

CMS or Hospital Selected	Charge Code	Description	Service Performed	CPT code	Department	Gross Charge	Cash Pay. Rate	Minimum Negotiated Rate	Maximum Negotiated Rate	AETNA- COMMERCIAL ADVANTAG E	AETNA- MEDI-CARE ADVANTAG E	ALLWELL- MEDI-CARE ADVANTAG E	BCBS- MEDI-CARE ADVANTAG E	CHRISTUS HEALTH EXCHANGE	CIGNA	COVENTRY	GALAXY	HEALTHSMA RT	HEALTHCAR E HIGHWAY AL	HUMANA- COMMERCIAL E	HUMANA- MEDI-CARE ADVANTAG E	INDEPEND NT MEDICAL SYSTEMS	MULTIPLAN	OMNI	PPHP	TEXAS INDEPEND NCE HEALTH RIVERS	THREE TRIWEST	UNITED HEALTHCAR E- COMMERCIAL	UNITED HEALTHCAR E- MEDI-CARE ADVANTAG WELL-CARE					
CMS Selected	750003	EGD	INP or OUTPAT	43235	Endoscopy	\$5,297.20	\$2,648.60	\$809.60	\$5,032.34	\$4,502.62	\$809.60	\$850.08	\$1,159.84	\$1,100.37	\$884.75	\$809.60	\$850.08	\$4,767.48	\$4,502.62	\$5,032.34	\$5,032.34	\$3,972.90	\$4,502.62	\$809.60	\$4,926.40	\$5,032.34	\$5,032.34	\$850.08	\$931.04	\$5,032.34	\$809.60	\$3,972.90	\$809.60	\$850.08
CMS Selected	750002	COLONOSCOPY	INP or OUTPAT	45378	Endoscopy	\$2,628.35	\$1,314.18	\$793.65	\$2,496.93	\$2,234.10	\$793.65	\$833.33	\$1,107.57	\$1,050.77	\$844.88	\$793.65	\$833.33	\$2,365.52	\$2,234.10	\$2,496.93	\$2,496.93	\$1,971.26	\$2,234.10	\$793.65	\$2,444.37	\$2,496.93	\$2,496.93	\$833.33	\$912.70	\$2,496.93	\$793.65	\$1,971.26	\$793.65	\$833.33
CMS Selected	510002	NEW PATIENT 99203 VISIT CHARGE	OUTPAT	99203	Guadalupe Clinic	\$161.00	\$80.50	\$106.65	\$300.62	\$136.85	\$106.65	\$111.98	\$300.62	\$285.04	\$270.24	\$106.65	\$111.98	\$144.90	\$136.85	\$152.95	\$152.95	\$120.75	\$136.85	\$106.65	\$149.73	\$152.95	\$152.95	\$111.98	\$122.65	\$152.95	\$106.65	\$120.75	\$106.65	\$111.98
CMS Selected	510003	NEW PATIENT 99204 VISIT CHARGE	OUTPAT	99204	Guadalupe Clinic	\$174.00	\$87.00	\$106.65	\$507.01	\$147.90	\$106.65	\$111.98	\$507.01	\$480.74	\$455.78	\$106.65	\$111.98	\$156.60	\$147.90	\$165.30	\$165.30	\$130.50	\$147.90	\$106.65	\$161.82	\$165.30	\$165.30	\$111.98	\$122.65	\$165.30	\$106.65	\$130.50	\$106.65	\$111.98
CMS Selected	510004	NEW PATIENT 99205 VISIT CHARGE	OUTPAT	99205	Guadalupe Clinic	\$200.00	\$100.00	\$106.65	\$662.18	\$170.00	\$106.65	\$111.98	\$662.18	\$627.87	\$595.28	\$106.65	\$111.98	\$180.00	\$170.00	\$190.00	\$190.00	\$150.00	\$170.00	\$106.65	\$186.00	\$190.00	\$190.00	\$111.98	\$122.65	\$190.00	\$106.65	\$150.00	\$106.65	\$111.98
CMS Selected	914005	Psychotherapy, 30 minutes with patient	OUTPAT	90832	Heritage Program	\$371.00	\$185.50	\$133.63	\$352.45	\$315.35	\$133.63	\$140.31	\$333.90	\$315.35	\$300.51	\$133.63	\$140.31	\$333.90	\$315.35	\$352.45	\$352.45	\$278.25	\$315.35	\$133.63	\$345.03	\$352.45	\$352.45	\$140.31	\$153.67	\$352.45	\$133.63	\$278.25	\$133.63	\$140.31
CMS Selected	914004	Psychotherapy, 45 minutes with patient	OUTPAT	90834	Heritage Program	\$458.00	\$229.00	\$133.63	\$435.10	\$389.30	\$133.63	\$140.31	\$412.20	\$389.30	\$370.98	\$133.63	\$140.31	\$412.20	\$389.30	\$435.10	\$435.10	\$343.50	\$389.30	\$133.63	\$425.94	\$435.10	\$435.10	\$140.31	\$153.67	\$435.10	\$133.63	\$343.50	\$133.63	\$140.31
CMS Selected	914008	Psychotherapy, 60 minutes with patient	OUTPAT	90837	Heritage Program	\$548.00	\$274.00	\$133.63	\$520.60	\$465.80	\$133.63	\$140.31	\$493.20	\$465.80	\$443.88	\$133.63	\$140.31	\$493.20	\$465.80	\$520.60	\$520.60	\$411.00	\$465.80	\$133.63	\$509.64	\$520.60	\$520.60	\$140.31	\$153.67	\$520.60	\$133.63	\$441.00	\$133.63	\$140.31
CMS Selected	915002	GROUP PSYCHOTHER INITIAL	OUTPAT	90853	Heritage Program	\$444.00	\$222.00	\$74.87	\$421.80	\$377.40	\$74.87	\$78.61	\$399.60	\$377.40	\$359.64	\$74.87	\$78.61	\$399.60	\$377.40	\$421.80	\$421.80	\$333.00	\$377.40	\$74.87	\$412.92	\$421.80	\$421.80	\$78.61	\$86.10	\$421.80	\$74.87	\$333.00	\$74.87	\$78.61
CMS Selected	351003	CT HEAD/BRAIN without contrast	INP or OUTPAT	70450	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
CMS Selected	611001	MR BRAIN WITH CONTRAST followed by contrast and further sequences	INP or OUTPAT	70553	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
CMS Selected	320094	SPINE LUMBOSACRAL MIN 4 VIEWS	INP or OUTPAT	72110	Imaging	\$481.00	\$135.00	\$108.97	\$456.95	\$408.85	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$432.90	\$408.85	\$456.95	\$456.95	\$360.75	\$408.85	\$108.97	\$447.33	\$456.95	\$456.95	\$114.42	\$125.32	\$456.95	\$108.97	\$360.75	\$108.97	\$114.42
CMS Selected	612006	MR SPINAL CANAL LUMBAR without contrast	INP or OUTPAT	72148	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
CMS Selected	350018	CT PELVIS with contrast MR LOWER EXTREMITY ANY JOINT without contrast	INP or OUTPAT	72193	Imaging	\$2,233.00	\$500.00	\$178.55	\$2,121.35	\$1,898.05	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	\$178.55	\$2,076.69	\$2,121.35	\$2,121.35	\$187.48	\$205.33	\$2,121.35	\$178.55	\$1,674.75	\$178.55	\$187.48
CMS Selected	610022	CT ABDOMEN & PELVIS with contrast	INP or OUTPAT	73721	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
CMS Selected	350062	US ABDOMEN & PELVIS with contrast	INP or OUTPAT	74177	Imaging	\$2,973.00	\$500.00	\$368.12	\$2,824.35	\$2,527.05	\$368.12	\$386.53	\$1,516.44	\$1,440.62	\$1,364.80	\$368.12	\$386.53	\$2,675.70	\$2,527.05	\$2,824.35	\$2,824.35	\$2,229.75	\$2,527.05	\$368.12	\$2,764.89	\$2,824.35	\$2,824.35	\$386.53	\$423.34	\$2,824.35	\$368.12	\$2,229.75	\$368.12	\$386.53
CMS Selected	402003	US ABDOMINAL COMPLETE	INP or OUTPAT	76700	Imaging	\$723.00	\$406.50	\$108.97	\$686.85	\$614.55	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$650.70	\$614.55	\$686.85	\$686.85	\$542.25	\$614.55	\$108.97	\$672.39	\$686.85	\$686.85	\$114.42	\$125.32	\$686.85	\$108.97	\$542.25	\$108.97	\$114.42
CMS Selected	402018	US PREGNANT UTERUS single or first gestation	INP or OUTPAT	76805	Imaging	\$740.00	\$415.00	\$108.97	\$703.00	\$629.00	\$108.97	\$114.42	\$314.06	\$298.08	\$282.09	\$108.97	\$114.42	\$666.00	\$629.00	\$703.00	\$703.00	\$555.00	\$629.00	\$108.97	\$688.20	\$703.00	\$703.00	\$114.42	\$125.32	\$703.00	\$108.97	\$555.00	\$108.97	\$114.42
CMS Selected	402027	ULTRASOUND, TRANSVAGINAL	INP or OUTPAT	76830	Imaging	\$626.00	\$358.00	\$108.97	\$594.70	\$532.10	\$108.97	\$114.42	\$298.46	\$283.27	\$268.08	\$108.97	\$114.42	\$563.40	\$532.10	\$594.70	\$594.70	\$469.50	\$532.10	\$108.97	\$582.18	\$594.70	\$594.70	\$114.42	\$125.32	\$594.70	\$108.97	\$469.50	\$108.97	\$114.42
CMS Selected	401014	MAMMO,DIGITAL,UNILATE RAL,ALL	INP or OUTPAT	77065	Imaging	\$378.00	\$208.80	\$87.18	\$359.10	\$321.30	\$87.18	\$91.54	\$320.04	\$303.75	\$287.46	\$87.18	\$91.54	\$340.20	\$321.30	\$359.10	\$359.10	\$283.50	\$321.30	\$87.18	\$351.54	\$359.10	\$359.10	\$91.54	\$100.26	\$359.10	\$87.18	\$283.50	\$87.18	\$91.54
CMS Selected	401015	MAMMO,DIGITAL,BILATERAL,ALL	INP or OUTPAT	77066	Imaging	\$401.00	\$218.40	\$111.50	\$408.75	\$340.85	\$111.50	\$117.08	\$408.75	\$387.94	\$367.14	\$111.50	\$117.08	\$360.90	\$340.85	\$380.95	\$380.95	\$300.75	\$340.85	\$111.50	\$372.93	\$380.95	\$380.95	\$117.08	\$128.23	\$380.95	\$111.50	\$300.75	\$111.50	\$117.08
CMS Selected	403006	MAMMO,DIGITAL,SCREENING,ALL	INP or OUTPAT	77067	Imaging	\$238.00	\$145.00	\$92.18	\$338.04	\$202.30	\$92.18	\$96.79	\$338.04	\$320.84	\$303.63	\$92.18	\$96.79	\$214.20	\$202.30	\$226.10	\$226.10	\$178.50	\$202.30	\$92.18	\$221.34	\$226.10	\$226.10	\$96.79	\$106.01	\$226.10	\$92.18	\$178.50	\$92.18	\$96.79
CMS Selected	300013	BASIC METABOLIC PNL,CALCIUM T	INP or OUTPAT	80048	Lab	\$219.00	\$109.50	\$8.46	\$208.05	\$186.15	\$8.46	\$8.88	\$62.64	\$59.51	\$56.38	\$8.46	\$8.88	\$197.10	\$186.15	\$208.05	\$208.05	\$164.25	\$186.15	\$8.46	\$203.67	\$208.05	\$208.05	\$8.88	\$9.73	\$208.05	\$8.46	\$164.25	\$8.46	\$8.88
CMS Selected	300017	COMPREHENSIVE METABOLIC PANEL	INP or OUTPAT	80053	Lab	\$250.00	\$34.00	\$10.56	\$237.50	\$212.50	\$10.56	\$11.09	\$78.24	\$74.33	\$70.42	\$10.56	\$11.09	\$225.00	\$212.50	\$237.50	\$237.50	\$187.50	\$212.50	\$10.56	\$232.50	\$237.50	\$237.50	\$11.09	\$12.14	\$237.50	\$10.56	\$187.50	\$10.56	\$11.09
CMS Selected	300098	OBSTETRIC PANEL	INP or OUTPAT	80055	Lab	\$221.00	\$110.50	\$47.81	\$354.12	\$187.85	\$47.81	\$50.20	\$354.12	\$336.41	\$318.71	\$47.81	\$50.20	\$198.90	\$187.85	\$209.95	\$209.95	\$165.75	\$187.85	\$47.81	\$205.53	\$209.95	\$209.95	\$50.20	\$54.98	\$209.95	\$47.81	\$165.75	\$47.81	\$50.20
CMS Selected	300041	LIPID PANEL	INP or OUTPAT	80061	Lab	\$309.00	\$24.00	\$13.39	\$293.55	\$262.65	\$13.39	\$14.06	\$99.18	\$94.22	\$89.26	\$13.39	\$14.06	\$278.10	\$262.65	\$293.55	\$293.55	\$231.75	\$262.65	\$13.39	\$287.37	\$293.55	\$293.55	\$14.06	\$15.40	\$293.55	\$13.39	\$231.75	\$13.39	\$14.06
CMS Selected	301004	RENAL FUNCTION PANEL	INP or OUTPAT	80069	Lab	\$233.00	\$116.50	\$8.68	\$221.35	\$198.05	\$8.68	\$9.11	\$64.32	\$61.10	\$57.89	\$8.68	\$9.11	\$209.70	\$198.05	\$221.35	\$221.35	\$174.75	\$198.05	\$8.68	\$216.69	\$221.35	\$221.35	\$9.11	\$9.98	\$221.35	\$8.68	\$174.75	\$8.68	\$9.11
CMS Selected	300038	HEPATIC FUNCTION PANEL	INP or OUTPAT	80076	Lab	\$273.00	\$136.50	\$8.17	\$259.35	\$232.05	\$8.17	\$8.58	\$60.54	\$57.51	\$54.49	\$8.17	\$8.58	\$245.70	\$232.05	\$259.35	\$259.35	\$204.7												

CMS Selected	NA	Carotid valve and other major cardiovascular procedures with cardiac	INPAT	216	Surgery Services	\$143,357.70	\$71,678.85	\$57,343.08	\$136,189.82	\$121,854.05	\$57,343.08	\$60,210.23	\$129,021.93	\$121,854.05	\$116,119.74	\$57,343.08	\$60,210.23	\$129,021.93	\$121,854.05	\$136,189.82	\$107,518.28	\$121,854.05	\$57,343.08	\$133,322.66	\$136,189.82	\$136,189.82	\$60,210.23	\$65,944.54	\$136,189.82	\$57,343.08	\$107,518.28	\$57,343.08	\$60,210.23	
CMS Selected	NA	Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Not Performed at GRMC	460	Medicine and Surgery Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CMS Selected	NA	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INPAT	470	Surgery Services	\$14,389.16	\$7,194.58	\$10,791.87	\$13,669.70	\$12,230.79	\$10,854.25	\$11,396.96	\$12,950.24	\$12,230.79	\$11,655.22	\$10,854.25	\$11,396.96	\$12,950.24	\$12,230.79	\$13,669.70	\$13,669.70	\$10,791.87	\$12,230.79	\$10,854.25	\$13,381.92	\$13,669.70	\$13,669.70	\$11,396.96	\$12,482.39	\$13,669.70	\$10,854.25	\$10,791.87	\$10,854.25	\$11,396.96
CMS Selected	NA	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	Not Performed at GRMC	473	Surgery Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CMS Selected	NA	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INPAT	743	Surgery Services	\$16,176.00	\$8,088.00	\$6,470.40	\$15,367.20	\$13,749.60	\$6,470.40	\$6,793.92	\$14,558.40	\$13,749.60	\$13,102.56	\$6,470.40	\$6,793.92	\$14,558.40	\$13,749.60	\$15,367.20	\$15,367.20	\$12,132.00	\$13,749.60	\$6,470.40	\$15,043.68	\$15,367.20	\$15,367.20	\$6,793.92	\$7,440.96	\$15,367.20	\$6,470.40	\$12,132.00	\$6,470.40	\$6,793.92
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	19120	Surgery Services	\$7,483.39	\$3,741.70	\$3,157.74	\$7,109.22	\$6,306.88	\$3,157.74	\$3,315.63	\$4,255.43	\$4,037.20	\$3,246.13	\$3,157.74	\$3,315.63	\$6,735.05	\$6,360.88	\$7,109.22	\$7,109.22	\$5,612.54	\$6,360.88	\$3,157.74	\$6,959.55	\$7,109.22	\$7,109.22	\$3,315.63	\$3,631.40	\$7,109.22	\$3,157.74	\$5,612.54	\$3,157.74	\$3,315.63
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	29826	Surgery Services	\$12,105.70	\$6,052.85	\$5,627.05	\$11,500.42	\$10,289.85	\$5,627.05	\$5,908.40	\$8,746.02	\$8,297.50	\$6,671.64	\$5,627.05	\$5,908.40	\$10,895.13	\$10,289.85	\$11,500.42	\$11,500.42	\$9,079.28	\$10,289.85	\$5,627.05	\$11,258.30	\$11,500.42	\$11,500.42	\$5,908.40	\$6,471.11	\$11,500.42	\$5,627.05	\$9,079.28	\$5,627.05	\$5,908.40
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	29881	Surgery Services	\$7,731.24	\$3,865.62	\$2,830.40	\$7,344.68	\$6,571.55	\$2,830.40	\$2,971.92	\$4,126.56	\$3,914.94	\$3,147.82	\$2,830.40	\$2,971.92	\$6,958.12	\$6,571.55	\$7,344.68	\$7,344.68	\$5,798.43	\$6,571.55	\$2,830.40	\$7,190.05	\$7,344.68	\$7,344.68	\$2,971.92	\$3,254.96	\$7,344.68	\$2,830.40	\$5,798.43	\$2,830.40	\$2,971.92
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	42820	Surgery Services	\$8,256.93	\$4,128.47	\$5,086.05	\$7,844.08	\$7,018.39	\$5,086.05	\$5,340.35	\$6,768.51	\$6,421.41	\$5,163.16	\$5,086.05	\$5,340.35	\$7,431.24	\$7,018.39	\$7,844.08	\$7,844.08	\$6,192.70	\$7,018.39	\$5,086.05	\$7,678.94	\$7,844.08	\$7,844.08	\$5,340.35	\$5,848.96	\$7,844.08	\$5,086.05	\$6,192.70	\$5,086.05	\$5,340.35
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	43239	Surgery Services	\$5,120.34	\$2,560.17	\$809.60	\$4,864.32	\$4,352.29	\$809.60	\$850.08	\$1,159.84	\$1,100.37	\$884.75	\$809.60	\$850.08	\$4,608.31	\$4,352.29	\$4,864.32	\$4,864.32	\$3,840.26	\$4,352.29	\$809.60	\$4,761.92	\$4,864.32	\$4,864.32	\$850.08	\$931.04	\$4,864.32	\$809.60	\$809.60	\$850.08	\$850.08
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	45380	Surgery Services	\$2,721.35	\$1,360.68	\$1,036.96	\$2,585.28	\$2,313.15	\$1,036.96	\$1,088.81	\$1,460.77	\$1,385.86	\$1,114.30	\$1,036.96	\$1,088.81	\$2,449.22	\$2,313.15	\$2,585.28	\$2,585.28	\$2,041.01	\$2,313.15	\$1,036.96	\$2,530.86	\$2,585.28	\$2,585.28	\$1,088.81	\$1,192.50	\$2,585.28	\$1,036.96	\$2,041.01	\$1,036.96	\$1,088.81
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	45385	Surgery Services	\$2,944.78	\$1,472.39	\$1,036.96	\$2,797.54	\$2,503.06	\$1,036.96	\$1,088.81	\$1,460.77	\$1,385.86	\$1,114.30	\$1,036.96	\$1,088.81	\$2,650.30	\$2,503.06	\$2,797.54	\$2,797.54	\$2,208.59	\$2,503.06	\$1,036.96	\$2,738.65	\$2,797.54	\$2,797.54	\$1,088.81	\$1,192.50	\$2,797.54	\$1,036.96	\$2,208.59	\$1,036.96	\$1,088.81
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	45391	Surgery Services	\$2,330.00	\$1,165.00	\$1,036.96	\$2,213.50	\$1,980.50	\$1,036.96	\$1,088.81	\$1,460.77	\$1,385.86	\$1,114.30	\$1,036.96	\$1,088.81	\$2,097.00	\$1,980.50	\$2,213.50	\$2,213.50	\$1,747.50	\$1,980.50	\$1,036.96	\$2,166.90	\$2,213.50	\$2,213.50	\$1,088.81	\$1,192.50	\$2,213.50	\$1,036.96	\$1,747.50	\$1,036.96	\$1,088.81
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	47562	Surgery Services	\$18,433.78	\$9,216.89	\$5,060.44	\$17,512.09	\$15,668.71	\$5,060.44	\$5,313.46	\$7,002.34	\$6,643.25	\$5,341.53	\$5,060.44	\$5,313.46	\$16,590.40	\$15,668.71	\$17,512.09	\$17,512.09	\$13,825.34	\$15,668.71	\$5,060.44	\$17,143.42	\$17,512.09	\$17,512.09	\$5,313.46	\$5,819.51	\$17,512.09	\$5,060.44	\$13,825.34	\$5,060.44	\$5,313.46
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	49505	Surgery Services	\$10,768.70	\$5,384.35	\$3,183.41	\$10,230.27	\$9,153.40	\$3,183.41	\$3,342.58	\$4,541.41	\$4,308.52	\$3,464.28	\$3,183.41	\$3,342.58	\$9,691.83	\$9,153.40	\$10,230.27	\$10,230.27	\$8,076.53	\$9,153.40	\$3,183.41	\$10,014.89	\$10,230.27	\$10,230.27	\$3,342.58	\$3,660.92	\$10,230.27	\$3,183.41	\$8,076.53	\$3,183.41	\$3,342.58
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	55700	Surgery Services	\$6,682.50	\$3,341.25	\$1,792.99	\$6,348.38	\$5,680.13	\$1,792.99	\$1,882.64	\$2,645.26	\$2,509.61	\$2,017.86	\$1,792.99	\$1,882.64	\$6,014.25	\$5,680.13	\$6,348.38	\$6,348.38	\$5,011.88	\$5,680.13	\$1,792.99	\$6,214.73	\$6,348.38	\$6,348.38	\$1,882.64	\$2,061.94	\$6,348.38	\$1,792.99	\$5,011.88	\$1,792.99	\$1,882.64
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	55866	Surgery Services	\$20,000.00	\$10,000.00	\$8,907.66	\$19,000.00	\$17,000.00	\$8,907.66	\$9,353.04	\$11,848.86	\$11,241.22	\$9,038.55	\$8,907.66	\$9,353.04	\$18,000.00	\$17,000.00	\$19,000.00	\$19,000.00	\$15,000.00	\$17,000.00	\$8,907.66	\$18,600.00	\$19,000.00	\$19,000.00	\$9,353.04	\$10,243.81	\$19,000.00	\$8,907.66	\$15,000.00	\$8,907.66	\$9,353.04
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INPAT	59400	Surgery Services	\$8,065.00	\$2,800.00	\$2,559.04	\$7,661.75	\$6,855.25	N/A	N/A	\$3,354.70	\$3,182.67	\$2,559.04	N/A	N/A	\$7,258.50	\$6,855.25	\$7,661.75	\$7,661.75	\$6,048.75	\$6,855.25	N/A	\$7,500.45	\$7,661.75	\$7,661.75	N/A	N/A	\$7,661.75	N/A	\$6,048.75	N/A	N/A
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INPAT	59510	Surgery Services	\$16,484.00	\$4,200.00	\$2,838.34	\$15,659.80	\$14,011.40	N/A	N/A	\$3,720.85	\$3,530.04	\$2,838.34	N/A	N/A	\$14,835.60	\$14,011.40	\$15,659.80	\$15,659.80	\$12,363.00	\$14,011.40	N/A	\$15,330.12	\$15,659.80	\$15,659.80	N/A	N/A	\$15,659.80	N/A	\$12,363.00	N/A	N/A
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INPAT	59610	Surgery Services	\$8,065.00	\$2,800.00	\$2,693.99	\$7,661.75	\$6,855.25	N/A	N/A	\$3,531.62	\$3,350.51	\$2,693.99	N/A	N/A	\$7,258.50	\$6,855.25	\$7,661.75	\$7,661.75	\$6,048.75	\$6,855.25	N/A	\$7,500.45	\$7,661.75	\$7,661.75	N/A	N/A	\$7,661.75	N/A	\$6,048.75	N/A	N/A
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	62323	Surgery Services	\$1,960.22	\$980.11	\$634.59	\$1,862.21	\$1,666.19	\$634.59	\$666.32	\$847.67	\$804.20	\$646.62	\$634.59	\$666.32	\$1,764.20	\$1,666.19	\$1,862.21	\$1,862.21	\$1,470.17	\$1,666.19	\$634.59	\$1,823.00	\$1,862.21	\$1,862.21	\$666.32	\$729.78	\$1,862.21	\$634.59	\$1,470.17	\$634.59	\$666.32
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	64483	Surgery Services	\$3,524.69	\$1,762.35	\$799.89	\$3,348.46	\$2,995.99	\$822.46	\$863.58	\$1,048.60	\$994.83	\$799.89	\$822.46	\$863.58	\$3,172.22	\$2,995.99	\$3,348.46	\$3,348.46	\$2,643.52	\$2,995.99	\$822.46	\$3,277.96	\$3,348.46	\$3,348.46	\$863.58	\$945.83	\$3,348.46	\$822.46	\$2,643.52	\$822.46	\$863.58
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	OUTPAT	66821	Surgery Services	\$1,250.00	\$625.00	\$503.86	\$1,187.50	\$1,062.50	\$503.86	\$529.05	\$761.25	\$722.21	\$580.70	\$503.86	\$529.05	\$1,125.00	\$1,062.50	\$1,187.50	\$1,187.50	\$937.50	\$1,062.50	\$503.86	\$1,162.50	\$1,187.50	\$1,187.50	\$529.05	\$579.44	\$1,187.50	\$503.86	\$937.50	\$503.86	\$529.05
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	OUTPAT	66984	Surgery Services	\$8,975.73	\$4,487.87	\$2,079.16	\$8,526.94	\$7,629.37	\$2,079.16	\$2,183.12	\$2,996.90	\$2,843.21	\$2,286.10	\$2,079.16	\$2,183.12	\$8,078.16	\$7,629.37	\$8,526.94	\$8,526.94	\$6,731.80	\$7,629.37	\$2,079.16	\$8,347.43	\$8,526.94	\$8,526.94	\$2,183.12	\$2,391.03	\$8,526.94	\$2,079.16	\$6,731.80	\$2,079.16	\$2,183.12
CMS Selected	CASE RATE	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	93452	Surgery Services	\$11,106.00	\$5,553.00	\$2,899.02	\$10,550.70	\$9,440.10	\$2,899.02	\$3,043.97	\$4,389.22	\$4,164.13	\$3,348.18	\$2,899.02	\$3,043.97	\$9,995.40	\$9,440.10	\$10,550.70	\$10,550.70	\$8,329.50	\$9,440.10	\$2,899.02	\$10,328.58	\$10,550.70	\$10,550.70	\$3,043.97	\$3,333.87	\$10,550.70	\$2,899.02	\$8,329.50	\$2,899.02	\$3,043.97
CMS Selected	9830037	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	99243	Surgery Services	\$364.00	\$182.00	\$92.31	\$374.03	\$309.40	\$92.31	\$96.93	\$374.03	\$354.65	\$336.24	\$92.31	\$96.93	\$327.60	\$309.40	\$345.80	\$345.80	\$273.00	\$309.40	\$92.31	\$338.52	\$345.80	\$345.80	\$96.93	\$106.16	\$345.80	\$92.31	\$273.00	\$92.31	\$96.93
CMS Selected	9830038	Wrist joint replacement or reattachment of lower extremity without major comorbid conditions (CCI or major ortho)	INP or OUTPAT	99244	Surgery Services	\$502.00	\$251.00	\$148.46	\$601.23	\$426.70	\$148.46	\$155.88	\$601.23	\$570.08	\$540.49	\$148.46	\$155.88	\$451.80	\$426.70	\$476.90	\$476.90	\$376.50	\$426.70	\$148.46	\$466.86	\$476.90	\$476.90	\$155.88	\$170.73					

Hospital Selected	4800032	PERIPHERAL ARTERIAL Disease Rehab per session	OUTPAT	93668	Cardiac Rehab	\$158.00	\$79.00	\$55.66	\$150.10	\$134.30	\$55.66	\$58.44	\$76.20	\$72.25	\$68.50	\$55.66	\$58.44	\$142.20	\$134.30	\$150.10	\$150.10	\$118.50	\$134.30	\$55.66	\$146.94	\$150.10	\$150.10	\$58.44	\$64.01	\$150.10	\$55.66	\$118.50	\$55.66	\$58.44	
Hospital Selected	7500005-45330	Case rate																																	
Hospital Selected	7610007	SIGMOIDOSCOPY (FLEX) Endoscopic retrograde cholangiopancreatography FINE NEEDLE ASPIRATION/BIOPSY, +ULTRASONID GUIDANCE THROUGHOUT WHITE DEVICE:1ST LESION + ULTRASONID GUIDANCE THROUGHOUT	INP OR OUTPAT	45330	Endoscopy	\$3,166.23	\$1,583.12	\$164.93	\$3,007.92	\$2,691.30	\$793.65	\$833.33	\$216.22	\$205.13	\$164.93	\$793.65	\$833.33	\$2,849.61	\$2,691.30	\$3,007.92	\$3,007.92	\$2,374.67	\$2,691.30	\$793.65	\$2,944.59	\$3,007.92	\$3,007.92	\$833.33	\$912.70	\$3,007.92	\$793.65	\$2,374.67	\$793.65	\$833.33	
Hospital Selected	4020105	ASPIRATION/BIOPSY, +ULTRASONID GUIDANCE THROUGHOUT WHITE DEVICE:1ST LESION + ULTRASONID GUIDANCE THROUGHOUT	INP OR OUTPAT	10005	Imaging	\$7,640.00	\$3,820.00	\$3,080.79	\$7,258.00	\$6,494.00	\$3,080.79	\$3,234.83	\$4,279.77	\$4,060.29	\$3,264.69	\$3,080.79	\$3,234.83	\$6,876.00	\$6,494.00	\$7,258.00	\$7,258.00	\$5,730.00	\$6,494.00	\$3,080.79	\$7,105.20	\$7,258.00	\$7,258.00	\$3,234.83	\$3,542.91	\$7,258.00	\$3,080.79	\$5,730.00	\$3,080.79	\$3,234.83	
Hospital Selected	4020088	ULTRASONID GUIDANCE THROUGHOUT	INP OR OUTPAT	19083	Imaging	\$10,675.24	\$5,337.62	\$1,407.00	\$10,141.48	\$9,073.95	\$1,407.00	\$1,477.35	\$2,102.93	\$1,995.08	\$1,604.16	\$1,407.00	\$1,477.35	\$9,607.72	\$9,073.95	\$10,141.48	\$10,141.48	\$8,006.43	\$9,073.95	\$1,407.00	\$9,927.97	\$10,141.48	\$10,141.48	\$1,477.35	\$1,618.05	\$10,141.48	\$1,407.00	\$8,006.43	\$1,407.00	\$1,477.35	
Hospital Selected	4021002	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, aspiration of the pleural space, with image	INP OR OUTPAT	32555	Imaging	\$1,715.00	\$857.50	\$541.62	\$1,629.25	\$1,457.75	\$541.62	\$568.70	\$955.61	\$906.60	\$728.96	\$541.62	\$568.70	\$1,543.50	\$1,457.75	\$1,629.25	\$1,629.25	\$1,286.25	\$1,457.75	\$541.62	\$1,594.95	\$1,629.25	\$1,629.25	\$568.70	\$622.86	\$1,629.25	\$541.62	\$1,286.25	\$541.62	\$568.70	
Hospital Selected	7610123	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ABDOMINAL PARACENTESIS, with imaging guidance	INP OR OUTPAT	36569	Imaging	\$2,852.00	\$1,426.00	\$1,169.73	\$2,709.40	\$2,424.20	\$1,406.14	\$1,476.45	\$1,533.43	\$1,454.80	\$1,169.73	\$1,406.14	\$1,476.45	\$2,566.80	\$2,424.20	\$2,709.40	\$2,709.40	\$2,139.00	\$2,424.20	\$1,406.14	\$2,652.36	\$2,709.40	\$2,709.40	\$1,476.45	\$1,617.06	\$2,709.40	\$1,406.14	\$2,139.00	\$1,406.14	\$1,476.45	
Hospital Selected	4022002	PARACENTESIS, with imaging guidance	INP OR OUTPAT	49083	Imaging	\$2,718.00	\$1,359.00	\$809.60	\$2,582.10	\$2,310.30	\$809.60	\$850.08	\$1,159.84	\$1,100.37	\$884.75	\$809.60	\$850.08	\$2,446.20	\$2,310.30	\$2,582.10	\$2,582.10	\$2,038.50	\$2,310.30	\$809.60	\$2,527.74	\$2,582.10	\$2,582.10	\$850.08	\$931.04	\$2,582.10	\$809.60	\$2,038.50	\$809.60	\$850.08	
Hospital Selected	3200028	X-RAY FACIAL BONES, COMPLETE MINIMUM 3 VIEWS	INP OR OUTPAT	70150	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42	
Hospital Selected	3200082	X-RAY SINUSES, PARANASAL COMPLETE MINIMUM 3 VIEWS	INP OR OUTPAT	70220	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95	
Hospital Selected	3200063	X-RAY NECK SOFT TISSUE CT HEAD/BRAIN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER	INP OR OUTPAT	70360	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95	
Hospital Selected	3510001	CT ORBIT, SELLA, EAR WITHOUT CONTRAST	INP OR OUTPAT	70470	Imaging	\$2,655.00	\$550.00	\$178.55	\$2,522.25	\$2,256.75	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,389.50	\$2,256.75	\$2,522.25	\$2,522.25	\$1,991.25	\$2,256.75	\$178.55	\$2,469.15	\$2,522.25	\$2,522.25	\$187.48	\$205.33	\$2,522.25	\$178.55	\$1,991.25	\$178.55	\$187.48	
Hospital Selected	3510008	CT ORBIT, SELLA, EAR WITHOUT CONTRAST	INP OR OUTPAT	70480	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42	
Hospital Selected	3510007	CT MAXILLOFACIAL without contrast	INP OR OUTPAT	70486	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42	
Hospital Selected	3510006	CT MAXILLOFACIAL WITH CONTRAST	INP OR OUTPAT	70487	Imaging	\$2,233.00	\$500.00	\$178.55	\$2,121.35	\$1,898.05	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	\$178.55	\$2,076.69	\$2,121.35	\$2,121.35	\$187.48	\$205.33	\$2,121.35	\$178.55	\$1,674.75	\$178.55	\$187.48	
Hospital Selected	3510012	CT SOFT TISSUE NECK WITH CONTRAST	INP OR OUTPAT	70491	Imaging	\$2,233.00	\$500.00	\$178.55	\$2,121.35	\$1,898.05	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	\$178.55	\$2,076.69	\$2,121.35	\$2,121.35	\$187.48	\$205.33	\$2,121.35	\$178.55	\$1,674.75	\$178.55	\$187.48	
Hospital Selected	3510016	CT ANGIOGRAPHY, HEAD, WITHOUT CONTRAST	INP OR OUTPAT	70496	Imaging	\$2,594.00	\$500.00	\$178.55	\$2,464.30	\$2,204.90	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,334.60	\$2,204.90	\$2,464.30	\$2,464.30	\$1,945.50	\$2,204.90	\$178.55	\$2,412.42	\$2,464.30	\$2,464.30	\$187.48	\$205.33	\$2,464.30	\$178.55	\$1,945.50	\$178.55	\$187.48	
Hospital Selected	3510014	ANGIOGRAPHY NECK, WITH CONTRAST, INCLUDING	INP OR OUTPAT	70498	Imaging	\$2,594.00	\$500.00	\$178.55	\$2,464.30	\$2,204.90	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,334.60	\$2,204.90	\$2,464.30	\$2,464.30	\$1,945.50	\$2,204.90	\$178.55	\$2,412.42	\$2,464.30	\$2,464.30	\$187.48	\$205.33	\$2,464.30	\$178.55	\$1,945.50	\$178.55	\$187.48	
Hospital Selected	6100005	MRA HEAD, ARTERY WITHOUT CONTRAST	INP OR OUTPAT	70544	Imaging	\$2,622.00	\$1,441.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64	
Hospital Selected	6110002	MRI BRAIN without contrast	INP OR OUTPAT	70551	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64	
Hospital Selected	3240003	X-RAY CHEST 1 VIEW	INP OR OUTPAT	71045	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95	
Hospital Selected	3240006	X-RAY CHEST 2 VIEWS	INP OR OUTPAT	71046	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95	
Hospital Selected	3200167	X-RAY RIBS UNILATERAL; 2 SELECTED	INP OR OUTPAT	71100	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95	
Hospital Selected	3200074	X-RAY RIBS UNIL +P/A CHEST MINIMUM 3 VIEWS	INP OR OUTPAT	71101	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42	
Hospital Selected	3200073	X-RAY RIBS BILAT +P/A CHEST MINIMUM 4 VIEWS	INP OR OUTPAT	71111	Imaging	\$481.00	\$255.50	\$108.97	\$456.95	\$408.85	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$432.90	\$408.85	\$456.95	\$456.95	\$360.75	\$408.85	\$108.97	\$447.33	\$456.95	\$456.95	\$114.42	\$125.32	\$456.95	\$108.97	\$360.75	\$108.97	\$114.42	
Hospital Selected	3500026	CT THORAX WITHOUT CONTRAST	INP OR OUTPAT	71250	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42	
Hospital Selected	3500025	CT THORAX WITH CONTRAST	INP OR OUTPAT	71260	Imaging	\$2,233.00	\$500.00	\$178.55	\$2,121.35	\$1,898.05	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	\$178.55	\$2,076.69	\$2,121.35	\$2,121.35	\$187.48	\$205.33	\$2,121.35	\$178.55	\$1,674.75	\$178.55	\$187.48	
Hospital Selected	3500032	CT ANGIO, CHEST, JNC, WITH CONTRAST INCLUDING NON CONTRAST IMAGES	INP OR OUTPAT	71275	Imaging	\$2,594.00	\$500.00	\$178.55	\$2,464.30	\$2,204.90	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,334.60	\$2,204.90	\$2,464.30	\$2,464.30	\$1,945.50	\$2,204.90	\$178.55	\$2,412.42	\$2,464.30	\$2,464.30	\$187.48	\$205.33	\$2,464.30	\$178.55	\$1,945.50	\$178.55	\$187.48	
Hospital Selected	3200089																																		

Hospital Selected	3500017	CT LUMBAR SPINE WITHOUT CONTRAST MRI SPINAL CANAL	INP OR OUTPAT	72131	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
Hospital Selected	6120003	WITHOUT CONTRAST CERVICAL MRI SPINAL CANAL	INP OR OUTPAT	72141	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
Hospital Selected	6120009	WITHOUT CONTRAST THORACIC MRI SPINAL CANAL WITH AND WITHOUT	INP OR OUTPAT	72145	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
Hospital Selected	6120001	CONTRAST CERVICAL MRI SPINAL CANAL WITH AND WITHOUT CONTRAST	INP OR OUTPAT	72156	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
Hospital Selected	6120007	AND FURTHER SECTIONS, MRI SPINAL CANAL WITH AND WITHOUT CONTRAST LUMBAR	INP OR OUTPAT	72157	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
Hospital Selected	6120004	WITHOUT CONTRAST LUMBAR	INP OR OUTPAT	72158	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
Hospital Selected	3200067	X-RAY PELVIS 1 OR 2 VIEWS	INP OR OUTPAT	72170	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42
Hospital Selected	3500019	CT PELVIS WITHOUT CONTRAST	INP OR OUTPAT	72192	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
Hospital Selected	3200053	X-RAY SACROILIAC JOINTS LESS THAN 3 VIEWS	INP OR OUTPAT	72202	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42
Hospital Selected	3200075	X-RAY SACRUM & COCCYX MINIMUM OF 2 VIEW	INP OR OUTPAT	72220	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200019	X-RAY CLAVICLE, COMPLETE	INP OR OUTPAT	73000	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200079	X-RAY SHOULDER 1 VIEW	INP OR OUTPAT	73020	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200078	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	INP OR OUTPAT	73030	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200111	X-RAY SHOULDER, ARTHROGRAPHY	INP OR OUTPAT	73040	Imaging	\$1,337.00	\$683.50	\$368.12	\$1,524.28	\$1,136.45	\$368.12	\$386.53	\$1,524.28	\$1,446.69	\$1,369.11	\$368.12	\$386.53	\$1,203.30	\$1,136.45	\$1,270.15	\$1,270.15	\$1,002.75	\$1,136.45	\$368.12	\$1,243.41	\$1,270.15	\$1,270.15	\$386.53	\$423.34	\$1,270.15	\$368.12	\$1,002.75	\$368.12	\$386.53
Hospital Selected	3200049	X-RAY HUMERUS, MINIMUM OF 2 VIEWS	INP OR OUTPAT	73060	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200025	X-RAY ELBOW, 2 VIEWS	INP OR OUTPAT	73070	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200024	X-RAY ELBOW COMPLETE MINIMUM 3 VIEWS	INP OR OUTPAT	73080	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200037	X-RAY FOREARM, 2 VIEWS	INP OR OUTPAT	73090	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200108	X-RAY WRIST, 2 VIEWS	INP OR OUTPAT	73100	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200109	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	INP OR OUTPAT	73110	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200044	X-RAY HAND, 2 VIEWS	INP OR OUTPAT	73120	Imaging	\$286.00	\$135.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42
Hospital Selected	3200043	X-RAY HAND MINIMUM 3 VIEWS	INP OR OUTPAT	73130	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200030	X-RAY FINGER(S), MINIMUM 2 VIEWS	INP OR OUTPAT	73140	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3500027	CT UPPER EXTREMITY WITHOUT CONTRAST	INP OR OUTPAT	73200	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
Hospital Selected	6100034	MRI UPPER EXT ANY JT WITHOUT CONTRAST	INP OR OUTPAT	73221	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
Hospital Selected	3200048	X-RAY HIP UNILATERAL WITH PELVIS, 1 VIEW	INP OR OUTPAT	73501	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200047	X-RAY HIP UNI WITH PELVIS, 2/3 VIEWS	INP OR OUTPAT	73502	Imaging	\$286.00	\$158.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200045	X-RAY HIPS,BIL WITH PELVIS, 3/4 VIEWS	INP OR OUTPAT	73522	Imaging	\$481.00	\$255.50	\$108.97	\$456.95	\$408.85	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$432.90	\$408.85	\$456.95	\$456.95	\$360.75	\$408.85	\$108.97	\$447.33	\$456.95	\$456.95	\$114.42	\$125.32	\$456.95	\$108.97	\$360.75	\$108.97	\$114.42
Hospital Selected	3200232	X-RAY FEMUR, 1 VIEW	INP OR OUTPAT	73551	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84						

Hospital Selected	3200101	X-RAY TOE(S) MINIMUM 2 VIEWS	INP OR OUTPAT	73660	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3500012	CT LOWER EXTREMITY WITH AND WITHOUT CONTRAST MIN LOWER EXT OTHER THAN JOINT WITHOUT CONTRAST W/EXTREMIT OTHER THAN JOINT	INP OR OUTPAT	73700	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
Hospital Selected	6100018	CT LOWER EXTREMITY WITH AND WITHOUT CONTRAST W/EXTREMIT OTHER THAN JOINT WITHOUT CONTRAST	INP OR OUTPAT	73718	Imaging	\$2,622.00	\$700.00	\$230.13	\$2,490.90	\$2,228.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,359.80	\$2,228.70	\$2,490.90	\$2,490.90	\$1,966.50	\$2,228.70	\$230.13	\$2,438.46	\$2,490.90	\$2,490.90	\$241.64	\$264.65	\$2,490.90	\$230.13	\$1,966.50	\$230.13	\$241.64
Hospital Selected	6100023	CT LOWER EXTREMITY WITH AND WITHOUT CONTRAST W/EXTREMIT OTHER THAN JOINT WITHOUT CONTRAST	INP OR OUTPAT	73720	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
Hospital Selected	3200004	X-RAY ABDOMEN, 1 VIEW	INP OR OUTPAT	74018	Imaging	\$286.00	\$90.00	\$80.90	\$271.70	\$243.10	\$80.90	\$84.95	\$207.48	\$196.92	\$186.36	\$80.90	\$84.95	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$80.90	\$265.98	\$271.70	\$271.70	\$84.95	\$93.04	\$271.70	\$80.90	\$214.50	\$80.90	\$84.95
Hospital Selected	3200240	X-RAY ABDOMEN; 2 VIEWS	INP OR OUTPAT	74019	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42
Hospital Selected	3200239	X-RAY ABDOMEN; 3 OR MORE VIEWS X-RAY	INP OR OUTPAT	74021	Imaging	\$332.00	\$181.00	\$108.97	\$382.30	\$282.20	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$298.80	\$282.20	\$315.40	\$315.40	\$249.00	\$282.20	\$108.97	\$308.76	\$315.40	\$315.40	\$114.42	\$125.32	\$315.40	\$108.97	\$249.00	\$108.97	\$114.42
Hospital Selected	3200002	X-RAY ABDOMEN COMPLETE ACUTE ABDOMEN SERIES,	INP OR OUTPAT	74022	Imaging	\$286.00	\$158.00	\$108.97	\$382.30	\$243.10	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$257.40	\$243.10	\$271.70	\$271.70	\$214.50	\$243.10	\$108.97	\$265.98	\$271.70	\$271.70	\$114.42	\$125.32	\$271.70	\$108.97	\$214.50	\$108.97	\$114.42
Hospital Selected	3500004	CT ABDOMEN WITHOUT CONTRAST	INP OR OUTPAT	74150	Imaging	\$1,645.00	\$450.00	\$108.97	\$1,562.75	\$1,398.25	\$108.97	\$114.42	\$686.76	\$652.42	\$618.08	\$108.97	\$114.42	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$108.97	\$1,529.85	\$1,562.75	\$1,562.75	\$114.42	\$125.32	\$1,562.75	\$108.97	\$1,233.75	\$108.97	\$114.42
Hospital Selected	3500003	CT ABDOMEN WITH CONTRAST	INP OR OUTPAT	74160	Imaging	\$2,233.00	\$500.00	\$178.55	\$2,121.35	\$1,898.05	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	\$178.55	\$2,076.69	\$2,121.35	\$2,121.35	\$187.48	\$205.33	\$2,121.35	\$178.55	\$1,674.75	\$178.55	\$187.48
Hospital Selected	3500002	CT ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER CT ANGIO,PELVIS	INP OR OUTPAT	74170	Imaging	\$2,655.00	\$550.00	\$178.55	\$2,522.25	\$2,256.75	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,389.50	\$2,256.75	\$2,522.25	\$2,522.25	\$1,991.25	\$2,256.75	\$178.55	\$2,469.15	\$2,522.25	\$2,522.25	\$187.48	\$205.33	\$2,522.25	\$178.55	\$1,991.25	\$178.55	\$187.48
Hospital Selected	3500064	CT ABDOMEN WITH CONTRAST	INP OR OUTPAT	74174	Imaging	\$2,594.00	\$500.00	\$368.12	\$2,464.30	\$2,204.90	\$368.12	\$386.53	\$1,511.64	\$1,436.06	\$1,360.48	\$368.12	\$386.53	\$2,334.60	\$2,204.90	\$2,464.30	\$2,464.30	\$1,945.50	\$2,204.90	\$368.12	\$2,412.42	\$2,464.30	\$2,464.30	\$386.53	\$423.34	\$2,464.30	\$368.12	\$1,945.50	\$368.12	\$386.53
Hospital Selected	3500061	CT, ABDOMEN & PELVIS; without contrast	INP OR OUTPAT	74176	Imaging	\$2,194.00	\$450.00	\$230.13	\$2,084.30	\$1,864.90	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$1,974.60	\$1,864.90	\$2,084.30	\$2,084.30	\$1,645.50	\$1,864.90	\$230.13	\$2,040.42	\$2,084.30	\$2,084.30	\$241.64	\$264.65	\$2,084.30	\$230.13	\$1,645.50	\$230.13	\$241.64
Hospital Selected	3500063	CT, ABDOMEN & PELVIS; without contrast followed by contrast and further CT ANGIO, PELVIS	INP OR OUTPAT	74178	Imaging	\$3,536.00	\$550.00	\$368.12	\$3,359.20	\$3,005.60	\$368.12	\$386.53	\$1,516.44	\$1,440.62	\$1,364.80	\$368.12	\$386.53	\$3,182.40	\$3,005.60	\$3,359.20	\$3,359.20	\$2,652.00	\$3,005.60	\$368.12	\$3,288.48	\$3,359.20	\$3,359.20	\$386.53	\$423.34	\$3,359.20	\$368.12	\$2,652.00	\$368.12	\$386.53
Hospital Selected	6100040	CT ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER CT ANGIO, PELVIS	INP OR OUTPAT	74181	Imaging	\$3,142.00	\$700.00	\$230.13	\$2,984.90	\$2,670.70	\$230.13	\$241.64	\$1,393.86	\$1,324.17	\$1,254.47	\$230.13	\$241.64	\$2,827.80	\$2,670.70	\$2,984.90	\$2,984.90	\$2,356.50	\$2,670.70	\$230.13	\$2,922.06	\$2,984.90	\$2,984.90	\$241.64	\$264.65	\$2,984.90	\$230.13	\$2,356.50	\$230.13	\$241.64
Hospital Selected	6100012	CT ABDOMEN WITHOUT CONTRAST FOLLOWED BY CONTRAST AND FURTHER CT ANGIO, PELVIS	INP OR OUTPAT	74183	Imaging	\$4,001.00	\$850.00	\$368.12	\$3,800.95	\$3,400.85	\$368.12	\$386.53	\$2,738.22	\$2,601.31	\$2,464.40	\$368.12	\$386.53	\$3,600.90	\$3,400.85	\$3,800.95	\$3,800.95	\$3,000.75	\$3,400.85	\$368.12	\$3,720.93	\$3,800.95	\$3,800.95	\$386.53	\$423.34	\$3,800.95	\$368.12	\$3,000.75	\$368.12	\$386.53
Hospital Selected	3200099	X-RAY UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT	INP OR OUTPAT	74230	Imaging	\$567.00	\$298.50	\$178.55	\$538.65	\$481.95	\$178.55	\$187.48	\$382.30	\$362.84	\$343.38	\$178.55	\$187.48	\$510.30	\$481.95	\$538.65	\$538.65	\$425.25	\$481.95	\$178.55	\$527.31	\$538.65	\$538.65	\$187.48	\$205.33	\$538.65	\$178.55	\$425.25	\$178.55	\$187.48
Hospital Selected	3200042	X-RAY UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT	INP OR OUTPAT	74240	Imaging	\$567.00	\$298.50	\$178.55	\$844.15	\$481.95	\$178.55	\$187.48	\$844.15	\$801.19	\$758.22	\$178.55	\$187.48	\$510.30	\$481.95	\$538.65	\$538.65	\$425.25	\$481.95	\$178.55	\$527.31	\$538.65	\$538.65	\$187.48	\$205.33	\$538.65	\$178.55	\$425.25	\$178.55	\$187.48
Hospital Selected	3200041	ABDOMINAL RELAXED DOUBLE X-RAY SMALL INTESTINE, INCLUDING MULTIPLE SERIAL IMAGES AND X-RAY	INP OR OUTPAT	74246	Imaging	\$647.00	\$338.50	\$178.55	\$844.15	\$549.95	\$178.55	\$187.48	\$844.15	\$801.19	\$758.22	\$178.55	\$187.48	\$582.30	\$549.95	\$614.65	\$614.65	\$485.25	\$549.95	\$178.55	\$601.71	\$614.65	\$614.65	\$187.48	\$205.33	\$614.65	\$178.55	\$485.25	\$178.55	\$187.48
Hospital Selected	3200040	ABDOMINAL RELAXED DOUBLE X-RAY SMALL INTESTINE, INCLUDING MULTIPLE SERIAL IMAGES AND X-RAY	INP OR OUTPAT	74250	Imaging	\$567.00	\$298.50	\$178.55	\$538.65	\$481.95	\$178.55	\$187.48	\$382.30	\$362.84	\$343.38	\$178.55	\$187.48	\$510.30	\$481.95	\$538.65	\$538.65	\$425.25	\$481.95	\$178.55	\$527.31	\$538.65	\$538.65	\$187.48	\$205.33	\$538.65	\$178.55	\$425.25	\$178.55	\$187.48
Hospital Selected	3200016	X-RAY CHOLANG/PANCREATOGR APHY IN-C	INP OR OUTPAT	74300	Imaging	\$657.00	\$343.50	\$55.98	\$624.15	\$558.45	N/A	N/A	\$62.32	\$59.15	\$55.98	N/A	N/A	\$591.30	\$558.45	\$624.15	\$624.15	\$492.75	\$558.45	N/A	\$611.01	\$624.15	\$624.15	N/A	N/A	\$624.15	N/A	\$492.75	N/A	N/A
Hospital Selected	3200125	X-RAY COMBINED ENDOSCOPIC CATHETERIZATION OF THE X-RAY DOPPLEROGRAPHY	INP OR OUTPAT	74330	Imaging	\$983.00	\$506.50	\$139.98	\$933.85	\$835.55	N/A	N/A	\$155.84	\$147.91	\$139.98	N/A	N/A	\$884.70	\$835.55	\$933.85	\$933.85	\$737.25	\$835.55	N/A	\$914.19	\$933.85	\$933.85	N/A	N/A	\$933.85	N/A	\$737.25	N/A	N/A
Hospital Selected	3200072	RETROGRADE WITH AND WITHOUT KUB	INP OR OUTPAT	74420	Imaging	\$1,288.00	\$659.00	\$368.12	\$1,519.93	\$1,094.80	\$368.12	\$386.53	\$1,519.93	\$1,442.57	\$1,365.21	\$368.12	\$386.53	\$1,159.20	\$1,094.80	\$1,223.60	\$1,223.60	\$966.00	\$1,094.80	\$368.12	\$1,197.84	\$1,223.60	\$1,223.60	\$386.53	\$423.34	\$1,223.60	\$368.12	\$966.00	\$368.12	\$386.53
Hospital Selected	3520001	CT, THORAX, WITHOUT CONTRAST, WITH QUANTITATIVE EVALUATION OF CORONARY	INP OR OUTPAT	75571	Imaging	\$189.00	\$100.00	\$80.90	\$372.72	\$160.65	\$80.90	\$84.95	\$372.72	\$354.08	\$335.45	\$80.90	\$84.95	\$170.10	\$160.65	\$179.55	\$179.55	\$141.75	\$160.65	\$80.90	\$175.77	\$179.55	\$179.55	\$84.95	\$93.04	\$179.55	\$80.90	\$141.75	\$80.90	\$84.95
Hospital Selected	3500035	ANGIOGRAPHY, ABDOMINA L, AORTA AND BILATERAL	INP OR OUTPAT	75635	Imaging	\$2,594.00	\$500.00	\$178.55	\$2,464.30	\$2,204.90	\$178.55	\$187.48	\$1,516.44	\$1,440.62	\$1,364.80	\$178.55	\$187.48	\$2,334.60	\$2,204.90	\$2,464.30	\$2,464.30	\$1,945.50	\$2,204.90	\$178.55	\$2,412.42	\$2,464.30	\$2,464.30	\$187.48	\$205.33	\$2,464.30	\$178.55	\$1,945.50	\$178.55	\$187.48
Hospital Selected	3200033	X-RAY FLUOROSCOPY, IJ/RT X-RAY FOREIGN BODY, NOSE TO RECTUM, SINGLE VIEW	INP OR OUTPAT	76000	Imaging	\$652.00	\$341.00	\$118.44	\$619.40	\$554.20	\$230.13	\$241.64	\$131.86	\$125.15	\$118.44	\$230.13	\$241.64	\$586.80	\$554.20	\$619.40	\$619.40	\$489.00	\$554.20	\$230.13	\$606.36	\$619.40	\$619.40	\$241.64	\$264.65	\$619.40	\$230.13	\$489.00	\$230.13	\$241.64
Hospital Selected	3200038	ULTRASOUND, SOFT TISSUES HEAD & NECK WITH DOPPLER	INP OR OUTPAT	76536	Imaging	\$613.00	\$351.50	\$108.97	\$582.35	\$521.05	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$551.70	\$521.05	\$582.35	\$582.35	\$459.75	\$521.05	\$108.97	\$570.09	\$582.35	\$582.35	\$114.42	\$125.32	\$582.35	\$108.97	\$459.75	\$108.97	\$114.42
Hospital Selected	4200095	BREAST, UNILATERAL WITH AXILLA, COMPLETE	INP OR OUTPAT	76641	Imaging	\$499.00	\$294.50	\$108.97	\$474.05	\$424.15	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$449.10	\$424.15	\$474.05	\$474.05	\$374.25	\$424.15	\$108.97	\$464.07	\$474.05	\$474.05	\$114.42	\$125.32	\$474.05	\$108.97	\$374.25	\$108.97	\$114.42
Hospital Selected	4200096	BREAST, UNILATERAL WITH AXILLA, LIMITED	INP OR OUT																															

Hospital Selected	4020022	ULTRASOUND, SCROTUM AND CONTENTS	INP OR OUTPAT	76870	Imaging	\$632.00	\$361.00	\$108.97	\$600.40	\$537.20	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$568.80	\$537.20	\$600.40	\$600.40	\$474.00	\$537.20	\$108.97	\$587.76	\$600.40	\$600.40	\$114.42	\$125.32	\$600.40	\$108.97	\$474.00	\$108.97	\$114.42		
Hospital Selected	4020049	ULTRASOUND, COMPLETE JOINT ULTRASOUND, JOINT OR OTHER NONVASCULAR EXTREMITY	INP OR OUTPAT	76881	Imaging	\$681.00	\$385.50	\$108.97	\$646.95	\$578.85	\$108.97	\$114.42	\$238.54	\$226.40	\$214.26	\$108.97	\$114.42	\$612.90	\$578.85	\$646.95	\$646.95	\$510.75	\$578.85	\$108.97	\$633.33	\$646.95	\$646.95	\$114.42	\$125.32	\$646.95	\$108.97	\$510.75	\$108.97	\$114.42		
Hospital Selected	4020050	ULTRASOUND GUIDANCE NEEDLE PLMT, Supervision and Interpretation	INP OR OUTPAT	76882	Imaging	\$238.00	\$164.00	\$108.97	\$382.30	\$202.30	\$108.97	\$114.42	\$382.30	\$362.84	\$343.38	\$108.97	\$114.42	\$214.20	\$202.30	\$226.10	\$226.10	\$178.50	\$202.30	\$108.97	\$221.94	\$226.10	\$226.10	\$114.42	\$125.32	\$226.10	\$108.97	\$178.50	\$108.97	\$114.42		
Hospital Selected	4020002	ULTRASOUND, TRENKLE PLMCT SUPERVISION AND INTERPRETATION	INP OR OUTPAT	76942	Imaging	\$1,069.00	\$579.50	\$83.97	\$1,015.55	\$908.65	N/A	N/A	N/A	\$93.49	\$88.73	\$83.97	N/A	N/A	\$962.10	\$908.65	\$1,015.55	\$1,015.55	\$801.75	\$908.65	N/A	\$994.17	\$1,015.55	\$1,015.55	N/A	N/A	\$1,015.55	N/A	\$801.75	N/A	N/A	
Hospital Selected	3500010	TOMOSYNTHESIS, DIGITAL BREAST, Unilateral	INP OR OUTPAT	77012	Imaging	\$2,233.00	\$1,116.50	\$204.57	\$2,121.35	\$1,898.05	N/A	N/A	\$227.75	\$216.16	\$204.57	N/A	N/A	\$2,009.70	\$1,898.05	\$2,121.35	\$2,121.35	\$1,674.75	\$1,898.05	N/A	\$2,076.69	\$2,121.35	\$2,121.35	N/A	N/A	\$2,121.35	N/A	\$1,674.75	N/A	N/A		
Hospital Selected	4010024	TOMOSYNTHESIS, DIGITAL BREAST, bilateral	INP OR OUTPAT	77061	Imaging	\$34.00	\$34.00	\$24.33	\$32.30	\$28.90	\$24.33	\$25.55	\$30.60	\$28.90	\$27.54	\$24.33	\$25.55	\$30.60	\$28.90	\$32.30	\$32.30	\$25.50	\$28.90	\$24.33	\$31.62	\$32.30	\$32.30	\$25.55	\$27.98	\$32.30	\$24.33	\$25.50	\$24.33	\$25.50	\$24.33	\$25.55
Hospital Selected	4010025	TOMOSYNTHESIS, SCREEN BILATERAL BREAST	INP OR OUTPAT	77062	Imaging	\$66.00	\$66.00	\$24.33	\$62.70	\$56.10	\$24.33	\$25.55	\$59.40	\$56.10	\$53.46	\$24.33	\$25.55	\$59.40	\$56.10	\$62.70	\$62.70	\$49.50	\$56.10	\$24.33	\$61.38	\$62.70	\$62.70	\$25.55	\$27.98	\$62.70	\$24.33	\$49.50	\$24.33	\$25.55	\$24.33	\$25.55
Hospital Selected	4030012	TOMOSYNTHESIS, SCREEN BILATERAL BREAST X-RAY DUAL-ENERGY, BONE DENSITY 1/2-AXIAL SKELETON	INP OR OUTPAT	77063	Imaging	\$66.00	\$66.00	\$24.33	\$85.10	\$56.10	\$24.33	\$25.55	\$85.10	\$80.77	\$76.44	\$24.33	\$25.55	\$59.40	\$56.10	\$62.70	\$62.70	\$49.50	\$56.10	\$24.33	\$61.38	\$62.70	\$62.70	\$25.55	\$27.98	\$62.70	\$24.33	\$49.50	\$24.33	\$25.55	\$24.33	\$25.55
Hospital Selected	3200152	LYMPHATICS & LYMPH NODES IMAGE	INP OR OUTPAT	77890	Imaging	\$670.00	\$350.00	\$96.90	\$636.50	\$569.50	\$108.97	\$114.42	\$107.88	\$102.39	\$96.90	\$108.97	\$114.42	\$603.00	\$569.50	\$636.50	\$636.50	\$502.50	\$569.50	\$108.97	\$623.10	\$636.50	\$636.50	\$114.42	\$125.32	\$636.50	\$108.97	\$502.50	\$108.97	\$114.42		
Hospital Selected	3410074	HEPATOBIILIARY DUCTAL SYSTEM IMAGE	INP OR OUTPAT	78195	Imaging	\$1,860.00	\$945.00	\$489.40	\$1,767.00	\$1,581.00	\$489.40	\$513.87	\$1,051.23	\$997.73	\$944.22	\$489.40	\$513.87	\$1,674.00	\$1,581.00	\$1,767.00	\$1,767.00	\$1,395.00	\$1,581.00	\$489.40	\$1,729.80	\$1,767.00	\$1,767.00	\$513.87	\$562.81	\$1,767.00	\$489.40	\$1,395.00	\$489.40	\$513.87		
Hospital Selected	3410011	HEPATOBIILIARY DUCTAL S+ W/EF	INP OR OUTPAT	78226	Imaging	\$1,910.00	\$955.00	\$377.12	\$1,814.50	\$1,623.50	\$377.12	\$395.98	\$1,039.27	\$986.38	\$933.48	\$377.12	\$395.98	\$1,719.00	\$1,623.50	\$1,814.50	\$1,814.50	\$1,432.50	\$1,623.50	\$377.12	\$1,776.30	\$1,814.50	\$1,814.50	\$395.98	\$433.69	\$1,814.50	\$377.12	\$1,432.50	\$377.12	\$395.98		
Hospital Selected	3410069	GASTRIC EMPTYING STUDY	INP OR OUTPAT	78227	Imaging	\$1,910.00	\$955.00	\$489.40	\$1,814.50	\$1,623.50	\$489.40	\$513.87	\$1,425.24	\$1,352.70	\$1,280.16	\$489.40	\$513.87	\$1,719.00	\$1,623.50	\$1,814.50	\$1,814.50	\$1,432.50	\$1,623.50	\$489.40	\$1,776.30	\$1,814.50	\$1,814.50	\$513.87	\$562.81	\$1,814.50	\$489.40	\$1,432.50	\$489.40	\$513.87		
Hospital Selected	3410010	BONE &/OR JOINT IMAGE WHOLE BODY	INP OR OUTPAT	78306	Imaging	\$1,771.00	\$900.50	\$377.12	\$1,682.45	\$1,505.35	\$377.12	\$395.98	\$921.77	\$874.86	\$827.94	\$377.12	\$395.98	\$1,593.90	\$1,505.35	\$1,682.45	\$1,682.45	\$1,328.25	\$1,505.35	\$377.12	\$1,647.03	\$1,682.45	\$1,682.45	\$395.98	\$433.69	\$1,682.45	\$377.12	\$1,328.25	\$377.12	\$395.98		
Hospital Selected	3410007	MYOCARDIAL PERFUSION IMAGING, TOMO, MULTI	INP OR OUTPAT	78315	Imaging	\$1,852.00	\$941.00	\$377.12	\$1,759.40	\$1,574.20	\$377.12	\$395.98	\$1,046.46	\$993.19	\$939.93	\$377.12	\$395.98	\$1,666.80	\$1,574.20	\$1,759.40	\$1,759.40	\$1,389.00	\$1,574.20	\$377.12	\$1,722.36	\$1,759.40	\$1,759.40	\$395.98	\$433.69	\$1,759.40	\$377.12	\$1,389.00	\$377.12	\$395.98		
Hospital Selected	3410018	EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	INP OR OUTPAT	78452	Imaging	\$4,723.00	\$2,361.50	\$1,305.94	\$4,486.85	\$4,014.55	\$1,305.94	\$1,371.24	\$2,508.60	\$2,383.17	\$2,257.74	\$1,305.94	\$1,371.24	\$4,250.70	\$4,014.55	\$4,486.85	\$4,486.85	\$3,542.25	\$4,014.55	\$1,305.94	\$4,392.39	\$4,486.85	\$4,486.85	\$1,371.24	\$1,501.83	\$4,486.85	\$1,305.94	\$3,542.25	\$1,305.94	\$1,371.24		
Hospital Selected	4800019	TRANSESOPHAGEAL, real-time with image documentation, ECHOCARDIOGRAPHY	INP OR OUTPAT	93306	Imaging	\$2,941.00	\$1,470.50	\$480.70	\$2,793.95	\$2,499.85	\$482.89	\$507.03	\$534.73	\$507.02	\$480.70	\$482.89	\$507.03	\$2,646.90	\$2,499.85	\$2,793.95	\$2,793.95	\$2,205.75	\$2,499.85	\$482.89	\$2,735.13	\$2,793.95	\$2,793.95	\$507.03	\$555.32	\$2,793.95	\$482.89	\$2,205.75	\$482.89	\$507.03		
Hospital Selected	4800009	EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	INP OR OUTPAT	93312	Imaging	\$1,599.00	\$799.50	\$482.89	\$1,519.05	\$1,359.15	\$482.89	\$507.03	\$543.02	\$514.89	\$488.16	\$482.89	\$507.03	\$1,439.10	\$1,359.15	\$1,519.05	\$1,519.05	\$1,199.25	\$1,359.15	\$482.89	\$1,487.07	\$1,519.05	\$1,519.05	\$507.03	\$555.32	\$1,519.05	\$482.89	\$1,199.25	\$482.89	\$507.03		
Hospital Selected	9210006	ULTRASOUND, TRANS CUTA N D IMETRY V L/B	INP OR OUTPAT	93880	Imaging	\$1,878.00	\$939.00	\$230.13	\$1,784.10	\$1,596.30	\$230.13	\$241.64	\$455.75	\$432.14	\$409.70	\$230.13	\$241.64	\$1,690.20	\$1,596.30	\$1,784.10	\$1,784.10	\$1,408.50	\$1,596.30	\$230.13	\$1,746.54	\$1,784.10	\$1,784.10	\$241.64	\$264.65	\$1,784.10	\$230.13	\$1,408.50	\$230.13	\$241.64		
Hospital Selected	9210010	DUPLEX SCAN UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	INP OR OUTPAT	93922	Imaging	\$377.00	\$188.50	\$111.95	\$405.45	\$320.45	\$111.95	\$117.55	\$405.45	\$384.45	\$364.49	\$111.95	\$117.55	\$339.30	\$320.45	\$358.15	\$358.15	\$282.75	\$320.45	\$111.95	\$350.61	\$358.15	\$358.15	\$117.55	\$128.74	\$358.15	\$111.95	\$282.75	\$111.95	\$117.55		
Hospital Selected	9210002	DUPLEX SCAN LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS;	INP OR OUTPAT	93925	Imaging	\$738.00	\$369.00	\$230.13	\$875.53	\$627.30	\$230.13	\$241.64	\$875.53	\$830.16	\$787.07	\$230.13	\$241.64	\$664.20	\$627.30	\$701.10	\$701.10	\$553.50	\$627.30	\$230.13	\$686.34	\$701.10	\$701.10	\$241.64	\$264.65	\$701.10	\$230.13	\$553.50	\$230.13	\$241.64		
Hospital Selected	9210001	DUPLEX SCAN UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	INP OR OUTPAT	93931	Imaging	\$613.00	\$306.50	\$108.97	\$582.35	\$521.05	\$108.97	\$114.42	\$416.96	\$395.35	\$374.83	\$108.97	\$114.42	\$551.70	\$521.05	\$582.35	\$582.35	\$459.75	\$521.05	\$108.97	\$570.09	\$582.35	\$582.35	\$114.42	\$125.32	\$582.35	\$108.97	\$459.75	\$108.97	\$114.42		
Hospital Selected	9210005	DUPLEX SCAN EXT. VEINS, COMPLETE, BILATERAL	INP OR OUTPAT	93970	Imaging	\$843.00	\$421.50	\$230.13	\$800.85	\$716.55	\$230.13	\$241.64	\$641.38	\$608.15	\$576.58	\$230.13	\$241.64	\$758.70	\$716.55	\$800.85	\$800.85	\$632.25	\$716.55	\$230.13	\$783.99	\$800.85	\$800.85	\$241.64	\$264.65	\$800.85	\$230.13	\$632.25	\$230.13	\$241.64		
Hospital Selected	9210007	DUPLEX SCAN EXT. VEINS, UNILATERAL, LIMITED	INP OR OUTPAT	93971	Imaging	\$738.00	\$369.00	\$108.97	\$701.10	\$627.30	\$108.97	\$114.42	\$387.89	\$367.79	\$348.70	\$108.97	\$114.42	\$664.20	\$627.30	\$701.10	\$701.10	\$553.50	\$627.30	\$108.97	\$686.34	\$701.10	\$701.10	\$114.42	\$125.32	\$701.10	\$108.97	\$553.50	\$108.97	\$114.42		
Hospital Selected	4020031	ULTRASOUND, Duplex scan of arterial inflow and venous outflow of	INP OR OUTPAT	93975	Imaging	\$982.00	\$536.00	\$230.13	\$932.90	\$834.70	\$230.13	\$241.64	\$890.73	\$844.58	\$800.74	\$230.13	\$241.64	\$883.80	\$834.70	\$932.90	\$932.90	\$736.50	\$834.70	\$230.13	\$913.26	\$932.90	\$932.90	\$241.64	\$264.65	\$932.90	\$230.13	\$736.50	\$230.13	\$241.64		
Hospital Selected	35000263	CT LOW DOSE F/LUNG CANNER SCR	INP OR OUTPAT	71271	Imaging	\$1,645.00	\$822.50	\$80.90	\$1,562.75	\$1,398.25	\$80.90	\$84.95	\$1,480.50	\$1,398.25	\$1,332.45	\$80.90	\$84.95	\$1,480.50	\$1,398.25	\$1,562.75	\$1,562.75	\$1,233.75	\$1,398.25	\$80.90	\$1,529.85	\$1,562.75	\$1,562.75	\$84.95	\$93.04	\$1,562.75	\$80.90	\$1,233.75	\$80.90	\$84.95		
Hospital Selected	3000005	COLLECTION OF BLD, VENIPUNCTURE	INP OR OUTPAT	36415	Lab	\$30.00	\$5.00	\$0.00	\$28.50	\$25.50	\$3.00	\$3.15	\$0.00	\$0.00	\$0.00	\$3.00	\$3.15	\$27.00	\$25.50	\$28.50	\$28.50	\$22.50	\$3.00	\$27.90	\$28.50	\$28.50	\$3.15	\$3.45	\$28.50	\$3.00	\$22.50	\$3.00	\$3.15			
Hospital Selected	3000010	ALBUMIN URINE MICROBALBU SEMI	INP OR OUTPAT	82044	Lab	\$72.00	\$36.00	\$6.23	\$68.40	\$61.20	\$6.23	\$6.54	\$37.38	\$35.51	\$33.64	\$6.23	\$6.54	\$64.80	\$61.20	\$68.40	\$68.40	\$54.00	\$61.20	\$6.23	\$66.96	\$68.40	\$68.40	\$6.54	\$7.16	\$68.40	\$6.23	\$54.00	\$6.23	\$6.54		
Hospital Selected	3000011	AMMONIA	INP OR OUTPAT	82140	Lab	\$214.00	\$107.00	\$14.57	\$203.30	\$181.90	\$14.57	\$15.30	\$107.94	\$102.54	\$97.15	\$14.57	\$15.30	\$192.60	\$181.90	\$203.30	\$203.30	\$160.50	\$181.90	\$14.57	\$199.02	\$203.30	\$203.30	\$15.30	\$16.76	\$203.30	\$14.57	\$160.50	\$14.57	\$15.30		
Hospital Selected	3000012	ANTIBODY HIV-1	INP OR OUTPAT	86701	Lab	\$167.00	\$83.50	\$8.89	\$158.65	\$141.95	\$8.89	\$9.33	\$65.82	\$62.53	\$59.24	\$8.89	\$9.33	\$150.30	\$141.95	\$158.65	\$158.65	\$12														

Hospital Selected	3000039	CULTURE, BACTERIAL; ANAE RIBO ID	INP OR OUTPAT	87076	Lab	\$204.00	\$102.00	\$8.08	\$193.80	\$173.40	\$8.08	\$8.48	\$59.82	\$56.83	\$53.84	\$8.08	\$8.48	\$183.60	\$173.40	\$193.80	\$193.80	\$153.00	\$173.40	\$8.08	\$189.72	\$193.80	\$193.80	\$8.48	\$9.29	\$193.80	\$8.08	\$153.00	\$8.08	\$8.48
Hospital Selected	3000042	MYOGLOBIN	INP OR OUTPAT	83874	Lab	\$271.00	\$135.50	\$12.92	\$257.45	\$230.35	\$12.92	\$13.57	\$95.70	\$90.92	\$86.13	\$12.92	\$13.57	\$243.90	\$230.35	\$257.45	\$257.45	\$203.25	\$230.35	\$12.92	\$252.03	\$257.45	\$257.45	\$13.57	\$14.86	\$257.45	\$12.92	\$203.25	\$12.92	\$13.57
Hospital Selected	3000047	URINE PREGNANCY TEST, BY COLOR	INP OR OUTPAT	81025	Lab	\$165.00	\$82.50	\$8.61	\$156.75	\$140.25	\$8.61	\$9.04	\$51.66	\$49.08	\$46.49	\$8.61	\$9.04	\$148.50	\$140.25	\$156.75	\$156.75	\$123.75	\$140.25	\$8.61	\$153.45	\$156.75	\$156.75	\$9.04	\$9.90	\$156.75	\$8.61	\$123.75	\$8.61	\$9.04
Hospital Selected	3000053	PSA SCREENING	INP OR OUTPAT	G0103	Lab	\$188.00	\$94.00	\$19.31	\$178.60	\$159.80	\$19.31	\$20.28	\$136.26	\$129.45	\$127.63	\$19.31	\$20.28	\$169.20	\$159.80	\$178.60	\$178.60	\$141.00	\$159.80	\$19.31	\$174.84	\$178.60	\$178.60	\$20.28	\$22.21	\$178.60	\$19.31	\$141.00	\$19.31	\$20.28
Hospital Selected	3000061	DIPROPYLACETIC/VALPROI CI/TLT	INP OR OUTPAT	80164	Lab	\$151.00	\$75.50	\$13.54	\$143.45	\$128.35	\$13.54	\$14.22	\$100.32	\$95.30	\$90.29	\$13.54	\$14.22	\$135.90	\$128.35	\$143.45	\$143.45	\$113.25	\$128.35	\$13.54	\$140.43	\$143.45	\$143.45	\$14.22	\$15.57	\$143.45	\$13.54	\$113.25	\$13.54	\$14.22
Hospital Selected	3000062	VANCOMYCIN	INP OR OUTPAT	80202	Lab	\$210.00	\$105.00	\$13.54	\$199.50	\$178.50	\$13.54	\$14.22	\$100.32	\$95.30	\$90.29	\$13.54	\$14.22	\$189.00	\$178.50	\$199.50	\$199.50	\$157.50	\$178.50	\$13.54	\$195.30	\$199.50	\$199.50	\$14.22	\$15.57	\$199.50	\$13.54	\$157.50	\$13.54	\$14.22
Hospital Selected	3000068	PROTEIN/TOTAL EX REFRACT, URINE	INP OR OUTPAT	84156	Lab	\$42.00	\$21.00	\$3.67	\$39.90	\$35.70	\$3.67	\$3.85	\$27.18	\$25.82	\$24.46	\$3.67	\$3.85	\$37.80	\$35.70	\$39.90	\$39.90	\$31.50	\$35.70	\$3.67	\$39.06	\$39.90	\$39.90	\$3.85	\$4.22	\$39.90	\$3.67	\$31.50	\$3.67	\$3.85
Hospital Selected	3000080	GENERAL HEALTH PANEL	INP OR OUTPAT	80050	Lab	\$305.00	\$152.50	\$189.92	\$289.75	\$259.25	N/A	N/A	\$211.02	\$200.47	\$189.92	N/A	N/A	\$274.50	\$259.25	\$289.75	\$289.75	\$228.75	\$259.25	N/A	\$283.65	\$289.75	\$289.75	N/A	N/A	\$289.75	N/A	\$228.75	N/A	N/A
Hospital Selected	3001000	ACUTE HEPATITIS PANEL	INP OR OUTPAT	80074	Lab	\$419.00	\$209.50	\$47.63	\$398.05	\$356.15	\$47.63	\$50.01	\$352.86	\$335.22	\$317.57	\$47.63	\$50.01	\$377.10	\$356.15	\$398.05	\$398.05	\$314.25	\$356.15	\$47.63	\$389.67	\$398.05	\$398.05	\$50.01	\$54.77	\$398.05	\$47.63	\$314.25	\$47.63	\$50.01
Hospital Selected	3001050	ANTI-BODY RUBELLA	INP OR OUTPAT	86762	Lab	\$121.00	\$60.50	\$14.39	\$114.95	\$102.85	\$14.39	\$15.11	\$106.62	\$101.29	\$95.96	\$14.39	\$15.11	\$108.90	\$102.85	\$114.95	\$114.95	\$90.75	\$102.85	\$14.39	\$112.53	\$114.95	\$114.95	\$15.11	\$16.55	\$114.95	\$14.39	\$90.75	\$14.39	\$15.11
Hospital Selected	3001063	ANTINUCLEAR ANTIBODY	INP OR OUTPAT	86038	Lab	\$101.00	\$50.50	\$12.09	\$95.95	\$85.85	\$12.09	\$12.69	\$89.52	\$85.04	\$80.57	\$12.09	\$12.69	\$90.90	\$85.85	\$95.95	\$95.95	\$75.75	\$85.85	\$12.09	\$93.93	\$95.95	\$95.95	\$12.69	\$13.90	\$95.95	\$12.09	\$75.75	\$12.09	\$12.69
Hospital Selected	3001073	C-REACTIVE PROTEIN	INP OR OUTPAT	86140	Lab	\$107.00	\$53.50	\$5.18	\$101.65	\$90.95	\$5.18	\$5.44	\$38.34	\$36.42	\$34.51	\$5.18	\$5.44	\$96.30	\$90.95	\$101.65	\$101.65	\$80.25	\$90.95	\$5.18	\$99.51	\$101.65	\$101.65	\$5.44	\$5.96	\$101.65	\$5.18	\$80.25	\$5.18	\$5.44
Hospital Selected	3001084	CARCINOEMBRYONIC ANTIGEN (CEA)	INP OR OUTPAT	82378	Lab	\$141.00	\$70.50	\$18.96	\$140.46	\$119.85	\$18.96	\$19.91	\$140.46	\$133.44	\$126.41	\$18.96	\$19.91	\$126.90	\$119.85	\$133.95	\$133.95	\$105.75	\$119.85	\$18.96	\$131.13	\$133.95	\$133.95	\$19.91	\$21.80	\$133.95	\$18.96	\$105.75	\$18.96	\$19.91
Hospital Selected	3001112	CORTISOL/TOTAL	INP OR OUTPAT	82533	Lab	\$163.00	\$81.50	\$16.30	\$154.85	\$138.55	\$16.30	\$17.12	\$120.72	\$114.68	\$108.65	\$16.30	\$17.12	\$146.70	\$138.55	\$154.85	\$154.85	\$122.25	\$138.55	\$16.30	\$151.59	\$154.85	\$154.85	\$17.12	\$18.75	\$154.85	\$16.30	\$122.25	\$16.30	\$17.12
Hospital Selected	3001115	CREATININE; OTHR SOURCE E/3315U	INP OR OUTPAT	82570	Lab	\$102.00	\$51.00	\$5.18	\$96.90	\$86.70	\$5.18	\$5.44	\$38.34	\$36.42	\$34.51	\$5.18	\$5.44	\$91.80	\$86.70	\$96.90	\$96.90	\$76.50	\$86.70	\$5.18	\$94.86	\$96.90	\$96.90	\$5.44	\$5.96	\$96.90	\$5.18	\$76.50	\$5.18	\$5.44
Hospital Selected	3001146	ESTRADIOL	INP OR OUTPAT	82670	Lab	\$224.00	\$112.00	\$27.94	\$212.80	\$190.40	\$27.94	\$29.34	\$206.94	\$196.59	\$186.25	\$27.94	\$29.34	\$201.60	\$190.40	\$212.80	\$212.80	\$168.00	\$190.40	\$27.94	\$208.32	\$212.80	\$212.80	\$29.34	\$32.13	\$212.80	\$27.94	\$168.00	\$27.94	\$29.34
Hospital Selected	3001155	FERRITIN	INP OR OUTPAT	82728	Lab	\$121.00	\$60.50	\$13.63	\$114.95	\$102.85	\$13.63	\$14.31	\$100.98	\$95.93	\$90.88	\$13.63	\$14.31	\$108.90	\$102.85	\$114.95	\$114.95	\$90.75	\$102.85	\$13.63	\$112.53	\$114.95	\$114.95	\$14.31	\$15.67	\$114.95	\$13.63	\$90.75	\$13.63	\$14.31
Hospital Selected	3001156	FIBRIN DEGRAD PPTS, D-DIM; QUANT	INP OR OUTPAT	85379	Lab	\$203.00	\$101.50	\$10.18	\$192.85	\$172.55	\$10.18	\$10.69	\$75.36	\$71.59	\$67.82	\$10.18	\$10.69	\$182.70	\$172.55	\$192.85	\$192.85	\$152.25	\$172.55	\$10.18	\$188.79	\$192.85	\$192.85	\$10.69	\$11.71	\$192.85	\$10.18	\$152.25	\$10.18	\$10.69
Hospital Selected	3001162	FOLIC ACID; SERUM	INP OR OUTPAT	82746	Lab	\$104.00	\$52.00	\$14.70	\$108.90	\$88.40	\$14.70	\$15.44	\$108.90	\$103.46	\$98.01	\$14.70	\$15.44	\$93.60	\$88.40	\$98.80	\$98.80	\$78.00	\$88.40	\$14.70	\$96.72	\$98.80	\$98.80	\$15.44	\$16.91	\$98.80	\$14.70	\$78.00	\$14.70	\$15.44
Hospital Selected	3001165	GONADOTROPIN; FSH	INP OR OUTPAT	83001	Lab	\$132.00	\$66.00	\$18.58	\$137.64	\$112.20	\$18.58	\$19.51	\$137.64	\$130.76	\$123.88	\$18.58	\$19.51	\$118.80	\$112.20	\$125.40	\$125.40	\$99.00	\$112.20	\$18.58	\$122.76	\$125.40	\$125.40	\$19.51	\$21.37	\$125.40	\$18.58	\$99.00	\$18.58	\$19.51
Hospital Selected	3001186	HEPATITIS C ANTI-BODY	INP OR OUTPAT	86803	Lab	\$151.00	\$75.50	\$14.27	\$143.45	\$128.35	\$14.27	\$14.98	\$105.66	\$100.38	\$95.09	\$14.27	\$14.98	\$135.90	\$128.35	\$143.45	\$143.45	\$113.25	\$128.35	\$14.27	\$140.43	\$143.45	\$143.45	\$14.98	\$16.41	\$143.45	\$14.27	\$113.25	\$14.27	\$14.98
Hospital Selected	3001193	INFECT AGT; HEPATITIS B SURFACE	INP OR OUTPAT	87340	Lab	\$98.00	\$49.00	\$10.33	\$91.10	\$83.30	\$10.33	\$10.85	\$76.50	\$72.68	\$68.85	\$10.33	\$10.85	\$88.20	\$83.30	\$91.10	\$91.10	\$73.50	\$83.30	\$10.33	\$91.14	\$91.10	\$91.10	\$10.85	\$11.88	\$91.10	\$10.33	\$73.50	\$10.33	\$10.85
Hospital Selected	3001215	IMMUNOASSAY INF AGT; QUANT; NES	INP OR OUTPAT	86317	Lab	\$111.00	\$55.50	\$14.99	\$111.00	\$94.35	\$14.99	\$15.74	\$111.00	\$105.45	\$99.90	\$14.99	\$15.74	\$99.90	\$94.35	\$105.45	\$105.45	\$83.25	\$94.35	\$14.99	\$103.23	\$105.45	\$105.45	\$15.74	\$17.24	\$105.45	\$14.99	\$83.25	\$14.99	\$15.74
Hospital Selected	3001234	LACTATE (ACID ACID)	INP OR OUTPAT	83605	Lab	\$100.00	\$19.00	\$11.57	\$95.00	\$85.00	\$11.57	\$12.15	\$79.14	\$75.18	\$71.23	\$11.57	\$12.15	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$11.57	\$93.00	\$95.00	\$95.00	\$12.15	\$13.31	\$95.00	\$11.57	\$75.00	\$11.57	\$12.15
Hospital Selected	3001239	LIPASE	INP OR OUTPAT	83690	Lab	\$67.00	\$12.00	\$6.89	\$63.65	\$56.95	\$6.89	\$7.23	\$51.06	\$48.51	\$45.95	\$6.89	\$7.23	\$60.30	\$56.95	\$63.65	\$63.65	\$50.25	\$56.95	\$6.89	\$62.31	\$63.65	\$63.65	\$7.23	\$7.92	\$63.65	\$6.89	\$50.25	\$6.89	\$7.23
Hospital Selected	3001273	PARATHORMONE (PARATH YROID HORM)	INP OR OUTPAT	83970	Lab	\$215.00	\$107.50	\$41.28	\$305.76	\$182.75	\$41.28	\$43.34	\$305.76	\$290.47	\$275.18	\$41.28	\$43.34	\$193.50	\$182.75	\$204.25	\$204.25	\$161.25	\$182.75	\$41.28	\$199.95	\$204.25	\$204.25	\$43.34	\$47.47	\$204.25	\$41.28	\$161.25	\$41.28	\$43.34
Hospital Selected	3001285	PREALBUMIN	INP OR OUTPAT	84134	Lab	\$156.00	\$78.00	\$14.59	\$148.20	\$132.60	\$14.59	\$15.32	\$108.06	\$102.66	\$97.25	\$14.59	\$15.32	\$140.40	\$132.60	\$148.20	\$148.20	\$117.00	\$132.60	\$14.59	\$145.08	\$148.20	\$148.20	\$15.32	\$16.78	\$148.20	\$14.59	\$117.00	\$14.59	\$15.32
Hospital Selected	3001303	RHEUMATOID FACTOR; QUANTITATIVE	INP OR OUTPAT	86431	Lab	\$70.00	\$35.00	\$5.67	\$66.50	\$59.50	\$5.67	\$5.95	\$42.00	\$39.90	\$37.80	\$5.67	\$5.95	\$63.00	\$59.50	\$66.50	\$66.50	\$52.50	\$59.50	\$5.67	\$65.10	\$66.50	\$66.50	\$5.95	\$6.52	\$66.50	\$5.67	\$52.50	\$5.67	\$5.95
Hospital Selected	3001319	TESTOSTERONE; FREE	INP OR OUTPAT	84402	Lab	\$201.00	\$100.50	\$25.47	\$190.95	\$170.85	\$25.47	\$26.74	\$188.70	\$179.27	\$169.83	\$25.47	\$26.74	\$180.90	\$170.85	\$190.95	\$190.95	\$150.75	\$170.85	\$25.47	\$186.93	\$190.95	\$190.95	\$26.74	\$29.29	\$190.95	\$25.47	\$150.75	\$25.47	\$26.74
Hospital Selected	3001320	TESTOSTERONE; TOTAL	INP OR OUTPAT	84403	Lab	\$203.00	\$101.50	\$25.81	\$192.85	\$172.55	\$25.81	\$27.10	\$191.22	\$181.66	\$172.10	\$25.81	\$27.10	\$182.70	\$172.55	\$192.85	\$192.85	\$152.25	\$172.55	\$25.81	\$188.79	\$192.85	\$192.85	\$27.10	\$29.68	\$192.85	\$25.81	\$152.25	\$25.81	\$27.10
Hospital Selected	3001333	TRIODOTHYRONINE T3; FREE	INP OR OUTPAT	84481	Lab	\$263.00	\$131.50	\$16.94	\$249.85	\$223.55	\$16.94	\$17.79	\$125.52	\$119.24	\$112.97	\$16.94	\$17.79	\$236.70	\$223.55	\$249.85	\$249.85	\$197.25	\$223.55	\$16.94	\$244.59	\$249.85	\$249.85	\$17.79	\$19.48	\$249.85	\$16.94	\$197.25	\$16.94	\$17.79
Hospital Selected																																		

Hospital Selected	3010014	AMYLASE	INP OR OUTPAT	R2150	Lab	\$153.00	\$21.00	\$6.48	\$145.35	\$130.05	\$6.48	\$6.80	\$48.00	\$45.60	\$43.20	\$6.48	\$6.80	\$137.70	\$130.05	\$145.35	\$145.35	\$114.75	\$130.05	\$6.48	\$142.29	\$145.35	\$145.35	\$6.80	\$7.45	\$145.35	\$6.48	\$114.75	\$6.48	\$6.80
Hospital Selected	3010015	BILIRUBIN, TOTAL	INP OR OUTPAT	R2247	Lab	\$76.00	\$38.00	\$5.02	\$72.20	\$64.60	\$5.02	\$5.27	\$37.14	\$35.28	\$33.43	\$5.02	\$5.27	\$68.40	\$64.60	\$72.20	\$72.20	\$57.00	\$64.60	\$5.02	\$70.68	\$72.20	\$72.20	\$5.27	\$5.77	\$72.20	\$5.02	\$57.00	\$5.02	\$5.27
Hospital Selected	3010016	BILIRUBIN, DIRECT	INP OR OUTPAT	R2248	Lab	\$76.00	\$38.00	\$5.02	\$72.20	\$64.60	\$5.02	\$5.27	\$37.14	\$35.28	\$33.43	\$5.02	\$5.27	\$68.40	\$64.60	\$72.20	\$72.20	\$57.00	\$64.60	\$5.02	\$70.68	\$72.20	\$72.20	\$5.27	\$5.77	\$72.20	\$5.02	\$57.00	\$5.02	\$5.27
Hospital Selected	3010018	UREA NITROGEN; QUANTITATIVE	INP OR OUTPAT	R4520	Lab	\$100.00	\$10.00	\$3.95	\$95.00	\$85.00	\$3.95	\$4.15	\$29.28	\$27.82	\$26.35	\$3.95	\$4.15	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$3.95	\$93.00	\$95.00	\$95.00	\$4.15	\$4.54	\$95.00	\$3.95	\$75.00	\$3.95	\$4.15
Hospital Selected	3010019	CALCIUM, TOTAL	INP OR OUTPAT	R2310	Lab	\$98.00	\$49.00	\$5.16	\$93.10	\$83.30	\$5.16	\$5.42	\$38.22	\$36.31	\$34.40	\$5.16	\$5.42	\$88.20	\$83.30	\$93.10	\$93.10	\$73.50	\$83.30	\$5.16	\$91.14	\$93.10	\$93.10	\$5.42	\$5.93	\$93.10	\$5.16	\$73.50	\$5.16	\$5.42
Hospital Selected	3010024	CPK, MB FRACTION ONLY	INP OR OUTPAT	R2553	Lab	\$345.00	\$172.50	\$11.55	\$327.75	\$293.25	\$11.55	\$12.13	\$85.56	\$81.28	\$77.00	\$11.55	\$12.13	\$310.50	\$293.25	\$327.75	\$327.75	\$258.75	\$293.25	\$11.55	\$320.85	\$327.75	\$327.75	\$12.13	\$13.28	\$327.75	\$11.55	\$258.75	\$11.55	\$12.13
Hospital Selected	3010025	CREATINE KINASE(CK)(CPK)TOTAL	INP OR OUTPAT	R2550	Lab	\$119.00	\$59.50	\$6.51	\$113.05	\$101.15	\$6.51	\$6.84	\$48.24	\$45.83	\$43.42	\$6.51	\$6.84	\$107.10	\$101.15	\$113.05	\$113.05	\$89.25	\$101.15	\$6.51	\$110.67	\$113.05	\$113.05	\$6.84	\$7.49	\$113.05	\$6.51	\$89.25	\$6.51	\$6.84
Hospital Selected	3010026	CREATININE, BLOOD	INP OR OUTPAT	R2565	Lab	\$100.00	\$12.00	\$5.12	\$95.00	\$85.00	\$5.12	\$5.38	\$37.98	\$36.08	\$34.18	\$5.12	\$5.38	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$5.12	\$93.00	\$95.00	\$95.00	\$5.38	\$5.89	\$95.00	\$5.12	\$75.00	\$5.12	\$5.38
Hospital Selected	3010028	GLUTAMYLTRANSFERASE,G AMMA GGT	INP OR OUTPAT	R2977	Lab	\$119.00	\$59.50	\$7.20	\$113.05	\$101.15	\$7.20	\$7.56	\$53.34	\$50.67	\$48.01	\$7.20	\$7.56	\$107.10	\$101.15	\$113.05	\$113.05	\$89.25	\$101.15	\$7.20	\$110.67	\$113.05	\$113.05	\$7.56	\$8.28	\$113.05	\$7.20	\$89.25	\$7.20	\$7.56
Hospital Selected	3010029	GLUCOSE, BLD MONIT DVC	INP OR OUTPAT	R2962	Lab	\$48.00	\$24.00	\$3.28	\$45.60	\$40.80	\$3.28	\$3.44	\$19.68	\$18.70	\$17.71	\$3.28	\$3.44	\$43.20	\$40.80	\$45.60	\$45.60	\$36.00	\$40.80	\$3.28	\$44.64	\$45.60	\$45.60	\$3.44	\$3.77	\$45.60	\$3.28	\$36.00	\$3.28	\$3.44
Hospital Selected	3010030	GLUCOSE, QUANTITATIVE BLOOD	INP OR OUTPAT	R2947	Lab	\$100.00	\$50.00	\$3.93	\$95.00	\$85.00	\$3.93	\$4.13	\$29.10	\$27.65	\$26.19	\$3.93	\$4.13	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$3.93	\$93.00	\$95.00	\$95.00	\$4.13	\$4.52	\$95.00	\$3.93	\$75.00	\$3.93	\$4.13
Hospital Selected	3010031	GONADOTROPIN, CHORION IC, QUAL	INP OR OUTPAT	R4703	Lab	\$172.00	\$23.00	\$7.52	\$163.40	\$146.20	\$7.52	\$7.90	\$55.74	\$52.95	\$50.17	\$7.52	\$7.90	\$154.80	\$146.20	\$163.40	\$163.40	\$129.00	\$146.20	\$7.52	\$159.96	\$163.40	\$163.40	\$7.90	\$8.65	\$163.40	\$7.52	\$129.00	\$7.52	\$7.90
Hospital Selected	3010033	LACTATE DEHYDROGENASE(LD)LDH	INP OR OUTPAT	R3615	Lab	\$100.00	\$50.00	\$6.04	\$95.00	\$85.00	\$6.04	\$6.34	\$44.70	\$42.47	\$40.23	\$6.04	\$6.34	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$6.04	\$93.00	\$95.00	\$95.00	\$6.34	\$6.95	\$95.00	\$6.04	\$75.00	\$6.04	\$6.34
Hospital Selected	3010034	MAGNESIUM	INP OR OUTPAT	R3735	Lab	\$147.00	\$73.50	\$6.70	\$139.65	\$124.95	\$6.70	\$7.04	\$49.62	\$47.14	\$44.66	\$6.70	\$7.04	\$132.30	\$124.95	\$139.65	\$139.65	\$110.25	\$124.95	\$6.70	\$136.71	\$139.65	\$139.65	\$7.04	\$7.71	\$139.65	\$6.70	\$110.25	\$6.70	\$7.04
Hospital Selected	3010036	BLD OCCULT SCREEN, FECEC CONSEC	INP OR OUTPAT	R2270	Lab	\$88.00	\$44.00	\$4.38	\$83.60	\$74.80	\$4.38	\$4.60	\$26.28	\$24.97	\$23.65	\$4.38	\$4.60	\$79.20	\$74.80	\$83.60	\$83.60	\$66.00	\$74.80	\$4.38	\$81.84	\$83.60	\$83.60	\$4.60	\$5.04	\$83.60	\$4.38	\$66.00	\$4.38	\$4.60
Hospital Selected	3010039	PHOSPHORUS INORGANIC, PHOSPHATE	INP OR OUTPAT	R4100	Lab	\$98.00	\$49.00	\$4.74	\$93.10	\$83.30	\$4.74	\$4.98	\$35.10	\$33.35	\$31.59	\$4.74	\$4.98	\$88.20	\$83.30	\$93.10	\$93.10	\$73.50	\$83.30	\$4.74	\$91.14	\$93.10	\$93.10	\$4.98	\$5.45	\$93.10	\$4.74	\$73.50	\$4.74	\$4.98
Hospital Selected	3010040	POTASSIUM, SERUM, PLAS MA/WHL BLD	INP OR OUTPAT	R4132	Lab	\$100.00	\$50.00	\$4.76	\$95.00	\$85.00	\$4.76	\$5.00	\$34.08	\$32.38	\$30.67	\$4.76	\$5.00	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$4.76	\$93.00	\$95.00	\$95.00	\$5.00	\$5.47	\$95.00	\$4.76	\$75.00	\$4.76	\$5.00
Hospital Selected	3010042	PROTEIN, TOTAL, EX REFRACT, SERUM	INP OR OUTPAT	R4155	Lab	\$100.00	\$50.00	\$3.67	\$95.00	\$85.00	\$3.67	\$3.85	\$27.18	\$25.82	\$24.46	\$3.67	\$3.85	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$3.67	\$93.00	\$95.00	\$95.00	\$3.85	\$4.22	\$95.00	\$3.67	\$75.00	\$3.67	\$3.85
Hospital Selected	3010043	GONADOTROPIN, CHORION IC, QUANT	INP OR OUTPAT	R4702	Lab	\$258.00	\$35.00	\$15.05	\$245.10	\$219.30	\$15.05	\$15.80	\$111.54	\$105.96	\$100.39	\$15.05	\$15.80	\$232.20	\$219.30	\$245.10	\$245.10	\$193.50	\$219.30	\$15.05	\$239.94	\$245.10	\$245.10	\$15.80	\$17.31	\$245.10	\$15.05	\$193.50	\$15.05	\$15.80
Hospital Selected	3010046	SODIUM, URINE	INP OR OUTPAT	R4300	Lab	\$104.00	\$52.00	\$5.06	\$98.80	\$88.40	\$5.06	\$5.31	\$36.00	\$34.20	\$32.40	\$5.06	\$5.31	\$93.60	\$88.40	\$98.80	\$98.80	\$78.00	\$88.40	\$5.06	\$96.72	\$98.80	\$98.80	\$5.31	\$5.82	\$98.80	\$5.06	\$78.00	\$5.06	\$5.31
Hospital Selected	3010048	THYROXINE, FREE	INP OR OUTPAT	R4439	Lab	\$147.00	\$73.50	\$9.02	\$139.65	\$124.95	\$9.02	\$9.47	\$66.78	\$63.44	\$60.10	\$9.02	\$9.47	\$132.30	\$124.95	\$139.65	\$139.65	\$110.25	\$124.95	\$9.02	\$136.71	\$139.65	\$139.65	\$9.47	\$10.37	\$139.65	\$9.02	\$110.25	\$9.02	\$9.47
Hospital Selected	3010049	TRANSFERASE, ASPARTATE AMINO	INP OR OUTPAT	R4450	Lab	\$100.00	\$50.00	\$5.18	\$95.00	\$85.00	\$5.18	\$5.44	\$38.34	\$36.42	\$34.51	\$5.18	\$5.44	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$5.18	\$93.00	\$95.00	\$95.00	\$5.44	\$5.96	\$95.00	\$5.18	\$75.00	\$5.18	\$5.44
Hospital Selected	3010052	TROPONIN, QUANTITATIVE	INP OR OUTPAT	R4484	Lab	\$308.00	\$154.00	\$12.47	\$292.60	\$261.80	\$12.47	\$13.09	\$74.82	\$71.08	\$67.34	\$12.47	\$13.09	\$277.20	\$261.80	\$292.60	\$292.60	\$231.00	\$261.80	\$12.47	\$286.44	\$292.60	\$292.60	\$13.09	\$14.34	\$292.60	\$12.47	\$231.00	\$12.47	\$13.09
Hospital Selected	3010054	URIC ACID, BLOOD	INP OR OUTPAT	R4550	Lab	\$100.00	\$50.00	\$4.52	\$95.00	\$85.00	\$4.52	\$4.75	\$33.48	\$31.81	\$30.13	\$4.52	\$4.75	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$4.52	\$93.00	\$95.00	\$95.00	\$4.75	\$5.20	\$95.00	\$4.52	\$75.00	\$4.52	\$4.75
Hospital Selected	3010062	DRUG SCRIN, 1DRUG METHOD, INSTRMT	INP OR OUTPAT	R0307	Lab	\$344.00	\$172.00	\$62.14	\$430.98	\$292.40	\$62.14	\$65.25	\$430.98	\$409.43	\$387.88	\$62.14	\$65.25	\$309.60	\$292.40	\$326.80	\$326.80	\$258.00	\$292.40	\$62.14	\$319.92	\$326.80	\$326.80	\$65.25	\$71.46	\$326.80	\$62.14	\$258.00	\$62.14	\$65.25
Hospital Selected	3010063	VITAMIN D, 25HYDROXY+FRACCTIONS	INP OR OUTPAT	R2306	Lab	\$124.00	\$62.00	\$29.60	\$219.30	\$105.40	\$29.60	\$31.08	\$219.30	\$208.34	\$197.37	\$29.60	\$31.08	\$111.60	\$105.40	\$117.80	\$117.80	\$93.00	\$105.40	\$29.60	\$115.32	\$117.80	\$117.80	\$31.08	\$34.04	\$117.80	\$29.60	\$93.00	\$29.60	\$31.08
Hospital Selected	3010066	PROCALCITONIN (PCT)	INP OR OUTPAT	R4145	Lab	\$277.00	\$138.50	\$27.22	\$263.15	\$235.45	\$27.22	\$28.58	\$198.48	\$188.56	\$178.63	\$27.22	\$28.58	\$249.30	\$235.45	\$263.15	\$263.15	\$207.75	\$235.45	\$27.22	\$257.61	\$263.15	\$263.15	\$28.58	\$31.30	\$263.15	\$27.22	\$207.75	\$27.22	\$28.58
Hospital Selected	3010072	IRON BINDING CAPACITY- IN HOUSE	INP OR OUTPAT	R3550	Lab	\$61.00	\$30.50	\$8.74	\$64.74	\$51.85	\$8.74	\$9.18	\$64.74	\$61.50	\$58.27	\$8.74	\$9.18	\$54.90	\$51.85	\$57.95	\$57.95	\$45.75	\$51.85	\$8.74	\$56.73	\$57.95	\$57.95	\$9.18	\$10.05	\$57.95	\$8.74	\$45.75	\$8.74	\$9.18
Hospital Selected	3020015	HETEROPHILE ANTIBODIES, SCREEN	INP OR OUTPAT	R6308	Lab	\$165.00	\$82.50	\$5.18	\$156.75	\$140.25	\$5.18	\$5.44	\$38.34	\$36.42	\$34.51	\$5.18	\$5.44	\$148.50	\$140.25	\$156.75	\$156.75	\$123.75	\$140.25	\$5.18	\$153.45	\$156.75	\$156.75	\$5.44	\$5.96	\$156.75	\$5.18	\$123.75	\$5.18	\$5.44
Hospital Selected	3050014	BLOOD COUNT; HEMATO CRIT (HCT)	INP OR OUTPAT	R5014	Lab	\$61.00	\$30.50	\$2.37	\$57.95	\$51.85	\$2.37	\$2.49	\$17.58	\$16.70	\$15.82	\$2.37	\$2.49	\$54.90	\$51.85	\$57.95	\$57.95	\$45.75	\$51.85	\$2.37	\$56.73	\$57.95	\$57.95	\$2.49	\$2.73	\$57.95	\$2.37	\$45.75	\$2.37	\$2.49
Hospital Selected	3050016	WBC COUNT-PLATELET, AUTOMA TED	INP OR OUTPAT	R5049	Lab	\$100.00	\$50.00	\$4.48	\$95.00	\$85.00	\$4.48	\$4.70	\$33.18	\$31.52	\$29.86	\$4.48	\$4.70	\$90.00	\$85.00	\$95.00	\$95.00	\$75.00	\$85.00	\$4.48	\$93.00	\$95.00	\$95.00	\$4.70	\$5.15	\$95.00	\$4.48	\$75.00	\$4.48	\$4.70
Hospital Selected	3050018	SEDIMENTATION RATE, NON-AUTOMAT	INP OR OUTPAT	R5651	Lab	\$98.00	\$49.00	\$4.27	\$93.10	\$83.30	\$4.27	\$4.48	\$26.28	\$24.97	\$23.65	\$4.27	\$4.48	\$88.20	\$83.30	\$93.10	\$93.10	\$73.50	\$83.30	\$4.27	\$91.14	\$93.10	\$93.10	\$4.48</						

Hospital Selected	3060031	HIV-1 ANTIGEN, W HIV-1&HIV-2,1R	INP OR OUTPAT	87389	Lab	\$167.00	\$83.50	\$24.08	\$178.38	\$141.95	\$24.08	\$25.28	\$178.38	\$169.46	\$160.54	\$24.08	\$25.28	\$150.30	\$141.95	\$158.65	\$158.65	\$125.25	\$141.95	\$24.08	\$155.31	\$158.65	\$158.65	\$25.28	\$27.69	\$158.65	\$24.08	\$125.25	\$24.08	\$25.28
Hospital Selected	3900001	BLOOD TYPING, ABO	INP OR OUTPAT	86900	Lab	\$301.00	\$150.50	\$111.95	\$630.24	\$255.85	\$111.95	\$117.55	\$630.24	\$598.73	\$567.22	\$111.95	\$117.55	\$270.90	\$255.85	\$285.95	\$285.95	\$225.75	\$255.85	\$111.95	\$279.93	\$285.95	\$285.95	\$117.55	\$128.74	\$285.95	\$111.95	\$225.75	\$111.95	\$117.55
Hospital Selected	3900002	BLOOD TYPING,RH (D)	INP OR OUTPAT	86901	Lab	\$109.00	\$54.50	\$33.84	\$190.80	\$92.65	\$33.84	\$35.53	\$190.80	\$181.26	\$171.72	\$33.84	\$35.53	\$98.10	\$92.65	\$103.55	\$103.55	\$81.75	\$92.65	\$33.84	\$101.37	\$103.55	\$103.55	\$35.53	\$38.92	\$103.55	\$33.84	\$81.75	\$33.84	\$35.53
Hospital Selected	3900003	ANTIHUMAN GLOBULIN/COOMBS,DIR	INP OR OUTPAT	86880	Lab	\$92.00	\$46.00	\$55.66	\$190.80	\$78.20	\$55.66	\$58.44	\$190.80	\$181.26	\$171.72	\$55.66	\$58.44	\$82.80	\$78.20	\$87.40	\$87.40	\$69.00	\$78.20	\$55.66	\$85.56	\$87.40	\$87.40	\$58.44	\$64.01	\$87.40	\$55.66	\$69.00	\$55.66	\$58.44
Hospital Selected	3900004	ANTIBODY SCREEN,RBC,EA SERUM T	INP OR OUTPAT	86850	Lab	\$352.00	\$176.00	\$49.76	\$334.40	\$299.20	\$49.76	\$52.25	\$268.20	\$254.79	\$241.38	\$49.76	\$52.25	\$316.80	\$299.20	\$334.40	\$334.40	\$264.00	\$299.20	\$49.76	\$327.36	\$334.40	\$334.40	\$52.25	\$57.22	\$334.40	\$49.76	\$264.00	\$49.76	\$52.25
Hospital Selected	3910001	TRANSFUSION,BLD/BLD COMPONENTS	INP OR OUTPAT	36430	Lab	\$1,730.00	\$865.00	\$41.98	\$1,643.50	\$1,470.50	\$397.06	\$416.91	\$55.04	\$52.21	\$41.98	\$397.06	\$416.91	\$1,557.00	\$1,470.50	\$1,643.50	\$1,643.50	\$1,297.50	\$1,470.50	\$397.06	\$1,608.90	\$1,643.50	\$1,643.50	\$416.91	\$456.62	\$1,643.50	\$397.06	\$1,297.50	\$397.06	\$416.91
Hospital Selected	3990001	COMPATIBILITY TST,SPIN TECH	INP OR OUTPAT	86920	Lab	\$262.00	\$131.00	\$149.16	\$775.08	\$222.70	\$149.16	\$156.62	\$775.08	\$736.33	\$697.57	\$149.16	\$156.62	\$235.80	\$222.70	\$248.90	\$248.90	\$196.50	\$222.70	\$149.16	\$243.66	\$248.90	\$248.90	\$156.62	\$171.53	\$248.90	\$149.16	\$196.50	\$149.16	\$156.62
Hospital Selected	3990002	COMPATIBILITY TST,ANTI GLOBULIN	INP OR OUTPAT	86922	Lab	\$262.00	\$131.00	\$149.16	\$775.08	\$222.70	\$149.16	\$156.62	\$775.08	\$736.33	\$697.57	\$149.16	\$156.62	\$235.80	\$222.70	\$248.90	\$248.90	\$196.50	\$222.70	\$149.16	\$243.66	\$248.90	\$248.90	\$156.62	\$171.53	\$248.90	\$149.16	\$196.50	\$149.16	\$156.62
Hospital Selected	3990003	COMPATIBILITY TST, INCUBATION T	INP OR OUTPAT	86921	Lab	\$262.00	\$131.00	\$149.16	\$775.08	\$222.70	\$149.16	\$156.62	\$775.08	\$736.33	\$697.57	\$149.16	\$156.62	\$235.80	\$222.70	\$248.90	\$248.90	\$196.50	\$222.70	\$149.16	\$243.66	\$248.90	\$248.90	\$156.62	\$171.53	\$248.90	\$149.16	\$196.50	\$149.16	\$156.62
Hospital Selected	3990004	BLOOD CULTURE IE PANEL-BIOFIRE	INP OR OUTPAT	87150	Lab	\$421.00	\$210.50	\$35.09	\$399.95	\$357.85	\$35.09	\$36.84	\$259.98	\$246.98	\$233.98	\$35.09	\$36.84	\$378.90	\$357.85	\$399.95	\$399.95	\$315.75	\$357.85	\$35.09	\$391.53	\$399.95	\$399.95	\$36.84	\$40.35	\$399.95	\$35.09	\$315.75	\$35.09	\$36.84
Hospital Selected	GI PANEL	IAD NA/GI PATHOGEN 12-25 TRGTS	INP OR OUTPAT	87507	Lab	\$750.00	\$375.00	\$416.78	\$3,087.30	\$637.50	\$416.78	\$437.62	\$3,087.30	\$2,932.94	\$2,778.57	\$416.78	\$437.62	\$675.00	\$637.50	\$712.50	\$712.50	\$562.50	\$637.50	\$416.78	\$697.50	\$712.50	\$712.50	\$437.62	\$479.30	\$712.50	\$416.78	\$562.50	\$416.78	\$437.62
Hospital Selected	7610170	BRONCHOSCOPY,W/ALVEO LAR LVG-CP	INP OR OUTPAT	31624	Respiratory	\$3,852.00	\$1,926.00	\$1,496.39	\$3,659.40	\$3,274.20	\$1,496.39	\$1,571.21	\$2,064.97	\$1,959.08	\$1,575.20	\$1,496.39	\$1,571.21	\$3,466.80	\$3,274.20	\$3,659.40	\$2,889.00	\$3,274.20	\$1,496.39	\$3,582.36	\$3,659.40	\$3,659.40	\$1,571.21	\$1,720.85	\$3,659.40	\$1,496.39	\$2,889.00	\$1,496.39	\$1,571.21	
Hospital Selected	3000003	GASES,BLD A/COMB (BY CARDIO-P)	INP OR OUTPAT	82803	Respiratory	\$364.00	\$182.00	\$26.07	\$345.80	\$309.40	\$26.07	\$27.37	\$156.42	\$148.60	\$140.78	\$26.07	\$27.37	\$327.60	\$309.40	\$345.80	\$345.80	\$273.00	\$309.40	\$26.07	\$338.52	\$345.80	\$345.80	\$27.37	\$29.98	\$345.80	\$26.07	\$273.00	\$26.07	\$27.37
Hospital Selected	3000074	SPUTUM,OBTAIN/SPECIME N,SUCTION	INP OR OUTPAT	89220	Respiratory	\$344.00	\$172.00	\$149.16	\$775.08	\$292.40	\$149.16	\$156.62	\$775.08	\$736.33	\$697.57	\$149.16	\$156.62	\$309.60	\$292.40	\$326.80	\$326.80	\$258.00	\$292.40	\$149.16	\$319.92	\$326.80	\$326.80	\$156.62	\$171.53	\$326.80	\$149.16	\$258.00	\$149.16	\$156.62
Hospital Selected	4800001	CARDIOVERSION EXTERNAL,RESP	INP OR OUTPAT	92960	Respiratory	\$2,095.00	\$1,047.50	\$561.91	\$1,990.25	\$1,780.75	\$561.91	\$590.01	\$799.75	\$758.74	\$610.07	\$561.91	\$590.01	\$1,885.50	\$1,780.75	\$1,990.25	\$1,990.25	\$1,571.25	\$1,780.75	\$561.91	\$1,948.35	\$1,990.25	\$1,990.25	\$590.01	\$646.20	\$1,990.25	\$561.91	\$1,571.25	\$561.91	\$590.01
Hospital Selected	4820001	CARDIO STRESS TST:TRACING ONLY	INP OR OUTPAT	93017	Respiratory	\$1,030.00	\$515.00	\$264.45	\$978.50	\$875.50	\$264.45	\$277.67	\$960.48	\$910.72	\$863.44	\$264.45	\$277.67	\$927.00	\$875.50	\$978.50	\$978.50	\$772.50	\$875.50	\$264.45	\$957.90	\$978.50	\$978.50	\$277.67	\$304.12	\$978.50	\$264.45	\$772.50	\$264.45	\$277.67
Hospital Selected	4600002	BRONCHOSCPASM RSPH/PFT PRE&POST VITAL CAPACITY,TOTAL,PEAK FLOW	INP OR OUTPAT	94600	Respiratory	\$712.00	\$356.00	\$168.12	\$676.40	\$605.20	\$264.45	\$277.67	\$187.02	\$177.33	\$168.12	\$264.45	\$277.67	\$640.80	\$605.20	\$676.40	\$676.40	\$534.00	\$605.20	\$264.45	\$662.16	\$676.40	\$676.40	\$277.67	\$304.12	\$676.40	\$264.45	\$534.00	\$264.45	\$277.67
Hospital Selected	4100020	INHALATION TRT,EZ PAP INTAL	INP OR OUTPAT	94640	Respiratory	\$540.00	\$270.00	\$187.88	\$719.43	\$459.00	\$187.88	\$197.27	\$719.43	\$682.15	\$646.74	\$187.88	\$197.27	\$486.00	\$459.00	\$513.00	\$513.00	\$405.00	\$459.00	\$187.88	\$502.20	\$513.00	\$513.00	\$197.27	\$216.06	\$513.00	\$187.88	\$405.00	\$187.88	\$197.27
Hospital Selected	4600009	BIPAP	INP OR OUTPAT	94660	Respiratory	\$524.00	\$262.00	\$187.88	\$719.43	\$445.40	\$187.88	\$197.27	\$719.43	\$682.15	\$646.74	\$187.88	\$197.27	\$471.60	\$445.40	\$497.80	\$497.80	\$393.00	\$445.40	\$187.88	\$487.32	\$497.80	\$497.80	\$197.27	\$216.06	\$497.80	\$187.88	\$393.00	\$187.88	\$197.27
Hospital Selected	4100014	MANIP CHEST WALL,CPT/PPD	INP OR OUTPAT	94667	Respiratory	\$188.00	\$94.00	\$111.95	\$405.45	\$159.80	\$111.95	\$117.55	\$405.45	\$384.45	\$364.49	\$111.95	\$117.55	\$169.20	\$159.80	\$178.60	\$178.60	\$141.00	\$159.80	\$111.95	\$174.84	\$178.60	\$178.60	\$117.55	\$128.74	\$178.60	\$111.95	\$141.00	\$111.95	\$117.55
Hospital Selected	4600015	THORACIC GAS VLM/RESIT TO AF	INP OR OUTPAT	94726	Respiratory	\$712.00	\$356.00	\$264.45	\$960.48	\$605.20	\$264.45	\$277.67	\$960.48	\$910.72	\$863.44	\$264.45	\$277.67	\$640.80	\$605.20	\$676.40	\$676.40	\$534.00	\$605.20	\$264.45	\$662.16	\$676.40	\$676.40	\$277.67	\$304.12	\$676.40	\$264.45	\$534.00	\$264.45	\$277.67
Hospital Selected	4100007	LV: DET MAL-DISTRIB:INSPRD GAS	INP OR OUTPAT	94727	Respiratory	\$428.00	\$214.00	\$139.55	\$526.20	\$363.80	\$139.55	\$146.53	\$526.20	\$498.93	\$473.03	\$139.55	\$146.53	\$385.20	\$363.80	\$406.60	\$406.60	\$321.00	\$363.80	\$139.55	\$398.04	\$406.60	\$406.60	\$146.53	\$160.48	\$406.60	\$139.55	\$321.00	\$139.55	\$146.53
Hospital Selected	4600017	DIFFUSING CPCTY(CM,MMBRN) DLCO	INP OR OUTPAT	94729	Respiratory	\$117.00	\$58.50	\$87.75	\$178.72	\$99.45	N/A	N/A	\$178.72	\$169.46	\$160.66	N/A	N/A	\$105.30	\$99.45	\$111.15	\$111.15	\$87.75	\$99.45	N/A	\$108.81	\$111.15	\$111.15	N/A	N/A	\$111.15	N/A	\$87.75	N/A	N/A
Hospital Selected	9200022	HOME SLEEP STDY,W/SLEEP TIME	OUTPAT	95800	Respiratory	\$653.00	\$326.50	\$139.55	\$620.35	\$555.05	\$139.55	\$146.53	\$490.41	\$465.00	\$440.86	\$139.55	\$146.53	\$587.70	\$555.05	\$620.35	\$620.35	\$489.75	\$555.05	\$139.55	\$607.29	\$620.35	\$620.35	\$146.53	\$160.48	\$620.35	\$139.55	\$489.75	\$139.55	\$146.53
Hospital Selected	7400008	EEG:REC AWAKE & ASLEEP W/O I TREATMENT	INP OR OUTPAT	95819	Respiratory	\$631.00	\$315.50	\$264.45	\$1,435.19	\$536.35	\$264.45	\$277.67	\$1,435.19	\$1,360.82	\$1,290.18	\$264.45	\$277.67	\$567.90	\$536.35	\$599.45	\$599.45	\$473.25	\$536.35	\$264.45	\$586.83	\$599.45	\$599.45	\$277.67	\$304.12	\$599.45	\$264.45	\$473.25	\$264.45	\$277.67
Hospital Selected	4421001	SPEECH,LANGUAGE, VOICE COMMUNICATION AND OR EVALUATION OF SPEECH	INP OR OUTPAT	92507	Therapy	\$224.00	\$112.00	\$76.04	\$307.53	\$190.40	\$76.04	\$79.84	\$307.53	\$291.59	\$276.45	\$76.04	\$79.84	\$201.60	\$190.40	\$212.80	\$212.80	\$168.00	\$190.40	\$76.04	\$208.32	\$212.80	\$212.80	\$79.84	\$87.45	\$212.80	\$76.04	\$168.00	\$76.04	\$79.84
Hospital Selected	4441006	SOUND: WITH EVALUATION OF RESPIRATORY QUALITATIVE ANALYSIS OF VOICE & RESONANCE TREATMENT OR SWALLOWING DYSFUNCTION AND DR	INP OR OUTPAT	92523	Therapy	\$528.00	\$264.00	\$228.68	\$775.78	\$448.80	\$228.68	\$240.11	\$775.78	\$735.59	\$697.40	\$228.68	\$240.11	\$475.20	\$448.80	\$501.60	\$501.60	\$396.00	\$448.80	\$228.68	\$491.04	\$501.60	\$501.60	\$240.11	\$262.98	\$501.60	\$228.68	\$396.00	\$228.68	\$240.11
Hospital Selected	4441007	RESONANCE TREATMENT OR SWALLOWING DYSFUNCTION AND DR	INP OR OUTPAT	92524	Therapy	\$254.00	\$127.00	\$108.82	\$344.93	\$215.90	\$108.82	\$114.26	\$344.93	\$327.06	\$310.08	\$108.82	\$114.26	\$228.60	\$215.90	\$241.30	\$241.30	\$190.50	\$215.90	\$108.82	\$236.22	\$241.30	\$241.30	\$114.26	\$125.14	\$241.30	\$108.82	\$190.50	\$108.82	\$114.26
Hospital Selected	4441002	SWALLOWING CLINICAL BARBER SWALLOW STUDY: MOTION FLRSOPIC SWALLOWING BY VIDEO	INP OR OUTPAT	92610	Therapy	\$513.00	\$256.50	\$84.03	\$487.35	\$436.05	\$84.03	\$88.23	\$285.37	\$270.58	\$256.54	\$84.03	\$88.23	\$461.70	\$436.05	\$487.35	\$487.35	\$384.75	\$436.05	\$84.03	\$477.09	\$487.35	\$487.35	\$88.23	\$96.63	\$487.35	\$84.03	\$384.75	\$84.03	\$88.23
Hospital Selected	4441002	SWALLOWING CLINICAL BARBER SWALLOW STUDY: MOTION FLRSOPIC SWALLOWING BY VIDEO	INP OR OUTPAT																															

Hospital Selected	4211007	THERAPEUTIC PROCEDURE GAIT TRAINING EACH 15MINUTES	INP OR OUTPAT	97116	Therapy	\$147.00	\$73.50	\$29.44	\$139.65	\$124.95	\$29.44	\$30.91	\$119.12	\$112.95	\$107.08	\$29.44	\$30.91	\$132.30	\$124.95	\$139.65	\$139.65	\$110.25	\$124.95	\$29.44	\$136.71	\$139.65	\$139.65	\$30.91	\$33.86	\$139.65	\$29.44	\$110.25	\$29.44	\$30.91
Hospital Selected	4201012	MANUAL THERAPY, 1 or more regions, EACH 15 MINUTES	INP OR OUTPAT	97140	Therapy	\$158.00	\$79.00	\$27.07	\$150.10	\$134.30	\$27.07	\$38.42	\$109.43	\$103.76	\$98.37	\$27.07	\$28.42	\$142.20	\$134.30	\$150.10	\$150.10	\$118.50	\$134.30	\$27.07	\$146.94	\$150.10	\$150.10	\$28.42	\$31.13	\$150.10	\$27.07	\$118.50	\$27.07	\$28.42
Hospital Selected	4211020	THERAPY ACTIVITY DIRECT PATIENT CONTACT EACH 15 MINUTES	INP OR OUTPAT	97530	Therapy	\$160.00	\$80.00	\$38.09	\$159.30	\$136.00	\$38.09	\$39.99	\$159.30	\$151.05	\$142.21	\$38.09	\$39.99	\$144.00	\$136.00	\$152.00	\$152.00	\$120.00	\$136.00	\$38.09	\$148.80	\$152.00	\$152.00	\$39.99	\$43.80	\$152.00	\$38.09	\$120.00	\$38.09	\$39.99
Hospital Selected	4301018	SELF-CARE/HOME MANAGEMENT TRAINING	INP OR OUTPAT	97535	Therapy	\$188.00	\$94.00	\$32.77	\$178.60	\$159.80	\$32.77	\$34.41	\$135.76	\$128.72	\$122.04	\$32.77	\$34.41	\$169.20	\$159.80	\$178.60	\$178.60	\$141.00	\$159.80	\$32.77	\$174.84	\$178.60	\$178.60	\$34.41	\$37.69	\$178.60	\$32.77	\$141.00	\$32.77	\$34.41
Hospital Selected	4301003	FITTING/TRAINING 1ST FOOT	INP OR OUTPAT	97760	Therapy	\$136.00	\$68.00	\$48.51	\$184.24	\$115.60	\$48.51	\$50.94	\$184.24	\$174.69	\$165.62	\$48.51	\$50.94	\$122.40	\$115.60	\$129.20	\$129.20	\$102.00	\$115.60	\$48.51	\$126.48	\$129.20	\$129.20	\$50.94	\$55.79	\$129.20	\$48.51	\$102.00	\$48.51	\$50.94
Hospital Selected	4241002	PHYSICAL THERAPY RE-EVAL	INP OR OUTPAT	97164	Therapy	\$177.00	\$88.50	\$67.64	\$223.03	\$150.45	\$67.64	\$71.02	\$223.03	\$211.47	\$200.50	\$67.64	\$71.02	\$159.30	\$150.45	\$168.15	\$168.15	\$132.75	\$150.45	\$67.64	\$164.61	\$168.15	\$168.15	\$71.02	\$77.79	\$168.15	\$67.64	\$132.75	\$67.64	\$71.02
Hospital Selected	4241003	PT EVAL-LOW 20MINS	INP OR OUTPAT	97161	Therapy	\$375.00	\$187.50	\$99.07	\$356.25	\$318.75	\$99.07	\$104.02	\$329.72	\$312.64	\$296.41	\$99.07	\$104.02	\$337.50	\$318.75	\$356.25	\$356.25	\$281.25	\$318.75	\$99.07	\$348.75	\$356.25	\$356.25	\$104.02	\$113.93	\$356.25	\$99.07	\$281.25	\$99.07	\$104.02
Hospital Selected	4241004	PT EVAL-MODERATE 30MINS	INP OR OUTPAT	97162	Therapy	\$387.00	\$193.50	\$99.07	\$367.65	\$328.95	\$99.07	\$104.02	\$329.72	\$312.64	\$296.41	\$99.07	\$104.02	\$348.30	\$328.95	\$367.65	\$367.65	\$290.25	\$328.95	\$99.07	\$359.91	\$367.65	\$367.65	\$104.02	\$113.93	\$367.65	\$99.07	\$290.25	\$99.07	\$104.02
Hospital Selected	4241005	PT EVAL-HIGH 45MINS	INP OR OUTPAT	97163	Therapy	\$400.00	\$200.00	\$99.07	\$380.00	\$340.00	\$99.07	\$104.02	\$329.72	\$312.64	\$296.41	\$99.07	\$104.02	\$360.00	\$340.00	\$380.00	\$380.00	\$300.00	\$340.00	\$99.07	\$372.00	\$380.00	\$380.00	\$104.02	\$113.93	\$380.00	\$99.07	\$300.00	\$99.07	\$104.02
Hospital Selected	4341002	OCCUPATIONAL THERAPY RE-EVAL	INP OR OUTPAT	97168	Therapy	\$177.00	\$88.50	\$64.64	\$242.45	\$150.45	\$64.64	\$67.87	\$242.45	\$229.88	\$217.95	\$64.64	\$67.87	\$159.30	\$150.45	\$168.15	\$168.15	\$132.75	\$150.45	\$64.64	\$164.61	\$168.15	\$168.15	\$67.87	\$74.34	\$168.15	\$64.64	\$132.75	\$64.64	\$67.87
Hospital Selected	4341003	OT EVAL-LOW 30MINS	INP OR OUTPAT	97165	Therapy	\$375.00	\$187.50	\$96.07	\$356.25	\$318.75	\$96.07	\$100.87	\$356.01	\$337.56	\$320.04	\$96.07	\$100.87	\$337.50	\$318.75	\$356.25	\$356.25	\$281.25	\$318.75	\$96.07	\$348.75	\$356.25	\$356.25	\$100.87	\$110.48	\$356.25	\$96.07	\$281.25	\$96.07	\$100.87
Hospital Selected	4341004	OT EVAL-MODERATE 45MINS	INP OR OUTPAT	97166	Therapy	\$387.00	\$193.50	\$96.07	\$367.65	\$328.95	\$96.07	\$100.87	\$356.01	\$337.56	\$320.04	\$96.07	\$100.87	\$348.30	\$328.95	\$367.65	\$367.65	\$290.25	\$328.95	\$96.07	\$359.91	\$367.65	\$367.65	\$100.87	\$110.48	\$367.65	\$96.07	\$290.25	\$96.07	\$100.87
Hospital Selected	4341005	OT EVAL-HIGH 60MINS	INP OR OUTPAT	97167	Therapy	\$400.00	\$200.00	\$96.07	\$380.00	\$340.00	\$96.07	\$100.87	\$356.01	\$337.56	\$320.04	\$96.07	\$100.87	\$360.00	\$340.00	\$380.00	\$380.00	\$300.00	\$340.00	\$96.07	\$372.00	\$380.00	\$380.00	\$100.87	\$110.48	\$380.00	\$96.07	\$300.00	\$96.07	\$100.87
Hospital Selected	7611023	WC-DEBRIDE-SKIN&SBQ 1ST 20SQ CM	INP OR OUTPAT	11042	Wound Care	\$899.00	\$449.50	\$345.84	\$854.05	\$764.15	\$345.84	\$363.13	\$484.85	\$459.98	\$369.85	\$345.84	\$363.13	\$809.10	\$764.15	\$854.05	\$854.05	\$674.25	\$764.15	\$345.84	\$836.07	\$854.05	\$854.05	\$363.13	\$397.72	\$854.05	\$345.84	\$674.25	\$345.84	\$363.13
Hospital Selected	7611035	WC-PARING/CUTTING BEN LESION-1	INP OR OUTPAT	11055	Wound Care	\$498.00	\$249.00	\$179.55	\$473.10	\$423.30	\$179.55	\$188.53	\$263.56	\$250.05	\$201.05	\$179.55	\$188.53	\$448.20	\$423.30	\$473.10	\$473.10	\$373.50	\$423.30	\$179.55	\$463.14	\$473.10	\$473.10	\$188.53	\$206.48	\$473.10	\$179.55	\$373.50	\$179.55	\$188.53
Hospital Selected	7611087	WC-DEBRIDE NAIL 6 OR MORE	INP OR OUTPAT	11721	Wound Care	\$169.00	\$84.50	\$55.66	\$160.55	\$143.65	\$55.66	\$58.44	\$87.30	\$82.82	\$66.59	\$55.66	\$58.44	\$152.10	\$143.65	\$160.55	\$160.55	\$126.75	\$143.65	\$55.66	\$157.17	\$160.55	\$160.55	\$58.44	\$64.01	\$160.55	\$55.66	\$126.75	\$55.66	\$58.44
Hospital Selected	7611076	WC-S GRAFT BODY-1ST 25SQ CM	INP OR OUTPAT	15271	Wound Care	\$4,456.00	\$2,228.00	\$1,715.36	\$4,233.20	\$3,787.60	\$1,715.36	\$1,801.13	\$2,446.75	\$2,321.28	\$1,866.43	\$1,715.36	\$1,801.13	\$4,010.40	\$3,787.60	\$4,233.20	\$4,233.20	\$3,342.00	\$3,787.60	\$1,715.36	\$4,144.08	\$4,233.20	\$4,233.20	\$1,801.13	\$1,972.66	\$4,233.20	\$1,715.36	\$3,342.00	\$1,715.36	\$1,801.13
Hospital Selected	7611080	WC-S GRAFT HEAD/EXTREMITY-1ST 25SQ CM	INP OR OUTPAT	15275	Wound Care	\$4,456.00	\$2,228.00	\$1,715.36	\$4,233.20	\$3,787.60	\$1,715.36	\$1,801.13	\$2,446.75	\$2,321.28	\$1,866.43	\$1,715.36	\$1,801.13	\$4,010.40	\$3,787.60	\$4,233.20	\$4,233.20	\$3,342.00	\$3,787.60	\$1,715.36	\$4,144.08	\$4,233.20	\$4,233.20	\$1,801.13	\$1,972.66	\$4,233.20	\$1,715.36	\$3,342.00	\$1,715.36	\$1,801.13
Hospital Selected	7611041	WC-DRESSING/DEBRIDEMENT BURN /SQ/CM	INP OR OUTPAT	16020	Wound Care	\$498.00	\$249.00	\$179.55	\$473.10	\$423.30	\$179.55	\$188.53	\$263.56	\$250.05	\$201.05	\$179.55	\$188.53	\$448.20	\$423.30	\$473.10	\$473.10	\$373.50	\$423.30	\$179.55	\$463.14	\$473.10	\$473.10	\$188.53	\$206.48	\$473.10	\$179.55	\$373.50	\$179.55	\$188.53
Hospital Selected	7611063	WC-CHEMICAL CAUTERIZ GRN TISSUE	INP OR OUTPAT	17250	Wound Care	\$498.00	\$249.00	\$179.55	\$473.10	\$423.30	\$179.55	\$188.53	\$263.56	\$250.05	\$201.05	\$179.55	\$188.53	\$448.20	\$423.30	\$473.10	\$473.10	\$373.50	\$423.30	\$179.55	\$463.14	\$473.10	\$473.10	\$188.53	\$206.48	\$473.10	\$179.55	\$373.50	\$179.55	\$188.53
Hospital Selected	7611031	WC-DRN/BODY APPLICATOR	INP OR OUTPAT	29580	Wound Care	\$408.00	\$204.00	\$148.41	\$387.60	\$346.80	\$148.41	\$148.24	\$63.46	\$60.21	\$48.41	\$141.18	\$148.24	\$367.20	\$346.80	\$387.60	\$387.60	\$306.00	\$346.80	\$141.18	\$379.44	\$387.60	\$387.60	\$148.24	\$162.36	\$387.60	\$141.18	\$306.00	\$141.18	\$148.24
Hospital Selected	7611055	WC-REMOVE TISSUE FROM WOUNDS 1-1ST 20SQ CM	INP OR OUTPAT	97597	Wound Care	\$498.00	\$249.00	\$184.67	\$473.10	\$423.30	\$179.55	\$188.53	\$94.18	\$89.30	\$84.67	\$179.55	\$188.53	\$448.20	\$423.30	\$473.10	\$473.10	\$373.50	\$423.30	\$179.55	\$463.14	\$473.10	\$473.10	\$188.53	\$206.48	\$473.10	\$179.55	\$373.50	\$179.55	\$188.53
Hospital Selected	7611056	WC-REMOVE TISSUE FROM WOUNDS 5 E/A 20SQ CM	INP OR OUTPAT	97598	Wound Care	\$349.00	\$174.50	\$39.84	\$331.55	\$296.65	N/A	N/A	\$44.31	\$42.02	\$39.84	N/A	N/A	\$314.10	\$296.65	\$331.55	\$331.55	\$261.75	\$296.65	N/A	\$324.57	\$331.55	\$331.55	N/A	N/A	\$331.55	N/A	\$261.75	N/A	N/A
Hospital Selected	7611049	WC-NON-SELECTIVE WOUND DEBRIDEMENT	INP OR OUTPAT	97602	Wound Care	\$498.00	\$249.00	\$179.55	\$652.15	\$423.30	\$179.55	\$188.53	\$652.15	\$618.36	\$586.26	\$179.55	\$188.53	\$448.20	\$423.30	\$473.10	\$473.10	\$373.50	\$423.30	\$179.55	\$463.14	\$473.10	\$473.10	\$188.53	\$206.48	\$473.10	\$179.55	\$373.50	\$179.55	\$188.53
Hospital Selected	7611050	WC-NEGATIVE PRESSURE WOUND THRPY WITH DME (U/T 50SQ CM)	INP OR OUTPAT	97605	Wound Care	\$499.00	\$249.50	\$179.55	\$652.15	\$424.15	\$179.55	\$188.53	\$652.15	\$618.36	\$586.26	\$179.55	\$188.53	\$449.10	\$424.15	\$474.05	\$474.05	\$374.25	\$424.15	\$179.55	\$464.07	\$474.05	\$474.05	\$188.53	\$206.48	\$474.05	\$179.55	\$374.25	\$179.55	\$188.53
Hospital Selected	7611095	WC-NEGATIVE PRESSURE WOUND THERAPY WITHOUT DME U/T 50CM	INP OR OUTPAT	97607	Wound Care	\$893.00	\$446.50	\$345.84	\$1,199.69	\$759.05	\$345.84	\$363.13	\$1,199.69	\$1,137.53	\$1,078.48	\$345.84	\$363.13	\$803.70	\$759.05	\$848.35	\$848.35	\$669.75	\$759.05	\$345.84	\$830.49	\$848.35	\$848.35	\$363.13	\$397.72	\$848.35	\$345.84	\$669.75	\$345.84	\$363.13
Hospital Selected	4130120	HYPERBARIC OXYGEN, FBC 120 MINS	INP OR OUTPAT	60277	Wound Care	\$1,735.00	\$867.50	\$119.28	\$1,648.25	\$1,474.75	\$119.28	\$125.24	\$440.70	\$417.86	\$396.17	\$119.28	\$125.24	\$1,561.50	\$1,474.75	\$1,648.25	\$1,648.25	\$1,301.25	\$1,474.75	\$119.28	\$1,613.55	\$1,648.25	\$1,648.25	\$125.24	\$137.17	\$1,648.25	\$119.28	\$1,301.25	\$119.28	\$125.24