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Service Category	Service Setting	Code Type	Code	<u>Description</u>	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	\$ 19,770.89	\$9,090.42	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	\$26,749.90	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	\$13,580.23	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	\$18,006.82	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	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	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 72,498.64	\$ 12,375.85	\$ 111,536.38	\$21,067.50	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	\$15,004.38	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	\$11,692.25	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	\$16,875.31	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	\$13,416.15	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 21,526.46	\$ 3,828.29	\$ 32,009.60	\$8,314.77	CPT/HCPCS
										Case Rate-
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										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 19,365.15	\$ 4,255.93	\$ 29,792.54	\$9,875.30	CPT/HCPCS
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Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 13,438.98	\$ 2,955.18	\$ 20,675.36	\$6,378.49	CPT/HCPCS
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				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 64,891.63	\$ 21,639.28	\$ 99,833.27	\$43,976.80	CPT/HCPCS
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				FULL THICKNESS BURN W SKIN						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 41,312.81	\$ 6,540.49	\$ 63,558.17	\$20,874.30	CPT/HCPCS
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	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	935	NON-EXTENSIVE BURNS	No	\$ 27,865.09	\$ 3,301.83	\$ 42,869.37	\$14,377.18	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	\$27,021.23	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	\$52,636.78	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	\$29,623.06	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	\$10,402.34	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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	\$8,145.72	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	\$13,706.66	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	\$7,415.53	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	\$6,478.65	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	\$11,471.35	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 12,173.87	\$ 2,835.00	\$ 18,102.41	\$7,566.83	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	\$6,196.66	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	\$1,437.65	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	\$6,590.87	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	\$6,590.87	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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	\$7,142.78	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	\$4,956.47	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	\$4,484.83	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	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC207	Respiratory system diagnosis w ventilator support >96 hours	No	\$ 96,998.14	\$ 37,703.24	Non-Par	Non-Par	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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	Non-Par	Per Diem Per Day
Inpatient Rehabilitation Hospital	Innations Dobabilitation Hospital	IID	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem	\$ 416.15	\$1,351.80 Per	\$1,351.80 Per	
Skilled Nursing Inpatient Room &	Inpatient Rehabilitation Hospital	UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at \$1,109.30 Per		80% Charges (Estimated as \$1,706.61 Per Diem)	\$594 Per	Per Diem Per
Board Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 227.70	80% Charges (Estimated as \$1,706.61 Per Diem)	\$594 Per Diem	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)	\$594 Per Diem	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 1,957.09	\$ 381.25	\$ 2,685.54	\$1,754.00	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27010	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 8,157.20	\$814.00	Case Rate
Hospital Outpatient Procedure	nospital Outpatient	CPI	2/010	Treatment of ankle fracture	NO	\$ 5,944.50	\$ 395.00	\$ 6,137.20	\$814.00	Case Nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 10,008.23	\$1,754.00	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 4,217.14	\$1,754.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 797.71	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 414.90	\$814.00	Case Rate
				CT Scan - Head/Brain, without					4	
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 804.63	\$ 127.22	\$ 1,331.30	\$495.00	Per Unit
Padialogy Convises	Hasnital Outpatiant	СРТ	70492	Ct orbit/gar/faces w/o8 w/dwo	No	¢ 171577	\$ 207.79	\$ 2,691.70	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	CPI	70462	Ct orbit/ear/fossa w/o&w/dye	NO	\$ 1,715.77	\$ 207.79	\$ 2,691.70	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,382.36	\$495.00	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,993.25	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,001.14	\$ 223.05	\$ 1,629.05	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,416.34	\$495.00	Per Unit

Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 192.16	\$134.25	Per Unit

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Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 121.75	\$ 31.50	\$ 194.36	\$134.25	Per Unit
Hospital Outpatient	CPT	71260		No	\$ 1246.07	\$ 200.76	¢ 1 002 25	\$495.00	Per Unit
nospital Outpatient	CFT	71200	(outpatient)	140	7 1,240.07	Ş 200.70	7 1,555.25	\$455.00	reronit
Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$ 1,295.90	\$ 226.19	\$ 2,067.34	\$495.00	Per Unit
Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,084.68	\$ 260.86	\$ 1,753.26	\$495.00	Per Unit
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Hospital Outpatient	CPI	/2100	x-kay - Spine (outpatient)	NO	\$ 168.26	\$ 37.93	\$ 263.91	\$180.70	Per Unit
Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$ 1,246.07	\$ 201.73	\$ 1,993.25	\$495.00	Per Unit
Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dve	No	\$ 1,338,47	\$ 201.90	\$ 2,130,65	\$495.00	Per Unit
		72200			+ 1,000.17	Ψ 101.00	+	7.55.65	7 0. 0
Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 850.98	\$ 134.01	\$ 1,405.75	\$495.00	Per Unit
Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$ 846.65	\$ 142.38	\$ 1,399.32	\$495.00	Per Unit
Hospital Outpatient	СРТ	74170	Ct ahdomen w/o & w/dve	No	\$ 1270.09	\$ 207.86	\$ 2,030,30	\$495.00	Per Unit
nospital outpatient	C. 1	74170	as abaomen w/o o w/aye	140	φ 1,270.38	207.00	Ç 2,030.30	Ş455.00	. cr ome
Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 168.26	\$ 39.60	\$ 262.99	\$180.70	Per Unit
Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$ 121.75	\$ 22.40	\$ 191.26	\$134.25	Per Unit
	Hospital Outpatient Hospital Outpatient	Hospital Outpatient CPT Hospital Outpatient CPT	Hospital Outpatient CPT 71046 Hospital Outpatient CPT 71260 Hospital Outpatient CPT 71275 Hospital Outpatient CPT 72126 Hospital Outpatient CPT 72100 Hospital Outpatient CPT 72133 Hospital Outpatient CPT 73700 Hospital Outpatient CPT 74150 Hospital Outpatient CPT 74170 Hospital Outpatient CPT 74170	Hospital Outpatient CPT 71046 X-Ray - Chest (outpatient) CT Scan - Chest, with Contrast (outpatient) Hospital Outpatient CPT 71275 Ct angiography chest Hospital Outpatient CPT 72126 Ct neck spine w/dye Hospital Outpatient CPT 72100 X-Ray - Spine (outpatient) Hospital Outpatient CPT 72127 Ct neck spine w/o & w/dye Hospital Outpatient CPT 72133 Ct lumbar spine w/o & w/dye Hospital Outpatient CPT 73700 CT LOWER EXTREMITY W/O DYE Hospital Outpatient CPT 74150 Ct abdomen w/o dye Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye Hospital Outpatient CPT 74170 Ct abdomen w/o & w/dye	Service Setting Code Type Code Description Shoppable Service?	Service Setting Code Type Code Description Service? Discounted Cash Price	No Service Setting Code Type Code Description Description	No. Service Setting Code Type Code Description Service? Description Service? Description Descr	CM5 De-Identified De-Identified Nation Negotiated Charge Code Description Service Setting Code Type Code Description Description Decounted Nation Negotiated Negotiated Charge Charge

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Radiology Services	Hospital Outpatient	СРТ	/3010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 261.26	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 191.26	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 190.82	\$134.25	Per Unit
		<u> </u>	70070			•	-	Ţ 156.61	710 1120	7 01 01110
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 146.00	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 260.41	\$180.70	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 191.71	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 192.56	\$134.25	Per Unit
			70560	V DAV EVANA OF VOICE 4 OD 3		A 475.40		A 272.54	^44.0.4.0E	
Radiology Services	Hospital Outpatient	СРТ	/3560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 272.51	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 334.99	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 290.90	\$134.25	Per Unit
nautotogy services	nospital Outpatient	CFI	73000	A-INAT LAMIN OF MINICE	IVO	7 ± 100.70	ý 31.30	Ç 250.50	3134.23	reronit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 323.50	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$ 173.94	\$ 29.81	\$ 268.05	\$134.25	Per Unit
Madiology Services	nospital Outpatient	CF I	73020	A-NAT EXAMINITION	NU	y 1/3.34	y 23.01	y 200.03	7134.23	i ci oiiit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 290.94	\$134.25	Per Unit
De diele en Comite e	Harmitan Contractions	CDT	74477	CT Scan - Abdomen and Pelvis, with	NI-	ć 3.500.CE	ć 200 7 0	ć 3.050.00	Ć40E 00	Davidada.
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 258.38	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70/150	CT Scan - Head/Brain, without Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,331.30	\$495.00	Per Unit
radiology Services	nospital Outpatient	CFT	70430	Contrast	163	ÿ 804.03	7 127.22	7 1,331.30	3433.00	reronic
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,135.84	\$495.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 371.53	\$ 56.38	\$ 580.59	\$296.47	Per Unit
		<u> </u>	7 1220	in the production of the produ		* •/	* 55.55	7 333.33		7 6. 6
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 594.34	\$296.47	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$495.00	Per Unit
						+ -,555155	7	, c,cco.cc	7 100100	
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 378.51	\$180.70	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 224.35	\$ 86.65	\$ 394.20	\$180.70	Per Unit
									-	
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$ 224.35	\$ 198.65	\$ 451.77	\$381.90	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	70045	OB US LIMITED FETUS(S)	No	\$ 224.35	\$ 54.75	\$ 373.29	\$180.70	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Padialogy Samisas	Hospital Outpations	СРТ	76016	Liltracound Brognancy Follow Lin	No	\$ 224.35	\$ 64.37	\$ 386.56	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	CPI	70010	Ultrasound - Pregnancy Follow-Up	No	\$ 224.55	\$ 64.57	\$ 560.50	\$180.70	Per Onit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 399.21	\$180.70	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 381.13	\$180.70	Per Unit
Padialogy Convices	Hospital Outpations	СРТ	76021	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 377.20	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	CPI	70021	WIDDLE CEREBRAL ARTERY ECHO	NO	\$ 224.55	\$ 88.09	\$ 377.20	\$180.70	Per Offit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 262.60	\$180.70	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 149.31	\$134.25	Per Unit
Laboratore & Dathalam Comicae	Heavital Outrations	СРТ	00207	Durin toot manny cham and my	No	\$ 147.41	ć FF 03	\$ 197.92	6121 12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	80307	Drug test prsmv chem anlyzr	NO	\$ 147.41	\$ 55.93	\$ 197.92	\$131.12	Per Offit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.32	\$18.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 63.11	\$10.59	Per Unit
Laboratori & Dathalam Comicae	Heavital Outrations	СРТ	02200	Blood Test Vitamin D 2 Level	No	\$ 195.28	¢ 20.04	\$ 290.38	ĆCO AC	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPI	02300	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	φ 250.38	\$62.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 36.33	\$ 12.31	\$ 54.02	\$28.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 118.09	\$ 11.09	\$ 175.59	\$26.00	Per Unit

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Laboratoria O Both along Comiton	Unanital Code attack	CDT	02465	A bld /	N-	ć 50.45	ć 2.02	ć 22.50	60.40	Day Help
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.50	\$9.18	Per Unit
Laboratom, P. Dathology Comises	Hospital Outpatient	СРТ	92550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 19.54	\$13.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	82330	Assay of ck (cpk)	NO	3 13.14	3 3.80	3 13.34	313.74	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 10.71	\$28.25	Per Unit
			02002			+ =:::::	7	Ţ	710.12	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 47.70	\$ 7.17	\$ 76.41	\$10.80	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 145.26	\$ 14.17	\$ 216.00	\$39.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 37.95	\$ 16.91	\$ 56.43	\$39.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 56.40	\$ 25.15	\$ 83.86	\$58.95	Per Unit
						.		4 24 22	424.44	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20.99	\$ 13.41	\$ 31.22	\$31.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 112.92	\$55.01	Per Unit
Laboratory & Fathlology Services	nospital Outpatient	CFI	02003	blood gases any combination	140	7 75.34	Ç 20.17	7 112.32	,,,,,,,,	i ei oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 53.50	\$8.29	Per Unit
	- brown a substantial			7 0		, 33.23	. 5.52	. 22.30	+ - · - ·	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 28.38	\$ 10.41	\$ 42.21	\$24.41	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 52.14	\$ 9.38	\$ 84.69	\$14.14	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 265.46	\$82.84	Per Unit
Laboratory a rathology services	nospital Gatpatient	C	00000	7.554 of fluction care popular		7 170.52	y 33.33	Ç 2051-10	402.04	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.56	\$ 6.64	\$ 96.59	\$10.00	Per Unit
Laboratory & Fathology Services	nospital outputient	CIT	04100	Assay of phosphorus	140	ÿ 01.30	ÿ 0.04	ÿ 50.55	710.00	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$10.04	Per Unit
Laboratory & Fathology Services	nospital outputient	CIT	04132	Assay of scram potassium	140	7 42.50	ÿ 0.00	ÿ 07.02	710.04	T CT OTHE
Laboratory & Bathology Songices	Hospital Outpatient	CDT	0/122	Assay of sarum notassium	No	\$ 42.30	¢ 6.66	¢ 67.92	\$10.04	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	04132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$10.04	Per Unit
Laboratori & Dathalami Camilasa	Hasnital Outrations	CDT	04144	Access of muccostoness	Ne	ć FF 44	ć 10.77	ć 80.00	Ć44 01	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 80.90	\$44.01	Per Unit
Laboratori & Dathalami Camilasa	Hamital Outrations	CDT	04305	Access of comme and inne	N.	\$ 43.56	ć 4.22	\$ 64.77	Ć10.1F	Dou Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 43.56	\$ 4.33	\$ 64.77	\$10.15	Per Unit
				Blood Took Thursid Stimulating						
laharatan 8 Bathalan Candaa		CDT	04443	Blood Test - Thyroid Stimulating	N-	ć FC 72	ć 22.52	ć 102.21	625.45	Daniel India
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 102.31	\$35.45	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 148.17	\$29.92	Per Unit
Laboratorio 9 Detl. L. C. C.	Userstad Octavity	CDT	04404	A		6 04.50	A 40.00	¢ 40= 65	ć26.24	Day Hair
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 125.69	\$26.31	Per Unit
		CDT	04707			400.55		400 ==	404.75	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 193.50	\$31.76	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85014	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 41.46	\$5.00	Per Unit
l										
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 47.56	\$ 16.11	\$ 70.72	\$37.77	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 82.42	\$20.51	Per Unit
			-			* 00112	*	7	72002	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 37.86	\$20.21	Per Unit
Laboratory & Bothology Condess	Hamital Outrations	CDT	05.00	DDC CICKLE CELL TECT		ć 45.07	ć 4.0C	ć 02.02	644.63	Day Haite
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 82.02	\$11.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 19.42	\$13.65	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 74.60	\$10.93	Per Unit
Laboratory & Dathology Convices	Hospital Outpations	СРТ	96360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 100.00	\$99.13	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	86360	T cell absolute count/Tatio	No	\$ 67.25	\$ 42.20	\$ 100.00	\$55.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 204.28	\$56.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 81.08	\$11.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$9.01	Per Unit
Eusoratory & Fathology Scrvices	nospital Outputient	Ci i	00332	Syphins test non-trep quar	140	y 33.12	ÿ 3.04	30.10	75.01	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$9.01	Per Unit
									4	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 59.36	\$ 9.16	\$ 88.26	\$21.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 29.29	\$ 15.13	\$ 47.20	\$35.55	Per Unit
Education y & Factionogy Services	. rospitai Outpatient	OI I	55077	mencodacter pyron antibody	110	y 23.23	7 13.13	7 77.20	755.55	. Cr Omt

Laboratory & Pathology Services Hospital Outpatient CPT 86698 Histoplasma antibody No \$ 33.21 \$ 12.41 \$ 122.54 \$29.10 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86706 HEP B SURFACE ANTIBODY IGM Laboratory & Pathology Services Hospital Outpatient CPT 86706 HEP B SURFACE ANTIBODY No \$ 23.49 \$ 11.15 \$ 34.94 \$26.14 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86708 HEP B SURFACE ANTIBODY No \$ 23.49 \$ 11.15 \$ 34.94 \$26.14 Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 86704 HEP B CORE ANTIBODY TOTAL No \$ 89.09 \$ 10.85 \$ 132.48 \$25.43 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86705 HEP B CORE ANTIBODY IGM No \$ 23.77 \$ 10.59 \$ 35.35 \$24.83 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86706 HEP B SURFACE ANTIBODY No \$ 102.41 \$ 9.67 \$ 152.28 \$22.66 Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 86704 HEP B CORE ANTIBODY TOTAL No \$ 89.09 \$ 10.85 \$ 132.48 \$25.43 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86705 HEP B CORE ANTIBODY IGM No \$ 23.77 \$ 10.59 \$ 35.35 \$24.83 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86706 HEP B SURFACE ANTIBODY No \$ 102.41 \$ 9.67 \$ 152.28 \$22.66 Per Unit
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Laboratory & Pathology Services Hospital Outpatient CPT 86706 HEP B SURFACE ANTIBODY No \$ 102.41 \$ 9.67 \$ 152.28 \$22.66 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86708 Hepatitis a antibody No \$ 23.49 \$ 11.15 \$ 34.94 \$26.14 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86708 Hepatitis a antibody No \$ 23.49 \$ 11.15 \$ 34.94 \$26.14 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86762 Rubella antibody No \$ 65.86 \$ 12.95 \$ 120.30 \$30.36 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86765 Rubeola antibody No \$ 26.01 \$ 11.59 \$ 38.68 \$27.18 Per Unit
86769 - SARS-COV-2 COVID-19
Laboratory & Pathology Services Hospital Outpatient CPT 86769 ANTIBODY No \$ 53.26 \$ - \$ 79.20 \$88.89 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86790 Virus antibody nos No \$ 26.01 \$ 11.59 \$ 38.68 \$27.18 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86850 Rbc antibody screen No \$ 21.03 \$ 5.00 \$ 31.26 \$20.61 Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 86885 Coombs test indirect qual No \$ 253.19 \$ 5.65 \$ 376.50 \$12.07 Per Unit

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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	\$6.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	\$6.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$6.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$6.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 8.95	\$13.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 376.50	\$247.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 138.54	\$ 9.29	\$ 206.00	\$21.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 201.14	\$41.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 65.75	\$ 9.30	\$ 97.77	\$21.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	\$ 114.26	\$ 21.67	\$ 169.90	\$50.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 9.58	\$25.28	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Urine Test - Gonorrhoeae						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 138.66	\$74.04	Per Unit
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				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 55.21	Š -	\$ 82.10	\$108.26	Per Unit
						7 55.22	*	, ,	7200.20	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 138.66	\$74.04	Per Unit
	- Cooperations					7 00.20	, ,	,	71.1101	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 148.06	\$34.88	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 71.19	ś -	\$ 105.86	\$ -	Per Unit
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Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 80.64	\$38.50	Per Unit
									,	
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	Š -	\$ 31.53	\$ -	Per Unit
					_				·	
Chemotherapy	Hospital Outpatient	СРТ	96413	Chemo iv infusion 1 hr	No	\$ 583.25		\$ 867.28	\$487.85	Per Unit
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Chemotherapy	Hospital Outpatient	СРТ	96415	Chemo iv infusion addl hr	No	\$ 114.07		\$ 169.62	\$95.41	Per Unit
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Chemotherapy	Hospital Outpatient	СРТ	96417	Chemo iv infus each addl seq	No	\$ 114.07		\$ 169.62	\$95.41	Per Unit
	Process of Sections	-								
Radiology Services	Hospital Outpatient	СРТ	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80		\$ 1,590.78	\$495.00	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	71271	Ct thorax lung cancer scr c-	No	\$ 152.19		\$ 226.31	\$495.00	Per Unit
nadiology dervices		Ci i	71271	ce thorax rang carreer ser e		Ų 132.13		ŷ 220.51	\$433.00	T CT OTHE
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 169.62	\$95.41	Case Rate
Pet Scan	Hospital Outpatient	CPT	78815	Pet image w/ct skull-thigh	No	\$ 3,017.62		\$ 4,487.17	\$3,346.00	Per Unit
Pet Scan	Hospital Outpatient	СРТ	78816	Pet image w/ct full body	No	\$ 3,017.62		\$ 4,487.17	\$3,346.00	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	60277	Hbot, full body chamber, 30m	No	\$ 111.89	\$ 46.24	\$ 1,080.34	\$93.59	Per Unit
Wedicine Hyberbaric	nospital Outpatient	CPI	G02//	Hoot, full body chamber, som	INO	\$ 111.09	3 40.24	\$ 1,000.54	\$35.55	Per Offit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97116	GAIT TRAINING THERAPY	No	\$ 80.30	\$ 22.90	\$ 119.40	\$50.25	Per Unit
									•	
								Service Not		
								Covered by		
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	Payer	\$1,754.00	Case Rate
Massinations	Heavital Output!	CDT	COOCC	A dual in file a none of the control of	N1 =	6 70.45	ć	6 445.00	¢c0.74	Dou Huit
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 115.23	\$60.71	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	Ś -	\$ 49.50	\$60.71	Per Unit
	brown a walkamana								+-3	
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$ 83.07	\$ 17.40	\$ 142.23	\$62.64	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 187.14	\$ 77.05	\$ 278.27	\$171.23	Per Unit

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<u>Service Category</u>	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 187.14	\$ 72.00	\$ 96.00	\$171.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 492.51	\$ -	\$ 732.35	\$241.45	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.18	\$ 0.03	\$ 0.34	\$0.15	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.35	\$ 0.78	\$ 3.28	\$1.96	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 41.47	\$25.76	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	\$682.82	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 614.06	\$1,754.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,104.03	\$1,754.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,072.96	\$814.00	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,627.20	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 518.54	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 3,475.56	\$814.00	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 5,364.18	\$1,091.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 3,291.98	\$1,091.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 3,325.57	\$1,091.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 3,503.56	\$1,091.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 340.43	\$1,754.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,301.43	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 963.45	\$1,091.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 486.56	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 736.54	\$814.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 669.25	\$ 32.34	\$ 918.35	\$814.00	Case Rate
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 163.49	\$ 17.40	\$ 80.00	\$130.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,075.17	\$ 136.86	\$ 1,739.13	\$495.00	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$ 121.75	\$ 37.93	\$ 194.76	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 224.35	\$ 33.93	\$ 347.31	\$180.70	Per Unit
		0	72070	A ria y made back, morado opino		-	-	· • • • • • • • • • • • • • • • • • • •	V 200170	
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$ 168.26	\$ 52.80	\$ 269.38	\$180.70	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 487.71	\$ 61.00	\$ 725.22	\$407.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 224.35	\$ 28.72	\$ 344.26	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	CFI	72170	A-nay - Pelvis	NO	Ş 224.33	3 20.72	3 344.20	\$180.70	rei oliit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 953.92	\$ 322.26	\$ 1,508.46	\$797.89	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 255.22	\$ 605.00	\$ 24,131.86	\$213.48	Per Unit
Dadialam Camina	Henrital Outrations	CDT	72020	V. Dav. Chaulder (autoriant)	Na	\$ 121.75	\$ 28.33	\$ 192.56	Ć124 2E	Day Unit
Radiology Services	Hospital Outpatient	СРТ	/3030	X-Ray - Shoulder (outpatient)	No	\$ 121.75	\$ 28.33	\$ 192.56	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 121.75	\$ 30.72	\$ 191.71	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,344.67	\$ 252.20	\$ 2,104.42	\$621.00	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 121.75	\$ 37.77	\$ 194.76	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$ 233.07	\$ 36.52	\$ 358.09	\$134.25	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,005.53	\$ 406.50	\$ 3,179.47	\$621.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$ 121.75	\$ 28.31	\$ 192.16	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$ 2,065.91	\$ 402.71	\$ 3,059.51	\$621.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$ 224.35	\$ 78.79	\$ 367.82	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$ 121.75	\$ 78.52	\$ 222.48	\$134.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$ 224.35	\$ 91.69	\$ 382.85	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$ 224.35	\$ 46.05	\$ 369.56	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 224.35	\$ 100.36	\$ 394.84	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$ 224.35	\$ 98.63	\$ 375.88	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 224.35	\$ 70.34	\$ 375.48	\$180.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 271.82	\$ 107.57	\$ 453.69	\$-	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 343.48	\$ 135.81	\$ 571.80	\$ -	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 276.60	\$ 109.22	\$ 457.52	\$-	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 539.40	\$ 336.74	\$ 898.75	\$2,168.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 159.70	\$ 11.84	\$ 246.51	\$17.85	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 92.22	\$ 14.78	\$ 148.44	\$22.28	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	-	Yes	\$ 48.09	\$ 12.05	\$ 71.51	\$28.25	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 13.92	\$ 8.68	\$ 29.98	\$18.31	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 148.16	\$ 11.44	\$ 229.05	\$17.24	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 5.22	\$ 4.44	\$ 36.99	\$6.69	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 10.16	\$4.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 45.23	\$31.82	Per Unit
Land ration y & rationogy dervices	nospital Outputient	011	02007	(Cyanocobalanini) Level		y 30.42	y 13.37	y 43.23	731.02	. Ci Oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728	Blood Test - Ferritin (Blood Protein)	No	\$ 27.50	\$ 19.09	\$ 55.48	\$28.76	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	CFI	02/20	FEACI	INU	27.50	15.03	y 33,40	320.70	rei Ullit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 58.08	\$31.02	Per Unit
				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 73.74	\$ 8.74	\$ 109.65	\$20.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 81.69	\$13.65	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 71.87	\$ 6.20	\$ 106.87	\$14.54	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 119.39	\$38.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 163.60	\$38.80	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 101.86	\$19.03	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 56.72	\$ 23.52	\$ 102.31	\$35.45	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$ 76.57	\$ 10.88	\$ 122.17	\$16.39	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 93.52	\$13.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 69.81	\$9.05	Per Unit

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				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 70.78	\$12.68	Per Unit
				Blood Test - Hepatitis C Antibody					_	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 69.98	\$ 12.84	\$ 104.06	\$30.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 213.27	\$18.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 62.53	\$ 7.27	\$ 92.98	\$17.05	Per Unit
				Test for Disease-Causing						
				(Pathogenic) Organisms, Not						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 124.87	\$13.99	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$ 85.00	\$ 7.26	\$ 126.40	\$17.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 24.31	\$17.07	Per Unit
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$ 71.55	\$ 7.79	\$ 106.40	\$18.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$ 51.65	\$ 3.84	\$ 76.81	\$9.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 112.18	\$ 31.58	\$ 166.82	\$74.04	Per Unit
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$ 35.62	\$ 19.82	\$ 62.34	\$34.92	Per Unit
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccination	Hospital Outpatient	СРТ	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 439.37	\$61.78	Per Unit
Vaccination	Hospital Outpatient	СРТ	90715	Vaccine - Tetanus, Diptheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	\$ -	\$ 139.46	\$59.93	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	\$ -	\$ 172.64	\$91.74	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$ 32.34	\$ 12.56	\$ 48.10	\$24.63	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97035	Physical Therapy - Ultrasound Therapy	No	\$ 27.85	\$ 11.95	\$ 41.41	\$24.38	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 91.82	\$ 17.40	\$ 136.53	\$50.25	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97112	Physical Therapy - Neuromuscular Reeducation	No	\$ 72.35	\$ 26.14	\$ 107.58	\$57.61	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 108.21	\$46.34	Per Unit
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97161	Physical Therapy - Low Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	\$171.23	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 96.00	\$171.23	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	\$171.23	Per Unit
Renabilitation	nospital outputient	CIT	37103	Evaluation	140	7 173.00	7 71.57	\$ 250.50	ÿ171.23	T CT OTHE
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 117.26	\$ 48.67	\$ 174.37	\$117.74	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or						
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$ 71.27	ś -	\$ 132.65	\$55.67	Per Unit
Reliabilitation	Hospital Outpatient	CFI	3/333	Home Management Training	IVO	\$ 71.27	· -	3 132.03	333.07	rei Ollit
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 218.75	\$ 74.98	\$ 300.17	\$432.00	Case Rate
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 404.82	\$ 93.52	\$ 555.50	\$711.00	Case Rate
Lineigency Room visit	nospital Outpatient	CFT	33202	complexity (outpatient)	140	7 404.02	3 33.32	3 333.30	3711.00	Case Nate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 929.87	\$ 182.62	\$ 1,275.98	\$1,065.00	Case Rate
						-				
				Emergency Department Visit						
			0000	Emergency Department Visit -					44 477 77	
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,470.23	\$ 270.43	\$ 3,389.68	\$1,476.00	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,326.63	\$ 458.20	\$ 4,564.84	\$2,404.00	Case Rate
Bessey Hoom viole		U	33233	complexity (outputient)		7 3,520.03	7 430120	+ +,55-7.04	72,707.00	Just Hate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$ 19,712.86	\$ 425.50	\$ 27,050.24	\$792.00	Case Rate