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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	<u>Service Setting</u>	couc Type	couc	<u>Description</u>	<u>JCIVICC:</u>	cusiiiiicc	charge	charge	charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
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	CPT/HCPCS
										Case Rate-
										Excluding
				Cainal fusion avenue assuical						Professional
				Spinal fusion except cervical						Charges which
Hasnital Innationt Stay	Hospital Innations	DRG	460	without major comorbid conditions		¢ 90.262.76	¢ 16 227 64	\$ 119,500.01	\$40,682.71	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 80,303.70	3 10,237.04	\$ 119,500.01	340,082.71	CP1/HCPC3
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 38,980.36	\$ 8,070.44	\$ 57,963.36	\$26,015.09	CPT/HCPCS
, ·				, , ,				,		
										Case Rate-
										Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 41,645.77	\$ 10,123.74	\$ 61,926.79	\$30,020.70	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
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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					Required		Minimum	<u>Maximum</u>	<u>Specific</u>	
					<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				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	\$19,977.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										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	\$21,390.22	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 13,438.98	\$ 2,955.18	\$ 20,675.36	\$17,932.44	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				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	\$57,135.91	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				FULL THICKNESS BURN W SKIN			1.			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	\$33,180.28	CPT/HCPCS

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<u>Service Category</u>	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	\$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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<u>Service Category</u>	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
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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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Backermiter/Deliverme	Hespital Investigat	DBC	787		No	\$ 12,173.87	ć 202F00	\$ 18,102.41	\$19,219.53	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	/8/	STERILIZATION W CC	No	\$ 12,173.87	\$ 2,835.00	\$ 18,102.41	\$19,219.53	CP1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 10,551.69	\$ 3,242,44	\$ 15,690.25	\$18,193.83	CPT/HCPCS
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										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,447.32	\$ 626.89	\$ 2,152.15	\$12,900.38	CPT/HCPCS
										Case Rate-
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										Professional
										Charges which
				VACINAL DELIVERY W						_
				VAGINAL DELIVERY W		40.555		4 4 5	447.07.07	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 10,458.74	\$ 2,464.00	\$ 15,552.03	\$17,874.27	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 6.698.97	\$ 2,464.00	\$ 9,961.29	\$17,874.27	CPT/HCPCS
materinty/ Delivery	nospital inpatient	אוע	730	STERREIZATION DAC W/O CC/MICC	140	y 0,030.37	404.00 ب	y 3,301.23	711,074.27	Ci 1/HCPC3

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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	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	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	Inpatient Rehabilitation Hospital	lip.	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem	\$ 416.15	\$1,351.80 Per Diem	Non-Par	Per Diem Per
Skilled Nursing Inpatient Room &		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)	90% Medicare	Per Diem Per
Board Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing Inpatient Skilled Nursing	UB	191	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)	90% 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)	90% Medicare	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	\$1,283.11	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
	3.000									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 5,944.56	\$ 395.00	\$ 8,157.20	\$1,270.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 7,293.50	\$ 288.54	\$ 10,008.23	\$492.93	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,073.24	\$ 445.12	\$ 4,217.14	\$1,481.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$ 581.33	\$ 118.53	\$ 797.71	\$155.36	Case Rate
						•	•	•		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	\$ 302.36	\$ 48.93	\$ 414.90	\$50.76	Case Rate
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	No	\$ 804.63	\$ 127.22	\$ 1,331.30	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 1,715.77	\$ 207.79	\$ 2,691.70	\$162.89	Per Unit
		0.07	70405	G		A	407.50	A B B B B B B B B B B	400.00	
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,507.75	\$ 127.52	\$ 2,382.36	\$99.28	Per Unit
			70405			4 4 246 27	4 222.05	4 000 05	4450.00	
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,246.07	\$ 223.05	\$ 1,993.25	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,001.14	\$ 223.05	\$ 1,629.05	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 858.09	\$ 141.11	\$ 1,416.34	\$99.28	Per Unit
De diele en Consisse	Hamital Outrations	CDT	74045	V	N-	Ć 424.77	ć 40.04	ć 102.15	ć72.76	Den Heit
Radiology Services	Hospital Outpatient	CPT	/1045	X-ray exam chest 1 view	No	\$ 121.75	\$ 19.91	\$ 192.16	\$73.76	Per Unit

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

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			70040			4 450.05	4 25.04	A 254.25	400.00	
Radiology Services	Hospital Outpatient	СРТ	/3010	X-ray exam of shoulder blade	No	\$ 168.26	\$ 26.01	\$ 261.26	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 121.75	\$ 29.40	\$ 191.26	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 121.75	\$ 25.07	\$ 190.82	\$73.76	Per Unit
nadiology Services	nospital outputient	CIT	73070	X-ray exam or cloow	140	7 121.75	y 25.07	\$ 150.02	\$73.70	T CT OTHE
Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$ 91.32	\$ 26.40	\$ 146.00	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 168.26	\$ 24.40	\$ 260.41	\$99.28	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 121.75	\$ 32.72	\$ 191.71	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 121.75	\$ 29.51	\$ 192.56	\$73.76	Per Unit
		<u> </u>	70002			*	Ţ	7 252.55	*	7 01 0 1110
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 176.40	\$ 32.40	\$ 272.51	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$ 218.41	\$ 32.40	\$ 334.99	\$73.76	Per Unit
<u> </u>										
						4			4	
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$ 188.76	\$ 31.98	\$ 290.90	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 210.38	\$ 25.72	\$ 323.50	\$73.76	Per Unit
				V DAY 5 VANA OF 5007		A 470.00	A 20.55	A 255.5-	470.76	
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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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$ 188.76	\$ 33.95	\$ 290.94	\$73.76	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$335.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$ 79.37	\$ 59.00	\$ 258.38	\$73.76	Per Unit
				CT Scan - Head/Brain, without						
Radiology Services	Hospital Outpatient	СРТ	70450	Contrast	Yes	\$ 804.63	\$ 127.22	\$ 1,331.30	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$ 1,341.96	\$ 197.29	\$ 2,135.84	\$162.89	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$ 371.53	\$ 56.38	\$ 580.59	\$162.89	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$ 371.53	\$ 79.34	\$ 594.34	\$162.89	Per Unit
				CT Scan - Abdomen and Pelvis, with						
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$ 2,500.65	\$ 286.79	\$ 3,858.80	\$335.82	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$ 224.35	\$ 76.54	\$ 378.51	\$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 224.35	\$ 86.65	\$ 394.20	\$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	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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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
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 224.35	\$ 64.37	\$ 386.56	\$99.28	Per Unit
Adata with / Dalis and	Henrital Outretient	CDT	7010	FETAL BIODLING BROTH F W/NGT	No	\$ 224.35	ć 93.30	\$ 399.21	¢00.20	Dou Huit
Maternity/Delivery	Hospital Outpatient	СРТ	70010	FETAL BIOPHYS PROFILE W/NST	No	\$ 224.35	\$ 82.20	\$ 399.21	\$99.28	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 224.35	\$ 97.44	\$ 381.13	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 224.35	\$ 88.69	\$ 377.20	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$ 168.26	\$ 56.29	\$ 262.60	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 91.46	\$ 33.80	\$ 149.31	\$73.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 147.41	\$ 55.93	\$ 197.92	\$62.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 34.21	\$ 10.45	\$ 58.32	\$8.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 42.44	\$ 4.52	\$ 63.11	\$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 195.28	\$ 26.64	\$ 290.38	\$29.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	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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Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	Charge	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$ 58.15	\$ 3.92	\$ 23.50	\$4.35	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	82403	Assay bid/serum cholesteror	NO	3 38.13	3.32	\$ 23.30	34.33	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 13.14	\$ 5.86	\$ 19.54	\$6.51	Per Unit
Laboratory a ratheregy services	Trospital Gutputient	C. 1	02330	risay of an (apri)	110	y 13.14	ÿ 3.00	4 13.34	VO.31	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 27.05	\$ 12.05	\$ 10.71	\$13.39	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	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	СРТ	82668	Assay of erythropoietin	No	\$ 37.95	\$ 16.91	\$ 56.43	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 56.40	\$ 25.15	\$ 83.86	\$27.94	Per Unit
Laboratorio 8 Dothologo Comisso	Uit-l Outu-ti-ut	CDT	02002	A f	N -	ć 30.00	ć 43.44	ć 24.22	644.00	Dan Haite
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82093	Assay of ethylene glycol	No	\$ 20.99	\$ 13.41	\$ 31.22	\$14.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 75.94	\$ 20.17	\$ 112.92	\$26.07	Per Unit
Laboratory & Fathology Scrvices	Trospital Outputient	CIT	02003	blood gases any combination	140	7 73.54	Ç 20.17	ÿ 112.52	720.07	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 33.15	\$ 5.51	\$ 53.50	\$3.93	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	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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Laboratori & Dathalami Camilasa	Hasnital Outrations	СРТ	02000	Access of matriculation contide	Ne	\$ 178.52	ć 25.22	\$ 265.46	\$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	83880	Assay of natriuretic peptide	No	\$ 178.52	\$ 35.33	\$ 205.46	\$39.20	Per Unit
			04400					4 05 50	44.74	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.56	\$ 6.64	\$ 96.59	\$4.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 42.30	\$ 6.66	\$ 67.82	\$4.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 55.44	\$ 18.77	\$ 80.90	\$20.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 43.56	\$ 4.33	\$ 64.77	\$4.81	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 56.72	\$ 23.52	\$ 102.31	\$16.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$ 99.64	\$ 12.76	\$ 148.17	\$14.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$ 84.53	\$ 10.26	\$ 125.69	\$12.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$ 130.13	\$ 11.54	\$ 193.50	\$15.05	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8501/	Hematocrit	No	\$ 27.88	\$ 2.13	\$ 41.46	\$2.37	Per Unit
Laboratory & Fathology Services	nospital Outpatient	CFI	03014	Hematociit	NO	φ 21.00	۶ 2.15	9 41.40	32.37	rei Ollit
Laboratom, 9 Doth-l C	Hamital Output	CDT	05340	Clat fastanuill ab = 4 -t	N -	6 47.50	6 46.44	6 70.70	617.00	Dou 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	СРТ	05270	Fibrin degrade semiquant	No	\$ 55.42	\$ 7.44	\$ 82.42	\$9.72	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	83378	Fibriii degrade semiquant	INU	3 33.42	ÿ /.44	3 82.42	33.72	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 25.46	\$ 8.24	\$ 37.86	\$9.58	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 45.07	\$ 4.96	\$ 82.02	\$5.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 13.06	\$ 5.82	\$ 19.42	\$6.47	Per Unit
	Trospital Gatpatient	C	03732	Thrombopiasan time partial		 	ÿ 3.02	y 23142	\$0.47	i ci oiiic
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 50.17	\$ 4.66	\$ 74.60	\$5.18	Per Unit
		CD.T.	05050	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 67.05	40.00	400.00	445.00	B
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 67.25	\$ 42.28	\$ 100.00	\$46.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 137.38	\$ 24.10	\$ 204.28	\$26.78	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 54.53	\$ 5.10	\$ 81.08	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86502	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$4.27	Per Unit
Laboratory & Fathology Services	Hospital Outpatient	CFI	00332	Syphinis test non-trep qual	INU	35.12 پ	3.04	9 30.10	34.27	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 39.12	\$ 3.84	\$ 58.18	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 59.36	\$ 9.16	\$ 88.26	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpations	СРТ	26677	Helicobacter pylori antibody	No	\$ 29.29	\$ 15.13	\$ 47.20	\$16.85	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	000//	nencobacter pyron antibody	NU	25.29	15.15 ب	ې 47.20	\$10.00	rei Ullit

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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 ANTIBODY No \$ 53.26 \$ - \$ 79.20 \$42.13 Per Unit Laboratory & Pathology Services Hospital Outpatient CPT 86769 Virus antibody nos No \$ 26.01 \$ 11.59 \$ 38.68 \$12.88 Per Unit										-	
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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 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											
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Laboratory & Pathology Services Hospital Outpatient CPT 86762 Rubella 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 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											
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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 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											
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Laboratory & Pathology Services Hospital Outpatient CPT 86765 Rubeola antibody No \$ 26.01 \$ 11.59 \$ 38.68 \$12.88 Per Unit Background Services Hospital Outpatient CPT 86769 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											
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Laboratory & Pathology Services Hospital Outpatient CPT 86769 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											
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Laboratory & Pathology Services Hospital Outpatient CPT 86769 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 86790 Virus antibody nos No \$ 26.01 \$ 11.59 \$ 38.68 \$12.88 Per Unit					86769 - SARS-COV-2 COVID-19						
	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 53.26	\$ -	\$ 79.20	\$42.13	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	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 86850 Rbc antibody screen No \$ 21.03 \$ 5.00 \$ 31.26 \$45.32 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	Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 253.19	\$ 5.65	\$ 376.50	\$136.01	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	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 205.88	\$ 3.78	\$ 306.14	\$102.83	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 62.33	\$ 3.78	\$ 92.68	\$30.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 6.02	\$ 4.84	\$ 8.95	\$265.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 253.19	\$ 13.44	\$ 376.50	\$136.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$ 138.54	\$ 9.29	\$ 206.00	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$ 135.26	\$ 17.64	\$ 201.14	\$19.60	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	\$10.33	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	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87425	Rotavirus ag ia	No	\$ 38.74	\$ 10.78	\$ 9.58	\$11.98	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	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$ 93.25	\$ 31.58	\$ 138.66	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$ 55.21	\$ -	\$ 82.10	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 93.25	\$ 31.58	\$ 138.66	\$35.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 89.94	\$ 19.87	\$ 148.06	\$16.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 71.19	\$ -	\$ 105.86	\$0.00	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 80.64	\$56.54	Per Unit
				Immunization Administration Each						
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12.56	\$ -	\$ 31.53	\$0.00	Per Unit
Chamatharany	Hospital Outpotiont	CDT	06413	Chama in infusion 1 hr	N-	ć F02.25		¢ 907.30	¢200.77	Dor Unit
Chemotherapy	Hospital Outpatient	СРТ	90413	Chemo iv infusion 1 hr	No	\$ 583.25		\$ 867.28	\$290.77	Per Unit
Chamatharany	Hospital Outpationt	СРТ	06415	Chemo iv infusion addl hr	No	\$ 114.07		\$ 169.62	\$56.54	Per Unit
Chemotherapy	Hospital Outpatient	CFI	30415	Chemo iv ilitusion audi ni	No	\$ 114.07		3 103.02	Ş30.3 4	rei Ullit
Chemotherapy	Hospital Outpatient	СРТ	96/17	Chemo iv infus each addl seq	No	\$ 114.07		\$ 169.62	\$56.54	Per Unit
Спетионегару	nospital Outpatient	CF I	3041/	Chemo iv ilitus cacii audi seq	140	Ç 114.07		7 105.02	Ç30.34	. er omt
										
Radiology Services	Hospital Outpatient	СРТ	70491	Ct soft tissue neck w/dye	No	\$ 1,069.80		\$ 1,590.78	\$162.89	Per Unit
naarorogy services	nospital Outpatient	GF I	70431	Ct 301t ti33ue lieux w/uye	IVO	y 1,000.00		y 1,330.76	7102.03	i ci onit

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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	71271	Ct thorax lung cancer scr c-	No	\$ 152.19		\$ 226.31	\$99.28	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$ 123.61	\$ 66.86	\$ 169.62	\$56.54	Case Rate
									-	
Pet Scan	Hospital Outpatient	СРТ	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
								Service Not		
								Covered by		
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	Payer	\$10,253.71	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 115.23	\$36.49	Per Unit
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ 49.50	\$36.49	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$ 83.07	\$ 17.40	\$ 142.23	\$35.32	Per Unit
							l <u>.</u>			
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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<u>Service Category</u>	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
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 187.14	\$ 72.00	\$ 96.00	\$96.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ		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	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 30.80	\$ -	\$ 41.47	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 816.35	\$ -	\$ 4,336.21	\$176.46	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 447.50	\$ 161.58	\$ 614.06	\$163.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 804.56	\$ 167.15	\$ 1,104.03	\$315.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 781.92	\$ 157.92	\$ 1,072.96	\$163.76	Case Rate
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 1,185.82	\$ 182.39	\$ 1,627.20	\$238.26	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 377.88	\$ 135.86	\$ 518.54	\$150.12	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2,532.81	\$ 61.00	\$ 3,475.56	\$737.90	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 3,909.14	\$ 372.00	\$ 5,364.18	\$737.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,399.03	\$ 335.79	\$ 3,291.98	\$723.69	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 2,423.51	\$ 343.06	\$ 3,325.57	\$945.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$ 2,553.22	\$ 354.50	\$ 3,503.56	\$945.65	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 248.09	\$ -	\$ 340.43	\$50.76	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 948.42	\$ 282.78	\$ 1,301.43	\$524.64	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 702.11	\$ 284.76	\$ 963.45	\$1,632.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 354.58	\$ 144.00	\$ 486.56	\$155.36	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 536.76	\$ 48.93	\$ 736.54	\$0.00	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58301	Remove intrauterine device	No	\$ 669.25	\$ 32.34	\$ 918.35	\$257.20	Case Rate
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 163.49	\$ 17.40	\$ 80.00	\$73.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,075.17	\$ 136.86	\$ 1,739.13	\$99.28	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	\$73.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 224.35	\$ 33.93	\$ 347.31	\$99.28	Per Unit
Radiology Services	Hospital Outpatient	CFI	72070	A-ray - Wildie Back, Hioracic Spille	NO	3 224.33	3 33.33	3 347.31	333.20	rei oiiit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$ 168.26	\$ 52.80	\$ 269.38	\$99.28	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$ 487.71	\$ 61.00	\$ 725.22	\$241.35	Per Unit
						· ·	7 02.00	7	7=1=100	
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 224.35	\$ 28.72	\$ 344.26	\$99.28	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$ 953.92	\$ 322.26	\$ 1,508.46	\$440.64	Per Unit
Haspital Observation Pay Hour	Hespital Quitnotions	СРТ	C0270	Hospital observation nor by	No	\$ 255.22	¢ 605.00	¢ 24.121.00	\$ -	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPI	00376	Hospital observation per hr	INO	\$ 255.22	\$ 605.00	\$ 24,131.86	3 -	Per Offit
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	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$ 121.75	\$ 30.72	\$ 191.71	\$73.76	Per Unit
37 ***		-		7	-					
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,344.67	\$ 252.20	\$ 2,104.42	\$209.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 121.75	\$ 37.77	\$ 194.76	\$73.76	Per Unit
Padialogy Consists	Hespital Quitnetient	СРТ	72562	V Pay Vnag (outpotiont)	N-	\$ 233.07	ć 20.52	ć 250.00	¢72.70	Dor I Init
Radiology Services	Hospital Outpatient	CPI	/5562	X-Ray - Knee (outpatient)	No	\$ 233.07	\$ 36.52	\$ 358.09	\$73.76	Per Unit

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

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Service Category	Service Setting	Code Type	Code	Description	Shoppable Service?	Discounted Cash Price	Charge	Negotiated Charge	Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 276.60	\$ 109.22	\$ 457.52	\$85.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 539.40	\$ 336.74	\$ 898.75	\$1,191.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 159.70	\$ 11.84	\$ 246.51	\$8.46	Per Unit
				Blood Test - Comprehensive						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Metabolic Panel	Yes	\$ 92.22	\$ 14.78	\$ 148.44	\$10.56	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061	Panel	Yes	\$ 48.09	\$ 12.05	\$ 71.51	\$13.39	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 13.92	\$ 8.68	\$ 29.98	\$8.68	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 148.16	\$ 11.44	\$ 229.05	\$8.17	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 5.22	\$ 4.44	\$ 36.99	\$3.17	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 22.60	\$ 3.16	\$ 10.16	\$2.25	Per Unit
Laboratori O Bothologi Co. 1	Hamital Outurations	CDT	02607	Blood Test - Vitamin B-12	N-	¢ 20.42	ć 12.55	ć 4F.33	Ć45 00	DII-it
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 30.42	\$ 13.57	\$ 45.23	\$15.08	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$ 27.50	\$ 19.09	\$ 55.48	\$13.63	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>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 39.06	\$ 13.23	\$ 58.08	\$14.70	Per Unit
				Blood Test - Blood Glucose Control						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	(Hemoglobin A1C)	No	\$ 73.74	\$ 8.74	\$ 109.65	\$9.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 50.28	\$ 9.06	\$ 81.69	\$6.47	Per Unit
				Blood Test - Lipase (fat enzyme)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 71.87	\$ 6.20	\$ 106.87	\$6.89	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 67.06	\$ 25.75	\$ 119.39	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 110.02	\$ 16.55	\$ 163.60	\$18.39	Per Unit
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 68.50	\$ 8.12	\$ 101.86	\$9.02	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 56.72	\$ 23.52	\$ 102.31	\$16.80	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	\$7.77	Per Unit
				Blood Test - Complete Blood Cell						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 62.89	\$ 5.82	\$ 93.52	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.12	\$ 6.01	\$ 69.81	\$4.29	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>	Charge	Estimate Type
				Blood Test - Coagulation						
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 47.60	\$ 5.41	\$ 70.78	\$6.01	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Level	No	\$ 69.98	\$ 12.84	\$ 104.06	\$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$ 143.43	\$ 7.76	\$ 213.27	\$8.62	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$ 62.53	\$ 7.27	\$ 92.98	\$8.08	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	87077	bacterial culture - Aerobic isolates	140	ÿ 02.33	7 7.27	ÿ 32.36	30.00	reronic
				Test for Disease-Causing						
		CDT	07004	(Pathogenic) Organisms, Not		á 67.40	4 507	404.07	46.62	5
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$ 67.18	\$ 5.97	\$ 124.87	\$6.63	Per Unit
				Urine Test - Bacterial Culture,						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$ 85.00	\$ 7.26	\$ 126.40	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$ 16.35	\$ 7.28	\$ 24.31	\$8.09	Per Unit
				Evaluation of Antimicrobial Drug						
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(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	СРТ	87491	Urine Test - Chlamydia	No	\$ 112.18	\$ 31.58	\$ 166.82	\$35.09	Per Unit
, 110,11				, , ,						
				Lab Test - Detection test for						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 35.62	\$ 19.82	\$ 62.34	\$16.55	Per Unit
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Service Category	Service Setting	Code Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Vaccine - Pneumococcal Conjugate						
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 439.37	\$257.99	Per Unit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 139.46	\$38.28	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 109.68	\$ -	\$ 172.64	\$50.76	Per Unit
				Physical Therapy - Manual						
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15						
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$ 32.34	\$ 12.56	\$ 48.10	\$14.07	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound			44.05		440.54	
Rehabilitation	Hospital Outpatient	СРТ	9/035	Therapy	No	\$ 27.85	\$ 11.95	\$ 41.41	\$13.61	Per Unit
Madiaina Physical Madiaina and				Physical Thereny, Therenesis						
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 91.82	\$ 17.40	\$ 136.53	\$28.26	Per Unit
Reliabilitation	Hospital Outpatient	CPI	9/110	Exercises	res	\$ 91.02	\$ 17.40	\$ 150.55	\$28.20	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular						
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$ 72.35	\$ 26.14	\$ 107.58	\$32.77	Per Unit
nendomation	nospital Outpatient	CFI	3/112	necaucation	140	7 72.33	y 20.14	y 107.38	732.77	i ci oiiit
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$ 58.15	\$ 23.73	\$ 108.21	\$26.03	Per Unit
		C	3,140	, s.ca. merapy manaar merapy		÷ 55.15	Ţ 25.75	7 100.21	720.00	
Medicine Physical Medicine and				Physical Therapy - Low Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	\$96.16	Per Unit
		<u></u>	0.101		0	7 275.00	7 72.37	7 230,30	755120	. 2

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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
Medicine Physical Medicine and				Physical Therapy - Moderate						
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 173.88	\$ 71.97	\$ 96.00	\$96.16	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity						
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$ 173.88	\$ 71.97	\$ 258.56	\$96.16	Per Unit
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Madisine Dhysical Madisine and										
Medicine Physical Medicine and										
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 117.26	\$ 48.67	\$ 174.37	\$66.01	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	\$31.35	Per Unit
Remadilitation	Hospital Outputient	CIT	37333	none wanagement ranning	140	7 71.27	7	ÿ 132.03	731.33	T CT OTHE
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99281	Minor (outpatient)	No	\$ 218.75	\$ 74.98	\$ 300.17	\$66.15	Case Rate
				Emergency Department Visit - Low						
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	\$ 404.82	\$ 93.52	\$ 555.50	\$119.78	Case Rate
Lineigency Room visit	Hospital Outpatient	CFT	33202	complexity (outpatient)	140	7 404.02	3 33.32	3 333.30	\$115.76	Case Nate
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$ 929.87	\$ 182.62	\$ 1,275.98	\$211.04	Case Rate
				Emergency Department Visit -						
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Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$ 2,470.23	\$ 270.43	\$ 3,389.68	\$331.74	Case Rate
				Emergency Department Visit - High						
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$ 3,326.63	\$ 458.20	\$ 4,564.84	\$476.17	Case Rate
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					Shoppable	Discounted	Negotiated	Negotiated	<u>Negotiated</u>	
Service Category	Service Setting	Code Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	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	\$679.28	Case Rate