Dolono Dono con la						
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,153.24	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,984.16	Case Rate
	- Carpanens	C	47302	Can Diadaci Gaigery (Caspanency	1.03	+,	+	+ 10,0700	Ţ 1,50 1120	000011010
			40440			A 2444.60		A 0.455.54	44 505 05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$58.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
nospital outputient i roccuure	nospital outputient	Ci i	32000	Сузгозгору	140	Ų 1,175.22	Ç 202.70	ÿ 1,550.52	4300147	case nate
Hasnital Outputiont Procedure	Heavital Outrations	CDT	FF700	Bioney of prostate aloud	Vaa	ć 11CE 04	ć 204.7C	ć 2.621.04	¢1 725 00	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55/00	Biopsy of prostate gland	Yes	\$ 1,165.04			\$1,725.00	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$8.45	Case Rate
Tiospital Outputient Flocedure	Trospital Outputient		30300	moere included line device	110	y 032.24	7 -0.55	y 1,745.37	70.75	case nate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$309.32	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$177.36	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	\$1,997.58	Case Rate
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Professional Services Associated													
	Professional Services	CDT	E0/10	Obstetrical care	No	Ś	2,230.06	ė	133.91	ė	1 625 01	\$984.35	Case Rate
with Inpatient Stay	Professional Services	СРТ	39410		No	Ş	2,230.00	Ş	155.51	Ģ	1,625.81	3304.33	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	\$2,205.19	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	Ś	305.08	\$	3,429.34	\$2,090.62	Case Rate
The state of the s		<u> </u>	33323	Injection of substance into spinal		Ť	.,	Ť		Ť	0,120101	+-,000.01	
				canal of lower back or sacrum using									
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322		Yes	\$	1,055.18	>	379.33	Ş	1,880.39	\$646.00	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$660.43	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483		Yes	\$	1,776.21	Ś	358.46	\$	1,980.49	\$840.76	Case Rate
The state of the s			5.403	0			I/A No	_	555.40	T	_,550.45	N/A No	
				Removal of recurring cataract in			ervice					Service	
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes		olume	\$	-	\$	-	Volume	Case Rate
							I/A No					N/A No	
				Removal of cataract with insertion		S	ervice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66984	of lens	Yes	V	olume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$81.69	Case Rate
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Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
				CT Seem Head (Brein without									
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$	2,339.66	\$	207.79	\$	2,657.02	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
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Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	Ş	252.20	Ş	2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$456.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$82.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	CPT	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$157.77	Per Unit

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

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Radiology Services	Hospital Outpatient	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINEER SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3202.04	Per Offic
Padialam, Sanisas	Hospital Outpatient	СРТ	721/10	MARI Rock (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$202.04	Per Unit
Padialogy Convices	Hospital Outpatient	СРТ	72170	V Boy Dolyis	N	\$ 249.04	\$ 28.72	\$ 327.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	CPI	/21/0	X-Ray - Pelvis	No	\$ 249.04	\$ 20.72	\$ 327.10	\$109.05	Per Unit
Dadialam: Caminas	Hoomital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.00	\$ 264.73	\$113.51	Day Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$113.51	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72102	CT con policie with contract	Vac	ć 1 F2C 0C	ć 107.20	ć 2.142.0F	ć221 02	Don Hait
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$221.03	Per Unit
Padialogy Convices	Hospital Outpatient	CDT	72107	MRI - Pelvis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$451.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/219/	iviki - Peivis (outpatient)	No	\$ 2,440.72	3 402.71	\$ 3,322.33	3451.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CFI	73000	A-ray exam or conar bone	INO	\$ 147.33	3 22.40	3 183.92	380.13	Per Offic
Padialagu Samisas	Hospital Outpatient	СРТ	72010	V ray ayam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Services	Hospital Outpatient	CFI	73010	X-ray exam of shoulder blade	NO	\$ 190.93	\$ 20.01	3 231.93	\$105.56	Per Offic
Radiology Services	Hospital Outpatient	СРТ	73020	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
		Ci*1	, 3030	- Tay Shoulder (outputient)	140	Ţ 143.30	- 20.33	÷ 150.52	701.24	. c. ct
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
The analogy of vices	Troopital Outputient	Cr' I	73000	A RAT EXAM OF HOMEROS	140	y 147.02	23.40	y 155.62	Ç00.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
The division of the control of the c	Troopital Outputient	Ci*1	,3070	A Tay Chair of Cisow	140	y 140.03	Ç 23.07	7 131.42	700.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$80.55	Per Unit
nadiology services	Hospital Outpatient	CFT	73000	A-RAT EXAMINIOT ELDOW	NO	7 122.03	y 20.72	7 134.02	700.33	i ci onit

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Radiology Services	Hospital Outpatient	СРТ	73000	X-RAY EXAM OF FOREARM	No	\$	117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
nadiology Scrvices	nospital outputient	CFT	73030	X-RAT EXAM OF TOREARM	140	7	117.10	ÿ 20.40	7 131.02	Ç00.13	T CT OTHE
De diele en Comitere	Harrist Contractions	CDT	72440	V David Maint (autorations)			456.53	ć 20.72	ć 10C 10	600 FF	Dan Hait
Radiology Services	Hospital Outpatient	CPT	/3110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$	151.54	\$ 32.72	\$ 198.42	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$ 246.65	\$ 1,702.46	\$277.17	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72502	X-Ray - Hip	No	\$	129.58	\$ 37.77	\$ 197.91	\$83.01	Per Unit
nadiology Services	nospital Outpatient	CFI	73302	X-Nay - Tilp	INO	٠	125.50	37.77	3 137.31	303.01	reronic
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Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$ 29.51	\$ 189.38	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$ 32.40	\$ 266.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$ 36.52	\$ 351.25	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$ 32.40	\$ 321.48	\$79.87	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$ 31.98	\$ 278.60	\$80.19	Per Unit
Taurotogy Scretces	Trospital Outputient		73000	A NAT EXAMINATION AND EX	140	7	131.33	y 31.30	275.00	700.13	. c. ome
Dedictory Comics -	Hespital Output:	CDT	72646	V Day Ankla (auto-at-aut)		,	220.05	ć 25.70	6 344.44	600 55	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$ 25.72	\$ 311.14	\$80.55	Per Unit

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Padiatana Cambaa	Hamital Cotton tions		=2522	V DAY EVANA OF FOOT		_	400.34		20.04	_	262.24	670 FF	Des Heit
Radiology Services	Hospital Outpatient	СРТ	/3620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
De diele en Comitee		CDT	72620	V Day (Fact (autoritions)	N		246.65		22.05	,	200.00	ć00 22	Day Hote
Radiology Services	Hospital Outpatient	СРТ	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	Ş	33.95	\$	289.60	\$80.23	Per Unit
De dielem Comitee	Hamital Cotton tions			CT LOWER EXTREMITY M/O DVE		_	4 224 00		24.04	_	4 400 03	Ć450.0C	Described.
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 1	34.01	>	1,400.92	\$150.06	Per Unit
B # 1				2421 1/4 1/4 1/4 1/4			4 224 22		46.65		4 000 00	4075 40	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 2	46.65	\$	1,828.36	\$276.48	Per Unit
			74040	V.D. 41.1			445.64		20.24		400 76	400.00	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$80.92	Per Unit
De dielem Comitee	Hamital Cotton tions	CDT		Stabilización (s. des		_	077.64		42.20	_	4 446 00	Ć4E0 2C	Described.
Radiology Services	Hospital Outpatient	СРТ	/4150	Ct abdomen w/o dye	No	\$	977.64	\$ 1	42.38	>	1,446.99	\$159.36	Per Unit
				6. 1.1.			4 004 40				2 4 4 4 20	4000.00	
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 2	07.86	\$	2,144.29	\$232.83	Per Unit
				CT Commandation of the command									
				CT Scan - Abdomen and Pelvis, with								4	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 2	86.79	Ş	3,568.86	\$433.70	Per Unit
De diele en Comite	Handral Outrant	on-		CT Scan - Abdomen and Pelvis, with	.,	_	274044		06.70	,	2 500 00	6422.70	Des Hett
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$ 2	86.79	\$	3,568.86	\$433.70	Per Unit
							204.62		EC 00			4400.55	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	Ş	563.71	\$193.66	Per Unit
L								_				4	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$215.08	Per Unit
L												4.00	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$100.25	Per Unit

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Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$140.93	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$129.71	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	Ş123.71	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$157.07	Per Unit
B. B. a. b. a. see that I D. a. Utanama	Harrital Cotarations		75004	OR LIG + 4.4 NAVES CINICIE EFFLIC		_	204 57	ć 00.0E	ć 20C 27	ć4.40.C0	Day Haite
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$149.69	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$149.69	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$303.13	Per Unit
						l .					
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$132.85	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$142.66	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$152.46	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$138.80	Per Unit
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Dadialam, Caminas	Hospital Outpatient	CDT	70024	MIDDLE CEREBRAL ARTERY ECHO	81-	Ś	370.14	\$ 88.69	\$ 391.69	\$135.12	Per Unit
Radiology Services	nospital Outpatient	СРТ	76821	WIIDDLE CEREBRAL ARTERY ECHO	No	ş	370.14	\$ 66.05	\$ 331.03	\$155.12	Per Offit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$134.94	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$134.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$124.54	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$156.97	Per Unit
nautology services	nospital outputient	CIT	77000	ividininography or both breasts	103	7	303.73	7 155.01	ÿ 023.70	Ģ130.37	T CT OTHE
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$110.74	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$81.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,	010.04	\$ 336.74	\$ 2,091.45	\$1,224.96	Per Unit
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Laboratory & Dathalam Comit	Hospital Quingtiant	CPT	90040	Placed Test Pasis Matchelia Paral	V	\$	150.02	ć 44.04	ć 224.22	\$16.03	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	Þ	158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
				Blood Test - Comprehensive		١.				4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes N/A No N/A No N/A No N/A No Service Service Service Volume Volume Volume Volume	
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Laboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes Volume Volume Volume Volume	Dor Unit
Rload Test - Chalesteral Test Linid	Per Unit
Rigard Test - Chalesteral Test Linid	
blood rest - Cholesterol rest, Lipid	
Laboratory & Pathology Services Hospital Outpatient CPT 80061 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$13.39	Per Unit
Blood Test - Renal (Kidney)	
Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$17.36	Per Unit
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Disad Test Hanstin History	
Blood Test - Hepatic (Liver)	
Laboratory & Pathology Services Hospital Outpatient CPT 80076 Function Panel Yes \$ 146.77 \$ 11.44 \$ 205.84 \$16.34	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 80307 Drug test prsmv chem anlyzr No \$ 128.65 \$ 55.93 \$ 199.53 \$62.14	Per Unit
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 \$6.34	Per Unit
Laboratory & Patriology Services Prospital Outpatient CP1 81001 Microscope Examination 1es \$ 25.40 \$ 4.44 \$ 54.47 \$ 50.54	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 81002 Urine Test - Urinalysis, Manual Test Yes \$ 7.24 \$ 2.67 \$ 14.00 \$3.48	Per Unit
Urine Test - Automated without	
Laboratory & Pathology Services Hospital Outpatient CPT 81003 Microscope Yes \$ 10.40 \$ 3.16 \$ 11.25 \$4.50	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 81025 Urine Test - Pregnancy No \$ 40.87 \$ 10.45 \$ 58.29 \$17.22	Per Unit
7 100 y 100 y 2012 y 2012	
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Laboratory & Pathology Services Hospital Outpatient CPT 82247 Bilirubin total No \$ 41.02 \$ 4.52 \$ 55.22 \$5.02	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82306 Blood Test - Vitamin D-3 Level No \$ 188.74 \$ 26.64 \$ 254.08 \$29.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	82403	Assay blu/ serum cholesteror	NO	Y	13.20	3.32	Ş 23.70	34.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
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				Blood Test - Vitamin B-12							
Laboratori & Dathalami Camilasa	Heavital Outrations	CDT	02607		81-		20.40	ć 12.57	ć 02.72	Ć1F 00	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
	proof waspasterit	1	52075			Ť	22	- 25.25	÷ 152.55	Ţ_7.5-	
Laboratory & Both J. C	Harmital Contracti	CDT	02000	A of others !		_	20.00			644.00	Day Hait
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5 \$	13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 5	5.51	\$ 49.42	\$7.86	Per Unit
Laboratory at rathology services	Troopital outputient	CIT	02347	rissay gracese sreet quarre	140	ÿ 54.0	7	5.51	y 45142	77.00	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$21.96	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$9.71	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	۸ ċ	26.58	\$ 218.76	\$29.53	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	NO	\$ 75.0	7 7	20.30	\$ 210.70	ÿ23.33	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 S	10.41	\$ 58.05	\$11.57	Per Unit
7 22 22 20, 23 2000				,	***		ļ.				
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	83690		No	\$ 69.4	7 5	6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	03030	LEVEI	IVU	9.40 ب	, 3	0.20	75.51	30.03	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2 Ş	9.38	\$ 78.56	\$13.40	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$9.48	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
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Laboratory & Dathalam Consists	Hasnital Outpationt	CDT	0/122	Assay of sorum notassium	N	¢ 42.22	¢ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$4.81	Per Unit
, 10,11				* ***			-			
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84430	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$9.02	Per Unit
		C/ I	0-4-03	Charles of Ecoch Field	110	7 00.21	7 0.12	7 05.13	43.02	. c. ot
				Blood Tost Thursid Stimulating						
Laboratore 9 Doth-1 C	Heavital Outrestins	CDT	04440	Blood Test - Thyroid Stimulating	N1 =	6 6467	6 22.52	6 440.00	622.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96	.31	\$ 12.76	\$ 129.6	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81	.70	\$ 10.26	\$ 121.4	\$12.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/1702	Chorionic gonadotropin test	No	\$ 125	.77	\$ 11.54	\$ 169.3	\$15.05	Per Unit
Education y & 1 athlology services	nospital outputient	Ci i	04702	chonome gonadotrophi test	140	7 123	.,,	7 11.54	7 105.5	715.05	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26	.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77	.98	\$ 10.88	\$ 112.00	\$15.54	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60	.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit
			3002	- Committee of the comm		7		,	7 03.0	70111	
Laboratori & Dotholomi Comices	Heavital Outrations	CDT	05340	Clat factor viii abo 1 store	81-	ć 4F	07	ć 1C 11	ć 05.50	ć17.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45	.97	\$ 16.11	\$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53	.57	\$ 7.44	\$ 72.13	\$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44	.81	\$ 6.01	\$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24	.61	\$ 8.24	\$ 70.98	\$9.58	Per Unit
	proof waspastells		55015	The state of the s		7		- 0.24	, ,,,,	75.50	
Laboratory 0 Dati 1 Co. 1	Harrisal Order	CDT	05000	DDC CICKLE CELL TECT				A			Deville?
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53	.32	\$ 4.96	\$ 71.77	\$5.51	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46	.01	\$ 5.41	\$ 61.94	\$6.01	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12	.63	\$ 5.82	\$ 36.42	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48	3.49	\$ 4.66	\$ 65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65	.00	\$ 42.28	\$ 211.59	\$46.98	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96261	T cell absolute count	No	\$ 132	2.78	\$ 24.10	\$ 383.03	\$26.78	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	90301	i celi absolute count	INU	J 134	/0	3 24.10	3 303.03	\$20.76	rei Ollit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52	.70	\$ 5.10	\$ 70.95	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57	.37	\$ 9.16	\$ 165.50	\$10.18	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00011	bartoricia antibody	110	7 3	.57	ÿ J.10	7 105.50	710.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25	.74	\$ 11.87	\$ 81.45	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & rathology octvices	nospital outputient	- ·	30033	Encephantis striouis untbody	110	Ψ 25	, -	y 11.07	y 110.13	713.13	. c. ome

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.	50	\$ 11.81	\$ 83.21	\$13.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.	68	\$ 15.13	\$ 63.03	\$16.85	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86602	Hepatitis delta agent antbdy	No	\$ 29.	16	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Fathology Services	Trospital Outputient	Ci i	80032	ricpatitis delta agent antody	140	y 25.	-	, 13.44	30.30	ÿ17.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.	55	\$ 12.41	\$ 107.23	\$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.	11	\$ 10.85	\$ 115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.	98	\$ 10.59	\$ 57.38	\$11.77	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.	98	\$ 9.67	\$ 133.25	\$10.74	Per Unit
			30730			7 30.		5.07	7 100.110	420 17 1	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96707	Henatitis he antibody	No	\$ 22.	56	\$ 10.41	\$ 65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Tiospital Outpatient	CFI	00/0/	Hepatitis be antibody	INU	٠ 22.		, 10.41	y 03.03	311.37	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.	71	\$ 11.15	\$ 56.71	\$12.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78.	19	\$ 12.95	\$ 225.56	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.	14	\$ 11.59	\$ 72.53	\$12.88	Per Unit
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				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
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				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	00003	Level	INO	3 07.04	3 12.04	3 31.00	314.27	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
Laboratory at rathology services	Troopital Outputient	Ci i	00003	Coombo test maneet quar	140	Ç 244172	ÿ 3.03	ÿ 323143	V123141	T CI OIIIC
			00000			400.00	4 270	4 257.00	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86001	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Fathology Services	1103pital Outpatielit	CF I	86901	blood typing serologic fil(u)	140	ÿ 00.24	y 3.76	φ 61.10	930.13	i ei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$8.08	Per Unit
Laboratory at ratheredy services	Troopital outputient	Ci i	07077	Test for Disease-Causing	140	7	00.40	y ,,,,,	ÿ 02.05	φο.σσ	T CI OIIIC
				(Pathogenic) Organisms, Not			04.45	A = 0=	400.00	45.50	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$6.63	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
,								-		-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$19.60	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	8/110	Cilialityula culture	NO	Ÿ	130.74	ÿ 17.0 4	3 173.33	\$15.00	reronic
				5 1 11 60 11 1 11 15							
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$4.27	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$ 85.55	\$10.33	Per Unit
7 22 22 20, 23 2000		1			***	i i					
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97200	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.66	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	0/303	and my-2	IVU	٦	110.43	y 21.0/	y 140.00	324.00	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$11.98	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$:	108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Urine Test - Gonorrhoeae		l .					
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$:	101.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$20.07	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$24.14	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$:	142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit

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				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Per Unit
	-			Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
									, -	
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$123.89	Per Unit
				77		N/A No		N/A No	N/A No	
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Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
		3	300.0	· / populario procumi			<u> </u>			
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
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						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
		1		, ,		2	<u> </u>			
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$76.97	Per Unit
		1	52307			. 52.30		. 252.45	7.3.0.	
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit
	7.00.00.00.00.00.00.00.00.00.00.00.00.00	1	55555			÷ 30.27	- 20.12	, JJ.J2	Ţ_3.03	
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	s -	\$ 295.26	\$57.24	Per Unit
		U	22003	Con alogiani (Eco of End)	140	+ 172.23	T	7 233.20	907.27	. 5. 5

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Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$228.24	Per Unit
												4	
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	Ş	322.26	Ş	1,593.05	\$506.50	Per Unit
Unanital Code at an Branch day	Uit-l Outtit		00450	Insertion of catheter into left heart	.,	,	0.047.45		F70.03	_	42.020.02	62 707 40	Cara Data
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	5/9.93	\$	12,920.92	\$2,797.49	Case Rate
												4	
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$122.72	Per Unit
						١.		١.					
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	-	-	\$	1,229.53	\$819.69	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	V	olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$83.77	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$14.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$29.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$33.95	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$29.23	Per Unit
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Medicine Physical Medicine and								_				4	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$27.22	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity								400.00	
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	Ş	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate			60.40		74.07		252.50	400.40	
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$82.43	Per Unit
				DI 1 171 UNI 0 1 1									
Medicine Physical Medicine and				Physical Therapy - High Complexity								400.00	
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and		6DT	07464	D			440.04		40.67		470.07	A=C 40	
Rehabilitation	Hospital Outpatient	CPT	9/164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$56.43	Per Unit
Mandinian Comment and Thomas			07465	OT EVAL LOW CONTRIES 20 MIN		_	400.00		77.05	_	245.22	607.20	Day Helt
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	>	77.05	\$	245.32	\$87.28	Per Unit
Mandinian Comment and Thomas			07466	OT EVALAGE COMPLEY AS MAIN		_	62.40		72.00	_	245.22	éac ac	Day Help
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$86.96	Per Unit
Madising Physical Madising and				Dhysical Thorony Thoronoutic									
Medicine Physical Medicine and	Hospital Outpoticat	CDT	07530	Physical Therapy - Therapeutic	N-	٤	02.45	ė	17.40	ė	124 45	¢27.64	Dor Unit
Rehabilitation	Hospital Outpatient	CPT	3/530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$37.61	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	\$32.79	Per Unit
nenabilitation	nospital Outpatient	CPI	2/335	Home Wanagement Hanning	INU	ş	00.03	Ą	-	Ģ	105.03	332.13	rei Ollit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Totessional services	CF I	33024	1 Ostop Iollow-up visit	140	7	_	Y	-	٧	17.2/	Ş0.00	i ci onic
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	Ġ	90.34	\$	200.08	\$48.49	Per Unit
Evaluation & ividilagement services	i Toressional Services	CF I	33202	OTTICE VISIT - INCAN PATIENT, INITION	140	7	107.33	7	50.54	7	200.00	770.47	i di Onit

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Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price		Charge	Charge	Charge	Estimate Type
Furthering & Management Comings	Duefoccional Comicas	CDT	00202	Office Visit - New Patient, Low	Van	\$ 182.0		132.54	\$ 273.99	\$72.73	Day Huit
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 102.0	0 3	132.34	\$ 273.99	\$72.73	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 250.6	9 \$	177.01	\$ 432.49	\$124.44	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 448.0	4 \$	156.38	\$ 553.76	\$162.60	Per Unit
Evaluation & Management Services	Professional Services	CFI	33203	outpatient visit, typicany oo min	Tes	7 440.0	7 7	150.56	3 333.70	Ş102.00	reronit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.7	4 \$	46.41	\$ 133.24	\$24.72	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99213	Office Visit - Established Patient, Low Complexity	No	\$ 99.6	7 \$	81.71	\$ 201.59	\$49.43	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99214	Office Visit - Established Patient, Moderate Complexity	No	\$ 151.1	9 \$	140.90	\$ 279.47	\$76.23	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99215	Office Visit - Established Patient, High Complexity	No	\$ 315.8	7 \$	192.33	\$ 385.34	\$107.72	Per Unit
Professional Services Associated	Duafassianal Caminas	CDT	00222	Cuba a superitada a su	No	ć 150.6	0 6	F0.60	ć 111.03	¢co or	Dou Huit
with Inpatient Stay	Professional Services	СРТ	33232	Subsequent hospital care	No	\$ 159.8	0 3	50.60	\$ 111.92	\$69.95	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.4	3 \$-		\$ 142.18	\$-	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99244	Patient office consultation, typically 60 min	Yes	\$ 338.8	0 \$-		\$ 226.38	\$ -	Per Unit
		57.	55244	Emergency Department Visit -		, 55310	- +		, 223.30	7	2. 2.00
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.8	1 \$	74.98	\$ 689.88	\$85.57	Case Rate
Emergency Room Visit	Hospital Outpations	СРТ	00292	Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.3	g ć	93.52	\$ 1,114.22	\$201.14	Case Rate
Lineigency Room Visit	Hospital Outpatient	CPT	33484	complexity (outpatient)	INO	450.5 ج	o >	33.52	1,114.22 ب	\$201.14	case rate

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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$288.93	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$432.54	Case Rate
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				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	Ś	458.20	\$	5,806.95	\$1,279.05	Case Rate
		C	33203	(cuspusions)	110	· ·	0,2 .0.02	<u> </u>		Ť	5,000.50	+-,-,-,-,-,-	
				Emergency Department Visit -									
Emergency Boom Visit	Hasnital Outpatiant	СРТ	00201	Critical Care (outpatient)	No	ć 1	7,860.61	ė	425.50	ć	6,308.07	\$1,723.05	Case Rate
Emergency Room Visit	Hospital Outpatient	CPI	99291	Critical Care (outpatient)	No	Ş I	7,000.01	Ş	423.30	Ą	0,308.07	\$1,725.05	Case Nate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	-	\$	225.38	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services	Professional Services	CPT	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	\$	_	\$	413.46	\$0.00	Per Unit
, and the same of				Office Visit - Comprehensive		<u> </u>		-				<u> </u>	
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	Ś	_	\$	280.75	\$0.00	Per Unit
		J	33304	Office Visit - Comprehensive	.40	_		Ť		Ť	_50.75	70.00	
				Preventive Medicine Evaluation									
Evaluation & Marcassant Comit-	Professional Consissa	CDT	00305	and Management, New Patient, 18-	Voc	ė	107.00	ė	E0 33	ć	247.00	¢co cr	Dor Unit
Evaluation & Management Services	Professional Services	CPT	33385	39 Years Old	Yes	\$	187.80	Þ	59.23	Þ	347.60	\$68.65	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Protessional Services	CPT	99386	64 Years Old	Yes	\$	217.32	Ş	91.72	Ş	1,293.56	\$91.72	Per Unit

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<u>Screec category</u>	<u>service setting</u>	турс	Couc	<u>Description</u>	<u>SCIVICE:</u>	Cusirricc	Charge	Charge	Charge	Estimate Type
				Office Mistr. Community and in-						
				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	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	s -	\$ 305.91	\$0.00	Per Unit
		C	33332	and management, 2 1 1 care ora		Ţ	*	7 000.02	70.00	
				Office Visit - Comprehensive						
				*						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
		C	33333	and management, 20 00 10010 010		Ţ 100.01	+ 0.10.	7 50 1150	ţo.i.c.	
				Office Visit - Comprehensive						
				-						
				Preventive Medicine Reevaluation					400	
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32 139 56	\$ 11 272.90	\$ 11,272.90	\$11,272.90	Case Rate
		J	00001	. State of trasound	.10	Ţ 32,133.30	Ţ 11,272.30	÷ 11,2,2.30	Ψ11,272.30	- Case Hate
Vassinations	Hasnital Outpations	CDT	COOCC	Admin influenza virus vessire	N/ =	ć 70.4F	ė	ć 13C 0F	\$4C 3C	Dor Unit
Vaccinations	Hospital Outpatient	CPT	90008	Admin influenza virus vaccine	No	\$ 70.15	Ş -	\$ 126.95	\$46.26	Per Unit

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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
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J 732 5	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$224.45	Per Unit