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RISE Community Hospital Shoppable Service Listing

***Maximum Negotiated Charges are Out of Network Rates based upon average line remittance for prior 365 days**

Shoppable Service	CPT Codes	Standard Charge	Medicare	Minimum Negotiated Charge	Maximum Negotiated Charge *	Discounted Cash Price
Evaluation & Management Services						
Psychotherapy, 30 min	90832	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Psychotherapy, 45 min	90834	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Psychotherapy, 60 min	90837	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Family psychotherapy, not including patient, 50 min	90846	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Family psychotherapy, including patient, 50 min	90847	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Group psychotherapy	90853	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	98925	$125.40	$25.30	$25.30	$125.40	$112.86
MOD SEDATION OVER 5 MIN	99070	$193.80	N/A	$193.80	$193.80	$174.42
MOD SEDATION ADDL 15 MIN	99151	$4,598.00	$555.99	$555.99	$4,598.00	$4,138.20
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	99152	$875.90	$462.99	$462.99	$875.90	$788.31
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99153	$539.60	$110.03	$110.03	$539.60	$485.64
VISUAL ACUITY SCREEN	99156	$1,140.00	$701.39	$701.39	$1,140.00	$1,026.00
OFFICE OUTPATIENT NEW 20 MINUTES	99157	$912.00	$544.59	$544.59	$912.00	$820.80
SCREENING TEST OF VISUAL ACUITY BILATERAL	99173	$68.40	N/A	$1.89	$68.40	$61.56
OFFICE OUTPATIENT NEW 45 MINUTES	99202	$513.00	$676.60	$513.00	$676.60	$461.70
New patient office or other outpatient visit, typically 30 min	99203	$649.80	$1,058.00	$649.80	$1,058.00	$584.82
New patient office of other outpatient visit, typically 45 min	99204	$934.80	$1,589.10	$934.80	$1,589.10	$841.32
New patient office of other outpatient visit, typically 60 min	99205	$1,767.00	$2,099.90	$1,767.00	$2,099.90	$1,590.30
OFFICE OUTPATIENT VISIT 15 MINUTES	99211	$991.80	$217.10	$217.10	$991.80	$892.62
OFFICE OUTPATIENT VISIT 25 MINUTES	99212	$319.20	$531.90	$319.20	$531.90	$287.28
OFFICE OUTPATIENT VISIT 40 MINUTES	99213	$478.80	$863.40	$478.80	$863.40	$430.92
OBSERVATION CARE DISCHARGE	99214	$684.00	$1,216.60	$684.00	$1,216.60	$615.60
INITIAL HOSPITAL CARE/DAY 30 MINUTES	99219	$1,037.40	N/A	$1,037.40	$1,037.40	$933.66
INITIAL INPATIENT CARE	99220	$1,425.00	N/A	$1,425.00	$1,425.00	$1,282.50
INITIAL INPATIENT CARE	99221	$741.00	$780.40	$741.00	$780.40	$666.90
SBSQ OBSERVATION CARE/DAY 15 MINUTES	99222	$1,140.00	$1,231.50	$1,140.00	$1,231.50	$1,026.00
SBSQ OBSERVATION CARE/DAY 25 MINUTES	99223	$1,539.00	$1,641.60	$1,539.00	$1,641.60	$1,385.10

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SBSQ OBSERVATION CARE/DAY 35 MINUTES	99224	$399.00	N/A	$399.00	$399.00	$359.10
SBSQ HOSPITAL CARE/DAY 15 MINUTES	99225	$570.00	N/A	$570.00	$570.00	$513.00
SBSQ HOSPITAL CARE/DAY 25 MINUTES	99226	$855.00	N/A	$855.00	$855.00	$769.50
SBSQ HOSPITAL CARE/DAY 35 MINUTES	99231	$285.00	$463.80	$285.00	$463.80	$256.50
OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	99232	$513.00	$749.20	$513.00	$749.20	$461.70
OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	99233	$786.60	$1,118.10	$786.60	$1,118.10	$707.94
OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	99235	$1,368.00	$1,499.60	$1,368.00	$1,499.60	$1,231.20
HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/	99236	$1,915.20	$1,961.30	$1,915.20	$1,961.30	$1,723.68
HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	99238	$627.00	$766.00	$627.00	$766.00	$564.30
OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	99239	$855.00	$1,083.10	$855.00	$1,083.10	$769.50
OFFICE OUTPATIENT NEW 30 MINUTES	99242	$1,311.00	N/A	$1,311.00	$1,311.00	$1,179.90
Patient office consultation, typically 40 min	99243	$1,402.20	N/A	$1,402.20	$1,402.20	$1,261.98
Patient office consultation, typically 60 min	99244	$1,710.00	N/A	$1,710.00	$1,710.00	$1,539.00
INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	99251	$649.80	N/A	$649.80	$649.80	$584.82
EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	99281	$906.30	$11.00	$11.00	$906.30	$815.67
EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	99282	$2,375.00	$40.44	$40.44	$2,375.00	$2,137.50
EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	99283	$4,582.80	$68.26	$68.26	$4,582.80	$4,124.52
EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	99284	$7,052.80	$116.46	$116.46	$7,052.80	$6,347.52
EMERGENCY DEPT VISIT	99285	$11,020.00	$168.87	$168.87	$11,020.00	$9,918.00
CRITICAL CARE FIRST HOUR	99291	$10,095.84	$265.59	$265.59	$10,095.84	$9,086.26
CRITICAL CARE ADDL 30 MIN	99292	$2,736.00	$1,130.50	$1,130.50	$2,736.00	$2,462.40
PROLONG E&M/PSYCTX SERV O/P	99354	$706.80	N/A	$706.80	$706.80	$636.12
Initial new patient preventive medicine evaluation (18-39 years)	99385	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Initial new patient preventive medicine evaluation (40-64 years)	99386	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Laboratory & Pathology Services						
METABOLIC PANEL IONIZED CA	80047	$399.00	$13.73	$13.73	$399.00	$359.10
Basic metabolic panel	80048	$663.10	$8.46	$8.46	$663.10	$596.79
GENERAL HEALTH PANEL	80050	$2,922.20	N/A	$177.11	$2,922.20	$2,629.98

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Blood test, comprehensive group of blood chemicals	80053	$828.40	$10.56	$10.56	$828.40	$745.56
Obstetric blood test panel	80055	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Blood test, lipids (cholesterol and triglycerides)	80061	$1,113.40	$13.39	$13.39	$1,113.40	$1,002.06
Kidney function panel test	80069	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
ACUTE HEPATITIS PANEL	80074	$3,743.00	$47.63	$47.63	$3,743.00	$3,368.70
Liver function blood test panel	80076	$678.30	$8.17	$8.17	$678.30	$610.47
ACETAMINOPHEN LABTEST	80143	$136.80	$18.64	$14.86	$136.80	$123.12
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	$171.00	$21.67	$21.67	$171.00	$153.90
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	$296.40	$13.25	$13.25	$296.40	$266.76
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	$307.80	$13.25	$13.25	$307.80	$277.02
ASSAY OF LITHIUM	80178	$549.10	$6.61	$3.86	$549.10	$494.19
SALICYLATE	80179	$190.00	$18.64	$18.64	$190.00	$171.00
PHENOBARBITAL LABTEST	80184	$951.90	$15.30	$15.30	$951.90	$856.71
ASSAY OF VANCOMYCIN	80202	$1,124.80	$13.54	$13.54	$1,124.80	$1,012.32
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	$1,138.10	$18.64	$18.64	$1,138.10	$1,024.29
CLIA WAIVED UDS	80305	$456.00	$12.60	$12.60	$456.00	$410.40
DRUG TEST(S) PRESUMPTIVE ANY NUMBER OF	80306	$513.00	$17.14	$17.14	$513.00	$461.70
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	$1,996.90	$62.14	$62.14	$1,996.90	$1,797.21
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	$627.00	N/A	$104.50	$627.00	$564.30
DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	80321	$285.00	N/A	$285.00	$285.00	$256.50
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	$832.20	N/A	$118.05	$832.20	$748.98
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	$102.60	N/A	$102.60	$102.60	$92.34
GLUCOSE TOLERANCE PANEL INSULINOMA	80422	$340.10	$46.07	$46.07	$340.10	$306.09
Manual urinalysis test with examination using microscope	81000	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	$262.20	$3.17	$3.17	$262.20	$235.98
Automated urinalysis test	81002	$205.20	$3.48	$3.48	$205.20	$184.68
URINALYSIS AUTO W/O SCOPE	81003	$186.20	$2.25	$2.25	$186.20	$167.58
URINALYSIS MICROSCOPIC ONLY	81015	$250.80	$3.05	$3.05	$250.80	$225.72

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URINE PREGNANCY TEST	81025	$524.40	$8.61	$8.61	$524.40	$471.96
F5 GENE	81241	$641.80	$73.37	$73.37	$641.80	$577.62
G6PC GENE ANALYSIS COMMON VARIANTS	81250	$433.20	$58.49	$58.49	$433.20	$389.88
TEST FOR ACETONE/KETONES	82009	$361.00	$4.52	$4.52	$361.00	$324.90
ACETONE/KETONE LABTEST	82010	$195.70	$8.17	$8.17	$195.70	$176.13
ETOH BREATH	82075	$171.00	$30.00	$24.58	$171.00	$153.90
ALPHA-FETOPROTEIN SERUM	82105	$1,394.60	$16.77	$16.77	$1,394.60	$1,255.14
AMMONIA LAB TEST	82140	$1,210.30	$14.57	$14.57	$1,210.30	$1,089.27
ASSAY OF AMYLASE	82150	$537.70	$6.48	$6.48	$537.70	$483.93
BILIRUBIN DIRECT	82248	$416.10	$5.02	$5.02	$416.10	$374.49
OCCULT BLOOD FECES	82270	$254.60	$4.38	$4.38	$254.60	$229.14
BLOOD OCCULT OTHER SPECIMEN	82271	$269.80	$5.32	$5.32	$269.80	$242.82
OCCULT BLD FECES 1-3 TESTS	82272	$269.80	$4.23	$4.23	$269.80	$242.82
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	$2,257.20	$29.60	$29.60	$2,257.20	$2,031.48
Chloride lab test	82435	$381.90	$4.60	$4.60	$381.90	$343.71
ASSAY OF CK (CPK)	82550	$511.10	$6.51	$6.51	$511.10	$459.99
CREATINE MB FRACTION	82553	$509.20	$11.55	$11.55	$509.20	$458.28
B12/FOLATE LAB TEST	82607	$1,252.10	$15.08	$15.08	$1,252.10	$1,126.89
ESTRADIOL	82670	$2,321.80	$27.94	$27.94	$2,321.80	$2,089.62
ASSAY OF FERRITIN	82728	$1,132.40	$13.63	$13.63	$1,132.40	$1,019.16
FOLIC ACID SERUM	82746	$1,221.70	$14.70	$14.70	$1,221.70	$1,099.53
ASSAY OF FOLIC ACID RBC	82747	$1,436.40	$17.65	$17.65	$1,436.40	$1,292.76
BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	82803	$1,607.40	$26.07	$26.07	$1,607.40	$1,446.66
ASSAY GLUCOSE BLOOD QUANT	82947	$324.90	$3.93	$3.93	$324.90	$292.41
REAGENT STRIP/BLOOD GLUCOSE	82948	$45.60	$5.04	$5.04	$45.60	$41.04
GLUCOSE BLOOD TEST	82962	$193.80	$3.28	$3.28	$193.80	$174.42
Gamma Glutamyl Transferase (GGT)	82977	$596.60	$7.20	$7.20	$596.60	$536.94
HELICOBACTER PYLORI; BREATH TEST	83013	$469.30	$67.36	$47.67	$469.30	$422.37

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HEMOGLOBIN; GLYCOSYLATED (A1C)	83036	$805.60	$9.71	$9.71	$805.60	$725.04
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	$79.80	$8.20	$8.20	$79.80	$71.82
ASSAY OF HOMOCYSTINE	83090	$1,352.80	$17.92	$17.92	$1,352.80	$1,217.52
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	$45.60	$12.90	$12.90	$45.60	$41.04
IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	83516	$959.50	$11.53	$11.53	$959.50	$863.55
IMMUNOASSAY QUANT NOS NONAB	83520	$1,075.40	$17.27	$17.27	$1,075.40	$967.86
ASSAY OF IRON	83540	$537.70	$6.47	$6.47	$537.70	$483.93
IRON BINDING CAPACITY	83550	$725.80	$8.74	$8.74	$725.80	$653.22
ASSAY OF LACTIC ACID	83605	$887.30	$11.57	$11.57	$887.30	$798.57
LACTATE (LD) (LDH) ENZYME	83615	$501.60	$6.04	$6.04	$501.60	$451.44
ASSAY OF LIPASE	83690	$571.90	$6.89	$6.89	$571.90	$514.71
MAGNESIUM	83735	$569.66	$6.70	$6.70	$569.66	$512.69
MUCIN SYNOVIAL FLUID ROPES TEST	83872	$79.80	$5.86	$5.86	$79.80	$71.82
ASSAY OF MYOGLOBIN	83874	$1,073.50	$12.92	$12.92	$1,073.50	$966.15
ASSAY OF NATRIURETIC PEPTIDE	83880	$2,821.50	$39.26	$39.26	$2,821.50	$2,539.35
ORGANIC ACID 1 QUANTITATIVE	83921	$1,368.00	$21.21	$21.21	$1,368.00	$1,231.20
OSMOLALITY BLOOD LABTEST	83930	$408.50	$6.61	$6.61	$408.50	$367.65
ASSAY OF PARATHORMONE	83970	$3,431.40	$41.28	$41.28	$3,431.40	$3,088.26
ASSAY OF PHENCYCLIDINE	83992	$148.20	$0.00	$148.20	$148.20	$133.38
PHOSPHORUS	84100	$393.30	$4.74	$4.74	$393.30	$353.97
POTASSIUM	84132	$381.90	$4.76	$4.76	$381.90	$343.71
PREALBUMIN	84134	$701.10	$14.59	$14.59	$701.10	$630.99
ASSAY OF PROGESTERONE	84144	$228.00	$20.86	$20.86	$228.00	$205.20
PSA (prostate specific antigen)	84153	$1,527.60	$18.39	$18.39	$1,527.60	$1,374.84
PROTEIN TOTAL EXCEPT BY REFRACTOMETRY;	84157	$304.00	$4.00	$4.00	$304.00	$273.60
PROTEIN TOTAL REFRACTOMETRY ANY SRC	84160	$45.60	$5.61	$5.61	$45.60	$41.04
ASSAY OF RECEPTOR ASSAY PROGESTERONE	84234	$613.70	$64.88	$64.88	$613.70	$552.33
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	$1,805.00	$21.73	$21.73	$1,805.00	$1,624.50

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ASSAY OF TESTOSTERONE FREE	84402	$566.20	$25.47	$25.47	$566.20	$509.58
TESTOSTERONE TOTAL WOMEN/ CHILDREN	84403	$2,145.10	$25.81	$25.81	$2,145.10	$1,930.59
ASSAY OF THIAMINE-VITAMIN B-1	84425	$564.30	$21.23	$21.23	$564.30	$507.87
ASSAY OF TOTAL THYROXINE	84436	$570.00	$6.87	$6.87	$570.00	$513.00
ASSAY OF FREE THYROXINE	84439	$748.60	$9.02	$9.02	$748.60	$673.74
Blood test, thyroid stimulating hormone (TSH)	84443	$1,396.50	$16.80	$16.80	$1,396.50	$1,256.85
TRANSFERASE (AST) (SGOT)	84450	$429.40	$5.18	$5.18	$429.40	$386.46
ASSAY OF L7383TRANSFERRIN	84466	$763.80	$12.76	$12.76	$763.80	$687.42
ASSAY OF TRIGLYCERIDES	84478	$476.90	$5.74	$5.74	$476.90	$429.21
ASSAY OF THYROID (T3 OR T4)	84479	$136.80	$6.47	$6.47	$136.80	$123.12
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	$1,178.00	$14.18	$14.18	$1,178.00	$1,060.20
TRIIODOTHYRONINE T3; FREE	84481	$1,407.90	$16.94	$16.94	$1,407.90	$1,267.11
ASSAY OF TROPONIN QUANT	84484	$817.00	$12.47	$12.47	$817.00	$735.30
ASSAY OF BLOOD/URIC ACID	84550	$374.30	$4.52	$4.52	$374.30	$336.87
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	$893.76	$17.06	$17.06	$893.76	$804.38
Gonadotropin chorionic (hCG); quantitative	84702	$723.90	$15.05	$15.05	$723.90	$651.51
Gonadotropin chorionic (hCG); qualitative	84703	$623.20	$7.52	$7.52	$623.20	$560.88
GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	84704	$228.00	$15.29	$15.29	$228.00	$205.20
Complete blood cell count, with differential white blood cells, automated	85025	$646.00	$7.77	$7.77	$646.00	$581.40
Complete blood count, automated	85027	$537.70	$6.47	$6.47	$537.70	$483.93
RETIC LABTEST	85045	$332.50	$3.99	$3.99	$332.50	$299.25
BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	85046	$383.80	$5.57	$5.57	$383.80	$345.42
FIBRIN DEGRADE SEMIQUANT	85378	$399.00	$9.72	$9.72	$399.00	$359.10
FIBRIN DEGRADATION QUANT	85379	$773.30	$10.18	$10.18	$773.30	$695.97
FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	85380	$193.80	$10.18	$7.41	$193.80	$174.42
FIBRINOGEN ACTIVITY	85384	$704.90	$9.72	$9.72	$704.90	$634.41
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	$866.40	$17.98	$17.98	$866.40	$779.76
Blood test, clotting time	85610	$335.73	$4.29	$4.29	$335.73	$302.16

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Coagulation assessment blood test	85730	$497.80	$6.01	$6.01	$497.80	$448.02
HIV-2 ANTIBODY	86702	$205.20	$13.52	$6.42	$205.20	$184.68
HIV 1&2 LABTEST	86703	$193.80	$13.71	$13.71	$193.80	$174.42
ANTIBODY LISTERIA MONOCYTOGENES	86723	$228.00	$13.19	$13.19	$228.00	$205.20
MUMPS ANTIBODY	86735	$1,084.90	$13.05	$13.05	$1,084.90	$976.41
ANTIBODY RICKETTSIA	86757	$1,609.30	$19.35	$19.35	$1,609.30	$1,448.37
Antibody; severe acute respiratory syndrome coronavirus 2	86769	$372.40	$42.13	$42.13	$372.40	$335.16
HLA TYPING A/B/C SINGLE ANTIGEN	86812	$2,145.10	$25.81	$25.81	$2,145.10	$1,930.59
BLOOD TYPING SEROLOGIC ABO	86900	$425.60	$128.90	$128.90	$425.60	$383.04
Blood typing serologic; Rh (D)	86901	$425.60	$39.25	$39.25	$425.60	$383.04
ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	87003	$250.80	$16.84	$16.84	$250.80	$225.72
BLOOD CULTURE FOR BACTERIA	87040	$856.90	$10.32	$10.32	$856.90	$771.21
FECES CULTURE AEROBIC BACT	87045	$782.80	$9.44	$9.44	$782.80	$704.52
STOOL CULTR AEROBIC BACT EA	87046	$102.60	$9.44	$9.44	$102.60	$92.34
CULTURE OTHR SPECIMN AEROBIC	87070	$714.40	$8.62	$2.11	$714.40	$642.96
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	$239.40	$9.66	$9.66	$239.40	$215.46
CULTR BACTERIA EXCEPT BLOOD	87075	$784.70	$9.47	$9.47	$784.70	$706.23
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	$670.70	$8.08	$8.08	$670.70	$603.63
CULTURE SCREEN ONLY	87081	$745.56	$6.63	$6.63	$745.56	$671.00
URINE CULTURE/COLONY COUNT	87086	$670.70	$8.07	$8.07	$670.70	$603.63
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	$896.80	$10.80	$10.80	$896.80	$807.12
OVA AND PARASITES SMEARS	87177	$729.60	$8.90	$8.90	$729.60	$656.64
SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	$718.20	$8.65	$8.65	$718.20	$646.38
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	$353.40	$4.27	$4.27	$353.40	$318.06
SMEAR SPECIAL STAIN	87207	$497.80	$5.99	$5.99	$497.80	$448.02
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	$2,169.80	$17.98	$17.98	$2,169.80	$1,952.82
SMEAR WET MOUNT SALINE/INK	87210	$353.40	$5.82	$5.82	$353.40	$318.06
ASSAY TOXIN OR ANTITOXIN	87230	$307.80	$19.74	$19.74	$307.80	$277.02

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VIRAL CULTURE - HERPES	87255	$2,813.90	$33.86	$33.86	$2,813.90	$2,532.51
Radiology Services						$0.00
MR ANGIOGRAPHY HEAD W/O DYE	70544	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MR ANGIOGRAPHY NECK W/O DYE	70547	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI BRAIN STEM W/O DYE	70551	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	70554	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI CHEST W/CONTRAST MATERIAL	71551	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI NECK SPINE W/O DYE	72141	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI SPINAL CANAL THORACIC W/O CONTRAST	72146	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI NECK SPINE W/O & W/DYE	72156	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI CHEST SPINE W/O & W/DYE	72157	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI LUMBAR SPINE W/O & W/DYE	72158	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI PELVIS W/O DYE	72195	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI UPPR EXTREMITY W/O&W/DYE	73220	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI JOINT UPR EXTREM W/O DYE	73221	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI JOINT LWR EXTR W/O&W/DYE	73723	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI scan of brain before and after contrast	70553	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI scan of lower spinal canal	72148	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MRI scan of leg joint	73721	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
X-RAY EYE FOR FOREIGN BODY	70030	$1,837.30	$32.03	$32.03	$1,837.30	$1,653.57
X-RAY EXAM OF JAW <4VIEWS	70100	$617.50	$37.53	$37.53	$617.50	$555.75
X-RAY EXAM OF JAW 4/> VIEWS	70110	$1,228.12	$42.38	$42.38	$1,228.12	$1,105.31
X-RAY EXAM OF MASTOIDS	70120	$1,216.00	$37.20	$37.20	$1,216.00	$1,094.40
X-RAY EXAM OF FACIAL BONES	70140	$332.50	$31.06	$31.06	$332.50	$299.25

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X-RAY EXAM OF FACIAL BONES	70150	$1,410.62	$45.29	$45.29	$1,410.62	$1,269.56
X-RAY EXAM OF NASAL BONES	70160	$1,161.47	$36.56	$36.56	$1,161.47	$1,045.32
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	$1,205.30	$46.26	$46.26	$1,205.30	$1,084.77
RADEX SINUSES PARANASAL <3 VIEWS	70210	$1,160.90	$31.38	$31.38	$1,160.90	$1,044.81
X-RAY EXAM OF SINUSES	70220	$1,160.90	$36.56	$36.56	$1,160.90	$1,044.81
RADIOLOGIC EXAM SKULL 4<VIEWS	70250	$707.22	$34.94	$34.94	$707.22	$636.50
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	$902.50	$43.35	$43.35	$902.50	$812.25
X-RAY EXAM OF JAW JOINT	70328	$1,926.60	$33.32	$33.32	$1,926.60	$1,733.94
X-RAY HEAD FOR ORTHODONTIA	70350	$1,138.10	$17.15	$17.15	$1,138.10	$1,024.29
X-RAY EXAM OF NECK	70360	$1,483.71	$30.41	$30.41	$1,483.71	$1,335.34
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	$400.00	$25.23	$25.23	$400.00	$360.00
RADIOLOGIC EXAMINATION CHEST; 2 VIEWS	71046	$800.30	$32.67	$32.67	$800.30	$720.27
Radiologic examination chest; 3 views	71047	$947.80	$40.76	$40.76	$947.80	$853.02
X-RAY EXAM RIBS UNI 2 VIEWS	71100	$1,708.97	$35.59	$35.59	$1,708.97	$1,538.07
X-RAY EXAM UNILAT RIBS/CHEST	71101	$1,160.90	$40.76	$40.76	$1,160.90	$1,044.81
X-RAY EXAM RIBS BIL 3 VIEWS	71110	$1,457.72	$42.38	$42.38	$1,457.72	$1,311.95
X-RAY EXAM RIBS/CHEST4/> VWS	71111	$855.00	$50.79	$50.79	$855.00	$769.50
X-RAY EXAM BREASTBONE 2/>VWS	71120	$1,510.25	$32.35	$32.35	$1,510.25	$1,359.23
X-RAY EXAM OF SPINE 1 VIEW	72020	$400.00	$23.62	$23.62	$400.00	$360.00
X-RAY EXAM NECK SPINE 2-3 VW	72040	$400.00	$38.50	$38.50	$400.00	$360.00
X-RAY EXAM NECK SPINE 4/5VWS	72050	$400.00	$52.41	$52.41	$400.00	$360.00
X-RAY EXAM NECK SPINE 6/>VWS	72052	$500.00	$60.17	$60.17	$500.00	$450.00
X-RAY EXAM THORAC SPINE 2VWS	72070	$400.00	$32.03	$32.03	$400.00	$360.00
X-RAY EXAM THORAC SPINE 3VWS	72072	$450.00	$38.17	$38.17	$450.00	$405.00
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	$456.00	$33.64	$33.64	$456.00	$410.40
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	$704.62	$68.26	$68.26	$704.62	$634.16
X-RAY EXAM L-S SPINE 2/3 VWS	72100	$450.00	$38.50	$38.50	$450.00	$405.00
X-RAY EXAM L-S SPINE BENDING	72114	$400.00	$59.52	$59.52	$400.00	$360.00

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X-RAY BEND ONLY L-S SPINE	72120	$650.00	$39.47	$39.47	$650.00	$585.00
X-RAY EXAM OF PELVIS	72170	$400.00	$27.17	$20.08	$400.00	$360.00
X-RAY EXAM SI JOINTS	72200	$855.00	$32.67	$32.67	$855.00	$769.50
RADEX SACRUM/COCCYX 2 VIEWS	72220	$475.00	$31.70	$31.70	$475.00	$427.50
X-RAY EXAM OF COLLAR BONE	73000	$400.00	$31.70	$31.70	$400.00	$360.00
X-RAY EXAM OF SHOULDER BLADE	73010	$400.00	$23.29	$23.29	$400.00	$360.00
X-RAY EXAM OF SHOULDER	73020	$400.00	$21.03	$21.03	$400.00	$360.00
X-RAY EXAM OF SHOULDER	73030	$400.00	$33.64	$33.64	$400.00	$360.00
X-RAY EXAM OF HUMERUS	73060	$400.00	$31.06	$31.06	$400.00	$360.00
X-RAY EXAM OF ELBOW	73070	$400.00	$28.47	$28.47	$400.00	$360.00
X-RAY EXAM OF ELBOW	73080	$400.00	$31.70	$31.70	$400.00	$360.00
X-RAY EXAM OF FOREARM	73090	$400.00	$28.47	$28.47	$400.00	$360.00
X-RAY EXAM OF WRIST	73100	$400.00	$32.67	$32.67	$400.00	$360.00
X-RAY EXAM OF WRIST	73110	$400.00	$40.11	$40.11	$400.00	$360.00
X-RAY EXAM OF HAND	73120	$400.00	$30.41	$30.41	$400.00	$360.00
X-RAY EXAM OF HAND	73130	$400.00	$36.23	$36.23	$400.00	$360.00
X-RAY EXAM OF FINGER(S)	73140	$500.00	$37.20	$37.20	$500.00	$450.00
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	$1,141.90	$32.35	$10.84	$1,141.90	$1,027.71
X-RAY EXAM HIP UNI 2-3 VIEWS	73502	$500.00	$46.26	$46.26	$500.00	$450.00
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	$2,004.50	$40.11	$40.11	$2,004.50	$1,804.05
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	$570.00	$52.41	$52.41	$570.00	$513.00
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	$4,010.90	$60.17	$60.17	$4,010.90	$3,609.81
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	$807.50	$28.79	$28.79	$807.50	$726.75
X-RAY EXAM OF FEMUR 2/>	73552	$500.00	$34.61	$34.61	$500.00	$450.00
X-RAY EXAM OF KNEE 1 OR 2	73560	$500.00	$33.00	$33.00	$500.00	$450.00
X-RAY EXAM OF KNEE 3	73562	$500.00	$39.47	$39.47	$500.00	$450.00
X-RAY EXAM KNEE 4 OR MORE	73564	$1,277.62	$45.94	$45.94	$1,277.62	$1,149.86
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	$627.00	$38.82	$38.82	$627.00	$564.30

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X-RAY EXAM OF LOWER LEG	73590	$1,091.11	$30.73	$30.73	$1,091.11	$982.00
X-RAY EXAM OF ANKLE	73600	$1,160.90	$31.06	$17.26	$1,160.90	$1,044.81
X-RAY EXAM OF ANKLE	73610	$500.00	$35.26	$35.26	$500.00	$450.00
X-RAY EXAM OF FOOT	73620	$500.00	$27.50	$27.50	$500.00	$450.00
X-RAY EXAM OF FOOT	73630	$500.00	$33.00	$33.00	$500.00	$450.00
X-RAY EXAM OF HEEL	73650	$600.00	$27.50	$27.50	$600.00	$540.00
X-RAY EXAM OF TOE(S)	73660	$400.00	$28.14	$28.14	$400.00	$360.00
ABDOMINAL XRAY 1 VIEW	74018	$600.00	$29.12	$29.12	$600.00	$540.00
ABDOMINAL XRAY 2 VIEW	74019	$700.00	$35.91	$35.91	$700.00	$630.00
ABDOMINAL XRAY 3 OR MORE VIEWS	74021	$1,140.00	$41.41	$41.41	$1,140.00	$1,026.00
X-RAY EXAM SERIES ABDOMEN	74022	$750.00	$48.53	$48.53	$750.00	$675.00
X-Ray, lower back, minimum four views	72110	$400.00	$50.47	$45.29	$400.00	$360.00
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	$7,631.37	$146.22	$146.22	$7,631.37	$6,868.23
CT HEAD/BRAIN W/O & W/DYE	70470	$10,457.60	$170.81	$170.81	$10,457.60	$9,411.84
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	$7,499.30	$106.34	$106.34	$7,499.30	$6,749.37
CT ORBIT/EAR/FOSSA W/DYE	70481	$10,330.30	$177.60	$177.60	$10,330.30	$9,297.27
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	$11,353.62	$178.02	$178.02	$11,353.62	$10,218.26
CT MAXILLOFACIAL W/O DYE	70486	$6,691.33	$106.34	$106.34	$6,691.33	$6,022.20
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	$11,875.00	$149.78	$149.78	$11,875.00	$10,687.50
Ct maxillofacial w/o & w/dye	70488	$7,907.00	$178.02	$178.02	$7,907.00	$7,116.30
CT SOFT TISSUE NECK W/O DYE	70490	$7,554.40	$106.34	$106.34	$7,554.40	$6,798.96
CT SOFT TISSUE NECK W/DYE	70491	$6,701.05	$178.02	$178.02	$6,701.05	$6,030.95
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	$7,194.35	$178.02	$178.02	$7,194.35	$6,474.92
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	$13,148.00	$178.02	$178.02	$13,148.00	$11,833.20
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	$11,386.70	$178.02	$178.02	$11,386.70	$10,248.03
CT THORAX W/O DYE	71250	$5,852.00	$106.34	$106.34	$5,852.00	$5,266.80
CT THORAX W/DYE	71260	$11,875.00	$164.34	$164.34	$11,875.00	$10,687.50
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	$11,490.08	$178.02	$178.02	$11,490.08	$10,341.07

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CT ANGIOGRAPHY CHEST	71275	$12,023.20	$178.02	$178.02	$12,023.20	$10,820.88
CT NECK SPINE W/O DYE	72125	$8,481.51	$106.34	$106.34	$8,481.51	$7,633.36
CT NECK SPINE W/DYE	72126	$10,678.00	$165.96	$165.96	$10,678.00	$9,610.20
CT NECK SPINE W/O & W/DYE	72127	$10,643.17	$178.02	$178.02	$10,643.17	$9,578.85
CT THORACIC SPINE WO DYE	72128	$3,653.70	$106.34	$106.34	$3,653.70	$3,288.33
CT CHEST SPINE W/DYE	72129	$2,688.88	$167.57	$167.57	$2,688.88	$2,419.99
CT LUMBAR SPINE W/O DYE	72131	$7,499.30	$106.34	$106.34	$7,499.30	$6,749.37
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	$2,850.00	$166.60	$166.60	$2,850.00	$2,565.00
CT PELVIS W/O DYE	72192	$7,499.30	$106.34	$96.30	$7,499.30	$6,749.37
CT UPPER EXTREMITY W/O DYE	73200	$18,606.70	$106.34	$106.34	$18,606.70	$16,746.03
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	$7,537.13	$196.69	$196.69	$7,537.13	$6,783.42
CT LOWER EXTREMITY W/O DYE	73700	$4,409.43	$106.34	$106.34	$4,409.43	$3,968.49
CT LOWER EXTREMITY W/DYE	73701	$3,040.00	$164.01	$164.01	$3,040.00	$2,736.00
CT ANGIOGRAPHY LOWER EXTREMITY	73706	$14,851.20	$178.02	$178.02	$14,851.20	$13,366.08
CT ABDOMEN W/O DYE	74150	$12,939.00	$106.34	$106.34	$12,939.00	$11,645.10
CT ABDOMEN W/DYE	74160	$11,876.03	$178.02	$178.02	$11,876.03	$10,688.43
CT ABDOMEN W/O & W/DYE	74170	$11,692.60	$178.02	$178.02	$11,692.60	$10,523.34
CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRS IMG	74174	$16,931.62	$357.13	$357.13	$16,931.62	$15,238.46
CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	74175	$7,676.00	$178.02	$178.02	$7,676.00	$6,908.40
CT ABD & PELVIS	74176	$15,887.80	$180.84	$36.89	$15,887.80	$14,299.02
CT ABDOMEN & PELVIS W/O CONTRAST 1/>BODY RE	74178	$18,351.97	$332.88	$332.88	$18,351.97	$16,516.77
CT scan, head or brain, without contrast	70450	$7,425.20	$105.14	$104.58	$7,425.20	$6,682.68
CT scan, pelvis, with contrast	72193	$7,036.27	$178.02	$178.02	$7,036.27	$6,332.64
CT scan of abdomen and pelvis with contrast	74177	$18,800.50	$297.30	$297.30	$18,800.50	$16,920.45
US EXAM OF HEAD AND NECK	76536	$1,092.50	$106.11	$106.11	$1,092.50	$983.25
Ultrasound chest (includes mediastinum) real time with image documentation	76604	$1,387.00	$56.29	$56.29	$1,387.00	$1,248.30
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	$825.25	$98.99	$98.99	$825.25	$742.73
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	$475.00	$82.17	$58.44	$475.00	$427.50

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Ultrasound of abdomen	76700	$2,386.40	$106.34	$106.34	$2,386.40	$2,147.76
ECHO EXAM OF ABDOMEN	76705	$2,386.40	$84.11	$76.45	$2,386.40	$2,147.76
ULTRASOUND RETROPERITONEAL	76770	$2,386.40	$104.49	$104.49	$2,386.40	$2,147.76
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	$1,003.33	$58.88	$58.88	$1,003.33	$903.00
OB US < 14 WKS SINGLE FETUS	76801	$2,230.60	$106.34	$86.43	$2,230.60	$2,007.54
Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	76805	$2,792.53	$106.34	$106.34	$2,792.53	$2,513.28
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	$2,067.20	$369.81	$369.81	$2,067.20	$1,860.48
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	$3,399.10	$172.10	$172.10	$3,399.10	$3,059.19
OB US LIMITED FETUS(S)	76815	$1,156.09	$78.29	$78.29	$1,156.09	$1,040.48
OB US FOLLOW-UP PER FETUS	76816	$3,536.28	$105.14	$105.14	$3,536.28	$3,182.65
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	$1,003.20	$88.96	$88.96	$1,003.20	$902.88
Ultrasound pelvis through vagina	76830	$1,298.50	$106.34	$106.34	$1,298.50	$1,168.65
US EXAM PELVIC COMPLETE	76856	$2,386.40	$101.58	$78.06	$2,386.40	$2,147.76
US EXAM PELVIC LIMITED	76857	$760.00	$48.53	$48.53	$760.00	$684.00
US EXAM SCROTUM	76870	$2,603.53	$96.73	$96.73	$2,603.53	$2,343.18
US TRANSRECTAL	76872	$807.50	$106.34	$106.34	$807.50	$726.75
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	$2,739.80	$51.76	$51.76	$2,739.80	$2,465.82
US XTR NON-VASC LMTD	76882	$1,545.97	$62.44	$62.44	$1,545.97	$1,391.37
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	$617.50	$229.21	$229.21	$617.50	$555.75
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	$3,028.60	$265.91	$265.91	$3,028.60	$2,725.74
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	$1,387.00	N/A	$1,387.00	$1,387.00	$1,248.30
Mammography of one breast	77065	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Mammography of both breasts	77066	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Mammography, screening, bilateral	77067	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Medicine and Surgery Services						
Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	216	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Spinal fusion except cervical without major comorbid conditions or complications (MCC)	460	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	470	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility

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Shoppable Service	CPT Codes	Standard Charge	Medicare	Minimum Negotiated Charge	Maximum Negotiated Charge *	Discounted Cash Price
Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	473	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Uterine and adnexa procedures for non-malignancy without comorbid conditions (CC) or major comorbid conditions or complications (MCC)	743	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of 1 or more breast growth, open procedure	19120	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Shaving of shoulder bone using an endoscope	29826	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of one knee cartilage using an endoscope	29881	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of tonsils and adenoid glands patient younger than age 12	42820	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	43235	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	43239	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Diagnostic examination of large bowel using an endoscope	45378	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Biopsy of large bowel using an endoscope	45380	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of polyps or growths of large bowel using an endoscope	45385	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Ultrasound examination of lower large bowel using an endoscope	45391	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of gallbladder using an endoscope	47562	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Repair of groin hernia patient age 5 years or older	49505	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Biopsy of prostate gland	55700	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Surgical removal of prostate and surrounding lymph nodes using an endoscope	55866	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Routine obstetric care for vaginal delivery, including pre-and post-delivery care	59400	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Routine obstetric care for cesarean delivery, including pre-and post-delivery care	59510	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Routine obstetric care for vaginal delivery after prior cesarean delivery including pre-and post-delivery care	59610	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	61316	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	62005	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	62100	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
SPINAL FLUID TAP DIAGNOSTIC	62270	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	62287	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX SX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
UNDER INJECTION DRAINAGE OR ASPIRATION PROCEDURES ON THE SPINE AND SPINAL CORD	62321	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62322	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Injection of substance into spinal canal of lower back or sacrum using imaging guidance	62323	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility

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Shoppable Service	CPT Codes	Standard Charge	Medicare	Minimum Negotiated Charge	Maximum Negotiated Charge *	Discounted Cash Price
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62324	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	63016	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	63020	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	63030	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	63035	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	63042	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	63045	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	63046	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	63047	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	63048	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMINECTOMY CERV 2 OR MORE VERT SEG	63050	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	63051	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	63081	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	63082	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	63655	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	63685	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	63688	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
N BLOCK INJ TRIGEMINAL	64400	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	64405	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
SINGLE NERVE BLOCK INJECTION ARM NERVE	64415	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	64421	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	64425	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION AA&/STRD PUDENDAL NERVE	64430	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	64445	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	64446	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	64447	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility

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N BLOCK OTHER PERIPHERAL	64450	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	64480	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	64483	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	64484	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL - BILATERAL	64490	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL - BILATERAL	64491	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT CRV/THRC 3RD+ LEVEL - BILATERAL	64492	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL - BILATERAL	64493	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
INJ STELLATE GANGLION ANESTHETIC	64510	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	64585	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	64721	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	64784	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
IMPLANTATION NERVE END BONE/MUSCLE	64787	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NERVE REPAIR W/CONDUIT EACH NERVE	64910	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility

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NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	64912	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	64913	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REMOVAL FB EYE CONJUNCTVAL SUPERFICIAL	65205	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of recurring cataract in lens capsule using laser	66821	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Removal of cataract with insertion of lens	66984	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DRAINAGE OF EYELID ABSCESS	67700	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REPAIR BROW PTOSIS	67900	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	69005	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REMOVE IMPACTED EAR WAX	69209	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
OTOPLASTY PROTRUDING EAR	69300	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
MICROSURG TQS REQ USE OPERATING MICROSCOPE	69990	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Electrocardiogram, routine, with interpretation and report	93000	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Insertion of catheter into left heart for diagnosis	93452	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Sleep study	95810	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility
Physical therapy, therapeutic exercise	97110	Service typically not offered by this facility	N/A	N/A	N/A	Service typically not offered by this facility