| Summit Community Arkenses | | 1 | | | | | | | | |
|---|--------------------------|----------------------------|-------------|---|--|-----------------------------|--|--|--|--|
| Summit Community Arkansas Medicaid | Last Updated: 12/14/2021 | | | | | | | | | |
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | <u>Description</u> | 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 |
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| 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 | \$12,529.27 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| | | | | | | | | | | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 460 | Spinal fusion except cervical without major comorbid conditions or complications (MCC) | Yes | \$ 89,541.22 | \$ 16,237.64 | \$ 58,989.92 | \$17,947.63 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| Service Category | Service Setting | <u>Code</u> Type | Code | Description | Shoppable Service? | Discounted Cash Price | Charge | Charge | Negotiated Charge | Estimate Type |
| Service Category | <u>Service Setting</u> | туре | coue | Description | Service: | Casil Plice | charge | charge | charge | <u>Estimate Type</u> |
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| | | | | Major joint replacement or | | | | | | Professional |
| | | | | reattachment of lower extremity | | | | | | Charges which |
| | | | | without major comorbid conditions | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 470 | or complications (MCC). | Yes | \$ 26,747.32 | \$ 8,070.44 | \$ 37,721.88 | \$6,941.10 | CPT/HCPCS |
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| | | | | Cervical spinal fusion without | | | | | | Professional |
| | | | | comorbid conditions (CC) or major | | | | | | Charges which |
| | | | | comorbid conditions (CC) of major | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | complications (MCC). | Yes | \$ 37,083.10 | \$ 10.123.74 | \$ 62,430.00 | \$5,180.43 | CPT/HCPCS |
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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | HIP FEMUR PROCEDURES EXCEPT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 480 | MAJOR JOINT W MCC | No | \$ 58,727.97 | \$ 12,375.85 | \$ 48,933.51 | \$18,867.60 | CPT/HCPCS |
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| | | | | HIP FEMUR PROCEDURES EXCEPT | | | | | | are paid by |
| Hospital Inpatient Stay H | Hospital Inpatient | DRG | 481 | MAJOR JOINT W CC | No | \$ 48,507.14 | \$ 8,559.98 | \$ 38,996.68 | \$10,408.84 | CPT/HCPCS |
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| Hospital Inpatient Stay H | Hospital Inpatient | DRG | 482 | MAJOR JOINT W/O CC/MCC | No | \$ 35,733.50 | \$ 6,745.73 | \$ 37,731.25 | \$6,559.34 | CPT/HCPCS |
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | CMS Required Shoppable Service? | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Tyj |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 494 | LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | No | \$ 34,304.81 | \$ 7,426.74 | \$ 43,066.25 | \$7,277.70 | 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 | \$3,709.77 | Case Rate- Excluding Professional Charges whic are paid by CPT/HCPCS |
| | | | | RED BLOOD CELL DISORDERS W | | | | | | Case Rate- Excluding Professional Charges whic are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 811 | MCC | No | \$ 23,221.02 | \$ 4,255.93 | \$ 31,015.82 | \$11,825.72 | CPT/HCPCS |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| | | DRC | | RED BLOOD CELL DISORDERS W/O | | 6 17 544 14 | Ê 2055 18 | £ 20 002 02 | Č9 296 25 | Case Rate- Excluding Professional Charges which are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 812 | MCC | No | \$ 17,544.11 | \$ 2,955.18 | \$ 26,002.03 | \$8,286.35 | CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 928 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | No | \$ 81,430.86 | \$ 21,639.28 | \$ 150,000.00 | \$38,906.25 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | No | \$ 38,084.70 | \$ 6,540.49 | \$ 50,000.00 | \$22,845.03 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 935 | NON-EXTENSIVE BURNS | Νο | \$ 18,159.73 | \$ 3,301.83 | \$ 50,000.00 | \$11,474.71 | 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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| | | | | FEMUR PROC FOR MULTIPLE | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 956 | SIGNIFICANT TRAUMA | No | \$ 105,373.59 | \$ 16,085.53 | \$ 200,000.00 | \$23,943.96 | CPT/HCPCS |
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| | | | | OTHER O.R. PROCEDURES FOR | | | | | | Charges which |
| | | | | MULTIPLE SIGNIFICANT TRAUMA | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | W MCC | No | \$ 139,128.72 | \$ 30,888.17 | \$ 200,000.00 | \$35,615.29 | CPT/HCPCS |
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| | | | | OTHER O.R. PROCEDURES FOR | | | | | | Charges which |
| Henritel Investigat Story | Upprited Impetient | DBC | | MULTIPLE SIGNIFICANT TRAUMA | No | ć 72.022.71 | ¢ 17 102 CO | ć 135 000 00 | ¢10.250.27 | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 329 | W CC | No | ə /3,933./1 | \$ 17,182.69 | \$ 125,000.00 | \$18,358.27 | CPT/HCPCS |
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| | | | | | | | | | | Charges which |
| | | | | OTHER MULTIPLE SIGNIFICANT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 964 | TRAUMA W CC | No | \$ 34,761.85 | \$ 6,123.35 | \$ 50,000.00 | \$12,558.14 | CPT/HCPCS |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | 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 | \$5,897.45 | CPT/HCPCS |
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| | | | | 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 | \$11,545.94 | CPT/HCPCS |
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| | | | | 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 | \$8,265.84 | CPT/HCPCS |
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| | | | | 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 | \$6,143.39 | CPT/HCPCS |
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| | | | | 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 | \$9,751.41 | CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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 |
| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 11,322.59 | \$ 2,835.00 | \$ 27,868.32 | \$8,078.47 | 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 | \$6,697.37 | 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 | \$4,134.93 | 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 | \$6,162.35 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 798 | VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MC0 | C No | \$ 10,897.11 | \$ 2,464.00 | \$ 25,917.69 | \$5,546.11 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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> Specific Negotiated Charge | Estimate Type |
| Maternity/Delivery | Hospital Inpatient | DRG | 805 | VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | No | \$ 10,518.03 | \$ 2,464.00 | \$ 27,817.08 | \$7,347.41 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 806 | VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | Νο | \$ 8,616.42 | \$ 2,464.00 | \$ 24,277.74 | \$5,350.95 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 807 | VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | No | \$ 7,318.91 | \$ 2,464.00 | \$ 23,397.98 | \$4,690.53 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | DRG | 945 | REHABILITATION W CC/MCC | No | N/A | \$ 14,553.00 | \$ 14,553.00 | \$28,073.57 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | DRG | 946 | REHABILITATION W/O CC/MCC | No | N/A | \$ 10,870.00 | \$ 10,870.00 | \$24,514.47 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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> | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Inpatient Rehabilitation Hospital Stay | Inpatient Rehabilitation Hospital | UB | | Inpatient Rehabilitation Hospital Room & Board | Νο | 52% Charges Estimated at \$2,341.96 Per Diem | | | \$2,133.12 Per Diem | Per Diem Per Day |
| | | | | | | | | | | |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | | AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC | No | N/A | \$ 18,018.00 | \$ 18,018.00 | \$21,940.66 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| | | | | AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W | | | | | | Case Rate- Excluding Professional Charges which are paid by |
| Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | 560 | сс | No | N/A | \$ 10,435.00 | \$ 10,435.00 | \$22,055.66 | CPT/HCPCS |

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| | | | | 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 | \$19,739.82 | CPT/HCPCS |
| | | | | | | | | | | |
| | | | | | | | | | | Case Rate- |
| | | | | | | | | | | Excluding |
| | | | | | | | | | | Professional |
| | | | | | | | | | | Charges which |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Pulmonary edema respiratory | | | | | | are paid by |
| Stay | Hospital | DRG | LTC189 | | No | N/A | \$ 74,931.49 | \$ 74,931.49 | Non-Par | CPT/HCPCS |
| Stay | nospital | Ditto | LICIOS | lanare | | 17.6 | <i>Ş 74,55</i> 1.45 | <i>Ş</i> 74,551.45 | Non-Fai | |
| | | | | | | | | | | Case Rate- |
| | | | | | | | | | | Excluding |
| | | | | | | | | | | Professional |
| | | | | | | | | | | |
| Long Torre Acuto Core Innetiont | Innetiant Long Torre Core | | | Requirements and discussions | | | | | | 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 | Non-Par | 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 | | Per Diem Per |
| Stay | Hospital | UB | 200 | Room & Board | No | diem) | Diem | Diem | Non-Par | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | | | - | | | | Per Diem Per |

| r | | | | | | | | | Amount We | |
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge_ | Charge | Charge | Estimate Type |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | Subacute Care Level 2- | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 192 | Comprehensive Care | No | Diem | \$ 299.70 | \$ 850.00 | Non-Par | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | In a stight Chille of Number | | 402 | Subacute Care Level 3- Complex | N | \$1,109.30 Per | ¢ 270.00 | ¢ 050.00 | No. Dou | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 193 | Care | No | Diem | \$ 370.00 | \$ 850.00 | Non-Par | Day |
| | | | | | | | | | | |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11102 | Biopsy - Tangential Biopsy of Skin | No | \$ 530.90 | \$ 161.58 | \$ 1,803.41 | \$271.62 | Case Rate |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11104 | Biopsy - Punch Biopsy of Skin | No | \$ 584.92 | \$ 167.15 | \$ 1,829.27 | \$277.19 | Case Rate |
| | | | | | | | | | | |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 17000 | Destruction of Lesion (outpatient) | No | \$ 1,131.70 | \$ 157.92 | \$ 1,634.10 | \$294.00 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 19083 | Bx breast 1st lesion us imag | No | \$ 3,052.42 | \$ 381.25 | \$ 2,964.36 | \$381.25 | Case Rate |
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| | | | | | | | | | | |
| | | | | | | N/A No | | | N/A No | |
| | | | | Removal of 1 or more breast | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 191 20 | growth, open procedure | Yes | Volume | \$- | \$- | Volume | Case Rate |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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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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| Injections | Hospital Outpatient | СРТ | 20610 | Arthrocentesis (outpatient) | No | \$ 370.58 | \$ 182.39 | \$ 1,461.73 | \$263.42 | Case Rate |
| injections | noopital outputient | | 20010 | Autocentesis (outputient) | | <i>v</i> 370.30 | Ç 102.05 | <i>v</i> 1,401.70 | 9200112 | cuse nuce |
| | | | | | | | | | | |
| Linewitel Outpetient Decodure | Uppritel Outpatient | CDT | 27010 | Treatment of only of fronting | No | ¢ 1 242 49 | ¢ 205.00 | ¢ 3,591,00 | ¢205.00 | Core Data |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 27818 | Treatment of ankle fracture | No | \$ 1,243.48 | \$ 395.00 | \$ 2,581.00 | \$395.00 | Case Rate |
| | | | | | | | | | | |
| | | | | | | N/A No | | | N/A No | |
| | | | | | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 29826 | Arthroscopic Shoulder Surgery | Yes | Volume | \$ - | \$- | Volume | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | N/A No | | | N/A No | |
| | | | | Arthroscopic Knee Surgery | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 29881 | (outpatient) | Yes | Volume | \$ - | \$- | Volume | Case Rate |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 21575 | Laryngoscopy - Diagnostic | No | \$ 449.87 | \$ 135.86 | \$ 1,978.02 | \$265.32 | Case Rate |
| nospital outpatient Procedure | nospital outpatient | CIT | 31373 | Laryngoscopy - Diagnostic | 110 | Ş 445.07 | ÷ 133.00 | Ş 1,570.02 | 9203.32 | case nate |
| | | | | | | | | | | |
| | | | | | | ¢ | ÷ | A | 40.00 00 | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 32555 | Aspirate pleura w/ imaging | No | \$ 608.39 | \$ 288.54 | \$ 1,852.06 | \$360.20 | Case Rate |
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| | | | | | | N/A No | | | N/A No | |
| | | | | Tonsillectomy with Adenoidectomy | | Service | | | Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 42820 | (outpatient) | Yes | Volume | \$- | \$- | Volume | Case Rate |
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| | | | | Upper Gastrointestinal Endoscopy - | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 12225 | Diagnostic | Yes | \$ 2,027.21 | \$ 61.00 | \$ 1,867.74 | \$311.00 | Case Rate |
| nospital outpatient Procedure | | CFI | 43233 | Diagnostic | 165 | 2,021.21 ب | 01.00 ć | ±,00/./4 | 2211.00 | case nate |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| | | | | | <u>CMS</u> Required | | De-Identified Minimum | De-Identified Maximum | <u>Payer-</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 |
| | | CDT | 42220 | Upper Gastrointestinal Endoscopy - | N | ¢ 4 250 24 | ć | ¢ | 6272.00 | Cours Data |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 43239 | With Biopsy | Yes | \$ 1,259.34 | \$ 372.00 | \$ 2,229.48 | \$372.00 | Case Rate |
| | | | | Colonoscopy - Diagnostic | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 45378 | (outpatient) | Yes | \$ 2,117.86 | \$ 335.79 | \$ 2,220.88 | \$335.79 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | Colonoscopy - With Biopsy (outpatient) | Yes | \$ 3,082.66 | \$ 343.06 | \$ 4,110.45 | \$343.06 | Case Rate |
| | | | | | | + 0,002.00 | + | <i> </i> | <i>vo</i> 10100 | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | Colonoscopy - With Polyp Removal (outpatient) | Yes | \$ 3,317.89 | \$ 354.50 | \$ 4,434.15 | \$354.50 | 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 | Volume | \$- | \$ - | Volume | Case Rate |

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| To Connet for a comitor Click (CTD) | | | | | | | | | | |
| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| | | Code | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge_ | Charge | Charge_ | Estimate Type |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 47562 | Gall Bladder Surgery (outpatient) | Yes | \$ 12,062.52 | \$ 504.75 | \$ 18,374.88 | \$504.75 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49440 | Place gastrostomy tube perc | No | \$ 3,111.60 | \$ 445.12 | \$ 3,166.61 | \$445.12 | Case Rate |
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| | | | | Panair of grain harnia nationt age E | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49505 | Repair of groin hernia patient age 5 years or older | Yes | \$ 9,867.85 | \$ 470.98 | \$ 15,040.03 | \$470.98 | Case Rate |
| | | | 45505 | | 100 | <i>\$</i> 5,007105 | <i>\(\)</i> | <i>ϕ</i> 10,040100 | <i>QH</i> ¹ 0150 | cuse nuce |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 51798 | Urine Capacity Measurement | No | \$ 97.04 | \$- | \$ 1,579.20 | \$254.54 | Case Rate |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 52000 | Cystoscopy | No | \$ 1,173.22 | \$ 282.78 | \$ 1,596.52 | \$282.78 | Case Rate |
| and a substantial second | a second a second s | | | | | , _,_,_,_ | | , _, | , | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 55700 | Biopsy of prostate gland | Yes | \$ 1,165.04 | \$ 284.76 | \$ 2,631.84 | \$284.76 | Case Rate |
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| | | | | Surgical removal of prostate and | | N/A No Service | N/A No Service | N/A No Service | N/A No Service | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 55866 | surrounding lymph nodes using an endoscope | Yes | Volume | Volume | Volume | Volume | Case Rate |
| | | | 33300 | eeosope | | - oranic | - Channe | v oranic | - oranic | case nate |

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| To Search for a service Click "CTRL" | |
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| | Required Minimum Maximum Specific |
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| Service Category Service Setting Type Code Description | Service? Cash Price Charge Charge Charge Estimate Type |
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| Hospital Outpatient Procedure Hospital Outpatient CPT 58100 Biopsy - Endometrial (Ute | erus) No \$ 375.83 \$ 144.00 \$ 1,697.39 \$261.00 Case Rate |
| nospital Outpatient Procedure nospital Outpatient CP1 38100 Biopsy - Endometrial (Ote | erus) NO 3 373.83 3 144.00 3 1,697.39 3201.00 Case Rate |
| | |
| | |
| Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intrauterine device | e No \$ 632.24 \$ 48.93 \$ 1,749.37 \$54.88 Case Rate |
| | |
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| Hospital Outpatient Procedure Hospital Outpatient CPT 58301 Remove intrauterine device | ice No \$ 273.85 \$ 32.34 \$ 1,495.58 \$32.34 Case Rate |
| | |
| | |
| Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test | No \$ 260.79 \$ 118.53 \$ 1,596.22 \$263.75 Case Rate |
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| Routine obstetric care for | |
| Professional Services Associated delivery, including pre-and | |
| with Inpatient Stay Professional Services CPT 59400 delivery care | Yes \$ 4,496.21 \$ 242.00 \$ 3,278.48 \$242.00 Case Rate |
| | |
| Professional Services Associated | |
| with Inpatient Stay Professional Services CPT 59410 Obstetrical care | No \$ 2,230.06 \$ 133.91 \$ 1,625.81 \$133.91 Case Rate |
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| Routine obstetric care for | |
| Professional Services Associated delivery, including pre-and | |
| with Inpatient Stay Professional Services CPT 59510 delivery care | nd post- Yes \$ 4,966.56 \$ 246.05 \$ 3,619.13 \$246.05 Case Rate |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Samilas Catagony | Somico Cotting | | Code | Description | Service? | Cash Price | | | Charge | Estimate Tune |
| Service Category | Service Setting | Туре | <u>Code</u> | Description | Servicer | Casil Price | Charge_ | <u>Charge</u> | Charge | Estimate Type |
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| | | | | Routine obstetric care for vaginal | | | | | | |
| | | | | delivery after prior cesarean | | | | | | |
| Professional Services Associated | | | | delivery including pre-and post- | | | | | | |
| | Professional Consistent | CDT | | | Mara | ¢ 4 700 F0 | ¢ 205.00 | ¢ 2,420,24 | ¢205.00 | Course Data |
| with Inpatient Stay | Professional Services | СРТ | 59610 | delivery care | Yes | \$ 4,706.58 | \$ 305.08 | \$ 3,429.34 | \$305.08 | Case Rate |
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| | | | | Injection of substance into spinal | | | | | | |
| | | | | canal of lower back or sacrum using | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | imaging guidance | Yes | \$ 1,055.18 | \$ 379.33 | \$ 1,880.39 | \$474.39 | Case Rate |
| inospital Outpatient Flocedule | | Cr I | 02322 | | 163 | ÷ 1,055.10 | ÷ 373.33 | ÷ 1,000.55 | 3474.33 | case nate |
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| | | | | Injection of substance into spinal | | | | | | |
| | | | | canal of lower back or sacrum using | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | imaging guidance | Yes | \$ 1,665.98 | \$ 305.01 | \$ 1,988.33 | \$305.01 | Case Rate |
| nospital outpatient Floteutie | nospital outpatient | SF I | 02323 | indenis suidance | 165 | φ 1,000.30 | - 303.01 | کړ. ۵۵۵ پر ک | 2303.01 | case nate |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> Type | Code | Description | CMS Required Shoppable Service? | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| | | | | | | | | | | |
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| | | | | 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 | \$480.20 | Case Rate |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | Removal of recurring cataract in lens capsule using laser | Yes | N/A No Service Volume | s - | \$- | 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 | \$257.03 | Case Rate |
| | | | | er faar Haad (Daria with i | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | | CT Scan - Head/Brain, without Contrast | No | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$165.00 | Per Unit |

| | | | | | | | | | Amount We | |
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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 | \$165.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70482 | Ct orbit/ear/fossa w/o&w/dye | No | \$ 2,339.66 | \$ 207.79 | \$ 2,657.02 | \$257.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70486 | Ct maxillofacial w/o dye | No | \$ 1,668.57 | \$ 127.52 | \$ 2,259.85 | \$178.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70496 | Ct angiography head | No | \$ 1,871.05 | \$ 223.05 | \$ 1,996.31 | \$280.90 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70498 | Ct angiography neck | No | \$ 1,632.72 | \$ 223.05 | \$ 1,677.63 | \$280.90 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,518.19 | \$ 252.20 | \$ 2,270.30 | \$403.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,314.59 | \$ 406.50 | \$ 3,409.54 | \$578.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71045 | X-ray exam chest 1 view | No | \$ 138.11 | \$ 19.91 | \$ 181.37 | \$11.86 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71046 | X-Ray - Chest (outpatient) | No | \$ 148.99 | \$ 31.50 | \$ 193.55 | \$21.87 | Per Unit |

| r | | | | | | [| | | | | | Amount We | i |
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| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | CMS Required Shoppable Service? | | scounted sh Price | <u>Min</u> Nego | lentified himum otiated harge | De-Ide <u>Maxi</u> <u>Negot</u> <u>Cha</u> | iated | Payer- Specific Negotiated Charge | Estimate Type |
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| Radiology Services | Hospital Outpatient | СРТ | 71110 | X-ray exam ribs bil 3 views | No | \$ | 205.20 | \$ | 38.07 | \$ | 271.73 | \$25.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71250 | CT THORAX W/O DYE | No | \$ | 1,024.52 | \$ | 141.11 | \$ 1,4 | 468.48 | \$215.00 | Per Unit |
| | | | | CT Scan - Chest, with Contrast | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71260 | | No | \$ | 1,448.52 | \$ | 200.76 | \$ 2,0 | 034.88 | \$264.00 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71275 | Ct angiography chest | No | \$ | 1,935.65 | Ş | 226.19 | \$2, | 092.27 | \$341.28 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72040 | X-Ray - Neck, Cervical Spine | No | \$ | 154.65 | \$ | 37.93 | \$ | 204.42 | \$28.00 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ | 251.61 | \$ | 33.93 | \$ | 338.99 | \$24.00 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72100 | X-Ray - Spine (outpatient) | No | \$ | 199.60 | \$ | 37.93 | \$ | 265.13 | \$28.00 | Per Unit |
| | | | | X-Ray, lower back, minimum four | | | | | | | | | |
| Radiology Services | Hospital Outpatient | CPT | 72110 | views | Yes | \$ | 213.64 | Ş | 52.80 | \$ | 284.93 | \$40.00 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | Code | Description | CMS Required Shoppable Service? | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Typ |
| Radiology Services | Hospital Outpatient | СРТ | 72125 | Ct neck spine w/o dye | No | \$ 1,459.37 | \$ 136.86 | \$ 1,750.92 | \$215.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72126 | Ct neck spine w/dye | No | \$ 1,293.16 | \$ 260.86 | \$ 1,821.59 | \$261.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72127 | Ct neck spine w/o & w/dye | No | \$ 1,815.93 | \$ 201.73 | \$ 2,118.48 | \$323.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72129 | Ct chest spine w/dye | No | \$ 1,520.66 | \$ 199.82 | \$ 1,805.90 | \$261.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72132 | Ct lumbar spine w/dye | No | \$ 1,518.43 | \$ 260.86 | \$ 1,805.90 | \$261.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72133 | Ct lumbar spine w/o & w/dye | No | \$ 1,904.42 | \$ 201.90 | \$ 2,238.70 | \$323.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72141 | MRI NECK SPINE W/O DYE | No | \$ 1,441.84 | \$ 252.20 | \$ 2,177.11 | \$406.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72148 | MRI - Back (outpatient) | Yes | \$ 1,381.13 | \$ 252.20 | \$ 2,137.12 | \$432.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72170 | X-Ray - Pelvis | No | \$ 249.04 | \$ 28.72 | \$ 327.10 | \$21.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72190 | X-RAY EXAM OF PELVIS | No | \$ 208.53 | \$ 39.60 | \$ 264.73 | \$30.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72193 | CT scan, pelvis, with contrast | Yes | \$ 1,536.96 | \$ 197.29 | \$ 2,142.05 | \$254.00 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 72197 | MRI - Pelvis (outpatient) | No | \$ 2,448.72 | \$ | 402.71 | \$ | 3,522.33 | \$955.20 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73000 | X-ray exam of collar bone | No | \$ 147.59 | \$ | 22.40 | \$ | 185.92 | \$15.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73010 | X-ray exam of shoulder blade | No | \$ 196.93 | \$ | 26.01 | \$ | 251.93 | \$18.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73030 | X-Ray - Shoulder (outpatient) | No | \$ 149.50 | \$ | 28.33 | \$ | 196.92 | \$20.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73060 | X-RAY EXAM OF HUMERUS | No | \$ 147.62 | \$ | 29.40 | \$ | 195.82 | \$22.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73070 | X-ray exam of elbow | No | \$ 146.83 | \$ | 25.07 | \$ | 191.42 | \$18.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73080 | X-RAY EXAM OF ELBOW | No | \$ 122.83 | \$ | 26.72 | \$ | 154.02 | \$19.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73090 | X-RAY EXAM OF FOREARM | No | \$ 117.10 | \$ | 26.40 | \$ | 151.82 | \$19.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73110 | X-Ray - Wrist (outpatient) | No | \$ 156.52 | \$ | 30.72 | \$ | 196.19 | \$ 23.0 0 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73120 | X-RAY EXAM OF HAND | No | \$ 192.03 | \$ | 24.40 | \$ | 249.73 | \$17.00 | 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> | scounted | <u>Mi</u> Neg | dentified nimum gotiated harge | N | 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 | \$25.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73221 | MRI - Shoulder, Elbow, or Wrist | No | \$ 1,211.82 | \$ | 246.65 | \$ | 1,702.46 | \$380.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73502 | X-Ray - Hip | No | \$ 129.58 | \$ | 37.77 | \$ | 197.91 | \$27.84 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ 150.51 | \$ | 29.51 | \$ | 189.38 | \$ 21.18 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ 201.92 | \$ | 32.40 | \$ | 266.82 | \$25.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73562 | X-Ray - Knee (outpatient) | No | \$ 263.50 | \$ | 36.52 | \$ | 351.25 | \$35.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73590 | X-ray exam of lower leg | No | \$ 239.62 | \$ | 32.40 | \$ | 321.48 | \$25.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73600 | X-RAY EXAM OF ANKLE | No | \$ 191.55 | \$ | 31.98 | \$ | 278.60 | \$30.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73610 | X-Ray - Ankle (outpatient) | No | \$ 239.05 | \$ | 25.72 | \$ | 311.14 | \$18.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73620 | X-RAY EXAM OF FOOT | No | \$ 196.24 | \$ | 29.81 | \$ | 262.21 | \$23.00 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 73630 | X-Ray - Foot (outpatient) | No | \$ 216.05 | \$ 33.95 | \$ 289.60 | \$28.00 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 73700 | CT LOWER EXTREMITY W/O DYE | No | \$ 1,231.00 | \$ 134.01 | \$ 1,400.92 | \$182.00 | Per Unit |
| hadology scivices | | CIT | /3/00 | | 110 | <i>y</i> 1,231.00 | y 134.01 | Ş 1,400.52 | 9102.00 | |
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| | | | | | | <u>.</u> | A A A C C T | A A A A A A A A A A | 4200 00 | |
| Radiology Services | Hospital Outpatient | СРТ | 73721 | MRI - Knee (outpatient) | Yes | \$ 1,224.32 | \$ 246.65 | \$ 1,828.36 | \$380.00 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74018 | X-Ray - Abdomen | No | \$ 145.61 | \$ 28.31 | \$ 189.76 | \$20.26 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74150 | Ct abdomen w/o dye | No | \$ 977.64 | \$ 142.38 | \$ 1,446.99 | \$218.00 | Per Unit |
| hadiology services | | CIT | 74150 | | 110 | Ş 577.04 | y 142.50 | Ş 1,440.55 | Ş210.00 | |
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| Radiology Services | Hospital Outpatient | СРТ | 74170 | Ct abdomen w/o & w/dye | No | \$ 1,824.18 | \$ 207.86 | \$ 2,144.29 | \$317.00 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | No | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$206.27 | Per Unit |
| Hadrology Scivices | | | 74117 | | | φ 2,/ 4 0.11 | ÷ 200.75 | y 3,300.00 | 9200.27 | |
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| | | | | | | | | | | |
| | | | | CT Scan - Abdomen and Pelvis, with | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74177 | Contrast | Yes | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$206.27 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74220 | X-ray xm esophagus 1cntrst | No | \$ 394.10 | \$ 56.38 | \$ 563.71 | \$36.00 | Per Unit |

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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| Radiology Services | Hospital Outpatient | СРТ | 74270 | X-ray xm colon 1cntrst std | No | \$ 521.72 | \$ 79.34 | \$ 578.01 | \$49.00 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 75571 | Ct hrt w/o dye w/ca test | No | \$ 306.04 | \$ 59.00 | \$ 323.39 | \$54.87 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 76536 | Ultrasound - Head and Neck | No | \$ 460.62 | \$ 78.79 | \$ 386.50 | \$54.00 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76642 | Ultrasound - Breast (outpatient) | No | \$ 152.68 | \$ 78.52 | \$ 249.30 | \$48.50 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ 361.43 | \$ 91.69 | \$ 433.80 | \$56.00 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76705 | Ultrasound - Abdominal, Limited | No | \$ 327.93 | \$ 46.05 | \$ 372.20 | \$20.00 | Per Unit |
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| Maternity/Delivery | Hospital Outpatient | СРТ | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ 456.58 | \$ 76.54 | \$ 400.80 | \$44.00 | Per Unit |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ 391.57 | \$ 86.65 | \$ 396.27 | \$42.75 | Per Unit |

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| | | | | Ultrasound - Pregnancy | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76805 | (outpatient) | Yes | \$ 367.73 | \$ 100.36 | \$ 437.10 | \$56.00 | Per Unit |
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| Barton its (Dolling | | CDT | 70014 | | | ć 533.04 | ¢ 100.05 | ¢ 507.50 | <u> </u> | Devillet |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76811 | OB US DETAILED SNGL FETUS | No | \$ 522.04 | \$ 198.65 | \$ 587.50 | \$145.14 | Per Unit |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76815 | OB US LIMITED FETUS(S) | No | \$ 309.95 | \$ 54.75 | \$ 384.30 | \$26.00 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 76816 | Ultrasound - Pregnancy Follow-Up | No | \$ 406.54 | \$ 64.37 | \$ 384.30 | \$26.00 | Per Unit |
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| Maternity/Delivery | Hospital Outpatient | СРТ | 76818 | FETAL BIOPHYS PROFILE W/NST | No | \$ 476.50 | \$ 82.20 | \$ 387.27 | \$34.68 | Per Unit |
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| Maternity/Delivery | Hospital Outpatient | СРТ | 76819 | FETAL BIOPHYS PROFIL W/O NST | No | \$ 407.39 | \$ 97.44 | \$ 398.34 | \$63.01 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 76821 | MIDDLE CEREBRAL ARTERY ECHO | No | \$ 370.14 | \$ 88.69 | \$ 391.69 | \$57.11 | Per Unit |
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| | | | | Ultrasound - Transvaginal (non- | | | | | | |
| Radiology Services | Hospital Outpatient | CPT | 76830 | maternity) | Yes | \$ 475.43 | \$ 98.63 | \$ 463.90 | \$68.00 | Per Unit |

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| Radiology Services | Hospital Outpatient | СРТ | 76856 | Ultrasound - Pelvic (outpatient) | No | Ś | 344.00 | Ś | 70.34 | \$ 408.50 | \$40.00 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77065 | Mammography of one breast | Yes | Ś | 546.40 | s | 107.57 | \$ 501.03 | \$ \$104.44 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 77066 | Mammography of both breasts | Yes | \$ | 383.79 | \$ | 135.81 | \$ 629.70 | \$126.48 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77067 | Mammogram (outpatient) | Yes | \$ | 406.73 | \$ | 109.22 | \$ 504.02 | \$98.84 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77080 | Bone Density Scan (outpatient) | No | \$ | 247.25 | \$ | 56.29 | \$ 393.45 | \$ \$155.08 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77081 | Dxa bone density/peripheral | No | \$ | 116.84 | \$ | 33.80 | \$ 171.64 | \$37.94 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 78452 | Myocardial Imaging (outpatient) | No | \$ | 1,010.04 | \$ | 336.74 | \$ 2,091.45 | \$266.71 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ 158.03 | \$ 11.84 | \$ 221.33 | \$12.09 | Per Unit |
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| | | | | Blood Test - Comprehensive | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80053 | Metabolic Panel | Yes | \$ 93.73 | \$ 14.78 | \$ 136.89 | \$15.10 | Per Unit |
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| | | | | | | N/A No | N/A No | N/A No | N/A No | |
| | | | | Blood Test - Pregnancy (Obstetric) | | Service | Service | Service | Service | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80055 | | Yes | Volume | Volume | Volume | Volume | Per Unit |
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| | | | | Blood Test - Cholesterol Test, Lipid | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80061 | - | Yes | \$ 46.48 | \$ 12.05 | \$ 101.77 | \$18.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CFI | 80001 | rallel | Tes | Ş 40.40 | \$ 12.05 | \$ 101.77 | \$10.10 | Per Olit |
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| | | | | Plead Test, Penel (Kidess) | | | | | | |
| | | | | Blood Test - Renal (Kidney) | | | A A C | A | *** | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80069 | Function Panel | Yes | \$ 17.24 | \$ 8.68 | \$ 34.59 | \$12.40 | Per Unit |
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| | | | | Blood Test - Hepatic (Liver) | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | | Function Panel | | \$ 146.77 | \$ 11.44 | \$ 205.84 | \$11.67 | Per Unit |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge_ | Charge_ | Charge_ | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80307 | Drug test prsmv chem anlyzr | No | \$ 128.65 | | | \$79.81 | 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 |
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| | | | | Urine Test - Automated with | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 91001 | Microscope Examination | Yes | \$ 23.46 | \$ 4.44 | \$ 34.47 | \$4.52 | Per Unit |
| Laboratory & Pathology Services | | CFI | 01001 | | Tes | ş 23.40 | Ş 4.44 | Ş 34.47 | 34.3Z | Perofit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81002 | Urine Test - Urinalysis, Manual Test | Yes | \$ 7.24 | \$ 2.67 | \$ 14.00 | #N/A | Per Unit |
| | | | | | | | | | | |
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| | | | | Urine Test - Automated without | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81003 | Microscope | Yes | \$ 10.40 | \$ 3.16 | \$ 11.25 | \$3.20 | Per Unit |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81025 | Urine Test - Pregnancy | No | \$ 40.87 | \$ 10.45 | \$ 58.29 | \$8.74 | Per Unit |
| , | | | | | | | | | + | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 822/17 | Bilirubin total | No | \$ 41.02 | \$ 4.52 | \$ 55.22 | \$7.17 | Per Unit |
| Laboratory & Pathology Services | | CFI | 02247 | | NU | y 41.02 | ÷ 4.52 | y 55.22 | \$1.11 | rei Ullit |
| | | | | | | | | | | |
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| Laboratory 0 Dati 1 - C - 1 | Usersited Outward | COT | 00000 | Pland Test Mites 1, D. C. L. | | ¢ | | | 642.27 | Developed: |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82306 | Blood Test - Vitamin D-3 Level | No | \$ 188.74 | \$ 26.64 | \$ 254.08 | \$42.27 | 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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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | |
| | | <u>Code</u> | | | <u>CMS</u> <u>Required</u> <u>Shoppable</u> | Disc | counted | De-Identified Minimum Negotiated | De-Identified Maximum Negotiated | <u>Payer-</u> Specific Negotiated | |
| Service Category | Service Setting | <u>Type</u> | <u>Code</u> | Description | Service? | Cas | h Price | Charge_ | Charge_ | Charge | Estimate Type |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82330 | Assay of calcium | No | \$ | 35.11 | \$ 12.31 | \$ 67.00 | \$18.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82375 | Assay carboxyhb quant | No | \$ | 114.13 | \$ 11.09 | \$ 153.64 | \$17.60 | Per Unit |
| | | | | | | | 45.00 | A | A B B B | AC 22 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82465 | Assay bld/serum cholesterol | No | \$ | 15.28 | \$ 3.92 | \$ 23.76 | \$6.22 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82550 | Assay of ck (cpk) | No | \$ | 12.70 | \$ 5.86 | \$ 35.53 | \$9.31 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82552 | Assay of cpk in blood | No | \$ | 26.14 | \$ 12.05 | \$ 75.41 | #N/A | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82565 | Assay of creatinine | No | \$ | 124.50 | \$ 7.17 | \$ 70.25 | \$7.31 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82607 | Blood Test - Vitamin B-12 (Cyanocobalamin) Level | No | \$ | 29.40 | \$ 13.57 | \$ 82.73 | \$21.52 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82610 | Cystatin c | No | \$ | 140.40 | \$ 14.17 | \$ 405.00 | \$19.63 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82668 | Assay of erythropoietin | Νο | \$ | 36.68 | \$ 16.91 | \$ 99.20 | \$26.84 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82670 | Assay of estradiol | No | \$ | 54.51 | \$ 25.15 | \$ 152.33 | \$39.91 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | De-Identified Minimum Negotiated Charge | 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 | \$21.28 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82728 | Blood Test - Ferritin (Blood Protein) Level | No | \$ 33.53 | \$ 19.09 | \$ 96.63 | \$19.46 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82746 | Blood Test - Folic Acid Level | No | \$ 37.75 | \$ 13.23 | \$ 79.52 | \$21.00 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82803 | Blood gases any combination | No | \$ 73.40 | \$ 20.17 | \$ 106.16 | \$27.63 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82947 | Assay glucose blood quant | No | \$ 34.04 | \$ 5.51 | \$ 49.42 | \$5.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82962 | Glucose blood test | No | \$ 45.55 | \$ 3.89 | \$ 61.82 | \$4.37 | Per Unit |
| | | 007 | | | | | | | un fo | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83018 | Heavy metal quant each nes | No | \$ 172.97 | \$ 19.76 | \$ 498.96 | #N/A | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83036 | Blood Test - Blood Glucose Control (Hemoglobin A1C) | No | \$ 71.27 | \$ 8.74 | \$ 95.94 | \$13.87 | Per Unit |

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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83088 | Assay of histamine | No | \$ 75.84 | \$ | 26.58 | \$ | 218.76 | \$39.86 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83518 | Immunoassay dipstick | No | \$ 147.0 | \$ | 6.55 | \$ | 424.29 | #N/A | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83540 | Blood Test - Iron Level | No | \$ 51.9 | \$ | 9.06 | \$ | 75.77 | \$9.25 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83605 | Assay of lactic acid | No | \$ 27.4 | ı ş | 10.41 | \$ | 58.05 | \$15.25 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83690 | Blood Test - Lipase (fat enzyme) | No | \$ 69.4 | , c | 6.20 | \$ | 93.51 | \$9.84 | Per Unit |
| Laboratory & Pathology Services | | CFI | 83030 | | NO | Ş 05.4 | , , | 0.20 | Ş | 55.51 | 33.04 | Per Offic |
| Laboratory & Dathalam, Comisso | Uppritel Outpatient | CDT | 02725 | Access of many sites | No | ć 53.0 | | 0.20 | ~ | 70.50 | ¢0.57 | Devilait |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83/35 | Assay of magnesium | No | \$ 53.82 | 2 \$ | 9.38 | \$ | 78.56 | \$9.57 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83880 | Assay of natriuretic peptide | No | \$ 172.5 | > > | 35.33 | \$ | 232.27 | \$47.43 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84100 | Assay of phosphorus | No | \$ 61.73 | 3 Ş | 6.64 | \$ | 87.67 | \$6.78 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84132 | Assay of serum potassium | No | \$ 43.2 | s | 6.66 | Ś | 62.65 | \$6.56 | Per Unit |
| custoring of actionogy services | | | 54152 | nowy or servin potassium | | | | 0.00 | Ŷ | 02.03 | 90.00 | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84132 | Assay of serum potassium | No | \$ 43.23 | \$ | 6.66 | \$ | 62.65 | \$6.56 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> <u>Type</u> | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | <u>Discou</u> <u>Cash P</u> | | <u>Mir</u> Neg | lentified himum otiated harge | <u>Max</u> Nego | entified imum otiated arge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84144 | Assay of progesterone | No | Ś | 52.59 | s | 18.77 | Ś | 96.68 | \$29.79 | Per Unit |
| | | | | | | | | | | | | | |
| | | | | Blood Test - Prostate Specific | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84153 | Antigen (PSA) Level | Yes | \$ | 74.21 | \$ | 25.75 | \$ | 116.68 | \$26.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84154 | PSA (prostate specific antigen) | Yes | \$ 1 | 06.34 | \$ | 16.55 | \$ | 143.15 | \$26.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84182 | Protein western blot test | No | \$ 3 | 82.72 | \$ | 18.76 | \$ | 588.80 | #N/A | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84295 | Assay of serum sodium | No | \$ 4 | 42.10 | \$ | 4.33 | \$ | 56.67 | \$6.87 | Per Unit |
| | | | | Blood Test - Thyroxine (Thyroid | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84439 | Chemical) Level, Free | No | \$ | 66.21 | \$ | 8.12 | \$ | 89.13 | \$12.88 | Per Unit |
| | | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | No | \$ | 64.07 | \$ | 23.52 | \$ | 119.09 | \$23.98 | Per Unit |

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| | | | | Blood Test - Thyroid Stimulating | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | Hormone (TSH) Level | Yes | \$ 64.07 | \$ 23.52 | \$ 119.09 | \$23.98 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84480 | Assay triiodothyronine (t3) | No | \$ 96.31 | \$ 12.76 | \$ 129.65 | \$20.25 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84484 | Assay of troponin quant | No | \$ 81.70 | \$ 10.26 | \$ 121.45 | \$14.05 | Per Unit |
| | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84702 | Chorionic gonadotropin test | No | \$ 125.77 | \$ 11.54 | \$ 169.31 | \$11.54 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85014 | Hematocrit | No | \$ 26.95 | \$ 2.13 | \$ 36.27 | \$3.38 | Per Unit |
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| | | | | Blood Test - Complete Blood Cell | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85025 | Count and Automated WBC | Yes | \$ 77.98 | \$ 10.88 | \$ 112.06 | \$11.10 | Per Unit |
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| | | | | Blood Test - Complete Blood Cell | | · · · · · | | | A0.0- | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85027 | Count (Hemoglobin) | Yes | \$ 60.79 | \$ 5.82 | \$ 81.83 | \$9.25 | Per Unit |

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| Laboratory & Dathalamy Complete | Upperited Outpetient | СРТ | 95340 | Clat factory iii also 1 store | No | \$ 45.97 | ¢ 10.11 | ¢ 05.50 | 60F F0 | Deviluit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85240 | Clot factor viii ahg 1 stage | No | \$ 45.97 | \$ 16.11 | \$ 95.56 | \$25.58 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85378 | Fibrin degrade semiquant | No | \$ 53.57 | \$ 7.44 | \$ 72.11 | \$10.19 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85610 | Blood Test - Clotting Time | Yes | \$ 44.81 | \$ 6.01 | \$ 64.27 | \$5.61 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85613 | Russell viper venom diluted | No | \$ 24.61 | \$ 8.24 | \$ 70.98 | \$8.24 | Per Unit |
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| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85660 | RBC SICKLE CELL TEST | No | \$ 53.32 | \$ 4.96 | \$ 71.77 | \$7.88 | Per Unit |
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| | | | | Blood Test - Coagulation | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85730 | Assessment | Yes | \$ 46.01 | \$ 5.41 | \$ 61.94 | \$8.58 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85/32 | Thromboplastin time partial | No | \$ 12.63 | \$ 5.82 | \$ 36.42 | #N/A | Per Unit |
| | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86140 | C-reactive protein | No | \$ 48.49 | \$ 4.66 | \$ 65.28 | \$7.39 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86360 | T cell absolute count/ratio | No | \$ 65.00 | \$ 42.28 | \$ 211.59 | \$57.49 | Per Unit |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | | harge | Charge | Charge | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86361 | T cell absolute count | No | \$ 132.7 | 3 Ş | 24.10 | \$ 383.03 | \$28.75 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86431 | Rheumatoid factor quant | No | \$ 52.7 | \$ | 5.10 | \$ 70.95 | \$8.11 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ 37.8 | L Ş | 3.84 | \$ 50.90 | \$5.90 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ 37.8 | L \$ | 3.84 | \$ 50.90 | \$5.90 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86611 | Bartonella antibody | No | \$ 57.3 | / > | 9.16 | \$ 165.50 | \$14.53 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86615 | Bordetella antibody | No | \$ 25.74 | \$ | 11.87 | \$ 81.45 | #N/A | Per Unit |
| | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86651 | Encephalitis californ antbdy | No | \$ 25.74 | ı s | 11.87 | \$ 110.13 | #N/A | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86652 | Encephaltis east eqne anbdy | No | \$ 25.74 | ŧ Ş | 11.87 | \$ 110.13 | #N/A | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86653 | Encephaltis st louis antbody | No | \$ 25.74 | \$ | 11.87 | \$ 110.13 | #N/A | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86654 | Encephaltis west eqne antbdy | No | \$ 25.74 | ı s | 11.87 | \$ 110.13 | #N/A | Per Unit |
| Laworatory of ratiology services | | | 00004 | Encopriants west eque antouy | | φ 23.7· | | 11.07 | ÷ 110.13 | TIV | . cr onit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86663 | Epstein-barr antibody | No | \$ 25.6 | \$ | 11.81 | \$ 83.21 | #N/A | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86677 | Helicobacter pylori antibody | No | \$ | 30.68 | ¢ 15 | .13 | \$ 63.03 | \$20.72 | Per Unit |
| Laboratory & Pathology Services | | CPT | 80077 | | NU | , | 30.08 | <i>Ş</i> 13 | .13 | \$ 05.05 | 320.72 | Peronic |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86692 | Hepatitis delta agent antbdy | No | \$ | 29.16 | \$ 15 | .44 | \$ 50.98 | \$24.51 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86698 | Histoplasma antibody | No | \$ | 79.65 | \$ 12 | .41 | \$ 107.23 | \$17.86 | Per Unit |
| | | | | | | · | | · | | ÷ 10/110 | <i></i> | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ | 86.11 | \$ 10 | .85 | \$ 115.92 | \$17.22 | Per Unit |
| | | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86705 | HEP B CORE ANTIBODY IGM | No | \$ | 22.98 | \$ 10 | .59 | \$ 57.38 | \$16.81 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 96706 | HEP B SURFACE ANTIBODY | No | \$ | 98.98 | ¢ 0 | .67 | \$ 133.25 | \$15.33 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPI | 00/00 | HEF B SORFACE ANTIBODY | INO | ? | 30.30 | ə 5 | .07 | ý 100.20 | 313.33 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86707 | Hepatitis be antibody | No | \$ | 22.56 | \$ 10 | .41 | \$ 65.09 | #N/A | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86700 | Hepatitis a antibody | No | \$ | 22.71 | ¢ 11 | .15 | \$ 56.71 | \$17.69 | Per Unit |
| caporatory & Fathology Services | | Cri | 30700 | | INU | 2 | 22.71 | φ 11 | | y 50.71 | 311.03 | rerom |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86762 | Rubella antibody | No | \$ | 78.19 | \$ 12 | .95 | \$ 225.56 | \$20.55 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Dathology Convices | Hospital Outpatient | СРТ | 96765 | Pubada antibady | No | Ś | 25.14 | ¢ 11 | .59 | \$ 72.53 | ¢19.40 | Por Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80/05 | Rubeola antibody | No | > | 25.14 | ə 11 | | ə 72.53 | \$18.40 | 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 |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86769 | 86769 - SARS-COV-2 COVID-19 ANTIBODY | No | \$ 51.48 | \$ - | \$ 112.07 | \$0.00 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86790 | Virus antibody nos | No | \$ 25.14 | \$ 11.59 | \$ 76.53 | \$18.40 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86803 | Blood Test - Hepatitis C Antibody Level | Νο | \$ 67.64 | \$ 12.84 | \$ 91.06 | \$20.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86804 | Hep c ab test confirm | No | \$ 23.09 | \$ 13.94 | \$ 66.62 | #N/A | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86850 | Rbc antibody screen | No | \$ 20.32 | \$ 5.00 | \$ 66.92 | \$5.00 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86885 | Coombs test indirect qual | No | \$ 244.72 | \$ 5.65 | \$ 329.43 | \$8.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$4.26 | Per Unit |
| | | | 20000 | | | - 250.55 | - 0.70 | + 207100 | + 1120 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$4.26 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$35.00 | 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 | \$35.00 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86902 | BLOOD TYPE ANTIGEN DONOR EA | No | \$ 5.82 | \$ 4.84 | \$ 383.37 | \$5.38 | Per Unit |
| Laboratory & Fathology Scrites | hospital outpatient | | 00502 | | 110 | Ş 3.02 | 9 0 - | ÷ 303.37 | <i></i> | T CF Offic |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86920 | COMPATIBILITY TEST SPIN | No | \$ 244.72 | \$ 13.44 | \$ 344.22 | \$34.00 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87040 | Blood culture for bacteria | No | \$ 133.90 | \$ 9.29 | \$ 180.25 | \$14.75 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87070 | Bacterial Culture - Swab | No | \$ 138.63 | \$ 7.76 | \$ 186.61 | \$12.30 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 97077 | Bacterial Culture - Aerobic Isolates | No | \$ 60.43 | \$ 7.27 | \$ 81.35 | \$11.53 | Per Unit |
| Laboratory & Pathology Services | nospital outpatient | CFT | 0/0// | Dacterial culture - Aerobic isolates | NO | Ş 00.43 | <i>Ş</i> 7.27 | Ş 01.55 | Ş11.55 | reronit |
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| | | | | Test for Disease-Causing | | | | | | |
| | | | | (Pathogenic) Organisms, Not | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87081 | Limited to a Specific Condition | No | \$ 81.17 | \$ 5.97 | \$ 109.26 | \$9.47 | Per Unit |
| casoratory or ratiology services | noopital outpatient | S 11 | 0,001 | sinited to a spearie condition | 110 | ~ 01.17 | y 3.31 | y 105.20 | 40.71 | . cronit |

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| Service Category | Service Setting | Code | Code | Description | Service? | Discounted Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | Urine Test - Bacterial Culture, | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87086 | Quantitative Colony Count | No | \$ 82.16 | \$ 7.26 | \$ 110.60 | \$11.53 | Per Unit |
| | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87088 | Urine Test - Bacterial Culture | No | \$ 15.80 | \$ 7.28 | \$ 43.86 | \$11.55 | Per Unit |
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| | | | | | | ÷ | | A | 427.00 | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87110 | Chlamydia culture | No | \$ 130.74 | \$ 17.64 | \$ 175.99 | \$27.98 | Per Unit |
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| | | | | Evaluation of Antimicrobial Drug | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87186 | (antibiotic, antifungal, antiviral) | No | \$ 69.16 | \$ 7.79 | \$ 93.10 | \$8.24 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87205 | Lab Test - Smear for Microorganism | No | \$ 49.93 | \$ 3.84 | \$ 67.21 | \$6.10 | Per Unit |
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| | | | | Lab Test - Detection test for | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | | Hepatitis B Surface Antigen | No | \$ 63.55 | \$ 9.30 | \$ 85.55 | \$14.75 | Per Unit |
| Laboratory & Fathology Services | | CFI | 37340 | inepartus o Surrace Antigen | NU | ÷ 05.55 | y 3.30 | ÷ 00.00 | Ş14.75 | reronit |
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| | | | | Lab Test - Detection test for HIV-1 | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87389 | and HIV-2 | No | \$ 110.43 | \$ 21.67 | \$ 148.66 | \$34.12 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | |
| 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> | | ounted <u>n Price</u> | De-Identified Minimum Negotiated Charge | Ma Ne | Identified aximum gotiated Charge | <u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87425 | Rotavirus ag ia | Νο | Ś | 37.44 | \$ 10.78 | Ś | 108.00 | #N/A | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87491 | Urine Test - Chlamydia | No | \$ | 108.43 | \$ 31.58 | \$ | 171.03 | \$50.12 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87591 | Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) | No | \$ | 90.13 | \$ 31.58 | \$ | 171.03 | \$50.12 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87635 | 87635 - SARS-COV-2 COVID-19 AMP PRB | Νο | Ś | 53.36 | \$ - | \$ | 136.48 | \$0.00 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | | Detect agent nos dna amp | No | Ś | 90.13 | \$ 31.58 | | 171.03 | \$50.12 | Per Unit |
| | | | | Lab Test - Detection test for | | • | | - 52150 | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87804 | Influenza Virus | No | \$ | 37.58 | \$ 19.82 | \$ | 70.50 | \$12.45 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87880 | Strep Test (Streptococcus, group A) | No | \$ | 101.56 | \$ 19.87 | \$ | 143.48 | \$12.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 88185 | Flowcytometry/tc add-on | No | \$ | 68.81 | \$- | \$ | 120.30 | \$21.42 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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 | \$0.00 | Per Unit |
| | | | | | | | | | | |
| Vaccinations | Physician Office | СРТ | | Immunization Administration Each Additional Component | No | \$ 25.13 | \$ 10.49 | \$ 38.51 | \$0.00 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | 90471 | Immunization Administration | No | \$ 44.49 | \$ 7.02 | \$ 81.80 | \$13.14 | Per Unit |
| | | | | | | | | | | |
| Vaccinations | Hospital Outpatient | СРТ | | Immunization Administration Each Additional Component | No | \$ 12.56 | \$ - | \$ 38.51 | \$13.14 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | 90651 | 9V HPV Vaccine 2/3 Dose | No | \$ 142.32 | \$ 9.56 | \$ 227.93 | \$9.56 | Per Unit |
| | | | | | | | | | | |
| Vaccination | Hospital Outpatient | СРТ | | Vaccine - Pneumococcal Conjugate for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 345.21 | \$9.56 | Per Unit |

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| To Search for a service Click "CTRL' + "F" | , | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> Service? | Discounted Cash Price | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> Charge | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
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| | | | | Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection | | | | | | |
| Vaccination | Hospital Outpatient | СРТ | | into Muscle | No | \$ 57.74 | \$ - | \$ 77.73 | \$38.36 | Per Unit |
| | | | | | | | | | | |
| Evaluation & Management Service | es Professional Services | СРТ | 90791 | Psychiatric Diagnostic Evaluation | No | \$ 308.81 | \$ 118.93 | \$ 198.74 | \$191.43 | Per Unit |
| Evaluation & Management Service | es Professional Services | СРТ | 90832 | Psychotherapy - 30 Minutes | Yes | \$ 88.03 | \$ 57.92 | \$ 99.25 | \$81.08 | Per Unit |
| Evaluation & Management Service | es Professional Services | СРТ | 90834 | Psychotherapy - 45 Minutes | Yes | \$ 116.77 | \$ 77.37 | \$ 132.34 | \$109.49 | Per Unit |
| Evaluation & Management Service | es Professional Services | СРТ | 90837 | Psychotherapy - 60 Minutes | Yes | \$ 174.90 N/A No | \$ 116.00 | \$ 198.22 N/A No | \$161.47 N/A No | Per Unit |
| Evaluation & Management Service | es Professional Services | СРТ | 90846 | Family psytx w/o pt 50 min | Yes | Service Volume | \$ - | Service Volume | Service Volume | Per Unit |
| Evaluation & Management Service | es Professional Services | СРТ | 90847 | Psychotherapy - Family Session | Yes | \$ 146.15 | \$ 97.13 | \$ 166.18 | \$102.80 | 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 | \$17.40 | Per Unit |
| Medicine Cardiovascular | Professional Services | СРТ | 93000 | Electrocardiogram, routine, with interpretation and report | Yes | Ś | 36.27 | ć | 28.12 | \$ 95.52 | \$28.60 | Per Unit |
| | | | 53000 | | 163 | Ŷ | 30.27 | ~ | 20.12 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 328.00 | |
| Medicine Other | Hospital Outpatient | СРТ | 93005 | Electrocardiogram (ECG or EKG) | No | \$ | 142.29 | \$ | - | \$ 295.26 | \$36.80 | Per Unit |
| Medicine Cardiac Stress Test | Hospital Outpatient | СРТ | 93017 | CARDIOVASCULAR STRESS TEST | No | \$ | 471.40 | \$ | 61.00 | \$ 634.57 | \$61.00 | Per Unit |
| Medicine Other | Hospital Outpatient | СРТ | 93306 | Tte w/doppler complete | No | \$ | 1,404.83 | \$ | 322.26 | \$ 1,593.05 | \$609.40 | 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 | \$471.27 | Case Rate |
| Medicine Other | Hospital Outpatient | СРТ | 93971 | Extremity study | No | \$ | 240.64 | \$ | 92.64 | \$ 400.67 | \$170.82 | Per Unit |

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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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| Medicine Other | Hospital Outpatient | СРТ | 95044 | Allergy patch tests | No | \$ 189.82 | | \$ 1,229.53 | \$0.00 | Per Unit |
| | | | | | | 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 |
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| Injections | Hospital Outpatient | СРТ | 96402 | Chemo hormon antineopl sq/im | No | \$ 110.26 | \$ 66.86 | \$ 196.20 | \$44.58 | Case Rate |
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| Medicine Physical Medicine and | | | | Physical Therapy - Manual | | | | | | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | СРТ | 07022 | Electrical Stimulation Therapy, 15 minutes | No | \$ 31.26 | \$ 12.56 | \$ 59.90 | \$0.00 | Per Unit |
| Renabilitation | Hospital Outpatient | CPT | 97032 | minutes | NO | \$ 31.20 | \$ 12.50 | \$ 59.90 | \$0.00 | Per Unit |
| | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Ultrasound | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 07025 | Therapy | No | \$ 26.92 | \$ 11.95 | \$ 40.29 | \$0.00 | Per Unit |
| Reliabilitation | Hospital Outpatient | CFT | 57035 | Петару | NU | \$ 20.92 | \$ 11.55 | Ş 40.25 | Ş0.00 | Per Offic |
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| Medicine Physical Medicine and | | | | Physical Therapy - Therapeutic | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97110 | Exercises | Yes | \$ 88.74 | \$ 17.40 | \$ 119.46 | \$17.40 | Per Unit |
| | | | 5.110 | | 100 | + 00//4 | + 1 | + 110.40 | <i></i> | |
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| Medicine Physical Medicine and | | | | Physical Therapy - Neuromuscular | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97112 | Reeducation | No | \$ 69.93 | \$ 26.14 | \$ 104.78 | \$0.00 | Per Unit |
| | | | | | | + 0000 | + | | | |
| Medicine Physical Medicine and | | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97116 | GAIT TRAINING THERAPY | No | \$ 77.61 | \$ 22.90 | \$ 104.48 | \$0.00 | Per Unit |
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| Service Category Service Setting Type Code Description Stoopable Discounted. Negotiated. | | | | | | | | | | | |
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| Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 56.20 \$ 23.73 \$ 93.92 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Physical Therapy - Low Complexity valuation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Physical Therapy - High Complexity No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 | Service Category | Service Setting | | Code | Description | | | | | | Estimate Type |
| Rehabilitation Hospital Outpatient CPT 97140 Physical Therapy - Manual Therapy No \$ 5.2.0 \$ 23.73 \$ 93.92 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97161 Physical Therapy - Low Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Physical Therapy - Moderate Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Physical Therapy - Moderate Complexity Evaluation No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient | Service category | Service Setting | туре | coue | Description | Jervice: | casirrice | charge | charge | charge | |
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| Rehabilitation Mospital Outpatient CPT 97161 Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Physical Therapy - Moderate Complexity Evaluation No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Hospital Outpatient CPT 97163 Evaluation No | | | | | | | | | | | |
| Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97162 Physical Therapy - Moderate Complexity Evaluation No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Medicine and Hospital Outpatient CPT 97163 Physical Therapy - High Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit | | | | | | | | | | 4.5.5.5 | |
| Rehabilitation Hospital Outpatient CPT 97162 Complexity Evaluation No \$ 62.40 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Rehabilitation Hospital Outpatient CPT 97163 Physical Therapy - High Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Medicine Physical Medicine and Hospital Outpatient CPT 97163 Physical Therapy - High Complexity Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit | Rehabilitation | Hospital Outpatient | СРТ | 97161 | Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$0.00 | Per Unit |
| Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Image: Comparison of the second s | | Hospital Outpatient | СРТ | 97162 | | Νο | \$ 62.40 | \$ 71.97 | \$ 252.78 | \$0.00 | Per Unit |
| Rehabilitation Hospital Outpatient CPT 97163 Evaluation No \$ 168.06 \$ 71.97 \$ 252.78 \$0.00 Per Unit Medicine Physical Medicine and Image: Comparison of the second s | | | | | | | | | | | |
| Medicine Physical Medicine and | - | Hospital Outpatient | CPT | 07163 | | No | ¢ 169.06 | ¢ 71.07 | ¢ 252.70 | \$0.00 | Por Unit |
| | | | CPT | 31103 | | INO | 3 T09'00 | 2 /1.9/ | ə 252.78 | ŞU.UU | Fer Unit |
| | | Hospital Outpatient | СРТ | 97164 | Physical Therapy - Re-Evaluation | No | \$ 113.34 | \$ 48.67 | \$ 170.97 | \$0.00 | Per Unit |
| Medicine Occupational Therapy Hospital Outpatient CPT 97165 OT EVAL LOW COMPLEX 30 MIN No \$ 180.88 \$ 77.05 \$ 245.32 \$0.00 Per Unit | Medicine Occupational Therapy | Hospital Outpatient | СРТ | 97165 | OT EVAL LOW COMPLEX 30 MIN | No | Ś 180.88 | \$ 77.05 | Ś 245.32 | \$0.00 | Per Unit |

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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 | \$0.00 | Per Unit |
| Medicine Physical Medicine and | | | | Physical Therapy - Therapeutic | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97530 | Activities | No | \$ | 92.45 | \$ 17.4 | 0\$ | \$ 124.45 | \$17.40 | Per Unit |
| Medicine Physical Medicine and | | | | Physical Therapy - Self-care or | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97535 | Home Management Training | No | Ś | 68.89 | \$ - | ş | \$ 109.03 | \$0.00 | Per Unit |
| Evaluation & Management Services | | СРТ | | Postop follow-up visit | No | Ś | - | \$ - | | | \$0.00 | Per Unit |
| | | | | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99202 | Office Visit - New Patient, Minor | No | \$ | 167.93 | \$ 90.3 | 4 \$ | \$ 200.08 | \$47.36 | Per Unit |
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| Fundantian & Maximum Co. | Professional Comitant | CDT | 00202 | Office Visit - New Patient, Low | No- | ~ | 103.00 | ć 400 - | | | 600.45 | Des Unit |
| Evaluation & Management Services | Protessional Services | СРТ | 99203 | Complexity | Yes | \$ | 182.06 | \$ 132.5 | 4 Ş | \$ 273.99 | \$68.15 | Per Unit |

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| | | | | Office Visit - New Patient, | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99204 | Moderate Complexity | Yes | \$ 250.6 | 9 \$ 177.01 | \$ 432.49 | \$92.40 | Per Unit |
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| | | | | New patient office of other | | | | | | |
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| Evaluation & Management Services | Professional Services | СРТ | 99205 | outpatient visit, typically 60 min | Yes | \$ 448.0 | 4 \$ 156.38 | \$ 553.76 | \$156.38 | Per Unit |
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| Evaluation & Management Services | Professional Services | СРТ | 99212 | Office Visit - Basic | No | \$ 58.7 | 4 \$ 46.41 | \$ 133.24 | \$28.88 | Per Unit |
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| | | | | Office Visit - Established Patient, | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99213 | Low Complexity | No | \$ 99.6 | 7 \$ 81.71 | \$ 201.59 | \$38.12 | Per Unit |
| Evaluation & Management Services | | GET | 33213 | Low complexity | 140 | | , , 01./1 | ÷ 201.39 | 930.1Z | i ei onit |
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| | | | | Office Visit - Established Patient, | | | | | | |
| Fundamentary 0. Management 0. | Professional Consistent | CDT | 0024.5 | | | A 454 4 | | A 970 47 | 672.55 | Developed to |
| Evaluation & Management Services | Protessional Services | CPT | 99214 | Moderate Complexity | No | \$ 151.1 | 9 \$ 140.90 | \$ 279.47 | \$73.55 | Per Unit |

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| | | | | Office Visit - Established Patient, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99215 | High Complexity | No | Ś | 315.87 | \$ 192.33 | \$ 385.34 | \$111.30 | Per Unit |
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| Professional Services Associated | | | | | | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | 00222 | Subsequent hospital care | No | \$ | 159.88 | \$ 50.60 | \$ 111.92 | \$50.60 | Per Unit |
| with inpatient Stay | Professional Services | CFI | 33232 | Subsequent nospital care | NO | ş | 133.00 | \$ 50.00 | Ş 111.92 | . 350.00 | Perofit |
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| | | | | Patient office consultation, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99243 | typically 40 min | Yes | \$ | 212.43 | \$- | \$ 142.18 | \$106.26 | Per Unit |
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| | | | | Patient office consultation, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99244 | typically 60 min | Yes | \$ | 338.80 | \$- | \$ 226.38 | \$125.90 | Per Unit |
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| | | | | Emergency Department Visit - | | | | | | | |
| Emergency Room Visit | Hospital Outpatient | CPT | 99281 | Minor (outpatient) | No | \$ | 230.81 | \$ 74.98 | \$ 689.88 | \$73.00 | Case Rate |

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| Emergency Room Visit | Hospital Outpatient | СРТ | 99282 | Complexity (outpatient) | No | \$ 430.38 | \$ 93.52 | \$ 1,114.22 | \$94.96 | Case Rate |
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| | | | | Emergency Department Visit - | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99283 | Moderate Complexity (outpatient) | No | \$ 932.99 | \$ 182.62 | \$ 2,714.83 | \$143.66 | Case Rate |
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| | | | | Emergency Department Visit - | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | | Higher Complexity (outpatient) | No | \$ 2,400.69 | \$ 270.43 | \$ 4,475.48 | \$315.64 | Case Rate |
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| Emorgonov Room Visit | Hospital Outpatient | СРТ | | Emergency Department Visit - High Complexity (outpatient) | No | \$ 3,149.91 | \$ 458.20 | \$ 5,806.95 | \$338.35 | Case Rate |
| Emergency Room Visit | nospital Outpatient | CPI | 33792 | complexity (outpatient) | INO | ə 3,149.91 | ə 458.2U | ⇒ 5,800.95 | \$338.35 | Case Rate |

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| | | | | Emergency Department Visit - | | | | | | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99291 | Critical Care (outpatient) | No | \$ 17,860.61 | \$ 425.50 | \$ 6,308.07 | \$2,450.24 | Case Rate |
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| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, | | | | | | |
| Evolution 8 Magnetic Contin | Duefeesienel Comisse | CDT | | | N - | 6 AFC | ÷ | é | ¢50.22 | Devilation |
| Evaluation & Management Services | Protessional Services | СРТ | 99381 | Younger than 1 Year Old | No | \$ 156.75 | \$ - | \$ 225.38 | \$59.23 | Per Unit |
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| | | | | Office Visit - Comprehensive | | | | | | |
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| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, 1- | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99382 | 4 Years Old | No | \$ 163.82 | \$ - | \$ 236.91 | \$59.23 | Per Unit |
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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Samulas Catagony | Convice Cotting | Code | Code | Description | Shoppable | Discounted Cash Price | Negotiated | Negotiated | Negotiated | Estimato Tuno |
| Service Category | Service Setting | Туре | Code | Description | Service? | <u>Cash Price</u> | Charge | <u>Charge</u> | Charge_ | Estimate Type |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, 5- | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | | 11 Years Old | No | \$ 170.96 | s - | \$ 413.46 | \$59.23 | Per Unit |
| Evaluation & management services | | CIT | 55565 | | 110 | <i>y</i> 170.50 | Y | ÷ +13.40 | <i>455.25</i> | |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, 12- | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | | 17 Years Old | No | \$ 193.58 | \$ - | \$ 280.75 | \$59.23 | Per Unit |
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| To Search for a service Click "CTRL" | | | | | | | | | | |
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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 |
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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 | \$59.23 | Per Unit |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, 40- | | | | | 40.00 | |
| Evaluation & Management Services | Protessional Services | СРТ | 99386 | 64 Years Old | Yes | \$ 217.32 | \$ 91.72 | \$ 1,293.56 | \$0.00 | Per Unit |

| Image: constraint of the service Click "CTRL" Im | Specific Negotiated | ou * |
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| Image: constraint of the service Click "CTRL" Im | Will Owe * | * |
| To Search for a service Click "CTRL" De-Identified De-Identified Paye + "F" Code Code Discounted De-Identified Paye | ed Payer- Specific Negotiated | d |
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| Evaluation & Management Services Professional Services CPT 99391 Year Old No \$ 141.19 \$ - \$ 267.83 \$59.26 | 33 \$59.23 Per Unit | Per Unit |
| Evaluation & Management Services Professional Services CPT 99392 and Management, 1-4 Years Old No \$ 150.93 \$ - \$ 305.91 \$59.3 | 91 \$59.23 Per Unit | Per Unit |

| Service Category Service Setting Code Type Code Type Code Description CMS Sequired Service De-identified Secured Gail-Price De-identified Manuam De-identified (harge De-iden | r | | | | | | 1 | | | | |
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| Service Category Service Setting Code Type Code Code Description Service Strong Code Cash Price Maximum Securited Charge Maximum Securited Charge Securited Charge Securited Strong valuation & Management Services Professional Services CPT 9393 Office Visit - Comprehensive Preventive Medicine Reevaluation No \$ 150.4 \$ -< | + "F" | | | | | | | | | | |
| Service Category Service Setting Code Type Code Code Description Service Strong Service Service Maximum Negritation Charge Maximum Negritation Charge Section Note valuation & Management Services Professional Services CPT 9393 Office Visit - Comprehensive Preventive Medicine Reevaluation No \$ 150.40 \$ | | | | | | | | | | | |
| Service Category Service Setting Code Type Code Code Description Bequited Shopable Service Minitum Case Maximum Sectific Charge Sectific Charge | | | | | | | | | | | |
| Service Category Service Setting Code Type Code Code Description Bequited Shopable Service Minitum Case Maximum Sectific Charge Sectific Charge | | | | | | CMS | | De-Identified | De-Identified | Payer- | |
| Service Category Service Setting Code Type Code Type Description Shoppable Service Disconted Case Neectiated Charge < | | | | | | Required | | Minimum | | | |
| Service Category Service Setting Type Code Description Service? Case Charge Charge Charge Charge Stimate Type valuation & Management Services Professional Services OPT 9933 office Visit - Comprehensive Preventive Medicine Reevaluation No \$ 150.44 \$ | | | Code | | | | Discounted | | | | |
| valuation & Management Services Porfessional Services OFF 99393 Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old No \$ 150.44 \$ \$ 305.01 \$59.23 Per Unit valuation & Management Services Porfessional Services OFF 99394 Office Visit - Comprehensive Preventive Medicine Reevaluation No \$ 150.44 \$ <td>Service Category</td> <td>Service Setting</td> <td></td> <td>Code</td> <td>Description</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Estimate Type</td> | Service Category | Service Setting | | Code | Description | | | | | | Estimate Type |
| valuation & Management Services Professional Services CPT 99393 and Management, 5-11 Years Old No \$ 150.44 \$ \$ 305.91 \$ \$59.23 Per Unit valuation & Management Services Professional Services Image: Services | <u>Service category</u> | <u>Service Setting</u> | турс | couc | Description | <u>Jervice.</u> | casirritee | enarge | charge | charge | Estimate Type |
| valuation & Management Services Professional Services CPT 99393 and Management, 5-11 Years Old No \$ 150.41 \$ \$ 305.91 \$ \$59.23 Per Unit valuation & Management Services Professional Services CPT S | | | | | | | | | | | |
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| valuation & Management Services Professional Services CPT 99394 Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ - \$ 398.57 \$59.23 Per Unit | Further 8 Management Consider | Professional Constant | CDT | | | | ¢ 450.44 | <u>~</u> | ¢ 205.04 | 650.00 | Devillet |
| valuation & Management Services Professional Services CPT Per unit valuation & Management Services Professional Services Valuation & Valuation & Valuation No \$ 165.14 \$ - \$ 398.57 \$ 59.23 Per Unit | Evaluation & Management Services | Professional Services | СРТ | 99393 | and Management, 5-11 Years Old | NO | \$ 150.44 | ş - | \$ 305.91 | \$59.23 | PerUnit |
| valuation & Management Services Professional Services CPT Per unit valuation & Management Services Professional Services Valuation & Valuation & Valuation No \$ 165.14 \$ - \$ 398.57 \$ 59.23 Per Unit | | | | | | | | | | | |
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| valuation & Management Services Professional Services CPT P9399 Preventive Medicine Reevaluation and Management, 12-17 Years Old No \$ 165.14 \$ \$ 398.57 \$ 59.23 Per Unit | | | | | | | | | | | |
| valuation & Management Services Professional Services Per Unit valuation & Management Services Professional Services Valuation & Management, 12-17 Years Old No \$ 165.14 \$ - \$ 398.57 \$ 59.23 Per Unit | | | | | | | | | | | |
| valuation & Management Services Professional Services CPT 99394 and Management, 12-17 Years Old No \$ 165.14 \$. \$ 398.57 \$59.23 Per Unit Valuation & Management Services Valuation < | | | | | | | | | | | |
| 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 | \$59.23 | Per Unit |
| Preventive Medicine Reevaluation | | | | | | | | | | | |
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| valuation & Management Services Professional Services CPT 99395 and Management, 18-39 Years Old No \$ 168.81 \$ 37.07 \$ 304.60 \$59.23 Per Unit | | | | | | | | | | | |
| | Evaluation & Management Services | Professional Services | СРТ | 99395 | and Management, 18-39 Years Old | No | \$ 168.81 | \$ 37.07 | \$ 304.60 | \$59.23 | Per Unit |

| | | | | | | | | | Amount We Estimate You Will Owe * | |
|---|-------------------------|----------------------------|-------|--|--|--------------------------|--|--|--|---------------|
| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| 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> | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| | | | | | | | | | | |
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| Cuchanica 8 Management Coming | - Professional Comisse | CDT | | Office Visit - Comprehensive Preventive Medicine Reevaluation | No | ć 180.13 | Č (477 | Ć 420.70 | ¢0.00 | Des Unit |
| Evaluation & Management Service | s Professional Services | СРТ | 99396 | and Management, 40-64 Years Old | No | \$ 180.12 | \$ 64.57 | \$ 429.79 | \$0.00 | Per Unit |
| | | | | | | | | | Service Not Covered by | |
| Exablate | Hospital Outpatient | СРТ | 0398T | Focused Ultrasound | No | \$ 32,139.56 | \$ 11,272.90 | \$ 11,272.90 | Payer | Case Rate |
| Vaccinations | Hospital Outpatient | СРТ | G0008 | Admin influenza virus vaccine | No | \$ 70.15 | \$ - | \$ 126.95 | \$15.45 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$ - | \$ - | \$0.00 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | СРТ | G0277 | Hbot, full body chamber, 30m | No | \$ 773.99 | \$ 46.24 | \$ 1,424.46 | \$0.00 | Per Unit |
| Hospital Observation Per Hour | Hospital Outpatient | СРТ | G0378 | Hospital observation per hr | No | \$ 15,685.71 | \$ 605.00 | \$ 24,131.86 | \$702.14 | Per Unit |

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|---|---------------------|---------|-------|-----------------------------|-----------|------------|--------------|----------------------|----|-------------|--------------------|---------------|
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | |
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| | | | | | CMS | | | De-Identified | De | -Identified | Payer- | |
| | | | | | Required | | | Minimum | M | laximum | Specific | |
| | | Code | | | Shoppable | Discoun | ted | Negotiated | Ne | egotiated | Negotiated | |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Pri | ce | Charge | | Charge | Charge | Estimate Type |
| | | | | | | | | | | | | |
| Evaluation & Management Services | Hospital Outpatient | СРТ | G0463 | Hospital outpt clinic visit | No | \$ 13 | 0.00 | \$ 74.02 | \$ | 200.00 | \$0.00 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | G0480 | Drug test def 1-7 classes | No | \$ 47 | 6.03 | \$ - | \$ | 732.35 | \$0.00 | Per Unit |
| | | | | | | | | | | | _ | |
| Injections | Hospital Outpatient | HCPCS | J1071 | Inj testosterone cypionate | No | \$ |).22 | \$ 0.03 | \$ | 0.34 | \$0.03 | Per Unit |
| | | | | | | | | | | | | |
| Injections | Hospital Outpatient | HCPCS | J1815 | Insulin injection | No | \$ | 2.13 | \$ 0.78 | \$ | 3.27 | \$3.23 | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J7325 | Synvisc or synvisc-one | Νο | Ś 2 | 6 .95 | Ś- | Ś | 89.11 | \$11.74 | Per Unit |
| Injections | | incr co | 37323 | Synalse of Synalse-One | NU | <i>γ</i> 2 | 0.00 | Ý - | ~ | 05.11 | 911./ 4 | |
| to to other | | CDT | 10247 | F B-and | | ¢ 2.01 | | | | 4 226 24 | 6525.40 | Den Hait |
| Injections | Hospital Outpatient | CPT | 19217 | Eligard | No | \$ 2,81 | 5.54 | Ş - | \$ | 4,336.21 | \$525.18 | Per Unit |