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| Last Updated: 12/14/2022 | | | | | | | | | Amount We Estimate You Will Owe * | |
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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 | \$ 14,686.95 | \$ 5,517.78 | \$ 19,770.89 | \$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 | \$ 119,500.01 | \$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 | \$ 57,963.36 | \$26,015.09 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 473 | Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC). | Yes | \$ 41,645.77 | \$ 10,123.74 | \$ 61,926.79 | \$30,020.70 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 480 | HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | No | \$ 72,498.64 | \$ 12,375.85 | \$ 111,536.38 | \$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 | \$ 74,151.25 | \$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 | \$ 61,720.46 | \$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 | \$ 72,146.20 | \$28,471.47 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| 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 | \$ 52,486.93 | \$24,859.06 | Case Rate-Excluding Professional Charges which 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 | \$ 21,526.46 | \$ 3,828.29 | \$ 32,009.60 | \$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 | \$ 29,792.54 | \$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 | \$ 20,675.36 | \$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 | \$ 99,833.27 | \$57,135.91 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 929 | FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | No | \$ 41,312.81 | \$ 6,540.49 | \$ 63,558.17 | \$33,180.28 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Hospital Inpatient Stay | Hospital Inpatient | DRG | 935 | NON-EXTENSIVE BURNS | No | \$ 27,865.09 | \$ 3,301.83 | \$ 42,869.37 | \$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 | \$ 143,073.70 | \$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 | \$ 205,835.50 | \$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 | \$ 111,437.41 | \$42,379.94 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |
| Hospital Inpatient Stay | Hospital Inpatient | DRG | 964 | OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | No | \$ 29,995.11 | \$ 6,123.35 | \$ 44,602.39 | \$22,518.28 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS | |


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| Maternity/Delivery | Hospital Inpatient | DRG | 768 | VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | No | \$ 9,936.12 | \$ 2,464.00 | \$ 14,774.90 | \$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 | \$ 20,353.48 | \$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 | \$ 16,490.45 | \$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 | \$ 14,607.02 | \$17,841.87 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 786 | CESAREAN SECTION W/O STERILIZATION W MCC | No | \$ 14,089.97 | \$ 3,570.00 | \$ 20,951.63 | \$24,145.56 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Maternity/Delivery | Hospital Inpatient | DRG | 787 | CESAREAN SECTION W/O STERILIZATION W CC | No | \$ 12,173.87 | \$ 2,835.00 | \$ 18,102.41 | \$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 | \$ 15,690.25 | \$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 | \$ 2,152.15 | \$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 | \$ 15,552.03 | \$17,874.27 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Maternity/Delivery | Hospital Inpatient | DRG | 798 | VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | No | \$ 6,698.97 | \$ 2,464.00 | \$ 9,961.29 | \$17,874.27 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |


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| Maternity/Delivery | Hospital Inpatient | DRG | 805 | VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | No | \$ 8,202.42 | \$ 2,464.00 | \$ 12,196.90 | \$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 | \$ 11,390.90 | \$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 | \$ 9,532.94 | \$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 | Non-Par | \$37,563.34 | Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS |
| Long Term Acute Care Inpatient Stay | Inpatient Long-Term Care Hospital | DRG | LTC207 | Respiratory system diagnosis w ventilator support >96 hours | No | \$ 96,998.14 | \$ 37,703.24 | Non-Par | \$75,500.01 | 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 | UB | 200 | Long Term Care Intensive Care Room & Board | No | 70% Charges (Estimated as \$6,047.26 per diem) | \$1,040 Per Diem | Non-Par | 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 | \$ 416.15 | \$1,351.80 Per Diem | N/A | 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 | 80% Charges (Estimated as \$1,706.61 Per Diem) | 100% Medicare | 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 | 80% Charges (Estimated as \$1,706.61 Per Diem) | 100% Medicare | Per Diem Per Day |
| Skilled Nursing Inpatient Room & Board | Inpatient Skilled Nursing | UB | 193 | Subacute Care Level 3- Complex Care | No | 52% Charges Estimated at \$1,109.30 Per Diem | \$ 370.00 | 80% Charges (Estimated as \$1,706.61 Per Diem) | 100% Medicare | Per Diem Per Day |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 19083 | Bx breast 1st lesion us imag | No | \$ 1,957.09 | \$ 381.25 | \$ 2,685.54 | \$1,283.11 | Case Rate |


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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 27818 | Treatment of ankle fracture | No | \$ 5,944.56 | \$ 395.00 | \$ 8,157.20 | \$1,270.18 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 32555 | Aspirate pleura w/ imaging | No | \$ 7,293.50 | \$ 288.54 | \$ 10,008.23 | \$492.93 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 49440 | Place gastrostomy tube perc | No | \$ 3,073.24 | \$ 445.12 | \$ 4,217.14 | \$1,481.18 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 59025 | Fetal Non-Stress Test | No | \$ 581.33 | \$ 118.53 | \$ 797.71 | \$155.36 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 69210 | Remove impacted ear wax | No | \$ 302.36 | \$ 48.93 | \$ 414.90 | \$50.76 | Case Rate |
| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | No | \$ 804.63 | \$ 127.22 | \$ 1,331.30 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70482 | Ct orbit/ear/fossa w/o&w/dye | No | \$ 1,715.77 | \$ 207.79 | \$ 2,691.70 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70486 | Ct maxillofacial w/o dye | No | \$ 1,507.75 | \$ 127.52 | \$ 2,382.36 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70496 | Ct angiography head | No | \$ 1,246.07 | \$ 223.05 | \$ 1,993.25 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70498 | Ct angiography neck | No | \$ 1,001.14 | \$ 223.05 | \$ 1,629.05 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71250 | CT THORAX W/O DYE | No | \$ 858.09 | \$ 141.11 | \$ 1,416.34 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71045 | X-ray exam chest 1 view | No | \$ 121.75 | \$ 19.91 | \$ 192.16 | \$73.76 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 71046 | X-Ray - Chest (outpatient) | No | \$ 121.75 | \$ 31.50 | \$ 194.36 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71260 | CT Scan - Chest, with Contrast (outpatient) | No | \$ 1,246.07 | \$ 200.76 | \$ 1,993.25 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 71275 | Ct angiography chest | No | \$ 1,295.90 | \$ 226.19 | \$ 2,067.34 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72126 | Ct neck spine w/dye | No | \$ 1,084.68 | \$ 260.86 | \$ 1,753.26 | \$335.82 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72100 | X-Ray - Spine (outpatient) | No | \$ 168.26 | \$ 37.93 | \$ 263.91 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72127 | Ct neck spine w/o & w/dye | No | \$ 1,246.07 | \$ 201.73 | \$ 1,993.25 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72133 | Ct lumbar spine w/o & w/dye | No | \$ 1,338.47 | \$ 201.90 | \$ 2,130.65 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73700 | CT LOWER EXTREMITY W/O DYE | No | \$ 850.98 | \$ 134.01 | \$ 1,405.75 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74150 | Ct abdomen w/o dye | No | \$ 846.65 | \$ 142.38 | \$ 1,399.32 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74170 | Ct abdomen w/o & w/dye | No | \$ 1,270.98 | \$ 207.86 | \$ 2,030.30 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72190 | X-RAY EXAM OF PELVIS | No | \$ 168.26 | \$ 39.60 | \$ 262.99 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73000 | X-ray exam of collar bone | No | \$ 121.75 | \$ 22.40 | \$ 191.26 | \$73.76 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 73010 | X-ray exam of shoulder blade | No | \$ 168.26 | \$ 26.01 | \$ 261.26 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73060 | X-RAY EXAM OF HUMERUS | No | \$ 121.75 | \$ 29.40 | \$ 191.26 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73070 | X-ray exam of elbow | No | \$ 121.75 | \$ 25.07 | \$ 190.82 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73090 | X-RAY EXAM OF FOREARM | No | \$ 91.32 | \$ 26.40 | \$ 146.00 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73120 | X-RAY EXAM OF HAND | No | \$ 168.26 | \$ 24.40 | \$ 260.41 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73130 | X-Ray - Hand | No | \$ 121.75 | \$ 32.72 | \$ 191.71 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73552 | X-RAY EXAM OF FEMUR 2/> | No | \$ 121.75 | \$ 29.51 | \$ 192.56 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | No | \$ 176.40 | \$ 32.40 | \$ 272.51 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73590 | X-ray exam of lower leg | No | \$ 218.41 | \$ 32.40 | \$ 334.99 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73600 | X-RAY EXAM OF ANKLE | No | \$ 188.76 | \$ 31.98 | \$ 290.90 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73610 | X-Ray - Ankle (outpatient) | No | \$ 210.38 | \$ 25.72 | \$ 323.50 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73620 | X-RAY EXAM OF FOOT | No | \$ 173.94 | \$ 29.81 | \$ 268.05 | \$73.76 | Per Unit |


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| To Search for a service Click "CTRL" + "F" | | | | | | | | | |  |
| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Radiology Services | Hospital Outpatient | CPT | 73630 | X-Ray - Foot (outpatient) | No | \$ 188.76 | \$ 33.95 | \$ 290.94 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | No | \$ 2,500.65 | \$ 286.79 | \$ 3,858.80 | \$335.82 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 75571 | Ct hrt w/o dye w/ca test | No | \$ 79.37 | \$ 59.00 | \$ 258.38 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70450 | CT Scan - Head/Brain, without Contrast | Yes | \$ 804.63 | \$ 127.22 | \$ 1,331.30 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72193 | CT scan, pelvis, with contrast | Yes | \$ 1,341.96 | \$ 197.29 | \$ 2,135.84 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74220 | X-ray xm esophagus 1cntrst | No | \$ 371.53 | \$ 56.38 | \$ 580.59 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74270 | X-ray xm colon 1cntrst std | No | \$ 371.53 | \$ 79.34 | \$ 594.34 | \$162.89 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74177 | CT Scan - Abdomen and Pelvis, with Contrast | Yes | \$ 2,500.65 | \$ 286.79 | \$ 3,858.80 | \$335.82 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76770 | US EXAM ABDO BACK WALL COMP | No | \$ 224.35 | \$ 76.54 | \$ 378.51 | \$99.28 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76801 | OB US < 14 WKS SINGLE FETUS | No | \$ 224.35 | \$ 86.65 | \$ 394.20 | \$99.28 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76811 | OB US DETAILED SNGL FETUS | No | \$ 224.35 | \$ 198.65 | \$ 451.77 | \$209.84 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76815 | OB US LIMITED FETUS(S) | No | \$ 224.35 | \$ 54.75 | \$ 373.29 | \$99.28 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 76816 | Ultrasound - Pregnancy Follow-Up | No | \$ 224.35 | \$ 64.37 | \$ 386.56 | \$99.28 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76818 | FETAL BIOPHYS PROFILE W/NST | No | \$ 224.35 | \$ 82.20 | \$ 399.21 | \$99.28 | Per Unit |
| Maternity/Delivery | Hospital Outpatient | CPT | 76819 | FETAL BIOPHYS PROFIL W/O NST | No | \$ 224.35 | \$ 97.44 | \$ 381.13 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76821 | MIDDLE CEREBRAL ARTERY ECHO | No | \$ 224.35 | \$ 88.69 | \$ 377.20 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77080 | Bone Density Scan (outpatient) | No | \$ 168.26 | \$ 56.29 | \$ 262.60 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77081 | Dxa bone density/peripheral | No | \$ 91.46 | \$ 33.80 | \$ 149.31 | \$73.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80307 | Drug test prsmv chem analyzr | No | \$ 147.41 | \$ 55.93 | \$ 197.92 | \$62.14 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81025 | Urine Test - Pregnancy | No | \$ 34.21 | \$ 10.45 | \$ 58.32 | \$8.61 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82247 | Bilirubin total | No | \$ 42.44 | \$ 4.52 | \$ 63.11 | \$5.02 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82306 | Blood Test - Vitamin D-3 Level | No | \$ 195.28 | \$ 26.64 | \$ 290.38 | \$29.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82330 | Assay of calcium | No | \$ 36.33 | \$ 12.31 | \$ 54.02 | \$13.68 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82375 | Assay carboxyhb quant | No | \$ 118.09 | \$ 11.09 | \$ 175.59 | \$12.32 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82465 | Assay bld/serum cholesterol | No | \$ 58.15 | \$ 3.92 | \$ 23.50 | \$4.35 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82550 | Assay of ck (cpk) | No | \$ 13.14 | \$ 5.86 | \$ 19.54 | \$6.51 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82552 | Assay of cpk in blood | No | \$ 27.05 | \$ 12.05 | \$ 10.71 | \$13.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82565 | Assay of creatinine | No | \$ 47.70 | \$ 7.17 | \$ 76.41 | \$5.12 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82610 | Cystatin c | No | \$ 145.26 | \$ 14.17 | \$ 216.00 | \$18.52 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82668 | Assay of erythropoietin | No | \$ 37.95 | \$ 16.91 | \$ 56.43 | \$18.79 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82670 | Assay of estradiol | No | \$ 56.40 | \$ 25.15 | \$ 83.86 | \$27.94 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82693 | Assay of ethylene glycol | No | \$ 20.99 | \$ 13.41 | \$ 31.22 | \$14.90 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82803 | Blood gases any combination | No | \$ 75.94 | \$ 20.17 | \$ 112.92 | \$26.07 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82947 | Assay glucose blood quant | No | \$ 33.15 | \$ 5.51 | \$ 53.50 | \$3.93 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83605 | Assay of lactic acid | No | \$ 28.38 | \$ 10.41 | \$ 42.21 | \$11.57 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83735 | Assay of magnesium | No | \$ 52.14 | \$ 9.38 | \$ 84.69 | \$6.70 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83880 | Assay of natriuretic peptide | No | \$ 178.52 | \$ 35.33 | \$ 265.46 | \$39.26 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84100 | Assay of phosphorus | No | \$ 61.56 | \$ 6.64 | \$ 96.59 | \$4.74 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84132 | Assay of serum potassium | No | \$ 42.30 | \$ 6.66 | \$ 67.82 | \$4.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84132 | Assay of serum potassium | No | \$ 42.30 | \$ 6.66 | \$ 67.82 | \$4.76 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84144 | Assay of progesterone | No | \$ 55.44 | \$ 18.77 | \$ 80.90 | \$20.86 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84295 | Assay of serum sodium | No | \$ 43.56 | \$ 4.33 | \$ 64.77 | \$4.81 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | No | \$ 56.72 | \$ 23.52 | \$ 102.31 | \$16.80 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84480 | Assay triiodothyronine (t3) | No | \$ 99.64 | \$ 12.76 | \$ 148.17 | \$14.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84484 | Assay of troponin quant | No | \$ 84.53 | \$ 10.26 | \$ 125.69 | \$12.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84702 | Chorionic gonadotropin test | No | \$ 130.13 | \$ 11.54 | \$ 193.50 | \$15.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85014 | Hematocrit | No | \$ 27.88 | \$ 2.13 | \$ 41.46 | \$2.37 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85240 | Clot factor viii ahg 1 stage | No | \$ 47.56 | \$ 16.11 | \$ 70.72 | \$17.90 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85378 | Fibrin degrade semiquant | No | \$ 55.42 | \$ 7.44 | \$ 82.42 | \$9.72 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85613 | Russell viper venom diluted | No | \$ 25.46 | \$ 8.24 | \$ 37.86 | \$9.58 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85660 | RBC SICKLE CELL TEST | No | \$ 45.07 | \$ 4.96 | \$ 82.02 | \$5.51 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85732 | Thromboplastin time partial | No | \$ 13.06 | \$ 5.82 | \$ 19.42 | \$6.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86140 | C-reactive protein | No | \$ 50.17 | \$ 4.66 | \$ 74.60 | \$5.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86360 | T cell absolute count/ratio | No | \$ 67.25 | \$ 42.28 | \$ 100.00 | \$46.98 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86361 | T cell absolute count | No | \$ 137.38 | \$ 24.10 | \$ 204.28 | \$26.78 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86431 | Rheumatoid factor quant | No | \$ 54.53 | \$ 5.10 | \$ 81.08 | \$5.67 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 39.12 | \$ 3.84 | \$ 58.18 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86592 | Syphilis test non-trep qual | No | \$ 39.12 | \$ 3.84 | \$ 58.18 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86611 | Bartonella antibody | No | \$ 59.36 | \$ 9.16 | \$ 88.26 | \$10.18 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86677 | Helicobacter pylori antibody | No | \$ 29.29 | \$ 15.13 | \$ 47.20 | \$16.85 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86692 | Hepatitis delta agent antbdy | No | \$ 30.17 | \$ 15.44 | \$ 44.86 | \$17.16 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86698 | Histoplasma antibody | No | \$ 33.21 | \$ 12.41 | \$ 122.54 | \$13.79 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86704 | HEP B CORE ANTIBODY TOTAL | No | \$ 89.09 | \$ 10.85 | \$ 132.48 | \$12.05 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86705 | HEP B CORE ANTIBODY IGM | No | \$ 23.77 | \$ 10.59 | \$ 35.35 | \$11.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86706 | HEP B SURFACE ANTIBODY | No | \$ 102.41 | \$ 9.67 | \$ 152.28 | \$10.74 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86708 | Hepatitis a antibody | No | \$ 23.49 | \$ 11.15 | \$ 34.94 | \$12.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86762 | Rubella antibody | No | \$ 65.86 | \$ 12.95 | \$ 120.30 | \$14.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86765 | Rubeola antibody | No | \$ 26.01 | \$ 11.59 | \$ 38.68 | \$12.88 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86769 | 86769 - SARS-COV-2 COVID-19 ANTIBODY | No | \$ 53.26 | \$ - | \$ 79.20 | \$42.13 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86790 | Virus antibody nos | No | \$ 26.01 | \$ 11.59 | \$ 38.68 | \$12.88 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86850 | Rbc antibody screen | No | \$ 21.03 | \$ 5.00 | \$ 31.26 | \$45.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86885 | Coombs test indirect qual | No | \$ 253.19 | \$ 5.65 | \$ 376.50 | \$136.01 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86900 | Blood typing serologic abo | No | \$ 205.88 | \$ 3.78 | \$ 306.14 | \$102.83 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86900 | Blood typing serologic abo | No | \$ 205.88 | \$ 3.78 | \$ 306.14 | \$102.83 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86901 | Blood typing serologic rh(d) | No | \$ 62.33 | \$ 3.78 | \$ 92.68 | \$30.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86901 | Blood typing serologic rh(d) | No | \$ 62.33 | \$ 3.78 | \$ 92.68 | \$30.87 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86902 | BLOOD TYPE ANTIGEN DONOR EA | No | \$ 6.02 | \$ 4.84 | \$ 8.95 | \$265.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86920 | COMPATIBILITY TEST SPIN | No | \$ 253.19 | \$ 13.44 | \$ 376.50 | \$136.01 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87040 | Blood culture for bacteria | No | \$ 138.54 | \$ 9.29 | \$ 206.00 | \$10.32 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87110 | Chlamydia culture | No | \$ 135.26 | \$ 17.64 | \$ 201.14 | \$19.60 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87340 | Lab Test - Detection test for Hepatitis B Surface Antigen | No | \$ 65.75 | \$ 9.30 | \$ 97.77 | \$10.33 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87389 | Lab Test - Detection test for HIV-1 and HIV-2 | No | \$ 114.26 | \$ 21.67 | \$ 169.90 | \$24.08 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87425 | Rotavirus ag ia | No | \$ 38.74 | \$ 10.78 | \$ 9.58 | \$11.98 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87591 | Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria) | No | \$ 93.25 | \$ 31.58 | \$ 138.66 | \$35.09 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87635 | 87635 - SARS-COV-2 COVID-19 AMP PRB | No | \$ 55.21 | \$ - | \$ 82.10 | \$51.31 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87798 | Detect agent nos dna amp | No | \$ 93.25 | \$ 31.58 | \$ 138.66 | \$35.09 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87880 | Strep Test (Streptococcus, group A) | No | \$ 89.94 | \$ 19.87 | \$ 148.06 | \$16.53 | Per Unit | |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 88185 | Flowcytometry/tc add-on | No | \$ 71.19 | \$ - | \$ 105.86 | \$0.00 | Per Unit | |
| Vaccinations | Hospital Outpatient | CPT | 90471 | Immunization Administration | No | \$ 44.49 | \$ 7.02 | \$ 80.64 | \$56.54 | Per Unit | |
| Vaccinations | Hospital Outpatient | CPT | 90472 | Immunization Administration Each Additional Component | No | \$ 12.56 | \$ - | \$ 31.53 | \$0.00 | Per Unit | |
| Chemotherapy | Hospital Outpatient | CPT | 96413 | Chemo iv infusion 1 hr | No | \$ 583.25 | | \$ 867.28 | \$290.77 | Per Unit | |
| Chemotherapy | Hospital Outpatient | CPT | 96415 | Chemo iv infusion addl hr | No | \$ 114.07 | | \$ 169.62 | \$56.54 | Per Unit | |
| Chemotherapy | Hospital Outpatient | CPT | 96417 | Chemo iv infus each addl seq | No | \$ 114.07 | | \$ 169.62 | \$56.54 | Per Unit | |
| Radiology Services | Hospital Outpatient | CPT | 70491 | Ct soft tissue neck w/dye | No | \$ 1,069.80 | | \$ 1,590.78 | \$162.89 | Per Unit | |


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| Radiology Services | Hospital Outpatient | CPT | 71271 | Ct thorax lung cancer scr c- | No | \$ 152.19 | | \$ 226.31 | \$99.28 | Per Unit |
| Injections | Hospital Outpatient | CPT | 96402 | Chemo hormon antineopl sq/im | No | \$ 123.61 | \$ 66.86 | \$ 169.62 | \$56.54 | Case Rate |
| Pet Scan | Hospital Outpatient | CPT | 78815 | Pet image w/ct skull-thigh | No | \$ 3,017.62 | | \$ 4,487.17 | \$1,349.70 | Per Unit |
| Pet Scan | Hospital Outpatient | CPT | 78816 | Pet image w/ct full body | No | \$ 3,017.62 | | \$ 4,487.17 | \$1,349.70 | Per Unit |
| Medicine Hyberbaric | Hospital Outpatient | CPT | G0277 | Hbot, full body chamber, 30m | No | \$ 111.89 | \$ 46.24 | \$ 1,080.34 | \$108.76 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97116 | GAIT TRAINING THERAPY | No | \$ 80.30 | \$ 22.90 | \$ 119.40 | \$28.26 | Per Unit |
| Exablate | Hospital Outpatient | CPT | 0398T | Focused Ultrasound | No | \$ 32,139.56 | \$ 11,272.90 | Service Not Covered by Payer | \$10,253.71 | Case Rate |
| Vaccinations | Hospital Outpatient | CPT | G0008 | Admin influenza virus vaccine | No | \$ 70.15 | \$ - | \$ 115.23 | \$36.49 | Per Unit |
| Vaccinations | Hospital Outpatient | CPT | G0009 | Admin pneumococcal vaccine | No | \$ 27.43 | \$ - | \$ 49.50 | \$36.49 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97530 | Physical Therapy - Therapeutic Activities | No | \$ 83.07 | \$ 17.40 | \$ 142.23 | \$35.32 | Per Unit |
| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97165 | OT EVAL LOW COMPLEX 30 MIN | No | \$ 187.14 | \$ 77.05 | \$ 278.27 | \$96.78 | Per Unit |


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| Medicine Occupational Therapy | Hospital Outpatient | CPT | 97166 | OT EVAL MOD COMPLEX 45 MIN | No | \$ 187.14 | \$ 72.00 | \$ 96.00 | \$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 | \$ 3.28 | \$- | Per Unit |
| Injections | Hospital Outpatient | HCPCS | J7325 | Synvisc or synvisc-one | No | \$ 30.80 | \$ - | \$ 41.47 | \$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 | \$ 614.06 | \$163.76 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 11104 | Biopsy - Punch Biopsy of Skin | No | \$ 804.56 | \$ 167.15 | \$ 1,104.03 | \$315.20 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 17000 | Destruction of Lesion (outpatient) | No | \$ 781.92 | \$ 157.92 | \$ 1,072.96 | \$163.76 | Case Rate |
| Injections | Hospital Outpatient | CPT | 20610 | Arthrocentesis (outpatient) | No | \$ 1,185.82 | \$ 182.39 | \$ 1,627.20 | \$238.26 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 31575 | Laryngoscopy - Diagnostic | No | \$ 377.88 | \$ 135.86 | \$ 518.54 | \$150.12 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43235 | Upper Gastrointestinal Endoscopy - Diagnostic | Yes | \$ 2,532.81 | \$ 61.00 | \$ 3,475.56 | \$737.90 | Case Rate |


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| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 43239 | Upper Gastrointestinal Endoscopy - With Biopsy | Yes | \$ 3,909.14 | \$ 372.00 | \$ 5,364.18 | \$737.90 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45378 | Colonoscopy - Diagnostic (outpatient) | Yes | \$ 2,399.03 | \$ 335.79 | \$ 3,291.98 | \$723.69 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45380 | Colonoscopy - With Biopsy (outpatient) | Yes | \$ 2,423.51 | \$ 343.06 | \$ 3,325.57 | \$945.65 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 45385 | Colonoscopy - With Polyp Removal (outpatient) | Yes | \$ 2,553.22 | \$ 354.50 | \$ 3,503.56 | \$945.65 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 51798 | Urine Capacity Measurement | No | \$ 248.09 | \$ - | \$ 340.43 | \$50.76 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 52000 | Cystoscopy | No | \$ 948.42 | \$ 282.78 | \$ 1,301.43 | \$524.64 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 55700 | Biopsy of prostate gland | Yes | \$ 702.11 | \$ 284.76 | \$ 963.45 | \$1,632.83 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58100 | Biopsy - Endometrial (Uterus) | No | \$ 354.58 | \$ 144.00 | \$ 486.56 | \$155.36 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58300 | Insert intrauterine device | No | \$ 536.76 | \$ 48.93 | \$ 736.54 | \$0.00 | Case Rate |
| Hospital Outpatient Procedure | Hospital Outpatient | CPT | 58301 | Remove intrauterine device | No | \$ 669.25 | \$ 32.34 | \$ 918.35 | \$257.20 | Case Rate |
| Medicine Speech Therapy | Hospital Outpatient | CPT | 92507 | SPEECH/HEARING THERAPY | No | \$ 163.49 | \$ 17.40 | \$ 80.00 | \$73.93 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72125 | Ct neck spine w/o dye | No | \$ 1,075.17 | \$ 136.86 | \$ 1,739.13 | \$99.28 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 72040 | X-Ray - Neck, Cervical Spine | No | \$ 121.75 | \$ 37.93 | \$ 194.76 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72070 | X-Ray - Middle Back, Thoracic Spine | No | \$ 224.35 | \$ 33.93 | \$ 347.31 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72110 | X-Ray, lower back, minimum four views | Yes | \$ 168.26 | \$ 52.80 | \$ 269.38 | \$99.28 | Per Unit |
| Medicine Cardiac Stress Test | Hospital Outpatient | CPT | 93017 | CARDIOVASCULAR STRESS TEST | No | \$ 487.71 | \$ 61.00 | \$ 725.22 | \$241.35 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72170 | X-Ray - Pelvis | No | \$ 224.35 | \$ 28.72 | \$ 344.26 | \$99.28 | Per Unit |
| Medicine Other | Hospital Outpatient | CPT | 93306 | Tte w/doppler complete | No | \$ 953.92 | \$ 322.26 | \$ 1,508.46 | \$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 | \$ 192.56 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73110 | X-Ray - Wrist (outpatient) | No | \$ 121.75 | \$ 30.72 | \$ 191.71 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 70551 | MRI BRAIN STEM W/O DYE | No | \$ 1,344.67 | \$ 252.20 | \$ 2,104.42 | \$209.84 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73502 | X-Ray - Hip | No | \$ 121.75 | \$ 37.77 | \$ 194.76 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 73562 | X-Ray - Knee (outpatient) | No | \$ 233.07 | \$ 36.52 | \$ 358.09 | \$73.76 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 70553 | MRI - Brain (outpatient) | Yes | \$ 2,005.53 | \$ 406.50 | \$ 3,179.47 | \$335.82 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 74018 | X-Ray - Abdomen | No | \$ 121.75 | \$ 28.31 | \$ 192.16 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 72197 | MRI - Pelvis (outpatient) | No | \$ 2,065.91 | \$ 402.71 | \$ 3,059.51 | \$335.82 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76536 | Ultrasound - Head and Neck | No | \$ 224.35 | \$ 78.79 | \$ 367.82 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76642 | Ultrasound - Breast (outpatient) | No | \$ 121.75 | \$ 78.52 | \$ 222.48 | \$73.76 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76700 | Ultrasound - Abdominal, Complete | Yes | \$ 224.35 | \$ 91.69 | \$ 382.85 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76705 | Ultrasound - Abdominal, Limited | No | \$ 224.35 | \$ 46.05 | \$ 369.56 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76805 | Ultrasound - Pregnancy (outpatient) | Yes | \$ 224.35 | \$ 100.36 | \$ 394.84 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76830 | Ultrasound - Transvaginal (non-maternity) | Yes | \$ 224.35 | \$ 98.63 | \$ 375.88 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 76856 | Ultrasound - Pelvic (outpatient) | No | \$ 224.35 | \$ 70.34 | \$ 375.48 | \$99.28 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77065 | Mammography of one breast | Yes | \$ 271.82 | \$ 107.57 | \$ 453.69 | \$80.74 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 77066 | Mammography of both breasts | Yes | \$ 343.48 | \$ 135.81 | \$ 571.80 | \$102.96 | Per Unit |


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| Radiology Services | Hospital Outpatient | CPT | 77067 | Mammogram (outpatient) | Yes | \$ 276.60 | \$ 109.22 | \$ 457.52 | \$85.06 | Per Unit |
| Radiology Services | Hospital Outpatient | CPT | 78452 | Myocardial Imaging (outpatient) | No | \$ 539.40 | \$ 336.74 | \$ 898.75 | \$1,191.71 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80048 | Blood Test - Basic Metabolic Panel | Yes | \$ 159.70 | \$ 11.84 | \$ 246.51 | \$8.46 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80053 | Blood Test - Comprehensive Metabolic Panel | Yes | \$ 92.22 | \$ 14.78 | \$ 148.44 | \$10.56 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80061 | Blood Test - Cholesterol Test, Lipid Panel | Yes | \$ 48.09 | \$ 12.05 | \$ 71.51 | \$13.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80069 | Blood Test - Renal (Kidney) Function Panel | Yes | \$ 13.92 | \$ 8.68 | \$ 29.98 | \$8.68 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 80076 | Blood Test - Hepatic (Liver) Function Panel | Yes | \$ 148.16 | \$ 11.44 | \$ 229.05 | \$8.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81001 | Urine Test - Automated with Microscope Examination | Yes | \$ 5.22 | \$ 4.44 | \$ 36.99 | \$3.17 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 81003 | Urine Test - Automated without Microscope | Yes | \$ 22.60 | \$ 3.16 | \$ 10.16 | \$2.25 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82607 | Blood Test - Vitamin B-12 (Cyanocobalamin) Level | No | \$ 30.42 | \$ 13.57 | \$ 45.23 | \$15.08 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82728 | Blood Test - Ferritin (Blood Protein) Level | No | \$ 27.50 | \$ 19.09 | \$ 55.48 | \$13.63 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 82746 | Blood Test - Folic Acid Level | No | \$ 39.06 | \$ 13.23 | \$ 58.08 | \$14.70 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83036 | Blood Test - Blood Glucose Control (Hemoglobin A1C) | No | \$ 73.74 | \$ 8.74 | \$ 109.65 | \$9.71 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83540 | Blood Test - Iron Level | No | \$ 50.28 | \$ 9.06 | \$ 81.69 | \$6.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 83690 | Blood Test - Lipase (fat enzyme) Level | No | \$ 71.87 | \$ 6.20 | \$ 106.87 | \$6.89 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84153 | Blood Test - Prostate Specific Antigen (PSA) Level | Yes | \$ 67.06 | \$ 25.75 | \$ 119.39 | \$18.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84154 | PSA (prostate specific antigen) | Yes | \$ 110.02 | \$ 16.55 | \$ 163.60 | \$18.39 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84439 | Blood Test - Thyroxine (Thyroid Chemical) Level, Free | No | \$ 68.50 | \$ 8.12 | \$ 101.86 | \$9.02 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 84443 | Blood Test - Thyroid Stimulating Hormone (TSH) Level | Yes | \$ 56.72 | \$ 23.52 | \$ 102.31 | \$16.80 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85025 | Blood Test - Complete Blood Cell Count and Automated WBC | Yes | \$ 76.57 | \$ 10.88 | \$ 122.17 | \$7.77 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85027 | Blood Test - Complete Blood Cell Count (Hemoglobin) | Yes | \$ 62.89 | \$ 5.82 | \$ 93.52 | \$6.47 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85610 | Blood Test - Clotting Time | Yes | \$ 44.12 | \$ 6.01 | \$ 69.81 | \$4.29 | Per Unit |


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| Laboratory & Pathology Services | Hospital Outpatient | CPT | 85730 | Blood Test - Coagulation Assessment | Yes | \$ 47.60 | \$ 5.41 | \$ 70.78 | \$6.01 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 86803 | Blood Test - Hepatitis C Antibody Level | No | \$ 69.98 | \$ 12.84 | \$ 104.06 | \$14.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87070 | Bacterial Culture - Swab | No | \$ 143.43 | \$ 7.76 | \$ 213.27 | \$8.62 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87077 | Bacterial Culture - Aerobic Isolates | No | \$ 62.53 | \$ 7.27 | \$ 92.98 | \$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 | \$ 124.87 | \$6.63 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87086 | Urine Test - Bacterial Culture, Quantitative Colony Count | No | \$ 85.00 | \$ 7.26 | \$ 126.40 | \$8.07 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87088 | Urine Test - Bacterial Culture | No | \$ 16.35 | \$ 7.28 | \$ 24.31 | \$8.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87186 | Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral) | No | \$ 71.55 | \$ 7.79 | \$ 106.40 | \$8.65 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87205 | Lab Test - Smear for Microorganism | No | \$ 51.65 | \$ 3.84 | \$ 76.81 | \$4.27 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87491 | Urine Test - Chlamydia | No | \$ 112.18 | \$ 31.58 | \$ 166.82 | \$35.09 | Per Unit |
| Laboratory & Pathology Services | Hospital Outpatient | CPT | 87804 | Lab Test - Detection test for Influenza Virus | No | \$ 35.62 | \$ 19.82 | \$ 62.34 | \$16.55 | Per Unit |


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| Vaccination | Hospital Outpatient | CPT | 90670 | Vaccine - Pneumococcal Conjugate for Injection into Muscle | No | \$ 285.59 | \$ 9.56 | \$ 439.37 | \$257.99 | Per Unit | |
| Vaccination | Hospital Outpatient | CPT | 90715 | Vaccine - Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle | No | \$ 57.74 | \$ - | \$ 139.46 | \$38.28 | Per Unit | |
| Medicine Other | Hospital Outpatient | CPT | 93005 | Electrocardiogram (ECG or EKG) | No | \$ 109.68 | \$ - | \$ 172.64 | \$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 | \$ 48.10 | \$14.07 | Per Unit | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97035 | Physical Therapy - Ultrasound Therapy | No | \$ 27.85 | \$ 11.95 | \$ 41.41 | \$13.61 | Per Unit | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97110 | Physical Therapy - Therapeutic Exercises | Yes | \$ 91.82 | \$ 17.40 | \$ 136.53 | \$28.26 | Per Unit | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97112 | Physical Therapy - Neuromuscular Reeducation | No | \$ 72.35 | \$ 26.14 | \$ 107.58 | \$32.77 | Per Unit | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97140 | Physical Therapy - Manual Therapy | No | \$ 58.15 | \$ 23.73 | \$ 108.21 | \$26.03 | Per Unit | |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97161 | Physical Therapy - Low Complexity Evaluation | No | \$ 173.88 | \$ 71.97 | \$ 258.56 | \$96.16 | Per Unit | |

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| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97162 | Physical Therapy - Moderate Complexity Evaluation | No | \$ 173.88 | \$ 71.97 | \$ 96.00 | \$96.16 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97163 | Physical Therapy - High Complexity Evaluation | No | \$ 173.88 | \$ 71.97 | \$ 258.56 | \$96.16 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97164 | Physical Therapy - Re-Evaluation | No | \$ 117.26 | \$ 48.67 | \$ 174.37 | \$66.01 | Per Unit |
| Medicine Physical Medicine and Rehabilitation | Hospital Outpatient | CPT | 97535 | Physical Therapy - Self-care or Home Management Training | No | \$ 71.27 | \$ - | \$ 132.65 | \$31.35 | Per Unit |
| Emergency Room Visit | Hospital Outpatient | CPT | 99281 | Emergency Department Visit - Minor (outpatient) | No | \$ 218.75 | \$ 74.98 | \$ 300.17 | \$66.15 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99282 | Emergency Department Visit - Low Complexity (outpatient) | No | \$ 404.82 | \$ 93.52 | \$ 555.50 | \$119.78 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99283 | Emergency Department Visit - Moderate Complexity (outpatient) | No | \$ 929.87 | \$ 182.62 | \$ 1,275.98 | \$211.04 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99284 | Emergency Department Visit - Higher Complexity (outpatient) | No | \$ 2,470.23 | \$ 270.43 | \$ 3,389.68 | \$331.74 | Case Rate |
| Emergency Room Visit | Hospital Outpatient | CPT | 99285 | Emergency Department Visit - High Complexity (outpatient) | No | \$ 3,326.63 | \$ 458.20 | \$ 4,564.84 | \$476.17 | Case Rate |

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| <u>Service Category</u> | <u>Service Setting</u> | <u>Code Type</u> | <u>Code</u> | <u>Description</u> | <u>CMS Required Shoppable Service?</u> | <u>Discounted Cash Price</u> | <u>De-Identified Minimum Negotiated Charge</u> | <u>De-Identified Maximum Negotiated Charge</u> | <u>Payer-Specific Negotiated Charge</u> | <u>Estimate Type</u> |
| Emergency Room Visit | Hospital Outpatient | CPT | 99291 | Emergency Department Visit - Critical Care (outpatient) | No | \$ 19,712.86 | \$ 425.50 | \$ 27,050.24 | \$679.28 | Case Rate |

*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%.