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| United Community TennCare | 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> | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | Discounted Cash Price | De-Identified Minimum Negotiated Charge | 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 | \$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 |

*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%.

| To Search for a service Click "CTRL" + "F" Service Category Service Setting Hospital Inpatient Stay Hospital Inpatient Stay | | 1 | 1 | | 1 | | | | Amount M/- | I T |
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| | Туре | Service Setting | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| Hospital Inpatient Stay Hospital Inpatient | | | | | | | 0.0.80 | 0.00.80 | 0.00.80 | |
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| Hospital Inpatient Stay Hospital Inpatient | | | | | | | | | | Case Rate- |
| Hospital Inpatient Stay Hospital Inpatient | | | | | | | | | | Excluding |
| Hospital Inpatient Stay Hospital Inpatient | | | | Major joint replacement or | | | | | | Professional |
| Hospital Inpatient Stay Hospital Inpatient | | | | reattachment of lower extremity | | | | | | Charges which |
| Hospital Inpatient Stay Hospital Inpatient | | | | without major comorbid conditions | | | | | | are paid by |
| | DRG | Hospital Inpatient | 470 | or complications (MCC). | Yes | \$ 26,747.32 | \$ 8,070.44 | \$ 37,721.88 | \$8,070.44 | CPT/HCPCS |
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| | | | | Cervical spinal fusion without | | | | | | Professional |
| | | | | comorbid conditions (CC) or major | | | | | | Charges which |
| | | | | comorbid conditions or | | | | | | are paid by |
| Hospital Inpatient Stay Hospital Inpatient | DRG | Hospital Inpatient | | complications (MCC). | Yes | \$ 37,083.10 | \$ 10,123.74 | \$ 62,430.00 | \$10,300.84 | CPT/HCPCS |
| | | | | comorbid conditions (CC) or major | | | | | | Excluding Professional Charges which |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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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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| | | | | HIP FEMUR PROCEDURES EXCEPT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | MAJOR JOINT W MCC | No | \$ 58,727.97 | \$ 12 375.85 | \$ 48,933.51 | \$12,375.85 | CPT/HCPCS |
| noopital inpatient otay | | Ditto | 400 | | | <i>\$</i> 30,727137 | ¢ 12,575.05 | ÷ 40,000101 | <i>\$12,67,5105</i> | |
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| | | | | HIP FEMUR PROCEDURES EXCEPT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 481 | MAJOR JOINT W CC | No | \$ 48,507.14 | \$ 8,559.98 | \$ 38,996.68 | \$8,559.98 | CPT/HCPCS |
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| | | | | HIP FEMUR PROCEDURES EXCEPT | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 482 | MAJOR JOINT W/O CC/MCC | No | \$ 35,733.50 | \$ 6,745.73 | \$ 37,731.25 | \$6,745.73 | CPT/HCPCS |
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| Hospital Innations Store | Hospital Inpatient | DRC | | | No | \$ 46,392.83 | ¢ 0.429.20 | \$ 41 393 64 | ¢0 439 30 | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 493 | EXCEPT HIP, FOOT, FEMUR W CC | No | ə 40,392.83 | ə 9,438.20 | \$ 41,283.64 | \$9,438.20 | 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> | <u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> Specific Negotiated Charge | _Estimate Ty |
| 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 whicl are paid by CPT/HCPCS |
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| 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 whicl 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 | \$5,495.23 | 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 |
| | | DEC | | RED BLOOD CELL DISORDERS W/O | No | 6 47 544 44 | é | | ¢3 500 97 | 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 | \$3,569.87 | CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | No | \$ 81,430.86 | \$ 21,639.28 | \$ 150,000.00 | \$25,399.09 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | Νο | \$ 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 | Νο | \$ 18,159.73 | \$ 3,301. <u>83</u> | \$ 50,000.00 | \$7,922.43 | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| | | | | | Required | | <u>Minimum</u> | <u>Maximum</u> | Specific | |
| | | <u>Code</u> | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | <u>Type</u> | <u>Code</u> | 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 | \$16,085.53 | CPT/HCPCS |
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| | | | | MULTIPLE SIGNIFICANT TRAUMA | | | | | | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 957 | W MCC | No | \$ 139,128.72 | \$ 30,888.17 | \$ 200,000.00 | \$30,888.17 | 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 | 958 | w cc | No | \$ 73,933.71 | \$ 17,182.69 | \$ 125,000.00 | \$17,182.69 | CPT/HCPCS |
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| | | | | | | | | | | Charges which |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | | OTHER MULTIPLE SIGNIFICANT | No | \$ 24 761 PF | \$ 6122.25 | \$ 50,000,00 | \$6 122 25 | are paid by |
| Hospital Inpatient Stay | Hospital Inpatient | DKG | 904 | TRAUMA W CC | No | ə 54,/61.85 | ə 0,123.35 | \$ 50,000.00 | \$6,123.35 | 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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| Maternity/Delivery | Hospital Inpatient | DRG | | EXCEPT STERIL &/OR D&C | No | \$ 10,335.01 | \$ 2,464.00 | \$ 27,462.61 | \$4,130.75 | 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 | \$8,793.68 | 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 | \$4,285.32 | 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 | \$3,519.44 | CPT/HCPCS |
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| | | | | CESAREAN SECTION W/O | | | | | | are paid by |
| Maternity/Delivery | Hospital Inpatient | DRG | | STERILIZATION W MCC | No | \$ 12,696.27 | \$ 3 570 00 | ¢ 25 011 06 | \$7,029.45 | CPT/HCPCS |
| | Heavital Invations | DRC | | | No | \$ 12 696 27 | \$ 3 570 00 | \$ 25.011.06 | \$7.020.4E | |

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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> | Discounted Cash Price | De-Identified Minimum Negotiated Charge | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 11,322.59 | \$ 2,835.00 | \$ 27,868.32 | \$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 | C 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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| | | | | | | | | | Estimate You | |
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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 | 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 | Νο | \$ 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 | Νο | N/A | \$ 10,870.00 | \$ 10,870.00 | N/A | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |

| Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital UB 118 Inpatient Rehabilitation Hospital Room & Board No Day Dep Diem N/A Day Day Dep Diem N/A Day Day Diem N/A Day Diem N/A Day Diem N/A Day Day Diem N/A Day Day Diem N/A Day Day Diem N/A Day Diem N/A Day Day Diem Diem N/A Day Day Diem N/A Day Day Diem N/A Day Day Diem Diem Diem N/A Day Day Diem Diem Diem Diem Diem Diem Diem Diem | | | | | | | | | | Amount We | |
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| Service Category Service Setting Code Type Code Code Description Becuired Service2 Discounted Cash Price Minimum Negotiated Charge Maximum Negotiated Charge Specific Nagotiated Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital No Inpatient Rehabilitation Hospital No S2% Charges S2% Charges S1% Spec Diem S2% Charges S2% Charges Diem S2% Charges S2% Charges S1% Spec Diem NA Per Dien N/A Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital Sign AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE No NA NA S 18,018.00 S 18,018.00 Non-Per Case Rat Excluding Professio Pro | | | | | | | | | | | |
| Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital UB 118 Room & Board No Diem N/A Day N/A Day Case Rat Estimated at \$2,341.96 Per Dien N/A Day N/A Day Inpatient Skilled Nursing Inpatient Skilled Nursing DRG 559 WITH MCC NN N/A \$ 18,018.00 \$ 18,018.00 Non-Par CPT/HCP Case Rat Excluding Professio | Service Category | Service Setting | | Code | Description | Required Shoppable | | <u>Minimum</u> Negotiated | <u>Maximum</u> Negotiated | Specific Negotiated | Estimate Type |
| Inpatient Rehabilitation Hospital Stay Inpatient Rehabilitation Hospital Room & Board Estimated at \$2,341.96 Per Diem Impatient Rehabilitation Hospital Diem Impatient Rehabilitation Hospital Stay Per Diem Room & Board Impatient Rehabilitation Hospital Stay Impatient Rehabilitation Hospital Room & Board No Diem Impatient Rehabilitation Hospital Stay N/A Per Diem Day Impatient Rehabilitation Hospital Stay Impatient Rehabilitation Hospital Room & Board No No Impatient Rehabilitation Hospital Diem N/A Per Diem Day Impatient Rehabilitation Hospital Room & Room & Ro | | M | | | | | | | | | |
| Inpatient Skilled Nursing Inpatient Skilled Nursing DRG 559 AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE No N/A \$ 18,018.00 \$ 18,018.00 \$ 18,018.00 \$ 18,018.00 Non-Par CPT/HCP Inpatient Skilled Nursing DRG 559 WITH MCC Inpatient Skilled Nursing | | Inpatient Rehabilitation Hospital | UB | | | No | Estimated at \$2,341.96 Per | | | N/A | Per Diem Per Day |
| Inpatient Skilled Nursing Inpatient Skilled Nursing DRG 559 WITH MCC No N/A \$ 18,018.00 \$ 18,018.00 Non-Par Case Rat Excluding Profession Inpatient Skilled Nursing Inpatient Sk | | | | | | | | | | | |
| Case Rat Excluding Professio | Inpatient Skilled Nursing | Inpatient Skilled Nursing | DRG | | SYSTEM AND CONNECTIVE TISSUE | Νο | N/A | \$ 18.018.00 | \$ 18.018.00 | Non-Par | Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS |
| Excluding Profession | | | | | | | | | | | |
| | | | | | SYSTEM & CONNECTIVE TISSUE W | | | | | | Case Rate- Excluding Professional Charges which are paid by 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 | Non-Par | CPT/HCPCS |
| | | | | | | | | | | |
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| | | | | | | | | | | Professional |
| | | | | | | | | | | Charges which |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Pulmonary edema respiratory | | | | | | are paid by |
| Stay | Hospital | DRG | LTC189 | | No | N/A | \$ 74,931.49 | \$ 74,931.49 | N/A | CPT/HCPCS |
| Stay | nospital | DKG | LICIOS | | NO | N/A | \$ 74,551.45 | \$ 74,551.45 | N/A | CF1/HCFC5 |
| | | | | | | | | | | Case Rate- |
| | | | | | | | | | | Excluding |
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| | | | | | | | | | | Professional |
| | | | | | | | | | | Charges which |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Respiratory system diagnosis w | | | | | | are paid by |
| Stay | Hospital | DRG | LTC207 | ventilator support >96 hours | No | N/A | \$ 37,703.24 | \$ 37,703.24 | N/A | CPT/HCPCS |
| | | | | | | | | | | |
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| | | | | | | 70% Charges | | | | |
| | | | | | | (Estimated as | | | | |
| Long Term Acute Care Inpatient | Inpatient Long-Term Care | | | Long Term Care Intensive Care | | \$6,047.26 per | \$1,040 Per | \$1,929 Per | \$1,040 Per | Per Diem Per |
| Stay | Hospital | UB | 200 | Room & Board | No | diem) | Diem | Diem | Diem | Day |
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| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 191 | Subacute Care Level 1- Skilled Care | No | Diem | \$ 227.70 | \$ 850.00 | Non-Par | Day |
| | | 1.5 | | | | | | | | |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge_ | Charge | Estimate Type |
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| | | | | | | 5304 01 | | | | |
| | | | | | | 52% Charges | | | | |
| Skilled Nursing Inpatient Room & | | | | Subacute Care Level 2- | | Estimated at \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 192 | Comprehensive Care | No | Diem | \$ 299.70 | \$ 850.00 | Non-Par | Day |
| | | | | | | | + 100000 | + | | |
| | | | | | | | | | | |
| | | | | | | 52% Charges | | | | |
| | | | | | | Estimated at | | | | |
| Skilled Nursing Inpatient Room & | | | | Subacute Care Level 3- Complex | | \$1,109.30 Per | | | | Per Diem Per |
| Board | Inpatient Skilled Nursing | UB | 193 | Care | No | Diem | \$ 370.00 | \$ 850.00 | Non-Par | Day |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11102 | Biopsy - Tangential Biopsy of Skin | No | \$ 530.90 | \$ 161.58 | \$ 1,803.41 | \$100.41 | Case Rate |
| hospital Outpatient Procedure | | CPT | 11102 | biopsy - rangential biopsy of skill | NU | \$ 530.90 | \$ 101.56 | \$ 1,005.41 | \$100.41 | Case Nate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11104 | Biopsy - Punch Biopsy of Skin | No | \$ 584.92 | \$ 167.15 | \$ 1,829.27 | \$126.27 | Case Rate |
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| Usersited Outputient Drave dura | Usersited Outputient | COT | 47000 | | | ¢ 4 4 3 4 70 | ¢ 457.02 | ¢ 4 634 40 | 6102.40 | Corres Dartes |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 11000 | Destruction of Lesion (outpatient) | No | \$ 1,131.70 | \$ 157.92 | \$ 1,634.10 | \$192.49 | Case Rate |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 19083 | Bx breast 1st lesion us imag | No | \$ 3,052.42 | \$ 381.25 | \$ 2,964.36 | \$1,513.98 | Case Rate |
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| | | | | | | N/A No | | | N/A No | |
| | | COT | 10122 | Removal of 1 or more breast | Mar | Service | ~ | <u>^</u> | Service | Corres Dartes |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 19120 | growth, open procedure | Yes | Volume | \$- | \$- | Volume | Case Rate |

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| 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 | \$230.68 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 27818 | Treatment of ankle fracture | No | \$ 1,243.48 | \$ 395.00 | \$ 2,581.00 | \$1,066.35 | Case Rate |
| | | | | | | <i> </i> | , | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,_, | |
| | | | | | | N/A No | | | N/A No | |
| | | | | | | Service | | | Service | |
| Hospital Outpatient Precedure | Hospital Outpatient | СРТ | 20926 | Arthroscopic Shouldor Surgery | Voc | Volume | \$ - | ć | Volume | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 29020 | Arthroscopic Shoulder Surgery | Yes | volume | ə - | \$- | volume | Case hate |
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| | | | | | | 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 | 31575 | Laryngoscopy - Diagnostic | No | \$ 449.87 | \$ 135.86 | \$ 1,978.02 | \$237.99 | Case Rate |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 32555 | Aspirate pleura w/ imaging | No | \$ 608.39 | \$ 288.54 | \$ 1,852.06 | \$693.54 | 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 |
| | | | | (one barrent) | | · oranic | T | T | | cuse nute |
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| | | | | Upper Gastrointestinal Endoscopy - | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43235 | Diagnostic | Yes | \$ 2,027.21 | \$ 61.00 | \$ 1,867.74 | \$317.74 | Case Rate |

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| Service Setting | <u>Code</u> Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> Service? | | | Mi Neg | nimum otiated | No. | <u>laximum</u> egotiated | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> Charge | Estimate Type |
| | | | | | | | | | | | | |
| Hospital Outpatient | СРТ | 43239 | Upper Gastrointestinal Endoscopy - With Biopsy | Yes | \$ | 1,259.34 | \$ | 372.00 | \$ | 2,229.48 | \$405.48 | Case Rate |
| | | | | | | | | | | | | |
| Hospital Outpatiant | CRT | 45279 | Colonoscopy - Diagnostic | Voc | ć | 2 117 96 | ć | 225 70 | ć | 2 220 00 | ¢206 99 | Care Pate |
| Hospital Outpatient | CPT | 45378 | (outpatient) | res | Ş | 2,117.80 | Ş | 335.79 | > | 2,220.88 | \$396.88 | Case Rate |
| | | | Colonoscopy - With Biopsy | | | | | | | | | |
| Hospital Outpatient | СРТ | 45380 | (outpatient) | Yes | \$ | 3,082.66 | \$ | 343.06 | \$ | 4,110.45 | \$1,104.88 | Case Rate |
| Hospital Outpatient | CPT | 45385 | Colonoscopy - With Polyp Removal | Ves | 4 | 3 317 89 | ¢ | 354 50 | ¢ | 4 434 15 | \$1 166 26 | Case Rate |
| | | | | | Ť | 5,027.05 | * | | T | ., | +=,=00120 | |
| | | | | | | | | | | | N/A No | |
| Hospital Outpatient | СРТ | 45391 | Ultrasound examination of lower large bowel using an endoscope | Yes | | | Ś | - | Ś | _ | Service Volume | Case Rate |
| | Hospital Outpatient | Service Setting Type Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT Hospital Outpatient CPT | Service SettingTypeCodeHospital OutpatientCPT43239Hospital OutpatientCPT45378Hospital OutpatientCPT45380Hospital OutpatientCPT45385 | Service SettingTypeCodeDescriptionHospital OutpatientCPT43239Upper Gastrointestinal Endoscopy - With BiopsyHospital OutpatientCPT45378Colonoscopy - Diagnostic (outpatient)Hospital OutpatientCPT45380Colonoscopy - With BiopsyHospital OutpatientCPT45380Colonoscopy - With BiopsyHospital OutpatientCPT45380Colonoscopy - With Biopsy (outpatient)Hospital OutpatientCPT45380Colonoscopy - With Polyp Removal (outpatient)Hospital OutpatientCPT45385Colonoscopy - With Polyp Removal (outpatient) | Service SettingCode TypeDescriptionRequired. Shoppable Service?Hospital OutpatientCPT43239Upper Gastrointestinal Endoscopy - With BiopsyYesHospital OutpatientCPT45378Colonoscopy - Diagnostic outpatient)YesHospital OutpatientCPT45388Colonoscopy - With BiopsyYesHospital OutpatientCPT45388Colonoscopy - With BiopsyYesHospital OutpatientCPT45388Colonoscopy - With BiopsyYesHospital OutpatientCPT45388Colonoscopy - With Polyp Removal Outpatient)Yes | Service Setting Code Type Code Type Description Required Shoppable Service? Discussion Service? Hospital Outpatient CPT 43239 Upper Gastrointestinal Endoscopy- With Biopsy Yes 5 Hospital Outpatient CPT 45378 Colonoscopy - Diagnostic (outpatient) Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Biopsy Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Biopsy Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Biopsy Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Polyp Removal Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Polyp Removal Yes 5 Hospital Outpatient CPT 45380 Colonoscopy - With Polyp Removal Yes 5 | Service SettingCode TypeCodeDescriptionRequired ServiceDiscounted Cash PriceHospital OutpatientCPT43239Upper Gastrointestinal Endoscopy- With BiopsyYes\$ 1,259.34Hospital OutpatientCPT45378Colonoscopy - Diagnostic (outpatient)Yes\$ 2,117.86Hospital OutpatientCPT45378Colonoscopy - Diagnostic (outpatient)Yes\$ 3,082.66Hospital OutpatientCPT45380Colonoscopy - With Biopsy (outpatient)Yes\$ 3,082.66Hospital OutpatientCPT45380Colonoscopy - With Polyp Removal (outpatient)Yes\$ 3,317.89 | Service Setting Code Code Description Required Shoppable Service? Discounted (Cash Price) Min Neg Cash Price Hospital Outpatient CPT 43239 Upper Gastrointestinal Endoscopy- With Biopsy Yes \$ 1,259.4 \$ Hospital Outpatient CPT 43239 Colonoscopy - Diagnostic (outpatient) Yes \$ 2,117.8 \$ Hospital Outpatient CPT 45378 Colonoscopy - With Biopsy Yes \$ 3,082.66 \$ Hospital Outpatient CPT 45385 Colonoscopy - With Biopsy Yes \$ 3,082.66 \$ Hospital Outpatient CPT 45385 Colonoscopy - With Polype Removal Yes \$ 3,082.66 \$ Hospital Outpatient CPT 45385 Colonoscopy - With Polype Removal Yes \$ 3,317.86 \$ Hospital Outpatient CPT 45385 Colonoscopy - With Polype Removal Yes \$ 3,317.86 \$ Hospital Outpatient CPT 45385 Colonoscopy - With Polype Removal Yes \$ 3,317.86 \$ | Service Setting Code Upper Gastrointestinal Endoscopy- Virb Biopsynthesis Required Soppatibility Discounted Cash Price Minimum, Negotiated, Cash Price Hospital Outpatient CPT 4323 Upper Gastrointestinal Endoscopy- Virb Biopsynthesis Yess 5 1,253.4 5 307.00 Hospital Outpatient CPT 4338 Colonoscopy - Diagnostic (outpatient) Yess 5 2,117.66 5 335.79 Hospital Outpatient CPT 4338 Colonoscopy - With Biopsy Yess 5 3,082.66 5 343.06 Hospital Outpatient CPT 4338 Colonoscopy - With Biopsy Yess 5 3,082.66 5 343.06 Hospital Outpatient CPT 4338 Colonoscopy - With Polyp Removal Yess 5 3,317.89 5 343.06 Hospital Outpatient CPT 43385 Colonoscopy - With Polyp Removal Yess 5 3,317.89 5 343.06 Hospital Outpatient LPT LPT | Service Setting Code Type Oper Gastrointestinal Endoscop- With Biopsy Yes S J.SSO. Here Minimum Securitie N Hospital Outpatient CPT 4323 Upper Gastrointestinal Endoscop- With Biopsy Yes S J.SSO. J S 372.00 S Hospital Outpatient CPT 4328 Colonoscopy - Diagnostic Outpatient) Yes S J.T.SSO. S S 3335.9 S Hospital Outpatient CPT 4538 Colonoscopy - With Biopsy Yes S J.RSO. S S 343.00 S Hospital Outpatient CPT 4538 Colonoscopy - With Biopsy Outpatient) Yes S J.RSO. S S J.SSO. S <t< td=""><td>Local Service Setting Local Type Code Code Description Required Service Setting Discounted Service Setting Minimum Respirated Service Minimum Respirated Service</td><td>Image: service Setting Image: service Setting I</td></t<> | Local Service Setting Local Type Code Code Description Required Service Setting Discounted Service Setting Minimum Respirated Service Minimum Respirated Service | Image: service Setting I |

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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 47562 | Gall Bladder Surgery (outpatient) | Yes | \$ 12,062.52 | \$ 504.75 | \$ 18,374.88 | \$3,695.86 | Case Rate |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49440 | Place gastrostomy tube perc | No | \$ 3,111.60 | \$ 445.12 | \$ 3,166.61 | \$1,911.81 | Case Rate |
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| | | | | Repair of groin hernia patient age 5 | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 49505 | years or older | Yes | \$ 9,867.85 | \$ 470.98 | \$ 15,040.03 | \$2,671.55 | Case Rate |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 51798 | Urine Capacity Measurement | No | \$ 97.04 | \$- | \$ 1,579.20 | \$60.51 | Case Rate |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 52000 | Cystoscopy | No | \$ 1,173.22 | \$ 282.78 | \$ 1,596.52 | \$645.50 | Case Rate |
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| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 55700 | Biopsy of prostate gland | Yes | \$ 1,165.04 | \$ 284.76 | \$ 2,631.84 | \$1,392.38 | Case Rate |
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| | | | | Surgical romoval of prostate and | | N/A No | N/A No | N/A No | N/A No | |
| | | | | | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 55866 | | Yes | Volume | Volume | Volume | Volume | Case Rate |
| lospital Outpatient Procedure | Hospital Outpatient | СРТ | 5586 6 | 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 \$ 1,697.3 | \$294.51 | Case Rate |
| | 5 5254.51 | Case Rate |
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| Hospital Outpatient Procedure Hospital Outpatient CPT 58300 Insert intrauterine device No \$ 632.24 \$ 48.93 \$ 1,749.3 | \$114.86 | Case Rate |
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| Hospital Outpatient Procedure Hospital Outpatient CPT 58301 Remove intrauterine device No \$ 273.85 \$ 32.34 \$ 1,495.5 | 58 \$279.90 | Case Rate |
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| Hospital Outpatient Procedure Hospital Outpatient CPT 59025 Fetal Non-Stress Test No \$ 260.79 \$ 118.53 \$ 1,596.2 | \$135.37 | Case Rate |
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| Routine obstetric care for vaginal | | |
| Professional Services Associated delivery, including pre-and post- | | |
| with Inpatient Stay Professional Services CPT 59400 delivery care Yes \$ 4,496.21 \$ 242.00 \$ 3,278.4 | l8 \$2,055.71 | Case Rate |
| | | |
| Professional Services Associated | | |
| with Inpatient Stay Professional Services CPT 59410 Obstetrical care No \$ 2,230.06 \$ 133.91 \$ 1,625.4 | \$1,029.44 | Case Rate |
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| Routine obstetric care for cesarean | | |
| Professional Services Associated delivery, including pre-and post- | | |
| with Inpatient Stay Professional Services CPT 59510 delivery care Yes \$ 4,966.56 \$ 246.05 \$ 3,619.0 | \$2,055.71 | Case Rate |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| | | <u>Code</u> | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
| Service Category | Service Setting | туре | coue | Description | Service: | Casil Flice | charge | charge | charge | Estimate Type |
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| | | | | Routine obstetric care for vaginal | | | | | | |
| | | | | delivery after prior cesarean | | | | | | |
| Professional Services Associated | | | | delivery including pre-and post- | | | | | | |
| with Inpatient Stay | Professional Services | СРТ | | delivery care | Yes | \$ 4,706.58 | \$ 305.08 | \$ 3,429.34 | \$2,151.42 | Case Rate |
| | | | | | | | - | | | |
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| | | | | Injection of substance into spinal | | | | | | |
| | | | | | | | | | | |
| | | | | canal of lower back or sacrum using | | | | | 47.00.00 | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 62322 | imaging guidance | Yes | \$ 1,055.18 | \$ 379.33 | \$ 1,880.39 | \$566.09 | 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 | \$ 1,665.98 | \$ 305.01 | \$ 1,988.33 | \$655.26 | Case Rate |
| | | | 02020 | | 103 | ,000.00 | + 505.01 | - 1,000.33 | 4000.20 | case mate |

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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 | | | | | | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | | 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 | 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 | \$92.86 | Case Rate |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | | CT Scan - Head/Brain, without Contrast | No | \$ 901.06 | \$ 127.22 | \$ 1,318.18 | \$188.35 | 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 <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 | \$188.35 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70482 | Ct orbit/ear/fossa w/o&w/dye | Νο | \$ 2,339.66 | \$ 207.79 | \$ 2,657.02 | \$320.47 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70486 | Ct maxillofacial w/o dye | No | \$ 1,668.57 | \$ 127.52 | \$ 2,259.85 | \$204.23 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70496 | Ct angiography head | No | \$ 1,871.05 | \$ 223.05 | \$ 1,996.31 | \$339.06 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70498 | Ct angiography neck | No | \$ 1,632.72 | \$ 223.05 | \$ 1,677.63 | \$338.70 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,518.19 | \$ 252.20 | \$ 2,270.30 | \$335.35 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,314.59 | \$ 406.50 | \$ 3,409.54 | \$ 514.4 8 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71045 | X-ray exam chest 1 view | No | \$ 138.11 | \$ 19.91 | \$ 181.37 | \$56.13 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71046 | X-Ray - Chest (outpatient) | No | \$ 148.99 | \$ 31.50 | \$ 193.55 | \$58.05 | Per Unit |

| r | | 1 | 1 | | | | | | | | | 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> | | scounted sh Price | <u>Min</u> Nego | entified imum otiated arge | <u>De-Ider</u> <u>Maxin</u> <u>Negoti</u> <u>Char</u> | num ated | Payer- Specific Negotiated Charge | Estimate Type |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71110 | X-ray exam ribs bil 3 views | No | \$ | 205.20 | \$ | 38.07 | \$ 2 | 271.73 | \$47.78 | Per Unit |
| Dedielem: Comisso | Userital Outpatient | СРТ | 71250 | | No | \$ | 1,024.52 | | 141 11 | \$ 1,4 | CO 40 | \$197.38 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | /1250 | CT THORAX W/O DYE | No | > | 1,024.52 | Ş | 141.11 | Ş 1,4 | 68.48 | \$197.38 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 71260 | CT Scan - Chest, with Contrast (outpatient) | No | \$ | 1,448.52 | \$ | 200.76 | \$ 2,0 | 34.88 | \$273.58 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 71275 | Ct angiography chest | No | \$ | 1,935.65 | \$ | 226.19 | \$ 2,0 | 92.27 | \$348.08 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72040 | X-Ray - Neck, Cervical Spine | No | s | 154.65 | ć | 37.93 | \$ 2 | 204.42 | \$45.51 | Per Unit |
| Radiology Services | | | 72040 | Array - Neck, cervical spine | NO | 9 | 134.03 | , | 37.33 | <u>, </u> | .04.42 | <u> </u> | rerom |
| Radiology Services | Hospital Outpatient | СРТ | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ | 251.61 | \$ | 33.93 | \$ 3 | 38.99 | \$45.10 | Per Unit |
| | | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 72100 | X-Ray - Spine (outpatient) | No | \$ | 199.60 | \$ | 37.93 | \$ 2 | 265.13 | \$45.51 | Per Unit |
| Dadialam Camiera | | CDT | 72440 | X-Ray, lower back, minimum four | Vez | ¢ | 212.55 | ¢ | 53.00 | | 04.00 | 672.0C | Dev Unit |
| Radiology Services | Hospital Outpatient | CPT | 72110 | views | Yes | \$ | 213.64 | \$ | 52.80 | \$ 2 | 84.93 | \$72.06 | 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> | De-Identified Maximum Negotiated Charge | <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 | \$200.05 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72126 | Ct neck spine w/dye | No | \$ 1,293.16 | \$ 260.86 | \$ 1,821.59 | \$272.44 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 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 | СРТ | 72129 | Ct chest spine w/dye | No | \$ 1,520.66 | \$ 199.82 | \$ 1,805.90 | \$272.44 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72132 | Ct lumbar spine w/dye | No | \$ 1,518.43 | \$ 260.86 | \$ 1,805.90 | \$272.44 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 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 | СРТ | 72141 | MRI NECK SPINE W/O DYE | No | \$ 1,441.84 | \$ 252.20 | \$ 2,177.11 | \$335.91 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72148 | MRI - Back (outpatient) | Yes | \$ 1,381.13 | \$ 252.20 | \$ 2,137.12 | \$336.12 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72170 | X-Ray - Pelvis | No | \$ 249.04 | \$ 28.72 | \$ 327.10 | \$42.83 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72190 | X-RAY EXAM OF PELVIS | No | \$ 208.53 | \$ 39.60 | \$ 264.73 | \$45.12 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 72193 | CT scan, pelvis, with contrast | Yes | \$ 1,536.96 | \$ 197.29 | \$ 2,142.05 | \$269.37 | Per Unit |

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| Service Category | Service Setting | <u>Code</u> <u>Type</u> | <u>Code</u> | Description | CMS Required Shoppable Service? | iscounted | <u>M</u> Ne | Identified inimum gotiated Charge | ľ | e-Identified Maximum Iegotiated Charge | <u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u> | Estimate Type |
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| Radiology Services | Hospital Outpatient | СРТ | 72197 | MRI - Pelvis (outpatient) | No | \$ 2,448.72 | \$ | 402.71 | \$ | 3,522.33 | \$512.52 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73000 | X-ray exam of collar bone | No | \$ 147.59 | \$ | 22.40 | \$ | 185.92 | \$42.03 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73010 | X-ray exam of shoulder blade | No | \$ 196.93 | \$ | 26.01 | \$ | 251.93 | \$43.19 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73030 | X-Ray - Shoulder (outpatient) | No | \$ 149.50 | \$ | 28.33 | \$ | 196.92 | \$43.58 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73060 | X-RAY EXAM OF HUMERUS | No | \$ 147.62 | \$ | 29.40 | \$ | 195.82 | \$42.43 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73070 | X-ray exam of elbow | No | \$ 146.83 | \$ | 25.07 | \$ | 191.42 | \$41.63 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73080 | X-RAY EXAM OF ELBOW | No | \$ 122.83 | \$ | 26.72 | \$ | 154.02 | \$42.42 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73090 | X-RAY EXAM OF FOREARM | No | \$ 117.10 | \$ | 26.40 | \$ | 151.82 | \$42.03 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73110 | X-Ray - Wrist (outpatient) | No | \$ 156.52 | \$ | 30.72 | \$ | 196.19 | \$42.42 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73120 | X-RAY EXAM OF HAND | No | \$ 192.03 | \$ | 24.40 | \$ | 249.73 | \$42.03 | Per Unit |

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| Service Category | Service Setting | <u>Code</u> <u>Type</u> | Code | Description | CMS Required Shoppable Service? | scounted | <u>Mi</u> Nej | dentified nimum gotiated harge | N | <u>-Identified</u> Aaximum egotiated Charge | <u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u> | <u>Estimate Type</u> |
| Radiology Services | Hospital Outpatient | СРТ | 73130 | X-Ray - Hand | No | \$ 151.54 | \$ | 32.72 | \$ | 198.42 | \$42.42 | Per Unit |
| | | | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 73221 | MRI - Shoulder, Elbow, or Wrist | No | \$ 1,211.82 | \$ | 246.65 | \$ | 1,702.46 | \$329.57 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73502 | X-Ray - Hip | No | \$ 129.58 | \$ | 37.77 | \$ | 197.91 | \$57.42 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ 150.51 | \$ | 29.51 | \$ | 189.38 | \$55.49 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ 201.92 | \$ | 32.40 | \$ | 266.82 | \$42.83 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73562 | X-Ray - Knee (outpatient) | No | \$ 263.50 | \$ | 36.52 | \$ | 351.25 | \$43.58 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73590 | X-ray exam of lower leg | No | \$ 239.62 | \$ | 32.40 | \$ | 321.48 | \$42.43 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73600 | X-RAY EXAM OF ANKLE | No | \$ 191.55 | \$ | 31.98 | \$ | 278.60 | \$42.03 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73610 | X-Ray - Ankle (outpatient) | No | \$ 239.05 | \$ | 25.72 | \$ | 311.14 | \$42.42 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 73620 | X-RAY EXAM OF FOOT | No | \$ 196.24 | \$ | 29.81 | \$ | 262.21 | \$41.32 | Per Unit |

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| Service Category | Service Setting | Code Type | Code | Description | Shoppable Service? | Discounted Cash Price | Negotiated Charge | Negotiated Charge | Negotiated Charge | Estimate Type |
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| Radiology Services | Hospital Outpatient | СРТ | 73630 | X-Ray - Foot (outpatient) | No | \$ 216.05 | \$ 33.95 | \$ 289.60 | \$42.07 | 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 | \$197.01 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Padialam: Comisso | Uservited Outpatient | CDT | 72724 | | Vec | \$ 1,224.32 | ¢ 240.05 | ¢ 1,000,00 | 6220 FR | Devilueit |
| Radiology Services | Hospital Outpatient | СРТ | /3/21 | MRI - Knee (outpatient) | Yes | \$ 1,224.32 | \$ 246.65 | \$ 1,828.36 | \$329.58 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74018 | X-Ray - Abdomen | No | \$ 145.61 | \$ 28.31 | \$ 189.76 | \$56.13 | Per Unit |
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| | | | | | | A A A A A | ÷ | A A A A A A A A A A | 4205 0 7 | D |
| Radiology Services | Hospital Outpatient | СРТ | 74150 | Ct abdomen w/o dye | No | \$ 977.64 | \$ 142.38 | \$ 1,446.99 | \$206.97 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74170 | Ct abdomen w/o & w/dye | No | \$ 1,824.18 | \$ 207.86 | \$ 2,144.29 | \$317.80 | Per Unit |
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| | | | | CT Scan - Abdomen and Pelvis, with | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74177 | Contrast | No | \$ 2,748.11 | \$ 286.79 | \$ 3,568.86 | \$321.15 | Per Unit |
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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 | \$321.15 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 74220 | X-ray xm esophagus 1cntrst | No | \$ 394.10 | \$ 56.38 | \$ 563.71 | \$90.49 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
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| Service Category | Service Setting | <u>Code</u> Type | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> Service? | Discounted Cash Price | De-Identified <u>Minimum</u> <u>Negotiated</u> Charge | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> Charge | Estimate Type |
| | | 1900 | | | <u></u> | | enarge | charge | charge | Lotinute Type |
| Radiology Services | Hospital Outpatient | СРТ | 74270 | X-ray xm colon 1cntrst std | No | \$ 521.72 | \$ 79.34 | \$ 578.01 | \$102.59 | Per Unit |
| | | | | | | | - | | | |
| Radiology Services | Hospital Outpatient | СРТ | 75571 | Ct hrt w/o dye w/ca test | No | \$ 306.04 | \$ 59.00 | \$ 323.39 | \$63.71 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 76536 | Ultrasound - Head and Neck | No | \$ 460.62 | \$ 78.79 | \$ 386.50 | \$101.84 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76642 | Ultrasound - Breast (outpatient) | No | \$ 152.68 | \$ 78.52 | \$ 249.30 | \$105.06 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ 361.43 | \$ 91.69 | \$ 433.80 | \$115.08 | Per Unit |
| | | | | | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76705 | Ultrasound - Abdominal, Limited | No | \$ 327.93 | \$ 46.05 | \$ 372.20 | \$103.02 | Per Unit |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ 456.58 | \$ 76.54 | \$ 400.80 | \$111.27 | Per Unit |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ 391.57 | \$ 86.65 | \$ 396.27 | \$124.44 | Per Unit |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Cotegory | Comvies Cotting | Code | Code | Description | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | Estimate Tune |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge_ | <u>Charge</u> | Charge | Estimate Type |
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| | | | | Ultrasound - Pregnancy | | | | | | |
| Radiology Services | Hospital Outpatient | СРТ | 76805 | (outpatient) | Yes | \$ 367.73 | \$ 100.36 | \$ 437.10 | \$124.80 | Per Unit |
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| Maternity/Delivery | Hospital Outpatient | СРТ | 76811 | OB US DETAILED SNGL FETUS | No | \$ 522.04 | \$ 198.65 | \$ 587.50 | \$215.49 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76815 | OB US LIMITED FETUS(S) | No | \$ 309.95 | \$ 54.75 | \$ 384.30 | \$80.14 | Per Unit |
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| De diele en Comitere | Usersited Outputient | CDT | 70040 | Ultransmith Deserves a Falless Un- | Na | ¢ 400 F4 | ¢ (4.27 | ¢ 204.20 | ¢01.27 | Devilue |
| Radiology Services | Hospital Outpatient | СРТ | 76816 | Ultrasound - Pregnancy Follow-Up | No | \$ 406.54 | \$ 64.37 | \$ 384.30 | \$91.27 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Maternity/Delivery | Hospital Outpatient | СРТ | 76818 | FETAL BIOPHYS PROFILE W/NST | No | \$ 476.50 | \$ 82.20 | \$ 387.27 | \$128.58 | Per Unit |
| indecimely, benery | | C. I | 70010 | | 110 | <i>ϕ</i> 470130 | V | <i>v</i> 307.27 | <i>QILOIDO</i> | |
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| Maternity/Delivery | Hospital Outpatient | СРТ | 76819 | FETAL BIOPHYS PROFIL W/O NST | No | \$ 407.39 | \$ 97.44 | \$ 398.34 | \$113.30 | Per Unit |
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| Radiology Services | Hospital Outpatient | СРТ | 76821 | MIDDLE CEREBRAL ARTERY ECHO | No | \$ 370.14 | \$ 88.69 | \$ 391.69 | \$107.92 | Per Unit |
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| De diele en Comisso | | CDT | 70000 | Ultrasound - Transvaginal (non- | Maa | A 175 43 | ¢ 00.00 | ¢ 462.00 | ¢100.70 | Devillet |
| Radiology Services | Hospital Outpatient | CPT | 76830 | maternity) | Yes | \$ 475.43 | \$ 98.63 | \$ 463.90 | \$108.72 | Per Unit |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | | | |
| Service Category | Service Setting | <u>Code</u> Туре | Code | Description | <u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u> | | ounted 1 Price | <u>Mir</u> Neg | dentified nimum otiated harge | De-Identified Maximum Negotiated Charge | Payer- Specific Negotiated Charge | Estimate Typ |
| Radiology Services | Hospital Outpatient | СРТ | 76856 | Ultrasound - Pelvic (outpatient) | No | \$ | 344.00 | \$ | 70.34 | \$ 408.50 | \$108.37 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77065 | Mammography of one breast | Yes | \$ | 546.40 | \$ | 107.57 | \$ 501.03 | \$113.51 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77066 | Mammography of both breasts | Yes | \$ | 383.79 | \$ | 135.81 | \$ 629.70 | \$143.55 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77067 | Mammogram (outpatient) | Yes | \$ | 406.73 | \$ | 109.22 | \$ 504.02 | \$115.37 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77080 | Bone Density Scan (outpatient) | No | \$ | 247.25 | \$ | 56.29 | \$ 393.45 | \$65.02 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 77081 | Dxa bone density/peripheral | No | \$ | 116.84 | \$ | 33.80 | \$ 171.64 | \$35.87 | Per Unit |
| Radiology Services | Hospital Outpatient | СРТ | 78452 | Myocardial Imaging (outpatient) | No | \$ 1 | ,010.04 | \$ | 336.74 | \$ 2,091.45 | \$661.50 | Per Unit |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| Service Category | Service Setting | Code Type | Code | Description | Shoppable Service? | Discounted Cash Price | Negotiated Charge | <u>Negotiated</u> Charge | Negotiated Charge | Estimate Type |
| Service Category | <u>Service Setting</u> | <u>Type</u> | coue | Description | Service: | casir Frice | Charge | charge | charge | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ 158.03 | \$ 11.84 | \$ 221.33 | \$19.17 | 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 | \$23.96 | Per Unit |
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| | | | | Read Test, Browners, (Obstatuis) | | N/A No | N/A No | N/A No | N/A No Service | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80055 | Blood Test - Pregnancy (Obstetric) | Yes | Service Volume | Service Volume | Service Volume | Volume | Per Unit |
| Eaboratory & Fathology Scruces | | | 00000 | | 103 | Volume | volunie | Volune | Volunie | |
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| | | | | Blood Test - Cholesterol Test, Lipid | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80061 | Panel | Yes | \$ 46.48 | \$ 12.05 | \$ 101.77 | \$13.97 | Per Unit |
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| | | | | Blood Test - Renal (Kidney) | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80069 | Function Panel | Yes | \$ 17.24 | \$ 8.68 | \$ 34.59 | \$19.40 | Per Unit |
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| | | | | Pland Test Hanatis (Liver) | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80076 | Blood Test - Hepatic (Liver) Function Panel | Yes | \$ 146.77 | \$ 11.44 | \$ 205.84 | \$18.87 | Per Unit |
| casoratory & ratiology services | nospital outpatient | UP 1 | 00070 | r unodon r anci | 105 | y 140.77 | y 11.44 | y 203.04 | ÅT0:01 | i ci onit |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| | | <u>Code</u> | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | <u>Charge</u> | Charge | Charge | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 80307 | Drug test prsmv chem anlyzr | No | \$ 128.65 | \$ 55.93 | \$ 199.53 | \$59.54 | 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 |
| | nospital outputient | | 01000 | | 105 | Volune | Volume | volune | Volunie | i ci onic |
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| | | | | Urine Test - Automated with | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81001 | Microscope Examination | Yes | \$ 23.46 | \$ 4.44 | \$ 34.47 | \$8.05 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 91002 | Urine Test - Urinalysis, Manual Test | Yes | \$ 7.24 | \$ 2.67 | \$ 14.00 | \$2.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CFI | 01002 | offile fest - offilarysis, Walluar fest | Tes | <i>Ş</i> 7.24 | ş 2.07 | \$ 14.00 | 32.07 | Per Offic |
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| | | | | Urine Test - Automated without | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81003 | Microscope | Yes | \$ 10.40 | \$ 3.16 | \$ 11.25 | \$5.71 | Per Unit |
| | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 81025 | Urine Test - Pregnancy | No | \$ 40.87 | \$ 10.45 | \$ 58.29 | \$16.08 | Per Unit |
| ,,, | and the second | | | | | | | | + | |
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| Laboratory & Dathalam Comission | Hospital Outpatient | CDT | 02247 | Bilirubin total | No | 6 41.02 | é 4.53 | é | ĆE 24 | Dorlinit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 8224/ | | No | \$ 41.02 | \$ 4.52 | \$ 55.22 | \$5.24 | Per Unit |
| | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | | Blood Test - Vitamin D-3 Level | No | \$ 188.74 | \$ 26.64 | \$ 254.08 | \$30.86 | 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" | | | | | | | | | | | |
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| Service Category | Service Setting | Туре | <u>Code</u> | Description | Service? | | sh Price | Charge | Charge | Charge | Estimate Type |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82330 | Assay of calcium | No | \$ | 35.11 | \$ 12.31 | \$ 67.00 | \$14.24 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82375 | Assay carboxyhb quant | No | \$ | 114.13 | \$ 11.09 | \$ 153.64 | \$12.85 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82465 | Assay bld/serum cholesterol | No | \$ | 15.28 | \$ 3.92 | \$ 23.76 | \$4.53 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82550 | Assay of ck (cpk) | No | \$ | 12.70 | \$ 5.86 | \$ 35.53 | \$6.79 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82552 | Assay of cpk in blood | No | \$ | 26.14 | \$ 12.05 | \$ 75.41 | \$13.96 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82565 | Assay of creatinine | No | \$ | 124.50 | \$ 7.17 | \$ 70.25 | \$13.03 | Per Unit |
| | | | | | | | | | | | |
| Lakamtan (2 Dathalam Camian | Hermitel Outpetient | CDT | 93607 | Blood Test - Vitamin B-12 | No | ¢ | 20.40 | é 12.57 | ¢ 93.73 | 645 74 | Des Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82607 | (Cyanocobalamin) Level | No | \$ | 29.40 | \$ 13.57 | \$ 82.73 | \$15.71 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82610 | Cystatin c | No | \$ | 140.40 | \$ 14.17 | \$ 405.00 | \$14.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82668 | Assay of erythropoietin | No | \$ | 36.68 | \$ 16.91 | \$ 99.20 | \$19.59 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82670 | Assay of estradiol | No | \$ | 54.51 | \$ 25.15 | \$ 152.33 | \$29.12 | 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> | 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 |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82693 | Assay of ethylene glycol | No | \$ 20.29 | \$ 13.41 | \$ 40.08 | \$15.54 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82728 | Blood Test - Ferritin (Blood Protein) Level | No | \$ 33.53 | \$ 19.09 | \$ 96.63 | \$34.64 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82746 | Blood Test - Folic Acid Level | No | \$ 37.75 | \$ 13.23 | \$ 79.52 | \$15.32 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82803 | Blood gases any combination | No | \$ 73.40 | \$ 20.17 | \$ 106.16 | \$20.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82947 | Assay glucose blood quant | No | \$ 34.04 | \$ 5.51 | \$ 49.42 | \$9.98 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 82962 | Glucose blood test | No | \$ 45.55 | \$ 3.89 | \$ 61.82 | \$5.96 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83018 | Heavy metal quant each nes | No | \$ 172.97 | \$ 19.76 | \$ 498.96 | \$22.88 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83036 | Blood Test - Blood Glucose Control (Hemoglobin A1C) | No | \$ 71.27 | \$ 8.74 | \$ 95.94 | \$10.12 | Per Unit |

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| Service Category | Service Setting | Code Type | Code | Description | Shoppable Service? | Discounted Cash Price | | gotiated Charge | | <u>sotiated</u> harge | Negotiated Charge | Estimate Type |
| <u>Service category</u> | <u>Service Setting</u> | 1990 | Code | Description | <u>Scrvice:</u> | casirrice | | indige_ | <u> </u> | nuige_ | charge | <u>Listinute Type</u> |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83088 | Assay of histamine | No | \$ 75.84 | \$ | 26.58 | \$ | 218.76 | \$30.78 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83518 | Immunoassay dipstick | No | \$ 147.0 | \$ | 6.55 | \$ | 424.29 | \$8.84 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83540 | Blood Test - Iron Level | No | \$ 51.9 | \$ | 9.06 | \$ | 75.77 | \$16.46 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83605 | Assay of lactic acid | No | \$ 27.4 | \$ | 10.41 | \$ | 58.05 | \$11.13 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83690 | Blood Test - Lipase (fat enzyme) Level | No | \$ 69.4 | \$ | 6.20 | \$ | 93.51 | \$7.18 | Per Unit |
| , , , | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83735 | Assay of magnesium | No | \$ 53.8 | s | 9.38 | \$ | 78.56 | \$17.03 | Per Unit |
| | | | 50.00 | | | + 20101 | - - | 0.00 | 7 | | <i>+</i> | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 83880 | Assay of natriuretic peptide | No | \$ 172.5 | | 35.33 | Ś | 232.27 | \$35.38 | Per Unit |
| | | | 55560 | | | ÷ 1/2.3. | | 55.55 | ¥ | 292.27 | <i>400.00</i> | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84100 | Assay of phosphorus | No | \$ 61.73 | 2 4 | 6.64 | Ś | 87.67 | \$11.50 | Per Unit |
| cusoratory of ratiology services | | | 04100 | ready of bilospirol do | 140 | φ 01.73 | | 0.04 | <i>¥</i> | 07.07 | 911.30 | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 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 | СРТ | 84132 | Assay of serum potassium | No | \$ 43.23 | \$ | 6.66 | \$ | 62.65 | \$11.69 | 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>Discount</u> <u>Cash Pri</u> | | De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u> | <u>Maxi</u> Nego | entified imum tiated 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 | \$ 52 | .59 | \$ 18.77 | \$ | 96.68 | \$21.75 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Blood Test - Prostate Specific | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84153 | Antigen (PSA) Level | Yes | \$ 74 | .21 | \$ 25.75 | \$ | 116.68 | \$46.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84154 | PSA (prostate specific antigen) | Yes | \$ 106 | 5.34 | \$ 16.55 | \$ | 143.15 | \$19.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84182 | Protein western blot test | No | \$ 382 | 2.72 | \$ 18.76 | \$ | 588.80 | \$18.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84295 | Assay of serum sodium | No | \$ 42 | 2.10 | \$ 4.33 | \$ | 56.67 | \$5.02 | Per Unit |
| | | | | Blood Test - Thyroxine (Thyroid | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84439 | Chemical) Level, Free | No | \$ 66 | 5.21 | \$ 8.12 | \$ | 89.13 | \$9.40 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | No | \$ 64 | .07 | \$ 23.52 | \$ | 119.09 | \$42.73 | Per Unit |

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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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| | | | | Blood Test - Thyroid Stimulating | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84443 | | Yes | \$ 64.07 | \$ 23.52 | \$ 119.09 | \$42.73 | Per Unit |
| | | - | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84480 | Assay triiodothyronine (t3) | No | \$ 96.31 | \$ 12.76 | \$ 129.65 | \$14.78 | Per Unit |
| | | | | | | + | · · · · · · | + | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84484 | Assay of troponin quant | No | \$ 81.70 | \$ 10.26 | \$ 121.45 | \$10.26 | Per Unit |
| | | | | | | + | · · · · · · · | + | 1-0 | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 84702 | Chorionic gonadotropin test | No | \$ 125.77 | \$ 11.54 | \$ 169.31 | \$15.68 | Per Unit |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85014 | Hematocrit | No | \$ 26.95 | \$ 2.13 | \$ 36.27 | \$2.47 | 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 | \$19.77 | Per Unit |
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| | | | | Blood Test - Complete Blood Cell | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85027 | Count (Hemoglobin) | Yes | \$ 60.79 | \$ 5.82 | \$ 81.83 | \$6.74 | Per Unit |
| casoratory & ratiology services | nospital outpatient | SF I | 33027 | count (riemogrouni) | 163 | y 00.79 | y 3.02 | - 01.03 | | i ci 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 & Dathology Convisor | Hespital Outpatient | СРТ | 95340 | Clot factor viji abg 1 staga | No | \$ 45.97 | \$ 16.11 | \$ 95.56 | \$18.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 03240 | Clot factor viii ahg 1 stage | INU | ə 45.97 | Ş 10.11 | \$ 95.50 | \$10.07 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85378 | Fibrin degrade semiquant | No | \$ 53.57 | \$ 7.44 | \$ 72.11 | \$7.44 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85610 | Blood Test - Clotting Time | Yes | \$ 44.81 | \$ 6.01 | \$ 64.27 | \$10.00 | Per Unit |
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| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 95612 | Russell viper venom diluted | No | \$ 24.61 | \$ 8.24 | \$ 70.98 | \$9.98 | Per Unit |
| Laboratory & Pathology Services | nospital outpatient | CFT | 05015 | Russen viper venom unuteu | NO | Ş 24.01 | y 0.24 | \$ 70.50 | 33.30 | reronit |
| | | | | | | | | | | |
| Laboratory 0. Dathalany Comisso | Usersited Outputient | CDT | 05000 | | | ¢ 53.33 | ¢ 4.00 | ¢ 74.77 | AF 75 | Development |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85660 | RBC SICKLE CELL TEST | No | \$ 53.32 | \$ 4.96 | \$ 71.77 | \$5.75 | Per Unit |
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| | | | | Blood Test - Coagulation | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85730 | Assessment | Yes | \$ 46.01 | \$ 5.41 | \$ 61.94 | \$6.25 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 85732 | Thromboplastin time partial | No | \$ 12.63 | \$ 5.82 | \$ 36.42 | \$6.74 | Per Unit |
| , | and the second | | | | | | | | | |
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| Laboratory & Dathology Convices | Hospital Outpatient | СРТ | 96140 | C reactive protein | No | \$ 48.49 | \$ A.C. | \$ 65.28 | ĆE 20 | Por Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPI | 00140 | C-reactive protein | No | \$ 48.49 | \$ 4.66 | ې 05.28 | \$5.39 | Per Unit |
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| 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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| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Pric | | Charge | Charge | Charge | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86361 | T cell absolute count | No | \$ 132 | .78 | \$ 24.10 | \$ 383.03 | \$27.91 | Per Unit |
| , , , | | | | | | | | | | | |
| Labourtons & Dath-Isms Comd | Upperitel Outpatient | CDT | 00434 | Dhaumataid faster mont | N - | c | 70 | é = 40 | é 70.05 | ĆE 04 | Den Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86431 | Rheumatoid factor quant | No | \$ 52 | .70 | \$ 5.10 | \$ 70.95 | \$5.91 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ 37 | .81 | \$ 3.84 | \$ 50.90 | \$4.45 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86592 | Syphilis test non-trep qual | No | \$ 37 | .81 | \$ 3.84 | \$ 50.90 | \$4.45 | Per Unit |
| | | CIT | 00552 | | | φ 37 | .01 | ý 3.04 | Ş 30.50 | 94.45 | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86611 | Bartonella antibody | No | \$ 57 | .37 | \$ 9.16 | \$ 165.50 | \$10.61 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86615 | Bordetella antibody | No | \$ 25 | .74 | \$ 11.87 | \$ 81.45 | \$13.75 | Per Unit |
| | | | | | | | | • | | | |
| | | | | | | | | | | | |
| Laboratory & Dathology Convisor | Hospital Outpatient | СРТ | 86651 | Encephalitis californ antbdy | No | \$ 25 | .74 | \$ 11.87 | \$ 110.13 | \$13.75 | Per Unit |
| Laboratory & Pathology Services | | CPT | 00001 | | No | Ş 25 | .74 | \$ 11.67 | \$ 110.15 | \$15.75 | Per Unit |
| | | | | | | | | | | | |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86652 | Encephaltis east eqne anbdy | No | \$ 25 | .74 | \$ 11.87 | \$ 110.13 | \$13.75 | Per Unit |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86653 | Encephaltis st louis antbody | No | \$ 25 | .74 | \$ 11.87 | \$ 110.13 | \$13.75 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86654 | Encephaltis west eqne antbdy | No | \$ 25 | .74 | \$ 11.87 | \$ 110.13 | \$13.75 | Per Unit |
| Lasoratory of ratiology services | | | 00004 | Encopriario west eque antouy | | ÷ 23 | ., - | y 11.0/ | ÷ 110.13 | | |
| | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86663 | Epstein-barr antibody | No | \$ 25 | .60 | \$ 11.81 | \$ 83.21 | \$13.67 | Per Unit |

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| Laboratory & Pathology Sonvisos | Hospital Outpatient | СРТ | 96677 | Holicobactor pylori antibody | No | Ś | 30.68 | \$ 15.: | 12 | \$ 63.03 | \$15.13 | Per Unit |
| Laboratory & Pathology Services | | CPT | 86677 | Helicobacter pylori antibody | INU | Ş | 50.00 | ş 15. | 1.5 | ş 05.05 | \$15.15 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86692 | Hepatitis delta agent antbdy | No | \$ | 29.16 | \$ 15.4 | 14 | \$ 50.98 | \$17.89 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86698 | Histoplasma antibody | No | \$ | 79.65 | \$ 12.4 | 11 | \$ 107.23 | \$13.03 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ | 86.11 | \$ 10.8 | 35 | \$ 115.92 | \$12.56 | 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 | \$12.26 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86706 | HEP B SURFACE ANTIBODY | No | \$ | 98.98 | \$ 9.6 | 57 | \$ 133.25 | \$11.20 | Per Unit |
| | | | 30700 | | | 7 | 50.50 | ÷ 5.0 | | - 100.20 | | |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86707 | Hepatitis be antibody | No | \$ | 22.56 | \$ 10.4 | 11 | \$ 65.09 | \$12.06 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86708 | Hepatitis a antibody | No | \$ | 22.71 | \$ 11.: | 15 | \$ 56.71 | \$12.92 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86762 | Rubella antibody | No | \$ | 78.19 | \$ 12.9 | 95 | \$ 225.56 | \$15.00 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86765 | Rubeola antibody | No | Ś | 25.14 | \$ 11. | 59 | \$ 72.53 | \$13.43 | Per Unit |
| | | 5. | 55705 | | | Y | 20.14 | γ 11. | | T 12.33 | 910.40 | . cr omt |

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| To Search for a service Click "CTRL" + "F" | | | | | | | | | Will Owe * | |
| Service Category | Service Setting | <u>Code</u> Type | Code | Description | CMS Required Shoppable Service? | Discounted Cash Price | De-Identified <u>Minimum</u> <u>Negotiated</u> Charge | De-Identified Maximum Negotiated Charge | Payer- Specific Negotiated Charge | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | | 86769 - SARS-COV-2 COVID-19 ANTIBODY | No | \$ 51.48 | \$ - | \$ 112.07 | \$0.00 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86790 | Virus antibody nos | No | \$ 25.14 | \$ 11.59 | \$ 76.53 | \$13.43 | Per Unit |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86803 | Blood Test - Hepatitis C Antibody Level | No | \$ 67.64 | \$ 12.84 | \$ 91.06 | \$14.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86804 | Hep c ab test confirm | No | \$ 23.09 | \$ 13.94 | \$ 66.62 | \$16.14 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86850 | Rbc antibody screen | No | \$ 20.32 | \$ 5.00 | \$ 66.92 | \$10.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86885 | Coombs test indirect qual | No | \$ 244.72 | \$ 5.65 | \$ 329.43 | \$5.65 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$5.65 | Per Unit |
| and the second s | | | 20500 | and the strong to ano | | + 150.55 | ÷ 3.70 | - 207.00 | <i></i> | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86900 | Blood typing serologic abo | No | \$ 198.99 | \$ 3.78 | \$ 267.88 | \$5.65 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$5.65 | Per Unit |

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| Service Category | Service Setting | <u>Type</u> | <u>Code</u> | Description | Service? | Cash Price | Charge_ | Charge_ | Charge_ | Estimate Type |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86901 | Blood typing serologic rh(d) | No | \$ 60.24 | \$ 3.78 | \$ 81.10 | \$5.65 | Per Unit |
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| Laboratory & Dathology Convices | Hospital Outpatient | СРТ | 96002 | BLOOD TYPE ANTIGEN DONOR EA | No | \$ 5.82 | \$ 4.84 | \$ 383.37 | \$11.13 | Per Unit |
| Laboratory & Pathology Services | | CPT | 00902 | BLOOD TYPE ANTIGEN DONOK EA | NU | Ş 5.02 | ə 4.04 | ə 505.57 | \$11.15 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 86920 | COMPATIBILITY TEST SPIN | No | \$ 244.72 | \$ 13.44 | \$ 344.22 | \$15.90 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87040 | Blood culture for bacteria | No | \$ 133.90 | \$ 9.29 | \$ 180.25 | \$10.76 | Per Unit |
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| Laboratory & Dathology Convices | Hospital Outpatient | СРТ | 07070 | Bacterial Culture - Swab | No | \$ 138.63 | \$ 7.76 | \$ 186.61 | \$8.97 | Per Unit |
| Laboratory & Pathology Services | | CFI | 87070 | Bacterial Culture - Swab | NU | \$ 136.03 | \$ 7.70 | \$ 100.01 | 30.37 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87077 | Bacterial Culture - Aerobic Isolates | No | \$ 60.43 | \$ 7.27 | \$ 81.35 | \$8.42 | Per Unit |
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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 | \$6.91 | Per Unit |

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| Service Category | Service Setting | Type | Code | Description | Service? | 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 | \$8.41 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87088 | Urine Test - Bacterial Culture | No | \$ 15.80 | \$ 7.28 | \$ 43.86 | \$8.44 | Per Unit |
| | | | | | | | | | | |
| | | | | | | A 400 TA | | A | 400 A0 | D |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87110 | Chlamydia culture | No | \$ 130.74 | \$ 17.64 | \$ 175.99 | \$20.42 | 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 | \$9.01 | 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 | \$4.45 | Per Unit |
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| | | | | Lab Test Detection test for | | | | | | |
| Laboratory & Pathology Convices | Hospital Outpatient | CPT | | Lab Test - Detection test for | No | \$ 63.55 | ¢ 0.20 | ¢ | \$10.76 | Por Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 07340 | Hepatitis B Surface Antigen | No | \$ 63.55 | \$ 9.30 | \$ 85.55 | \$10.76 | Per Unit |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Lab Test - Detection test for HIV-1 | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87389 | and HIV-2 | No | \$ 110.43 | \$ 21.67 | \$ 148.66 | \$25.46 | 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>1 Price</u> | De-Ident <u>Minimu</u> <u>Negotia</u> <u>Charg</u> | ım ted | De-Identifier Maximum <u>Negotiated</u> <u>Charge</u> | <u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u> | Estimate Type |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87425 | Rotavirus ag ia | No | \$ | 37.44 | \$ 10 |).78 | \$ 108.0 |) \$12.50 | Per Unit |
| | | | | | | - | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87491 | Urine Test - Chlamydia | No | \$ | 108.43 | \$ 3: | L.58 | \$ 171.0 | \$36.58 | Per Unit |
| | | | | | | | | | | | | |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87591 | Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) | No | \$ | 90.13 | \$ 3: | L.58 | \$ 171.0 | 3 \$36.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87635 | 87635 - SARS-COV-2 COVID-19 AMP PRB | No | \$ | 53.36 | \$ | - | \$ 136.4 | 3 \$0.00 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87798 | Detect agent nos dna amp | No | \$ | 90.13 | \$ 3: | L.58 | \$ 171.0 | \$36.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87804 | Lab Test - Detection test for Influenza Virus | No | \$ | 37.58 | \$ 1! | 9.82 | \$ 70.50 |) \$29.68 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 87880 | Strep Test (Streptococcus, group A) | No | \$ | 101.56 | \$ 19 | 9.87 | \$ 143.4 | \$29.68 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | СРТ | 88185 | Flowcytometry/tc add-on | No | \$ | 68.81 | \$ | - | \$ 120.3 |) \$11.40 | 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 | \$25.31 | Per Unit |
| | | | | | | | | | | |
| Vaccinations | Physician Office | СРТ | | Immunization Administration Each Additional Component | No | \$ 25.13 | \$ 10.49 | \$ 38.51 | \$12.84 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | 90471 | Immunization Administration | No | \$ 44.49 | \$ 7.02 | \$ 81.80 | \$45.41 | Per Unit |
| | | | | | | | | | | |
| Vaccinations | Hospital Outpatient | СРТ | | Immunization Administration Each Additional Component | No | \$ 12.56 | \$ - | \$ 38.51 | \$25.81 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | 90651 | 9V HPV Vaccine 2/3 Dose | No | \$ 142.32 | \$ 9.56 | \$ 227.93 | \$157.18 | Per Unit |
| | | | | | | | | | | |
| Vaccination | Hospital Outpatient | СРТ | | Vaccine - Pneumococcal Conjugate for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 345.21 | \$84.77 | Per Unit |

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| Versientien | Hamital Outputient | CDT | | Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle | No | \$ 57.74 | s - | ¢ 77.72 | ¢0.00 | Dev Unit |
| Vaccination | Hospital Outpatient | СРТ | 90715 | | No | \$ 57.74 | ş - | \$ 77.73 | \$0.00 | Per Unit |
| Evaluation & Management Servio | ces Professional Services | СРТ | 90791 | Psychiatric Diagnostic Evaluation | No | \$ 308.81 | \$ 118.93 | \$ 198.74 | \$142.78 | Per Unit |
| Evaluation & Management Servio | | СРТ | | Psychotherapy - 30 Minutes | Yes | \$ 88.03 | | | \$69.19 | Per Unit |
| Evaluation & Management Service | | СРТ | | Psychotherapy - 45 Minutes | Yes | \$ 116.77 | | | \$91.78 | Per Unit |
| Evaluation & Management Service | | СРТ | | Psychotherapy - 60 Minutes | Yes | \$ 174.90 | | | \$137.47 | Per Unit |
| Evaluation & Management Service | | СРТ | | Family psytx w/o pt 50 min | Yes | N/A No Service Volume | \$ - | N/A No Service Volume | N/A No Service Volume | Per Unit |
| | | | | | | | | | | |
| Evaluation & Management Servio | ces Professional Services | СРТ | 90847 | Psychotherapy - Family Session | Yes | \$ 146.15 | \$ 97.13 | \$ 166.18 | \$114.88 | 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> | | counted h Price | <u>Mir</u> Neg | lentified himum otiated harge | De-Identified Maximum Negotiated Charge | <u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | _Estimate Type |
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| Evaluation & Management Services | Professional Services | СРТ | 90853 | Psychotherapy - Group Session | Yes | Vo | olume | \$ | - | Volume | Volume | Per Unit |
| Medicine Speech Therapy | Hospital Outpatient | СРТ | 92507 | SPEECH/HEARING THERAPY | No | \$ | 52.00 | \$ | 17.40 | \$ 251.43 | \$128.00 | Per Unit |
| | | | | Electrocardiogram, routine, with | | | | | | | | |
| Medicine Cardiovascular | Professional Services | СРТ | 93000 | interpretation and report | Yes | \$ | 36.27 | \$ | 28.12 | \$ 95.52 | \$17.02 | Per Unit |
| Medicine Other | Hospital Outpatient | СРТ | 93005 | Electrocardiogram (ECG or EKG) | No | \$ | 142.29 | \$ | - | \$ 295.26 | \$27.82 | Per Unit |
| Medicine Cardiac Stress Test | Hospital Outpatient | СРТ | 9 30 17 | CARDIOVASCULAR STRESS TEST | No | \$ | 471.40 | \$ | 61.00 | \$ 634.57 | \$130.18 | Per Unit |
| Medicine Other | Hospital Outpatient | СРТ | 93306 | Tte w/doppler complete | Νο | Ś | 1,404.83 | ¢ | 322.26 | \$ 1,593.05 | \$413.44 | Per Unit |
| | nospiter outputcht | | 55500 | | | Ý | 2,707.03 | ¥ | 522.20 | ÷ 1,333.03 | <u> </u> | |
| Hospital Outpatient Procedure | Hospital Outpatient | СРТ | 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 | СРТ | 93971 | Extremity study | No | \$ | 240.64 | \$ | 92.64 | \$ 400.67 | \$100.78 | Per Unit |

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| Medicine Other | Hospital Outpatient | СРТ | 95044 | Allergy patch tests | No | \$ 189.82 | | \$ 1,229.53 | \$14.13 | 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 | \$73.09 | Case Rate |
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| Medicine Physical Medicine and | | | | Physical Therapy - Manual | | | | | | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | СРТ | 97032 | Electrical Stimulation Therapy, 15 minutes | No | \$ 31.26 | \$ 12.56 | \$ 59.90 | \$128.00 | Per Unit |
| Renabilitation | Hospital Outpatient | CPT | 97032 | minutes | NO | \$ 31.20 | \$ 12.50 | \$ 59.90 | \$128.00 | Per Unit |
| | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Ultrasound | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 07025 | Therapy | No | \$ 26.92 | \$ 11.95 | \$ 40.29 | \$128.00 | Per Unit |
| Kenabilitation | Hospital Outpatient | CFT | 57035 | Петару | NU | Ş 20.92 | \$ 11.55 | Ş 40.25 | \$128.00 | Peronit |
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| Medicine Physical Medicine and | | | | Physical Therapy - Therapeutic | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97110 | Exercises | Yes | \$ 88.74 | \$ 17.40 | \$ 119.46 | \$128.00 | Per Unit |
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| Medicine Physical Medicine and | | | | Physical Therapy - Neuromuscular | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97112 | Reeducation | No | \$ 69.93 | \$ 26.14 | \$ 104.78 | \$128.00 | Per Unit |
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| Medicine Physical Medicine and | | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 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 | СРТ | 97140 | Physical Therapy - Manual Therapy | No | \$ 56.20 | \$ 23.73 | \$ 93.92 | \$128.00 | Per Unit |
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| Medicine Physical Medicine and | | | | Physical Therapy - Low Complexity | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97161 | Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$128.00 | Per Unit |
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| Medicine Physical Medicine and | Usersited Outpretient | COT | 07462 | Physical Therapy - Moderate | N - | ¢ 62.44 | | ¢ 252.70 | 6420.00 | Developed to |
| Rehabilitation | Hospital Outpatient | СРТ | 97162 | Complexity Evaluation | No | \$ 62.40 | \$ 71.97 | \$ 252.78 | \$128.00 | Per Unit |
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| Medicine Physical Medicine and | | | | Physical Therapy - High Complexity | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97163 | Evaluation | No | \$ 168.06 | \$ 71.97 | \$ 252.78 | \$128.00 | Per Unit |
| Renavintation | | CFI | 57103 | | INU | 4 100.00 | , , , ,1.97 | y 252.78 | \$120.0U | rerunit |
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| Medicine Physical Medicine and | | | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97164 | Physical Therapy - Re-Evaluation | No | \$ 113.34 | \$ 48.67 | \$ 170.97 | \$128.00 | Per Unit |
| | | | 5.104 | | | ÷ 115.5 | | + 170.57 | <i>Q</i>120.00 | |
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| Medicine Occupational Therapy | Hospital Outpatient | СРТ | 97165 | OT EVAL LOW COMPLEX 30 MIN | No | \$ 180.88 | \$ 77.05 | \$ 245.32 | \$128.00 | Per Unit |
| include occupational metupy | | | 57205 | | | + 100.00 | + 77.05 | Y 240102 | 9120100 | |

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| Medicine Occupational Therapy | Hospital Outpatient | СРТ | 97166 | OT EVAL MOD COMPLEX 45 MIN | No | \$ | 62.40 | \$ 72 | .00 | \$ 245.32 | \$128.00 | Per Unit |
| Medicine Physical Medicine and | | | | Physical Therapy - Therapeutic | | | | | | | | |
| Rehabilitation | Hospital Outpatient | СРТ | 97530 | Activities | No | \$ | 92.45 | \$ 17 | .40 | \$ 124.45 | \$128.00 | Per Unit |
| | | | | | | | | | | | | |
| Medicine Physical Medicine and | | | | Physical Therapy - Self-care or | | | 60 00 | | | A | | D |
| Rehabilitation | Hospital Outpatient | СРТ | 97535 | Home Management Training | No | \$ | 68.89 | \$ | - | \$ 109.03 | \$128.00 | Per Unit |
| Evaluation & Management Services | Professional Services | СРТ | 99024 | Postop follow-up visit | No | Ś | _ | Ś | _ | \$ 14.27 | \$0.00 | Per Unit |
| | | | | | | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99202 | Office Visit - New Patient, Minor | No | \$ | 167.93 | \$ 90 | .34 | \$ 200.08 | \$123.61 | Per Unit |
| | | | | | | | | | | | | |
| | | | | Office Visit - New Patient, Low | | | | | | | | |
| Evaluation & Management Services | Protessional Services | СРТ | 99203 | Complexity | Yes | \$ | 182.06 | \$ 132 | .54 | \$ 273.99 | \$173.02 | Per Unit |

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| | | | | Office Visit - New Patient, | | | | | | | - |
| Evaluation & Management Services | Professional Services | СРТ | 99204 | Moderate Complexity | Yes | \$ 250.6 | 59 Ş | 177.01 | \$ 432.49 | \$247.57 | Per Unit |
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| | | | | New patient office of other | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99205 | outpatient visit, typically 60 min | Yes | \$ 448.0 | 94 \$ | 156.38 | \$ 553.76 | \$314.52 | Per Unit |
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| Evaluation & Management Services | Professional Services | СРТ | 99212 | Office Visit - Basic | No | \$ 58.7 | 4 \$ | 46.41 | \$ 133.24 | \$93.25 | Per Unit |
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| | | | | Office Visit - Established Patient, | | | | | | 1 | |
| Evaluation & Management Services | Professional Services | СРТ | 99213 | Low Complexity | No | \$ 99.6 | 57 \$ | 81.71 | \$ 201.59 | \$122.41 | Per Unit |
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| | | | | Office Visit - Established Patient, | | | | | | 1 | |
| Evaluation & Management Services | Professional Services | СРТ | 99214 | Moderate Complexity | No | \$ 151.1 | 9 \$ | 140.90 | \$ 279.47 | \$173.41 | Per Unit |
| Evaluation & management services | | U | 22214 | moderate complexity | 140 | γ 1 31 | | 1-10.30 | Y 213.41 | 917 J.91 | . cronit |

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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 | \$227.00 | 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 | \$72.44 | Per Unit |
| with inpatient Stay | FIOLESSIONAL SELVICES | CFT | 33232 | Subsequent nospital care | NO | ş | 133.00 | \$ 50.00 | \$ 111.52 | . 372.44 | Perofit |
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| | | | | Patient office consultation, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99243 | typically 40 min | Yes | \$ | 212.43 | \$- | \$ 142.18 | \$123.38 | Per Unit |
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| | | | | Patient office consultation, | | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99244 | typically 60 min | Yes | \$ | 338.80 | \$- | \$ 226.38 | \$183.94 | 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 | \$316.23 | Case Rate |

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| Emergency Room Visit | Hospital Outpatient | СРТ | | Emergency Department Visit - Low Complexity (outpatient) | No | \$ 430.38 | \$ 93.52 | \$ 1,114.22 | \$620.57 | Case Rate |
| Emergency Room Visit | | CPT | 99282 | Complexity (outpatient) | NO | \$ 430.38 | \$ 93.52 | \$ 1,114.22 | \$020.57 | 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 | \$778.17 | 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 | \$1,472.34 | Case Rate |
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| | | | | Emergency Department Visit - High | | | | | to | |
| Emergency Room Visit | Hospital Outpatient | СРТ | 99285 | Complexity (outpatient) | No | \$ 3,149.91 | \$ 458.20 | \$ 5,806.95 | \$2,782.32 | Case Rate |

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| To Search for a service Click "CTRL" | | | | | | | | | | |
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| | | <u>Code</u> | | | Shoppable | Discounted | Negotiated | Negotiated | Negotiated | |
| Service Category | Service Setting | Туре | Code | Description | Service? | Cash Price | Charge | Charge | Charge | Estimate Type |
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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 | \$2,879.70 | Case Rate |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, | | | | | | |
| | | | | | | | | | | |
| Evaluation & Management Services | Protessional Services | СРТ | 99381 | Younger than 1 Year Old | No | \$ 156.75 | Ş - | \$ 225.38 | \$155.06 | 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 | | 4 Years Old | No | \$ 163.82 | Ś - | \$ 236.91 | \$166.39 | Per Unit |
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| To Search for a service Click "CTRL" + "F" | | | | | | | | | | |
| | | <u>Code</u> | | | <u>CMS</u> <u>Required</u> <u>Shoppable</u> | Discounted | <u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> | <u>Maximum</u> Negotiated | <u>Payer-</u> Specific Negotiated | |
| Service Category | Service Setting | <u>Type</u> | <u>Code</u> | Description | Service? | Cash Price | Charge | Charge_ | Charge_ | Estimate Type |
| Evaluation & Management Services | Professional Services | СРТ | | Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5- 11 Years Old | Νο | \$ 170.96 | \$ - | \$ 413.46 | \$171.35 | Per Unit |
| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation and Management, New Patient, 12- | | | | | | |
| Evaluation & Management Services | Protessional Services | СРТ | 99384 | 17 Years Old | No | \$ 193.58 | \$- | \$ 280.75 | \$193.78 | 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 | Туре | 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 | Brofossional Sonvicos | СРТ | | 39 Years Old | Yes | \$ 187.80 | \$ 59.23 | \$ 347.60 | \$189.76 | Per Unit |
| Evaluation & Management Services | FIORESSIONAL SELVICES | CFI | 33363 | 55 Tears Old | Tes | \$ 107.00 | \$ 55.25 | \$ 547.00 | \$185.70 | Per Offic |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Evaluation | | | | | | |
| | | | | and Management, New Patient, 40- | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99386 | 64 Years Old | Yes | \$ 217.32 | \$ 91.72 | \$ 1,293.56 | \$223.72 | Per Unit |
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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> 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 |
| Service category | <u>bernee betting</u> | 1100 | | Description | 00111001 | | charge | charge | charge | pc |
| Evaluation & Management Services I | Professional Services | СРТ | | Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old | No | \$ 141.19 | \$- | \$ 267.83 | \$137.84 | Per Unit |
| | | | | Office Visit - Comprehensive Preventive Medicine Reevaluation | | | | | | |

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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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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | СРТ | 99393 | and Management, 5-11 Years Old | No | \$ 150.44 | \$- | \$ 305.91 | \$150.67 | Per Unit |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | CPT | 99394 | and Management, 12-17 Years Old | No | \$ 165.14 | \$- | \$ 398.57 | \$167.30 | Per Unit |
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| | | | | Office Visit - Comprehensive | | | | | | |
| | | | | Preventive Medicine Reevaluation | | | | | | |
| Evaluation & Management Services | Professional Services | CPT | 99395 | and Management, 18-39 Years Old | No | \$ 168.81 | \$ 37.07 | \$ 304.60 | \$169.86 | 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> <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> <u>Specific</u> <u>Negotiated</u> <u>Charge</u> | Estimate Type |
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| | | CDT | | Office Visit - Comprehensive Preventive Medicine Reevaluation | | ¢ 100.42 | A | ¢ 420.70 | £104.42 | Den Heit |
| Evaluation & Management Service | s Protessional Services | СРТ | 99396 | and Management, 40-64 Years Old | No | \$ 180.12 | \$ 64.57 | \$ 429.79 | \$184.43 | 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 | \$45.41 | Per Unit |
| Vaccinations | Hospital Outpatient | СРТ | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$- | \$- | \$45.41 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | СРТ | G0277 | Hbot, full body chamber, 30m | No | \$ 773.99 | \$ 46.24 | \$ 1,424.46 | \$133.80 | Per Unit |
| Hospital Observation Per Hour | Hospital Outpatient | СРТ | G0378 | Hospital observation per hr | No | \$ 15,685.71 | \$ 605.00 | \$ 24,131.86 | \$2,152.00 | 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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| Evaluation & Management Services | Hospital Outpatient | СРТ | C0462 | Hospital outpt clinic visit | No | \$ 130.00 | \$ 74.02 | \$ 200.00 | \$74.02 | Per Unit |
| Evaluation & Management Services | Hospital Outpatient | CPT | 00405 | | INO | \$ 150.00 | 7 Ş 74.02 | \$ 200.00 | \$74.02 | Per Unit |
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| Laboratory & Pathology Services | Hospital Outpatient | СРТ | G0480 | Drug test def 1-7 classes | No | \$ 476.03 | s \$ - | \$ 732.35 | \$63.95 | Per Unit |
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| Injections | Hospital Outpatient | HCPCS | J1071 | Inj testosterone cypionate | No | \$ 0.22 | \$ 0.03 | \$ 0.34 | \$0.00 | Per Unit |
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| Injections | Hospital Outpatient | HCPCS | J1815 | Insulin injection | No | \$ 2.13 | \$ 0.78 | \$ 3.27 | \$0.00 | Per Unit |
| injections | | HUPUS | 11012 | | INU | φ 2.13 | ÷ 0.78 | <i>ş</i> 5.27 | ŞU.UU | rerunit |
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| Injections | Hospital Outpatient | HCPCS | J7325 | Synvisc or synvisc-one | No | \$ 26.95 | \$- | \$ 89.11 | \$9.22 | Per Unit |
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| Injections | Hospital Outpatient | СРТ | J9217 | Eligard | No | \$ 2,818.54 | \$ - | \$ 4,336.21 | \$192.40 | Per Unit |