United Community TennCare	Last Updated: 12/14/2021									
									Amount We Estimate You Will Owe *	
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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer-Specific Negotiated Charge	Estimate Type
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	$5,517.78	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	$16,237.64	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	$ 26,747.32	$ 8,070.44	$ 37,721.88	$8,070.44	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	$ 37,083.10	$ 10,123.74	$ 62,430.00	$10,300.84	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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

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Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	$ 34,304.81	$ 7,426.74	$ 43,066.25	$7,426.74	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	$ 18,033.90	$ 3,828.29	$ 28,968.03	$4,708.85	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W MCC	No	$ 23,221.02	$ 4,255.93	$ 31,015.82	$5,495.23	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O MCC	No	$ 17,544.11	$ 2,955.18	$ 26,002.03	$3,569.87	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	$ 81,430.86	$ 21,639.28	$ 150,000.00	$25,399.09	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	$12,060.15	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	$ 18,159.73	$ 3,301.83	$ 50,000.00	$7,922.43	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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

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Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	$ 10,335.01	$ 2,464.00	$ 27,462.61	$4,130.75	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	$ 11,915.22	$ 3,570.00	$ 39,605.25	$8,793.68	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	$ 9,940.40	$ 3,570.00	$ 27,865.12	$4,285.32	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	$ 8,988.27	$ 3,519.44	$ 25,870.71	$3,519.44	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	$ 12,696.27	$ 3,570.00	$ 35,011.06	$7,029.45	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	$ 11,322.59	$ 2,835.00	$ 27,868.32	$4,286.55	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	$3,715.42	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	$767.93	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	$3,537.48	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	$ 10,897.11	$ 2,464.00	$ 25,917.69	$3,537.48	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	$ 10,518.03	$ 2,464.00	$ 27,817.08	$4,266.87	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	$ 8,616.42	$ 2,464.00	$ 24,277.74	$2,907.72	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	$2,569.88	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	$ 14,553.00	$ 14,553.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	$ 10,870.00	$ 10,870.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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

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

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Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	192	Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at $1,109.30 Per Diem	$ 299.70	$ 850.00	Non-Par	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	193	Subacute Care Level 3- Complex Care	No	52% Charges Estimated at $1,109.30 Per Diem	$ 370.00	$ 850.00	Non-Par	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	$ 530.90	$ 161.58	$ 1,803.41	$100.41	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	$ 584.92	$ 167.15	$ 1,829.27	$126.27	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	$ 1,131.70	$ 157.92	$ 1,634.10	$192.49	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	$ 3,052.42	$ 381.25	$ 2,964.36	$1,513.98	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	Removal of 1 or more breast growth, open procedure	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate

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Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	$ 370.58	$ 182.39	$ 1,461.73	$230.68	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	$ 1,243.48	$ 395.00	$ 2,581.00	$1,066.35	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	Arthroscopic Knee Surgery (outpatient)	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	$ 449.87	$ 135.86	$ 1,978.02	$237.99	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	$ 608.39	$ 288.54	$ 1,852.06	$693.54	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	Tonsillectomy with Adenoidectomy (outpatient)	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	$ 2,027.21	$ 61.00	$ 1,867.74	$317.74	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	$ 1,259.34	$ 372.00	$ 2,229.48	$405.48	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	Colonoscopy - Diagnostic (outpatient)	Yes	$ 2,117.86	$ 335.79	$ 2,220.88	$396.88	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	Colonoscopy - With Biopsy (outpatient)	Yes	$ 3,082.66	$ 343.06	$ 4,110.45	$1,104.88	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	$ 3,317.89	$ 354.50	$ 4,434.15	$1,166.26	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	Ultrasound examination of lower large bowel using an endoscope	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	$ 12,062.52	$ 504.75	$ 18,374.88	$3,695.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	$ 3,111.60	$ 445.12	$ 3,166.61	$1,911.81	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	Repair of groin hernia patient age 5 years or older	Yes	$ 9,867.85	$ 470.98	$ 15,040.03	$2,671.55	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	$ 97.04	$ -	$ 1,579.20	$60.51	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	$ 1,173.22	$ 282.78	$ 1,596.52	$645.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	$ 1,165.04	$ 284.76	$ 2,631.84	$1,392.38	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	$ 375.83	$ 144.00	$ 1,697.39	$294.51	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	$ 632.24	$ 48.93	$ 1,749.37	$114.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	$ 273.85	$ 32.34	$ 1,495.58	$279.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	$ 260.79	$ 118.53	$ 1,596.22	$135.37	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59400	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	Yes	$ 4,496.21	$ 242.00	$ 3,278.48	$2,055.71	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	$ 2,230.06	$ 133.91	$ 1,625.81	$1,029.44	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59510	Routine obstetric care for cesarean delivery, including pre-and post-delivery care	Yes	$ 4,966.56	$ 246.05	$ 3,619.13	$2,055.71	Case Rate

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Professional Services Associated with Inpatient Stay	Professional Services	CPT	59610	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	Yes	$ 4,706.58	$ 305.08	$ 3,429.34	$2,151.42	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	$ 1,055.18	$ 379.33	$ 1,880.39	$566.09	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	$ 1,665.98	$ 305.01	$ 1,988.33	$655.26	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Yes	$ 1,776.21	$ 358.46	$ 1,980.49	$765.66	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	Removal of recurring cataract in lens capsule using laser	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66984	Removal of cataract with insertion of lens	Yes	N/A No Service Volume	$ -	$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	$ 168.99	$ 48.93	$ 1,604.78	$92.86	Case Rate
Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	No	$ 901.06	$ 127.22	$ 1,318.18	$188.35	Per Unit

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Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	Yes	$ 901.06	$ 127.22	$ 1,318.18	$188.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	70482	Ct orbit/ear/fossa w/o&w/dye	No	$ 2,339.66	$ 207.79	$ 2,657.02	$320.47	Per Unit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	$ 1,668.57	$ 127.52	$ 2,259.85	$204.23	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	$ 1,871.05	$ 223.05	$ 1,996.31	$339.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	$ 1,632.72	$ 223.05	$ 1,677.63	$338.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	$ 1,518.19	$ 252.20	$ 2,270.30	$335.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	$ 2,314.59	$ 406.50	$ 3,409.54	$514.48	Per Unit
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	$ 138.11	$ 19.91	$ 181.37	$56.13	Per Unit
Radiology Services	Hospital Outpatient	CPT	71046	X-Ray - Chest (outpatient)	No	$ 148.99	$ 31.50	$ 193.55	$58.05	Per Unit

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Radiology Services	Hospital Outpatient	CPT	71110	X-ray exam ribs bil 3 views	No	$ 205.20	$ 38.07	$ 271.73	$47.78	Per Unit
Radiology Services	Hospital Outpatient	CPT	71250	CT THORAX W/O DYE	No	$ 1,024.52	$ 141.11	$ 1,468.48	$197.38	Per Unit
Radiology Services	Hospital Outpatient	CPT	71260	CT Scan - Chest, with Contrast (outpatient)	No	$ 1,448.52	$ 200.76	$ 2,034.88	$273.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	$ 1,935.65	$ 226.19	$ 2,092.27	$348.08	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	$ 154.65	$ 37.93	$ 204.42	$45.51	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	$ 251.61	$ 33.93	$ 338.99	$45.10	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	$ 199.60	$ 37.93	$ 265.13	$45.51	Per Unit
Radiology Services	Hospital Outpatient	CPT	72110	X-Ray, lower back, minimum four views	Yes	$ 213.64	$ 52.80	$ 284.93	$72.06	Per Unit

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Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	$ 1,459.37	$ 136.86	$ 1,750.92	$200.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	$ 1,293.16	$ 260.86	$ 1,821.59	$272.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	$ 1,815.93	$ 201.73	$ 2,118.48	$310.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	$ 1,520.66	$ 199.82	$ 1,805.90	$272.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	$ 1,518.43	$ 260.86	$ 1,805.90	$272.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	$ 1,904.42	$ 201.90	$ 2,238.70	$310.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	72141	MRI NECK SPINE W/O DYE	No	$ 1,441.84	$ 252.20	$ 2,177.11	$335.91	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	$ 1,381.13	$ 252.20	$ 2,137.12	$336.12	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	$ 249.04	$ 28.72	$ 327.10	$42.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	$ 208.53	$ 39.60	$ 264.73	$45.12	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	$ 1,536.96	$ 197.29	$ 2,142.05	$269.37	Per Unit

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Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	$ 2,448.72	$ 402.71	$ 3,522.33	$512.52	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	$ 147.59	$ 22.40	$ 185.92	$42.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	$ 196.93	$ 26.01	$ 251.93	$43.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	$ 149.50	$ 28.33	$ 196.92	$43.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	$ 147.62	$ 29.40	$ 195.82	$42.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	$ 146.83	$ 25.07	$ 191.42	$41.63	Per Unit
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	$ 122.83	$ 26.72	$ 154.02	$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	$ 117.10	$ 26.40	$ 151.82	$42.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73110	X-Ray - Wrist (outpatient)	No	$ 156.52	$ 30.72	$ 196.19	$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	$ 192.03	$ 24.40	$ 249.73	$42.03	Per Unit

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Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	$ 151.54	$ 32.72	$ 198.42	$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	$ 1,211.82	$ 246.65	$ 1,702.46	$329.57	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	$ 129.58	$ 37.77	$ 197.91	$57.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	$ 150.51	$ 29.51	$ 189.38	$55.49	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	$ 201.92	$ 32.40	$ 266.82	$42.83	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	$ 263.50	$ 36.52	$ 351.25	$43.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	$ 239.62	$ 32.40	$ 321.48	$42.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	$ 191.55	$ 31.98	$ 278.60	$42.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	$ 239.05	$ 25.72	$ 311.14	$42.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	$ 196.24	$ 29.81	$ 262.21	$41.32	Per Unit

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Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	$ 216.05	$ 33.95	$ 289.60	$42.07	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	$ 1,231.00	$ 134.01	$ 1,400.92	$197.01	Per Unit
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	$ 1,224.32	$ 246.65	$ 1,828.36	$329.58	Per Unit
Radiology Services	Hospital Outpatient	CPT	74018	X-Ray - Abdomen	No	$ 145.61	$ 28.31	$ 189.76	$56.13	Per Unit
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	$ 977.64	$ 142.38	$ 1,446.99	$206.97	Per Unit
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	$ 1,824.18	$ 207.86	$ 2,144.29	$317.80	Per Unit
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	$ 2,748.11	$ 286.79	$ 3,568.86	$321.15	Per Unit
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	$ 2,748.11	$ 286.79	$ 3,568.86	$321.15	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	$ 394.10	$ 56.38	$ 563.71	$90.49	Per Unit

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Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	$ 521.72	$ 79.34	$ 578.01	$102.59	Per Unit
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	$ 306.04	$ 59.00	$ 323.39	$63.71	Per Unit
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	$ 460.62	$ 78.79	$ 386.50	$101.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	$ 152.68	$ 78.52	$ 249.30	$105.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	$ 361.43	$ 91.69	$ 433.80	$115.08	Per Unit
Radiology Services	Hospital Outpatient	CPT	76705	Ultrasound - Abdominal, Limited	No	$ 327.93	$ 46.05	$ 372.20	$103.02	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	$ 456.58	$ 76.54	$ 400.80	$111.27	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	$ 391.57	$ 86.65	$ 396.27	$124.44	Per Unit

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Radiology Services	Hospital Outpatient	CPT	76805	Ultrasound - Pregnancy (outpatient)	Yes	$ 367.73	$ 100.36	$ 437.10	$124.80	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	$ 522.04	$ 198.65	$ 587.50	$215.49	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	$ 309.95	$ 54.75	$ 384.30	$80.14	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	$ 406.54	$ 64.37	$ 384.30	$91.27	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	$ 476.50	$ 82.20	$ 387.27	$128.58	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	$ 407.39	$ 97.44	$ 398.34	$113.30	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	$ 370.14	$ 88.69	$ 391.69	$107.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	76830	Ultrasound - Transvaginal (non-maternity)	Yes	$ 475.43	$ 98.63	$ 463.90	$108.72	Per Unit

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Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	$ 344.00	$ 70.34	$ 408.50	$108.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	$ 546.40	$ 107.57	$ 501.03	$113.51	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	$ 383.79	$ 135.81	$ 629.70	$143.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	$ 406.73	$ 109.22	$ 504.02	$115.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	$ 247.25	$ 56.29	$ 393.45	$65.02	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	$ 116.84	$ 33.80	$ 171.64	$35.87	Per Unit
Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	$ 1,010.04	$ 336.74	$ 2,091.45	$661.50	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	$ 158.03	$ 11.84	$ 221.33	$19.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Blood Test - Comprehensive Metabolic Panel	Yes	$ 93.73	$ 14.78	$ 136.89	$23.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Blood Test - Pregnancy (Obstetric) Panel	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	$ 46.48	$ 12.05	$ 101.77	$13.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Blood Test - Renal (Kidney) Function Panel	Yes	$ 17.24	$ 8.68	$ 34.59	$19.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	$ 146.77	$ 11.44	$ 205.84	$18.87	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	$ 128.65	$ 55.93	$ 199.53	$59.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Urine Test - Automated with Microscope Examination	Yes	$ 23.46	$ 4.44	$ 34.47	$8.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	$ 7.24	$ 2.67	$ 14.00	$2.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Urine Test - Automated without Microscope	Yes	$ 10.40	$ 3.16	$ 11.25	$5.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	$ 40.87	$ 10.45	$ 58.29	$16.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	$ 41.02	$ 4.52	$ 55.22	$5.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	$ 188.74	$ 26.64	$ 254.08	$30.86	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	$ 35.11	$ 12.31	$ 67.00	$14.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	$ 114.13	$ 11.09	$ 153.64	$12.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	$ 15.28	$ 3.92	$ 23.76	$4.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	$ 12.70	$ 5.86	$ 35.53	$6.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	$ 26.14	$ 12.05	$ 75.41	$13.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	$ 124.50	$ 7.17	$ 70.25	$13.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	$ 29.40	$ 13.57	$ 82.73	$15.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	$ 140.40	$ 14.17	$ 405.00	$14.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	$ 36.68	$ 16.91	$ 99.20	$19.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	$ 54.51	$ 25.15	$ 152.33	$29.12	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	$ 20.29	$ 13.41	$ 40.08	$15.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Blood Test - Ferritin (Blood Protein) Level	No	$ 33.53	$ 19.09	$ 96.63	$34.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	$ 37.75	$ 13.23	$ 79.52	$15.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	$ 73.40	$ 20.17	$ 106.16	$20.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82947	Assay glucose blood quant	No	$ 34.04	$ 5.51	$ 49.42	$9.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	$ 45.55	$ 3.89	$ 61.82	$5.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	$ 172.97	$ 19.76	$ 498.96	$22.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	$ 71.27	$ 8.74	$ 95.94	$10.12	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83088	Assay of histamine	No	$ 75.84	$ 26.58	$ 218.76	$30.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	$ 147.09	$ 6.55	$ 424.29	$8.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	$ 51.90	$ 9.06	$ 75.77	$16.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	$ 27.44	$ 10.41	$ 58.05	$11.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Blood Test - Lipase (fat enzyme) Level	No	$ 69.47	$ 6.20	$ 93.51	$7.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	$ 53.82	$ 9.38	$ 78.56	$17.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	$ 172.55	$ 35.33	$ 232.27	$35.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	$ 61.73	$ 6.64	$ 87.67	$11.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	$ 43.23	$ 6.66	$ 62.65	$11.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	$ 43.23	$ 6.66	$ 62.65	$11.69	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84144	Assay of progesterone	No	$ 52.59	$ 18.77	$ 96.68	$21.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	$ 74.21	$ 25.75	$ 116.68	$46.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	$ 106.34	$ 16.55	$ 143.15	$19.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	$ 382.72	$ 18.76	$ 588.80	$18.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	$ 42.10	$ 4.33	$ 56.67	$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	$ 66.21	$ 8.12	$ 89.13	$9.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	$ 64.07	$ 23.52	$ 119.09	$42.73	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Yes	$ 64.07	$ 23.52	$ 119.09	$42.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	$ 96.31	$ 12.76	$ 129.65	$14.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	$ 81.70	$ 10.26	$ 121.45	$10.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	$ 125.77	$ 11.54	$ 169.31	$15.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	$ 26.95	$ 2.13	$ 36.27	$2.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Blood Test - Complete Blood Cell Count and Automated WBC	Yes	$ 77.98	$ 10.88	$ 112.06	$19.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Blood Test - Complete Blood Cell Count (Hemoglobin)	Yes	$ 60.79	$ 5.82	$ 81.83	$6.74	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	$ 45.97	$ 16.11	$ 95.56	$18.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	$ 53.57	$ 7.44	$ 72.11	$7.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	$ 44.81	$ 6.01	$ 64.27	$10.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	$ 24.61	$ 8.24	$ 70.98	$9.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	$ 53.32	$ 4.96	$ 71.77	$5.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Blood Test - Coagulation Assessment	Yes	$ 46.01	$ 5.41	$ 61.94	$6.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	$ 12.63	$ 5.82	$ 36.42	$6.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	$ 48.49	$ 4.66	$ 65.28	$5.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	$ 65.00	$ 42.28	$ 211.59	$48.97	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	$ 132.78	$ 24.10	$ 383.03	$27.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	$ 52.70	$ 5.10	$ 70.95	$5.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	$ 37.81	$ 3.84	$ 50.90	$4.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	$ 37.81	$ 3.84	$ 50.90	$4.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	$ 57.37	$ 9.16	$ 165.50	$10.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	$ 25.74	$ 11.87	$ 81.45	$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	$ 25.74	$ 11.87	$ 110.13	$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	$ 25.74	$ 11.87	$ 110.13	$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	$ 25.74	$ 11.87	$ 110.13	$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	$ 25.74	$ 11.87	$ 110.13	$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	$ 25.60	$ 11.81	$ 83.21	$13.67	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	$ 30.68	$ 15.13	$ 63.03	$15.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	$ 29.16	$ 15.44	$ 50.98	$17.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	$ 79.65	$ 12.41	$ 107.23	$13.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	$ 86.11	$ 10.85	$ 115.92	$12.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	$ 22.98	$ 10.59	$ 57.38	$12.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86706	HEP B SURFACE ANTIBODY	No	$ 98.98	$ 9.67	$ 133.25	$11.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	$ 22.56	$ 10.41	$ 65.09	$12.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	$ 22.71	$ 11.15	$ 56.71	$12.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	$ 78.19	$ 12.95	$ 225.56	$15.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	$ 25.14	$ 11.59	$ 72.53	$13.43	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	$ 51.48	$ -	$ 112.07	$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	$ 25.14	$ 11.59	$ 76.53	$13.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Blood Test - Hepatitis C Antibody Level	No	$ 67.64	$ 12.84	$ 91.06	$14.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	$ 23.09	$ 13.94	$ 66.62	$16.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	$ 20.32	$ 5.00	$ 66.92	$10.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	$ 244.72	$ 5.65	$ 329.43	$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	$ 198.99	$ 3.78	$ 267.88	$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	$ 198.99	$ 3.78	$ 267.88	$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	$ 60.24	$ 3.78	$ 81.10	$5.65	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	$ 60.24	$ 3.78	$ 81.10	$5.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	$ 5.82	$ 4.84	$ 383.37	$11.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	$ 244.72	$ 13.44	$ 344.22	$15.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	$ 133.90	$ 9.29	$ 180.25	$10.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	$ 138.63	$ 7.76	$ 186.61	$8.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	$ 60.43	$ 7.27	$ 81.35	$8.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition	No	$ 81.17	$ 5.97	$ 109.26	$6.91	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	$ 82.16	$ 7.26	$ 110.60	$8.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	$ 15.80	$ 7.28	$ 43.86	$8.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	$ 130.74	$ 17.64	$ 175.99	$20.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	$ 69.16	$ 7.79	$ 93.10	$9.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	$ 49.93	$ 3.84	$ 67.21	$4.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	$ 63.55	$ 9.30	$ 85.55	$10.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	$ 110.43	$ 21.67	$ 148.66	$25.46	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	$ 37.44	$ 10.78	$ 108.00	$12.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	$ 108.43	$ 31.58	$ 171.03	$36.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	$ 90.13	$ 31.58	$ 171.03	$36.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	$ 53.36	$ -	$ 136.48	$0.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	$ 90.13	$ 31.58	$ 171.03	$36.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Lab Test - Detection test for Influenza Virus	No	$ 37.58	$ 19.82	$ 70.50	$29.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	$ 101.56	$ 19.87	$ 143.48	$29.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	$ 68.81	$ -	$ 120.30	$11.40	Per Unit

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Vaccinations	Physician Office	CPT	90460	Immunization Administration First Component	No	$ 40.10	$ 11.68	$ 75.93	$25.31	Per Unit
Vaccinations	Physician Office	CPT	90461	Immunization Administration Each Additional Component	No	$ 25.13	$ 10.49	$ 38.51	$12.84	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	$ 44.49	$ 7.02	$ 81.80	$45.41	Per Unit
Vaccinations	Hospital Outpatient	CPT	90472	Immunization Administration Each Additional Component	No	$ 12.56	$ -	$ 38.51	$25.81	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	$ 142.32	$ 9.56	$ 227.93	$157.18	Per Unit
Vaccination	Hospital Outpatient	CPT	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	$ 285.59	$ 9.56	$ 345.21	$84.77	Per Unit

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Vaccination	Hospital Outpatient	CPT	90715	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	$ 57.74	$ -	$ 77.73	$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	$ 308.81	$ 118.93	$ 198.74	$142.78	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	$ 88.03	$ 57.92	$ 99.25	$69.19	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	$ 116.77	$ 77.37	$ 132.34	$91.78	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	$ 174.90	$ 116.00	$ 198.22	$137.47	Per Unit
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	N/A No Service Volume	$ -	N/A No Service Volume	N/A No Service Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	$ 146.15	$ 97.13	$ 166.18	$114.88	Per Unit

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Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	N/A No Service Volume	$ -	N/A No Service Volume	N/A No Service Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	$ 52.00	$ 17.40	$ 251.43	$128.00	Per Unit
Medicine Cardiovascular	Professional Services	CPT	93000	Electrocardiogram, routine, with interpretation and report	Yes	$ 36.27	$ 28.12	$ 95.52	$17.02	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	$ 142.29	$ -	$ 295.26	$27.82	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	$ 471.40	$ 61.00	$ 634.57	$130.18	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	$ 1,404.83	$ 322.26	$ 1,593.05	$413.44	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	Insertion of catheter into left heart for diagnosis	Yes	$ 8,847.45	$ 579.93	$ 12,920.92	$2,327.13	Case Rate
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	$ 240.64	$ 92.64	$ 400.67	$100.78	Per Unit

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Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	$ 189.82	$ -	$ 1,229.53	$14.13	Per Unit
Medicine Neurology and Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	$ 110.26	$ 66.86	$ 196.20	$73.09	Case Rate
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	$ 31.26	$ 12.56	$ 59.90	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97035	Physical Therapy - Ultrasound Therapy	No	$ 26.92	$ 11.95	$ 40.29	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97110	Physical Therapy - Therapeutic Exercises	Yes	$ 88.74	$ 17.40	$ 119.46	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97112	Physical Therapy - Neuromuscular Reeducation	No	$ 69.93	$ 26.14	$ 104.78	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	$ 77.61	$ 22.90	$ 104.48	$128.00	Per Unit

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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	$ 56.20	$ 23.73	$ 93.92	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97161	Physical Therapy - Low Complexity Evaluation	No	$ 168.06	$ 71.97	$ 252.78	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97162	Physical Therapy - Moderate Complexity Evaluation	No	$ 62.40	$ 71.97	$ 252.78	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97163	Physical Therapy - High Complexity Evaluation	No	$ 168.06	$ 71.97	$ 252.78	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	$ 113.34	$ 48.67	$ 170.97	$128.00	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	$ 180.88	$ 77.05	$ 245.32	$128.00	Per Unit

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Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	$ 62.40	$ 72.00	$ 245.32	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97530	Physical Therapy - Therapeutic Activities	No	$ 92.45	$ 17.40	$ 124.45	$128.00	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97535	Physical Therapy - Self-care or Home Management Training	No	$ 68.89	$ -	$ 109.03	$128.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	$ -	$ -	$ 14.27	$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	$ 167.93	$ 90.34	$ 200.08	$123.61	Per Unit
Evaluation & Management Services	Professional Services	CPT	99203	Office Visit - New Patient, Low Complexity	Yes	$ 182.06	$ 132.54	$ 273.99	$173.02	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99204	Office Visit - New Patient, Moderate Complexity	Yes	$ 250.69	$ 177.01	$ 432.49	$247.57	Per Unit
Evaluation & Management Services	Professional Services	CPT	99205	New patient office of other outpatient visit, typically 60 min	Yes	$ 448.04	$ 156.38	$ 553.76	$314.52	Per Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	$ 58.74	$ 46.41	$ 133.24	$93.25	Per Unit
Evaluation & Management Services	Professional Services	CPT	99213	Office Visit - Established Patient, Low Complexity	No	$ 99.67	$ 81.71	$ 201.59	$122.41	Per Unit
Evaluation & Management Services	Professional Services	CPT	99214	Office Visit - Established Patient, Moderate Complexity	No	$ 151.19	$ 140.90	$ 279.47	$173.41	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99215	Office Visit - Established Patient, High Complexity	No	$ 315.87	$ 192.33	$ 385.34	$227.00	Per Unit
Professional Services Associated with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	$ 159.88	$ 50.60	$ 111.92	$72.44	Per Unit
Evaluation & Management Services	Professional Services	CPT	99243	Patient office consultation, typically 40 min	Yes	$ 212.43	$-	$ 142.18	$123.38	Per Unit
Evaluation & Management Services	Professional Services	CPT	99244	Patient office consultation, typically 60 min	Yes	$ 338.80	$-	$ 226.38	$183.94	Per Unit
Emergency Room Visit	Hospital Outpatient	CPT	99281	Emergency Department Visit - Minor (outpatient)	No	$ 230.81	$ 74.98	$ 689.88	$316.23	Case Rate

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Emergency Room Visit	Hospital Outpatient	CPT	99282	Emergency Department Visit - Low Complexity (outpatient)	No	$ 430.38	$ 93.52	$ 1,114.22	$620.57	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99283	Emergency Department Visit - Moderate Complexity (outpatient)	No	$ 932.99	$ 182.62	$ 2,714.83	$778.17	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99284	Emergency Department Visit - Higher Complexity (outpatient)	No	$ 2,400.69	$ 270.43	$ 4,475.48	$1,472.34	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99285	Emergency Department Visit - High Complexity (outpatient)	No	$ 3,149.91	$ 458.20	$ 5,806.95	$2,782.32	Case Rate

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Emergency Room Visit	Hospital Outpatient	CPT	99291	Emergency Department Visit - Critical Care (outpatient)	No	$ 17,860.61	$ 425.50	$ 6,308.07	$2,879.70	Case Rate
Evaluation & Management Services	Professional Services	CPT	99381	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, Younger than 1 Year Old	No	$ 156.75	$ -	$ 225.38	$155.06	Per Unit
Evaluation & Management Services	Professional Services	CPT	99382	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 1-4 Years Old	No	$ 163.82	$ -	$ 236.91	$166.39	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99383	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5-11 Years Old	No	$ 170.96	$ -	$ 413.46	$171.35	Per Unit
Evaluation & Management Services	Professional Services	CPT	99384	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-17 Years Old	No	$ 193.58	$ -	$ 280.75	$193.78	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99385	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-39 Years Old	Yes	$ 187.80	$ 59.23	$ 347.60	$189.76	Per Unit
Evaluation & Management Services	Professional Services	CPT	99386	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-64 Years Old	Yes	$ 217.32	$ 91.72	$ 1,293.56	$223.72	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99391	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old	No	$ 141.19	$ -	$ 267.83	$137.84	Per Unit
Evaluation & Management Services	Professional Services	CPT	99392	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 1-4 Years Old	No	$ 150.93	$ -	$ 305.91	$151.01	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99393	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old	No	$ 150.44	$ -	$ 305.91	$150.67	Per Unit
Evaluation & Management Services	Professional Services	CPT	99394	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 12-17 Years Old	No	$ 165.14	$ -	$ 398.57	$167.30	Per Unit
Evaluation & Management Services	Professional Services	CPT	99395	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 18-39 Years Old	No	$ 168.81	$ 37.07	$ 304.60	$169.86	Per Unit

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Evaluation & Management Services	Professional Services	CPT	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	No	$ 180.12	$ 64.57	$ 429.79	$184.43	Per Unit
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	$ 32,139.56	$ 11,272.90	$ 11,272.90	Service Not Covered by Payer	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	$ 70.15	$ -	$ 126.95	$45.41	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	$ 27.43	$ -	$ -	$45.41	Per Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	$ 773.99	$ 46.24	$ 1,424.46	$133.80	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	$ 15,685.71	$ 605.00	$ 24,131.86	$2,152.00	Per Unit

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Evaluation & Management Services	Hospital Outpatient	CPT	G0463	Hospital outpt clinic visit	No	$ 130.00	$ 74.02	$ 200.00	$74.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	G0480	Drug test def 1-7 classes	No	$ 476.03	$ -	$ 732.35	$63.95	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	$ 0.22	$ 0.03	$ 0.34	$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	$ 2.13	$ 0.78	$ 3.27	$0.00	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	$ 26.95	$ -	$ 89.11	$9.22	Per Unit
Injections	Hospital Outpatient	CPT	J9217	Eligard	No	$ 2,818.54	$ -	$ 4,336.21	$192.40	Per Unit

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