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<u>Naphcare</u>	Last Updated: 12/14/2021									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
<u>Service Category</u>	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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	\$10,778.72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
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	\$31,612.70	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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

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		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	coue	Description	Service:	<u>Casil Flice</u>	charge	charge	charge	<u>Estimate rype</u>
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26 747.32	\$ 8 070 44	\$ 37,721.88	\$15,272.20	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DING	470	or complications (mee).	103	<i>Ş</i> 20,747.32	\$ 0,070.44	\$ 37,721.00	\$15,272.20	ci i/iici co
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$20,419.20	CPT/HCPCS
lospital inpatient Stay	nospital inpatient	DKG	4/5	complications (IVICC).	Yes	\$ 37,083.10	\$ 10,123.74	ə 62,430.00	\$20,419.20	LP1/HLPLS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
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				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W MCC	No	\$ 58,727.97	\$ 12.375.85	\$ 48,933.51	\$24,312.21	CPT/HCPCS
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										Case Rate-
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										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W CC	No	\$ 48,507.14	\$ 8,559,98	\$ 38,996.68	\$16,844.51	CPT/HCPCS
						+ .0,007.121	+ 0,000.00	+ 00,00000	+====	
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										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		MAJOR JOINT W/O CC/MCC	No	\$ 35,733.50	\$ 6,745,73	\$ 37,731.25	\$13,237.67	CPT/HCPCS
						+	÷ 0,1 10170	+	+	
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 46,392.83	\$ 9/128.20	\$ 41,283.64	\$18,690.94	CPT/HCPCS
nospital inpatient Stay	nospital inpatient	DUG	433	LACEFT HIF, FOOT, FEIVIOR W CC	INU	y 40,372.63	y 7,430.20	y 41,203.04	\$10,030.34	Cr I/ HCPU3

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Ty
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	Νο	\$ 34,304.81	\$ 7,426.74	\$ 43,066.25	\$14,886.35	Case Rate- Excluding Professional Charges whicl are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$9,101.91	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
				RED BLOOD CELL DISORDERS W						Case Rate- Excluding Professional Charges whic are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	мсс	No	\$ 23,221.02	\$ 4,255.93	\$ 31,015.82	\$11,073.73	CPT/HCPCS

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Hospital Inpatient Stay Hospital Inpatient DRG 928 GRAFT OR INHAL INJ W CC/MCC No \$ 81,430.86 \$ 21,639.28 \$ 150,000.00 \$52,403.28 CF	PT/HCPCS
	ase Rate-
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	re paid by
	PT/HCPCS
Hospital Inpatient Stay Hospital Inpatient DRG 929 GRAFT OR INHAL INJ W/O CC/MCC No \$ 38,084.70 \$ 6,540.49 \$ 50,000.00 \$24,186.81 CF	TITELECS
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
										Case Rate-
										Excluding
										Professional
				LIMB REATTACHMENT, HIP						Charges which
				FEMUR PROC FOR MULTIPLE						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16.085.53	\$ 200,000.00	\$30,938.28	CPT/HCPCS
							,			
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$59,651.52	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				OTHER O.R. PROCEDURES FOR						Charges which
				MULTIPLE SIGNIFICANT TRAUMA		A	A 48 499 55	A 400 000 00	400 000 T	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	w cc	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$33,804.78	CPT/HCPCS
										Casa Pata
										Case Rate-
										Excluding Professional
										Charges which
				OTHER MULTIPLE SIGNIFICANT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		TRAUMA W CC	No	\$ 24 761 95	\$ 6 122 25	\$ 50,000.00	\$11,964.39	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DKG	304	TRADIVIA W CC	INU	⇒ 34,701.85	ə 0,123.35	00،000 ڊ	ə11,304.39	CF I/ FILPUS

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W O.R. PROC						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	768	EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$8,512.15	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$18,120.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$8,830.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$7,252.44	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$14,485.44	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$8,833.20	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	\$7,656.29	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	\$1,582.46	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	\$7,289.61	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	C No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$7,289.61	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Somice Cotogony	Some Sotting	Code	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated	Negotiated	Negotiated	Estimato Tuno
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$8,792.65	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$5,991.88	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Rashawita (Daliana)		0.00	007	VAGINAL DELIVERY W/O	N	¢ 7.340.04	¢ 3.464.00	¢ 22.207.00	és 205 70	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$5,295.70	CPT/HCPCS
										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

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$1,200 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W						are paid by
										CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	Charge	Charge_	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189		No	N/A	\$ 74,931.49	\$ 74,931.49	N/A	CPT/HCPCS
Stay		Ditto	LICIUS	lanare	110	17.6	\$ 74,551.45	<i>y</i> 74,551.45	170	
										Case Rate-
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										Professional
Laws Tame Asida Care Investigat	In a stimut I and Tame Care			Description and the second second						Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w			÷	<u>.</u>		are paid by
Stay	Hospital	DRG	LIC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	N/A	CPT/HCPCS
						700/ 01				
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per	\$1,450 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
Joard	Inpatient Skilled Nursing	UR	191	Subacute Care Level 1- Skilled Care	NO	Diem	ş 227.70	ə 850.00	Diem	Day

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		Code			Required Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>Service category</u>	Service Setting	туре	coue	Description	<u>Jervice:</u>	casirrice	charge	charge	charge	<u>Listinate Type</u>
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
									40.00	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$269.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$281.90	Case Rate
	nospital outpatient		11104			9 304.32	<i>y</i> 107.15	<i>y</i> 1,025.27	\$201.50	cusc nute
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$286.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,933.99	Case Rate
						N/A No			N/A No	
	Usersite Contraction :	CDT	10000	Removal of 1 or more breast	v	Service	~	<u>^</u>	Service	Com Data
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$387.68	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$2,246.59	Case Rate
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						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Precedure	Hospital Outpatient	СРТ	20926	Arthroscopic Shouldor Surgery	Voc	Volume	ş -	ć	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29020	Arthroscopic Shoulder Surgery	Yes	volume	ə -	\$-	volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$-	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$279.97	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$939.06	Case Rate
							-		-	
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	ş -	\$-	Volume	Case Rate
			72020	loupdeleng	103	volume	Ÿ -		volume	case nate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,146.59	Case Rate

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	CMS Required Shoppable Service?		scounted Ish Price	<u>Mi</u> Neg	dentified nimum otiated harge	N N	<u>-Identified</u> <u>Aaximum</u> egotiated <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$	1,259.34	\$	372.00	\$	2,229.48	\$1,166.61	Case Rate
				Colonoscopy - Diagnostic									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$	2,117.86	Ş	335.79	\$	2,220.88	\$1,197.84	Case Rate
				Colonoscopy - With Biopsy									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380		Yes	\$	3,082.66	\$	343.06	\$	4,110.45	\$1,521.25	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	Ś	3,317.89	Ś	354.50	Ś	4,434.15	\$1,589.77	Case Rate
				Ultrasound examination of lower			N/A No Service					N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes		/olume	\$	-	\$	-	Volume	Case Rate

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$6,915.31	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$2,228.06	Case Rate
		-								
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$4,568.06	Case Rate
			45505			<i>\$</i> 5,007105	<i>ψ</i> 470130	<i>ϕ</i> 10,040100	\$4,500,000	cuse nuce
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$-	\$ 1,579.20	\$81.48	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$804.80	Case Rate
		-				. ,		. ,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$2,402.26	Case Rate
								N/ () N		
				Surgical removal of prostate and surrounding lymph nodes using an		N/A No Service	N/A No Service	N/A No Service	N/A No Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
			33300			- oranic	- Channe	v oranic	- oranic	case nate

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Service Category Service Setting Type Code Description Service? Cash Price Charge	Charge	Charge	Estimate Type
Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endometrial (Uterus) No \$ 375.83 \$ 144.00	\$ 1,697.39	\$290.31	Case Rate
	\$ 1,097.59	\$290.51	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intrauterine device No \$ 632.24 \$ 48.93	\$ 1,749.37	\$10.99	Case Rate
Hospital Outpatient ProcedureHospital OutpatientCPT58301Remove intrauterine deviceNo\$273.85\$32.34	\$ 1,495.58	\$426.54	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test No \$ 260.79 \$ 118.53	\$ 1,596.22	\$245.55	Case Rate
Routine obstetric care for vaginal			
Professional Services Associated delivery, including pre-and post-			
with Inpatient Stay Professional Services CPT 59400 delivery care Yes \$ 4,496.21 \$ 242.00	\$ 3,278.48	\$2,596.85	Case Rate
Professional Services Associated			
with Inpatient Stay Professional Services CPT 59410 Obstetrical care No \$ 2,230.06 \$ 133.91	\$ 1,625.81	\$1,279.66	Case Rate
Routine obstetric care for cesarean			
Professional Services Associated delivery, including pre-and post-	1	1	1
with Inpatient Stay Professional Services CPT 59510 delivery care Yes \$ 4,966.56 \$ 246.05	\$ 3,619.13	\$2,866.75	Case Rate

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	Service:	Casil Flice	charge	charge	charge	Estimate Type
				Routine obstetric care for vaginal						
				delivery after prior cesarean						
Professional Services Associated				delivery including pre-and post-						
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$2,717.81	Case Rate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hernital Outpatient	СРТ		imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$896.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	02322		res	\$ 1,055.16	\$ 575.55	\$ 1,000.55	\$030.10	Case hate
				Injection of substance into spinal						
				canal of lower back or sacrum using						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$914.92	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
				Injections of anesthetic and/or steroid drug into lower or sacral						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,166. 22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ		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	СРТ		Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$-	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$111.15	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ		Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$137.09	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$137.09	Per Unit
		СРТ			Νο				\$224.63	Per Unit
Radiology Services	Hospital Outpatient Hospital Outpatient	СРТ		Ct orbit/ear/fossa w/o&w/dye Ct maxillofacial w/o dye	No	\$ 2,339.66 \$ 1,668.57		\$ 2,657.02 \$ 2,259.85	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ		Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$289.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$463.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$101.78	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS Required Shoppable Service?		scounted	<u>Mi</u> Neg	dentified nimum otiated harge	De-Identifi Maximum Negotiate Charge	<u>Specific</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$ 271.	73 \$137.09	Per Unit
Padialagy Convisor	Hernital Outpatient	CDT	71250		No	Ś	1 024 52	ć	141 11	¢ 1.469	19 6127.00	DorUnit
Radiology Services	Hospital Outpatient	СРТ	/1250	CT THORAX W/O DYE	No	>	1,024.52	>	141.11	\$ 1,468.4	48 \$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$	1,448.52	\$	200.76	\$ 2,034.8	38 \$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ		Ct angiography chest	No					\$ 2,092.7		Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	Ş	37.93	\$ 204.	42 \$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	Ś	33.93	\$ 338.	99 \$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$	37.93	\$ 265.	13 \$137.09	Per Unit
				X-Ray, lower back, minimum four								
Radiology Services	Hospital Outpatient	CPT	72110	views	Yes	\$	213.64	\$	52.80	\$ 284.	93 \$137.09	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Туре</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Typ
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$463.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$463.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$289.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$289.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$224.63	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	 counted sh Price	De-Identifie Minimum Negotiateo Charge		De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.7	1\$	3,522.33	\$463.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.4	0\$	185.92	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.0	1\$	251.93	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.3	3\$	196.92	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.4	0\$	195.82	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.0	7\$	191.42	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.7	2 \$	154.02	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.4	0\$	151.82	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.7	2 \$	196.19	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.4	0\$	249.73	\$137.09	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	iscounted	<u>Mi</u> Nej	dentified nimum gotiated harge	Ν	e-Identified Maximum legotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.54	\$	32.72	\$	198.42	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$	246.65	\$	1,702.46	\$289.52	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.58	\$	37.77	\$	197.91	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$	29.51	\$	189.38	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$	32.40	\$	266.82	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$	36.52	\$	351.25	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 239.62	\$	32.40	\$	321.48	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$	31.98	\$	278.60	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$	25.72	\$	311.14	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$	29.81	\$	262.21	\$101.78	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$289.52	Per Unit
			70721		105	<i>y</i> 1)22-1102	ý 240105	÷ 1,020.00	<i>Q200102</i>	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$137.09	Per Unit
hadiology services	nospital outpatient		74150			Ş 577.04	y 142.50	÷ 1,440.55	Ş137.05	
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$224.63	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$463.12	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$463.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$224.63	Per Unit
number of the states	nospital outputient		, 4220	A ray an cooping to tentist	110	y 334.10	y 30.30	y 303.71	9227.03	i ci onic

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
Padialam Canvicas	Hernitel Outpatient	CDT	74270	V rou ym colon 1entret stel	No	¢ 521.72	ć 70.24	ć 579.01	\$224.62	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/42/0	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$224.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$137.09	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$137.09	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$137.09	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Ultrasound - Pregnancy						
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$137.09	Per Unit
Matamity (Dalison)	Uservited Outpotient	СРТ	70011		No	\$ 522.04	¢ 109.05	\$ 587.50	6380 F3	Devilatio
Maternity/Delivery	Hospital Outpatient	CPT	70811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$289.52	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$137.09	Per Unit
								-		
		CDT	70040			¢ 470 F0	¢ 02.20	ć 207.27	¢127.00	Devillet
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$137.09	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$137.09	Per Unit
								, 001.00		
				Illing and Transmission for						
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$137.09	Per Unit
Hadiology Services	nospital outpatient	GET	10030	materinty	103	Y 473,43	y 70.05	y 403.30	9131.03	i ci unit

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Radiology Services	Hospital Outpatient	СРТ	76956	Ultrasound - Pelvic (outpatient)	No	Ś	344.00	Ś	70.34	\$ 408.50	\$137.09	Per Unit
						T		Ŧ				
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$	107.57	\$ 501.03	\$113.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$	135.81	\$ 629.70	\$145.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$	109.22	\$ 504.02	\$120.51	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$137.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$101.78	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1	1,010.04	\$	336.74	\$ 2,091.45	\$1,642.96	Per Unit

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Laboratora & Dathalama Comisso	Harrital Outpatient	CDT	80049	Diand Tast Davis Matchelis David	Yee	ć 159.03	ĉ 11.94	ć - 221 22	¢22.84	Der Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$22.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$28.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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	СРТ	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$18.75	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$23.43	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$22.06	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65			\$87.00	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	91001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$8.56	Per Unit
Laboratory & Pathology Services		CFI	01001		Tes	Ş 23.40	Ş 4.44	Ş 34.47	30.30	Perofit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$4.87	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$6.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$23.24	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	822/17	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$7.03	Per Unit
Laboratory & Pathology Services		CFI	32247		NU	y 41.02	÷ 4.52	y 55.22	\$7.05	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$41.44	Per Unit

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

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Laboratory & Pathology ServicesHospital OutpatientCPT82465Assay bld/serum cholesterolNo\$15.28\$3.92\$23.76\$6.09Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT82550Assay of ck (cpk)No\$12.70\$5.86\$35.53\$9.11Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT82552Assay of ck (cpk in bloodNo\$26.14\$12.05\$75.41\$18.75Per Unit	,													
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Laboratory & Pathology ServicesHospital OutpatientCPT82550Assay of ck (cpk)No\$12.70\$5.86\$35.53\$9.11Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT82552Assay of cpk in bloodNo\$26.14\$12.05\$75.41\$18.75Per Unit	,													
Laboratory & Pathology ServicesHospital OutpatientCPT82550Assay of ck (cpk)No\$12.70\$5.86\$35.53\$9.11Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT82552Assay of cpk in bloodNo\$26.14\$12.05\$75.41\$18.75Per Unit														
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Laboratory & Pathology ServicesHospital OutpatientCPT82550Assay of ck (cpk)No\$12.70\$5.86\$35.53\$9.11Per UnitLaboratory & Pathology ServicesHospital OutpatientCPT82552Assay of cpk in bloodNo\$26.14\$12.05\$75.41\$18.75Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$	3.92	Ś	23.76	\$6.09	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82552 Assay of cpk in blood No \$ 26.14 \$ 12.05 \$ 75.41 \$18.75 Per Unit	,	· ·												
Laboratory & Pathology Services Hospital Outpatient CPT 82552 Assay of cpk in blood No \$ 26.14 \$ 12.05 \$ 75.41 \$18.75 Per Unit														
Laboratory & Pathology Services Hospital Outpatient CPT 82552 Assay of cpk in blood No \$ 26.14 \$ 12.05 \$ 75.41 \$18.75 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$	12.70	\$	5.86	Ś	35.53	\$9.11	Per Unit
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 1	12.05	\$	75.41	\$18.75	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82565 Assay of creatinine No \$ 124.50 \$ 7.17 \$ 70.25 \$13.83 Per Unit													-	
Laboratory & Pathology Services Hospital Outpatient CPT 82565 Assay of creatinine No \$ 124.50 \$ 7.17 \$ 70.25 \$13.83 Per Unit														
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$	7.17	\$	70.25	\$13.83	Per Unit
Blood Test - Vitamin B-12					Blood Test - Vitamin B-12									
Laboratory & Pathology Services Hospital Outpatient CPT 82607 (Cyanocobalamin) Level No \$ 29.40 \$ 13.57 \$ 82.73 \$21.11 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 1	13.57	\$	82.73	\$21.11	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82610 Cystatin c No \$ 140.40 \$ 14.17 \$ 405.00 \$25.93 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$	140.40	\$ 1	L4.17	\$ 4	05.00	\$25.93	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82668 Assay of erythropoietin No \$ 36.68 \$ 16.91 \$ 99.20 \$26.31 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$	36.68	\$ 1	L6.91	\$	99.20	\$26.31	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 82670 Assay of estradiol No \$ 54.51 \$ 25.15 \$ 152.33 \$39.12 Per Unit	Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 2	25.15	\$ <u>1</u>	52.33	\$39.12	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$36.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$20.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$36.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$10.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$8.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$30.74	Per Unit
				Plead Test, Plead Clusses Co. 1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$13.59	Per Unit

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$41.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$13.50	Per Unit
			00010			<i>y</i> 147105	<i>v</i> 0.00	ý 121123	<i><i><i>q</i>10.00</i></i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$17.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$16.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$9.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$18.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$54.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$12.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$12.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$12.85	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$29.20	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$49.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$25.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$40.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$6.73	Per Unit
							-			
Laboratory & Dathalam, Comisso	Upprited Outpotient	CDT	84420	Blood Test - Thyroxine (Thyroid	No	\$ 66.21	¢ 0.12	\$ 89.13	\$12.63	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 00.21	\$ 8.12	\$ 89.13	\$12.03	Per Unit
				Blood Test - Thyroid Stimulating		<u> </u>	á	A 440	A IT DC	
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$45.36	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$45.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$19.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$17.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$21.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$3.32	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$20.98	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$9.06	Per Unit

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Laboratory & Dathalamy Comisso	Upperited Outpetient	СРТ	95340	Clat factor will also 1 store	No	\$ 45.97	¢ 10.11	¢ 05.50	635.0C	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$25.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$13.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$11.59	Per Unit
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		0.07					A A A A	÷ == ==		D
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$13.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$7.71	Per Unit
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$8.41	Per Unit
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Labourtows 8. Dath - Is we Count	Upperitel Outpetient	CDT	05722	Thursday a location at the subscript of	N -	¢ 43.03	¢ 5.00	é	¢0.00	Devilat
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85/32	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$9.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$7.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$65.77	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Cash P		Charge	Charge	Charge	Estimate Type
		<u></u>									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 13	32.78	\$ 24.10	\$ 383.03	\$37.49	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 5	52.70	\$ 5.10	\$ 70.95	\$7.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	37.81	\$ 3.84	\$ 50.90	\$5.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	37.81	\$ 3.84	\$ 50.90	\$5.98	Per Unit
Laboratory & Pathology Services		CFT	00352		NO	Ý ,	,,.01	Ş 3.04	Ş 30.30	33.30	rei onit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 5	57.37	\$ 9.16	\$ 165.50	\$14.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 2	25.74	\$ 11.87	\$ 81.45	\$18.47	Per Unit
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Laboratory & Dathology Convisor	Hospital Outpatient	СРТ	96651	Enconhalitic californ antholy	No	\$ 2	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	86651	Encephalitis californ antbdy	No	> 4	25.74	\$ 11.8/	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 2	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 2	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 2	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
			00004					÷ 11.07	- 110.13	910.77	. crome
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 2	25.60	\$ 11.81	\$ 83.21	\$18.37	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	s	30.68	¢	15.13	¢	63.03	\$23.59	Per Unit
Laboratory & Pathology Services		CFT	00077		NO	Ŷ	30.00	\$	15.15	,	05.05	Ş23.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$	15.44	\$	50.98	\$24.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$	79.65	\$	12.41	\$	107.23	\$19.31	Per Unit
						<u>^</u>	05.44					A46.07	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$	10.85	\$	115.92	\$16.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$	10.59	\$	57.38	\$16.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	Ś	9.67	Ś	133.25	\$15.04	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$	10.41	\$	65.09	\$16.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	Ś	11.15	Ś	56.71	\$17.35	Per Unit
						Ŧ				-		7	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$	12.95	\$	225.56	\$20.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	s	25.14	Ś	11.59	ŝ	72.53	\$18.03	Per Unit
caseratory or ratiology services	nospital outputient		30703	nuscola antibody	110	Y	23.14	Y	11.00	4	72.33	910.03	i ci onic

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$58.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$18.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$19.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$21.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$62.46	Per Unit
,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$181.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$137.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$137.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$42.21	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$42.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFT	80301	Blood typing serologic m(d)	NU	\$ 00.24	Ş 3.76	\$ 81.10	342.21	Per Unit
Laboratory & Dathalary Sorvices	Hernitel Outpetient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$357.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00902	BLOOD TIPE ANTIGEN DONOR EA	NU	\$ 5.02	ə 4.04	\$ 505.57	\$557.61	Per Unit
Laboratory & Dathalam Comitae	Upper ital Outpatient	CDT	00000			\$ 244.72	¢ 12.44	¢ 244.22	6404 47	Deville it
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$181.17	Per Unit
Laboratory & Dathalam Comitae	Uservited Outputient	CDT	07040	Disard sultance for he starts		¢ 122.00	¢ 0.20	ć 100.05	64.4.45	Devident
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$14.45	Per Unit
Laboratory & Dathalamy Comisso	Upprited Outpetient	CDT	07070	Restanial Culture Such	No	\$ 138.63	¢ 7.70	¢ 190.01	¢12.07	Devilatio
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/0/0	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$12.07	Per Unit
Laboratory & Dathalam Comitae	Upper ital Outpatient	CDT	07077	Pertonial Culture Associate Indepen		\$ 60.43	¢ 7.07	¢ 01.25	644.24	Deville it
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/0//	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$11.31	Per Unit
				Test for Disease Contin						
				Test for Disease-Causing						
			07007	(Pathogenic) Organisms, Not			• • •=		40.55	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$9.28	Per Unit

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Service Category	Service Setting	<u>Type</u>	coue	Description	Service:	Casil Flice	charge	charge	charge	<u>Estimate Type</u>
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$11.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$11.33	Per Unit
						÷		A	407.44	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$27.44	Per Unit
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$12.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$5.98	Per Unit
				Lab Test Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ		Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$14.46	Per Unit
Laboratory & Fathology Services		CFI	07340	inepatitis o surrace Antigen	INU	y 03.35	۰.5U پ	وو.دوه خ	Ş14.40	reronit
				Lab Test - Detection test for HIV-1						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$33.71	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	97/25	Rotavirus ag ia	Νο	Ś	37.44	ŝ	10.78	\$ 108.0	0 \$16.77	Per Unit
Laboratory & Fathology Services	riospital Outpatient		07423		NU	Ŷ	57.44	Ŷ	10.70	y 100.0	5 910.77	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$	31.58	\$ 171.0	3 \$49.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$	31.58	\$ 171.0	3 \$49.13	Per Unit
Laboratory & Dathalogy Convisas	Hospital Outpatiant	CDT	97625	87635 - SARS-COV-2 COVID-19	No	\$	52.26	ć		\$ 136.4	0 671.02	Der Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87035	AMP PRB	No	Ş	53.36	>	-	\$ 136.4	8 \$71.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$	31.58	\$ 171.0	3 \$49.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Lab Test - Detection test for Influenza Virus	No	\$	37.58	\$	19.82	\$ 70.5	0 \$44.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	Νο	\$	101.56	\$	19.87	\$ 143.4	8 \$44.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	\$	_	\$ 120.3	0 \$28.10	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Vaccinations	Physician Office	СРТ		Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$17.47	Per Unit
Vaccinations	Physician Office	СРТ		Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$15.69	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$ 93.8 1	Per Unit
Vaccinations	Hospital Outpatient	СРТ		Immunization Administration Each Additional Component	No	\$ 12.56	\$-	\$ 38.51	\$32.59	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit
Vaccination	Hospital Outpatient	СРТ		Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$322.20	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Vestination	Hernitel Outpetient	CDT		Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	s -	¢ 77.72	¢47.00	Dev Unit
Vaccination	Hospital Outpatient	СРТ	90715		No	\$ 57.74	ş -	\$ 77.73	\$47.99	Per Unit
Evaluation & Management Servi	ces Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$161.47	Per Unit
Evaluation & Management Servi		СРТ		Psychotherapy - 30 Minutes	Yes	\$ 88.03			\$80.64	Per Unit
Evaluation & Management Servi		СРТ		Psychotherapy - 45 Minutes	Yes	\$ 116.77			\$107.52	Per Unit
Evaluation & Management Servi		СРТ		Psychotherapy - 60 Minutes	Yes	\$ 174.90			\$161.06	Per Unit
Evaluation & Management Servi		СРТ		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 Servi	ces Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$135.02	Per Unit

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							N/A No Service			N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	-	olume	\$	-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$	52.00	\$	17.40	\$ 251.43	\$107.76	Per Unit
Medicine Cardiovascular	Professional Services	СРТ	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$	36.27	\$	28.12	\$ 95.52	\$20.66	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	Ś	142.29	¢	_	\$ 295.26	\$79.37	Per Unit
						Y		•		<u> </u>		
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$ 634.57	\$319.54	Per Unit
Madining Other	Upprited Outproting t	CDT	02200	The us (decades consults	Ne	¢	1 404 92	¢	222.20	<u>6 1 502 05</u>	¢701.97	Des Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	>	1,404.83	>	322.26	\$ 1,593.05	\$701.87	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	\$3,893.75	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$ 400.67	\$169.65	Per Unit

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Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$ 189.82	\$ -	\$ 1,229.53	\$1,147.56	Per Unit
		1				N/A No	N/A No	N/A No	N/A No	
Medicine Neurology and						Service	Service	Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	Volume	Volume	Volume	Volume	Per Unit
		-								
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$114.35	Case Rate
-										
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032		No	\$ 31.26	\$ 12.56	\$ 59.90	\$20.15	Per Unit
		••••				+	+ 1100	+	+	
Medicine Physical Medicine and				Physical Therapy - Ultrasound						
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$19.47	Per Unit
	hospital outputient		57000	(inclupy)		Ç 20152	Ŷ 11.55	÷ ••••25	<i>Q</i> 23147	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$41.38	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$47.53	Per Unit
			5.112			÷ 05.55	+ 20.14	+ 104.70	y-11.00	. cr onic
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$40.92	Per Unit
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Service Category	Service Setting	<u>Type</u>	Code	Description	Service?	Cash Price	Charge	Charge	Charge_	Estimate Type
Medicine Physical Medicine and							<u> </u>	400.44	D
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$38.11	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$115.40	Per Unit
			57101			¢ 100.00	, ç , <u>1</u> .5,	Ç 252.00	Ç115.40	
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$115.40	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity			1.	1.		
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 168.06	i \$ 71.97	\$ 252.78	\$115.40	Per Unit
Medicine Dhuricel Medicine and										
Medicine Physical Medicine and Rehabilitation	Hernital Outpatient	СРТ	07164	Physical Thoropy Do Evolution	Ne	\$ 113.34	\$ 48.67	\$ 170.97	\$79.00	Per Unit
Renabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	3 48.67	ş 1/0.97	\$19.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$122.19	Per Unit
medicine Occupational melapy		CFI	31103	OT LVAL LOW CONFLEX 30 MIIN	NU	A 100.00	y 11.05	y 243.32	3122.13	rerunit

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Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$ 72.0	0	\$ 245.32	\$121.74	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$ 17.4	0	\$ 124.45	\$52.65	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97535	Physical Therapy - Self-care or Home Management Training	Νο	Ś	68.89	s .		\$ 109.03	\$45.91	Per Unit
						•		•			<i><i><i>q</i></i> 10101</i>	
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$ ·		\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$ 90.3	4	\$ 200.08	\$63.04	Per Unit
				Office Visit - New Patient, Low								
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$	182.06	\$ 132.5	4	\$ 273.99	\$94.55	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Pric	e	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250	.69	\$ 177.01	\$ 432.49	\$161.77	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448	.04	\$ 156.38	\$ 553.76	\$211.38	Per Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 58	.74	\$ 46.41	\$ 133.24	\$32.14	Per Unit
							-				
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	Ś 99	.67	\$ 81.71	\$ 201.59	\$64.26	Per Unit
						, 55					
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 151	.19	\$ 140.90	\$ 279.47	\$99.10	Per Unit
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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cas	h Price	Charge_	Charge	Charge	Estimate Type
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	00215	High Complexity	No	Ś	315.87	\$ 192.33	\$ 385.34	\$140.04	Per Unit
Evaluation & Management Services	Professional Services	CFI	55215	ngricomplexity	NU	2	515.07	\$ 152.55	Ş 363.34	\$140.04	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	Ś	159.88	\$ 50.60	\$ 111.92	\$90.94	Per Unit
,						T		· · · · · · ·	,		
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$	212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$	338.80	\$-	\$ 226.38	\$0.00	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$	230.81	\$ 74.98	\$ 689.88	\$117.62	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Function of Decim Minit	Upperited Outpetient	CDT		Emergency Department Visit - Low	Ne	\$ 430.38	ć 02.52	ć 1 114 22	6277.20	Casa Bata
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$277.39	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$398.20	Case Rate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$594.03	Case Rate
			55204	mane: complexity (outputient)		÷ 2,400.05	+ 2,0,40	+ -,	4004100	case nate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$1,773.92	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	<u>Jervice:</u>	casirrice	charge	charge	charge	Lotinate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ		Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$2,390.84	Case Rate
Emergency noom visit	nospital outpatient		55251	entital care (outpatient)		Ş 17,000.01	y 423.30	Ş 0,300.07	Ş2,330.04	case nate
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient,						
Evaluation & Management Services	Professional Services	СРТ		Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$0.00	Per Unit
				Office Visit - Comprehensive						
				-						
				Preventive Medicine Evaluation						
				and Management, New Patient, 1-						
Evaluation & Management Services	Protessional Services	СРТ	99382	4 Years Old	No	\$ 163.82	Ş -	\$ 236.91	\$0.00	Per Unit

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Service Category Service Se	Code tting Type	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Evaluation & Management Services Professional Service	25 CPT	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old	Νο	\$ 170.96	Ś-	\$ 413.46	\$0.00	Per Unit
				+	•	·		
		Office Visit - Comprehensive						
Evaluation & Management Services Professional Service	es CPT	Preventive Medicine Evaluation and Management, New Patient, 12- 17 Years Old	Νο	\$ 193.58	\$-	\$ 280.75	\$0.00	Per Unit

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				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 18-						
Evaluation & Management Services	Professional Services	СРТ		39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$89.25	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Evaluation						
				and Management, New Patient, 40-						
Evaluation & Management Services	Professional Services	СРТ	99386	64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$119.24	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge_	Charge_	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	ş -	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit

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Evaluation & Management Services Professional Services CPT 9393 and Management, 5-11 Years Old No S 150.44 S - S 305.91 50.00 Per Unit Evaluation & Management Services Professional Services CPT 9394 and Management, 12-17 Years Old No S 165.14 S - S 398.57 50.00 Per Unit Evaluation & Management Services Professional Services CPT 9394 and Management, 12-17 Years Old No S 165.14 S - S 398.57 50.00 Per Unit	Service Category	Sorvice Setting		Codo	Description		Cash Price				Estimato Tuno
Evaluation & Management Services Professional Services CPT 9333 Preventive Medicine Reevaluation No \$ 150.44 \$. \$ 305.91 \$0.00 Per Unit	<u>Service Category</u>	Service Setting	туре	coue	Description	Servicer	Casil Price	Charge	Charge	Charge	Estimate Type
Evaluation & Management Services Professional Services CPT 9333 Preventive Medicine Reevaluation No \$ 150.44 \$. \$ 305.91 \$0.00 Per Unit											
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Evaluation & Management Services Professional Services CPT 9333 Preventive Medicine Reevaluation No \$ 150.44 \$. \$ 305.91 \$0.00 Per Unit											
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Evaluation & Management Services Professional Services CPT 99394 and Management, 12-17 Years Old No \$ 165.14 \$ - \$ 398.57 \$0.00 Per Unit											
Evaluation & Management Services Professional Services CPT 99394 Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ \$ \$.0.00 Per Unit	Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	Ş -	\$ 305.91	Ş 0.0 0	Per Unit
Evaluation & Management Services Professional Services CPT 99394 Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ \$ \$.0.00 Per Unit											
Evaluation & Management Services Professional Services CPT 99394 Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ \$ \$.0.00 Per Unit											
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Evaluation & Management Services Professional Services CPT 99394 Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ \$ \$.0.00 Per Unit											
Evaluation & Management Services CPT 9939 and Management, 12-17 Years Old No \$ 165.14 \$. \$ 398.57 \$0.00 Per Unit											
Office Visit - Comprehensive Preventive Medicine Reevaluation											
Preventive Medicine Reevaluation	Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
Preventive Medicine Reevaluation											
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Preventive Medicine Reevaluation											
Preventive Medicine Reevaluation											
					Office Visit - Comprehensive						
Evaluation & Management Services Professional Services CPT 99395 and Management, 18-39 Years Old No \$ 168.81 \$ 37.07 \$ 304.60 \$48.19 Per Unit					Preventive Medicine Reevaluation						
	Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$48.19	Per Unit

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Evaluation & Management Service	s Professional Services	СРТ		Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	Νο	\$ 180.12	\$ 64.57	\$ 429.79	\$83.95	Per Unit
						÷ 100112	<u> </u>	<u> </u>	çoonoo	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$0.00	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$-	\$ 126.95	\$63.57	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$-	\$-	\$67.57	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	Νο	\$ 773.99	\$ 46.24	\$ 1,424.46	\$334.01	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$3,034.15	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		Charge		Charge	Charge	Estimate Type
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.0) \$	74.02	\$	200.00	\$146.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.0	3\$	-	\$	732.35	\$160.20	Per Unit
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Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.2	2 Ş	0.03	Ş	0.34	\$0.04	Per Unit
Inications	Heavitel Outpatient	LICDCC	11015	Inculia inication	No	¢		0.79	~	2.27	¢1 22	Devilait
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.1	\$ \$	0.78	>	3.27	\$1.22	Per Unit
			17005									
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.9	> >		\$	89.11	\$14.31	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.5	\$	-	\$	4,336.21	\$314.23	Per Unit