BHSG Partner Solutions	Last Updated: 12/14/2021									
									Amount We	
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					CMS		De-Identified	De-Identified	Payer-	
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	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	\$18,455.97	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	without major comorbid conditions or complications (MCC)	Yes	\$ 89 541 22	\$ 16 237 64	\$ 58,989.92		are paid by CPT/HCPCS
nospital inpatient Stay	nospitai inpatient	טאט	400	or complications (MCC)	162	05,541.22 ب	10,237.04 ب	25.202,36 ب	7100,002.39	CF 1/HCFC3

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
										Case Rate- Excluding
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00		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	Type	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	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12,375.85	\$ 48,933.51	\$79,056.89	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559.98	\$ 38,996.68	\$65,298.07	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$48,102.79	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC					400 0-1-1	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9,438.20	\$ 41,283.64	\$62,451.89	CPT/HCPCS

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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
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$46,179.55	CPT/HCPCS
										Case Rate-
				Litering and adnove presedure - f						Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
Hospital Inpationt Stay	Hospital Inpatient	DRG	743	conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$27,348.27	are paid by CPT/HCPCS
Hospital Inpatient Stay	nospital inpatient	מאמ	/43	conditions of complications (MCC)	162	÷ 10,033.30	2,020.29	÷ 20,300.03	321,340.21	CP 1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$31,259.07	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	שוע	011	IVICC	140	y 23,221.02	7 7,233.33	y 31,013.02	731,233.07	Ci 1/TICFC3

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 18,159.73	\$ 3,301.83	\$ 50,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service Category</u>	Service Setting	туре	code	Description	Jet vice:	casii Fiice	Charge	charge	charge	Littiliate Type
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	SIGNIFICANT TRAUMA	No	\$ 105,373,59	\$ 16,085,53	\$ 200,000.00		CPT/HCPCS
nospital impatient stay	nospital inputient	Ditto	330	STOTAL TOTAL TRANSPORT		Ţ 103,570.33	Ţ 10,005.55	Ţ 200,000.00	VILLIJO VILLIJ	ci i/iici co
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139,128,72	\$ 30.888.17	\$ 200,000.00		CPT/HCPCS
						7/	+ 00/000121	+ ====	7-207/000101	. ,
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	W CC	No	\$ 73 933 71	\$ 17 182 69	\$ 125,000.00	\$95,027.02	CPT/HCPCS
- Toop tal inpution out	- Copress III parising	-110	330			Ţ /3,333./I	÷ 17,102.03	+ 125,000.00	+33,027.32	5/
										Case Rate-
										Excluding
										Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	TRAUMA W CC	No	\$ 34 761 95	\$ 6122.25	\$ 50,000.00		CPT/HCPCS
Hospital Impatient Stay	nospitai inpatierit	מאם	JU4	TRACIVIA W CC	140	74,701.65 ب	0,125.35 ب	00،000،00	744,000.76	CF1/HCPC3

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										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	\$13,912.51	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	\$16,039.72	CPT/HCPCS
										-
										Case Rate-
										Excluding
										_
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$13,381.31	CPT/HCPCS
							-		-	-
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$12,099.60	CPT/HCPCS
							-	-		-
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570,00	\$ 35,011.06	\$17.091.13	CPT/HCPCS
			. 50			,050127	+ 5,575.50	, 55,511.50	7,551.15	J. 171101 00

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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
<u>service eategory</u>	service setting	<u> </u>	couc	<u> Description</u>	<u>JCI VICC.</u>	cusirrice	charge	charge	charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$15,241.95	CPT/HCPCS
Widterliney/ Belivery	nospital inpatient	DING	707	STERREZATION W CC	140	7 11,322.33	7 2,033.00	\$ 27,000.32	713,241.33	Ci i/iici co
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$12,958.39	CPT/HCPCS
iviateriiity/ Delivery	Hospital Inpatient	DNG	700	STERILIZATION W/O CC/MCC	NO	\$ 9,020.23	3 3,242.44	\$ 20,381.00	\$12,930.39	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,884.75	CPT/HCPCS
iviaternity/ Delivery	Hospital Inpatient	DNG	755	NORWAL NEWBORN	NO	3 1,400.10	3 020.83	3 10,703.30	31,004.73	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Polivers	Hospital Inpations	DRG	797		No	\$ 12,785.73	\$ 2,464,00	¢ 25.017.60	\$17 211 E7	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	131	STERILIZATION/D&C W CC	No	φ 12,/85./3	۶ <u>2,404.00</u>	\$ 25,917.69	\$17,211.57	CP I/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Matamity / Daliyany	Heavitel Invetigat	DDC	700		No	ć 10 007 44	ć 2.4C4.00	ć 25.017.00	¢14.000.10	
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	> 2,464.UU	\$ 25,917.69	\$14,669.19	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03		\$ 27,817.08	\$14,158.89	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			\$ 24,277.74	\$11,599.02	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	\$9,852.38	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	No	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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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
						52% Charges			70% Charges	
						Estimated at			(Estimated at	
Inneticut Debebilitation Hespital				Inneticut Debebilitation Hamital					•	Day Diana Bay
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$3,152.64 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	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	CPT/HCPCS

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Service Category	Service Setting	Type	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	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189		No	N/A	\$ 74.931.49	\$ 74,931.49	N/A	CPT/HCPCS
							7 1 7002110	7 1 7,000	.,,	,
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	N/A	CPT/HCPCS
						70% Charges			70% Charges	
						(Estimated as			(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	\$6,047.26 per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No		Diem	Diem	diem)	Day
						-				
									1	
						52% Charges			70% Charges	
						Estimated at			(Estimated at	
Skilled Nursing Inpatient Room &						\$1,109.30 Per			`	Per Diem Per
	Innationt Skilled Nursing	UB	191	Subacuta Caro Lovel 1 Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem)	Day
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	140	DIGILI	221./0	850.00	Diem)	Ddy

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>service dategory</u>	service setting	<u> </u>	couc	<u> </u>	<u>service:</u>	casiiiiicc	charge	charge	charge	Estimate Type
						F20/ Ch			700/ Ch	
						52% Charges			70% Charges	
						Estimated at			(Estimated at	
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$1,423.98 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem)	Day
						52% Charges			70% Charges	
						Estimated at			(Estimated at	
Chilled Numing Inneticut Boom 8				Subscribe Core Level 3 Commissi					*	Day Diam Day
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	Diem)	Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$494.06	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$494.06	Case Rate
Tiospital Outputient Frocedure	nospital outputient	Ci i	11104	biopsy - i unen biopsy of skin	140	7 304.32	7 107.13	7 1,023.27	Ş454.00	case nate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$174.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$2,619.98	Case Rate
									_	
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
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CMS De-Identified De-Identified	Payer-
Required Minimum Maximum	Specific
	Negotiated
Service Category Service Setting Type Code Description Service? Cash Price Charge Charge	Charge Estimate T
Service category Service Setting Type Code Description Service: Cash Frice Charge Charge	Charge Estimate i
Injections Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$ 370.58 \$ 182.39 \$ 1,461.73	\$371.30 Case Rate
Injections inospital Outpatient CF1 20010 Artifiocentesis (outpatient) No 3 370.36 3 162.39 3 1,401.73	3371.30 Case Nate
	4252.20
Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00	\$362.39 Case Rate
N/A No	N/A No
Service	Service
Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ -	Volume Case Rate
N/A No	N/A No
Arthroscopic Knee Surgery Service	Service
Hospital Outpatient Procedure Hospital Outpatient CPT 29881 (outpatient) Yes Volume \$ - \$ -	Volume Case Rate
Tooler output ou	volume case nate
	4200.74
Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02	\$309.74 Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06	\$238.03 Case Rate
N/A No	N/A No
Tonsillectomy with Adenoidectomy Service	Service
Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Yes Volume \$ - \$ -	Volume Case Rate
The state of the s	
Upper Gastrointestinal Endoscopy -	
Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74	\$2,166.93 Case Rate

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Service Setting	Code Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$722.70	Case Rate
Hospital Outpations	CDT	4 E279	Colonoscopy - Diagnostic	Vos	¢ 2117.96	¢ 225.70	ć 2.220.99	\$2.069.26	Case Rate
Hospital Outpatient	CPI	453/8	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$2,069.26	Case Rate
Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$3,325.57	Case Rate
			Colonoscopy - With Polyp Removal						
Hospital Outpatient	СРТ	45385		Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$3,503.56	Case Rate
Hospital Outpatient	СРТ		Ultrasound examination of lower large bowel using an endoscope	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
	Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 43239 Hospital Outpatient CPT 45378 Hospital Outpatient CPT 45380 Hospital Outpatient CPT 45385	Code Description CPT Code Description	Service Setting Code Type Code Description CPT A3239 Upper Gastrointestinal Endoscopy - Yes Colonoscopy - Diagnostic (outpatient) CPT A5378 Colonoscopy - Diagnostic (outpatient) CPT A5380 Colonoscopy - With Biopsy Yes Colonoscopy - With Biopsy Yes Colonoscopy - With Polyp Removal (outpatient) Yes Ultrasound examination of lower	Code Description Code Description Discounted Shoppable Discounted Shoppable Service? Cash Price	Code Description Service Discounted Shoppable Discounted Shoppable Service Cash Price Cas	Code Description Service Setting Code Description Property Code Description Service Cash Price Charge Cha	Service Setting Type Code Description Service Setting Type Code Description Service Shopable Discounted Shopable Discounted Charge Cash Price Cash Price Cash Price Cash Price Cash Price Charge Charg

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$16,372.67	Case Rate
				Construction of the constr		7 22/22222	7 00	7 25/61 1155	7-0/01-101	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,611.78	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$13,455.01	Case Rate
				yours or order		+ 5,007.00	7	Ψ 25,010100	+ 10) 100101	Guschute
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$112.67	Case Rate
						-	-			
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,180.36	Case Rate
nospital Outputient Procedure	nospital outputient	CIT	32000	сузгозсору	140	7 1,173.22	y 202.70	7 1,330.32	71,100.30	cusc nate
				a	.,	A 4455 04	A 204.76	4 2524.04	4257.05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55/00	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$367.96	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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Heavital Outrations Breadure	Heavital Outrations	СРТ	E0100	Diameter Fundamental (Ulterna)	Na	\$	275.02	ė.	144.00	,	1 (07 20	\$237.94	Cose Dote
Hospital Outpatient Procedure	Hospital Outpatient	CPI	28100	Biopsy - Endometrial (Uterus)	No	Þ	375.83	Þ	144.00	þ	1,697.39	\$237.94	Case Rate
Unanital Contractions Burnedons	Uital Outurations	CDT	E0300	Lancation and the same of the	NI-	,	622.24	_	40.03	,	4 740 27	Ć4 450 04	Corre Boto
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$	632.24	>	48.93	\$	1,749.37	\$1,459.04	Case Rate
Unanital Contractions Burnedons	Uital Outurations	CDT	E0204	Barrer introduction decides	NI-	,	272.05	,	22.24	,	4 405 50	Ć40F 40	Corre Boto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$	273.85	\$	32.34	\$	1,495.58	\$105.18	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	Ş	1,596.22	\$292.00	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	\$0.00	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$0.00	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$0.00	Case Rate
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Hospital Outpatient Procedure Hospital Outpatient CPT 62322 Canal of lower back or sacrum using imaging guidance Yes \$ 1,055.18 \$ 379.33 \$ 1,880.39 \$ 1,074.13 Case Rate	with Inpatient Stay	Professional Services	CPT	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$0.00	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 62322 Canal of lower back or sacrum using imaging guidance Yes \$ 1,055.18 \$ 379.33 \$ 1,880.39 \$ 1,074.13 Case Rate											
Hospital Outpatient Procedure Hospital Outpatient CPT 62322 Canal of lower back or sacrum using imaging guidance Yes \$ 1,055.18 \$ 379.33 \$ 1,880.39 \$ 1,074.13 Case Rate											
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Injection of substance into spinal canal of lower back or sacrum using											
canal of lower back or sacrum using	Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,074.13	Case Rate
canal of lower back or sacrum using											
canal of lower back or sacrum using											
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canal of lower back or sacrum using											
canal of lower back or sacrum using					Injection of substance into spinal						
	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323		Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,738.82	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
				Injections of anesthetic and/or						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	steroid drug into lower or sacral spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$2,000.33	Case Rate
- Company of the Comp	Troopital Gatpatient	C. 1	04403	Baranee	103	ψ 1,770i21	330140	2,500.45	\$2,000.33	case nate
				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
		CDT	66004	Removal of cataract with insertion	V	N/A No Service	•	•	N/A No Service	Const Date
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$103.15	Case Rate
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,277.94	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	Coue	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,277.94	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	\$2,551.34	Per Unit
Radiology Services	Hospital Outpatient	CFI	70402	ct orbit/ear/rossa w/o&w/uye	NO	\$ 2,333.00	\$ 207.75	3 2,037.02	32,331.34	rei Ollit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$2,359.00	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$2,032.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$1,668.69	Per Unit
nadiology services	nospital outputient	C	70430	ct angrography neak		Ų 1,002.72	Ų <u>223.03</u>	7 2,077103	\$1,000.03	T CI OIIIC
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$2,102.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$2,942.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$198.05	Per Unit
			. 10-13	ray chair direct 2 view		Ţ 100.11	Ţ 15.51	÷ 101.07	Q130.03	
			24000	V D				A	4005.55	5
Radiology Services	Hospital Outpatient	CPT	/1046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$202.05	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 iscounted ash Price	Mir Neg	dentified nimum otiated narge	No.	I-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$250.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$1,393.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$ 1,448.52	\$	200.76	\$	2,034.88	\$1,978.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,935.65	\$	226.19	\$	2,092.27	\$2,050.98	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$	37.93	\$	204.42	\$205.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$	33.93	\$	338.99	\$333.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$	37.93	\$	265.13	\$274.20	Per Unit
				X-Ray, lower back, minimum four								
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	\$	52.80	\$	284.93	\$250.20	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type_
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$1,716.77	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$1,612.90	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$1,852.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$1,594.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$1,594.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$1,990.29	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$1,998.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$1,740.71	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$351.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$272.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$1,995.48	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discount Cash Prio	ed_	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448	.72	\$ 402.71	\$ 3,522.33	\$2,831.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147	.59	\$ 22.40	\$ 185.92	\$181.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196	.93	\$ 26.01	\$ 251.93	\$250.20	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149	.50	\$ 28.33	\$ 196.92	\$200.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147	.62	\$ 29.40	\$ 195.82	\$199.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146	.83	\$ 25.07	\$ 191.42	\$198.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122	.83	\$ 26.72	\$ 154.02	\$135.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117	.10	\$ 26.40	\$ 151.82	\$153.79	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156	.52	\$ 30.72	\$ 196.19	\$199.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192	.03	\$ 24.40	\$ 249.73	\$268.20	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 iscounted ash Price	M Ne	dentified nimum gotiated harge	N	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	\$	32.72	\$	198.42	\$199.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$	246.65	\$	1,702.46	\$1,286.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$	37.77	\$	197.91	\$203.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$	29.51	\$	189.38	\$200.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$	32.40	\$	266.82	\$281.30	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$	36.52	\$	351.25	\$366.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$	32.40	\$	321.48	\$342.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$	31.98	\$	278.60	\$280.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$	25.72	\$	311.14	\$330.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$	29.81	\$	262.21	\$258.64	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$298.69	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$1,376.39	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$1,482.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$198.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$1,258.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$1,889.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	4	286.79	\$	3,568.86	\$3,873.44	Per Unit
Induitingly services	inospitai Outpatielit	CFI	/41//	Contrast	IAO	۶	2,740.11	7	200.73	ډ	3,300.00	<i>73,01</i> 3.44	rei Ollit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$3,873.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$552.46	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounte Cash Pric	<u>d [</u>	e-Identified Minimum Vegotiated Charge	M Ne	-Identified laximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 521	72 \$	79.34	\$	578.01	\$552.46	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.	04 \$	59.00	Ş	323.39	\$118.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460	62 \$	78.79	\$	386.50	\$333.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152	68 \$	78.52	\$	249.30	\$241.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.	43 \$	91.69	\$	433.80	\$333.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.	93 \$	46.05	\$	372.20	\$394.60	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456	58 \$	76.54	\$	400.80	\$409.60	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.	57 \$	86.65	\$	396.27	\$333.60	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash	Price	Ch	arge	C	Charge	Charge	Estimate Type
				Ultrasound - Pregnancy									
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	Ş	100.36	Ş	437.10	\$434.60	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$!	522.04	\$	198.65	\$	587.50	\$519.60	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$	54.75	\$	384.30	\$400.60	Per Unit
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Padialana Cambana	Hamital Outrations	CDT	70046				406 54	,	64.27		204.20	ć202 C0	Description to
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 4	406.54	\$	64.37	>	384.30	\$393.60	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 4	476.50	\$	82.20	\$	387.27	\$333.60	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 4	407.39	\$	97.44	\$	398.34	\$397.60	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76921	MIDDLE CEREBRAL ARTERY ECHO	No	\$:	370.14	ċ	88.69	ċ	391.69	\$399.60	Per Unit
naulology services	riospital Outpatient	CFI	70021	WIDDLE CEREBRAL ARTER FECHO	INU	، د	3/0.14	ب	00.03	Ģ	331.03	\$333.00	rei Ollit
				Ultrasound - Transvaginal (non-									
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$ 4	475.43	\$	98.63	\$	463.90	\$405.60	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$	70.34	\$	408.50	\$405.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$	501.03	\$404.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$	629.70	\$510.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	4	109.22	\$	504.02	\$479.30	Per Unit
Tadiology del rices	- Tooped Output Cit		77007	Training and touchasters)	103	7	400.73	7	103.22	7	304.32	ψ π , 3,30	. C. Oille
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	s	56.29	Ś	393.45	\$250.20	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	Ş	33.80	\$	171.64	\$136.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$	336.74	\$	2,091.45	\$802.08	Per Unit

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<u>Service Category</u>	Service Setting	Туре	coue	Description	<u>Jervice:</u>	casii Fiice	charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$237.47	Per Unit
				Bland Task Community						
Laboratori & Dathalam Comicae	Heavital Outrations	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Vaa	\$ 93.73	\$ 14.78	\$ 136.89	\$137.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	80053	ivietabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$137.14	Per Unit
						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055		Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$71.51	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$20.70	Per Unit
,	Annual Control of the Annual Control									
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$220.31	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$197.92	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	CF I	30307	Drug test promis them amyzi	110	N/A No	N/A No	N/A No	N/A No	i ci oiiit
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$33.60	Per Unit
Laboratory at rathology services	Trospital Catpatient	C	01001	Tricioscope Examination	103	Ç 25.40	¥ -1.44	ŷ 54147	733.00	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$11.14	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$10.76	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$50.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$63.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$290.38	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price	Charge	C	harge_	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$	67.00	\$54.02	Per Unit
								-			-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$	153.64	\$175.59	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$	23.76	\$23.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$	35.53	\$19.54	Per Unit
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laharatan R Bathalan Candara		CDT	02552	Access of and to blood	NI-	_	26.44	ć 43.0F		75.44	640.22	Dan Hada
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$	75.41	\$40.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$	70.25	\$70.93	Per Unit
				Disad Task Many 1 D 42								
				Blood Test - Vitamin B-12							4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$	82.73	\$45.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$	405.00	\$216.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82669	Assay of erythropoietin	No	Ś	36.68	\$ 16.91	Ś	99.20	\$56.43	Per Unit
Laboratory & Fathology Services	Trospital Outpatient	CF I	32008	Assay of eryunopoleum	140	7	30.08	7 10.51	7	33.20	930.43	i ci oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$	152.33	\$83.86	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$31.22	Per Unit
easonatory arrantings services	Troopical Guipatient	Ci i	02033	rissay of empletic giptor		ÿ 20123	ÿ 251-12	7 40.00	Ç	T CI OIIIC
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$40.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$58.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$112.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$49.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$66.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$266.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$109.65	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted h Price	De-Identifie Minimum Negotiated Charge	1	e-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	Ś	75.84	\$ 26.58	Ś	218.76	\$116.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83088	Assay of histamine	NO	ş	75.04	\$ 20.50	7	218.70	\$110.07	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$	147.09	\$ 6.55	\$	424.29	\$226.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$	51.90	\$ 9.06	\$	75.77	\$74.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	Ś	27.44	\$ 10.41	Ś	58.05	\$42.21	Per Unit
Educatory & Fathology Scrinces	nospital outputient	CIT	03003	ASSAY OF Ideale deld	110	,	27.44	3 10.41		30.03	772.21	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$	69.47	\$ 6.20	\$	93.51	\$106.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$	53.82	\$ 9.38	\$	78.56	\$77.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$	232.27	\$265.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$	87.67	\$91.53	Per Unit
Lahoratony & Dathology Convices	Hospital Outpatient	CPT	9/122	Assay of sarum notassium	No	\$	42.22	\$ 6.66	ċ	62.65	\$62.90	Per Uni÷
Laboratory & Pathology Services	nospital Outpatient	СРТ	64132	Assay of serum potassium	No	>	43.23	\$ 6.66	\$	02.05	\$02.3U	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$	62.65	\$62.90	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$80.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$99.72	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$163.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$588.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$64.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$101.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$84.34	Per Unit

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				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.0	\$ 23.52	\$ 119.09	\$84.34	Per Unit
Laboratom & Dathalam Comices	Heavital Cutuations	СРТ	04400	Association dethinguing (+2)	No	\$ 96.3	\$ 12.76	\$ 129.65	\$148.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	84480	Assay triiodothyronine (t3)	No	\$ 96.3.	3 12.76	\$ 129.65	\$148.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$125.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.7	7 \$ 11.54	\$ 169.31	\$193.50	Per Unit
Laboratory & Dathalagy Comises	Hospital Outpationt	СРТ	05014	Hematocrit	No	\$ 26.9	\$ \$ 2.13	\$ 36.27	\$41.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	nematocht	NO	\$ 20.9	5 2.13	\$ 50.27	341.40	Per Offit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$113.86	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$93.52	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash	h Price	Char	ge	Cha	rge	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$	45.97	\$	16.11	\$	95.56	\$70.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$	53.57	\$	7.44	\$	72.11	\$82.42	Per Unit
Laboratory & Dathalamy Comitae	Hamital Outrations	CDT	05610	Blood Took Clatting Time	Vaa	\$	44.01	ć	C 01	ć	C4 27	ĆCE C1	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	>	44.81	\$	6.01	\$	64.27	\$65.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95613	Russell viper venom diluted	No	\$	24.61	Ġ	8.24	\$	70.98	\$37.86	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83013	russen viper venom unuteu	140	٧	24.01	Y	0.24	7	70.56	337.80	reronic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	Ś	4.96	\$	71.77	\$82.02	Per Unit
			00000			*	55.52	¥		*		702.02	
				Blood Test - Coagulation									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$	46.01	\$	5.41	\$	61.94	\$70.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$	12.63	\$	5.82	\$	36.42	\$19.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$	48.49	\$	4.66	\$	65.28	\$74.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$	65.00	\$	42.28	\$ 2	211.59	\$100.00	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
<u> </u>	<u>Service Setting</u>	Турс	code	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	charge	Littliate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	\$204.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 52.70	\$ 5.10	\$ 70.95	\$81.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$58.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$58.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	\$88.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Bordetella antibody	No	\$ 25.74		\$ 81.45	\$39.60	Per Unit
Education of actionogy services	nospital outputient	Ci i	00013	Bordetena antibody	140	25.74	7 11.07	• • • • • • • • • • • • • • • • • • •	-	T CT OILL
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	\$39.38	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 ounted h Price	Min Nego	lentified iimum otiated parge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.68	\$	15.13	\$ 63.03	\$47.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$	15.44	\$ 50.98	\$44.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$	12.41	\$ 107.23	\$122.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$	10.85	\$ 115.92	\$132.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$	10.59	\$ 57.38	\$35.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$	9.67	\$ 133.25	\$152.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22.56	\$	10.41	\$ 65.09	\$34.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.71	\$	11.15	\$ 56.71	\$34.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.19	\$	12.95	\$ 225.56	\$120.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.14	\$	11.59	\$ 72.53	\$38.68	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	<u>Discounted</u> Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$79.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$38.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody	No	\$ 67.64	\$ 12.84	\$ 91.06	\$104.06	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	80803	Level	NO	3 07.04	3 12.84	\$ 91.00	\$104.00	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$35.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$31.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$376.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$306.14	Per Unit
and a control of a	- rospital outputett		30300	Stood typing sciologic and	140	136.33	3.76	207.00	7300.14	. cr omt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$306.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$92.68	Per Unit

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Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?			Mini Nego	imum otiated	<u>N</u>	laximum egotiated	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$	3.78	\$	81.10	\$92.68	Per Unit
Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$	5.82	\$	4.84	\$	383.37	\$8.95	Per Unit
Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$	244.72	\$	13.44	\$	344.22	\$376.50	Per Unit
Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$	9.29	\$	180.25	\$206.00	Per Unit
Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$	7.76	\$	186.61	\$213.27	Per Unit
Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$	7.27	\$	81.35	\$92.98	Per Unit
Hamital Outrations	CDT	97004	Test for Disease-Causing (Pathogenic) Organisms, Not	N-		04.47		F 07	ć	100.35	6126.07	Per Unit
	Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 86901 Hospital Outpatient CPT 86902 Hospital Outpatient CPT 86920 Hospital Outpatient CPT 87040 Hospital Outpatient CPT 87070 Hospital Outpatient CPT 87070	Hospital Outpatient CPT 86901 Blood typing serologic rh(d)	Code Description Required Shoppable Service?	Service Setting Code Type Code Description Required Shoppable Service? Dis Service Setting Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$	Service Setting Code Type Code Description Required Shoppable Service? Discounted Cash Price Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 60.43 Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43	Service Setting Code Type Code Description Required Shoppable Service? Cash Price Ch Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 60.43 \$ Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$	Code Description Required Shoppable Discounted Shoppable Discounted Service? Cash Price Cash Price	Service Setting Code Description Service Discounted Shoppable Service Cash Price Charge No.	Code Description Service Code Description Service Cash Price Charge Charge Charge Charge Hospital Outpatient CPT 86901 Blood typing serologic rh(d) No \$ 60.24 \$ 3.78 \$ 81.10 Hospital Outpatient CPT 86902 BLOOD TYPE ANTIGEN DONOR EA No \$ 5.82 \$ 4.84 \$ 383.37 Hospital Outpatient CPT 86920 COMPATIBILITY TEST SPIN No \$ 244.72 \$ 13.44 \$ 344.22 Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25 Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61 Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35 Test for Disease-Causing (Pathogenic) Organisms, Not	Estimate You Will Owe * Code

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price	Charg	<u>e</u>	9	Charge	<u>Charge</u>	Estimate Type
				Urine Test - Bacterial Culture,									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7	.26	\$	110.60	\$126.40	Per Unit
Laboratore C Dathalam Comicas	Heavital Cutuations	CDT	07000	Union Test Bastonial Culture	Na	,	15.00		20	,	42.00	¢24.21	Daylinit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7	.28	\$	43.86	\$24.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17	.64	\$	175.99	\$201.14	Per Unit
				Evaluation of Antimicrobial Drug									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7	.79	\$	93.10	\$106.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3	.84	Ś	67.21	\$76.81	Per Unit
			07200			_		,		Ť	07122	ψ, σ.σ.Ξ	
				Lab Task Bakashi i i i									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	Q72/IO	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$	63.55	ė a	.30	\$	85.55	\$97.77	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	3/340	nepatitis b surface Antigen	INO	7	03.33	7 3	.30	Ģ	03.33	331.11	reronit
				Lab Test - Detection test for HIV-1									
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	and HIV-2	No	\$	110.43	\$ 23	.67	\$	148.66	\$169.90	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 87425 Rotavirus ag ia No \$ 37.44 \$ 10.78 \$ 108.00 \$57.60 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87491 Urine Test - Chlamydia No \$ 108.43 \$ 31.58 \$ 171.03 \$166.82 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87591 (Neisseria Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87635 AMP PRB No \$ 53.36 \$ - \$ 136.48 \$82.10 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87884 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit	Samilar Catalana	Complete Continue		C- d-	Description.								Fations & Torre
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Laboratory & Pathology Services Hospital Outpatient CPT 87591 (Neisseria Gonorrhoeae Bacteria) No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87635 AMP PRB No \$ 53.36 \$ - \$ 136.48 \$82.10 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
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Laboratory & Pathology Services Hospital Outpatient CPT 87591 (Neisseria Gonorrhoeae Bacteria) No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87635 AMP PRB No \$ 53.36 \$ - \$ 136.48 \$82.10 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
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Laboratory & Pathology Services Hospital Outpatient CPT 87635 AMP PRB No \$ 53.36 \$ - \$ 136.48 \$82.10 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87798 Detect agent nos dna amp No \$ 90.13 \$ 31.58 \$ 171.03 \$138.66 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
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Lab Test - Detection test for Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$ 53	.36	\$ -	\$	136.48	\$82.10	Per Unit
Lab Test - Detection test for Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 90	.13	\$ 31.58	\$	171.03	\$138.66	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
Laboratory & Pathology Services Hospital Outpatient CPT 87804 Influenza Virus No \$ 37.58 \$ 19.82 \$ 70.50 \$48.00 Per Unit													
					Lab Test - Detection test for								
Laboratory & Pathology Services Hospital Outpatient CPT 87880 Strep Test (Streptococcus. group A) No \$ 101.56 \$ 19.87 \$ 143.48 \$133.74 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$ 37	.58	\$ 19.82	\$	70.50	\$48.00	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87880 Strep Test (Streptococcus. group A) No \$ 101.56 \$ 19.87 \$ 143.48 \$133.74 Per Unit													
Laboratory & Pathology Services Hospital Outpatient CPT 87880 Strep Test (Streptococcus, group A) No \$ 101.56 \$ 19.87 \$ 143.48 \$133.74 Per Unit													
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 10:	.56	\$ 19.87	\$	143.48	\$133.74	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 88185 Flowcytometry/tc add-on No \$ 68.81 \$ - \$ 120.30 \$105.86 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68	8.81	\$ -	\$	120.30	\$105.86	Per Unit

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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Physician Office	СРТ	90460	Immunization Administration First	No	\$ 40.10	\$ 11.68	\$ 75.93	\$0.00	Per Unit
Vaccinations	Physician Office	СРТ	90461	Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$86.87	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90472	Immunization Administration Each Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$19.33	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$218.96	Per Unit
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$439.37	Per Unit

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				Vaccine - Tetanus, Diptheria								
				Toxoids, and Acellular Pertussis								
				(Whooping Cough) for Injection								
Massination	Heavital Outrations	CDT	00715		No	\$	F7 74	4		\$ 77.73	ćoo oa	Doublait
Vaccination	Hospital Outpatient	CPT	90/15	into Muscle	No	Þ	57.74	Þ	-	\$ 77.73	\$88.83	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$	308.81	\$	118.93	\$ 198.74	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$	88.03	\$	57.92	\$ 99.25	\$0.00	Per Unit
Evaluation & Ivianagement Services	riolessional services	CPI	30632	r sychotherapy - 30 Minutes	res	ş	08.03	Ģ	57.92	25.25 ب	ŞU.UU	rei Ollit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$	116.77	\$	77.37	\$ 132.34	\$0.00	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$	174.90	\$	116.00		\$0.00	Per Unit
							N/A No			N/A No	N/A No	
						9	Service			Service	Service	
Evaluation & Management Services	Professional Services	СРТ	00846	Family psytx w/o pt 50 min	Yes		/olume	\$	_	Volume	Volume	Per Unit
Evaluation & Management Services	r i oressionar services	CFI	JU040	i anny psyck w/o pt 30 iiiiii	162	— `	olulile	Ą	-	volulile	volume	reronit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	Ś	146.15	Ġ	97.13	\$ 166.18	\$0.00	Per Unit
Evaluation & Management Services	FI DIESSIUIIAI SEI VICES	CFI	30047	r sychodiciapy - raining session	162	Ą	140.13	Ą	37.13	100.10 ب	30.00	rei Ullit

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						N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.0	0 \$	17.40	\$ 251.43	\$80.00	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$ 36.2	7 \$	28.12	\$ 95.52	\$0.00	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.2	9 \$	-	\$ 295.26	\$163.10	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.4	0 \$	61.00	\$ 634.57	\$725.22	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,404.8	3 \$	322.26	\$ 1,593.05	\$1,525.47	Per Unit
				Insertion of catheter into left heart							
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$ 8,847.4	5 \$	579.93	\$ 12,920.92	\$12,157.96	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 240.6	4 \$	92.64	\$ 400.67	\$423.73	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	•	\$ 1,229.53	\$292.02	Per Unit
						N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$169.62	Case Rate
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$48.10	Per Unit
	and the second s								,	
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$41.41	Per Unit
		1	2.000			÷ 20.52	, II.55	7 40.23	Ţ.2.72	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$136.53	Per Unit
nenabilitation	1103pital Outpatielit	CFT	37110	LACI CISCS	163	y 00.74	7 17.40	7 115.40	Ģ130.33	. er omt
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Medicine Physical Medicine and				Physical Therapy - Neuromuscular					4	
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$107.58	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$119.40	Per Unit

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<u> </u>		2712						_					
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	Ś	93.92	\$86.46	Per Unit
			372.0	The state of the s		*		Ť		_	55.52	700110	
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	Ś	71.97	Ś	252.78	\$258.56	Per Unit
			57252			_		_	7 2.07	Ť	202.70	+	
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	T	No	Ś	62.40	Ś	71.97	Ś	252.78	\$96.00	Per Unit
			37232			Ť		Ť	7 2.07	_	202.70	750.00	
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	Ś	168.06	Ś	71.97	Ś	252.78	\$258.56	Per Unit
			3.230			-		-		_		7-00.00	
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	Ś	113.34	Ś	48.67	Ś	170.97	\$174.37	Per Unit
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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	Ś	180.88	Ś	77.05	Ś	245.32	\$278.27	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 counted sh Price	Mi Neg	dentified nimum otiated harge	<u>N</u>	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$	72.00	\$	245.32	\$96.00	Per Unit
Medicine Physical Medicine and	Userital Outsettent	CDT	07530	Physical Therapy - Therapeutic	N-	02.45		47.40		424.45	ć4.42.22	Dec Hell
Rehabilitation	Hospital Outpatient	CPT	9/530	Activities	No	\$ 92.45	\$	17.40	\$	124.45	\$142.23	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97535	Physical Therapy - Self-care or Home Management Training	No	\$ 68.89	\$	-	\$	109.03	\$105.98	Per Unit
											•	
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$ -	\$	-	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$	90.34	\$	200.08	\$80.51	Per Unit
				Office Visit - New Patient, Low								
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$	132.54	\$	273.99	\$118.34	Per Unit
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					CMS Required			De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		<u>Code</u>			Shoppable	Discount		Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Pric	<u>:е</u>	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250	.69	\$ 177.01	\$ 432.49	\$172.66	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 448	3.04	\$ 156.38	\$ 553.76	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58	.74	\$ 46.41	\$ 133.24	\$46.56	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99	.67	\$ 81.71	\$ 201.59	\$70.53	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151	.19	\$ 140.90	\$ 279.47	\$106.70	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	 ounted Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
				Office Visit - Established Patient,					4	
Evaluation & Management Services	Professional Services	CPT	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$0.00	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$76.56	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$300.17	Case Rate

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					CMS Required		De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$583.77	Case Rate
Emergency noom visit	nospital outpution	C. 1	33202	complexity (outputient)	110	7 430.30	ÿ 33.3 <u>2</u>	4 1,114.22	4303.77	Case Hate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$1,045.14	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$1,690.65	Case Rate
Emergency Room Visit	Hospital Outpations	СРТ	00305	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	¢ 5 000 05	\$2,490.51	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	33483	complexity (outpatient)	INO	3,149.91 ن	458،20 ډ	\$ 5,806.95	⇒∠,490.51	case nate

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					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$27,367.43	Case Rate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$0.00	Per Unit
				-	-		-			
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Professional Services	СРТ	99382	4 Years Old	No	\$ 163.82	Ś -	\$ 236.91	\$0.00	Per Unit
			33302			+ 100.02	T	- 255.51	Ţ3.00	

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$0.00	Per Unit
Evaluation & Management Services	Drefessional Continue	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$0.00	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18- 39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$0.00	Per Unit
Evaluation & Management Services	Trotessional services		33303	33 rears ora	Tes	7 107.00	y 33.23	y 347.00	30.00	Terome
				Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-						
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$0.00	Per Unit

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Minimum Negotiated	Maximum Negotiated	Specific Negotiated	Estimate Type
\$ -	\$ 267.83	\$103.79	Per Unit
		4440.05	Per Unit
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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	Code	Description	Servicer	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
- U										
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
- 1 0.0		CD-	0000				_	å 200	40.00	
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$131.20	Per Unit
Evaluation & management services	. Totossional Scrattes	5	2233	and management, 10-33 rears Old	140	y 100.01	y 37.07	7 304.00	7131.20	. Cr Omt

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	service setting	<u> </u>	couc	<u>Description</u>	<u>JCI VICC.</u>	CUSHTHICE	Charge	charge	charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$142.59	Per Unit
Evaluation & Management Services	Toressional services		33330	una management, 40 04 rears ora	110	y 100/12	φ 04.57	423173	Q1-12.55	i ci oiiic
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Exablate	Hospital Outpatient	CPT	03981	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	\$107.93	Per Unit
							•		,	
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$42.20	Per Unit
Madiaina Hubarbani	Hasnital Outrations	CDT	C0377	Uhat full hadu ah 20	NI -	6 773.00	6 40.00	6 1 434 46	ć1 030 F0	Day Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G02/7	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$1,028.58	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$24,131.86	Per Unit
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Price Ch	arge	Charge	Charge	Estimate Type
30.00 \$	74.02	\$ 200.	.00 \$200.00	Per Unit
76.03 \$	_	\$ 732	35 \$732.35	Per Unit
		,	7.02.00	
0.22 \$	0.03	\$ 0.	\$0.34	Per Unit
2.42	0.70	ć a	27 62 20	Dan Haite
2.13 \$	U./8	\$ 3.	\$3.28	Per Unit
26.95 \$	-	\$ 89.	.11 \$41.89	Per Unit
18.54 \$			\$791.66	Per Unit
	Mir Neg Cr 30.00 \$ 176.03 \$	Minimum Negotiated Charge 30.00 \$ 74.02 376.03 \$ - 0.22 \$ 0.03 2.13 \$ 0.78	Minimum Maximum Negotiated Charge Charge	Minimum Maximum Specific Negotiated Charge Ch