Amerigroup TennCare	Last Updated: 12/14/2021									
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55	\$5,740.01	CPT/HCPCS
										Case Rate-
										Excluding Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$17,225.59	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>Jervice:</u>	casirrice	charge	charge	charge	
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$8,489.28	CPT/HCPCS
										Casa Pata
										Case Rate-
				Constant entrol funitors with a 1						Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$10,123.74	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay Ho	lospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$12,928.90	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay Ho	lospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$8,798.60	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay Ho	lospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$7,101.42	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
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				LOWER EXTREM HUMER PROC						are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Туре</u>	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	Νο	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$7,482.84	Case Rate- Excluding Professional Charges whicl 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	\$4,759.60	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				RED BLOOD CELL DISORDERS W						Case Rate- Excluding Professional Charges whic are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	\$ 4 255 93	\$ 31 015 82	\$5,785.24	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MCC	No	\$ 17,544.11	\$ 2,955,18	\$ 26,002.03	\$3,768.08	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DING	012	ivice	NO	Ş 17,544.11	\$ 2,555.10	\$ 20,002.03	<i>33,700.00</i>	cr i/ficr c5
										Casa Data
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00	\$45,121.79	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN						are paid by
Hernitel Innotiont Store	Hospital Innation*	DRC	020		Na	¢ 20.004.70	6 6 E 40 40	¢ 50,000,00	633 935 97	
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	ຸວຸວ40.49	\$ 50,000.00	\$22,825.07	CPT/HCPCS
										Case Rate-
										Excluding
		1	1	1			1		1	Professional
										Professional
										Charges which

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$29,057.77	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128,72	\$ 30.888.17	\$ 200,000.00	\$58,352.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
		Diric				<i>v</i> 100,120172	÷ 50,666.17	÷ 200,000100	<i>\$36,332.103</i>	
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$32,098.86	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$11,326.52	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required	_	<u>Minimum</u>	Maximum	Specific	
Constant Code and a	Counting Cotting	Code	Contra	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	Telling to Telling
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$4,827.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$3,570.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$3,570.00	CPT/HCPCS
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										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	\$3,570.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				CECADE AN SECTION W/O						Charges which
Metowity (Delivery)	Henritel Investigat	DBC		CESAREAN SECTION W/O	N -	¢ 12 coc 27	¢ 3,570,00	6 35 044 CC	63.570.00	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	э 12,696.27	ov.0/3,5 ڊ	\$ 35,011.06	\$3,570.00	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$2,835.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
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	\$3,570.00	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	\$786.72	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	\$3,570.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MC0	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$3,570.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$3,570.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
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	\$3,570.00	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	\$2,835.00	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	N/A	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	Νο	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$500 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day
										Case Rate-
										Excluding
										Professional
				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	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W			A 40 405 55	A 40 405 55		are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	СС	No	N/A	\$ 10,435.00	\$ 10,435.00	Non-Par	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
										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	Non-Par	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		No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
Stay		Ditto	LICIUS	lanare	110	17.6	\$ 74,551.45	<i>y</i> 74,551.45	Non-Fu	
										Case Rate-
										Excluding
										Professional
Long Town Asuto Core Inneticut	Innetient Long Town Com			Despiretory system discussions						Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care	DDC	170207	Respiratory system diagnosis w	N -	N1/0	¢ 37 703 34	¢ 27.702.24	Nex Dev	are paid by
Stay	Hospital	DRG	LIC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
						5304 01				
						52% Charges				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		Estimated at \$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Non-Par	Day
							+ 100000	+		
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Non-Par	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$226.52	Case Rate
Hospital Outpatient Procedure		CPT	11102	Biopsy - Tangential Biopsy of Skin	NO	\$ 550.90	\$ 101.56	\$ 1,005.41	\$220.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$247.86	Case Rate
			47000			A 4 4 9 4 79	A		6400 F2	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$199.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,683.16	Case Rate
the second se								, ,		
						N/A No			N/A No	
			40000	Removal of 1 or more breast		Service		^	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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Iniections	Upperitel Outpetient	СРТ	20010	Anthropoptonia (outpotiont)	No	\$ 370.58	ć 192.20	¢ 1.4C1.72	\$252.78	Core Data
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$252.78	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,480.94	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$-	\$-	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	20001	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	23001	(outpatient)	res	volume	ə -	ə -	volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$228.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$750.92	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	12920	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
		CF 1	72020	loupatient	103	volume	Ý -	Ý -	volume	case nate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$216.58	Case Rate
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?		scounted	<u>Mi</u> Neg	dentified nimum gotiated harge	N N	-Identified <u>laximum</u> egotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$289.40	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$	2,117.86	ć	335.79	\$	2,220.88	\$268.06	Case Rate
		CPT	43370		Tes	\$	2,117.00	Ş	555.75	Ş	2,220.00	\$208.00	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$1,157.80	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$	3,317.89	ć	354.50	ć	4,434.15	\$1,176.39	Case Rate
			45505	(ampleterity)		Ť	5,527.05	Ÿ	00-1.00	Ý	4,404.13	<i>ç</i> 1,170.00	cuse nute
							N/A No					N/A No	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	Ultrasound examination of lower large bowel using an endoscope	Yes		Service Volume	Ś	-	Ś	_	Service Volume	Case Rate

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,482.75	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$2,018.19	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$2,965.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$-	\$ 1,579.20	\$58.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$598.71	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,629.69	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

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	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endometrial (Uterus) No \$	375.83	\$ 144.00	\$ 1,697.39	\$227.61	Case Rate
nospital Outpatient Procedure nospital Outpatient CP1 38100 Biopsy - Endometrial (Oterus) No 3	575.65	\$ 144.00	\$ 1,097.59	\$227.01	Case Rate
				400.00	
Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intrauterine device No \$	632.24	\$ 48.93	\$ 1,749.37	\$62.55	Case Rate
Hospital Outpatient CPT 58301 Remove intrauterine device No \$	273.85	\$ 32.34	\$ 1,495.58	\$216.17	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test No \$	260.79	\$ 118.53	\$ 1,596.22	\$160.44	Case Rate
Routine obstetric care for vaginal					
Professional Services Associated delivery, including pre-and post-					
with Inpatient Stay Professional Services CPT 59400 delivery care Yes \$	4,496.21	\$ 242.00	\$ 3,278.48	\$1,759.76	Case Rate
Professional Services Associated					
with Inpatient Stay Professional Services CPT 59410 Obstetrical care No \$	2,230.06	\$ 133.91	\$ 1,625.81	\$879.53	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	\$1,945.20	Case Rate

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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	Service:	Casil Flice	charge	charge	charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$1,845.47	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hernital Outpatient	СРТ		imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$620.45	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02322		res	\$ 1,055.16	\$ 575.55	\$ 1,000.55	3020.45	Case hate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$694.57	Case Rate
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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$807.88	Case Rate
				Removal of recurring cataract in		N/A No Service			N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		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	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$86.90	Case Rate
Radiology Services	Hospital Outpatient	СРТ		CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$129.05	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
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				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$129.05	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	\$228.08	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$129.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$241.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$241.35	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$253.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$414.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$58.78	Per Unit
Radiology Services	Hospital Outpatient	CPT	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$60.36	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>		scounted	<u>Mi</u> Neg	dentified nimum otiated harge	Ma Nej	Identified aximum gotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$104.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	ć	141.11	\$	1,468.48	\$142.94	Per Unit
Radiology Services		CFI	71250		NU	2	1,024.32	\$	141.11	\$	1,400.40	Ş142.54	Per Olit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	\$	200.76	\$	2,034.88	\$219.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ		Ct angiography chest	No						2,092.27	\$244.49	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	Ş	37.93	\$	204.42	\$60.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$	338.99	\$101.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$	265.13	\$101.54	Per Unit
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$	213.64	\$	52.80	\$	284.93	\$105.50	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	\$138.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$	1,293.16	\$	260.86	\$	1,821.59	\$368.05	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/212/	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	Ş	2,118.48	\$220.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	\$	199.82	\$	1,805.90	\$218.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	Ś	1,518.43	Ś	260.86	Ś	1,805.90	\$368.05	Per Unit
												4000.00	
Radiology Services	Hospital Outpatient	СРТ	/2133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	Ş	2,238.70	\$220.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	\$	252.20	\$	2,177.11	\$253.26	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	\$	252.20	\$	2,137.12	\$253.26	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$99.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	\$101.21	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	Ś	1,536.96	Ś	197.29	Ś	2,142.05	\$215.59	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72107	MRI - Pelvis (outpatient)	No	\$	2,448.72	ċ	402.71	\$	3,522.33	\$411.04	Per Unit
naulology services	Hospital Outpatient	CPT	12131	ivini - Pelvis (outpatient)	INO	?	2,448.72	?	402.71	Ş	5,522.33	3411.04	rerunit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$58.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$99.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$59.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$58.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$57.80	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$58.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$58.13	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$58.45	Per Unit
Hadiology Services			73110	n nuy - whise (outpatient)		y 130.32	y 30.72	y 130.13	900 4 9	i ei onit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$99 .01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$58.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$247.71	Per Unit

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Service Category Service Setting Code Type Code Type Description Shoppable Services Discounted Services Negotiated Services Negotiated Charge Negotiated Services Radiology Services Hospital Outpatient CPT 7350 X-RAY EXAM OF FEMUR 2/> No \$ 129.58 \$ 37.77 \$ 199.38 \$ 59.06 Per Unit Radiology Services Hospital Outpatient CPT 7356 X-RAY EXAM OF FEMUR 2/> No \$ 190.52 \$ 29.51 \$ 199.38 \$ 59.06 Per Unit Radiology Services Hospital Outpatient CPT 7356 X-RAY EXAM OF KNEE 1 OR 2 No \$ 201.52 \$ 32.40 \$ 266.82 \$ 58.13 Per Unit Radiology Services Hospital Outpatient CPT 7356 X-RAY EXAM OF KNEE 1 OR 2 No \$ 201.52 \$ 32.40 \$ 32.40 \$ 266.82 \$ 58.13 Per Unit Radiology Services Hospital Outpatient CPT 7356 X-ray exam of lower leg No \$ 239.62 \$ 32.40 \$ 32.40 \$ 32.41.48 \$ 58.13 Per Unit Radiology Services Hospital Outpatient CPT 7360 X-ray exam of														
Service CategoryService SettingTypeCodeDescriptionService?Cash PriceChargeChargeChargeChargeEstimateRadiology ServicesHospital OutpatientCPT73502X.Ray - HipNo\$129.58\$37.77\$197.91\$60.66Per UnitRadiology ServicesHospital OutpatientCPT73552X.Ray EXAM OF FEMUR 2/>No\$150.51\$2.9.51\$189.38\$59.06Per UnitRadiology ServicesHospital OutpatientCPT73560X.RAY EXAM OF KNEE 1 OR 2No\$201.92\$32.40\$266.82\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73560X.Ray EXAM OF KNEE 1 OR 2No\$201.92\$32.40\$266.82\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73560X.Ray EXAM OF KNEE 1 OR 2No\$263.50\$35.52\$351.25\$59.06Per UnitRadiology ServicesHospital OutpatientCPT73560X.ray exam of lower legNo\$239.62\$32.40\$321.48\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73600X.ray exam of lower legNo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X.ray - Ankle (outpatient)No\$239.65 </td <td></td> <td></td> <td>Code</td> <td></td> <td></td> <td></td> <td>Dis</td> <td>scounted</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			Code				Dis	scounted						
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Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 150.51 \$ 29.51 \$ 189.38 \$59.06 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 201.92 \$ 32.40 \$ 266.82 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 263.50 \$ 36.52 \$ 351.25 \$59.06 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-Ray exam of lower leg No \$ 239.62 \$ 32.40 \$ 321.48 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-ray exam of lower leg No \$ 239.62 \$ 32.40 \$ 321.48 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73600 X-RAY EXAM OF ANKLE No \$ 191.55 \$ 31.98 \$ 278.60 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73600 X-RAY - Ankle (outpatient) No \$ 239.05 \$ 25.72 <td></td> <td></td> <td>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u></u></td> <td><u></u></td> <td></td>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									<u></u>	<u></u>	
Radiology Services Hospital Outpatient CPT 73552 X-RAY EXAM OF FEMUR 2/> No \$ 150.51 \$ 29.51 \$ 189.38 \$59.06 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 201.92 \$ 32.40 \$ 266.82 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-RAY EXAM OF KNEE 1 OR 2 No \$ 201.92 \$ 32.40 \$ 266.82 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73560 X-RAY exam of lower leg No \$ 239.62 \$ 32.40 \$ 321.48 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73500 X-ray exam of lower leg No \$ 239.62 \$ 32.40 \$ 321.48 \$58.13 Per Unit Radiology Services Hospital Outpatient CPT 73600 X-RAY EXAM OF ANKLE No \$ 191.55 \$ 31.98 \$ 278.60 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>														
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Radiology ServicesHospital OutpatientCPT73560X-RAY EXAM OF KNEE 1 OR 2No\$201.92\$32.40\$266.82\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73562X-Ray - Knee (outpatient)No\$263.50\$36.52\$351.25\$59.06Per UnitRadiology ServicesHospital OutpatientCPT73590X-ray exam of lower legNo\$239.62\$32.40\$321.48\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73600X-ray exam of lower legNo\$239.62\$32.40\$321.48\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73600X-ray exam of lower legNo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-ray - Ankle (outpatient)No\$239.05\$25.72\$311.14\$58.45Per Unit														
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Radiology ServicesHospital OutpatientCPT73562X-Ray - Knee (outpatient)No\$263.50\$36.52\$351.25\$59.06Per UnitRadiology ServicesHospital OutpatientCPT73590X-ray exam of lower legNo\$239.62\$32.40\$321.48\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73600X-RAY EXAM OF ANKLENo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-RAY EXAM OF ANKLENo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-RAY - Ankle (outpatient)No\$239.05\$25.72\$311.14\$58.45Per Unit														
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Radiology ServicesHospital OutpatientCPT73590X-ray exam of lower legNo\$239.62\$321.48\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73600X-RAY EXAM OF ANKLENo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-RAY EXAM OF ANKLENo\$191.55\$31.98\$278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-Ray - Ankle (outpatient)No\$239.05\$25.72\$311.14\$58.45Per Unit														
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Radiology ServicesHospital OutpatientCPT73600X-RAY EXAM OF ANKLENo\$ 191.55\$ 31.98\$ 278.60\$58.13Per UnitRadiology ServicesHospital OutpatientCPT73610X-Ray - Ankle (outpatient)No\$ 239.05\$ 25.72\$ 311.14\$58.45Per Unit														
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Radiology Services Hospital Outpatient CPT 73610 X-Ray - Ankle (outpatient) No \$ 239.05 \$ 25.72 \$ 311.14 \$58.45 Per Unit														
Radiology Services Hospital Outpatient CPT 73610 X-Ray - Ankle (outpatient) No \$ 239.05 \$ 25.72 \$ 311.14 \$58.45 Per Unit														
Radiology Services Hospital Outpatient CPT 73610 X-Ray - Ankle (outpatient) No \$ 239.05 \$ 25.72 \$ 311.14 \$58.45 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$58.13	Per Unit
	Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$	25.72	\$	311.14	\$58.45	Per Unit
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Radiology Services Hospital Outpatient CPT 73620 X-RAY EXAM OF FOOT No \$ 196.24 \$ 29.81 \$ 262.21 \$57.54 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$57.54	Per Unit
Radiology ServicesHospital OutpatientCPT73630X-Ray - Foot (outpatient)No\$ 216.05\$ 33.95\$ 289.60\$58.16Per Unit	Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$58.16	Per Unit
Radiology Services Hospital Outpatient CPT 73700 CT LOWER EXTREMITY W/O DYE No \$ 1,231.00 \$ 1,400.92 \$135.84 Per Unit	Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$135.84	Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	<u>c</u>	ash Price	<u>c</u>	harge	Charge_	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	Ş	1,224.32	Ş	246.65	\$ 1,828.36	\$247.71	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ş	28.31	\$ 189.76	\$58.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$ 1,446.99	\$144.21	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$ 2,144.29	\$226.16	Per Unit
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$ 3,568.86	\$394.71	Per Unit
		1										
				CT Scan - Abdomen and Pelvis, with								
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	Ś	286.79	\$ 3,568.86	\$394.71	Per Unit
						1	_,	-		, _,	+	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	Ś	394.10	Ś	56.38	\$ 563.71	\$184.64	Per Unit
				the second second second		7	00-1120	T	23.00	+ 500.71	+_01101	
Radiology Services	Hospital Outpatient	СРТ	7/270	X-ray xm colon 1cntrst std	No	Ś	521.72	ć	79.34	\$ 578.01	\$194.60	Per Unit
Radiology Services	Hospital Outpatient	CFI	/42/0		No	Ş	521.72	?	13.34	÷ 576.01	Ş194.0U	rerunit
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Padialagu Canvissa	Hospital Outpatient	CDT	75574	Ct brt w/o duo w/or toot	Na	¢	200.04	ć	50.00	é 222.20	676.46	Dorlinit
Radiology Services	Hospital Outpatient	CPT	/22/1	Ct hrt w/o dye w/ca test	No	>	306.04	\$	59.00	\$ 323.39	\$76.16	Per Unit

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Service Category Service Setting Code Type Code Type Code Type Code Code Description CMS Resulted Service? Description Category Description Maintum Menolated Charge Description Menolated Charge Paren- Maintum Menolated Charge Paren- Maintum Menolated Charge Paren- Menolated Charge tadiology Services Hospital Outpatient CPT 76542 Ultrasound - Head and Neck No \$ 460.62 \$ 78.79 \$ 386.50 \$ \$116.40 Per Unit tadiology Services Hospital Outpatient CPT 76542 Ultrasound - Breast (outpatient) No \$ 152.68 \$ 78.52 \$ 249.30 \$ 50.75 Per Unit tadiology Services Hospital Outpatient CPT 76760 Ultrasound - Abdominal, Complete Yes \$ 327.93 \$ 46.05 \$ 372.20 \$ \$117.66 Per Unit tadiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Complete No \$ 327.93 \$ 46.05 \$ 372.20 \$ \$117.66 Per Unit valentity/Delivery Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$ \$117.66 Per Unit Waternity/Delivery Hospital Outpatient CPT 76700 Ultrasound - Abdo	+ "F"												
Service Category Service Setting Code Type Code Type Code Type Resulted Description Service Service Description Cash Price Not Cash Price Madimum Necclisted Madimum Necclisted Madimum Necclisted tadiology Services Hospital Outpatient CPT 7653 Utrasound - Breast (outpatient) No \$ 162.6 \$ 78.79 \$ 386.50 \$ 5116.40 Per Unit tadiology Services Hospital Outpatient CPT 76642 Utrasound - Breast (outpatient) No \$ 316.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$												•	
Service Category Service Setting Code Type Code Type Code Type Resulted Description Service Service Description Cash Price Not Cash Price Madimum Necclisted Madimum Necclisted Madimum Necclisted tadiology Services Hospital Outpatient CPT 7653 Utrasound - Breast (outpatient) No \$ 162.6 \$ 78.79 \$ 386.50 \$ 5116.40 Per Unit tadiology Services Hospital Outpatient CPT 76642 Utrasound - Breast (outpatient) No \$ 316.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$ 512.730 Per Unit tadiology Services Hospital Outpatient CPT 76700 Utrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$													
Service Category Service Setting Code Type Code Type Code Type Code Type Resulted Description Resulted Service Madimum Resultad Cash Price Madimum Re						CMS			De-Identifi	ed	De-Identified	Paver-	
Service Category Service Setting Type Code Description Sorvice Cash Price Negoliated Negoliated Name Statute Type tadiology Services Hospital Outpatient CPT 76536 Ultrasound - Head and Neck No \$ 460.62 \$ 787.9 \$ 386.50 \$ 511.6.00 Per Unit tadiology Services Hospital Outpatient CPT 76642 Ultrasound - Breast (outpatient) No \$ 152.68 \$ 787.52 \$ 249.30 \$ 580.755 Per Unit tadiology Services Hospital Outpatient CPT 76642 Ultrasound - Breast (outpatient) No \$ 351.45 \$ 91.69 \$ 343.80 \$ 512.50 \$ 787.9 \$ 433.80 \$ 512.30 Per Unit tadiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Complete Yes \$ 361.45 \$ 91.60 \$ 372.20 \$ 117.60 Per Unit tadiology Services Hospital Outpatient CPT 76700 US EXAM ABDO BACK WALL COMP No \$ 327.95 \$ 460.65 \$ 372.20 \$ 117.60 Per Unit Maternity/Delivery Hospital Outpatient CPT <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>													
Service Category Service Setting Type Code Description Service 2 Cahrage Charge			Code				Dis	counted		_			
Radiology Services Hospital Outpatient CPT 76536 Ultrasound - Head and Neck No \$ 460.62 \$ 78.52 \$ 386.50 \$116.40 Per Unit Radiology Services Hospital Outpatient CPT 76642 Ultrasound - Breast (outpatient) No \$ 152.68 \$ 78.52 \$ 249.30 \$80.75 Per Unit Radiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$127.30 Per Unit Radiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$127.30 Per Unit Radiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$117.66 Per Unit Maternity/Delivery Hospital Outpatient CPT 7670 US EXAM ABDO BACK WALL COMP No \$ 391.57 \$ 46.65 \$ 396.27 \$ 135.51 Per Unit Maternity/Delivery Hospital Outpatient CPT 76801 OB U5 < 14 WKS SINGLE FETUS	Service Category	Service Setting		Code	Description					-			Estimate Type
Dr. D	<u>service category</u>	<u>bervice betting</u>	1700	0000	beschption	<u></u>	cus		enarge		charge	charge	
Dr. D													
Dr. D	Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	s	460.62	\$ 78.7	9	\$ 386.50	\$116.40	Per Unit
Addiology Services Hospital Outpatient CPT 76700 Ultrasound - Abdominal, Complete Yes \$ 361.43 \$ 91.69 \$ 433.80 \$127.30 Per Unit Radiology Services Hospital Outpatient CPT 76705 Ultrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$117.66 Per Unit Vaternity/Delivery Hospital Outpatient CPT 76770 US EXAM ABDO BACK WALL COMP No \$ 456.58 \$ 76.54 \$ 400.80 \$124.15 Per Unit Waternity/Delivery Hospital Outpatient CPT 76801 OB US < 14 WKS SINGLE FETUS				,0000			Ŷ	400102	<i>y</i> , on	- ,	¢ 566.56	<i>Q</i> 110140	i ci onic
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No \$ 327.93 \$ 46.05 \$ 372.20 \$117.66 Per Unit Radiology Services Hospital Outpatient CPT 76705 Ultrasound - Abdominal, Limited No \$ 327.93 \$ 46.05 \$ 372.20 \$117.66 Per Unit Waternity/Delivery Hospital Outpatient CPT 76770 US EXAM ABDO BACK WALL COMP No \$ 456.58 \$ 76.54 \$ 400.80 \$124.15 Per Unit Waternity/Delivery Hospital Outpatient CPT 76801 OB US < 14 WKS SINGLE FETUS	Hadiology Scivices			70042	on asound - breast (outpatient)	110	Y	152.00	y 70.3	- ,	ç 243.30	<i>900.75</i>	T CF Offic
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Maternity/Delivery Hospital Outpatient CPT 76801 OB US < 14 WKS SINGLE FETUS No \$ 391.57 \$ 86.65 \$ 396.27 \$135.51 Per Unit Ultrasound - Pregnancy Ultrasound - Pregnancy <t< td=""><td>Radiology Services</td><td>Hospital Outpatient</td><td>СРТ</td><td>76705</td><td>Ultrasound - Abdominal, Limited</td><td>No</td><td>Ş</td><td>327.93</td><td>\$ 46.0</td><td>5</td><td>\$ 372.20</td><td>\$117.66</td><td>Per Unit</td></t<>	Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	Ş	327.93	\$ 46.0	5	\$ 372.20	\$117.66	Per Unit
Maternity/Delivery Hospital Outpatient CPT 76801 OB US < 14 WKS SINGLE FETUS No \$ 391.57 \$ 86.65 \$ 396.27 \$135.51 Per Unit Ultrasound - Pregnancy Ultrasound - Pregnancy <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>													
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Maternity/Delivery Hospital Outpatient CPT 76801 OB US < 14 WKS SINGLE FETUS No \$ 391.57 \$ 86.65 \$ 396.27 \$135.51 Per Unit													
Ultrasound - Pregnancy	Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	Ş	456.58	\$ 76.5	4	\$ 400.80	\$124.15	Per Unit
Ultrasound - Pregnancy													
Ultrasound - Pregnancy													
Ultrasound - Pregnancy													
	Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	Ş	391.57	\$ 86.6	5 \$	ş 396.27	\$135.51	Per Unit
Radiology Services Hospital Outpatient CPT 76805 (outpatient) Yes \$ 367.73 \$ 100.36 \$ 437.10 \$135.97 Per Unit													
	Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.3	6	\$ 437.10	\$135.97	Per Unit
Maternity/Delivery Hospital Outpatient CPT 76811 OB US DETAILED SNGL FETUS No \$ 522.04 \$ 198.65 \$ 587.50 \$273.32 Per Unit	Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.6	5	\$ 587.50	\$273.32	Per Unit

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Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cas	sh Price	Charge_	Charge_	Charge_	Estimate Type
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$120.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$129.98	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$139.13	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$126.04	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.69	\$ 391.69	\$123.19	Per Unit
				Ultrasound - Transvaginal (non-				A A A A A A A A A A	A		
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$122.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$121.95	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$147.91	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 383.79	\$ 135.81	\$ 629.70	\$185.99	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 406.73	\$ 109.22	\$ 504.02	\$147.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 247.25	\$ 56.29	\$ 393.45	\$100.59	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 116.84	\$ 33.80	\$ 171.64	\$60.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,010.04	\$ 336.74	\$ 2,091.45	\$1,071.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$18.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$23.48	Per Unit

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Laboratory & Dathology Somices	Hereitel Outrationt	СРТ	80055	Blood Test - Pregnancy (Obstetric)	Yes	N/A No Service Volume	N/A No Service	N/A No Service Volume	N/A No Service Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Panel	res	volume	Volume	volume	volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$14.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Blood Test - Renal (Kidney) Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.46	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$17.25	Per Unit
Laboratory & Fatilology Services		CF I	00070		162	÷ 140.//	y 11.44	÷ 205.84	ş1/.23	rerunit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93		\$58.19	Per Unit
						N/A No	N/A No	N/A No	N/A No	
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6 .70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.13	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$15.50	Per Unit
Laboratory & Dathalam Co.		COT	00047	Dilimitation de de l	N -	¢ 44.00	A		65 F7	Devilation
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit
Laboratory & Fathology Selvices		Cri	32300	biood rest - vitamin D-5 Level	NU	÷ 100.74	<i>y</i> 20.04	y 234.00	323.00	rei Ullit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	\$15.19	Per Unit
casoratory or ratiology services			02330	roomy of culcium	140	φ 55.11	y 12.31	÷ 07.00		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
casoratory or athology services	noopital outputient	51.1	02373	noody carbonyno quant	110	y 114.15	φ 11.09	y 155.04	912.JC	i ci onit

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<u>Service Category</u>	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	Νο	\$ 15.28	\$ 3.92	\$ 23.76	\$4.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	\$7.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$12.05	Per Unit
						-	-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$11.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	Νο	\$ 29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Cystatin c	No	\$ 140.40		\$ 405.00	\$16.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein)	Νο	\$ 33.53	\$ 19.09	\$ 96.63	\$28.79	Per Unit

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Service Category Service Setting Type Code Description Service? Cate Price Charge C			Code			Shoppable	Discoun	ted	Negotiated	Negotiated	Negotiated	
Laboratory & Pathology Services Hospital Outpatient CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 \$ 13.23 \$ 79.52 \$14.71 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 \$ 8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 45.55 \$ 49.42 \$ 8.74 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 45.55 \$ 3.89 \$ 61.82 \$ 5.90 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 <td>Service Category</td> <td>Service Setting</td> <td></td> <td>Code</td> <td>Description</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Estimate Type</td>	Service Category	Service Setting		Code	Description							Estimate Type
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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 \$ \$8.74 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 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 Blood Test - Blood Glucose Control Blood Glucose Control Blood Glucose Control Blood Test - Blood G												
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 \$ \$8.74 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 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 Blood Test - Blood Glucose Control Blood Glucose Control Blood Glucose Control Blood Test - Blood G												
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Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42 \$8.74 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 Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control Image: Service Ser	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	Ş 3	7.75	\$ 13.23	\$ 79.52	\$14.71	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42 \$8.74 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 Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control Image: Service Ser												
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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 Blood Test - Blood Glucose Control												
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Laboratory & Pathology Services Hospital Outpatient CPT 83018 Heavy metal quant each nes No \$ 172.97 \$ 19.76 \$ 498.96 \$19.76 Per Unit Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control Image: Service Servic	Laboratory & Pathology Services	Hospital Outpatient	CFI	02347	Assay glucose blood qualit	NU	э э	4.04	\$ 5.51	ə 45.42	<i>30.14</i>	Feronit
Laboratory & Pathology Services Hospital Outpatient CPT 83018 Heavy metal quant each nes No \$ 172.97 \$ 19.76 \$ 498.96 \$19.76 Per Unit Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control Image: Service Servic												
Laboratory & Pathology Services Hospital Outpatient CPT 83018 Heavy metal quant each nes No \$ 172.97 \$ 19.76 \$ 498.96 \$19.76 Per Unit Blood Test - Blood Glucose Control Blood Test - Blood Glucose Control Image: Service Servic												
Blood Test - Blood Glucose Control	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	Ş 4	5.55	Ş 3.89	Ş 61.82	Ş5.90	Per Unit
Blood Test - Blood Glucose Control												
Blood Test - Blood Glucose Control												
Blood Test - Blood Glucose Control												
Blood Test - Blood Glucose Control	Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 17	2.97	\$ 19.76	\$ 498.96	\$19.76	Per Unit
									•			
Laboratory & Pathology Services Hospital Outpatient CPT 83036 (Hemoglobin A1C) No \$ 71.27 \$ 8.74 \$ 95.94 \$10.79 Per Unit												
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 7	1.27	Ş 8.74	\$ 95.94	\$10.79	Per Unit
Laboratory & Pathology ServicesHospital OutpatientCPT83088Assay of histamineNo\$75.84\$26.58\$218.76\$26.58Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$7	5.84	\$ 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	СРТ	83518	Immunoassay dipstick	No	\$ 14	7.09	\$ 6.55	\$ 424.29	\$8.68	Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 51.90 \$ 9.06 \$ 75.77 \$13.66 Per Unit	Laboratory & Dathalam Constant	Hospital Outpatient	CDT	92540	Blood Test Jron Lovel	No	ć r	1 00	¢ 0.00	ć 75 77	\$12.66	Por Unit
Laboratory & Pathology Services Hospital Outpatient CPT 83540 Blood Test - Iron Level No \$ 51.90 \$ 9.06 \$ 75.77 \$13.66 Per Unit		TOUSONAL CONTRACTED	1. P 1	03340	IDIOOU TEST - ITOTI LEVEL	INO	13 5	1.30	3 9.00	13 /5.//	313.00	Per Unit
	Laboratory & Pathology Services	nospital outputient	••••				· ·					
Laboratory & Pathology Services Hospital Outpatient CPT 83605 Assay of lactic acid No \$ 27.44 \$ 10.41 \$ 58.05 \$11.87 Per Unit	Laboratory & Pathology Services						-					

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To Search for a service Click "CTRL" + "F"									Will Owe *	
Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.82	\$	\$ 78.56	\$14.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$37.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$10.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$10.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	841 32	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$10.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$38.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$18.40	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18.76	\$ 588.80	\$26.29	Per Unit
Laboratory & Pathology Services	hospital outpatient	CFT	04102	Floteni western blot test	NO	Ŷ	302.72	\$ 10.70	Ş 388.80	JZU.Z J	reronne
		CDT						÷ • • • •		AF 95	D
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4.33	\$ 56.67	\$5.35	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$	66.21	\$ 8.12	\$ 89.13	\$9.02	Per Unit
						Ŧ		· ····	7		
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$	64.07	\$ 23.52	\$ 119.09	\$37.36	Per Unit
				Disad Texts The set 1 of 1 of 1							
				Blood Test - Thyroid Stimulating						405	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$	64.07	\$ 23.52	\$ 119.09	\$37.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$	96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	Ś	81.70	\$ 10.26	\$ 121.45	\$11.22	Per Unit
caser atory of ratiology services	nospital outputient	91.1	34404	rissay of cropolini quant	110	Y	01.70	Y 10.20	Y 121.45	Y11.66	1 cr onic

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Laboratory & Pathology Services	Hospital Outpatient	СРТ		Chorionic gonadotropin test	No	\$ 125.77			\$ 169.31	\$15.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$	2.13	\$ 36.27	\$2.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Blood Test - Complete Blood Cell Count and Automated WBC	Yes	\$ 77.98	\$	10.88	\$ 112.06	\$16.40	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Count (Hemoglobin)	Yes	\$ 60.79	\$	5.82	\$ 81.83	\$6.46	Per Unit
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	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$	7.44	\$ 72.11	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$	6.01	\$ 64.27	\$8.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$	8.24	\$ 70.98	\$8.62	Per Unit

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CMS Required Shoppable Service? De-Identified Minimum Discounted Cash Price De-Identified Maximum Negotiated Charge Payer- Specific Negotiated Charge
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Shoppable Discounted Negotiated Negotiated Negotiated iption Service? Cash Price Charge Charge Charge
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Yes \$ 46.01 \$ 5.41 \$ 61.94 \$6.00 Per Unit
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ınt No \$ 132.78 \$ 24.10 \$ 383.03 \$24.10 Per Unit
r guant No \$ 52.70 \$ 5.10 \$ 70.95 \$5.67 Per Unit
rrep qual No \$ 37.81 \$ 3.84 \$ 50.90 \$4.28 Per Unit
rep qual No \$ 37.81 \$ 3.84 \$ 50.90 \$4.28 Per Unit
dy No \$ 57.37 \$ 9.16 \$ 165.50 \$9.16 Per Unit
Int/ratio No \$ 65.00 \$ 42.28 \$ 211.59 \$42.28 Per Units Int No \$ 132.78 \$ 24.10 \$ 383.03 \$24.10 Per Units Int No \$ 52.70 \$ 5.10 \$ 70.95 \$5.67 Per Units Image: rep qual No \$ 37.81 \$ 3.84 \$ 50.90 \$4.28 Per Units Image: rep qual No \$ 37.81 \$ 3.84 \$ 50.90 \$4.28 Per Units

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Laboratory & Dathalany Constant	Uservited Outpretient	CDT	00000	En angla Bata ng Kénur, angla dar		¢ 25.74	¢ 11.07	¢ 440.42	644.07	Devil Units
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80051	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	\$11.81	Per Unit
Laboratory & Fathology Scruces	nospital outputient		00005		110	Ş 25.00	<i>y</i> 11.01	y 03.21	911.01	
Laboratory & Dathalany Comisso	Uservited Outpretient	CDT	00077	the the share would be a subtle solution		¢ 20.00	¢ 45.42	¢ (2.02	645.47	Deville it
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.68	\$ 15.13	\$ 63.03	\$15.17	Per Unit
		1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$ 12.41	\$ 107.23	\$12.49	Per Unit
		1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$ 10.85	\$ 115.92	\$12.05	Per Unit
		1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$	65.09	\$10.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$	11.15	\$	56.71	\$12.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$	225.56	\$12.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$	25.14	\$	11.59	\$	72.53	\$11.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$	51.48	\$	-	\$	112.07	\$37.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$	25.14	\$	11.59	\$	76.53	\$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	Νο	Ś	67.64	Ś	12.84	Ś	91.06	\$15.8 5	Per Unit
						T	0.104	T		*	22.00	+_5105	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$	23.09	\$	13.94	\$	66.62	\$13.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$	20.32	\$	5.00	\$	66.92	\$41.51	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$117.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$86.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$86.70	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$26.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$26.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$223.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$117.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
Lassiatory & Fathology Scivices			07040			y 133.30	y 3.23	y 100.25	\$10.3Z	i ei onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$8.61	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$8.97	Per Unit
				Test for Disease-Causing (Pathogenic) Organisms, Not					40.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$6.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$19.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$4.28	Per Unit

*Estimates have been normalized to provide a quote based on the amount we anticipate you your insurance to owe. For example, if the rate is 45% of charges the median charge has been multiplied by 45%.

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				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
								-		
				Lab Test. Detection test for UV/ 1						
				Lab Test - Detection test for HIV-1					400.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$26.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	\$10.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
, 0,										
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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	СРТ		AMP PRB	No	\$ 53.36	š -	\$ 136.48	\$46.18	Per Unit
caseratory of ratiology services			5,555		110	φ 33.30	¥ *	÷ 130.40	940.10	. cr onit
									405.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$29.80	Per Unit
		-			-					
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	\$29.76	Per Unit
Laboratory & Fathology Scruces	hospital outpatient		07000		110	<i>y</i> 101.50	Ş 15.07	y 143.40	925.70	
Laboratory & Dathology Convices	Heapital Outpatient	CDT	00105	Elowertomotry/to add on	No	\$ 68.81	ć	\$ 120.30	¢0.00	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	60100	Flowcytometry/tc add-on	No	\$ 68.81	Ş -	\$ 120.30	\$0.00	Per Unit
				Immunization Administration First						
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$17.35	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$10.87	Per Unit
			55401			+ 25.15	+ 10.45	÷ 55.51	910.07	
Vaccinations	Hospital Outpatient	СРТ	00471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$48.65	Per Unit
vaccinations	nospital Outpatient	CPT	304/1		No	ə 44.49	ə 7.02	2 01.80	340.03	rei Ullit

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Immunization Administration Each	ļ	
VaccinationsHospital OutpatientCPT90472Additional ComponentNo\$12.56\$\$\$38.51	\$10.87	Per Unit
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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	I	
Vaccination Hospital Outpatient CPT 90670 for Injection into Muscle No \$ 285.59 \$ 9.56 \$ 345.21	\$207.13	Per Unit
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Vaccine - Tetanus, Diptheria	I	
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Toxoids, and Acellular Pertussis	I	
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Vaccination Hospital Outpatient CPT 90715 into Muscle No \$ 57.74 \$ - \$ 77.73	\$30.85	Per Unit

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Semiles Cotegomy	Convine Cotting	Code	Code	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	<u>Charge</u>	Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$118.93	Per Unit
						+ 000101	+ 110.00	+ 100071	<i></i>	
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$57.92	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$77.37	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$116.00	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$-	Volume	Volume	Per Unit
						A	A 07.42	A	407.40	
Evaluation & Management Services	Protessional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$97.13	Per Unit
						N/A No		N/A No	N/A No	
						N/A No Service		N/A No Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services		GET	50055	sychotherapy - Group Session	163	volume		volume	volume	i ci onic
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$68.73	Per Unit
a short a shrift					-					
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$14.31	Per Unit

*Estimates have been normalized to provide a quote based on the amount we anticipate you your insurance to owe. For example, if the rate is 45% of charges the median charge has been multiplied by 45%.

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Madinian Other	Unamitad Outpations	CDT	02005	Electrony (ECC on EVC)	N -	Ś 142.29	<u>,</u>	\$ 295.26	652.40	Devilation
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	Ş -	\$ 295.26	\$52.40	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.40	\$ 61.00	\$ 634.57	\$205.43	Per Unit
Medicine Cardiac Stress Test		CPT	55017	CARDIOVASCOLAR STRESS TEST	NU	\$ 471.40	\$ 01.00	\$ 034.37	3203.43	Per Offic
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,404.83	\$ 322.26	\$ 1,593.05	\$469.99	Per Unit
				Insertion of catheter into left heart		A	A	6 40 000 00	40.540.40	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$ 8,847.45	\$ 579.93	\$ 12,920.92	\$2,519.19	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 240.64	\$ 92.64	\$ 400.67	\$111.25	Per Unit
Mariliana Othera	Uservited Outputient	CDT	05045	Allener webste beste		¢ 400.00	<u>^</u>	¢ 4 220 52	6742.20	Devillet
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82 N/A No	\$ - N/A No	\$ 1,229.53 N/A No	\$743.20 N/A No	Per Unit
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$74.53	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Physical Therapy - Manual						
Medicine Dhysical Medicine and										
Medicine Physical Medicine and		CDT		Electrical Stimulation Therapy, 15		A A A A A	A 49.50	÷ =====	442.05	
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$12.95	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$11.95	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
	Hospital Outpatient	СРТ		Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$26.63	Per Unit
				-						
Modicino Physical Medicine and				Physical Thorapy Neuromuscular						
	Usersited Outpatient	COT			N -	¢	¢	¢ 104.70	620.20	Devillet
Kenabilitation	nospital Outpatient	CPI	9/112	Reeducation	NO	ə 69.93	ə 26.14	ə 104.78	\$30.29	Per Unit
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	Ş 77.61	ş 22.90	Ş 104.48	\$26.33	Per Unit
Medicine Physical Medicine and										
Medicine Physical Medicine and Rehabilitation Medicine Physical Medicine and Rehabilitation Medicine Physical Medicine and Rehabilitation	Hospital Outpatient Hospital Outpatient Hospital Outpatient	CPT CPT CPT	97110 97112	Physical Therapy - Therapeutic Exercises Physical Therapy - Neuromuscular Reeducation GAIT TRAINING THERAPY	Yes No	\$ 88.74 \$ 69.93 \$ 77.61	\$ 26.14	\$ 104.78	\$26.63 \$30.29 \$26.33	Per Unit Per Unit Per Unit

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Medicine Physical Medicine and			074.54	Physical Therapy - Low Complexity		A A CO A C	A T A A	<u> </u>	<u> </u>	
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$73.39	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ		Physical Therapy - Moderate Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$73.39	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97163	Physical Therapy - High Complexity Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$73.39	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$49.68	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	Νο	\$ 180.88	\$ 77.05	\$ 245.32	\$78.64	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ		OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40			\$78.64	Per Unit

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Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$	17.40	\$ 124.45	\$34.19	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or								
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	¢	_	\$ 109.03	\$59.36	Per Unit
			57555	none management naming	110	Ý	00.05	Ŷ		÷ 105.05	<i>\$33.30</i>	T CI OIIIC
Evaluation & Management Services	Professional Convises	СРТ	00024	Poston follow, un visit	No	\$	-	Ś	-	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	NO	>	-	Ş	-	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	Ş	90.34	\$ 200.08	\$63.90	Per Unit
				Office Visit - New Patient, Low								
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$	182.06	\$ 1	L32.54	\$ 273.99	\$91.76	Per Unit
-												
				Office Visit - New Patient,								
Evoluction & Monorement Commission	Drofossional Convisas	CDT	00204		Ver	Ś	250.00	è .	177 04	é 433.40	6140.07	Dor Unit
Evaluation & Management Services	Professional Services	CPT	39204	Moderate Complexity	Yes	>	250.69	? .	L77.01	\$ 432.49	\$140.87	Per Unit

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				New patient office of other						
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Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$177.42	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$37.25	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$62.40	Per Unit
				Office Visit - Established Patient,						
Further & Management Consister	Drefessional Comises	CDT			Nie	\$ 151.19	ć 140.00	ć 270.47	¢02.24	Deviluit
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$92.34	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ		High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$124.63	Per Unit
Evaluation & Management Services			33213	ingi complexity	NU	÷ 513.07	y 132.33	y 303.34	Ş124.03	rei Unit
Professional Services Associated										
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$63.38	Per Unit

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	· · · · · · · · · · · · · · · · · · ·			Patient office consultation,						
Further & Management Car	Duefeesienel Comisse	CDT	00242		No-	\$ 212.43		¢ 442.00	6105.44	Devilie
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$105.41	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$158.13	Per Unit
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				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$344.48	Case Rate
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$571.01	Case Rate
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				Emergency Department Visit -					4-0	
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$588.93	Case Rate

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Emergency Room Visit	Hospital Outpatient	СРТ	99284	Emergency Department Visit - Higher Complexity (outpatient)	Νο	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$652.34	Case Rate
Emergency Room visit	Hospital Outpatient	CPI	99284	Higher Complexity (outpatient)	NO	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$052.34	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$755.80	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$2,088.35	Case Rate
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valuation & Management Services Professional Services CPT 99383 11 Years Old No \$ 170.96 \$ - \$ 413.46 \$103.49 Per Unit						Shoppable		Negotiated	Negotiated	Negotiated	
valuation & Management Services Professional Services CPT 99383 Preventive Medicine Evaluation and Management, New Patient, 5- No No \$ 170.96 \$ 413.46 \$103.49 Per Unit	Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
valuation & Management Services Professional Services CPT 99383 11 Years Old No \$ 170.96 \$ - \$ 413.46 \$103.49 Per Unit valuation & Management Services Image: Services					Preventive Medicine Evaluation						
Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-	Evaluation & Management Services	Professional Services	СРТ			No	\$ 170.96	\$ -	\$ 413.46	\$103.49	Per Unit
					Office Visit - Comprehensive Preventive Medicine Evaluation			*			
valuation & Management Services Professional Services CPT 99384 17 Years Old No \$ 193.58 \$ - \$ 280.75 \$117.05 Per Unit	Evaluation & Management Services	Professional Services	СРТ			No	\$ 193.58	\$ -	\$ 280.75	\$117.05	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$113.42	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
Evoluation & Management Convictor	Professional Services	СРТ		and Management, New Patient, 40-	Vec	\$ 217.32	ć 01.72	é 1 202 FC	\$131.89	Per Unit
Evaluation & Management Services	Professional Services	CPT	33290	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$121.99	PerUnit

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Samico Cotogony	Source Setting	<u>Code</u>	Code	Description	CMS Required Shoppable	Discounted	De-Identified Minimum Negotiated	<u>Maximum</u> Negotiated	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u>	Ectimato Tuno
Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$85.46	Per Unit
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$-	\$ 305.91	\$91.30	Per Unit

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									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"	,									
Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Service	Professional Services	СРТ	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	Νο	\$ 180.12	\$ 64.57	\$ 429.79	\$108.97	Per Unit
		Cri	55550		NO	5 100.12	, 04.57	, 425.75	\$108.57	
									Service Not Covered by	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	Payer	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$30.84	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$30.84	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$162.68	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$605.00	Per Unit

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To Search for a service Click "CTRL" + "F"										
					CMS		De-Identified	De-Identified	Payer-	
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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge	Charge_	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$94.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$-	\$ 732.35	\$102.99	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.78	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$-	\$ 89.11	\$10.46	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$-	\$ 4,336.21	\$208.29	Per Unit