




Self-Pay/Uninsured										
Last Updated: 12/7/2020										
										Amount We Estimate You Will Owe *
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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	Discounted Cash Price	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	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$22,180.96	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$89,541.22	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	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$26,747.32	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	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$37,083.10	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS


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Hospital Inpatient Stay	Hospital Inpatient	DRG	480	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$69,180.99	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	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$45,651.13	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	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$36,964.29	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	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$45,467.21	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS	


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Hospital Inpatient Stay	Hospital Inpatient	DRG	494	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$34,101.03	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$18,033.90	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	RED BLOOD CELL DISORDERS W MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$16,643.21	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	RED BLOOD CELL DISORDERS W/O MCC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$12,941.86	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS


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Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$100,447.05	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS	
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$53,042.00	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS	
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$21,298.22	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	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$105,373.59	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS	


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Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$139,128.72	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	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$73,933.71	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	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$34,761.85	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$10,335.01	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS


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Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$11,915.22	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$9,940.40	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	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$8,988.27	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	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$12,696.27	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$11,322.59	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS


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Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$9,626.23	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$1,400.10	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$12,785.73	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	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$10,897.11	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$10,518.03	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS


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Maternity/Delivery	Hospital Inpatient	DRG	806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$8,616.42	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$7,318.91	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Rehabilitation Hospital Stay	Inpatient Rehabilitation Hospital	UB	118	Inpatient Rehabilitation Hospital Room & Board	No	52% Charges Estimated at \$2,341.96 Per Diem			52% Charges Estimated at \$2,341.96 Per Diem	Per Diem Per Day


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Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	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	N/A	\$ 74,931.49	\$ 74,931.49	N/A	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	N/A	\$ 37,703.24	\$ 37,703.24	N/A	Case Rate-Excluding Professional Charges which are paid by CPT/HCPCS

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Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	UB	200	Long Term Care Intensive Care Room & Board	No	70% Charges (Estimated as \$6,047.26 per diem)	\$1,040 Per Diem	\$1,929 Per Diem	70% Charges (Estimated as \$6,047.26 per diem)	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 227.70	\$ 850.00	52% Charges Estimated at \$1,109.30 Per Diem	Per Diem Per Day
Skilled Nursing Inpatient Room & Board	Inpatient Skilled Nursing	UB	192	Subacute Care Level 2- Comprehensive Care	No	52% Charges Estimated at \$1,109.30 Per Diem	\$ 299.70	\$ 850.00	52% Charges Estimated at \$1,109.30 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	\$ 850.00	52% Charges Estimated at \$1,109.30 Per Diem	Per Diem Per Day
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$530.90	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$584.92	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,131.70	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$3,052.42	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	Removal of 1 or more breast growth, open procedure	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$370.58	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,243.48	Case Rate


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Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	Arthroscopic Knee Surgery (outpatient)	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$449.87	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$608.39	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	Tonsillectomy with Adenoidectomy (outpatient)	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Upper Gastrointestinal Endoscopy - Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$2,027.21	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	Upper Gastrointestinal Endoscopy - With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,259.34	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	Colonoscopy - Diagnostic (outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$2,117.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	Colonoscopy - With Biopsy (outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$3,082.66	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	Colonoscopy - With Polyp Removal (outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$3,317.89	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	Ultrasound examination of lower large bowel using an endoscope	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$12,062.52	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$3,111.60	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	Repair of groin hernia patient age 5 years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$9,867.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$97.04	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,173.22	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,165.04	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$375.83	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$632.24	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$273.85	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$ 260.79	\$ 118.53	\$ 1,596.22	\$260.79	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59400	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	Yes	\$ 4,496.21	\$ 242.00	\$ 3,278.48	\$4,496.21	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59410	Obstetrical care	No	\$ 2,230.06	\$ 133.91	\$ 1,625.81	\$2,230.06	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59510	Routine obstetric care for cesarean delivery, including pre-and post-delivery care	Yes	\$ 4,966.56	\$ 246.05	\$ 3,619.13	\$4,966.56	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	CPT	59610	Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	Yes	\$ 4,706.58	\$ 305.08	\$ 3,429.34	\$4,706.58	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	\$ 1,055.18	\$ 379.33	\$ 1,880.39	\$1,055.18	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Yes	\$ 1,665.98	\$ 305.01	\$ 1,988.33	\$1,665.98	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Yes	\$ 1,776.21	\$ 358.46	\$ 1,980.49	\$1,776.21	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	Removal of recurring cataract in lens capsule using laser	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66984	Removal of cataract with insertion of lens	Yes	N/A No Service Volume	\$ -	\$ -	N/A No Service Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 168.99	\$ 48.93	\$ 1,604.78	\$168.99	Case Rate
Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$ 127.22	\$ 1,318.18	\$901.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$ 127.22	\$ 1,318.18	\$901.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$ 207.79	\$ 2,657.02	\$2,339.66	Per Unit
Radiology Services	Hospital Outpatient	CPT	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$ 127.52	\$ 2,259.85	\$1,668.57	Per Unit


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Radiology Services	Hospital Outpatient	CPT	70496	Ct angiography head	No	\$ 1,871.05	\$ 223.05	\$ 1,996.31	\$1,871.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	70498	Ct angiography neck	No	\$ 1,632.72	\$ 223.05	\$ 1,677.63	\$1,632.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$ 252.20	\$ 2,270.30	\$1,518.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$ 406.50	\$ 3,409.54	\$2,314.59	Per Unit
Radiology Services	Hospital Outpatient	CPT	71045	X-ray exam chest 1 view	No	\$ 138.11	\$ 19.91	\$ 181.37	\$138.11	Per Unit
Radiology Services	Hospital Outpatient	CPT	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$ 31.50	\$ 193.55	\$148.99	Per Unit
Radiology Services	Hospital Outpatient	CPT	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$ 38.07	\$ 271.73	\$205.20	Per Unit
Radiology Services	Hospital Outpatient	CPT	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$ 141.11	\$ 1,468.48	\$1,024.52	Per Unit
Radiology Services	Hospital Outpatient	CPT	71260	CT Scan - Chest, with Contrast (outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$1,448.52	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$1,935.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$154.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$251.61	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$199.60	Per Unit
Radiology Services	Hospital Outpatient	CPT	72110	X-Ray, lower back, minimum four views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$213.64	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$1,459.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$1,293.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$1,815.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$1,520.66	Per Unit
Radiology Services	Hospital Outpatient	CPT	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$1,518.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$1,904.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	72141	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$1,441.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72148	MRI - Back (outpatient)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$1,381.13	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$249.04	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$208.53	Per Unit
Radiology Services	Hospital Outpatient	CPT	72193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$1,536.96	Per Unit
Radiology Services	Hospital Outpatient	CPT	72197	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$2,448.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$147.59	Per Unit


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Radiology Services	Hospital Outpatient	CPT	73010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$196.93	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$149.50	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$147.62	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$146.83	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$122.83	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 117.10	\$ 26.40	\$ 151.82	\$117.10	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73110	X-Ray - Wrist (outpatient)	No	\$ 156.52	\$ 30.72	\$ 196.19	\$156.52	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.03	\$ 24.40	\$ 249.73	\$192.03	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$ 151.54	\$ 32.72	\$ 198.42	\$151.54	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.82	\$ 246.65	\$ 1,702.46	\$1,211.82	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73502	X-Ray - Hip	No	\$ 129.58	\$ 37.77	\$ 197.91	\$129.58	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.51	\$ 29.51	\$ 189.38	\$150.51	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.92	\$ 32.40	\$ 266.82	\$201.92	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$ 263.50	\$ 36.52	\$ 351.25	\$263.50	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	\$ 239.62	\$ 32.40	\$ 321.48	\$239.62	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$ 191.55	\$ 31.98	\$ 278.60	\$191.55	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73610	X-Ray - Ankle (outpatient)	No	\$ 239.05	\$ 25.72	\$ 311.14	\$239.05	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73620	X-RAY EXAM OF FOOT	No	\$ 196.24	\$ 29.81	\$ 262.21	\$196.24	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73630	X-Ray - Foot (outpatient)	No	\$ 216.05	\$ 33.95	\$ 289.60	\$216.05	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$ 1,231.00	\$ 134.01	\$ 1,400.92	\$1,231.00	Per Unit	
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	\$ 1,224.32	\$ 246.65	\$ 1,828.36	\$1,224.32	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74018	X-Ray - Abdomen	No	\$ 145.61	\$ 28.31	\$ 189.76	\$145.61	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	\$ 977.64	\$ 142.38	\$ 1,446.99	\$977.64	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$ 1,824.18	\$ 207.86	\$ 2,144.29	\$1,824.18	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$2,748.11	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$ 2,748.11	\$ 286.79	\$ 3,568.86	\$2,748.11	Per Unit	
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$ 394.10	\$ 56.38	\$ 563.71	\$394.10	Per Unit	

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Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	No	\$ 521.72	\$ 79.34	\$ 578.01	\$521.72	Per Unit	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$ 306.04	\$ 59.00	\$ 323.39	\$306.04	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$ 460.62	\$ 78.79	\$ 386.50	\$460.62	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$ 152.68	\$ 78.52	\$ 249.30	\$152.68	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$ 361.43	\$ 91.69	\$ 433.80	\$361.43	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76705	Ultrasound - Abdominal, Limited	No	\$ 327.93	\$ 46.05	\$ 372.20	\$327.93	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76770	US EXAM ABDO BACK WALL COMP	No	\$ 456.58	\$ 76.54	\$ 400.80	\$456.58	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76801	OB US < 14 WKS SINGLE FETUS	No	\$ 391.57	\$ 86.65	\$ 396.27	\$391.57	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76805	Ultrasound - Pregnancy (outpatient)	Yes	\$ 367.73	\$ 100.36	\$ 437.10	\$367.73	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$ 522.04	\$ 198.65	\$ 587.50	\$522.04	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$ 309.95	\$ 54.75	\$ 384.30	\$309.95	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$ 406.54	\$ 64.37	\$ 384.30	\$406.54	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$ 476.50	\$ 82.20	\$ 387.27	\$476.50	Per Unit	
Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$ 407.39	\$ 97.44	\$ 398.34	\$407.39	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 370.14	\$ 88.69	\$ 391.69	\$370.14	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76830	Ultrasound - Transvaginal (non-maternity)	Yes	\$ 475.43	\$ 98.63	\$ 463.90	\$475.43	Per Unit	
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$ 344.00	\$ 70.34	\$ 408.50	\$344.00	Per Unit	
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$ 546.40	\$ 107.57	\$ 501.03	\$546.40	Per Unit	
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$ 383.79	\$ 135.81	\$ 629.70	\$383.79	Per Unit	
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$ 406.73	\$ 109.22	\$ 504.02	\$406.73	Per Unit	
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$ 247.25	\$ 56.29	\$ 393.45	\$247.25	Per Unit	
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$ 116.84	\$ 33.80	\$ 171.64	\$116.84	Per Unit	

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Radiology Services	Hospital Outpatient	CPT	78452	Myocardial Imaging (outpatient)	No	\$ 1,010.04	\$ 336.74	\$ 2,091.45	\$1,010.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 158.03	\$ 11.84	\$ 221.33	\$158.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$ 93.73	\$ 14.78	\$ 136.89	\$93.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80055	Blood Test - Pregnancy (Obstetric) Panel	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Blood Test - Cholesterol Test, Lipid Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$46.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80069	Blood Test - Renal (Kidney) Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Blood Test - Hepatic (Liver) Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$146.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem analyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$128.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81000	Urinalysis nonauto w/scope	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Urine Test - Automated with Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$23.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$7.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81003	Urine Test - Automated without Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$10.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$40.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$41.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$188.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	\$35.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$114.13	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	\$15.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	\$12.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$26.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$124.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	Blood Test - Vitamin B-12 (Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$ 82.73	\$29.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 405.00	\$140.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	\$36.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$54.51	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$20.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Blood Test - Ferritin (Blood Protein) Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$33.53	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.75	\$ 13.23	\$ 79.52	\$37.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.40	\$ 20.17	\$ 106.16	\$73.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82947	Assay glucose blood quant	No	\$ 34.04	\$ 5.51	\$ 49.42	\$34.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.55	\$ 3.89	\$ 61.82	\$45.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.97	\$ 19.76	\$ 498.96	\$172.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.27	\$ 8.74	\$ 95.94	\$71.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83088	Assay of histamine	No	\$ 75.84	\$ 26.58	\$ 218.76	\$75.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.09	\$ 6.55	\$ 424.29	\$147.09	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.90	\$ 9.06	\$ 75.77	\$51.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 27.44	\$ 10.41	\$ 58.05	\$27.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83690	Blood Test - Lipase (fat enzyme) Level	No	\$ 69.47	\$ 6.20	\$ 93.51	\$69.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.82	\$ 9.38	\$ 78.56	\$53.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$172.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$61.73	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$43.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$43.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$52.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Blood Test - Prostate Specific Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$74.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$106.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$382.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$42.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Blood Test - Thyroxine (Thyroid Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$66.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$64.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Blood Test - Thyroid Stimulating Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$64.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.31	\$ 12.76	\$ 129.65	\$96.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.70	\$ 10.26	\$ 121.45	\$81.70	Per Unit


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Laboratory & Pathology Services	Hospital Outpatient	CPT	84702	Chorionic gonadotropin test	No	\$ 125.77	\$ 11.54	\$ 169.31	\$125.77	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.95	\$ 2.13	\$ 36.27	\$26.95	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Blood Test - Complete Blood Cell Count and Automated WBC	Yes	\$ 77.98	\$ 10.88	\$ 112.06	\$77.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85027	Blood Test - Complete Blood Cell Count (Hemoglobin)	Yes	\$ 60.79	\$ 5.82	\$ 81.83	\$60.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.97	\$ 16.11	\$ 95.56	\$45.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.57	\$ 7.44	\$ 72.11	\$53.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.81	\$ 6.01	\$ 64.27	\$44.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.61	\$ 8.24	\$ 70.98	\$24.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.32	\$ 4.96	\$ 71.77	\$53.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Blood Test - Coagulation Assessment	Yes	\$ 46.01	\$ 5.41	\$ 61.94	\$46.01	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.63	\$ 5.82	\$ 36.42	\$12.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.49	\$ 4.66	\$ 65.28	\$48.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.00	\$ 42.28	\$ 211.59	\$65.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$ 132.78	\$ 24.10	\$ 383.03	\$132.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52.70	\$ 5.10	\$ 70.95	\$52.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$37.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.81	\$ 3.84	\$ 50.90	\$37.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 57.37	\$ 9.16	\$ 165.50	\$57.37	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25.74	\$ 11.87	\$ 81.45	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephalitis east eqne anbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephalitis st louis antibody	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephalitis west eqne antbdy	No	\$ 25.74	\$ 11.87	\$ 110.13	\$25.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.60	\$ 11.81	\$ 83.21	\$25.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.68	\$ 15.13	\$ 63.03	\$30.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$ 29.16	\$ 15.44	\$ 50.98	\$29.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.65	\$ 12.41	\$ 107.23	\$79.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.11	\$ 10.85	\$ 115.92	\$86.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.98	\$ 10.59	\$ 57.38	\$22.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86706	HEP B SURFACE ANTIBODY	No	\$ 98.98	\$ 9.67	\$ 133.25	\$98.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	\$ 22.56	\$ 10.41	\$ 65.09	\$22.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.71	\$ 11.15	\$ 56.71	\$22.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78.19	\$ 12.95	\$ 225.56	\$78.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$ 25.14	\$ 11.59	\$ 72.53	\$25.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	86769 - SARS-COV-2 COVID-19 ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$51.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$25.14	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86803	Blood Test - Hepatitis C Antibody Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$67.64	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$23.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$20.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$244.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$198.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$198.99	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$60.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$60.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$244.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$ 133.90	\$ 9.29	\$ 180.25	\$133.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$ 138.63	\$ 7.76	\$ 186.61	\$138.63	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87077	Bacterial Culture - Aerobic Isolates	No	\$ 60.43	\$ 7.27	\$ 81.35	\$60.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Test for Disease-Causing (Pathogenic) Organisms, Not Limited to a Specific Condition	No	\$ 81.17	\$ 5.97	\$ 109.26	\$81.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Urine Test - Bacterial Culture, Quantitative Colony Count	No	\$ 82.16	\$ 7.26	\$ 110.60	\$82.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$ 15.80	\$ 7.28	\$ 43.86	\$15.80	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87110	Chlamydia culture	No	\$ 130.74	\$ 17.64	\$ 175.99	\$130.74	Per Unit


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Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	Evaluation of Antimicrobial Drug (antibiotic, antifungal, antiviral)	No	\$ 69.16	\$ 7.79	\$ 93.10	\$69.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$ 49.93	\$ 3.84	\$ 67.21	\$49.93	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87340	Lab Test - Detection test for Hepatitis B Surface Antigen	No	\$ 63.55	\$ 9.30	\$ 85.55	\$63.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87389	Lab Test - Detection test for HIV-1 and HIV-2	No	\$ 110.43	\$ 21.67	\$ 148.66	\$110.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$ 37.44	\$ 10.78	\$ 108.00	\$37.44	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ 108.43	\$ 31.58	\$ 171.03	\$108.43	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	Urine Test - Gonorrhoeae (Neisseria Gonorrhoeae Bacteria)	No	\$ 90.13	\$ 31.58	\$ 171.03	\$90.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	87635 - SARS-COV-2 COVID-19 AMP PRB	No	\$ 53.36	\$ -	\$ 136.48	\$53.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$ 90.13	\$ 31.58	\$ 171.03	\$90.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Lab Test - Detection test for Influenza Virus	No	\$ 37.58	\$ 19.82	\$ 70.50	\$37.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ 101.56	\$ 19.87	\$ 143.48	\$101.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$ 68.81	\$ -	\$ 120.30	\$68.81	Per Unit
Vaccinations	Physician Office	CPT	90460	Immunization Administration First Component	No	\$ 40.10	\$ 11.68	\$ 75.93	\$40.10	Per Unit
Vaccinations	Physician Office	CPT	90461	Immunization Administration Each Additional Component	No	\$ 25.13	\$ 10.49	\$ 38.51	\$25.13	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$ 44.49	\$ 7.02	\$ 81.80	\$44.49	Per Unit
Vaccinations	Hospital Outpatient	CPT	90472	Immunization Administration Each Additional Component	No	\$ 12.56	\$ -	\$ 38.51	\$12.56	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142.32	\$ 9.56	\$ 227.93	\$142.32	Per Unit
Vaccination	Hospital Outpatient	CPT	90670	Vaccine - Pneumococcal Conjugate for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$285.59	Per Unit


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Vaccination	Hospital Outpatient	CPT	90715	Vaccine - Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Whooping Cough) for Injection into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$57.74	Per Unit
Evaluation & Management Services	Professional Services	CPT	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$308.81	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$88.03	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$116.77	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$174.90	Per Unit
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	N/A No Service Volume	\$ -	N/A No Service Volume	N/A No Service Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$146.15	Per Unit
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	N/A No Service Volume	\$ -	N/A No Service Volume	N/A No Service Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$52.00	Per Unit
Medicine Cardiovascular	Professional Services	CPT	93000	Electrocardiogram, routine, with interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$36.27	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$142.29	Per Unit
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$ 471.40	\$ 61.00	\$ 634.57	\$471.40	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$ 1,404.83	\$ 322.26	\$ 1,593.05	\$1,404.83	Per Unit
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	Insertion of catheter into left heart for diagnosis	Yes	\$ 8,847.45	\$ 579.93	\$ 12,920.92	\$8,847.45	Case Rate
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$ 240.64	\$ 92.64	\$ 400.67	\$240.64	Per Unit
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$ 189.82	\$ -	\$ 1,229.53	\$189.82	Per Unit
Medicine Neurology and Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Per Unit


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Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$ 110.26	\$ 66.86	\$ 196.20	\$110.26	Case Rate	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97032	Physical Therapy - Manual Electrical Stimulation Therapy, 15 minutes	No	\$ 31.26	\$ 12.56	\$ 59.90	\$31.26	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97035	Physical Therapy - Ultrasound Therapy	No	\$ 26.92	\$ 11.95	\$ 40.29	\$26.92	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97110	Physical Therapy - Therapeutic Exercises	Yes	\$ 88.74	\$ 17.40	\$ 119.46	\$88.74	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97112	Physical Therapy - Neuromuscular Reeducation	No	\$ 69.93	\$ 26.14	\$ 104.78	\$69.93	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$ 77.61	\$ 22.90	\$ 104.48	\$77.61	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$ 23.73	\$ 93.92	\$56.20	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97161	Physical Therapy - Low Complexity Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$168.06	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97162	Physical Therapy - Moderate Complexity Evaluation	No	\$ 62.40	\$ 71.97	\$ 252.78	\$62.40	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97163	Physical Therapy - High Complexity Evaluation	No	\$ 168.06	\$ 71.97	\$ 252.78	\$168.06	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$ 48.67	\$ 170.97	\$113.34	Per Unit	
Medicine Occupational Therapy	Hospital Outpatient	CPT	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	\$ 77.05	\$ 245.32	\$180.88	Per Unit	
Medicine Occupational Therapy	Hospital Outpatient	CPT	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	\$ 72.00	\$ 245.32	\$62.40	Per Unit	
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97530	Physical Therapy - Therapeutic Activities	No	\$ 92.45	\$ 17.40	\$ 124.45	\$92.45	Per Unit	


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Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	CPT	97535	Physical Therapy - Self-care or Home Management Training	No	\$ 68.89	\$ -	\$ 109.03	\$68.89	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$ -	\$ 14.27	\$0.00	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$ 90.34	\$ 200.08	\$167.93	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99203	Office Visit - New Patient, Low Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$182.06	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99204	Office Visit - New Patient, Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$250.69	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99205	New patient office of other outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$448.04	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$58.74	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99213	Office Visit - Established Patient, Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$99.67	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99214	Office Visit - Established Patient, Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$151.19	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99215	Office Visit - Established Patient, High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$315.87	Per Unit	
Professional Services Associated with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$159.88	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99243	Patient office consultation, typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$212.43	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99244	Patient office consultation, typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$338.80	Per Unit	
Emergency Room Visit	Hospital Outpatient	CPT	99281	Emergency Department Visit - Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$230.81	Case Rate	
Emergency Room Visit	Hospital Outpatient	CPT	99282	Emergency Department Visit - Low Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$430.38	Case Rate	
Emergency Room Visit	Hospital Outpatient	CPT	99283	Emergency Department Visit - Moderate Complexity (outpatient)	No	\$ 932.99	\$ 182.62	\$ 2,714.83	\$932.99	Case Rate	

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										Amount We Estimate You Will Owe *	
											
<i>To Search for a service Click "CTRL" + "F"</i>											
<u>Service Category</u>	<u>Service Setting</u>	<u>Code Type</u>	<u>Code</u>	<u>Description</u>	<u>CMS Required Shoppable Service?</u>	<u>Discounted Cash Price</u>	<u>De-Identified Minimum Negotiated Charge</u>	<u>De-Identified Maximum Negotiated Charge</u>	<u>Discounted Cash Price</u>	<u>Estimate Type</u>	
Emergency Room Visit	Hospital Outpatient	CPT	99284	Emergency Department Visit - Higher Complexity (outpatient)	No	\$ 2,400.69	\$ 270.43	\$ 4,475.48	\$2,400.69	Case Rate	
Emergency Room Visit	Hospital Outpatient	CPT	99285	Emergency Department Visit - High Complexity (outpatient)	No	\$ 3,149.91	\$ 458.20	\$ 5,806.95	\$3,149.91	Case Rate	
Emergency Room Visit	Hospital Outpatient	CPT	99291	Emergency Department Visit - Critical Care (outpatient)	No	\$ 17,860.61	\$ 425.50	\$ 6,308.07	\$17,860.61	Case Rate	
Evaluation & Management Services	Professional Services	CPT	99381	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, Younger than 1 Year Old	No	\$ 156.75	\$ -	\$ 225.38	\$156.75	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99382	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 1-4 Years Old	No	\$ 163.82	\$ -	\$ 236.91	\$163.82	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99383	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 5-11 Years Old	No	\$ 170.96	\$ -	\$ 413.46	\$170.96	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99384	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 12-17 Years Old	No	\$ 193.58	\$ -	\$ 280.75	\$193.58	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99385	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 18-39 Years Old	Yes	\$ 187.80	\$ 59.23	\$ 347.60	\$187.80	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99386	Office Visit - Comprehensive Preventive Medicine Evaluation and Management, New Patient, 40-64 Years Old	Yes	\$ 217.32	\$ 91.72	\$ 1,293.56	\$217.32	Per Unit	
Evaluation & Management Services	Professional Services	CPT	99391	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, Younger than 1 Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$141.19	Per Unit	

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										Amount We Estimate You Will Owe *
To Search for a service Click "CTRL" + "F"										
<u>Service Category</u>	<u>Service Setting</u>	<u>Code Type</u>	<u>Code</u>	<u>Description</u>	<u>CMS Required Shoppable Service?</u>	<u>Discounted Cash Price</u>	<u>De-Identified Minimum Negotiated Charge</u>	<u>De-Identified Maximum Negotiated Charge</u>	<u>Discounted Cash Price</u>	<u>Estimate Type</u>
Evaluation & Management Services	Professional Services	CPT	99392	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$150.93	Per Unit
Evaluation & Management Services	Professional Services	CPT	99393	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$150.44	Per Unit
Evaluation & Management Services	Professional Services	CPT	99394	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$165.14	Per Unit
Evaluation & Management Services	Professional Services	CPT	99395	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$168.81	Per Unit
Evaluation & Management Services	Professional Services	CPT	99396	Office Visit - Comprehensive Preventive Medicine Reevaluation and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$180.12	Per Unit
Exablate	Hospital Outpatient	CPT	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$32,139.56	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$70.15	Per Unit
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$27.43	Per Unit
Medicine Hyberbaric	Hospital Outpatient	CPT	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$773.99	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	CPT	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$15,685.71	Per Unit
Evaluation & Management Services	Hospital Outpatient	CPT	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$130.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$476.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.22	Per Unit

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<u>Service Category</u>	<u>Service Setting</u>	<u>Code Type</u>	<u>Code</u>	<u>Description</u>	<u>CMS Required Shoppable Service?</u>	<u>Discounted Cash Price</u>	<u>De-Identified Minimum Negotiated Charge</u>	<u>De-Identified Maximum Negotiated Charge</u>	<u>Discounted Cash Price</u>	<u>Estimate Type</u>
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$2.13	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$26.95	Per Unit
Injections	Hospital Outpatient	CPT	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$2,818.54	Per Unit

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