




| <u>Cigna HealthSpring Medicare Advantage</u> | | Last Updated: 12/14/2021 | | | | | | | | | | |
|--|------------------------|--------------------------|-------------|--|--|------------------------------|--|--|---|---|--|--|
| | | | | | | | | | | Amount We Estimate You Will Owe * | | |
| To Search for a service Click "CTRL" + "F" | | | | | | | | | |  | | |
| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> | | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 216 | Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 291 | HEART FAILURE SHOCK W MCC | No | \$ 13,710.15 | \$ 5,517.78 | \$ 31,074.55 | \$24,039.99 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 460 | Spinal fusion except cervical without major comorbid conditions or complications (MCC) | Yes | \$ 89,541.22 | \$ 16,237.64 | \$ 58,989.92 | \$43,300.74 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | | |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 470 | Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC). | Yes | \$ 26,747.32 | \$ 8,070.44 | \$ 37,721.88 | \$28,194.15 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 473 | Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). | Yes | \$ 37,083.10 | \$ 10,123.74 | \$ 62,430.00 | \$32,952.49 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 480 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | No | \$ 58,727.97 | \$ 12,375.85 | \$ 48,933.51 | \$36,551.52 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 481 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | No | \$ 48,507.14 | \$ 8,559.98 | \$ 38,996.68 | \$29,647.74 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 482 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | No | \$ 35,733.50 | \$ 6,745.73 | \$ 37,731.25 | \$26,313.26 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 493 | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | No | \$ 46,392.83 | \$ 9,438.20 | \$ 41,283.64 | \$31,354.73 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 494 | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | No | \$ 34,304.81 | \$ 7,426.74 | \$ 43,066.25 | \$27,837.44 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 743 | Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC) | Yes | \$ 18,033.90 | \$ 3,828.29 | \$ 28,968.03 | \$22,489.79 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 811 | RED BLOOD CELL DISORDERS W MCC | No | \$ 23,221.02 | \$ 4,255.93 | \$ 31,015.82 | \$24,312.72 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 812 | RED BLOOD CELL DISORDERS W/O MCC | No | \$ 17,544.11 | \$ 2,955.18 | \$ 26,002.03 | \$20,612.61 | 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 | \$62,521.37 | 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 | \$36,435.59 | 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 | \$28,442.36 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 956 | LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | No | \$ 105,373.59 | \$ 16,085.53 | \$ 200,000.00 | \$42,677.24 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 957 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | No | \$ 139,128.72 | \$ 30,888.17 | \$ 200,000.00 | \$69,222.28 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 958 | OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | No | \$ 73,933.71 | \$ 17,182.69 | \$ 125,000.00 | \$45,327.29 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 964 | OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | No | \$ 34,761.85 | \$ 6,123.35 | \$ 50,000.00 | \$25,136.12 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Maternity/Delivery | Hospital Inpatient | DRG | 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | No | \$ 10,335.01 | \$ 2,464.00 | \$ 27,462.61 | \$18,939.73 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Maternity/Delivery | Hospital Inpatient | DRG | 783 | CESAREAN SECTION W STERILIZATION W MCC | No | \$ 11,915.22 | \$ 3,570.00 | \$ 39,605.25 | \$27,313.97 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Maternity/Delivery | Hospital Inpatient | DRG | 784 | CESAREAN SECTION W STERILIZATION W CC | No | \$ 9,940.40 | \$ 3,570.00 | \$ 27,865.12 | \$19,217.33 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Maternity/Delivery | Hospital Inpatient | DRG | 785 | CESAREAN SECTION W STERILIZATION W/O CC/MCC | No | \$ 8,988.27 | \$ 3,519.44 | \$ 25,870.71 | \$17,841.87 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Maternity/Delivery | Hospital Inpatient | DRG | 786 | CESAREAN SECTION W/O STERILIZATION W MCC | No | \$ 12,696.27 | \$ 3,570.00 | \$ 35,011.06 | \$24,145.56 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |


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| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 11,322.59 | \$ 2,835.00 | \$ 27,868.32 | \$19,219.53 | 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 | \$18,193.83 | 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 | \$12,900.38 | 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 | \$17,874.27 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 798 | VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | No | \$ 10,897.11 | \$ 2,464.00 | \$ 25,917.69 | \$17,874.27 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| 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 | \$19,184.19 | 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 | \$16,743.27 | 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 | \$16,136.54 | 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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| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | UB | 118 | Inpatient Rehabilitation Hospital Room & Board | No | 52% Charges Estimated at \$2,341.96 Per Diem | | | 90% Medicare | Per Diem Per Day |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 559 | AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC | No | N/A | \$ 18,018.00 | \$ 18,018.00 | N/A | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 560 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | No | N/A | \$ 10,435.00 | \$ 10,435.00 | N/A | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 561 | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | No | N/A | \$ 7,474.00 | \$ 7,474.00 | N/A | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | DRG | LTC189 | Pulmonary edema respiratory failure | No | N/A | \$ 74,931.49 | \$ 74,931.49 | \$37,703.24 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | DRG | LTC207 | Respiratory system diagnosis w ventilator support >96 hours | No | N/A | \$ 37,703.24 | \$ 37,703.24 | \$74,931.49 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | UB | 200 | Long Term Care Intensive Care Room & Board | No | 70% Charges (Estimated as \$6,047.26 per diem) | \$1,040 Per Diem | \$1,929 Per Diem | N/A | Per Diem Per Day |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 191 | Subacute Care Level 1- Skilled Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 227.70 | \$ 850.00 | \$275 Per Diem | Per Diem Per Day |


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| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 192 | Subacute Care Level 2- Comprehensive Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 299.70 | \$ 850.00 | \$375 Per Diem | Per Diem Per Day |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 193 | Subacute Care Level 3- Complex Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 370.00 | \$ 850.00 | \$450 Per Diem | Per Diem Per Day |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 11102 | Biopsy - Tangential Biopsy of Skin | No | \$ 530.90 | \$ 161.58 | \$ 1,803.41 | \$195.16 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 11104 | Biopsy - Punch Biopsy of Skin | No | \$ 584.92 | \$ 167.15 | \$ 1,829.27 | \$204.72 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 17000 | Destruction of Lesion (outpatient) | No | \$ 1,131.70 | \$ 157.92 | \$ 1,634.10 | \$208.53 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 19083 | Bx breast 1st lesion us imag | No | \$ 3,052.42 | \$ 381.25 | \$ 2,964.36 | \$1,392.47 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 19120 | Removal of 1 or more breast growth, open procedure | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |


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| Injections | Hospital Outpatient | CPT | 20610 | Arthrocentesis (outpatient) | No | \$ 370.58 | \$ 182.39 | \$ 1,461.73 | \$280.05 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 27818 | Treatment of ankle fracture | No | \$ 1,243.48 | \$ 395.00 | \$ 2,581.00 | \$1,634.13 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 29826 | Arthroscopic Shoulder Surgery | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 29881 | Arthroscopic Knee Surgery (outpatient) | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 31575 | Laryngoscopy - Diagnostic | No | \$ 449.87 | \$ 135.86 | \$ 1,978.02 | \$204.50 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 32555 | Aspirate pleura w/ imaging | No | \$ 608.39 | \$ 288.54 | \$ 1,852.06 | \$678.61 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 42820 | Tonsillectomy with Adenoidectomy (outpatient) | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43235 | Upper Gastrointestinal Endoscopy - Diagnostic | Yes | \$ 2,027.21 | \$ 61.00 | \$ 1,867.74 | \$827.47 | Case Rate |


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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43239 | Upper Gastrointestinal Endoscopy - With Biopsy | Yes | \$ 1,259.34 | \$ 372.00 | \$ 2,229.48 | \$842.87 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45378 | Colonoscopy - Diagnostic (outpatient) | Yes | \$ 2,117.86 | \$ 335.79 | \$ 2,220.88 | \$868.43 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45380 | Colonoscopy - With Biopsy (outpatient) | Yes | \$ 3,082.66 | \$ 343.06 | \$ 4,110.45 | \$1,100.53 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45385 | Colonoscopy - With Polyp Removal (outpatient) | Yes | \$ 3,317.89 | \$ 354.50 | \$ 4,434.15 | \$1,153.24 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45391 | Ultrasound examination of lower large bowel using an endoscope | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |


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|--|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|----------------------|
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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 47562 | Gall Bladder Surgery (outpatient) | Yes | \$ 12,062.52 | \$ 504.75 | \$ 18,374.88 | \$4,984.16 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 49440 | Place gastrostomy tube perc | No | \$ 3,111.60 | \$ 445.12 | \$ 3,166.61 | \$1,605.86 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 49505 | Repair of groin hernia patient age 5 years or older | Yes | \$ 9,867.85 | \$ 470.98 | \$ 15,040.03 | \$3,298.20 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 51798 | Urine Capacity Measurement | No | \$ 97.04 | \$ - | \$ 1,579.20 | \$58.86 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 52000 | Cystoscopy | No | \$ 1,173.22 | \$ 282.78 | \$ 1,596.52 | \$580.47 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 55700 | Biopsy of prostate gland | Yes | \$ 1,165.04 | \$ 284.76 | \$ 2,631.84 | \$1,725.00 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 55866 | Surgical removal of prostate and surrounding lymph nodes using an endoscope | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Case Rate |


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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58100 | Biopsy - Endometrial (Uterus) | No | \$ 375.83 | \$ 144.00 | \$ 1,697.39 | \$211.79 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58300 | Insert intrauterine device | No | \$ 632.24 | \$ 48.93 | \$ 1,749.37 | \$8.45 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58301 | Remove intrauterine device | No | \$ 273.85 | \$ 32.34 | \$ 1,495.58 | \$309.32 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 59025 | Fetal Non-Stress Test | No | \$ 260.79 | \$ 118.53 | \$ 1,596.22 | \$177.36 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59400 | Routine obstetric care for vaginal delivery, including pre-and post-delivery care | Yes | \$ 4,496.21 | \$ 242.00 | \$ 3,278.48 | \$1,997.58 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59410 | Obstetrical care | No | \$ 2,230.06 | \$ 133.91 | \$ 1,625.81 | \$984.35 | Case Rate |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59510 | Routine obstetric care for cesarean delivery, including pre-and post-delivery care | Yes | \$ 4,966.56 | \$ 246.05 | \$ 3,619.13 | \$2,205.19 | Case Rate |


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| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 59610 | Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care | Yes | \$ 4,706.58 | \$ 305.08 | \$ 3,429.34 | \$2,090.62 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 62322 | Injection of substance into spinal canal of lower back or sacrum using imaging guidance | Yes | \$ 1,055.18 | \$ 379.33 | \$ 1,880.39 | \$646.00 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 62323 | Injection of substance into spinal canal of lower back or sacrum using imaging guidance | Yes | \$ 1,665.98 | \$ 305.01 | \$ 1,988.33 | \$660.43 | Case Rate |


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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 64483 | Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance | Yes | \$ 1,776.21 | \$ 358.46 | \$ 1,980.49 | \$840.76 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 66821 | Removal of recurring cataract in lens capsule using laser | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 66984 | Removal of cataract with insertion of lens | Yes | N/A No Service Volume | \$ - | \$ - | N/A No Service Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 69210 | Remove impacted ear wax | No | \$ 168.99 | \$ 48.93 | \$ 1,604.78 | \$81.69 | Case Rate |
| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | No | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$97.92 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | Yes | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$142.70 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70482 | Ct orbit/ear/fossa w/o&w/dye | No | \$ 2,339.66 | \$ 207.79 | \$ 2,657.02 | \$226.16 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70486 | Ct maxillofacial w/o dye | No | \$ 1,668.57 | \$ 127.52 | \$ 2,259.85 | \$143.02 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70496 | Ct angiography head | No | \$ 1,871.05 | \$ 223.05 | \$ 1,996.31 | \$249.86 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70498 | Ct angiography neck | No | \$ 1,632.72 | \$ 223.05 | \$ 1,677.63 | \$249.86 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,518.19 | \$ 252.20 | \$ 2,270.30 | \$282.84 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,314.59 | \$ 406.50 | \$ 3,409.54 | \$456.53 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71045 | X-ray exam chest 1 view | No | \$ 138.11 | \$ 19.91 | \$ 181.37 | \$80.92 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71046 | X-Ray - Chest (outpatient) | No | \$ 148.99 | \$ 31.50 | \$ 193.55 | \$82.68 | Per Unit |

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| Radiology Services | Hospital Outpatient | CPT | 71110 | X-ray exam ribs bil 3 views | No | \$ 205.20 | \$ 38.07 | \$ 271.73 | \$115.60 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71250 | CT THORAX W/O DYE | No | \$ 1,024.52 | \$ 141.11 | \$ 1,468.48 | \$157.77 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71260 | CT Scan - Chest, with Contrast (outpatient) | No | \$ 1,448.52 | \$ 200.76 | \$ 2,034.88 | \$225.40 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71275 | Ct angiography chest | No | \$ 1,935.65 | \$ 226.19 | \$ 2,092.27 | \$253.36 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72040 | X-Ray - Neck, Cervical Spine | No | \$ 154.65 | \$ 37.93 | \$ 204.42 | \$83.01 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ 251.61 | \$ 33.93 | \$ 338.99 | \$111.06 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72100 | X-Ray - Spine (outpatient) | No | \$ 199.60 | \$ 37.93 | \$ 265.13 | \$112.11 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72110 | X-Ray, lower back, minimum four views | Yes | \$ 213.64 | \$ 52.80 | \$ 284.93 | \$113.87 | Per Unit |

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| Radiology Services | Hospital Outpatient | CPT | 72125 | Ct neck spine w/o dye | No | \$ 1,459.37 | \$ 136.86 | \$ 1,750.92 | \$150.06 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72126 | Ct neck spine w/dye | No | \$ 1,293.16 | \$ 260.86 | \$ 1,821.59 | \$404.05 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72127 | Ct neck spine w/o & w/dye | No | \$ 1,815.93 | \$ 201.73 | \$ 2,118.48 | \$226.48 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72129 | Ct chest spine w/dye | No | \$ 1,520.66 | \$ 199.82 | \$ 1,805.90 | \$224.03 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72132 | Ct lumbar spine w/dye | No | \$ 1,518.43 | \$ 260.86 | \$ 1,805.90 | \$404.05 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72133 | Ct lumbar spine w/o & w/dye | No | \$ 1,904.42 | \$ 201.90 | \$ 2,238.70 | \$226.16 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72141 | MRI NECK SPINE W/O DYE | No | \$ 1,441.84 | \$ 252.20 | \$ 2,177.11 | \$282.84 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72148 | MRI - Back (outpatient) | Yes | \$ 1,381.13 | \$ 252.20 | \$ 2,137.12 | \$282.84 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72170 | X-Ray - Pelvis | No | \$ 249.04 | \$ 28.72 | \$ 327.10 | \$109.65 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72190 | X-RAY EXAM OF PELVIS | No | \$ 208.53 | \$ 39.60 | \$ 264.73 | \$113.51 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72193 | CT scan, pelvis, with contrast | Yes | \$ 1,536.96 | \$ 197.29 | \$ 2,142.05 | \$221.03 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 72197 | MRI - Pelvis (outpatient) | No | \$ 2,448.72 | \$ 402.71 | \$ 3,522.33 | \$451.62 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73000 | X-ray exam of collar bone | No | \$ 147.59 | \$ 22.40 | \$ 185.92 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73010 | X-ray exam of shoulder blade | No | \$ 196.93 | \$ 26.01 | \$ 251.93 | \$109.98 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73030 | X-Ray - Shoulder (outpatient) | No | \$ 149.50 | \$ 28.33 | \$ 196.92 | \$81.24 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73060 | X-RAY EXAM OF HUMERUS | No | \$ 147.62 | \$ 29.40 | \$ 195.82 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73070 | X-ray exam of elbow | No | \$ 146.83 | \$ 25.07 | \$ 191.42 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73080 | X-RAY EXAM OF ELBOW | No | \$ 122.83 | \$ 26.72 | \$ 154.02 | \$80.55 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73090 | X-RAY EXAM OF FOREARM | No | \$ 117.10 | \$ 26.40 | \$ 151.82 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73110 | X-Ray - Wrist (outpatient) | No | \$ 156.52 | \$ 30.72 | \$ 196.19 | \$80.55 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73120 | X-RAY EXAM OF HAND | No | \$ 192.03 | \$ 24.40 | \$ 249.73 | \$109.29 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 73130 | X-Ray - Hand | No | \$ 151.54 | \$ 32.72 | \$ 198.42 | \$80.55 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73221 | MRI - Shoulder, Elbow, or Wrist | No | \$ 1,211.82 | \$ 246.65 | \$ 1,702.46 | \$277.17 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73502 | X-Ray - Hip | No | \$ 129.58 | \$ 37.77 | \$ 197.91 | \$83.01 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ 150.51 | \$ 29.51 | \$ 189.38 | \$80.92 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ 201.92 | \$ 32.40 | \$ 266.82 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73562 | X-Ray - Knee (outpatient) | No | \$ 263.50 | \$ 36.52 | \$ 351.25 | \$81.24 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73590 | X-ray exam of lower leg | No | \$ 239.62 | \$ 32.40 | \$ 321.48 | \$79.87 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73600 | X-RAY EXAM OF ANKLE | No | \$ 191.55 | \$ 31.98 | \$ 278.60 | \$80.19 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73610 | X-Ray - Ankle (outpatient) | No | \$ 239.05 | \$ 25.72 | \$ 311.14 | \$80.55 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73620 | X-RAY EXAM OF FOOT | No | \$ 196.24 | \$ 29.81 | \$ 262.21 | \$79.55 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 73630 | X-Ray - Foot (outpatient) | No | \$ 216.05 | \$ 33.95 | \$ 289.60 | \$80.23 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73700 | CT LOWER EXTREMITY W/O DYE | No | \$ 1,231.00 | \$ 134.01 | \$ 1,400.92 | \$150.06 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73721 | MRI - Knee (outpatient) | Yes | \$ 1,224.32 | \$ 246.65 | \$ 1,828.36 | \$276.48 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74018 | X-Ray - Abdomen | No | \$ 145.61 | \$ 28.31 | \$ 189.76 | \$80.92 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74150 | Ct abdomen w/o dye | No | \$ 977.64 | \$ 142.38 | \$ 1,446.99 | \$159.36 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74170 | Ct abdomen w/o & w/dye | No | \$ 1,824.18 | \$ 207.86 | \$ 2,144.29 | \$232.83 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | No | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$433.70 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | Yes | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$433.70 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74220 | X-ray xm esophagus 1cntrst | No | \$ 394.10 | \$ 56.38 | \$ 563.71 | \$193.66 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 74270 | X-ray xm colon 1cntrst std | No | \$ 521.72 | \$ 79.34 | \$ 578.01 | \$215.08 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 75571 | Ct hrt w/o dye w/ca test | No | \$ 306.04 | \$ 59.00 | \$ 323.39 | \$100.25 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76536 | Ultrasound - Head and Neck | No | \$ 460.62 | \$ 78.79 | \$ 386.50 | \$128.63 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76642 | Ultrasound - Breast (outpatient) | No | \$ 152.68 | \$ 78.52 | \$ 249.30 | \$105.16 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ 361.43 | \$ 91.69 | \$ 433.80 | \$140.93 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76705 | Ultrasound - Abdominal, Limited | No | \$ 327.93 | \$ 46.05 | \$ 372.20 | \$129.71 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ 456.58 | \$ 76.54 | \$ 400.80 | \$137.07 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ 391.57 | \$ 86.65 | \$ 396.27 | \$149.69 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 76805 | Ultrasound - Pregnancy (outpatient) | Yes | \$ 367.73 | \$ 100.36 | \$ 437.10 | \$149.69 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76811 | OB US DETAILED SNGL FETUS | No | \$ 522.04 | \$ 198.65 | \$ 587.50 | \$303.13 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76815 | OB US LIMITED FETUS(S) | No | \$ 309.95 | \$ 54.75 | \$ 384.30 | \$132.85 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76816 | Ultrasound - Pregnancy Follow-Up | No | \$ 406.54 | \$ 64.37 | \$ 384.30 | \$142.66 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76818 | FETAL BIOPHYS PROFILE W/NST | No | \$ 476.50 | \$ 82.20 | \$ 387.27 | \$152.46 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76819 | FETAL BIOPHYS PROFIL W/O NST | No | \$ 407.39 | \$ 97.44 | \$ 398.34 | \$138.80 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76821 | MIDDLE CEREBRAL ARTERY ECHO | No | \$ 370.14 | \$ 88.69 | \$ 391.69 | \$135.12 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76830 | Ultrasound - Transvaginal (non-maternity) | Yes | \$ 475.43 | \$ 98.63 | \$ 463.90 | \$134.94 | Per Unit |


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| | | | | | | | | | Amount We Estimate You Will Owe * | |
|--|------------------------|------------------|-------------|----------------------------------|--|------------------------------|--|--|---|----------------------|
| To Search for a service Click "CTRL" + "F" | | | | | | | | |  | |
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| Radiology Services | Hospital Outpatient | CPT | 76856 | Ultrasound - Pelvic (outpatient) | No | \$ 344.00 | \$ 70.34 | \$ 408.50 | \$134.62 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77065 | Mammography of one breast | Yes | \$ 546.40 | \$ 107.57 | \$ 501.03 | \$124.54 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77066 | Mammography of both breasts | Yes | \$ 383.79 | \$ 135.81 | \$ 629.70 | \$156.97 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77067 | Mammogram (outpatient) | Yes | \$ 406.73 | \$ 109.22 | \$ 504.02 | \$126.94 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77080 | Bone Density Scan (outpatient) | No | \$ 247.25 | \$ 56.29 | \$ 393.45 | \$110.74 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77081 | Dxa bone density/peripheral | No | \$ 116.84 | \$ 33.80 | \$ 171.64 | \$81.96 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 78452 | Myocardial Imaging (outpatient) | No | \$ 1,010.04 | \$ 336.74 | \$ 2,091.45 | \$1,224.96 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ 158.03 | \$ 11.84 | \$ 221.33 | \$16.92 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80053 | Blood Test - Comprehensive Metabolic Panel | Yes | \$ 93.73 | \$ 14.78 | \$ 136.89 | \$21.12 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80055 | Blood Test - Pregnancy (Obstetric) Panel | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80061 | Blood Test - Cholesterol Test, Lipid Panel | Yes | \$ 46.48 | \$ 12.05 | \$ 101.77 | \$13.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80069 | Blood Test - Renal (Kidney) Function Panel | Yes | \$ 17.24 | \$ 8.68 | \$ 34.59 | \$17.36 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80076 | Blood Test - Hepatic (Liver) Function Panel | Yes | \$ 146.77 | \$ 11.44 | \$ 205.84 | \$16.34 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80307 | Drug test prsmv chem analyzr | No | \$ 128.65 | \$ 55.93 | \$ 199.53 | \$62.14 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81000 | Urinalysis nonauto w/scope | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81001 | Urine Test - Automated with Microscope Examination | Yes | \$ 23.46 | \$ 4.44 | \$ 34.47 | \$6.34 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81002 | Urine Test - Urinalysis, Manual Test | Yes | \$ 7.24 | \$ 2.67 | \$ 14.00 | \$3.48 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81003 | Urine Test - Automated without Microscope | Yes | \$ 10.40 | \$ 3.16 | \$ 11.25 | \$4.50 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81025 | Urine Test - Pregnancy | No | \$ 40.87 | \$ 10.45 | \$ 58.29 | \$17.22 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82247 | Bilirubin total | No | \$ 41.02 | \$ 4.52 | \$ 55.22 | \$5.02 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82306 | Blood Test - Vitamin D-3 Level | No | \$ 188.74 | \$ 26.64 | \$ 254.08 | \$29.60 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82330 | Assay of calcium | No | \$ 35.11 | \$ 12.31 | \$ 67.00 | \$13.68 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82375 | Assay carboxyhb quant | No | \$ 114.13 | \$ 11.09 | \$ 153.64 | \$12.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82465 | Assay bld/serum cholesterol | No | \$ 15.28 | \$ 3.92 | \$ 23.76 | \$4.35 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82550 | Assay of ck (cpk) | No | \$ 12.70 | \$ 5.86 | \$ 35.53 | \$6.51 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82552 | Assay of cpk in blood | No | \$ 26.14 | \$ 12.05 | \$ 75.41 | \$13.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82565 | Assay of creatinine | No | \$ 124.50 | \$ 7.17 | \$ 70.25 | \$10.24 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82607 | Blood Test - Vitamin B-12 (Cyanocobalamin) Level | No | \$ 29.40 | \$ 13.57 | \$ 82.73 | \$15.08 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82610 | Cystatin c | No | \$ 140.40 | \$ 14.17 | \$ 405.00 | \$18.52 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82668 | Assay of erythropoietin | No | \$ 36.68 | \$ 16.91 | \$ 99.20 | \$18.79 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82670 | Assay of estradiol | No | \$ 54.51 | \$ 25.15 | \$ 152.33 | \$27.94 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82693 | Assay of ethylene glycol | No | \$ 20.29 | \$ 13.41 | \$ 40.08 | \$14.90 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82728 | Blood Test - Ferritin (Blood Protein) Level | No | \$ 33.53 | \$ 19.09 | \$ 96.63 | \$27.26 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82746 | Blood Test - Folic Acid Level | No | \$ 37.75 | \$ 13.23 | \$ 79.52 | \$14.70 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82803 | Blood gases any combination | No | \$ 73.40 | \$ 20.17 | \$ 106.16 | \$26.07 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82947 | Assay glucose blood quant | No | \$ 34.04 | \$ 5.51 | \$ 49.42 | \$7.86 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82962 | Glucose blood test | No | \$ 45.55 | \$ 3.89 | \$ 61.82 | \$6.56 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83018 | Heavy metal quant each nes | No | \$ 172.97 | \$ 19.76 | \$ 498.96 | \$21.96 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83036 | Blood Test - Blood Glucose Control (Hemoglobin A1C) | No | \$ 71.27 | \$ 8.74 | \$ 95.94 | \$9.71 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83088 | Assay of histamine | No | \$ 75.84 | \$ 26.58 | \$ 218.76 | \$29.53 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83518 | Immunoassay dipstick | No | \$ 147.09 | \$ 6.55 | \$ 424.29 | \$9.64 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83540 | Blood Test - Iron Level | No | \$ 51.90 | \$ 9.06 | \$ 75.77 | \$12.94 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83605 | Assay of lactic acid | No | \$ 27.44 | \$ 10.41 | \$ 58.05 | \$11.57 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83690 | Blood Test - Lipase (fat enzyme) Level | No | \$ 69.47 | \$ 6.20 | \$ 93.51 | \$6.89 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83735 | Assay of magnesium | No | \$ 53.82 | \$ 9.38 | \$ 78.56 | \$13.40 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83880 | Assay of natriuretic peptide | No | \$ 172.55 | \$ 35.33 | \$ 232.27 | \$39.26 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84100 | Assay of phosphorus | No | \$ 61.73 | \$ 6.64 | \$ 87.67 | \$9.48 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84132 | Assay of serum potassium | No | \$ 43.23 | \$ 6.66 | \$ 62.65 | \$9.52 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84132 | Assay of serum potassium | No | \$ 43.23 | \$ 6.66 | \$ 62.65 | \$9.52 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84144 | Assay of progesterone | No | \$ 52.59 | \$ 18.77 | \$ 96.68 | \$20.86 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84153 | Blood Test - Prostate Specific Antigen (PSA) Level | Yes | \$ 74.21 | \$ 25.75 | \$ 116.68 | \$36.78 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84154 | PSA (prostate specific antigen) | Yes | \$ 106.34 | \$ 16.55 | \$ 143.15 | \$18.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84182 | Protein western blot test | No | \$ 382.72 | \$ 18.76 | \$ 588.80 | \$29.21 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84295 | Assay of serum sodium | No | \$ 42.10 | \$ 4.33 | \$ 56.67 | \$4.81 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84439 | Blood Test - Thyroxine (Thyroid Chemical) Level, Free | No | \$ 66.21 | \$ 8.12 | \$ 89.13 | \$9.02 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | No | \$ 64.07 | \$ 23.52 | \$ 119.09 | \$33.60 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | Yes | \$ 64.07 | \$ 23.52 | \$ 119.09 | \$33.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84480 | Assay triiodothyronine (t3) | No | \$ 96.31 | \$ 12.76 | \$ 129.65 | \$14.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84484 | Assay of troponin quant | No | \$ 81.70 | \$ 10.26 | \$ 121.45 | \$12.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84702 | Chorionic gonadotropin test | No | \$ 125.77 | \$ 11.54 | \$ 169.31 | \$15.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85014 | Hematocrit | No | \$ 26.95 | \$ 2.13 | \$ 36.27 | \$2.37 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85025 | Blood Test - Complete Blood Cell Count and Automated WBC | Yes | \$ 77.98 | \$ 10.88 | \$ 112.06 | \$15.54 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85027 | Blood Test - Complete Blood Cell Count (Hemoglobin) | Yes | \$ 60.79 | \$ 5.82 | \$ 81.83 | \$6.47 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85240 | Clot factor viii ahg 1 stage | No | \$ 45.97 | \$ 16.11 | \$ 95.56 | \$17.90 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85378 | Fibrin degrade semiquant | No | \$ 53.57 | \$ 7.44 | \$ 72.11 | \$9.72 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85610 | Blood Test - Clotting Time | Yes | \$ 44.81 | \$ 6.01 | \$ 64.27 | \$8.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85613 | Russell viper venom diluted | No | \$ 24.61 | \$ 8.24 | \$ 70.98 | \$9.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85660 | RBC SICKLE CELL TEST | No | \$ 53.32 | \$ 4.96 | \$ 71.77 | \$5.51 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85730 | Blood Test - Coagulation Assessment | Yes | \$ 46.01 | \$ 5.41 | \$ 61.94 | \$6.01 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85732 | Thromboplastin time partial | No | \$ 12.63 | \$ 5.82 | \$ 36.42 | \$6.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86140 | C-reactive protein | No | \$ 48.49 | \$ 4.66 | \$ 65.28 | \$5.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86360 | T cell absolute count/ratio | No | \$ 65.00 | \$ 42.28 | \$ 211.59 | \$46.98 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86361 | T cell absolute count | No | \$ 132.78 | \$ 24.10 | \$ 383.03 | \$26.78 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86431 | Rheumatoid factor quant | No | \$ 52.70 | \$ 5.10 | \$ 70.95 | \$5.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 37.81 | \$ 3.84 | \$ 50.90 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 37.81 | \$ 3.84 | \$ 50.90 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86611 | Bartonella antibody | No | \$ 57.37 | \$ 9.16 | \$ 165.50 | \$10.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86615 | Bordetella antibody | No | \$ 25.74 | \$ 11.87 | \$ 81.45 | \$13.19 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86651 | Encephalitis californ antbdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$13.19 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86652 | Encephaltis east eqne anbdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$13.19 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86653 | Encephaltis st louis antibody | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$13.19 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86654 | Encephaltis west eqne antbdy | No | \$ 25.74 | \$ 11.87 | \$ 110.13 | \$13.19 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86663 | Epstein-barr antibody | No | \$ 25.60 | \$ 11.81 | \$ 83.21 | \$13.12 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86677 | Helicobacter pylori antibody | No | \$ 30.68 | \$ 15.13 | \$ 63.03 | \$16.85 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86692 | Hepatitis delta agent antbdy | No | \$ 29.16 | \$ 15.44 | \$ 50.98 | \$17.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86698 | Histoplasma antibody | No | \$ 79.65 | \$ 12.41 | \$ 107.23 | \$13.79 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ 86.11 | \$ 10.85 | \$ 115.92 | \$12.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86705 | HEP B CORE ANTIBODY IGM | No | \$ 22.98 | \$ 10.59 | \$ 57.38 | \$11.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86706 | HEP B SURFACE ANTIBODY | No | \$ 98.98 | \$ 9.67 | \$ 133.25 | \$10.74 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86707 | Hepatitis be antibody | No | \$ 22.56 | \$ 10.41 | \$ 65.09 | \$11.57 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86708 | Hepatitis a antibody | No | \$ 22.71 | \$ 11.15 | \$ 56.71 | \$12.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86762 | Rubella antibody | No | \$ 78.19 | \$ 12.95 | \$ 225.56 | \$14.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86765 | Rubeola antibody | No | \$ 25.14 | \$ 11.59 | \$ 72.53 | \$12.88 | Per Unit |


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|--|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|---|
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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86769 | 86769 - SARS-COV-2 COVID-19 ANTIBODY | No | \$ 51.48 | \$ - | \$ 112.07 | \$42.13 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86790 | Virus antibody nos | No | \$ 25.14 | \$ 11.59 | \$ 76.53 | \$12.88 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86803 | Blood Test - Hepatitis C Antibody Level | No | \$ 67.64 | \$ 12.84 | \$ 91.06 | \$14.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86804 | Hep c ab test confirm | No | \$ 23.09 | \$ 13.94 | \$ 66.62 | \$15.49 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86850 | Rbc antibody screen | No | \$ 20.32 | \$ 5.00 | \$ 66.92 | \$44.61 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86885 | Coombs test indirect qual | No | \$ 244.72 | \$ 5.65 | \$ 329.43 | \$129.41 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$98.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$98.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$30.15 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$30.15 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86902 | BLOOD TYPE ANTIGEN DONOR EA | No | \$ 5.82 | \$ 4.84 | \$ 383.37 | \$255.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86920 | COMPATIBILITY TEST SPIN | No | \$ 244.72 | \$ 13.44 | \$ 344.22 | \$129.41 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87040 | Blood culture for bacteria | No | \$ 133.90 | \$ 9.29 | \$ 180.25 | \$10.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87070 | Bacterial Culture - Swab | No | \$ 138.63 | \$ 7.76 | \$ 186.61 | \$8.62 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87077 | Bacterial Culture - Aerobic Isolates | No | \$ 60.43 | \$ 7.27 | \$ 81.35 | \$8.08 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87081 | Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition | No | \$ 81.17 | \$ 5.97 | \$ 109.26 | \$6.63 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87086 | Urine Test - Bacterial Culture, Quantitative Colony Count | No | \$ 82.16 | \$ 7.26 | \$ 110.60 | \$8.07 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87088 | Urine Test - Bacterial Culture | No | \$ 15.80 | \$ 7.28 | \$ 43.86 | \$8.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87110 | Chlamydia culture | No | \$ 130.74 | \$ 17.64 | \$ 175.99 | \$19.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87186 | Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral) | No | \$ 69.16 | \$ 7.79 | \$ 93.10 | \$8.65 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87205 | Lab Test - Smear for Microorganism | No | \$ 49.93 | \$ 3.84 | \$ 67.21 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87340 | Lab Test - Detection test for Hepatitis B Surface Antigen | No | \$ 63.55 | \$ 9.30 | \$ 85.55 | \$10.33 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87389 | Lab Test - Detection test for HIV-1 and HIV-2 | No | \$ 110.43 | \$ 21.67 | \$ 148.66 | \$24.08 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87425 | Rotavirus ag ia | No | \$ 37.44 | \$ 10.78 | \$ 108.00 | \$11.98 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87491 | Urine Test - Chlamydia | No | \$ 108.43 | \$ 31.58 | \$ 171.03 | \$35.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87591 | Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) | No | \$ 90.13 | \$ 31.58 | \$ 171.03 | \$35.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87635 | 87635 - SARS-COV-2 COVID-19 AMP PRB | No | \$ 53.36 | \$ - | \$ 136.48 | \$51.31 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87798 | Detect agent nos dna amp | No | \$ 90.13 | \$ 31.58 | \$ 171.03 | \$35.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87804 | Lab Test - Detection test for Influenza Virus | No | \$ 37.58 | \$ 19.82 | \$ 70.50 | \$33.10 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87880 | Strep Test (Streptococcus, group A) | No | \$ 101.56 | \$ 19.87 | \$ 143.48 | \$33.06 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 88185 | Flowcytometry/tc add-on | No | \$ 68.81 | \$ - | \$ 120.30 | \$20.07 | Per Unit |


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| Vaccinations | Physician Office | CPT | 90460 | Immunization Administration First Component | No | \$ 40.10 | \$ 11.68 | \$ 75.93 | \$13.44 | Per Unit |
| Vaccinations | Physician Office | CPT | 90461 | Immunization Administration Each Additional Component | No | \$ 25.13 | \$ 10.49 | \$ 38.51 | \$12.07 | Per Unit |
| Vaccinations | Hospital Outpatient | CPT | 90471 | Immunization Administration | No | \$ 44.49 | \$ 7.02 | \$ 81.80 | \$67.97 | Per Unit |
| Vaccinations | Hospital Outpatient | CPT | 90472 | Immunization Administration Each Additional Component | No | \$ 12.56 | \$ - | \$ 38.51 | \$24.14 | Per Unit |
| Vaccinations | Hospital Outpatient | CPT | 90651 | 9V HPV Vaccine 2/3 Dose | No | \$ 142.32 | \$ 9.56 | \$ 227.93 | \$0.00 | Per Unit |
| Vaccination | Hospital Outpatient | CPT | 90670 | Vaccine - Pneumococcal Conjugate for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 345.21 | \$230.14 | Per Unit |

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| Vaccination | Hospital Outpatient | CPT | 90715 | Vaccine - Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle | No | \$ 57.74 | \$ - | \$ 77.73 | \$34.28 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90791 | Psychiatric Diagnostic Evaluation | No | \$ 308.81 | \$ 118.93 | \$ 198.74 | \$124.21 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90832 | Psychotherapy - 30 Minutes | Yes | \$ 88.03 | \$ 57.92 | \$ 99.25 | \$62.03 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90834 | Psychotherapy - 45 Minutes | Yes | \$ 116.77 | \$ 77.37 | \$ 132.34 | \$82.71 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90837 | Psychotherapy - 60 Minutes | Yes | \$ 174.90 | \$ 116.00 | \$ 198.22 | \$123.89 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90846 | Family psytx w/o pt 50 min | Yes | N/A No Service Volume | \$ - | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 90847 | Psychotherapy - Family Session | Yes | \$ 146.15 | \$ 97.13 | \$ 166.18 | \$103.86 | Per Unit |


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| Evaluation & Management Services | Professional Services | CPT | 90853 | Psychotherapy - Group Session | Yes | N/A No Service Volume | \$ - | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Medicine Speech Therapy | Hospital Outpatient | CPT | 92507 | SPEECH/HEARING THERAPY | No | \$ 52.00 | \$ 17.40 | \$ 251.43 | \$76.97 | Per Unit |
| Medicine Cardiovascular | Professional Services | CPT | 93000 | Electrocardiogram, routine, with interpretation and report | Yes | \$ 36.27 | \$ 28.12 | \$ 95.52 | \$15.89 | Per Unit |
| Medicine Other | Hospital Outpatient | CPT | 93005 | Electrocardiogram (ECG or EKG) | No | \$ 142.29 | \$ - | \$ 295.26 | \$57.24 | Per Unit |
| Medicine Cardiac Stress Test | Hospital Outpatient | CPT | 93017 | CARDIOVASCULAR STRESS TEST | No | \$ 471.40 | \$ 61.00 | \$ 634.57 | \$228.24 | Per Unit |
| Medicine Other | Hospital Outpatient | CPT | 93306 | Tte w/doppler complete | No | \$ 1,404.83 | \$ 322.26 | \$ 1,593.05 | \$506.50 | Per Unit |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 93452 | Insertion of catheter into left heart for diagnosis | Yes | \$ 8,847.45 | \$ 579.93 | \$ 12,920.92 | \$2,797.49 | Case Rate |
| Medicine Other | Hospital Outpatient | CPT | 93971 | Extremity study | No | \$ 240.64 | \$ 92.64 | \$ 400.67 | \$122.72 | Per Unit |


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| Medicine Other | Hospital Outpatient | CPT | 95044 | Allergy patch tests | No | \$ 189.82 | \$ - | \$ 1,229.53 | \$819.69 | Per Unit |
| Medicine Neurology and Neuromuscular | Hospital Outpatient | CPT | 95810 | Sleep study | Yes | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | N/A No Service Volume | Per Unit |
| Injections | Hospital Outpatient | CPT | 96402 | Chemo hormon antineopl sq/im | No | \$ 110.26 | \$ 66.86 | \$ 196.20 | \$83.77 | Case Rate |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97032 | Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes | No | \$ 31.26 | \$ 12.56 | \$ 59.90 | \$14.39 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97035 | Physical Therapy - Ultrasound Therapy | No | \$ 26.92 | \$ 11.95 | \$ 40.29 | \$13.91 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97110 | Physical Therapy - Therapeutic Exercises | Yes | \$ 88.74 | \$ 17.40 | \$ 119.46 | \$29.56 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97112 | Physical Therapy - Neuromuscular Reeducation | No | \$ 69.93 | \$ 26.14 | \$ 104.78 | \$33.95 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97116 | GAIT TRAINING THERAPY | No | \$ 77.61 | \$ 22.90 | \$ 104.48 | \$29.23 | Per Unit |


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| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97140 | Physical Therapy - Manual Therapy | No | \$ 56.20 | \$ 23.73 | \$ 93.92 | \$27.22 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97161 | Physical Therapy - Low Complexity Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$82.43 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97162 | Physical Therapy - Moderate Complexity Evaluation | No | \$ 62.40 | \$ 71.97 | \$ 252.78 | \$82.43 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97163 | Physical Therapy - High Complexity Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$82.43 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97164 | Physical Therapy - Re-Evaluation | No | \$ 113.34 | \$ 48.67 | \$ 170.97 | \$56.43 | Per Unit |
| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97165 | OT EVAL LOW COMPLEX 30 MIN | No | \$ 180.88 | \$ 77.05 | \$ 245.32 | \$87.28 | Per Unit |


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| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97166 | OT EVAL MOD COMPLEX 45 MIN | No | \$ 62.40 | \$ 72.00 | \$ 245.32 | \$86.96 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97530 | Physical Therapy - Therapeutic Activities | No | \$ 92.45 | \$ 17.40 | \$ 124.45 | \$37.61 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97535 | Physical Therapy - Self-care or Home Management Training | No | \$ 68.89 | \$ - | \$ 109.03 | \$32.79 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99024 | Postop follow-up visit | No | \$ - | \$ - | \$ 14.27 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99202 | Office Visit - New Patient, Minor | No | \$ 167.93 | \$ 90.34 | \$ 200.08 | \$48.49 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99203 | Office Visit - New Patient, Low Complexity | Yes | \$ 182.06 | \$ 132.54 | \$ 273.99 | \$72.73 | Per Unit |


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| Evaluation & Management Services | Professional Services | CPT | 99204 | Office Visit - New Patient, Moderate Complexity | Yes | \$ 250.69 | \$ 177.01 | \$ 432.49 | \$124.44 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99205 | New patient office of other outpatient visit, typically 60 min | Yes | \$ 448.04 | \$ 156.38 | \$ 553.76 | \$162.60 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99212 | Office Visit - Basic | No | \$ 58.74 | \$ 46.41 | \$ 133.24 | \$24.72 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99213 | Office Visit - Established Patient, Low Complexity | No | \$ 99.67 | \$ 81.71 | \$ 201.59 | \$49.43 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99214 | Office Visit - Established Patient, Moderate Complexity | No | \$ 151.19 | \$ 140.90 | \$ 279.47 | \$76.23 | Per Unit |


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| Evaluation & Management Services | Professional Services | CPT | 99215 | Office Visit - Established Patient, High Complexity | No | \$ 315.87 | \$ 192.33 | \$ 385.34 | \$107.72 | Per Unit |
| Professional Services Associated with Inpatient Stay | Professional Services | CPT | 99232 | Subsequent hospital care | No | \$ 159.88 | \$ 50.60 | \$ 111.92 | \$69.95 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99243 | Patient office consultation, typically 40 min | Yes | \$ 212.43 | \$- | \$ 142.18 | \$- | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99244 | Patient office consultation, typically 60 min | Yes | \$ 338.80 | \$- | \$ 226.38 | \$- | Per Unit |
| Emergency Room Visit | Hospital Outpatient | CPT | 99281 | Emergency Department Visit - Minor (outpatient) | No | \$ 230.81 | \$ 74.98 | \$ 689.88 | \$85.57 | Case Rate |

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|---|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|----------------------|
| <p>To Search for a service Click "CTRL" + "F"</p> | | | | | | | | |  | |
| Emergency Room Visit | Hospital Outpatient | CPT | 99282 | Emergency Department Visit - Low Complexity (outpatient) | No | \$ 430.38 | \$ 93.52 | \$ 1,114.22 | \$201.14 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99283 | Emergency Department Visit - Moderate Complexity (outpatient) | No | \$ 932.99 | \$ 182.62 | \$ 2,714.83 | \$288.93 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99284 | Emergency Department Visit - Higher Complexity (outpatient) | No | \$ 2,400.69 | \$ 270.43 | \$ 4,475.48 | \$432.54 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99285 | Emergency Department Visit - High Complexity (outpatient) | No | \$ 3,149.91 | \$ 458.20 | \$ 5,806.95 | \$1,279.05 | Case Rate |


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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Emergency Room Visit | Hospital Outpatient | CPT | 99291 | Emergency Department Visit - Critical Care (outpatient) | No | \$ 17,860.61 | \$ 425.50 | \$ 6,308.07 | \$1,723.05 | Case Rate |
| Evaluation & Management Services | Professional Services | CPT | 99381 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, Younger than 1 Year Old | No | \$ 156.75 | \$ - | \$ 225.38 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99382 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 1-4 Years Old | No | \$ 163.82 | \$ - | \$ 236.91 | \$0.00 | Per Unit |


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| | | | | | | | | | Amount We Estimate You Will Owe * | |
|--|------------------------|------------------|-------------|--|--|------------------------------|--|--|---|----------------------|
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| Evaluation & Management Services | Professional Services | CPT | 99383 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5-11 Years Old | No | \$ 170.96 | \$ - | \$ 413.46 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99384 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-17 Years Old | No | \$ 193.58 | \$ - | \$ 280.75 | \$0.00 | Per Unit |


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|--|------------------------|------------------|-------------|--|--|------------------------------|--|--|---|----------------------|
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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Evaluation & Management Services | Professional Services | CPT | 99385 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-39 Years Old | Yes | \$ 187.80 | \$ 59.23 | \$ 347.60 | \$68.65 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99386 | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-64 Years Old | Yes | \$ 217.32 | \$ 91.72 | \$ 1,293.56 | \$91.72 | Per Unit |


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| | | | | | | | | | Amount We Estimate You Will Owe * | |
|--|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|----------------------|
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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Evaluation & Management Services | Professional Services | CPT | 99391 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old | No | \$ 141.19 | \$ - | \$ 267.83 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99392 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 1-4 Years Old | No | \$ 150.93 | \$ - | \$ 305.91 | \$0.00 | Per Unit |


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| | | | | | | | | | Amount We Estimate You Will Owe * | |
|--|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|----------------------|
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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Evaluation & Management Services | Professional Services | CPT | 99393 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old | No | \$ 150.44 | \$ - | \$ 305.91 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99394 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 12-17 Years Old | No | \$ 165.14 | \$ - | \$ 398.57 | \$0.00 | Per Unit |
| Evaluation & Management Services | Professional Services | CPT | 99395 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 18-39 Years Old | No | \$ 168.81 | \$ 37.07 | \$ 304.60 | \$37.07 | Per Unit |

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| | | | | | | | | | Amount We Estimate You Will Owe * | |
|--|------------------------|------------------|-------------|---|--|------------------------------|--|--|---|----------------------|
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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Evaluation & Management Services | Professional Services | CPT | 99396 | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old | No | \$ 180.12 | \$ 64.57 | \$ 429.79 | \$64.57 | Per Unit |
| Exablate | Hospital Outpatient | CPT | 0398T | Focused Ultrasound | No | \$ 32,139.56 | \$ 11,272.90 | \$ 11,272.90 | \$11,272.90 | Case Rate |
| Vaccinations | Hospital Outpatient | CPT | G0008 | Admin influenza virus vaccine | No | \$ 70.15 | \$ - | \$ 126.95 | \$46.26 | Per Unit |
| Vaccinations | Hospital Outpatient | CPT | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$ - | \$ - | \$49.34 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | CPT | G0277 | Hbot, full body chamber, 30m | No | \$ 773.99 | \$ 46.24 | \$ 1,424.46 | \$247.42 | Per Unit |
| Hospital Observation Per Hour | Hospital Outpatient | CPT | G0378 | Hospital observation per hr | No | \$ 15,685.71 | \$ 605.00 | \$ 24,131.86 | \$2,167.25 | Per Unit |

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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Evaluation & Management Services | Hospital Outpatient | CPT | G0463 | Hospital outpt clinic visit | No | \$ 130.00 | \$ 74.02 | \$ 200.00 | \$104.55 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | G0480 | Drug test def 1-7 classes | No | \$ 476.03 | \$ - | \$ 732.35 | \$114.43 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J1071 | Inj testosterone cypionate | No | \$ 0.22 | \$ 0.03 | \$ 0.34 | \$0.03 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J1815 | Insulin injection | No | \$ 2.13 | \$ 0.78 | \$ 3.27 | \$0.87 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J7325 | Synvisc or synvisc-one | No | \$ 26.95 | \$ - | \$ 89.11 | \$10.22 | Per Unit |
| Injections | Hospital Outpatient | CPT | J9217 | Eligard | No | \$ 2,818.54 | \$ - | \$ 4,336.21 | \$224.45 | Per Unit |

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