Cigna HealthSpring Medicare Advantage	Last Updated: 12/14/2022									
									Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"										
Service Category	**Service Setting**	**Code Type**	**Code**	**Description**	**CMS Required Shoppable Service?**	**Discounted Cash Price**	**De-Identified Minimum Negotiated Charge**	**De-Identified Maximum Negotiated Charge**	**Payer-Specific Negotiated Charge**	**Estimate Type**
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	$ 14,686.95	$ 5,517.78	$ 31,074.55	$21,378.59	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	$ 80,363.76	$ 16,237.64	$ 58,989.92	$40,682.71	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	$ 38,980.36	$ 8,070.44	$ 37,721.88	$26,015.09	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	$ 41,645.77	$ 10,123.74	$ 62,430.00	$30,020.70	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	$ 72,498.64	$ 12,375.85	$ 48,933.51	$33,747.25	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	$ 48,198.31	$ 8,559.98	$ 38,996.68	$26,894.26	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	$ 40,118.30	$ 6,745.73	$ 37,731.25	$23,636.02	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	No	$ 46,895.03	$ 9,438.20	$ 41,283.64	$28,471.47	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	$ 34,116.50	$ 7,426.74	$ 43,066.25	$24,859.06	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	$ 21,526.46	$ 3,828.29	$ 28,968.03	$19,977.95	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W MCC	No	$ 19,365.15	$ 4,255.93	$ 31,015.82	$21,390.22	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O MCC	No	$ 13,438.98	$ 2,955.18	$ 26,002.03	$17,932.44	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	$ 64,891.63	$ 21,639.28	$ 150,000.00	$57,135.91	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	$ 41,312.81	$ 6,540.49	$ 50,000.00	$33,180.28	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	$ 27,865.09	$ 3,301.83	$ 50,000.00	$25,749.27	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	$ 96,217.06	$ 16,085.53	$ 200,000.00	$40,409.53	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	$ 138,424.38	$ 30,888.17	$ 200,000.00	$66,993.85	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	$ 74,941.66	$ 17,182.69	$ 125,000.00	$42,379.94	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	$ 29,995.11	$ 6,123.35	$ 50,000.00	$22,518.28	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	$ 9,936.12	$ 2,464.00	$ 27,462.61	$18,939.73	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	$ 13,687.72	$ 3,570.00	$ 39,605.25	$27,313.97	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	$ 11,089.83	$ 3,570.00	$ 27,865.12	$19,217.33	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	$ 9,823.22	$ 3,519.44	$ 25,870.71	$17,841.87	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	$ 14,089.97	$ 3,570.00	$ 35,011.06	$24,145.56	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	$ 12,173.87	$ 2,835.00	$ 27,868.32	$19,219.53	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	$ 10,551.69	$ 3,242.44	$ 26,381.06	$18,193.83	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	$ 1,447.32	$ 626.89	$ 18,705.56	$12,900.38	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	$ 10,458.74	$ 2,464.00	$ 25,917.69	$17,874.27	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	$ 6,698.97	$ 2,464.00	$ 25,917.69	$17,874.27	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	$ 8,202.42	$ 2,464.00	$ 27,817.08	$19,184.19	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	$ 7,660.38	$ 2,464.00	$ 24,277.74	$16,743.27	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	$ 6,410.90	$ 2,464.00	$ 23,397.98	$16,136.54	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	$ 37,402.18	$ 74,931.49	$ 74,931.49	$37,563.34	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	Respiratory system diagnosis w ventilator support >96 hours	No	$ 96,998.14	$ 37,703.24	$ 37,703.24	$75,500.01	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	UB	200	Long Term Care Intensive Care Room & Board	No	70% Charges (Estimated as $6,047.26 per diem)	$1,040 Per Diem	$1,929 Per Diem	N/A	Per Diem Per Day
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at $2,341.96 Per Diem			100% Medicare	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at $1,109.30 Per Diem	$ 227.70	$ 850.00	$275 Per Diem	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	192	Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at $1,109.30 Per Diem	$ 299.70	$ 850.00	$375 Per Diem	Per Diem Per Day

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Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	193	Subacute Care Level 3- Complex Care	No	52% Charges Estimated at $1,109.30 Per Diem	$ 370.00	$ 850.00	$450 Per Diem	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	$ 1,957.09	$ 381.25	$ 2,964.36	$1,283.11	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	$ 5,944.56	$ 395.00	$ 2,581.00	$1,270.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	$ 7,293.50	$ 288.54	$ 1,852.06	$492.93	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	$ 3,073.24	$ 445.12	$ 3,166.61	$1,481.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	$ 581.33	$ 118.53	$ 1,596.22	$155.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	$ 302.36	$ 48.93	$ 1,604.78	$50.76	Case Rate
Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	No	$ 804.63	$ 127.22	$ 1,318.18	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	70482	Ct orbit/ear/fossa w/o&w/dye	No	$ 1,715.77	$ 207.79	$ 2,657.02	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	$ 1,507.75	$ 127.52	$ 2,259.85	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	$ 1,246.07	$ 223.05	$ 1,996.31	$162.89	Per Unit

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Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	$ 1,001.14	$ 223.05	$ 1,677.63	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	71250	CT THORAX W/O DYE	No	$ 858.09	$ 141.11	$ 1,468.48	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	$ 121.75	$ 19.91	$ 181.37	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	71046	X-Ray - Chest (outpatient)	No	$ 121.75	$ 31.50	$ 193.55	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	71260	CT Scan - Chest, with Contrast (outpatient)	No	$ 1,246.07	$ 200.76	$ 2,034.88	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	$ 1,295.90	$ 226.19	$ 2,092.27	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	$ 1,084.68	$ 260.86	$ 1,821.59	$335.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	$ 168.26	$ 37.93	$ 265.13	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	$ 1,246.07	$ 201.73	$ 2,118.48	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	$ 1,338.47	$ 201.90	$ 2,238.70	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	$ 850.98	$ 134.01	$ 1,400.92	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	$ 846.65	$ 142.38	$ 1,446.99	$99.28	Per Unit

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Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	$ 1,270.98	$ 207.86	$ 2,144.29	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	$ 168.26	$ 39.60	$ 264.73	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	$ 121.75	$ 22.40	$ 185.92	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	$ 168.26	$ 26.01	$ 251.93	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	$ 121.75	$ 29.40	$ 195.82	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	$ 121.75	$ 25.07	$ 191.42	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	$ 91.32	$ 26.40	$ 151.82	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	$ 168.26	$ 24.40	$ 249.73	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	$ 121.75	$ 32.72	$ 198.42	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	$ 121.75	$ 29.51	$ 189.38	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	$ 176.40	$ 32.40	$ 266.82	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	$ 218.41	$ 32.40	$ 321.48	$73.76	Per Unit

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Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	$ 188.76	$ 31.98	$ 278.60	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	$ 210.38	$ 25.72	$ 311.14	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	$ 173.94	$ 29.81	$ 262.21	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	$ 188.76	$ 33.95	$ 289.60	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	$ 2,500.65	$ 286.79	$ 3,568.86	$335.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	$ 79.37	$ 59.00	$ 323.39	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	Yes	$ 804.63	$ 127.22	$ 1,318.18	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	$ 1,341.96	$ 197.29	$ 2,142.05	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	$ 371.53	$ 56.38	$ 563.71	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	$ 371.53	$ 79.34	$ 578.01	$162.89	Per Unit
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	$ 2,500.65	$ 286.79	$ 3,568.86	$335.82	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	$ 224.35	$ 76.54	$ 400.80	$99.28	Per Unit

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Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	$ 224.35	$ 86.65	$ 396.27	$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	$ 224.35	$ 198.65	$ 587.50	$209.84	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	$ 224.35	$ 54.75	$ 384.30	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	$ 224.35	$ 64.37	$ 384.30	$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	$ 224.35	$ 82.20	$ 387.27	$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	$ 224.35	$ 97.44	$ 398.34	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	$ 224.35	$ 88.69	$ 391.69	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	$ 168.26	$ 56.29	$ 393.45	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	$ 91.46	$ 33.80	$ 171.64	$73.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	$ 147.41	$ 55.93	$ 199.53	$62.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	$ 34.21	$ 10.45	$ 58.29	$8.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	$ 42.44	$ 4.52	$ 55.22	$5.02	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	$ 195.28	$ 26.64	$ 254.08	$29.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	$ 36.33	$ 12.31	$ 67.00	$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	$ 118.09	$ 11.09	$ 153.64	$12.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	$ 58.15	$ 3.92	$ 23.76	$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	$ 13.14	$ 5.86	$ 35.53	$6.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	$ 27.05	$ 12.05	$ 75.41	$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	$ 47.70	$ 7.17	$ 70.25	$5.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	$ 145.26	$ 14.17	$ 405.00	$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	$ 37.95	$ 16.91	$ 99.20	$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	#VALUE!	$ 25.15	$ 152.33	$27.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	$ 20.99	$ 13.41	$ 40.08	$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	$ 75.94	$ 20.17	$ 106.16	$26.07	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82947	Assay glucose blood quant	No	$ 33.15	$ 5.51	$ 49.42	$3.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	$ 28.38	$ 10.41	$ 58.05	$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	$ 52.14	$ 9.38	$ 78.56	$6.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	$ 178.52	$ 35.33	$ 232.27	$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	$ 61.56	$ 6.64	$ 87.67	$4.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	$ 42.30	$ 6.66	$ 62.65	$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	$ 42.30	$ 6.66	$ 62.65	$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84144	Assay of progesterone	No	$ 55.44	$ 18.77	$ 96.68	$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	$ 43.56	$ 4.33	$ 56.67	$4.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	$ 56.72	$ 23.52	$ 119.09	$16.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	$ 99.64	$ 12.76	$ 129.65	$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	$ 84.53	$ 10.26	$ 121.45	$12.47	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	$ 130.13	$ 11.54	$ 169.31	$15.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	$ 27.88	$ 2.13	$ 36.27	$2.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	$ 47.56	$ 16.11	$ 95.56	$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	$ 55.42	$ 7.44	$ 72.11	$9.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	$ 25.46	$ 8.24	$ 70.98	$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	$ 45.07	$ 4.96	$ 71.77	$5.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	$ 13.06	$ 5.82	$ 36.42	$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	$ 50.17	$ 4.66	$ 65.28	$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	$ 67.25	$ 42.28	$ 211.59	$46.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	$ 137.38	$ 24.10	$ 383.03	$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	$ 54.53	$ 5.10	$ 70.95	$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	$ 39.12	$ 3.84	$ 50.90	$4.27	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	$ 39.12	$ 3.84	$ 50.90	$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	$ 59.36	$ 9.16	$ 165.50	$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	$ 29.29	$ 15.13	$ 63.03	$16.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	$ 30.17	$ 15.44	$ 50.98	$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	$ 33.21	$ 12.41	$ 107.23	$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	$ 89.09	$ 10.85	$ 115.92	$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	$ 23.77	$ 10.59	$ 57.38	$11.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86706	HEP B SURFACE ANTIBODY	No	$ 102.41	$ 9.67	$ 133.25	$10.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	$ 23.49	$ 11.15	$ 56.71	$12.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	$ 65.86	$ 12.95	$ 225.56	$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	$ 26.01	$ 11.59	$ 72.53	$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	$ 53.26	$ -	$ 112.07	$42.13	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	$ 26.01	$ 11.59	$ 76.53	$12.88	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	$ 21.03	$ 5.00	$ 66.92	$45.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	$ 253.19	$ 5.65	$ 329.43	$136.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	$ 205.88	$ 3.78	$ 267.88	$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	$ 205.88	$ 3.78	$ 267.88	$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	$ 62.33	$ 3.78	$ 81.10	$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	$ 62.33	$ 3.78	$ 81.10	$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	$ 6.02	$ 4.84	$ 383.37	$265.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	$ 253.19	$ 13.44	$ 344.22	$136.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	#VALUE!	$ 9.29	$ 180.25	$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	$ 135.26	$ 17.64	$ 175.99	$19.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	#VALUE!	$ 9.30	$ 85.55	$10.33	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	$ 114.26	$ 21.67	$ 148.66	$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	$ 38.74	$ 10.78	$ 108.00	$11.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	$ 93.25	$ 31.58	$ 171.03	$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	$ 55.21	$ -	$ 136.48	$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	$ 93.25	$ 31.58	$ 171.03	$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	$ 89.94	$ 19.87	$ 143.48	$16.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	$ 71.19	$ -	$ 120.30	$0.00	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	$ 44.49	$ 7.02	$ 81.80	$56.54	Per Unit
Vaccinations	Hospital Outpatient	CPT	90472	Immunization Administration Each Additional Component	No	$ 12.56	$ -	$ 38.51	$0.00	Per Unit
Chemotherapy	Hospital Outpatient	CPT	96413	Chemo iv infusion 1 hr	No	$ 583.25			$290.77	
Chemotherapy	Hospital Outpatient	CPT	96415	Chemo iv infusion addl hr	No	$ 114.07			$56.54	

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Chemotherapy	Hospital Outpatient	CPT	96417	Chemo iv infus each addl seq	No	$ 114.07			$56.54	
Radiology Services	Hospital Outpatient	CPT	70491	Ct soft tissue neck w/dye	No	$ 1,069.80			$162.89	
Radiology Services	Hospital Outpatient	CPT	71271	Ct thorax lung cancer scr c-	No	$ 152.19			$99.28	
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	$ 123.61	$ 66.86	$ 196.20	$56.54	Case Rate
Pet Scan	Hospital Outpatient	CPT	78815	Pet image w/ct skull-thigh	No	$ 3,017.62			$1,349.70	
Pet Scan	Hospital Outpatient	CPT	78816	Pet image w/ct full body	No	$ 3,017.62			$1,349.70	
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	$ 111.89	$ 46.24	$ 1,424.46	$108.76	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	$ 80.30	$ 22.90	$ 104.48	$28.26	Per Unit
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	$ 32,139.56	$ 11,272.90	$ 11,272.90	$10,253.71	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	$ 70.15	$ -	$ 126.95	$36.49	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	$ 27.43	$ -	$ -	$36.49	Per Unit

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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97530	Physical Therapy - Therapeutic Activities	No	$ 83.07	$ 17.40	$ 124.45	$35.32	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	$ 187.14	$ 77.05	$ 245.32	$96.78	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	$ 187.14	$ 72.00	$ 245.32	$96.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	G0480	Drug test def 1-7 classes	No	$ 492.51	$ -	$ 732.35	$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	$ 0.18	$ 0.03	$ 0.34	$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	$ 2.35	$ 0.78	$ 3.27	$-	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	$ 30.80	$ -	$ 89.11	$10.74	Per Unit
Injections	Hospital Outpatient	CPT	J9217	Eligard	No	$ 816.35	$ -	$ 4,336.21	$176.46	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	$ 447.50	$ 161.58	$ 1,803.41	$163.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	$ 804.56	$ 167.15	$ 1,829.27	$315.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	$ 781.92	$ 157.92	$ 1,634.10	$163.76	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	$ 1,185.82	$ 182.39	$ 1,461.73	$238.26	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	$ 377.88	$ 135.86	$ 1,978.02	$150.12	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	$ 2,532.81	$ 61.00	$ 1,867.74	$737.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	$ 3,909.14	$ 372.00	$ 2,229.48	$737.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	Colonoscopy - Diagnostic (outpatient)	Yes	$ 2,399.03	$ 335.79	$ 2,220.88	$723.69	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	Colonoscopy - With Biopsy (outpatient)	Yes	$ 2,423.51	$ 343.06	$ 4,110.45	$945.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	$ 2,553.22	$ 354.50	$ 4,434.15	$945.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	$ 248.09	$ -	$ 1,579.20	$50.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	$ 948.42	$ 282.78	$ 1,596.52	$524.64	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	$ 702.11	$ 284.76	$ 2,631.84	$1,632.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	$ 354.58	$ 144.00	$ 1,697.39	$155.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	$ 536.76	$ 48.93	$ 1,749.37	$0.00	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	$ 669.25	$ 32.34	$ 1,495.58	$257.20	Case Rate
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	$ 163.49	$ 17.40	$ 251.43	$73.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	$ 1,075.17	$ 136.86	$ 1,750.92	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	$ 121.75	$ 37.93	$ 204.42	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	$ 224.35	$ 33.93	$ 338.99	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	72110	X-Ray, lower back, minimum four views	Yes	$ 168.26	$ 52.80	$ 284.93	$99.28	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	$ 487.71	$ 61.00	$ 634.57	$241.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	$ 224.35	$ 28.72	$ 327.10	$99.28	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	$ 953.92	$ 322.26	$ 1,593.05	$440.64	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	$ 255.22	$ 605.00	$ 24,131.86	$-	Per Unit
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	$ 121.75	$ 28.33	$ 196.92	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73110	X-Ray - Wrist (outpatient)	No	$ 121.75	$ 30.72	$ 196.19	$73.76	Per Unit

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Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	$ 1,344.67	$ 252.20	$ 2,270.30	$209.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	$ 121.75	$ 37.77	$ 197.91	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	$ 233.07	$ 36.52	$ 351.25	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	$ 2,005.53	$ 406.50	$ 3,409.54	$335.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	74018	X-Ray - Abdomen	No	$ 121.75	$ 28.31	$ 189.76	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	$ 2,065.91	$ 402.71	$ 3,522.33	$335.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	$ 224.35	$ 78.79	$ 386.50	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	$ 121.75	$ 78.52	$ 249.30	$73.76	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	$ 224.35	$ 91.69	$ 433.80	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76705	Ultrasound - Abdominal, Limited	No	$ 224.35	$ 46.05	$ 372.20	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76805	Ultrasound - Pregnancy (outpatient)	Yes	$ 224.35	$ 100.36	$ 437.10	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	76830	Ultrasound - Transvaginal (non-maternity)	Yes	$ 224.35	$ 98.63	$ 463.90	$99.28	Per Unit

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Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	$ 224.35	$ 70.34	$ 408.50	$99.28	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	$ 271.82	$ 107.57	$ 501.03	$80.74	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	$ 343.48	$ 135.81	$ 629.70	$102.96	Per Unit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	$ 276.60	$ 109.22	$ 504.02	$85.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	$ 539.40	$ 336.74	$ 2,091.45	$1,191.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	$ 159.70	$ 11.84	$ 221.33	$8.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Blood Test - Comprehensive Metabolic Panel	Yes	$ 92.22	$ 14.78	$ 136.89	$10.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	$ 48.09	$ 12.05	$ 101.77	$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Blood Test - Renal (Kidney) Function Panel	Yes	$ 13.92	$ 8.68	$ 34.59	$8.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	$ 148.16	$ 11.44	$ 205.84	$8.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Urine Test - Automated with Microscope Examination	Yes	$ 5.22	$ 4.44	$ 34.47	$3.17	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Urine Test - Automated without Microscope	Yes	$ 22.60	$ 3.16	$ 11.25	$2.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	$ 30.42	$ 13.57	$ 82.73	$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Blood Test - Ferritin (Blood Protein) Level	No	$ 27.50	$ 19.09	$ 96.63	$13.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	$ 39.06	$ 13.23	$ 79.52	$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	$ 73.74	$ 8.74	$ 95.94	$9.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	$ 50.28	$ 9.06	$ 75.77	$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Blood Test - Lipase (fat enzyme) Level	No	$ 71.87	$ 6.20	$ 93.51	$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	$ 67.06	$ 25.75	$ 116.68	$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	$ 110.02	$ 16.55	$ 143.15	$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	$ 68.50	$ 8.12	$ 89.13	$9.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Yes	$ 56.72	$ 23.52	$ 119.09	$16.80	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Blood Test - Complete Blood Cell Count and Automated WBC	Yes	$ 76.57	$ 10.88	$ 112.06	$7.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Blood Test - Complete Blood Cell Count (Hemoglobin)	Yes	$ 62.89	$ 5.82	$ 81.83	$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	$ 44.12	$ 6.01	$ 64.27	$4.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Blood Test - Coagulation Assessment	Yes	$ 47.60	$ 5.41	$ 61.94	$6.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Blood Test - Hepatitis C Antibody Level	No	$ 69.98	$ 12.84	$ 91.06	$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	$ 143.43	$ 7.76	$ 186.61	$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	$ 62.53	$ 7.27	$ 81.35	$8.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition	No	$ 67.18	$ 5.97	$ 109.26	$6.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	$ 85.00	$ 7.26	$ 110.60	$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	$ 16.35	$ 7.28	$ 43.86	$8.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	$ 71.55	$ 7.79	$ 93.10	$8.65	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	$ 51.65	$ 3.84	$ 67.21	$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	$ 112.18	$ 31.58	$ 171.03	$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Lab Test - Detection test for Influenza Virus	No	$ 35.62	$ 19.82	$ 70.50	$16.55	Per Unit
Vaccination	Hospital Outpatient	CPT	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	$ 285.59	$ 9.56	$ 345.21	$257.99	Per Unit
Vaccination	Hospital Outpatient	CPT	90715	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	$ 57.74	$ -	$ 77.73	$38.28	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	$ 109.68	$ -	$ 295.26	$50.76	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	$ 32.34	$ 12.56	$ 59.90	$14.07	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97035	Physical Therapy - Ultrasound Therapy	No	$ 27.85	$ 11.95	$ 40.29	$13.61	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97110	Physical Therapy - Therapeutic Exercises	Yes	$ 91.82	$ 17.40	$ 119.46	$28.26	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97112	Physical Therapy - Neuromuscular Reeducation	No	$ 72.35	$ 26.14	$ 104.78	$32.77	Per Unit

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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	$ 58.15	$ 23.73	$ 93.92	$26.03	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97161	Physical Therapy - Low Complexity Evaluation	No	$ 173.88	$ 71.97	$ 252.78	$96.16	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97162	Physical Therapy - Moderate Complexity Evaluation	No	$ 173.88	$ 71.97	$ 252.78	$96.16	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97163	Physical Therapy - High Complexity Evaluation	No	$ 173.88	$ 71.97	$ 252.78	$96.16	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	$ 117.26	$ 48.67	$ 170.97	$66.01	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97535	Physical Therapy - Self-care or Home Management Training	No	$ 71.27	$ -	$ 109.03	$31.35	Per Unit
Emergency Room Visit	Hospital Outpatient	CPT	99281	Emergency Department Visit - Minor (outpatient)	No	$ 218.75	$ 74.98	$ 689.88	$66.15	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99282	Emergency Department Visit - Low Complexity (outpatient)	No	$ 404.82	$ 93.52	$ 1,114.22	$119.78	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99283	Emergency Department Visit - Moderate Complexity (outpatient)	No	$ 929.87	$ 182.62	$ 2,714.83	$211.04	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99284	Emergency Department Visit - Higher Complexity (outpatient)	No	$ 2,470.23	$ 270.43	$ 4,475.48	$331.74	Case Rate

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Emergency Room Visit	Hospital Outpatient	CPT	99285	Emergency Department Visit - High Complexity (outpatient)	No	$ 3,326.63	$ 458.20	$ 5,806.95	$476.17	Case Rate
Emergency Room Visit	Hospital Outpatient	CPT	99291	Emergency Department Visit - Critical Care (outpatient)	No	$ 19,712.86	$ 425.50	$ 6,308.07	$679.28	Case Rate

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