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		Code			Required Shoppable	Discounted	Minimum Negotiated	Maximum Negotiated	Payer-Specific Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service Category</u>	<u>Service Setting</u>	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estillate Type
										Case Rate- Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No		Charges which
				cardiac catheterization with major		Service	Service	Service		are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		complications or comorbidities	Yes	Volume	Volume	Volume		CPT/HCPCS
and the state of t				The property of the property o						,
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Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 13,710.15	\$ 5,517.78	\$ 31,074.55		CPT/HCPCS

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$121,145.58	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
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	\$45,880.40	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<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
Hospital Inpatient Stay	Hospital Inpatient	DRG		Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$74,733.54	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
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	\$90,350.73	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	\$74,626.37	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	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		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745.73	\$ 37,731.25	\$54,974.62	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	\$71,373.59	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay		DRG		LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No			\$ 43,066.25		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	Required Shoppable Service?	<u>Discounted</u> Cash Price	Minimum Negotiated Charge	Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		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	\$31,255.16	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$35,724.65	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O MCC	No	\$ 17,544.11	\$ 2,955.18	\$ 26,002.03	\$26,990.94	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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
Hospital Inpatient Stay	Hospital Inpatient	DRG		FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 81,430.86	\$ 21,639.28	\$ 150,000.00	\$125,278.25	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 38,084.70	\$ 6,540.49	\$ 50,000.00	\$58,591.84	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	\$27,938.05	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$138,676.25	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$206,840.62	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	\$108,602.31	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	\$48,989.69	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$15,900.01	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
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				CECADEAN SECTION W						Charges which
B determite / Delivers	Heavital Innations	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$18,331.11	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	783	STERILIZATION W MCC	INO	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$18,331.11	CP1/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	\$15,292.92	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$13,828.11	CPT/HCPCS
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										Excluding
		1								Professional
		1								Charges which
				CESAREAN SECTION W/O					4.0	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$19,532.72	CPT/HCPCS
		1								Case Rate-
										Excluding
		1								Professional
		1								Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11 222 50	\$ 2.835.00	\$ 27,868.32	\$17,419.37	CPT/HCPCS
waterinty/ Delivery	Hospital Inpatient	טאט	/0/	STERILIZATION W CC	140	7 11,322.39	2,000.00	21,000.32 ب	₹17,413.3 /	CF I/HCPC3

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$14,809.59	CPT/HCPCS
										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	\$2,154.00	CPT/HCPCS
										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$19,670.36	CPT/HCPCS
										Case Rate-
										Excluding
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										Charges which
				VAGINAL DELIVERY W					********	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$16,764.78	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$16,181.59	CPT/HCPCS

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Service Category	Service Setting	Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$13,256.02	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Matarnity/Delivery	Hospital Innations	DRG		STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$11,259.86	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	807	STERILIZATION/D&C W/O CC/MCC	INO	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$11,259.86	CP1/HCPC3
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
	·									
						52% Charges			80% Charges	
						Estimated at			(Estimated at	
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$3,603.01 Per	Per Diem Per
	Innationt Pohobilitation Hearital	LIB			N/a				1 1	
Stay	Inpatient Rehabilitation Hospital	OR	118	Room & Board	No	Diem			Diem)	Day

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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
				AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE						Case Rate- Excluding Professional Charges which are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00		CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
						14/11	7 20,100.00	20,100.00	,	G. 1711G. GC
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Charges which
Long Term Acute Care Inpatient				Pulmonary edema respiratory						are paid by
Stay	Inpatient Long-Term Care Hospital	DRG	LTC189		No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
- Stay	inputeric zong reim eure nospital	2110	210203		110	14/74	V 74,332.43	<i>\$</i> 74,332.43	1101111	c. Tyrici co
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Long Term Acute Care Inpatient				Respiratory system diagnosis w						are paid by
Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS
	inputeric zong reim eure nospital		LICLO	ventuator support - so nouis		14/14	\$ 57,705.E4	\$ 57,705.24	1101111	ci i/iici co
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient				Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Inpatient Long-Term Care Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
	patient 2018 rem care mospital					a.c,				
						52% Charges			80% Charges	
						Estimated at			(Estimated as	
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$1,706.61 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem)	Day
	patient onlinea italionis			Canada Care Level 2 Skined Care		Diem	Ţ 227.70	÷ 555.00	Diemi	,
						52% Charges			80% Charges	
						Estimated at			(Estimated as	
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$1,706.61 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00		Day
Doute	inputient skilled Hursing	UD	132	comprehensive care	NO	DICIII	y 233.70	7 030.00	Dieiiij	Day

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<u>Service Category</u>	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
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	80% Charges (Estimated as \$1,706.61 Per Diem)	Per Diem Per Day
Board	inpatient skilled Nursing	OB	193	Care	NO	Dieiii	3 370.00	3 830.00	Dieliij	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$674.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$1,179.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,154.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$2,933.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	Removal of 1 or more breast growth, open procedure	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$1,697.58	Case Rate

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$8,816.14	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		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	\$619.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$10,184.26	Case Rate
Hospital Outpatient Precedure	Hospital Outpations	СРТ	42920	Tonsillectomy with Adenoidectomy (outpatient)	Yes	N/A No Service	\$ -	\$ -	N/A No Service	Casa Rato
Hospital Outpatient Procedure	Hospital Outpatient	CPI	42820	(toutpatient)	res	Volume	-	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2.027.21	\$ 61.00	\$ 1,867.74	\$3,665,53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$3,665.53	Case R

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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
Service Category	Service Setting	туре	code	Description	<u>Servicer</u>	Casii Price	Charge	Charge	Charge	Estimate Type
				Unner Castrointestinal Endoscony						
Hasnital Outpatient Presedure	Hasnital Outpations	СРТ		Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$5,578.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	with Biopsy	res	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$5,578.79	Case Rate
				e						
				Colonoscopy - Diagnostic					40 00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$3,579.29	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$3,637.46	Case Rate
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$3,899.78	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
SCIVICE CATEGORY	Service Setting	Турс	Couc	Description	<u>JCI VICC.</u>	Casirrice	charge	Charge	Charge	Estillate Type
Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$17,372.89	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$4,539.38	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$14,245.75	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$355.23	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,427.17	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,167.32	Case Rate

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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 Outpatient Procedure	Hospital Outpatient	СРТ		Surgical removal of prostate and surrounding lymph nodes using an endoscope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$585.84	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$750.06	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$1,022.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$ 260.79	\$ 118.53	\$ 1,596.22	\$841.90	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	СРТ		Routine obstetric care for vaginal delivery, including pre-and post-delivery care	Yes	\$ 4,496.21	\$ 242.00	\$ 3,278.48	\$3,196.13	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	Ca	ash Price	(harge		Charge	Charge	Estimate Type
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	Ġ	133.91	\$	1,625.81	\$1,574.96	Case Rate
with inputions stuy	Troressional services	C	33410	- Constitution care		Ψ	2,230.00	~	100.01	~	1,023.01	Q2/37 4130	cuse nate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-		١.		١.		١.			
with Inpatient Stay	Professional Services	CPT	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$3,528.30	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
	Duefessional Compless	CDT			Ves	4	4 700 50	٠,	205.00	ا م	2 420 24	ć2 244 00	Cose Boto
with Inpatient Stay	Professional Services	CPT	22010	delivery care	Yes	\$	4,706.58	>	305.08	>	3,429.34	\$3,344.99	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,205.86	Case Rate
				Injection of substance into spinal canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,893.64	Case Rate

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Service Category	Service Setting	Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Injections of anesthetic and/or						
				steroid drug into lower or sacral						
				spine nerve root using imaging						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$2,933.28	Case Rate
Tiospital Outpatient Procedure	nospital Outpatient	CFI	04403	guidance	163	7 1,770.21	3 338.40	3 1,380.43	\$2,555.20	Case Nate
						N/A No			N/A No	
				Removal of recurring cataract in		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volume	\$ -	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Removal of cataract with insertion		Service			Service	
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	\$466.23	Case Rate
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				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,257.55	Per Unit
nautology services	nospitai Outpatient	CPT	70450	Contrast	No	901.06	121.22 ډ	1,518،18 ب	⇒1,457.55	rei Ullit

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Service Category	Service Setting		Codo	<u>Description</u>	Service?	Cash Price	Charge		Charge	Estimate Type
Service Category	Service Setting	Type	<u>Code</u>	Description	<u>Servicer</u>	<u>Cash Price</u>	<u>charge</u>	<u>Charge</u>	Charge	Estimate Type
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	CPT	70450	Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$1,257.55	Per Unit
<u>.</u>										
Radiology Services	Hospital Outpatient	CPT	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$ 207.79	\$ 2,657.02	\$2,650.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$2,309.12	Per Unit
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Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$1,989.74	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$1,625.54	Per Unit
Dadieles Comiese	Heavital Outrations	CDT	70551	MADI DDAINI STEMA WAYO DVE	No	\$ 1,518.19	ć 252.20	ć 2.270.20	¢2.000.20	Day Unit
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$2,066.36	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$3,121.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$195.37	Per Unit
Radiology Services	nospitai Outpatient	CFI	/1045	A-ray exam thest I view	INU	3 130.11	ş 15.91	\$ 181.37	\$133.37	rei Ullit
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Service Category	Service Setting	Type	Code	<u>Description</u>	<u>Servicer</u>	<u>Cash Price</u>	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$ 38.07	\$ 271.73	\$273.45	Per Unit
Radiology Services	nospital outpatient	CFT	71110	A-ray examinos on 5 views	140	\$ 203.20	30.07	\$ 271.73	3273.43	reronic
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	2 \$ 141.11	\$ 1,468.48	\$1,366.70	Per Unit
Radiology Services	Hospital Outpatient	CFI	71230	CI THORAX W/O DIE	NO	3 1,024.32	3 141.11	3 1,400.40	\$1,300.70	rei Ollit
				CT Cook Chart with Courtment						
			74060	CT Scan - Chest, with Contrast		4 440 5		4 2 224 22	44 050 50	
Radiology Services	Hospital Outpatient	CPT	/1260	(outpatient)	No	\$ 1,448.52	2 \$ 200.76	\$ 2,034.88	\$1,950.60	Per Unit
									40.000.00	
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$2,069.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ \$ 204.42	\$198.71	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ \$ 338.99	\$349.58	Per Unit
									4	
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$267.86	Per Unit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$270.68	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	\$1,677.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$1,708.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$1,952.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$1,690.49	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$1,690.49	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$2,089.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$1,951.85	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$1,857.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$347.33	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$269.64	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$2,086.20	Per Unit

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<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Type	<u>Code</u>	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$3,003.05	Per Unit
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CPT	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$194.20	Per Unit
СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$264.46	Per Unit
							-	
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CPT	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$195.88	Per Unit
СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$194.20	Per Unit
				7 211102	·	, ,	7-0-11-0	
CPT	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$194.20	Per Unit
CDT	72000	V DAY EVANA OF ELDOW	Na	ć 122.02	ć 26.72	ć 154.03	Ć140 F2	Per Unit
CPI	73060	A-RAY EXAMINI OF ELBOW	IVO	\$ 122.65	\$ 20.72	3 134.02	\$149.52	Per Offic
CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$148.94	Per Unit
CDT	72110	V. Dov. Muiet (outpotiont)	No.	ć 1FC 53	ć 20.73	ć 10C 10	¢104.70	Day Huit
LPI	/3110	x-kay - wrist (outpatient)	INO	\$ 156.52	\$ 30.72	\$ 196.19	\$194./8	Per Unit
СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$263.35	Per Unit
	CPT CPT CPT CPT CPT CPT CPT CPT	Type Code CPT 72197 CPT 73000 CPT 73010 CPT 73060 CPT 73070 CPT 73080 CPT 73090 CPT 73110	Type Code Description CPT 72197 MRI - Pelvis (outpatient) CPT 73000 X-ray exam of collar bone CPT 73010 X-ray exam of shoulder blade CPT 73030 X-Ray - Shoulder (outpatient) CPT 73060 X-RAY EXAM OF HUMERUS CPT 73070 X-ray exam of elbow CPT 73080 X-RAY EXAM OF ELBOW CPT 73090 X-RAY EXAM OF FOREARM CPT 73110 X-Ray - Wrist (outpatient)	Code Type Code Description CPT 72197 MRI - Pelvis (outpatient) CPT 73000 X-ray exam of collar bone CPT 73010 X-ray exam of shoulder blade No CPT 73030 X-Ray - Shoulder (outpatient) No CPT 73060 X-RAY EXAM OF HUMERUS No CPT 73070 X-ray exam of elbow No CPT 73080 X-RAY EXAM OF ELBOW No CPT 73090 X-RAY EXAM OF FOREARM No CPT 73090 X-RAY EXAM OF FOREARM No CPT 73090 X-RAY EXAM OF FOREARM No	Code Type Description Required Shoppable Service? Discounted Cash Price CPT 72197 MRI - Pelvis (outpatient) No \$ 2,448.72 CPT 73000 X-ray exam of collar bone No \$ 147.59 CPT 73010 X-ray exam of shoulder blade No \$ 196.93 CPT 73030 X-ray exam of shoulder (outpatient) No \$ 149.50 CPT 73060 X-RAY EXAM OF HUMERUS No \$ 147.62 CPT 73070 X-ray exam of elbow No \$ 146.83 CPT 73080 X-RAY EXAM OF ELBOW No \$ 122.83 CPT 73090 X-RAY EXAM OF FOREARM No \$ 117.10 CPT 73110 X-RAY EXAM OF FOREARM No \$ 156.52	Code Type Code Code Description Required Shoppable Service? Discounted Cash Price Minimum Negotiated Charge CPT 72197 MRI - Pelvis (outpatient) No \$ 2,448.72 \$ 402.71 CPT 73000 X-ray exam of collar bone No \$ 147.59 \$ 22.40 CPT 73010 X-ray exam of shoulder blade No \$ 196.93 \$ 26.01 CPT 73030 X-ray exam of shoulder blade No \$ 149.50 \$ 28.33 CPT 73060 X-RAY EXAM OF HUMERUS No \$ 147.62 \$ 29.40 CPT 73070 X-ray exam of elbow No \$ 146.83 \$ 25.07 CPT 73080 X-RAY EXAM OF ELBOW No \$ 117.10 \$ 26.40 CPT 73090 X-RAY EXAM OF FOREARM No \$ 117.10 \$ 26.40 CPT 73110 X-RAY EXAM OF FOREARM No \$ 156.52 \$ 30.72	Code Type Description Required Shoppable Service? Discounted Cash Price Minimum Negotiated Charge Maximum Negotiated Charge CPT 72197 MRI - Pelvis (outpatient) No \$ 2,448.72 \$ 402.71 \$ 3,522.33 CPT 73000 X-ray exam of collar bone No \$ 147.59 \$ 22.40 \$ 185.92 CPT 73010 X-ray exam of shoulder blade No \$ 196.93 \$ 26.01 \$ 251.93 CPT 73030 X-ray exam of shoulder loutpatient) No \$ 149.50 \$ 28.33 \$ 196.92 CPT 73060 X-RAY EXAM OF HUMERUS No \$ 147.62 \$ 29.40 \$ 195.82 CPT 73070 X-ray exam of elbow No \$ 146.83 \$ 25.07 \$ 191.42 CPT 73080 X-RAY EXAM OF ELBOW No \$ 122.83 \$ 26.72 \$ 154.02 CPT 73090 X-RAY EXAM OF FOREARM No \$ 117.10 \$ 26.40 \$ 151.82 CPT 73110 X-RAY EXAM OF FOREARM No \$ 156.52 \$ 30.72 \$	Code Type Code Code Description Required Shoppable Service? Discounted Charge Maximum Negotiated Charge Paver-Specific Negotiated Charge CPT 72197 MRI - Pelvis (outpatient) No \$ 2,448.72 \$ 402.71 \$ 3,522.33 \$3,003.05 CPT 73000 X-ray exam of collar bone No \$ 147.59 \$ 22.40 \$ 185.92 \$194.20 CPT 73010 X-ray exam of shoulder blade No \$ 196.93 \$ 26.01 \$ 251.93 \$264.46 CPT 73030 X-ray exam of shoulder (outpatient) No \$ 149.50 \$ 28.33 \$ 196.92 \$195.88 CPT 73060 X-RAY EXAM OF HUMERUS No \$ 147.62 \$ 29.40 \$ 195.82 \$194.20 CPT 73070 X-ray exam of elbow No \$ 146.83 \$ 25.07 \$ 191.42 \$194.20 CPT 73080 X-RAY EXAM OF ELBOW No \$ 122.83 \$ 26.72 \$ 154.02 \$149.52 CPT 73090 X-RAY EXAM OF FOREARM No \$ 156.52 \$ 30.72

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$194.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$1,393.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$ 37.77	\$ 197.91	\$198.71	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$ 29.51	\$ 189.38	\$195.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266.82	\$275.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$ 36.52	\$ 351.25	\$361.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	\$337.42	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278.60	\$293.84	Per Unit
		-				- 131.33	, 31.30	275.50	+ 223104	
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311.14	\$326.57	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$ 29.81	\$ 262.21	\$270.77	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$293.91	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$1,343.77	Per Unit
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$1,588.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$195.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$1,352.22	Per Unit
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$1,999.54	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$3,861.40	Per Unit
-										
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$3,861.40	Per Unit
	Ospital Gatpatient	U	7-177			÷ =,/+0.11	÷ 200.73	+ 5,500.00	90,001.40	. 5. 5

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash P	rice	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Dadialagu Camina	Heavital Output:	СРТ	74220	V many man and many and material	N-	\$ 3	04.40	6 50.00	\$ 563.71	ĆE00.30	Day Unit
Radiology Services	Hospital Outpatient	CPI	74220	X-ray xm esophagus 1cntrst	No	\$ 3	94.10	\$ 56.38	\$ 563.71	\$599.39	Per Unit
Padialana Cambasa	Hamital Outrations	CDT	74270	Vl d	NI-		24 72	ć 70.24	ć 570.04	¢622.66	Daniel Links
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	\$ 5	21.72	\$ 79.34	\$ 578.01	\$633.66	Per Unit
Padialana Cambasa	Hamital Outrations	CDT	75574	Ch history for all control has to	NI-	<u> </u>	00.04	ć 50.00	ć 222.20	6462.27	Daniel Links
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 3	06.04	\$ 59.00	\$ 323.39	\$163.27	Per Unit
Padialana Cambaa	Hamital Outrations	CDT	76526	Illand and Mark	NI-		co co	ć 70.70	ć 200 F0	6277 70	Daniel Links
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 4	60.62	\$ 78.79	\$ 386.50	\$377.70	Per Unit
Padialam: Caminas	Hamital Outrations	CDT	70043	Illians a cond Dunant (acceptant)	Ne	ć 1	F2 C0	ć 70.53	ć 240.20	Ć224 1E	Day Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 1	52.68	\$ 78.52	\$ 249.30	\$234.15	Per Unit
Dadiology Comics -	Heavital Output:	CDT	76700	Illamana unad Abada unitra la Carre I d	V		C1 43	6 04.60	6 433.00	6207.20	Day Unit
Radiology Services	Hospital Outpatient	CPT	/6/00	Ultrasound - Abdominal, Complete	Yes	\$ 3	61.43	\$ 91.69	\$ 433.80	\$397.38	Per Unit
Padialagy Convices	Hospital Outpations	CDT	76705	Illtracound Abdominal Limit-	N-	\$ 3	27.02	ć 4C 0F	ć 272.20	6270.42	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/0/05	Ultrasound - Abdominal, Limited	No	\$ 3	27.93	\$ 46.05	\$ 372.20	\$379.42	Per Unit
B. de transition / Dellines	Heavital Output!	CDT	76776	LIC EVANA ARROO RACK WALL COSES	N-		FC F0	6 70.51	ć 400.00	¢204.20	Day Unit
Maternity/Delivery	Hospital Outpatient	СРТ	/6//0	US EXAM ABDO BACK WALL COMP	No	\$ 4	56.58	\$ 76.54	\$ 400.80	\$391.20	Per Unit
NA - t - maite / D - line ma	Us smits I Control the same	CDT	7000	OD US + 4.4 W//C SINGLE FETUS	N-		04 55	ć 05.5=	¢ 206.27	Ć444 20	Deville:
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 3	91.57	\$ 86.65	\$ 396.27	\$411.39	Per Unit

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Padiatana Camban	Harrist Contractions	CDT	7000	Lilland and Duranta of Control (Control (Control)	W	ć 267.72	ć 100.3c	\$ 437.10	Ć444 20	Describing.
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$411.39	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$482.37	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$384.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$400.14	Per Unit
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Matamitu / Dalissams	Hamital Outpations	CDT	70010	FETAL BIODLING BROCH F W/NICT	Na	ć 47C FO	ć 92.20	ć 207.27	Ć41E 02	Don Huit
Maternity/Delivery	Hospital Outpatient	CPT	70919	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$415.82	Per Unit
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Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$393.97	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$388.08	Per Unit
				Ultrasound - Transvaginal (non-						
Radiology Services	Hospital Outpatient	СРТ	76830	maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$387.79	Per Unit
naulology services	Hospital Outpatient	CFI	70030	materinty)	163	4/3.43	70.05 ب	403.30 ب	3301.13	rei Ullit

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Service Category	Service Setting	Type	Code	Description	Service?		h Price	С	harge	Charge	Charge	Estimate Type
Padiology Comicos	Hospital Outpatient	СРТ	76056	Ultrasound - Pelvic (outpatient)	No	\$	344.00	ė	70.34	\$ 408.5	\$387.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	70030	Ottrasound - Pelvic (Outpatient)	INO	7	344.00	Ģ	70.34	\$ 406.3	3307.20	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.0	\$467.97	Per Unit
Padialagu Camiana	Hamital Cutuations	СРТ	77000	Name and the state of the state	Vaa	\$	202.70	\$	125 01	\$ 629.7	0 \$589.13	Day Unit
Radiology Services	Hospital Outpatient	CPT	77000	Mammography of both breasts	Yes	ş	383.79	ş	135.81	\$ 629.7	0 3363.13	Per Unit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$ 504.0	2 \$471.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	Ġ	56.29	\$ 393.4	\$265.67	Per Unit
The state of the s	Troopical Outputient		77000	Density Sean (outpatient)	140	7	2-7.23	4	30.23	y 333.	9203.07	. cr omt
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Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.6	\$151.98	Per Unit
Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$:	1,010.04	\$	336.74	\$ 2,091.4	\$926.40	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$251.01	Per Unit
						,		7	7-0-10-	
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$154.04	Per Unit
						N/A No	N/A No	N/A No	N/A No	
				DI 17 1 D (01 1 1 1)		=	-	-	-	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Bathalam Camicas	Hospital Outpatient	СРТ	80061	Panel	Voc	\$ 46.48	\$ 12.05	ć 101.77	\$71.51	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	ranei	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$71.51	Per Unit
				Blood Test - Renal (Kidney) Function						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069		Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$34.59	Per Unit
			30003				÷ 5.00	7 2 7.33	70	
				Blood Test - Hepatic (Liver) Function						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$233.38	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	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	•		\$197.92	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Urine Test - Automated with Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$38.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$11.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Urine Test - Automated without Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$11.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$64.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$63.11	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$290.38	Per Unit
						·	-	,	7-00:00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	\$54.02	Per Unit
						7 33.22	·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70.102	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$175.59	Per Unit
						· -	·	,	7210100	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	\$23.50	Per Unit
						7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	720.00	
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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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$40.22	Per Unit
									-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$79.12	Per Unit
				-					-	
				Blood Test - Vitamin B-12						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$ 82.73	\$45.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 405.00	\$216.00	Per Unit
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	Code	Description			Charge			Estimate Type
СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	\$56.43	Per Unit
					-	-		
СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$83.86	Per Unit
CPT	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$31.22	Per Unit
		Blood Test - Ferritin (Blood Protein)						
CPT	82728	Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$62.71	Per Unit
CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$58.08	Per Unit
CPT	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$112.92	Per Unit
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CPT	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$55.59	Per Unit
1								
CPT	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$69.91	Per Unit
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	CPT CPT CPT CPT	CPT 82668 CPT 82670 CPT 82693 CPT 82728 CPT 82746 CPT 82803 CPT 82947	Type Code Description CPT 82668 Assay of erythropoietin CPT 82670 Assay of estradiol CPT 82693 Assay of ethylene glycol CPT 82728 Blood Test - Ferritin (Blood Protein) CPT 82746 Blood Test - Folic Acid Level CPT 82803 Blood gases any combination CPT 82947 Assay glucose blood quant	Code Type Code Description Required Shoppable Service? CPT 82668 Assay of erythropoietin No CPT 82670 Assay of estradiol No CPT 82693 Assay of ethylene glycol No CPT 82728 Level No CPT 82746 Blood Test - Ferritin (Blood Protein) No CPT 82746 Blood Test - Folic Acid Level No CPT 82803 Blood gases any combination No CPT 82947 Assay glucose blood quant No	Code Type Code Description Required Shoppable Service? Discounted Cash Price CPT 82668 Assay of erythropoietin No \$ 36.68 CPT 82670 Assay of estradiol No \$ 54.51 CPT 82693 Assay of ethylene glycol No \$ 20.29 CPT 82728 Level No \$ 33.53 CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 CPT 82803 Blood gases any combination No \$ 73.40 CPT 82947 Assay glucose blood quant No \$ 34.04	Code Type Code Code Description Required Shoppable Service? Discounted Cash Price Minimum Negotiated Charge CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 CPT 82670 Assay of estradiol No \$ 54.51 \$ 25.15 CPT 82693 Assay of ethylene glycol No \$ 20.29 \$ 13.41 CPT 82728 Level No \$ 33.53 \$ 19.09 CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 \$ 13.23 CPT 82803 Blood gases any combination No \$ 73.40 \$ 20.17 CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51	Code Type Code Code Description Required Shoppable Service? Discounted Cash Price Minimum Negotiated Charge Maximum Negotiated Charge CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$ 99.20 CPT 82670 Assay of estradiol No \$ 54.51 \$ 25.15 \$ 152.33 CPT 82693 Assay of ethylene glycol No \$ 20.29 \$ 13.41 \$ 40.08 CPT 82728 Blood Test - Ferritin (Blood Protein) No \$ 33.53 \$ 19.09 \$ 96.63 CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 \$ 13.23 \$ 79.52 CPT 82803 Blood gases any combination No \$ 73.40 \$ 20.17 \$ 106.16 CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42	Code Type Code Code Description Required Shoppable Service? Discounted Cash Price Minimum Negotiated Charge Payer-Specific Negotiated Charge CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$ 99.20 \$56.43 CPT 82670 Assay of estradiol No \$ 54.51 \$ 25.15 \$ 152.33 \$83.86 CPT 82693 Assay of ethylene glycol No \$ 20.29 \$ 13.41 \$ 40.08 \$31.22 CPT 82728 Level No \$ 33.53 \$ 19.09 \$ 96.63 \$62.71 CPT 82746 Blood Test - Folic Acid Level No \$ 37.75 \$ 13.23 \$ 79.52 \$58.08 CPT 82803 Blood gases any combination No \$ 73.40 \$ 20.17 \$ 106.16 \$112.92 CPT 82947 Assay glucose blood quant No \$ 34.04 \$ 5.51 \$ 49.42 \$\$55.59

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				Disad Task Bland Classes Control						
				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$109.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$116.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$226.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$85.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$42.21	Per Unit
				Blood Test - Lipase (fat enzyme)						
L									4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$106.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$88.25	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$265.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$99.11	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$70.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$70.52	Per Unit
Education y de l'athlology services	Trospital outputient		04132	71334 OF SCI and Potassiani	110	7 45125	ÿ 0.00	Ç 02.03	ψ/0.5 <u>L</u>	i ci oiiic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$80.90	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$129.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$163.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$588.80	Per Unit
Laboratorii Q Dathalami Comitee	Heavital Outrations	CDT	04205	Assess of sources and it can	No	6 42.40	6 4.22	6 50.07	\$C4.77	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$64.77	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$101.86	Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 84443 Hormone (TSH) Level No \$ 64.07 \$ 23.52 \$ 119.09 \$111.22 Per Unit Description of the content					Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ			No	\$ 64.07	\$ 23.52	\$ 119.09	\$111 22	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 84443 Hormone (TSH) Level Yes \$ 64.07 \$ 23.52 \$ 119.09 \$111.22 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84480 Assay triiodothyronine (t3) No \$ 96.31 \$ 12.76 \$ 129.65 \$148.17 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit	Laboratory & Patriology Services	nospital Outpatient	CFI	04443	Hormone (1311) Level	NO	\$ 04.07	7 23.32	3 113.03	7111.22	reronic
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Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$111.22	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit											
Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit											
Laboratory & Pathology Services Hospital Outpatient CPT 84484 Assay of troponin quant No \$ 81.70 \$ 10.26 \$ 121.45 \$125.69 Per Unit											
	Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 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 \$ 125.77 \$ 11.54 \$ 169.31 \$193.50 Per Unit				3	,		÷ 02.70	÷ 25.20	,	Ţ	
Laboratory & Pathology Services Hospital Outpatient CPT 84702 Chorionic gonadotropin test No \$ 125.77 \$ 11.54 \$ 169.31 \$193.50 Per Unit											
Troopital outpatient of 1 04702 Chortonic gonaudulophi test NO 9 125.77 9 11.34 9 105.51 \$155.50 Pel Ullit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotronin test	No	\$ 125.77	\$ 11 54	\$ 160.21	\$192.50	Per Unit
	Laboratory & Fathology Services	Tiospital Outpatient	Cr I	34702	Chonomic gonadotrophii test	140	y 123.77	y 11.54	Ç 105.51	Ģ193.30	i ci oiiic
Laboratory & Pathology Comitoe Hamilton CDT 95014 Hamatorit	Laboratory & Datheless Comice	Hasnital Outpatient	CDT	00014	Homotocrit	N-	ė 30 or	6 343	6 30 37	\$41 AC	Dor Unit
Laboratory & Pathology Services Hospital Outpatient CPT 85014 Hematocrit No \$ 26.95 \$ 2.13 \$ 36.27 \$41.46 Per Unit	Laboratory & Pathology Services	nospital Outpatient	CPI	85014	nematocrit	INO	ş 26.95	φ 2.13	ş 36.2/	\$41.4b	rer Unit
Blood Test - Complete Blood Cell					Blood Test - Complete Blood Cell						
Laboratory & Pathology Services Hospital Outpatient CPT 85025 Count and Automated WBC Yes \$ 77.98 \$ 10.88 \$ 112.06 \$126.29 Per Unit					I				i .		

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				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
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95340	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$70.72	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	03240	Clot lactor vill alig 1 stage	INO	\$ 45.57	\$ 10.11	\$ 95.50	\$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 & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$72.47	Per Unit
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Laboratory & Pathology Convices	Hospital Outpatient	CDT	05613	Pussell viner venem diluted	No	¢ 24.64	¢ 0.24	¢ 70.00	\$27.06	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82013	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$37.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$82.02	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$70.78	Per Unit
Laboratory & rathology services	Troopital Outputient	S	55750		163	Ç 40.01	y 3.41	y 01.34	970.70	. Cr Omt
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$19.42	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
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	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$100.00	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	\$204.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	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
Education y de l'actionogy services	Trospital Gatpatient	C	00332	Syptimis test from the p quan	140	ŷ 37.01	ψ 3.0-1	ÿ 30.30	\$30.120	i ci oiiic
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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	CPT	86611	Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	\$88.26	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 25.74	\$ 11.87	\$ 81.45	\$39.60	Per Unit
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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	CPT	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 & Fathology Services	nospital Outpatient	CFI	00000	Encephantis stribuis antibody	140	25.74	/11.07	110.13 ب	933.0U	r er omt

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	\$39.38	Per Unit
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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	86602	Hepatitis delta agent antbdy	No	\$ 29.16	\$ 15.44	\$ 50.98	\$44.86	Per Unit
Laboratory & Patriology Services	Tiospital Outpatient	CFT	80032	riepatitis deita agent antody	140	\$ 25.10	7 13.44	30.38	Ş44.80	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.65	\$ 12.41	\$ 107.23	\$122.54	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$ 10.85	\$ 115.92	\$132.48	Per Unit
Laboratory & Dathalam Comicas	Hamital Outrations	CDT	96705	LIED B CORE ANTIBODY ICAA	No	ć 22.00	ć 10.50	ć 57.20	éar ar	Don Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	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	CPT	86708	Hepatitis a antibody	No	\$ 22.71	\$ 11.15	\$ 56.71	\$34.94	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	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
				86769 - SARS-COV-2 COVID-19					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$79.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	26790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$38.68	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80730	Virus antibody nos	140	ÿ 23.14	7 11.55	70.55	938.08	rei oiiit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$104.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$35.53	Per Unit
Laboratory & Both days Co	U	CDT	00050	Dha antiha da assassa		¢ 20.00	, F.00	6 66 65	¢24.25	Danista de
Laboratory & Pathology Services	Hospital Outpatient	CPT	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
		1	22303			7 24472	, J.03	7 323.43	42.0.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$306.14	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?		counted h Price	De-Identified Minimum Negotiated Charge	De-Identifie Maximum Negotiated Charge	Payer-Specific	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$	198.99	\$ 3.78	\$ 267.8	8 \$306.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$ 81.1	.0 \$92.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$	60.24	\$ 3.78	\$ 81.1	0 \$92.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$	5.82	\$ 4.84	\$ 383.3	7 \$8.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$	244.72	\$ 13.44	\$ 344.2	2 \$376.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.2	5 \$206.00	Per Unit
Laboratory & Fathology Services	Trospital Outpatient	CFI	37040	Diood Culture for Dacteria	IVU	· ·	133.30	۶.25	7 100.2	3 3200.00	rei Oilit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.6	1 \$213.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8/077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.3	\$92.98	Per Unit

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To Search for a service Citck "CTRL" Service Category Service Setting Code Description Service Category Test for Disease-Causing (Pathogenic) Organisms, Not (Pathog										Amount We	
To Service Cited **CTRL** Service Category Service Setting Code Type Code Test for Disease-Causing (Pathogoric) Organisms, Not (Pathogoric) Organisms, Not (Immediated to a Specific Condition) Test for Disease-Causing (Pathogoric) Organisms, Not (Pathogoric) Organisms, Not (Immediated to a Specific Condition) No \$ 81.17 \$ 5.97 \$ 109.26 \$124.87 Per Unit De-Identified Minimum. Maximum. Nescotiated Cash Price Charge										Estimate You	
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aboratory & Pathology Services Hospital Outpatient CPT 87205 Lab Test - Smear for Microorganism No \$ 49.93 \$ 3.84 \$ 67.21 \$76.81 Per Unit	Laboratory & Pathology Services	nospital Outpatient	CPI	8/186	(antibiotic, antifungal, antiviral)	INO	\$ 69.16	> /./9	> 93.10	\$106.40	rer Unit
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	Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$76.81	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$97.77	Per Unit
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97290	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$169.90	Per Unit
Laboratory & Patriology Services	nospital outpatient	CFT	87303	and 1110-2	140	ÿ 110.43	3 21.07	3 148.00	\$105.50	rei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$166.82	Per Unit
				Urine Test - Gonorrhoeae (Neisseria						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	\$138.66	Per Unit
				87635 - SARS-COV-2 COVID-19 AMP						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635		No	\$ 53.36	\$ -	\$ 136.48	\$82.10	Per Unit
Laboratory & Fathology Services	nospital Outpatient	OF I	37033	T NO	140	Ç 33.30	-	7 130.40	702.10	i ci oliic
Laboratory 9 Dathalass Camiss	Hospital Outpoticat	CDT	07700	Detect agent nos des sees	N-	\$ 90.13	ć 31 F0	ć 474.03	¢139.00	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	8//98	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	\$138.66	Per Unit

Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$19.31	Per Unit
				Immunization Administration Each						
Vaccinations	Physician Office	СРТ		Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$21.50	Per Unit
Laboratory & Pathology Services Laboratory & Pathology Services	Hospital Outpatient Hospital Outpatient	СРТ		Strep Test (Streptococcus, group A) Flowcytometry/tc add-on	No No	\$ 101.56		\$ 143.48 \$ 120.30	\$160.19 \$105.86	Per Unit Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$74.48	Per Unit
<u>Service Category</u>	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
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$38.64	Per Unit
			30172	- Calling Component		Ţ	*	Ţ 30.01	700.01	
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$218.96	Per Unit
Vaccinations	nospital outputient	Ci i	30031	3V III V Vaccine 2/3 Dose	140	7 142.32	3.30	ÿ 227.55	7210.30	T CT OTHE
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$207.65	Per Unit
								1		
				Vaccine - Tetanus, Diptheria				1		
				Toxoids, and Acellular Pertussis				1		
				(Whooping Cough) for Injection into				1		
Vassination	Hospital Outpatient	CDT		I	No	\$ 57.74	ė	\$ 77.73	¢00 02	Dor Unit
Vaccination	Hospital Outpatient	CPT	30/15	Muscle	No	\$ 57.74	Ş -	\$ 77.73	\$88.83	Per Unit

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Evaluation & Management Services	Professional Services	СРТ	00701	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$198.74	Per Unit
Evaluation & Management Services	Professional Services	CFI	30731	rsychiatric Diagnostic Evaluation	NO	\$ 300.01	3 116.93	3 136.74	\$130.74	rei oiiit
									400.00	
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$99.25	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$132.34	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$198.22	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
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Fuel vetice & Management Comices	Duefessional Compiess	СРТ	00047	Barrahatharana Family Sassian	Vaa	\$ 146.15	\$ 97.13	\$ 166.18	\$166.18	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 100.18	\$100.18	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$80.00	Per Unit
				Electrocardiogram, routine, with						
Modicino Cardiovassulas	Professional Comisses	CDT	02000	_	Voc	6 3037	ć 30.43	ć 05.53	¢2F 42	Dor Unit
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$25.42	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
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$175.31	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.40	\$ 61.00	\$ 634.57	\$725.22	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 1,404.83	\$ 322.26	\$ 1,593.05	\$1,534.01	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8,847.45	\$ 579.93	\$ 12,920.92	\$12,521.83	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$ 240.64	\$ 92.64	\$ 400.67	\$368.24	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82		\$ 1,229.53	\$292.02	Per Unit
Medicine Neurology and						N/A No Service	N/A No Service	N/A No Service	N/A No Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$216.40	Case Rate

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Medicine Physical Medicine and				Physical Therapy - Manual Electrical					4	
Rehabilitation	Hospital Outpatient	CPT	97032	Stimulation Therapy, 15 minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$48.10	Per Unit
Madisine Physical Madisine and				Dhusical Thousand						
Medicine Physical Medicine and	Hamital Outputions	СРТ		Physical Therapy - Ultrasound	Ne	ć 20.02	\$ 11.95	ć 40.30	¢41 41	Don Huit
Rehabilitation	Hospital Outpatient	CPI	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$41.41	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ		Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$136.53	Per Unit
Renabilitation	Tiospital Outputient	Ci i	37110	LACICISCS	103	ÿ 00.74	7 17.40	ÿ 115.40	Ģ130.33	T CT OTHE
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	I	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$107.58	Per Unit
							-			
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$119.40	Per Unit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$86.46	Per Unit

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Service Category	Service Setting	·	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	Type	coue	Description	Servicer	<u>Casii Price</u>	Charge	Charge	Charge	Estimate Type
Medicine Physical Medicine and			1	Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$258.56	Per Unit
Madiaina Dhuaisal Madiaina and				Dhysical Thomasy, Madayata						
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$96.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
	Hasnital Outnotions	CDT			N-	6 100.00	ć 71.07	ć 252.70	Ć2E9 EC	Dor Unit
Rehabilitation	Hospital Outpatient	СРТ	3/103	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$258.56	Per Unit
Medicine Physical Medicine and										
									4	
Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$174.37	Per Unit
			0746-	CT 5 VAL 1 COV CO 4 CO 5 C C C C C C C C C C C C C C C C C		400.00			4070.07	5 11 11
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$278.27	Per Unit
		1								
Mandiaina Carrestianal Th	Harmital Contractions	CDT	07466	OT EVALAGO COMPLEY AS ASSE		6 62.40	. 72.00	ć 24F 33	ć0C 00	Daniel Links
Medicine Occupational Therapy	Hospital Outpatient	CPT	3/100	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$ 72.00	\$ 245.32	\$96.00	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
	Heavital Outrations	СРТ			No	\$ 92.45	\$ 17.40	ć 124.4F	\$142.23	Per Unit
Rehabilitation	Hospital Outpatient	CPT	9/530	Activities	No	\$ 92.45	\$ 17.40	\$ 124.45	\$142.23	Per Unit
sendining Dhoming sendining and				Dharias I Thansana California						
Medicine Physical Medicine and	Harmital Cotorations	CDT		Physical Therapy - Self-care or		ć 60.00		ć 100.03	Ć4.0F.00	Dan Haite
Rehabilitation	Hospital Outpatient	CPT	9/535	Home Management Training	No	\$ 68.89	\$ -	\$ 109.03	\$105.98	Per Unit
Fuel vetice & Management Comices	Professional Compless	CDT	00024	Destan fallow un vielt	No			\$ 14.27	ć0.00	Day Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$ -	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Consider	Professional Services	СРТ	00202	Office Visit New Patient Miner	No	\$ 167.93	\$ 90.34	\$ 200.08	Ć77 F0	Per Unit
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.34	\$ 200.08	\$77.58	Per Unit
				Office Viets New Details						
Freelington 0 Man 10 1	Purforming Low :	CDT	00000	Office Visit - New Patient, Low		4 400.55	6 633.55	A 272.55	6446.37	Deville:
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$116.37	Per Unit
				om ve v v - v						
				Office Visit - New Patient,					***	
Evaluation & Management Services	Protessional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$199.10	Per Unit

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		Code			<u>Shoppable</u>	Discounted	Negotiated	<u>Negotiated</u>	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				New patient office of other						
Evaluation & Management Services	Professional Services	CPT	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$260.16	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$39.55	Per Unit
Evaluation & Ivianagement Services	Professional Services	CFI	33212	Office Visit - Dasic	140	ÿ 36.74	7 40.41	ÿ 133.24	333.33	reronic
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ		Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$79.09	Per Unit
			55115			+	+ 02.72	Ţ	475.00	
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$121.97	Per Unit
				. ,		-		-		
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$172.35	Per Unit
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Duefessional Camiles Assessate										
Professional Services Associated with Inpatient Stay	Professional Services	СРТ		Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$111.92	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
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Evaluation & Management Services	Professional Services	СРТ		Patient office consultation, typically 40 min	Yes	\$ 212.43	\$ -	\$ 142.18	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ		Patient office consultation, typically 60 min	Yes	\$ 338.80	\$ -	\$ 226.38	\$0.00	Per Unit
Emergency Room Visit	Hospital Outpatient	СРТ		Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$335.05	Case Rate
Emergency Room Visit	Hospital Outpatient	СРТ		Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$622.72	Case Rate

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				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$1,376.81	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$3,574.16	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ		Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$4,832.79	Case Rate
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				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$27,393.31	Case Rate
Emergency Room visit	Hospital Outpatient	GF I	33231	Critical care (outpatient)	140	7 17,000.01	7 723.30	7 0,303.07	721,333.31	case nate

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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
				Office Visit - Comprehensive						
Evaluation & Management Services	Professional Services	СРТ		Preventive Medicine Evaluation and Management, New Patient, Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$0.00	Per Unit
evaluation & Management Services	TOTOGO TOTOGO	Cr I	33301	Todage, than I real of	NO	y 130.73		y 223,35	30.00	T.C. OIIIC
Evaluation & Management Services	Professional Services	СРТ		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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Samina Cabarany	Causing Cathing	<u>Code</u>	Cada	Donatistica	CMS Required Shoppable	<u>Discounted</u>	De-Identified Minimum Negotiated	Maximum Negotiated	Payer-Specific Negotiated	
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				Office Visit - Comprehensive Preventive Medicine Evaluation and						
Evaluation & Management Services	Professional Services	СРТ		Management, New Patient, 5-11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$0.00	Per Unit
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Evaluation & Management Services	Professional Services	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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				Office Visit - Comprehensive						
				Preventive Medicine Evaluation and						
				Management, New Patient, 18-39						
Evaluation & Management Services	Professional Services	CPT	99385	Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$109.84	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation and						
				Management, New Patient, 40-64						
Evaluation & Management Services	Professional Services	CPT	99386	Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$146.75	Per Unit

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				Office Minite Community						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	CPT	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$0.00	Per Unit
				Office Visit Comprehensive						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation					40.00	
Evaluation & Management Services	Protessional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit

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			Code			Shoppable	Discounted	Negotiated	<u>Negotiated</u>	Negotiated	
<u>Servi</u>	ce Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
					Office Visit - Comprehensive						
					Preventive Medicine Reevaluation						
- 1 .: 0.1		p 6 : 16 :		00000			A 450.44		A 205.04	40.00	B 11 11
Evaluation & IV	lanagement Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
1											
1											
					Office Visit - Comprehensive						
					Preventive Medicine Reevaluation						
Evaluation & M	lanagement Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
			J	22334			· 105.14	т	, JJU.57	75.00	
1					Office Visit - Comprehensive						
1					Preventive Medicine Reevaluation						
Evaluation & M	Janagement Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$59.31	Per Unit

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					Required		Minimum	Maximum	Payer-Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>		-770	3000	<u> </u>	30.0.00		- Change	<u> </u>	<u> </u>	200000000000000000000000000000000000000
				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	\$103.32	Per Unit
Evaluation & Management Services	Professional Services	CFT	33330	and Wanagement, 40-04 Tears Old	140	7 180.12	ÿ 04.57	3 423.73	ÿ103.32	reronic
									Service Not	
									Covered by	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 22 120 56	\$ 11 272 90	\$ 11,272.90	Payer	Case Rate
LAddiate	Tiospital Outpatient	CFT	03381	Tocused Offrasound	NO	3 32,133.30	ÿ 11,272.30	3 11,272.30	rayei	Case Nate
Vaccinations	Hospital Outpatient	СРТ	GUUUS	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$126.95	Per Unit
Vaccinations	Trospital Outpatient	CF I	30008	Admin minucita virus vaccille	140	7 70.13	· ·	7 120.93	\$120.55	i ci oiiic
Vaccinations	Hospital Outpatient	СРТ	60009	Admin pneumococcal vaccine	No	\$ 27.43	Ś -	\$ -	\$66.15	Per Unit
* documentoris	Troopital Outputient		30003	Predimococcai vaccine	140	y 27.43	Ψ -	Ÿ -	Ç00.13	. c. ome
Medicine Hyberbaric	Hospital Outpatient	СРТ	60277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$1,226.52	Per Unit
Wedicine rryberbaric	Tiospital Outpatient	CFI	30277	Thou, full body challiber, 30ff	INU	۶ //۵.33	40.24	1,424.40	31,220.32	rei Ollit
Hospital Observation Per House	Hospital Outpations	CDT	60279	Hospital observation nor by	No	¢ 15 605 74	\$ 605.00	¢ 2/ 121 00	\$24 121 96	Por Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	GU3/8	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$24,131.86	Per Unit

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				Required		<u>Minimum</u>	<u>Maximum</u>	Payer-Specific	
	Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
Hospital Outpatient	CPT	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$200.00	Per Unit
Hospital Outpatient	CPT	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$732.35	Per Unit
Hospital Outpatient	HCPCS	J1071	Ini testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.34	Per Unit
		3-0.1	and a second control of the second control o		7 0122	÷ 5.05	7 3.34	75.5.	
Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$3.28	Per Unit
Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$41.89	Per Unit
Hospital Outpatient	СРТ	19217	Fligard	No	\$ 2.818.54	\$ -	\$ 4.336.21	\$791.66	Per Unit
	Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient	Note	Hospital Outpatient CPT G0463 Hospital Outpatient CPT G0480 Hospital Outpatient HCPCS J1071 Hospital Outpatient HCPCS J1815 Hospital Outpatient HCPCS J7325	Code Description	Service Setting Type Code Description Service?	Service Setting Code Type Code Description No \$ 130.00 Description No \$ 130.00 Description No \$ 476.03 Description Description Description No \$ 476.03 Description Description No \$ 476.03 Description Description No \$ 476.03 Description Description Description No \$ 476.03 Description Description No \$ 476.03 Description Description Description Description No \$ 476.03 Description Description Description Description Description Description Description Description No \$ 476.03 Description Minimum Negotiated Shoppable Service Setting Minimum Negotiated Shoppable Service Service Cash Price Charge	Code Type Code Description Shoppable Shoppable Cash Price Cash Price Charge Charge	Mill Owe * Mill Owe *	